

<b>Institution:</b> London South Bank University		
<b>Unit of Assessment:</b> 17 – Business and Management Studies		
<b>Title of case study:</b> Leading Healthcare Networks: new approaches to effective collaboration through networks lead to improvements in healthcare performance and quality		
<b>Period when the underpinning research was undertaken:</b> 2016 – present		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Professor Becky Malby	Professor, Health Systems Innovation	2016 – present
<b>Period when the claimed impact occurred:</b> 2016 – present		
<b>Is this case study continued from a case study submitted in 2014?</b> N		
<p><b>1. Summary of the impact</b> (indicative maximum 100 words)  Across the world networks have become the predominant organisational form of every domain of human activity. Leaders of integrated care and primary care networks in the NHS in the UK, Canada and New Zealand have used Professor Malby's body of research on network management and leadership in healthcare systems to develop network effectiveness and performance. The research has formed the basis of education and training materials and network diagnostics. These have been accessed by thousands of health and care network leaders nationally with more than 500 health service managers and clinicians engaged via training and leadership courses; and internationally with 27,083 users from 134 countries registered for on-line resources (Source4Networks) [S2]. This has led to improved staff satisfaction, financial and administrative efficiencies, and improvements in quality of patient care in those networks.</p>		
<p><b>2. Underpinning research</b> (indicative maximum 500 words)  A network form of collaboration is better suited to addressing the problems of complex healthcare needs that require multiple professionals and services to work together, which traditional organisational structures cannot fulfil. Collaboration between healthcare providers and communities is becoming the preferred model of organising to secure 'the triple aim' of improving: 1) patients' experience; 2) population health; and 3) the cost of healthcare. Collaborative Networks are the emerging norm for learning and working together in the NHS, and in high-performing health systems such as Jönköping (Sweden), Buurtzorg (Netherlands) and Southcentral Foundation (Alaska), which are leading the way internationally on the design and delivery of health services. In the UK, the NHS is moving away from competition and contracting (markets) to Integrated Care Systems, but this transition is challenged by a historically hierarchical leadership model based on power and expertise at the top.  In 2016, Professor Malby established the Health Systems Innovation Lab to research networks in the NHS, deepening the theory of network development and leadership in healthcare. Malby led the conception and design of the studies and the analysis and interpretation of study data. Research on the establishment and leadership of a new collaborative healthcare network in Leeds [R1, R2] demonstrated the importance of the leaders developing a facilitative leadership approach and using data-enabled learning through system-wide training and development. This was synthesised and published in Professor Malby's book <i>Networks in Healthcare</i> (with LSBU Visiting Professor Murray Anderson Wallace) [R3] that provided a theoretical framework for the development of networks in health, drawing from her study of networks in the UK, and further international evidence. The research sets out a typology of networks in healthcare, identifies when networks are appropriate (for what type of problems), and the different approaches to leadership, governance, member engagement, and organising required for each network type to work effectively. It found that creating networks with collective purpose and direction requires leaders to distribute power and develop peer-based decision-making. The network diagnostic toolkit, developed from the research, supports network leaders to understand their network's strengths</p>		

and weaknesses and provides mechanisms to address these, as well as to improve their own leadership skills.

The 2017 LSBU research team's study of the Sustainability and Transformation Plans (new regional health collaboratives), demonstrated the difficulty of developing networks in healthcare without legal authority [R4]. In 2019 the NHS Long-Term Plan established Primary Care Networks (PCNs) in England, bringing together general practices to work at scale in local geographic networks to address population health needs and promote engagement with local citizens. Each PCN covers a population of at least 30,000. The plan set out a social prescribing initiative encouraging community approaches to healthcare, bringing citizens into the work of PCNs. Malby led an Inquiry into the challenges of implementing social prescribing within PCNs [R5]. This showed that purposeful collaboration with communities to address complex health needs requires network leaders to connect a wide range of statutory and voluntary sectors, using data to support decisions and focusing network purpose on meeting population health needs rather than managing demand.

### 3. References to the research (indicative maximum of six references)

*R1 and R2 are in peer-reviewed journals.*

[R1] Mervyn, K., Amoo, N., Malby B. (2019) Challenges and Insights in Inter-Organizational Collaborative Healthcare Networks: An Empirical Case Study of a Place-Based Network. International Journal of Organizational Analysis. ISSN 1055-3185 DOI:

<https://doi.org/10.1108/IJOA-05-2018-1415>

[R2] Amoo, N; Malby, B; & Mervyn, K (2016). Innovation and sustainability in a large-scale healthcare improvement collaborative – seven propositions for achieving system-wide innovation and sustainability. International Journal of Sustainable Strategic Management, Vol. 5, No. 2, p149-179. <https://doi.org/10.1504/IJSSM.2016.080465>

[R3] Malby R, Anderson-Wallace M. (2016). Networks in Healthcare: managing complex relationships. Emerald Group Publishing. DOI: <https://doi.org/10.1108/9781786352835>

[R4] Boyle, S., Lister, J., Steer, r. (2017) Sustainability and Transformation Plans How serious are the proposals? A critical review. May. London South Bank University.

[R5] Malby B, Boyle D, Wildman J, Smith S, Ben Omar, S (2019) The Asset-Based Health Inquiry. How best to support social prescribing? London South Bank University.

### 4. Details of the impact (indicative maximum 750 words)

Key findings and insights from Malby's body of research have directly informed, shaped and guided transition to networked organisational structures. The research has helped healthcare professionals in PCNs, Commissioning Groups, NHS Trusts, research networks, and policy organisations across the UK, and network leaders Internationally to adapt their leadership styles to develop sustainable collaborative networks and new ways of working. This has led to the effective development of new networks; network leaders being able to transition from traditional hierarchical management to a distributed leadership approach; and improvements in service quality and efficiency gains achieved by network members. *"This [Networks in Healthcare] was the 'go-to' source for our Northern Region Head and Neck Cancer review and the development of a new framework for managing these complex cases based on the concepts and case studies outlined in your work. Our new framework has resulted in much better coordination and cooperation amongst the various clinical groups involved with patient care and most importantly better access and outcomes for patients and their families. This was partly due to a separate Patient/Consumer group led by patients using the workshop outline provided in your book."* Clinical Lead, Waitemata District Health Board, New Zealand [S1].

A variety of dissemination and engagement techniques from Malby and her team at LSBU have enabled the research findings to reach thousands of healthcare network leaders in the NHS and internationally:

**Source 4 Networks (S4N):** an online platform developed for NHS England providing research-based resources featuring best practice case studies, webinars, methodologies, an e-learning programme and a diagnostic toolkit [S3]. Launched in May 2016, by Dec 2020 it had a total of 27,083 registered users from 134 countries (21,753 UK) and 1,400 e-newsletter subscribers. [S2]

**Leadership Courses 2016-20:** delivered to Primary Care Networks Leaders (48 clinical directors); Masters Level Clinical Leadership programmes (244 senior clinical leaders); Non-accredited networks leadership short courses (49 Finance leaders/ Public Engagement leads) all registered with the University.

**Developing Effective Networks for Change and Improvement (DEN4Ci):** an e-learning programme provided with NHS England in 2019 drawing extensively from the research. DEN4Ci reached 228 network leaders and had a 45% completion rate. **[S3b]**

**Primary Care Quality Academy (PCQA):** Malby and her team applied the research to develop the PCQA, a mechanism to directly support population-based networks in primary care, engaging 264 primary care leaders.

**Social Media:** Malby's blog ([beckymalby.wordpress.com](http://beckymalby.wordpress.com)) features podcasts, blogs and reports on her research. The podcast on network leadership for PCNs was downloaded 1,059 times; her blogs on Asset Based Approach, based on the Inquiry, achieved 2,000 views and 1,350 views on PCN network purpose (2020). Professor Malby provides regular research updates as a member of The National Primary Care Network Clinical Directors WhatsApp Groups (600 members). **[S4]** This research has led to the following impacts:

### Supporting Network Development

Senior network leaders have benefited from Malby's research insights, using it to: 1) support the development of new; and 2) improve existing healthcare networks, from collaborations in primary care (Primary Care Federations, PCNs) to research, clinical and integrated networks. The resources available via the published research and the pathways to impact have enabled leaders to: (a) focus their network's effort effectively; (b) establish appropriate structures, governance and decision-making; (c) secure network shared purpose and direction; and (d) to diagnose their network's strengths and weaknesses, providing mechanisms to address these as follows:

(a) *The Local Health Innovation Network* in Ontario (Canada) used Professor Malby's research to improve the network members' collaboration and decision-making: "*Presentations that Professor Malby gave at our Forum and in the Local Health and Integration Network's Strategic Planning and Integration Team have certainly contributed to our region's ability to navigate change, and plan for the future. She certainly played an important part in encouraging the necessary conversations that needed to happen to energize change efforts and readjust our thinking.*" Director, Sub-Region Planning and Integration, Ontario Health East **[S1]**.

(b) *Our Health Partnership (OHP)*, based in the Midlands and one of the UKs biggest GP partnerships, with 41 practices serving a population of 500,000 patients, was able to take a completely different approach to its structure: it transitioned from providing contracted services to GP practices to a membership-based collaborative network organisation of 11 PCNs. The Chair of Our Health Partnership, confirmed that "*[Malby's] research enabled us to evaluate the organisation as we transitioned from start-up phase to being fully operational in a different manner to what had been considered before and provide us with a clearer direction. In 2018 we developed a completely different structure internally at OHP based on [Malby's] work.*" **[S5a]**.

(c) The Clinical Co-Director of Central Cheltenham PCN employed material available on S4N, Professor Malby's website, and learning from LSBU PCN Leaders programme to create a shared purpose and set priorities in the PCN: "*Your vlogs and blogs have really inspired me and gave me the confidence to get involved in the network...At PCN level, I led on a large training event for our PCN and community partners to identify our shared purpose, using specific slides from your website. The agreed shared purposes have been determining our priorities for the network, for example, how we use our Additional Roles Reimbursement...as a result [of the Assets Based Health Inquiry] we chose to invest to fund our social prescribing link workers. One of these SPLW will be specifically working with children and young people. This decision once again was informed by your findings.*" **[S5c]**

(d) The diagnostic toolkit provided on the S4N website is used by 68 health networks **[S2 p6]** including the MARCH Mental Health Network (a UKRI-funded GBP1,250,000 (£1.25m) network of researchers, citizens, policy makers and service providers focused on improving mental health services via community assets). The MARCH Network Leader describes the resulting impact of using the S4N resources to launch and develop the network "*over 1,000 people join[ing] the network*" and the Network running citizen science projects involving 45,000 people, completing five research papers, an evidence synthesis for WHO, and invested over GBP20,000 in eight sandpit events **[S6]**. The Network Leader testifies that "*The S4N resources have helped to ensure this has been a democratic network process with lots of input from different stakeholders*" **[S6]**.

### Developing Network Leadership Skills

Malby's research has been distilled into training and educational courses which have been delivered via accredited and Continuing Professional Development network leadership courses, webinars, S4N and the PCQAs to more than 5,000 NHS staff, including clinicians, finance leaders and senior leaders. These courses have developed leaders' ability to transition from leading in bureaucracies to leading networks collaboratively, as feedback from a course participant in the DEN4Ci course, run in June 2019, demonstrates: *"I have gained an understanding of what a Network actually is and although we have been running what we thought was a network turns out from this information... this has not been the case as we were still very heavy in the hierarchy of relationships."* [S3b]. 92% of the 228 attendees agreed that the DEN4Ci course enabled them to improve levels of engagement and their network's performance and effectiveness [S3b, p11] *"As a result, the network is functioning such that they have a collective shared purpose, governance structure clarity and demonstrable impact to troubleshoot some tricky deliverables."* Network Leader, Public Health England Specialised Commissioning Network.

Attendees on the course describe a year later how members are solving their problems: *"regularly seeing positive comments about how much members get from the network. I examine engagement on a monthly basis (made easy via the platform) and this has improved since I undertook the course."* Manager, Outstanding Manager Network [S3c p30]; *"I felt more comfortable with allowing the network to drive the agenda and the actions and be clear about how it was going to hold itself to account"* Assistant Director of Allied Health Professionals, Chief AHP network, Integrated Care System AHP Council networks [S3c p28]. The Clinical Director for Newham Central, London, explains how the course helped her to alter her approach to leadership and establish truly sustainable networks where responsibilities are allocated across members and not concentrated in one place: *"The impact that this has had on my network is that, even in this early stage, I have realised that the leadership has to be distributive and so have appointed a network manager and deputy clinical director, as well as giving the practices in the network responsibility... without this learning I would have already been feeling burnt out with the multiple demands places... on clinical directors and I may have stepped down from the post."* [S5d]

### Changing Healthcare Delivery and Improving Quality

PCNs that have drawn on Malby's research are beginning to achieve improvements in access and the quality of patient care, and financial and administrative efficiency [S5]. The research has encouraged data-enabled learning, and collaborative networks relationships through the PCQAs and PCN Leadership programmes, that has brought about improvements in quality of primary healthcare delivery. The Jenner Practice, part of the Lewisham PCQA, identified that working with Malby and her team has brought a new understanding of working in a network, data utilisation, and collaborative decision-making to the practice, helping to put in place quality improvement processes which created capacity within the network, leading to a meaningful decrease in workload and an increase in staff satisfaction as testified by the Clinical Director, Modality Lewisham Primary Care Network: *"The PCQA has led to a meaningful decrease in practice workload and an increase in staff happiness and satisfaction."* [S5b]. For Central Cheltenham PCN, conducting a practice-level audit resulted in changes to care management that reduced the demand for GP appointments and made some efficiency savings to the administrative processes [S5c], which led to the leader developing *"a novel audit tool to identify which skill mix across the new roles funded by ARR (Additional Roles Reimbursement Scheme) could make the most impact on the current GP workload. The results were directly used to make decisions about our workforce choices for the network. This audit was inspired by similar work published on your website."* (Clinical Co-Director Central Cheltenham PCN) [S5c].

The Networks that have drawn on the research to make changes to their delivery of healthcare have identified benefits for both patients and staff. The research formed the basis of the Integrated Care Programme provided for Harrow Clinical Commissioning Group. The head of the CCG says that the changes implemented from the research have secured a shared vision, a cultural shift of collaboration, and teams that measure their impact: *"[it] has made a positive difference to the patients' health and care, and to how the team members feel about their work. It truly is an integrated team"* [S7]. The Waltham Forest Primary Care Quality Academy (covering a population of 283,000) was supported by Malby's team to develop network action plans, improve service quality and collaborate with communities and stakeholders in order to

meet demand. Evaluation of the team's work in the Academy [S8] showed that the network has improved access to primary care, clinical leadership was more effective, staff have more headroom for quality approaches and partnering with local people had brought community-specific ideas and assets into primary care. An exemplar case study from the evaluation demonstrates that one GP practice member, as a result of learning within the network, was seeing 35% more patients a week, saving GBP90,000 in the practice (by lower use of GPs), with a correlating improvement in Care Quality Commission (the regulator) rating from Requires Improvement to Good across all aspects [S8].

NHS networks which have engaged in the research through the Developing Effective Networks for Continuous Improvement course (DEN4Ci) have developed a clear shared purpose and secured better reciprocal support between members, leading to more effective networks, described in a NHS England review of the course: *"Sharing insights has increased productivity, inspired trust and facilitated collaborative working. It has also enabled the Research Management Working Group and wider Forum to influence UK-wide policy, create timely resources and bring members together across organisational boundaries."* (NHS R&D Forum Research Management Working Group Chair, NHS R&D Forum) [S3 p11]. The PCN network in Wokingham developed a Paramedic Home Visiting project which has delivered exceptionally positive outcomes; improving quality by preventing deterioration and allowing more patient care to be managed at home. *"The Network met on a monthly basis to engage and mobilise members and generate shared knowledge and impact"*. The research-informed approach secured *"an improved patient experience, savings in GP workload and better management of demand on other parts of the local health and care system."* In one year *"145 hospital attendances [were] avoided"* [S3 p14]. Hayling Island and Emsworth PCN used the e-learning course and Source 4 Networks materials to meet with local residents and staff. *"Without doing the DEN4CI [e-learning] course I wouldn't have had the confidence to do the two residents' meetings... doctors are often quite reluctant to speak widely with patient groups and have big, shared staff group meetings. All three meetings have been incredibly useful to do"*. *"Very quickly, one month in (officially) we, as a nascent network, have been able to identify that social prescribing is our number one priority"* [S3 p21 & 22].

The findings of the research into STPs were cited by submissions to the Commons Health and Social Care Committee in its inquiry *Integrated care: organisations, partnerships and systems* Seventh Report of Session 2017–19. May p 23. The Select Committee report recommendations included the research findings of the need for legislative change [S10], which are now coming into being in the new NHS White Paper (2021).

##### **5. Sources to corroborate the impact** (indicative maximum of 10 references)

- [S1] International Testimonial Letters (2021) from (a) Clinical Lead, Waitemata District Health Board, New Zealand (b) Director, Sub-Region Planning and Integration, Ontario Health East, Canada
- [S2] Source4Networks Website Data and Audience Analytics Overview 2016-20.
- [S3] File of Data on the impact of online courses (a) S4N Webinar Series Key Stats and Themes (2017) (b) Den4C Impact and Evaluation and Impact Summary provided by NHS England (c) Survey of DEN4Ci participants one year on.
- [S4] Blog Access, WhatsApp and Podcast download statistics evidence.
- [S5] File containing letters from PCN GP leaders (a) Chair, Our Health Partnership (2019) (b) Executive Director Modality Lewisham PCN (2019) (c) Central Cheltenham PCN Clinical Co-Director (2020) (d) Letter of Testimony the Clinical Director Newham-Central PCN.
- [S6] Testimonial Letter from Associate Professor of Psychobiology & Epidemiology / Wellcome Research Fellow, MARCH Network Leader, UCL (2019).
- [S7] Letter of Testimony from Managing Director, Harrow CCG.
- [S8] Waltham Forest Primary Care Quality Academy Evaluation (2018).
- [S9] Three Case Studies from Developing Effective Networks for Continuous Improvement e-learning course from NHS England.
- [S10] File of citations in Health Select Committee (2018) *Integrated care: organisations, partnerships and systems*. Seventh Report of Session 2017–19. May. Written evidence submissions to the committee from the Nuffield Trust, Royal College of Nursing, UNISON