



# Delivering Systems Change

Lessons from the Nurture Programme:  
Infant Health and Wellbeing



THE NURTURE PROGRAMME  
Infant Health and Wellbeing

# Welcome and background to the Nurture Programme

## Francis Chance

Programme Manager, The Nurture Programme: Infant Health and Wellbeing

Katharine Howard Foundation

4<sup>th</sup> March 2020

The  
ATLANTIC  
Philanthropies

HE Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

The Community  
Foundation for Ireland

KHF KATHARINE  
HOWARD  
FOUNDATION

CENTRE FOR EFFECTIVE SERVICES

CES

# Welcome!

On behalf of:

- The Katharine Howard Foundation
- The Health Service Executive
- The Centre for Effective Services



# Programme for this morning

- **Outputs / outcomes video**
- **Presentation of the key learning – Caroline Gardner**
- **Formal launch of the report - Laura Magahy**
- **Process / learning video**
- **International experience of change processes – Sarah Barry**
- **Informing other change processes in the HSE – Stephanie O’Keeffe**
- **Panel discussion followed by lunch**
- **Moderator- Dr Muiris Houston**







## Chuck Feeney : The Atlantic Philanthropies

*“I had one idea that never changed in my mind – that you should use your wealth to help people”*  
- Chuck Feeney

# Children and families – Mainstreaming the learning



- The Early Intervention Transformation Programme in Northern Ireland
- The Development and Mainstreaming Programme in Tusla and
- The Nurture Programme: Infant Health and Wellbeing in the Health Service Executive



## Pregnancy and first three years

- Period of most rapid development
- Lays the key foundations for the remainder of the child's life
- Important prevention and intervention opportunities
- Potential to pay dividends throughout the lifetime of the child

# Partnership of three agencies



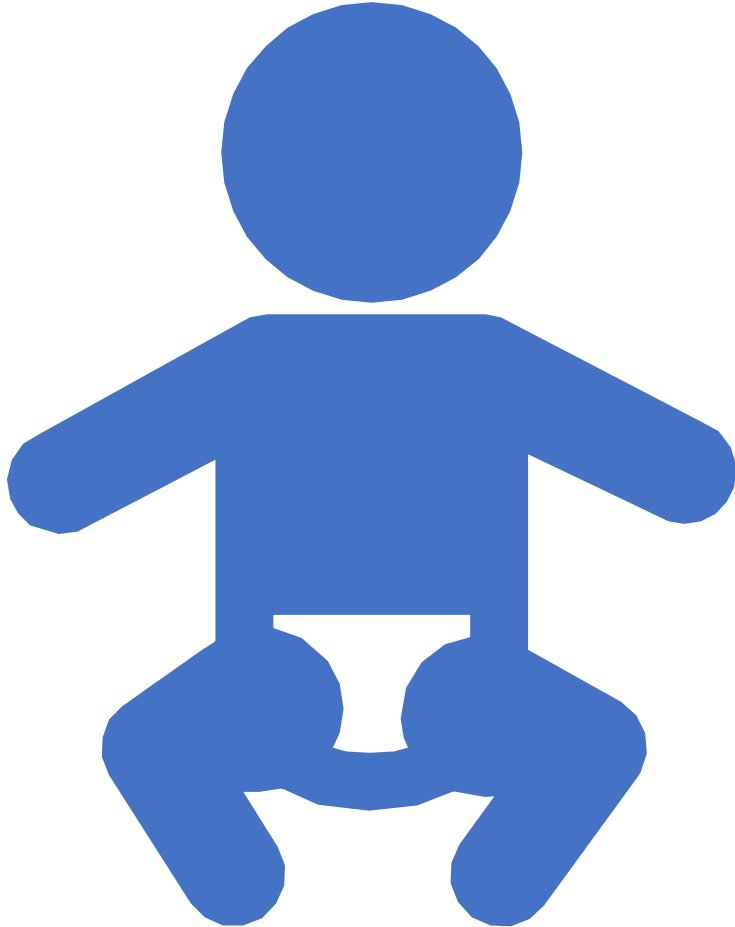
- Katharine Howard Foundation
  - Grant management, support, evaluation management
- Health Service Executive
  - Programme development and implementation building on previous work
- Centre for Effective Services
  - Implementation support

Supported by

- Community Foundation for Ireland
  - Infant Development Fund



# Nurture Programme: Infant Health and Wellbeing



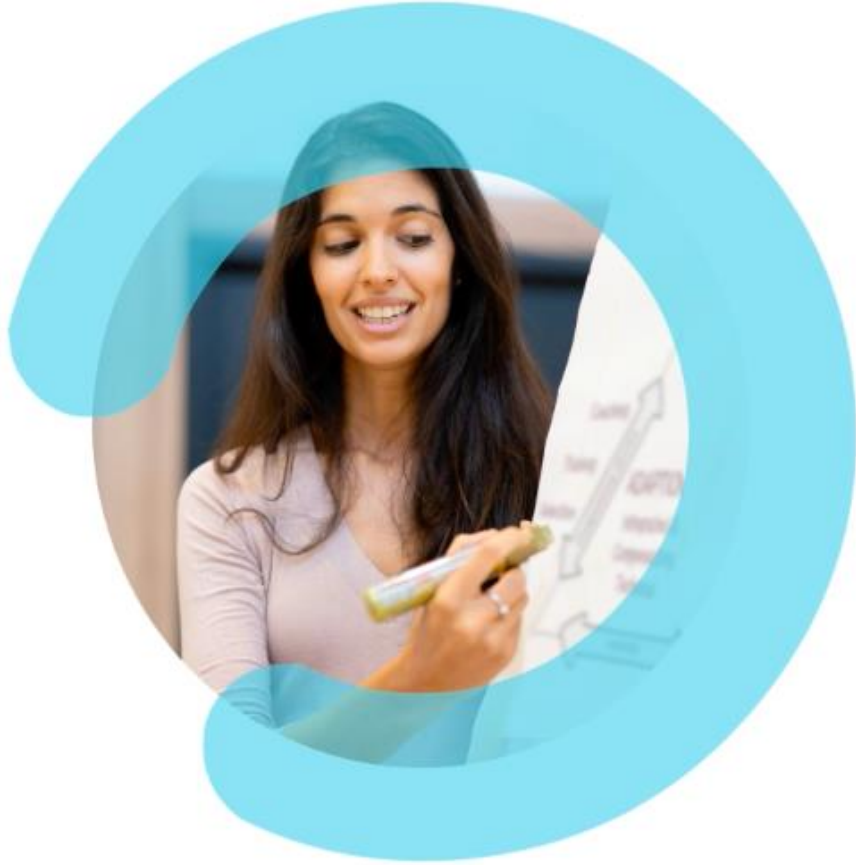
<https://vimeo.com/389509826>



**Presentation of the key learning from the Nurture Programme to inform other systems**

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**Caroline Gardner  
Chief Executive Officer  
Quality Matters**



# Lessons from The Nurture Programme: Infant Health and Wellbeing

*The*  
**ATLANTIC**  
*Philanthropies*



The Centre  
for Effective  
Services

# Overview of the Programme

## The Nurture Programme

Infant Health and Wellbeing is a far-reaching, multi-year quality improvement programme which aims to strengthen and standardise the care and support provided to young children and their parents.

LED BY



FUNDING PROVIDED BY



# The evaluation

4

YEARS

7

RESEARCH  
REPORTS

3

FINAL  
REPORTS

The image shows three report covers arranged horizontally. Each cover features a circular photograph of a woman and a child. The first cover is titled 'Better for every child' and is a 'SUMMARY REPORT'. The second cover is also titled 'Better for every child' and is the 'FULL REPORT'. The third cover is titled 'Delivering Systems Change' and contains 'Lessons from the Nurture Programme: Infant Health and Wellbeing'. All covers include logos for the Department of Children, Equality, Disability, Integration and Youth, KIP, HE, DCU, and the National Children's Research Centre.

BASED ON THE VIEWS OF OVER 400 PEOPLE





## Overview

This report contains 16 key lessons, which are categorised under four themes:

- A** Get the right people into the right structures and ensure alignment across structures
- B** Engaging staff and service users in new initiatives requires commitment and support
- C** Plan for scale and sustainability from the outset
- D** Partnerships and specialist expertise strengthen the impact of change programmes

Theme A: Get the right people into the right roles and ensure alignment

# 1 Establish implementation teams & match the right the people to roles

**Recruit for vision & leadership as well as expertise (seek advice).** Good leadership was:

- Openness to different approaches,
- An ability to engage people from different disciplines,
- Humility and the ability to support decision making outside of traditional hierarchical structures.



Theme A: Get the right people into the right role and ensure alignment

## 2 Alignment between local, regional & national structures & context is key

Complexity in systems makes geographical and disciplinary misalignment a significant risk, to address this:

- Develop clear vision with leadership - logic model was effective
- Undertake stakeholder map, develop clear goals and engagement strategies - often different for operational and strategic levels
- Induct people new in roles - *this is easily missed*
- Build on existing, rather than create, new processes

*Personal communication with senior Programme leaders was regarded by Implementation Team members as key to maintaining their motivation & engagement.*

# 3 Effective multi-agency partnerships require a significant investment of time & support

- Best progressed in stages: iteratively clarifying vision, purpose, methods, roles, expectations, and deliverables - **took 18 months**
- Need to ensure a shared understanding of the limitations and challenged in context: creative human resource use i.e. **placements and secondments**
- Facilitation helps challenging and critical conversations





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**'It's important to have time to be able to get off the dance floor and go out onto the balcony.'**



# 4 To build credibility, frontline staff need to know that funding is committed

Most staff have experienced failed change programmes and need to feel their efforts, usually above and beyond their busy day job, will result in sustained positive change to their practice and improved service delivery to the public:

- Confirmation of ring-fenced funding
- Senior leadership buy-in
- Strong evidence base



Theme B: Engaging staff and service users in new initiatives requires commitment and support

# 5 Maintaining the engagement of staff requires significant effort & consideration

National change projects in health services require engagement from staff whose input will usually be an addition to their often already overstretched day jobs.

- Appreciation
- Well managed systems supporting follow-through
- Clarity on tasks and timelines
- Value based administration - always making it as easy as possible required commitment and initiative



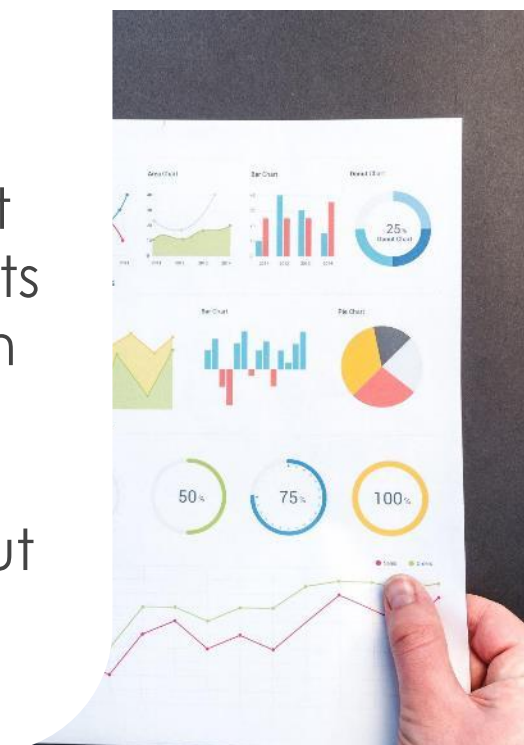
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**‘You show up and the lunch is there  
and the packs are completed, and there  
is someone to take the minutes, it’s  
these things that oil the wheels’.**



# 6 Evidence reviews are essential tools for creating a collective vision

- The Programme began with a significant Scoping Report this reviewed existing service provision and developments
- A range of large and small research projects undertaken to develop evidence for specific decisions.
- Requires thoughtful communication to be effective
- Staff need support to use - evidence not always clear cut

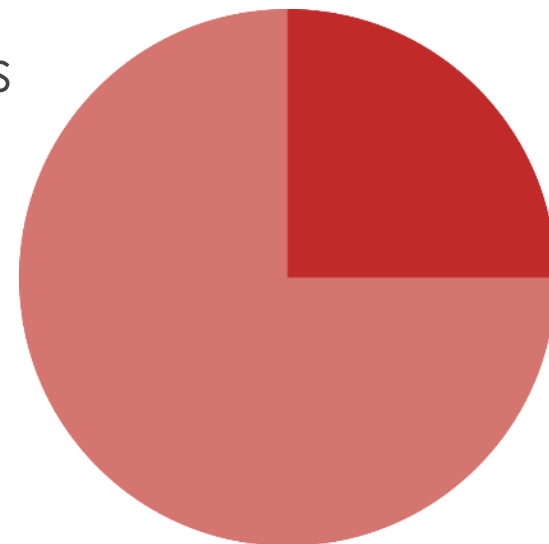




# 7 Effective communication with frontline staff requires ongoing effort, stamina & creativity

At least 25% of time dedicated to communicating with stakeholders:

1. Make a communications plan for stakeholder groups and check with representatives - will this work?
2. Deliver consistent messages early and often
3. Speak to concerns of staff in appropriate language
4. **A common mistake in change projects is an assumption that emails are sufficient to deliver key messages to staff.**



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**‘If people are flooded with communications, and often they are, then people will often ignore emails. People tell each other the things that are important. Key messages need to be relayed through team and managerial interactions. Managers always play a key role in deciding what messages staff receive’.**



Theme B: Engaging staff and service users in new initiatives requires commitment and support

# 7

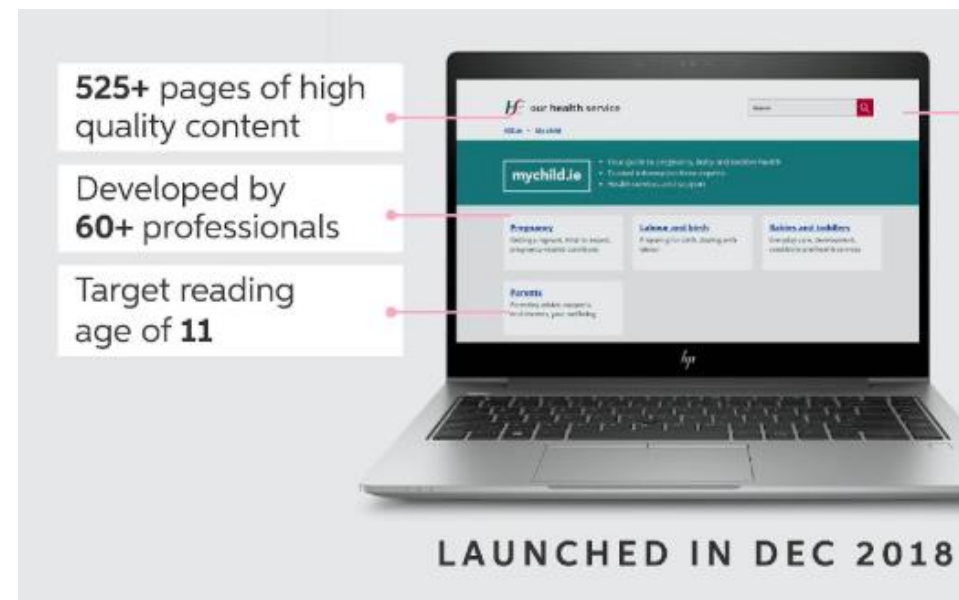
## Effective communication...

- Staff were more receptive to messages when these were delivered by a person with the same qualifications or role as themselves.
- To support this, representative staff in champion and leaderships roles need clarity on key messages, and when and where they need to share information. **This role needs to be explicit.**
- Clarity required on whether committee roles are representative or as an individual expert. These have very different tasks, time and outcomes.

Theme B: Engaging staff and service users in new initiatives requires commitment and support

# 8 Deliver tangible wins in a timely manner to build the momentum for change

Due to a number of factors, the website, a planned early win, took a year+ longer than planned. When launched, it consolidated staff engagement and momentum. **In large-scale and complex change programmes, early wins can be hard to secure.** The learning is to, where possible, fast track actions that have most meaning for staff, and dedicate resources in line with this.

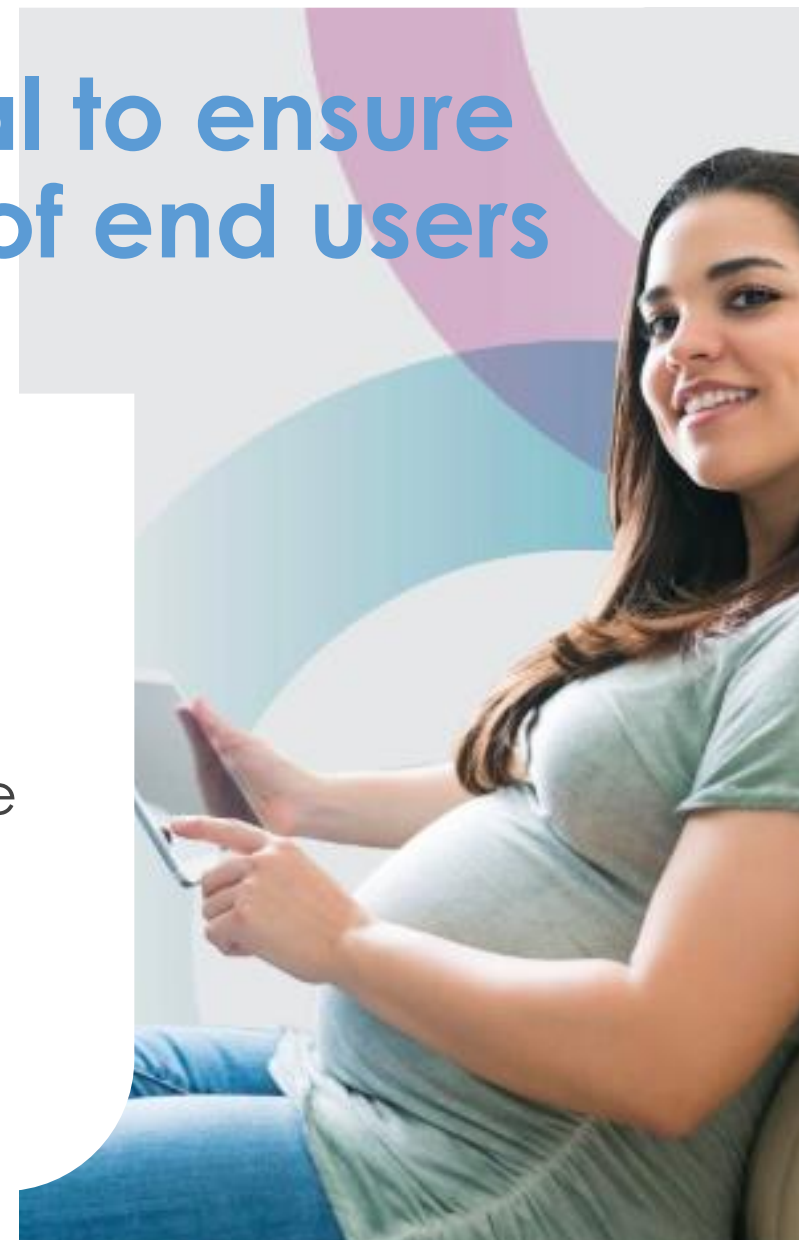


# 9

## Service user consultation is vital to ensure that changes meet the needs of end users

Parental engagement informed all aspects of project planning in deep and important ways.

- Do this early and at key decision making points
- Understanding of parental preferences also made multi-disciplinary decision-making easier. When team members had different perspectives on an issue, staff were able to ask 'what do parents want?'.



# 10 Consultation with staff is key to success

The experience of the Nurture Programme showed that optimal times to engage with staff are at the planning phase, to scope-out staff priority issues and then when there is a well-structured draft product.

- Genuine consultation means there needs to be time and will to make changes, everyone needs to be aware that documents are draft
- For technical or detailed projects there is a need to keep meticulous and transparent records of comments and decisions
- External facilitation is useful for more challenging topics, training for staff when not using externals (i.e. to have tightly focused processes)



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**‘there is no point in bringing people together to do work that you could have done without them, this is disrespectful’.**



# 11 Sustainability requires detailed planning, commencing in the project set-up phase

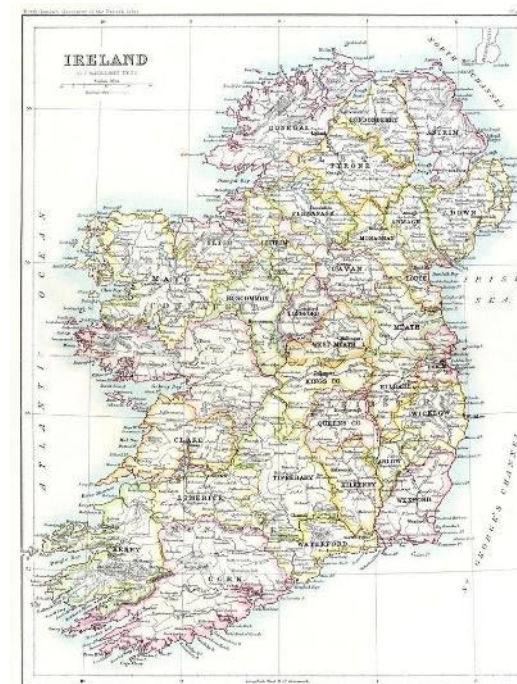
Initial scoping and planning processes should be led by a senior interdisciplinary group of staff. For a project of the scale of the Nurture Programme, **initial scoping and planning can take up to 18 – 24 months**. This phase needs to be understood as a key part of programme development and implementation.



# 12 Plan from the outset how to bring the initiative to scale

Plan for scale from outset, instead of piloting. This necessitates:

- A strong documented evidence base for all change
- Substantial planning time to build support across geographical and professional areas
- Regional leaders in implementation teams
- A leadership team with a clear national mandate for and the skills and tenacity to overcome structural barriers



# 13 Philanthropy can leverage resources as well as strengthen project management

The role of philanthropy was described as being that of an ‘honest broker’. This involved holding Programme partners to account and challenging the process. This was important to the quality of planning and follow through.

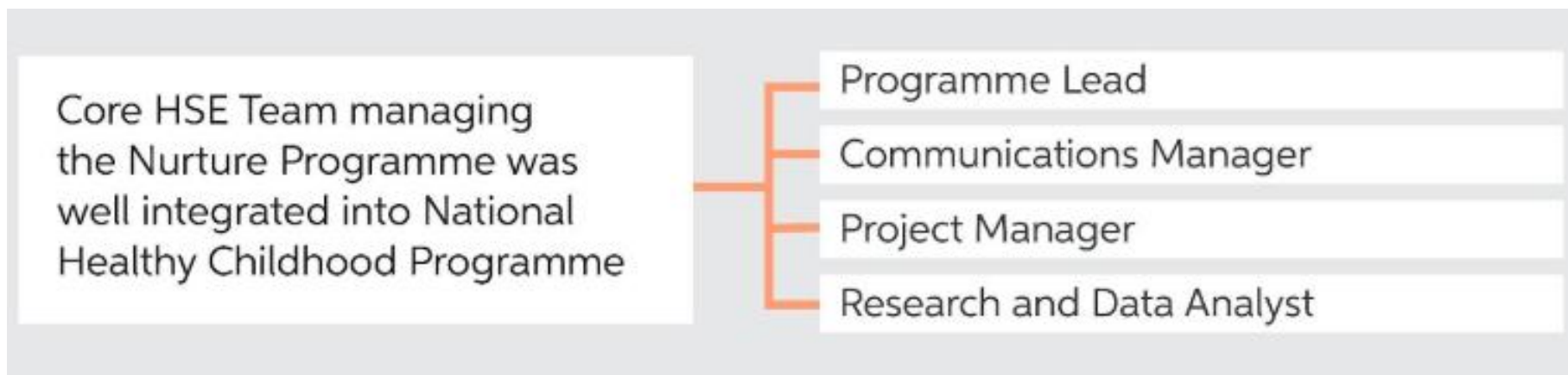
LED BY



FUNDING PROVIDED BY



# 14 Specific programme roles, such as communications & data management, require staff with specialist expertise



- Seeking an external expert perspective on skill requirements and any potential expertise gaps is recommended.
- Once recruited, systems need to be developed so expertise is well integrated and can influence change in the wider system.

# 15 Implementation science supports the achievement of programme outcomes and sustainability

Implementation science was **overwhelmingly considered to be a beneficial framework**. It was appreciated for being stage-based, focusing attention on enablers, drivers and barriers, and necessitating discussions of culture as well as more concrete issues such as structure and staffing. For these benefits to be realised, **time was required for staff to become competent in using the chosen approach and tools**.





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**‘it’s not that it’s brand new, we knew a lot of the good practice, but it allows leaders the rationale and authority to push back against pressure to speed-up, we were able to focus on doing things properly and well’.**



# 16

## National policy change is best achieved through strategic partnerships and alliances

A significant lesson from the Nurture Programme is that engagement aimed at influencing national policy is most effective when it is a coordinated effort among different groups, such as philanthropy, professional bodies, community and voluntary organisations, sector alliances and networks and statutory agency staff.



It is hoped that these 16 lessons, many of which are supported by evidence based tools and documents, will support other change leaders in creating better and more effective health services for everyone in Ireland.





## **Formal Launch of the report**

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**Laura Magahy**  
**Executive Director**  
**Sláintecare Programme**  
**Implementation Office**



An Roinn Sláinte  
Department of Health

# Nurture Programme Learning Report

# Sláintecare and Delivering Health Care in Ireland

Laura Magahy, Executive Director Sláintecare, 04 March 2020

**Sláintecare.**

Right Care.Right Place.Right Time.

# Sláintecare is about the:





# Sláintecare Objectives – Right Care, Right Place, Right Time



Over the next 10 years we will...

- Promote the health of our population to prevent illness
- Bring the majority of care into the community
- Create an **integrated** system of care, with healthcare professionals working closely together
- Create a system where care is provided on the basis of need, not ability to pay
- Move our system from long waiting times to a timely service
- Drive accountability and performance in the health service
- Deliver a health service that has the capacity and ability to plan for, and manage, changing needs

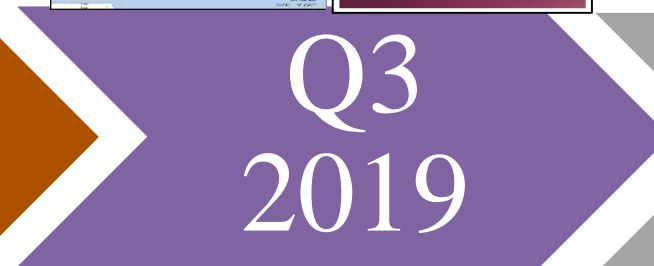
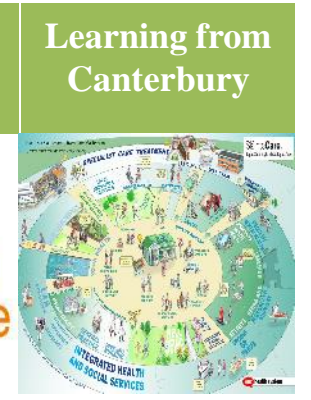
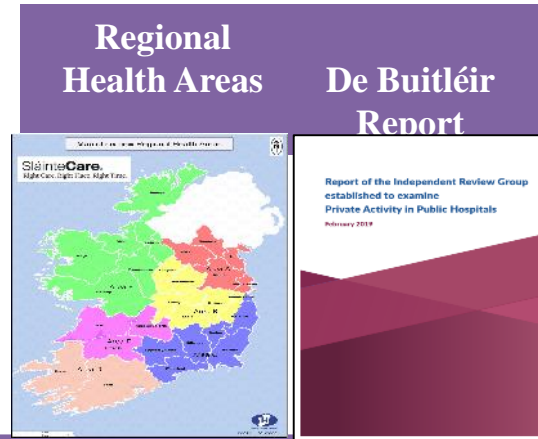
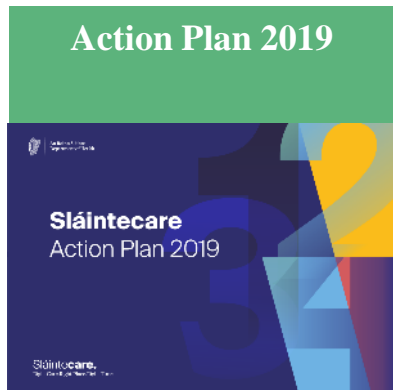
# Sláintecare: what is different?

- All-party agreement
- Dedicated implementation programme
- Funding – Transition Fund & Integration Fund, Enhanced Community Fund, Care re-design
- Focus on stakeholder engagement, including patients & citizens
- Partnership
- Evidence-based approach



# Progress To Date

# • Sláintecare Implementation



# 2019 Foundational Decisions

- Six new Regional Health Areas
- New HSE Board
- National Clinical Programmes Review
- Dialogue Forum with Voluntary organisations
- Community Health Care Networks
- De Buitléir Report
- GP Contract
- Enhanced Nurse Contract
- Increased Community and Integration Funding

# Priority programmes for 2020 will:

- Develop the Regional Health Areas to enable integrated, patient-centred services, that are safe, local and fairly distributed
- Build extra capacity in the health and social care system to reduce waiting times
- Examine eligibility and entitlement to health and social care services, to make sure that cost is not a barrier to getting care in a timely manner





An Roinn Sláinte  
Department of Health

# Integrated Care & Self- Management

Sláintecare.

Right Care.Right Place.Right Time.

# Integrated services: learning from others

- Population based approach to planning services
- Clear pathways between GPs, community and social care services, and hospitals within geographical regions
- Empowerment of front-line staff, devolved responsibility and decision-making
- One budget per region



# Sláintecare, working together, across the system





An Roinn Sláinte  
Department of Health

# Thank you!

[hello\\_slaintecare@health.gov.ie](mailto:hello_slaintecare@health.gov.ie)

#Slaintecare #RightCareRightPlaceRightTime

**Slaintecare.**

Right Care.Right Place.Right Time.



Short video on learning  
from the Nurture  
Programme





**Placing the learning in the context of international  
experience of change processes**

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**Dr. Sarah Barry**

**Assistant Professor of Health Services  
Management**

**Centre for Health Policy &  
Management, Trinity College Dublin**





**Trinity College Dublin**

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

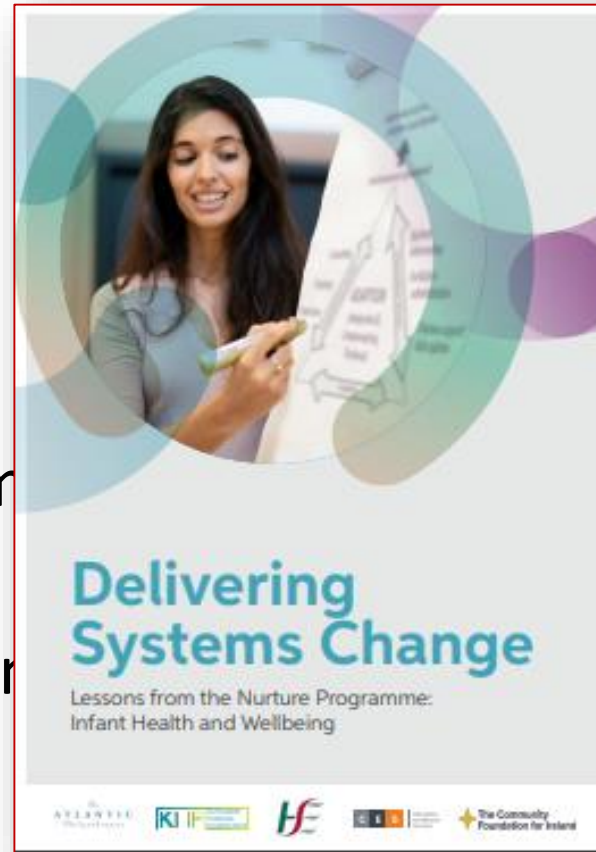
*Nurture Programme & Report Launch*  
*4<sup>th</sup> March 2020*

Placing the Learning in the Context of International Experience of  
Change Process

Dr Sarah Barry PhD  
Centre for Health Policy and Management,  
Trinity College Dublin

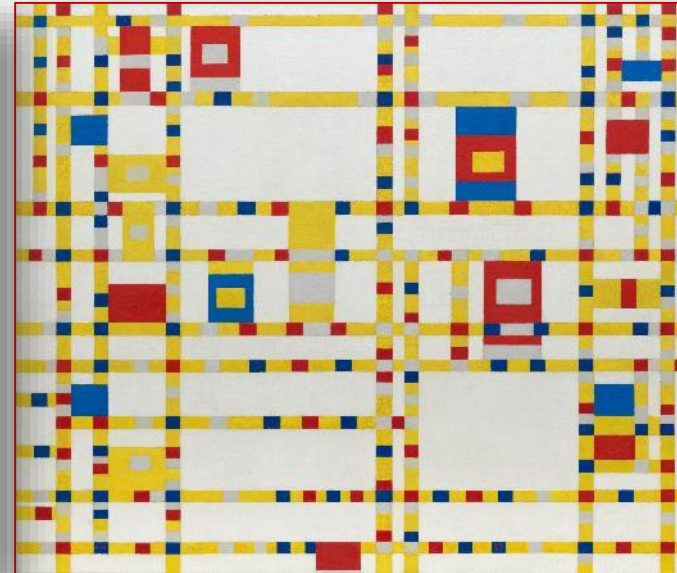
## International experience with change

- The Nurture Focus:
- People and Alignment
- Engagement
- Scale & Sustainability
- Partnerships & Expertise for Im
- These types changes through ar
- Organisational Lens ...



# What are organisations?

- *'Organisations are somewhat like the city:*
- *organic, constantly recreating themselves ...*
  - *Having no static essence'*



- Stuart Clegg (2002) Why Distributed Discourse Matters in
- Holmes, Hosking & Grieco. Eds. *E-communications and Relational Constructionism: Distributed Action, Distributed Leadership and Ecological Possibilities*. Aldershot, Hampshire, UK, Ashgate

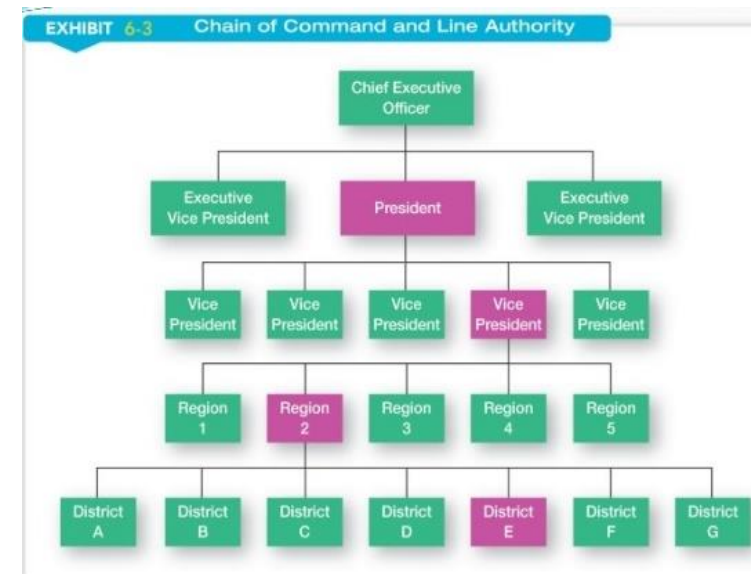
## Public organisations – typical challenges

- Oversight
- Control & Command
- Causality & Attribution
- Accountability
- ‘Show poverty reduction’



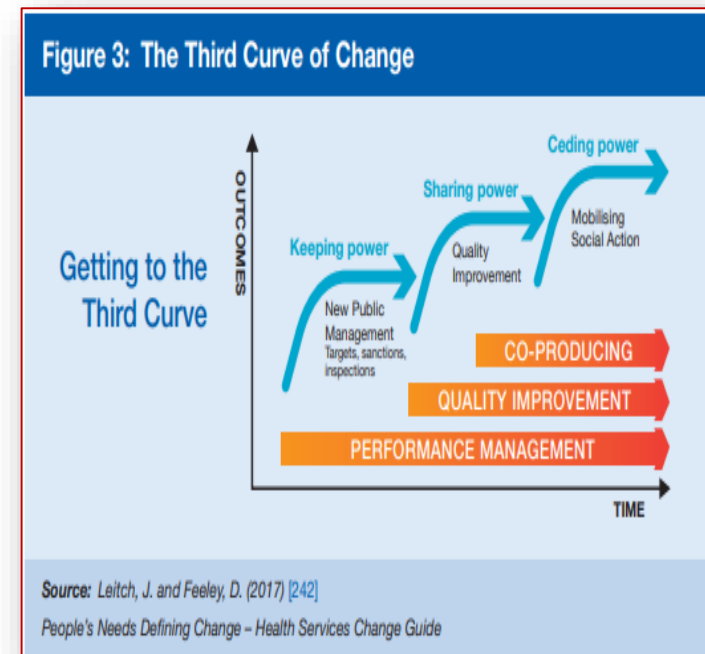
# What response? Traditionally ...

- Bureaucracy  
decision making by officials rather than representatives
- Institutionalisation  
establishing conventions/norms in an organisation or culture
- Division of Labour  
assigning different tasks to different people to improve efficiency (specialisation/hierarchy)



But change is changing

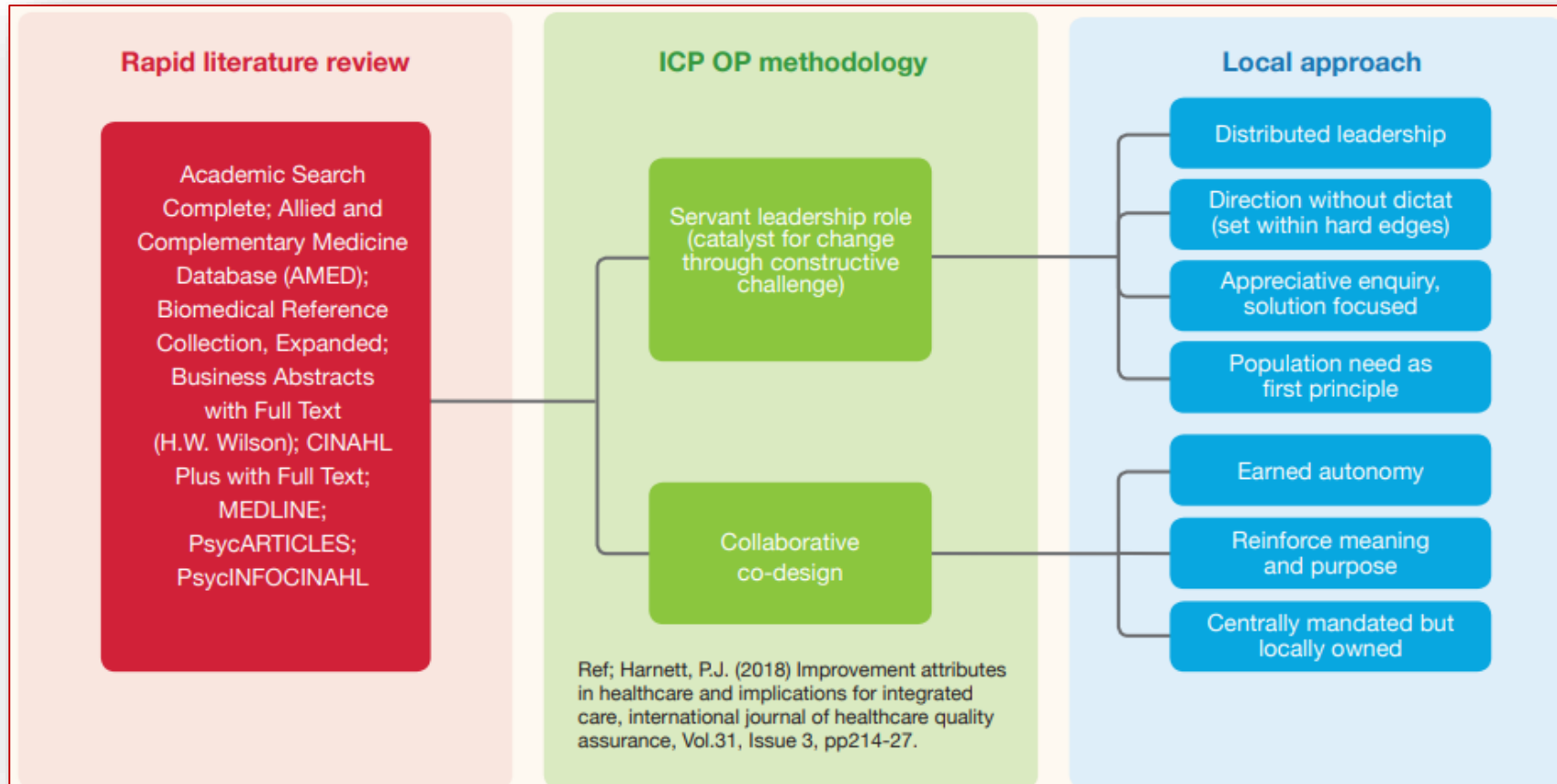
- Distributed decision making – new power
- Enabling cultures – engagement, participation, ‘messiness’
- Shared leadership, ad hoc multidisciplinary teams, networking



People's Needs Defining Change – Health Services Change Guide, p.4  
<https://www.hse.ie/eng/staff/resources/hrppg/change-guide-organisation-policy-people-s-needs-defining-change-health-services-change-guide.pdf>



# What does this type of change look like? (ICPOP)



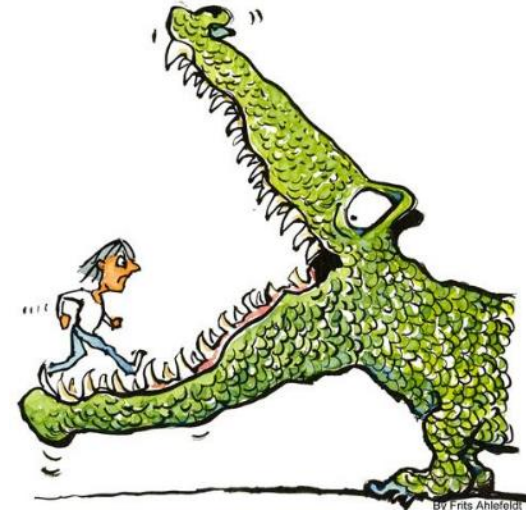
'Implementing Integrated Care for Older Persons in Ireland – Early stage insights and lessons for scale up'

National Clinical & Integrated Care Programmes, HSE p. 25

[https://e5d92a21-97f5-4bb2-a19b-4faf7c230064.filesusr.com/ugd/29601c\\_505486cc6a1c472b8c23ee10ae29ce4c.pdf](https://e5d92a21-97f5-4bb2-a19b-4faf7c230064.filesusr.com/ugd/29601c_505486cc6a1c472b8c23ee10ae29ce4c.pdf)

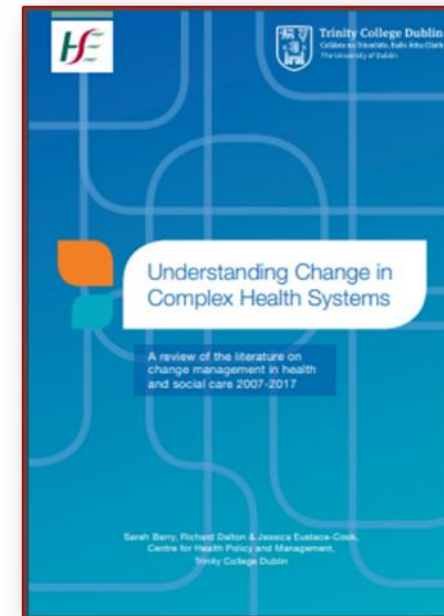
# Challenges to engaging change

- Silos, bounded rationalities
- Practical application/local learning
- Solely positivist/narrow managerial approaches
  - RCT not the full measure
  - Use of behavioural & sociological approaches ...
- The gap phenomenon
  - Knowledge translation, coordination, management, relevance, implementation
- Technology - opportunity but also cypher
- Centrist focus
- Established power distributions & cultures



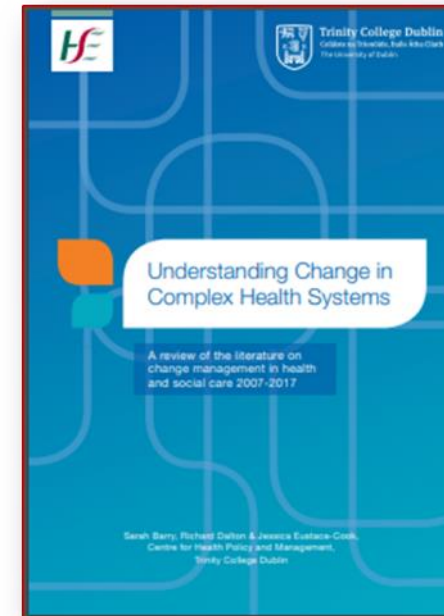
# International experience of change process

- Engagement is the main factor for success
- Understanding Systems/Orgs as
  - **Complex, Adaptive**
- Context is 'Critical for Success'
  - **People & Power**
  - **Culture & Social Interaction**
  - **Leadership & Learning**
- Implications for change management?



# International Evidence Suggests

- Better contextual understanding and engagement – attn. to locality & situation
- Enabling distribution (of soft & hard resources) for change – regionalisation, local networks
- Enabling feedback loops of communication & learning at all system levels, across system domains – boundary spanning
- How to meet these challenges?
  - Building trust & confidence
  - Don't 'solve' but work with diversity & inclusion
  - Work with local responses & resistances - culture
  - Harness high degrees of complexity and (technological) innovation



# How to create engagement in Australia



Queensland Health – a leadership development journey: A case study (2011) [Crethar et al](#); Healthcare Culture and Leadership Service, Queensland Health, Australia

**A sustained, programme-level commitment** to the work required to build a culture ... is paramount, as is evidenced in the Australian study (Crethar, et al., 2011).

# Can our systems value these 'organising principles'?

- Listening to experience, evidence – feedback & difference
- Enabling participation - person-centred, new transparency, distributing decision making, accountability and resources
- Engaging complex 'whole system' change - embracing emergence, unpredictability, adaptive planning, capacity for failure & learning etc.
- Building reflexivity – understanding responses





# Take Home Messages

- ‘Get busy livin, or get busy dyin’
- Start with relationships
- Believe in the people
- Learn to bespoke ...
- Understand slow change
- Have the conversation
- Enable understanding
- Build on evidence towards tangible knowledge ... that’s useful
- Identify, celebrate success
- Don’t settle!





**Trinity College Dublin**

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Many thanks!

[barrys6@td.ie](mailto:barrys6@td.ie)

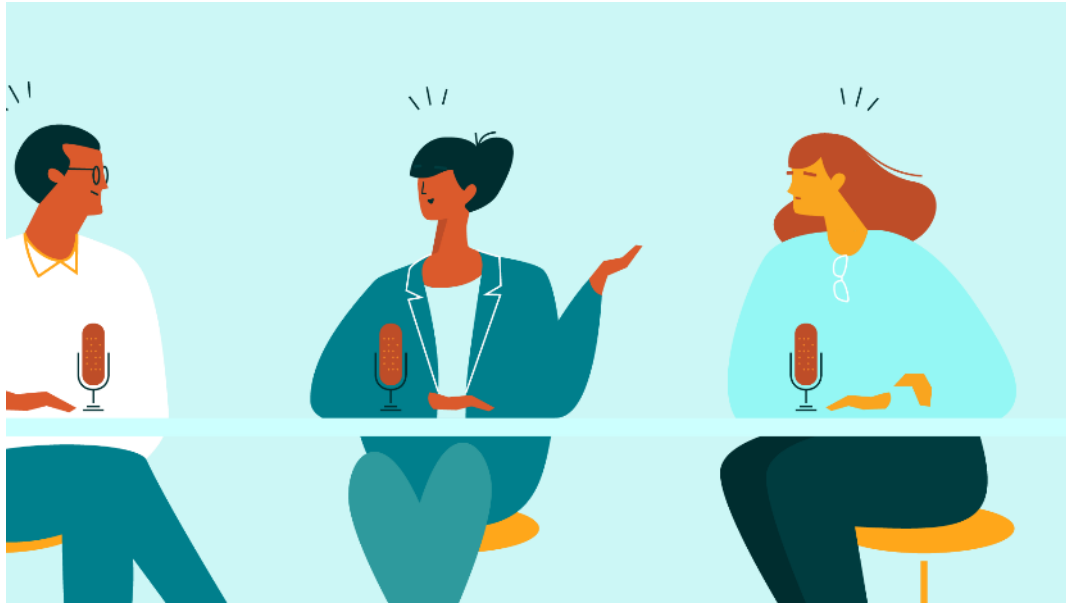





**How the learning can inform other changes  
processes in the HSE**

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**Dr. Stephanie O’Keeffe  
National Director of Strategic  
Planning & Transformation  
HSE**



**Panel Discussion  
including all speakers**

A woman with long dark hair, wearing a light blue top, is smiling and looking down at a rolled-up document she is holding. The background is a blurred office or meeting room. A large white diamond shape is overlaid on the right side of the image, containing the text. The overall design features teal and purple geometric shapes in the background.

Networking  
opportunities over a  
light lunch