

COLLABORATIVE PAIRS AUSTRALIA



VIRTUAL COLLABORATIVE PAIRS PROGRAM

WESTERN NSW PHN

INVITATION TO APPLY

NOVEMBER 2020

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SECTION 1: INFORMATION ABOUT THE PROGRAM

“We respectfully acknowledge Aboriginal and Torres Strait Islander people as the traditional custodians of the nations and countries on which we work, and commit to building relationships, respect and opportunities with all Aboriginal Peoples in our footprint.”

“**Collaborative Pairs**” is a Leadership Development program, developed by the King’s Fund in the UK which brings together a consumer or community leader to work together in partnership with a health /social care service provider, clinician, manager or policy maker to develop new ways of working together.

The program assists health professionals (clinicians and managers) and consumer/community leaders to build productive collaborative relationships, exploring how different roles and perspectives can be a constructive force for change. More information on this program can be found on the [Consumers health Forum website](#).

Who is it for?

This program has been designed for leadership pairs from within Western NSW PHN and partner organisations delivering health services to work together on a shared challenge. One partner in the pair will be a consumer or community leader with lived experience of the health system; and the other partner a clinician or manager (a clinical or service provider leader), both wanting to explore new and more collaborative ways of working together.

You will work as a pair for the duration of the program, building your skills in collaborative practice through working on a shared healthcare challenge. This program will focus on your relationship as leaders and the factors that contribute to effective collaborative practice. The healthcare challenge will be the vehicle for reflection and analysis.

This program will be beneficial to consumers and health professionals who want to make a difference in their local health service systems and communities, enhance their leadership skills, build effective partnerships and develop new and innovative ways of working. Western NSW PHN are looking for pairs who are working in the following priority areas:

- Respiratory illness
- Diabetes
- Mental Health and Suicide Prevention
- First 2,000 days
- After Hours

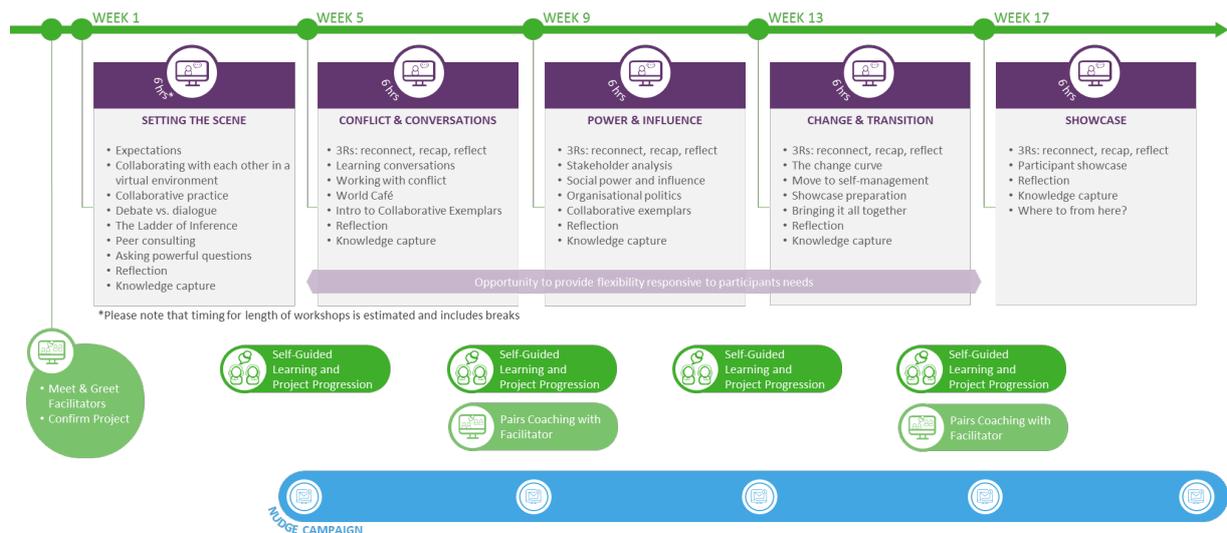
The Program

Due to COVID 19 and associated restrictions, the Collaborative Pairs Australia program has been redesigned to be delivered in a virtual format. It will be delivered over five zoom sessions spaced with several weeks in between. Each pair will be required to bring a healthcare challenge or project to work on together over the duration of the program.

The project or challenge must align with Western NSW’s PHN Priority Areas:

- Respiratory illness
- Diabetes
- Mental Health and Suicide Prevention
- First 2,000 days
- After Hours

The approach is one of “learning through doing.” The following diagram shows the content and format of the program



During the program each pair will have the opportunity to participate in two coaching sessions with the facilitators to put their knowledge into practice. The program involves reflection and analysis, input from facilitators and experiential and interactive exercises. It has been designed to be flexible and responsive to participant needs.

Dates

Session 1: Tuesday, February 23, 2021

Session 2: Tuesday March 23, 2021

Session 3: Tuesday May 4, 2021

Session 4: Tuesday, June 1, 2021

Session 5: Tuesday, June 29, 2021

All sessions will run for 6 hours which includes an hour of breaks and will be delivered by zoom. They will commence at 8:30 am AEST and conclude at 2:30 pm. Successful applicants need to be available to attend all sessions.

Facilitators



Debra Kay

Debra is a consumer, carer and consumer representative. She has worked for many years in community health partnerships to build accessible, inclusive, safe and effective health care. She has worked in and led consumer organisations; developed accredited consumer engagement training; and holds a number of roles in governance and advocacy.



Paresh Dawda

Paresh is a GP who came to Australia from the UK and has a wealth of experience with a diverse portfolio of roles and interests. The golden thread uniting these are a passion for patient centred care. Paresh has the ambition and drive to facilitate the redesign and reorientation of services to be genuinely focused on consumers and their needs.

Both Debra and Paresh are actively involved in the safety and quality of healthcare agenda through roles at local, national and international levels where each brings their unique perspective. Debra brings the rich and critical consumer lens, and Paresh strives to realise the aspiration of an authentic consumer centred health care system, through exercising his influence as a clinician, an academic and a leader with relevant subject matter expertise.

SECTION 2: HOW TO APPLY?

We seek interested, enthusiastic health, consumer and community leaders who want to build effective partnerships, improve their collaborative practice and leadership skills and influence change.

One application per pair must be jointly provided (ie a consumer and health professional) and will need to address the following selection criteria:

- What do you understand by “collaborative practice” and why is collaborative practice important to you both?
- Why have you chosen to work with each other? Can you provide a brief overview of both your individual and shared work/lived experience (if appropriate) that is relevant to undertaking this program?
- What shared challenge /project are you planning to focus on? Which of the Western NSW’s PHN Priority areas does it fit with?
- How will your participation in this program benefit your organisation and the community?

Applications also need to be supported by two referees.

An information session will be provided during the application period. To register your interest for this, please contact Vicky Smyth at vicky.smyth@wnswphn.org.au

Please complete the [Online application form](#) by **COB Friday 29 January 2021**

Enquiries: Vicky Smyth at vicky.smyth@wnswphn.org.au

Jennie Parham on 0421 050 401 or email: jennie@jennieparhamconsulting.com.au

SECTION 3: FREQUENTLY ASKED QUESTIONS AND EVIDENCE

FREQUENTLY ASKED QUESTIONS

How much time will I need to commit to be part of this program?

Attendance is required at all five sessions. These are scheduled with at least 3 weeks in between. This is designed to enable you to apply the skills and knowledge you are learning as part of the program.

It is imperative that you attend the whole session. As a pair, you will also have the opportunity to participate in two 90-minute coaching sessions with the facilitators (to be negotiated at a time of mutual convenience). This will be done by teleconference, Skype, Zoom or similar.

In terms of the amount of work in between sessions:

- The amount of time per pair will vary and will be based on the type of project you are working on and the stage you're at with your partnership and your project. At a minimum we suggest you try to catch up every week - it doesn't have to be long, it's a check-in (approximately 30 min)
- This face-to-face catch-up is also an opportunity to observe each other and communicate differently. You can try out and explore further some of the conversations and tools you will be provided with in the program
- This program enables you to position and explore a healthcare challenge of interest to you both from a relational perspective and important to Western NSW PHN

What will be covered in the program?

You will participate in the program as a pair, building your relational leadership as you work together on your agreed healthcare challenge/project.

The challenge/project will be one of interest to you both and that your organisation, community or health system is facing. Priority areas have been identified and preference will be given to those working in these areas.

You will be provided with support and feedback at different levels including access to a peer network to stimulate your thinking and support you through the Collaborative Pairs process and your shared

challenge. You will be provided with frameworks and a safe space to reflect on how you are working collaboratively on your challenge or project.

Input from facilitators and external speakers will help you to think about what a new relationship between health care professionals, consumers and communities could look like and achieve.

The content of the program includes:

- knowledge and skills of dialogic communication and other models to support collaborative leadership
- skills associated with holding critical conversations
- developing influencing and negotiating skills
- framing powerful questions
- managing difficult behaviour and conflict management
- political intelligence and stakeholder relationships
- models such as World Café and Peer Consulting

The content will be negotiated with the participants and be responsive to the needs of the group.

How will the Collaborative Pairs Program improve outcomes for the project or healthcare challenge?

The program will focus on your working relationship and the factors that contribute to effective collaborative leadership and practice. As such, the challenge will be the vehicle for reflection and analysis. It is important when thinking about the shared challenge, to think about an area that you are both passionate about improving or making a difference in, that will lead to better health outcomes. It needs to be aligned with the following priority areas: Integrate Co-commissioning project, chronic disease management or mental health. The challenge provides a focus for each collaborative leadership pair to:

- think about how well you are working together
- practice new skills and apply new knowledge
- think about ways you can improve your relational leadership
- be more self aware of your own personal style and how that impacts on your working relationship

Collaborative Pairs will give you time, space, motivation and tools to help you work more effectively on your challenge. The type, size and stage of project, and the amount of time you can commit to it between sessions, will determine how far you can progress your project during the time you are involved Collaborative Pairs.

What are some examples of typical “pairs”? What if I am not a service provider or a consumer, would I still meet the criteria?

Examples of the type of pairs that have been involved in *Collaborative Pairs* or could be as part of this program include:

- a health professional (GP, nurse, allied health) and a consumer;

- a consumer leader with a clinician or a clinical director of a clinical commissioning group;
- an Aboriginal community leader and a local pharmacist
- a youth health policy worker and the chair of the local youth advisory group
- a manager of paediatric services and a parent member of the community advisory group
- a senior clinical team member and a consumer working in a specialist team
- health service provider and a community /consumer advocate

Participants must work in pairs on this program as it is about building collaborative relationships and effective collaborative leadership.

One half of the pair needs their experience to be mainly about the nature and type of health services delivered. For example, a:

- clinician, manager or director of clinical services,
- manager involved in quality improvement or developing policy in relation to service provision or clinical governance,

The other half of the pair needs to have a patient or community perspective of the health system.

[Patients as Partners](#) booklet prepared by the Kings Fund is a great resource as it documents the learnings from the early programs delivered in the UK. It also gives examples of the pairs who have completed the program in the UK and the work challenges they have focused on.

Do we need to have experience working together as a pair to take part in the program?

It is not essential that you have worked together to apply for the program. However, it is helpful if you know each other and you have a joint work challenge that you are interested in working on. The program is about building “real time” relationships and so a level of understanding and mutual interest will be helpful to gain the most benefit from the program.

It is also helpful if pairs take the time to meet before they write and submit their application, and use this time to share their areas of interest and negotiate a mutually agreed and beneficial project or challenge to work on.

How will I benefit from the Program?

There are benefits at three levels: for yourself as an individual; as a pair; and through your potential engagement with and contribution to community. This unique program allows you to discover and learn about yourself in the context of working together – and learn how collaborative leadership can better engage and enable communities to achieve their goals.

As an individual, you will:

- Discover your personal leadership style
- Become more aware of your own communication and conflict resolution style
- Learn how to influence and build constructive relationships
- Learn new ways of working, thinking, engaging and leading

As a pair, together you will:

- Build a productive, collaborative relationship
- Develop the skillset, communication practices and confidence to work collaboratively
- Learn in a practical and supportive environment to make progress on a real-time challenge for your organisation

- Join a peer community and work with other consumer leaders and health care professionals to explore your own leadership role and contribution.

Is the program inclusive?

The original program was cocreated in the UK under the auspice of the Kings Fund, with sociocultural relevance to UK communities. The Consumers Health Forum and the program facilitators have been working collaboratively with course participants to date to build a program relevant to and inclusive of Australian communities. Participating pairs will be encouraged and supported to learn and work together respectfully and inclusively with and within community.

What is the evidence base and principles underpinning the Program?

The evidence base on which the program has been developed indicates that when consumers are involved, decisions are better, health and health outcomes improve, and resources are allocated more efficiently. The evidence is summarised well in the King's Fund 2014 publication "**People in control of their own health and care**".

The paper makes a clear distinction between the critical role for patients being involved in their own care – self leadership – and the role of patients working with other leaders (e.g. clinical, managerial, community) to engage in leadership tasks such as visioning, governance, strategic planning, decision making and service redesign. Whilst these two roles share some of the same capabilities, there are also some different implications for how health organisations will need to work with patients and citizens to fulfil these different roles.

In 2013 The King's Fund began exploring the concept of consumer leadership with a view to understanding how they could support its growth and development within the health system. It became apparent that consumer leadership requires a whole-of-system approach which goes beyond a deficit-based approach of simply building the capacity of consumers and citizens as leaders to one that supports **culture change and a new relational paradigm** for consumers and health care professionals. In the current context the **role of consumer leaders needs to be reconceptualised** to include improving health and wellbeing in the community and /or improving health and social care services.

This is achieved through consumers working with others to influence decision-making. Two broad categories of consumer leaders have been identified within this new paradigm: System influencers (ie those seeking to influence health and social care design and delivery) and community enablers (ie those seeking to promote health and wellbeing in the community). In order to achieve the cultural change required for transformational change in the health system, health organisations need to embed consumer leadership at all levels: policy, planning, service delivery, research, governance and quality improvement. The underlying principle of the program, based on the evidence is that **consumers, managers and service providers are all equal in an effective health system.**