

MAKE FRONT LINE TEAMS THE DRIVERS OF SYSTEM CHANGE



By John Mortimer

Managers must stop trying to control from the centre, as those working at the front line are often best placed to bring about the changes that people need to improve their lives – this message has emerged clearly from our Joining Forces cell. John Mortimer gives his insights here.

Back in 2010, Great Yarmouth had a council housing waiting list of 6,000 and even the people who were re-housed were waiting up to 30 months to find a home. I was invited in to take a fresh look at this, and see if it was possible to come up with a better approach.

I worked with the housing team, and we decided to abandon the conventional choice-based lettings scheme, and all the standardised form-filling that went with that. Instead I encouraged the team to have conversations with people. The team soon discovered that council housing wasn't always what was really needed – many people needed help to access private rented accommodation or to resolve a dispute with their landlord, for example.

Once we started to reappraise the task from the perspective of the person involved, it became obvious that a standardised solution couldn't possibly work – after all, people are

individuals, and an individualised response was what was needed. The frontline staff started to think more creatively about solutions to people's needs, and in turn that required their managers to think differently as well. This meant moving away from command and control and allowing the team much greater flexibility. Which was scary at first, but the results soon started to look impressive. As reported in the national press, by 2015 the waiting list was cut to 309, and the number of appeals had fallen from 27 per month to one per year.

I've found that a similar approach is required to bring about positive improvements in many other service settings. And often the people who work at the front-line know very well what good looks like, and would like nothing better than to change the way they are expected to work, knowing that better outcomes will follow.

This is what I was told when working with a community health team recently: 'At the start of engaging with a resident, we make assessments. First, someone else makes an assessment on the phone. Then weeks later, by the time I get the referral, I need to make another assessment. Typically there are 89 pages of forms and assessments to complete.'

I worked with this team to help them carry out an exercise to map out the end-to-end flow of work that it took to deal with someone who needed some help. It was really, really long, with 95 steps. And out of that really long flow, only five steps were actually ones that provided the value to the resident.

The team decided to put those assessments aside, and create their own approach to working with a person. And that was the difficult bit – they had to go back to basics and start by focusing on the needs of the person. Yes, a bit like an assessment, but this time they decided to do something different, they listened. They talked to the people they visited about whether they had relatives, what made them happy, what mattered to them, and so on.

The team then spent some time gathering evidence of what they had done and the impact it had. They asked the question; what are the main causes of the issues that citizens face, that cause the problems that we help them with?

There was one particular theme that kept coming out, and that was the fact that so many people had just no ambition, no interests, no reason for looking forward in their life. All they saw was that their health was getting worse. The team's new way of working was to help them reconnect with a sense of purpose in their lives, and reconnect them with those things that made them get up in the morning. Once they did this, the medical and life issues began to find ways to be resolved.

As one team member said:

'I had just finished writing up the difference that we made to Len, one of the people that we had helped. The core role that I played in this was simply to help Len to get over the death of his wife, look forward to things he likes to do, and take charge of his life.

'As I wrote that up on the board, someone asked where in the health system can people go to get this help? Perhaps it does not exist? I suddenly realised that I knew how to do this; I was trained to do this when I was studying to become an Occupational Therapist. I stopped, and thought, after I joined the health service, I never did that anymore. I had forgotten about that ... What had become of the hopes I had to make a difference?

'While it was still fresh in my mind, I wrote this down:

How I work now	What I was trained to do
This is what I do every day: <ul style="list-style-type: none"> • Pick up allocated work. • Split my activities into timed slots. • Do assessments (one hour). • Delegate to others. • Fill out paperwork (three hours). • No breaks. • Do tasks from assessments. 	Understand people's lives and their context. Take a holistic view. Promote independence. Take time to do things well.
This is the purpose of my job: <ul style="list-style-type: none"> • Put in equipment. 	Help people live a purposeful life.
This is what it does to people: <ul style="list-style-type: none"> • The person is seen as the problem. • They become an assessment/referral. • They become non-compliant. 	I help someone turn their life around. They are on a journey.
This is what it does to me: <ul style="list-style-type: none"> • I feel not important, a cog in a machine. • Occasionally I feel I make a difference. • I am stressed at work and at home. 	Best job in the world. Motivated. Happy. Empowered.

The right hand side demonstrates the potential of letting go of the centralised constricting standard procedures, and allowing those at the service front-line to do the job they are trained and want to do. In this way they won't just be doing the right thing for an individual – they will also be playing a leading role in a broader system change.

John Mortimer has been working with systems thinking and complexity methods, helping public services to redesign their service design around the citizen. He has been leading research on integrated working, and has numerous case studies published in books, articles and blogs.