# Curating health system integration through value-driven change: Adaptive leadership in a complex environment

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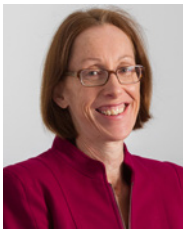


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**Abstract** This paper describes the contextual factors that led to the establishment of a new primary health organisation, but moreover describes the challenges of change management in an environment that has a range of competing forces. This includes the internal challenges in developing a value-driven, collaborative and participative organisation dispersed across a significant geography with an external environment that traditionally has been self-regulated silos, yet recognised as unsustainable into the future. The paper sets out some of the challenges in working beyond the traditional methods in order to create new and different outcomes. Readers will gain an understanding of the principles of collective impact and place-based health and how these are applied within a start-up organisation that is tasked with facilitating integrated and coordinated health care at the local and system levels. The Western Australian Primary Health Alliance (WAPHA) has had a dual function in establishing an operating model, which effectively models the way using a suite of co-design, collaborative approaches to commissioning within a system where partnering and participative processes are the exception not the norm. Patient-centred care is now firmly embedded in the health lexicon; however, new ways of working shift the paradigm — to build a system where the clients, consumers and patients determine value, and clinicians are the builders of systems that are part of a wider transformation of primary care's role within our health system.

KEYWORDS: primary care, collective impact, place-based health, integrated care, Primary Health Networks

## INTRODUCTION

There has been much documented over the years on the leadership challenges in health. These challenges could be at the patient–clinician interface, across multidisciplinary clinician teams or indeed clinicians who also straddle administrative responsibilities. Notwithstanding the tiers of leadership challenges and the differing skills and abilities required of individuals, it is the leadership challenges related to reducing fragmentation in a multidimensional multilevel health system that is an essential challenge. In today's world, health inequities are highly correlated to postcode, and as such are inherently a reflection of factors of social determinants. Thus, health operates inside a wider sphere whereby the drivers of poor health are not necessarily levers that health administrators can influence.

To cast the way forward differently in health is to give consideration to the principles of collective impact and to enable the actors in the system to operate outside the usual organisational boundaries if indeed health is to provide leadership in solving what we know as 'wicked problems'. The Western Australian Primary Health Alliance (WAPHA) was established with an ambitious vision by a collation of important stakeholders who were committed to a new way of working beyond the traditional methods in order to create new and different outcomes. WAPHA is predicated on collective leadership taking a systems approach to bringing together the diversity of interests to a common purpose and goal.

WAPHA's overarching objective is to achieve integration across disparate providers and payers and to do this through what we call 'curating' — to provide for the 'players' in the environment or the place, to come together, to develop a shared perspective, and collectively to attend to the health system and not just the small pockets. Some might call this entrepreneurial leadership; however, it may well be adaptive leadership with a broader brief that helps develop trust and

agreement on a common ground. Being mindful of the overarching objective is also to pay attention to creating value, from both a provider and payer perspective, recognising the Quadruple Aims[1] in health care and ensuring that those aims are pillars in driving improved health outcomes.

The establishment of WAPHA on 1st July, 2015, was, in effect, a start-up. The advantage of developing a new organisation building from the ground up was the opportunity to create a culture predicated on strong values and a vision that provided the opportunity for innovation, creativity and collaboration. Establishing a new organisational culture requires a framework to underpin behaviours, actions and outcomes, as well as an operating model that is an enabler for Western Australia. Conversely in an environment with high expectations, competing deadlines and a complex stakeholder population, there are inherent challenges to move from the technical to the relational, from iterative change to creating shared value.

This paper will describe the contextual factors that led to the establishment of a new primary health organisation, but, moreover, illustrate the challenges of change management in an environment that has a range of competing forces. This includes the internal challenges in developing a value-driven, collaborative and participative organisation dispersed across a significant geography (more than 2.5m square kilometres); and an external environment that traditionally has been self-regulated silos, yet recognised as unsustainable into the future. WAPHA has had a dual function in establishing an operating model that effectively models the way using a suite of co-design, collaborative approaches to commissioning within a system where partnering and participative processes are the exception not the norm. Patient-centred care is now firmly embedded in the health lexicon; however, new ways of working shift the paradigm — to build a system where the clients/consumers/patients determine value, and clinicians are the builders of systems that are part of a wider transformation of primary care's role within our health system.

## WAPHA

WAPHA was successful in securing the contract to oversee the strategic commissioning functions of the three Western Australian (WA) Primary Health Networks (PHNs), in contrast to the remainder of Australia with 28 single incorporated bodies. From the beginning, WAPHA has been focused on its primary objective of improving health outcomes and patient experiences through the commissioning of appropriate services where they are most needed.

WAPHA's whole-of-state organisational model is based on localisation where essential and centralisation where possible, and has been mooted as a future template model for the development of PHNs.

WAPHA applies a systems approach whereby it is vital that, through the commissioning and curating functions, consideration is given to the 'whole' not just the individual or small parts of the health and social care system.

With its clear vision for excellence in primary health care, WAPHA has continued to work towards improving health outcomes for Western Australians by recognising that there is limited value in simply preserving the status quo. Rather, WAPHA will use it once in a generational opportunity to steward innovation and reform in the delivery of health care within the WA community.

The objective is to foster genuine engagement and commitment of all the players to a shared, future vision, and to 'enrol' stakeholders in this vision — not coerce.

## CONTEXT

Australia's health care system is a multifaceted web of public and private providers,

settings, participants and supporting mechanisms. Health providers include medical practitioners, nurses, allied and other health professionals, hospitals, clinics and government and nongovernment agencies. These providers deliver a plethora of services across many levels, from public health and preventive services in the community, to primary health care, emergency health services, hospital-based treatment and rehabilitation and palliative care.

Public sector health services are provided by all levels of government: local, state, territory and the Australian Government.

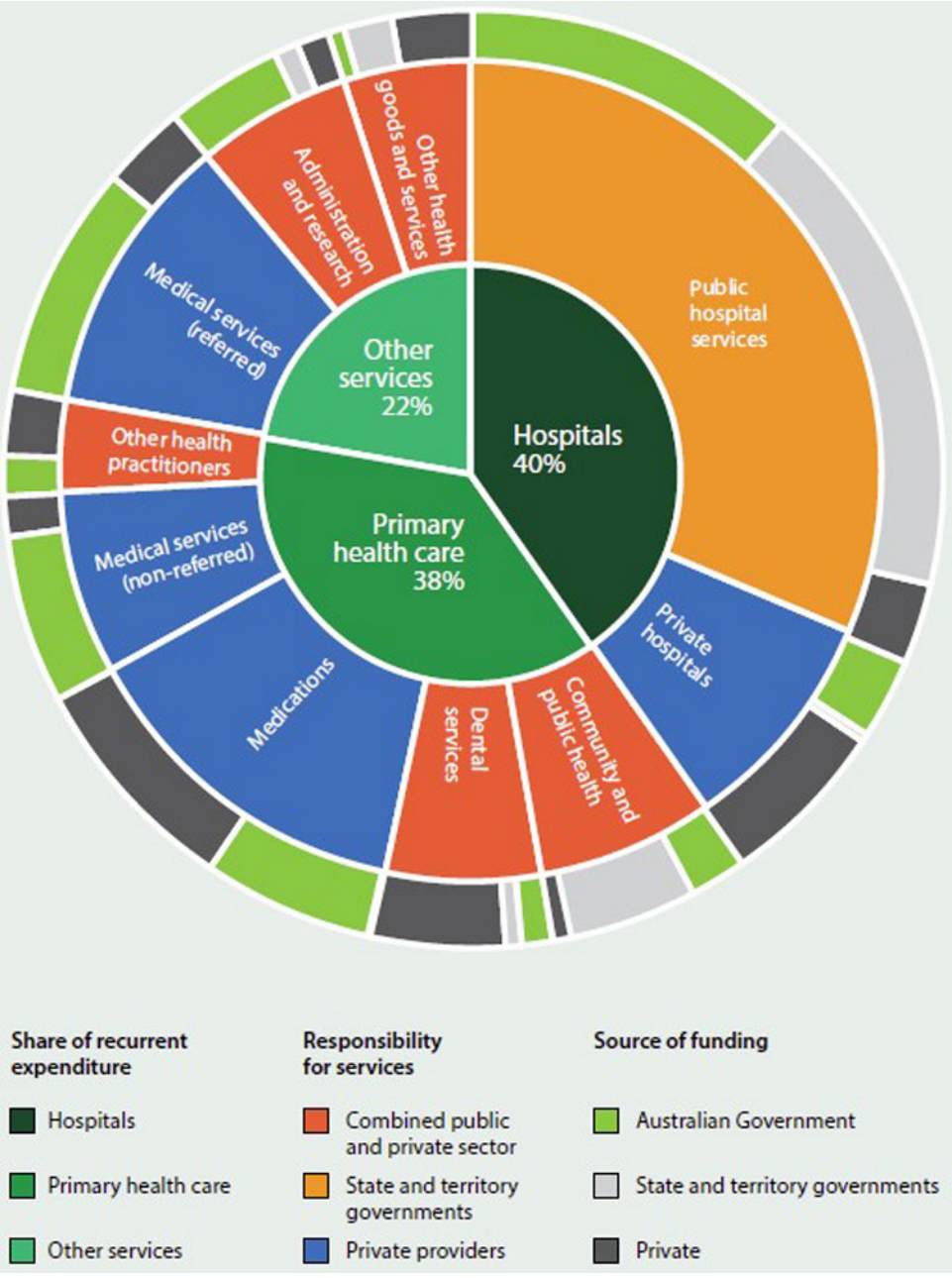


**Figure 1:** Health services — funding and responsibility, 2013–14

Private sector health service providers include private hospitals, medical practices and pharmacies.

Navigating through the 'maze' of health service providers and responsibilities can be difficult. The figure above from the Australian Institute of Health and Welfare (www.aihw.gov.au) provides an 'at a glance' picture of the main services, funding responsibilities and providers.

*Note:* The inner segments indicate the relative size of expenditure in each of the three main sectors of the health system ('Hospitals', 'Primary health care' and 'Other services'). The middle ring indicates both the relative expenditure on each service in the sector (shown by the size of each segment) and who is responsible for delivering the service (shown by the colour code). The outer ring indicates both the relative size of the funding (shown by the size of each segment) and the funding source for the difference services (shown by the colour code).

PHNs were established by the Australian Government in 2015 to address the lack of coordination within Australia's primary health system — a deficiency that has long inhibited the prospect of a well-functioning health system. This is an enduring problem, perpetuated by primary care policy that fails to enable and reward systematic, integrated service delivery and coordination between providers. For example, perverse financial incentives have emerged from the simultaneous implementation of multiple funding models that are misaligned and contradictory. Fee for Service and Activity Based Funding Models provide a clear case in point. Add to the mix complex and convoluted referral pathways and a lack of empanelment (patient registration), and the formula drives poor outcomes for both patients and providers.

Successive Australian Governments have genuinely attempted to strengthen coordination through the establishment of meso-level organisations including Divisions of General Practice, Medicare Locals and now PHNs. Viewed by some as intended to implement an additional layer of bureaucracy within the health system, the objective has rather been to establish a critical interface between the many and varied elements of the health system. The legacy of the previous models can be viewed positively in that it has resulted in useful reviews and critiques that have helped define critical success factors for the PHNs.

Prior to, and in the early stages of the evolution of the PHNs, organisations representing a range of voices within the health system were recommending numerous critical success factors to inform the direction of the PHNs. WAPHA undertook to critically evaluate these recommendations, and to consider the place of these vested interests in its strategic vision. WAPHA's willingness to listen, consider and collaborate reflected an early organisational maturity that has continued to underpin the organisation's ethos of collective impact.

The Horvarth Review of Medicare Locals[2] identified the potential for 'reform fatigue to erode positive relationships and goodwill'. The potential ramifications of this have not been underestimated by WAPHA, and the organisation has invested considerable time and effort into identifying and engaging important stakeholders as a strategic priority. Genuine and collaborative partnerships have been developed and nurtured from the early stage of WAPHA's evolution as a coalition of committed organisations that represents all aspects of the health and social care system. There is no doubt that the success of the PHNs is highly dependent on their ability to proactively engage and effectively collaborate.

WAPHA is cognisant of its unique place in the evolution of primary health care that has seen successive transitions from Divisions of General Practice to Medicare Locals to PHNs. It is important to not disregard what has gone before, and to capitalise on the bilateral agreement

between Commonwealth, State and Territory Governments that demonstrates an appetite for collaborative, system-wide reform in health care. This evolutionary process has delivered much value by way of strengthened capacity, capability infrastructure, knowledge and resources upon which WAPHA will continue to build.

Integral to WAPHA's leadership role in primary health care is the obligation to deliver meaningful and measurable outcomes to the Western Australian community. A criticism of the failure of Medicare Locals to deliver on outcome-focused performance measures was levelled by critics, resulting in a comprehensive performance framework being imposed on the 31 PHNs. The tie-in of this framework to the demonstration by PHNs of value for money at State/Territory and national levels is clear and removes much of the ambiguity and risk-averse responses that were evident in the Medicare Locals' experience. WAPHA is acutely mindful of the requirement to establish the appropriate structures within the WA PHNs that will facilitate the achievement of measurable improvements in primary health in Western Australia. Porter[3] has argued well that the most powerful single lever for reducing cost is improving outcomes, and that, coupled with clarity on 'patient value', can substantially improve the health care system.

Central to WAPHA's delivery of public value through its translation of the health policy of its chief architect, the Australian Government, is securing a respected place within its authorising environment. This can only be achieved through the ongoing demonstration of authentic leadership. WAPHA requires cross-jurisdictional understanding and validation of its mandate in order to achieve its objectives and deliver public value. The change that can be achieved by PHNs is contingent upon the cooperation and active participation of a range of organisations and individuals within the health system and the local community.

The development and sustainability of these relationships is a clear priority for WAPHA, recognising that alone, it would have limited success in addressing identified shortcomings and failures in the WA health system. The PHN Clinical Commissioning Councils and Community Engagement Committees have brought together individuals with the requisite expertise and backgrounds to identify areas where change is required locally, and to collate evidence that supports change together with advancing viable solutions and robust evaluation strategies.

PHNs are afforded an opportunity to agitate for broad-based change, and to leverage the power of collective impact to change the environment within which they are situated. This is clearly an ambitious undertaking, but one with potential for great reward when positive local relationships are leveraged to formulate a robust public case for change that has great potential to positively impact the health of the community.

## CHANGE MANAGEMENT

PHNs have been ascribed a role as agents of change and reform in the primary health system. Recognising the challenges of such ambitious role attribution, there must be acceptance of the trade-offs and compromises required across the system to achieve the aims of a collective impact approach.

Future focused thinking is fundamental to the responsibilities of each PHN Board. Duckett et al.[4] identify a critical Board function in considering and progressing transformational proposals that will facilitate a system that is better equipped for the future. Commissioning activities of the PHNs are best considered by PHN Boards within the context of evaluating the impact on transformational versus marginal change. This thinking will influence the ability of providers to deliver services that are well

positioned to meet the future health care needs of the local community. There is also the increased prospect of sustainability and scalability inherent within this decision-making paradigm.

Academics, policy makers and providers have consistently articulated the case for a critical need for health system reform. PHNs that seek to innovate and transform are in an optimal position to drive change and improved outcomes. The Commonwealth Government has provided, and continues to provide, these opportunities for innovation through the establishment of trial sites within PHN regions. Current PHN trial sites are intended to incubate development and testing of new models of care in mental health, suicide prevention, integrated team-based care and digital health. The Australian Government has empowered PHNs to assume a leadership role in bringing together the resources, expertise and scope of private health insurance and private health care providers, pharmacy, allied health and general practice. The provision of quarantined innovation and incentive funding to PHNs is a significant investment in leveraging the localised approaches that will take our primary health care system into the future.

PHNs are uniquely positioned to achieve local change. The impact of this value proposition is exemplified in Western Australia with the ability of the purpose-designed WAPHA model to join up the system at a whole-of-state level. This requires broad thinking that incorporates strategy formulation, policy making and advocacy on behalf of the community it serves. Such an approach is, again, contingent on the work of PHNs in forming positive, authentic and sustainable relationships with stakeholders from across the system. There is immense value in PHNs' implementing a robust framework to support the development of their stakeholder engagement strategies. The internationally benchmarked IAP2 Framework has been deployed by WAPHA to facilitate the clear identification of the intent and desired outcomes of stakeholder engagement. The IAP2 Framework establishes a flexible and responsive approach to stakeholder engagement that allows for adaption and evolutionary approaches.

Inherent in the WAPHA Board's strategic approach to leading change and innovation is defining its appetite for risk and its approach to balancing risk and innovation. This requires a high level of critical analysis, debate and strategic alignment within Board deliberations. Risk profiling is a useful methodology to apply in this context. There are both obvious and unintended trade-offs between preserving stability and stimulating change and it is an essential Board role to carefully consider the risk–reward ratios that apply within its particular context.

PHNs serve as commissioning organisations taking a systematic and strategic approach to purchasing that seeks to ensure that services meet the health needs of the population and contribute towards service and system improvement and innovation. Commissioning is a continuous, adaptive, flexible and responsive process that requires strong leadership to ensure that the strategic intent of commissioning is transformed into on-the-ground change. This can only be achieved by PHN Boards adopting a planned, staged and methodical approach to commissioning that sets out, at a high level, agreed principles and standards to inform the approach to commissioning. Decision making in respect to commissioning must, by default, be open, transparent and based on priorities identified through the PHNs' Needs Assessments and planning.

## COLLECTIVE IMPACT

The World Health Organisation's defining primary care charter, the Alma-Ata, prioritises inter-sectoral collaboration in delivering effective primary health care and primary health care strategies. WAPHA has developed

a Strategic Stakeholder Engagement Framework that takes its form from the IAP2 and Commonwealth Department of Health Frameworks. WAPHA's strategy for collaboration draws heavily from these Frameworks to provide the requisite structure and function that will drive outcomes.

Collective Impact is a framework for multiple organisations or entities from different sectors to work together to tackle large-scale complex social challenges. The Framework has five important elements — a common agenda, shared measurement, mutually reinforcing activities, continuous communications and a backbone organisation. Organisations require the will and skill to align the complex, fragmented and siloed health and social care systems that operate within the Australian context. Collective Impact is a distinctly new model to apply to primary health care reform and to address the challenges of ambiguity and complexity that are inherent in the agendas of the PHNs. It allows for a systemic process to be applied to reform, consistent with the emerging policy approaches of Australian, State and Territory Governments. A Collective Impact approach is highly consistent with global primary health reforms, which recognise the priority for organisations like WAPHA to create alliances and coalitions that produce results that are not possible to achieve independently.

Collective Impact within the context of WAPHA's strategic direction aspires to change the way individuals and organisations work with common agendas and pooled resources. Success will be achieved by creating shared value through relational, rather than transactional, exchanges. The PHN objectives to strengthen access to primary health care services, reduce potentially avoidable hospitalisations and keep people well in the community have a significantly better expectation of success when WAPHA works in partnerships.

Collective Impact requires strong leadership and coordinated action to serve as an effective model upon which to base sustained and effective change for our communities. WAPHA's intent in using a Collective Impact approach is to drive transformative change in the way a diverse group of Western Australian organisations work together to solve complex problems.

These organisations operate across many levels of influence and between a broad range of sectors. If it is possible to achieve agreement on a standardised set of outcome measures, it may be possible to accelerate the improvements in care delivery.

## CASE STUDY MESO LEVEL ENGAGEMENT — BUILDING FROM LOCAL TO REGIONAL TO STATE-WIDE

### Specialist advice and referral collaboration (SpARC)

The Perth North PHN is working with Royal Perth Hospital and local GPs to test an initiative which connects hospital specialists in the fields of respiratory medicine, endocrinology and cardiology and GPs with the aim of upskilling and supporting GPs to provide enhanced primary care for their patients with more complex chronic metabolic, respiratory and cardiac conditions. This partnership addresses a significant area of disconnect between primary and specialist care and relies on the PHN to broker strong and sustainable relationships between GPs, specialists and the hospital system. In WAPHA's development of new models of primary care, there is considerable emphasis on specialist in-reach services. This approach further strengthens capacity and capability within primary care settings.

### Geraldton after hours

In early 2016, the Western Australian Country Health Service (WACHS) and the PHN Regional Co-ordination Manager in the Midwest region of WA established that there was an urgent need for after-hours primary health care services in the Midwest.

The PHN's response to the need focused on collaboration with stakeholders to develop strategic relationships and to establish an evidence-based needs assessment for the region, with a focus on after-hours services. Without early and ongoing stakeholder engagement, cross-sector collaboration and balancing stakeholder buy-in with the potential for broader engagement to disrupt or delay a timely and optimal process, the ultimately successful process would have failed. The result of this process has been the extension of access to primary care medical services for a community that was at significant risk of adverse health outcomes in the absence of these services.

### HealthPathways

HealthPathways WA is a web-based portal with condition-specific 'pathways'. Each pathway supports clinicians with assessment, management and local referral information. The portal is developed in collaboration with general practitioners, hospital specialists, allied health providers, important stakeholders and the community. Working Groups consisting of specialists, GPs and important stakeholders are established to identify issues affecting patient care in a particular service area. The outcomes of HealthPathways include patients getting the right treatment or specialist care with shorter waiting time and GPs having quick access to educational resources for patients which will enable them to better manage their own health. GPs and specialists report that HealthPathways facilitates a quality system of referral, and by making the process more efficient, specialist appointments are not wasted and the people who most need them don't have as long to wait. Both these factors improve the patient and provider experience of healthcare.

### Mental health atlas

WAPHA is currently undertaking a range of projects to ready itself and the broader sector for the commissioning of mental health services in late 2016. An important project is the development of an Integrated Atlas of Mental Health and Alcohol and Other Drug for WA — one for Country Western Australia and one for the Perth North and Perth South metropolitan areas. The Western Australian Integrated Atlas of Mental Health is a significant undertaking because it encompasses the largest geographical area mapped using this methodology. This is also the first time an entire state has been covered at once. An early focus has been to develop a comprehensive stakeholder list generated through consultation with PHN regional managers and network co-ordinators, peak bodies and other organisations to ensure all relevant groups are captured. The PHNs have collaborated closely with the Western Australian Mental Health Commission, non-government organisations and other service providers, the Western Australian Country Health Service and North and South Metropolitan Department of Health Mental Health Services. The Atlas will inform services planning and the allocation of mental health and Alcohol and Drug services resources where they are most needed in Western Australia.

## PLACE-BASED HEALTH

WAPHA is seeking to lead/model the way forward through a value-driven, vision-led and user-centric approach. This approach seeks to reimagine primary health to place-based health, rather than the current institutional/organisational silos. It is well documented that health is fragmented as a system, and somewhat disconnected from the user and community need. WAPHA's goal is to realign care around people, particularly those people whose health status is poor and whose home address has become a determinant of how long they live.[5]

WAPHA also believes it is not about 'more'; more funding, more clinicians, more services, but different. That is to say,

the answer to the 'wicked problem' that is health (increasing costs, increasing and co-occurring long term chronic conditions, social and metal health issues, along with an ageing population and expensive episodic treatments) is not best solved in silos. Hollo[6] notes that we have had a tendency to solve new problems with old techniques, which has created a culture of 'more'. Rather, Hollo argues we need new mindsets to see the complex wicked problem in a different way. Some of the answers are in 'place'. It is in local communities that the voice of the citizen can be heard, and where the opportunity to knit together the services people most need, exists. Place, rather than institution, enables the opportunity for clinicians to focus on the outcomes that matter through collaboration co-design and co-delivery. Crossing institutional and organisational boundaries assists to mobilise existing resources that are assets, which otherwise would not be leveraged.

A leadership challenge for WAPHA is to develop the participative processes and systems that enable collaboration. Trust is essential, yet 'power' has been central to health institutions and WAPHA is aiming to model 'power' for collective good, rather than individual gain. Building trust through the coalitions of the willing, while it takes time, is a fundamental beginning point to establish a new way forward. Yet this is also about 'mindsets'. Senge[7] has written at length about how 'mental models' are deeply ingrained assumptions that in turn influence the actions taken. WAPHA is purposefully, albeit carefully, challenging these 'mental models' that have been pervasive in maintaining a fragmented health system.

Similarly, the notion of the 'burning platform' is well embedded in the lexicon of health care. It is evident, given the serious health financing issues, that a 'burning platform' has not been enough.[8] It has been well accepted that health in its current form is not sustainable. Yet this consensus has not led to a systemic shift in culture and practice — the only option is to do something different. WAPHA's tag line is local by design and is outcome- and system-focused. WAPHA has a unique opportunity to enable change from local to regional to jurisdictional — that is, to move from the dominance of the vertical silo to horizontal place-based care[9] recognising that this enables people and assets at every level to be engaged and supported.

Place is a building block, or foundation, for system outcomes. Central to 'place' is also understanding 'value' in the eyes of the patient or citizen. WAPHA staff have the role of 'system translators' building bridges across the silos and organisational boundaries to knit together the services and pathways that make sense to the community, its citizens and providers. The 'system translator' has the overarching objective of seeking 'shared outcomes' using the guiding principles of collective impact to move from silos to local systems. And while it has been noted that building trust is important, and it is also acknowledged that to create the new sometimes means that partners and stakeholders may have to give something up — this relational role requires unique skills and knowledge. WAPHA is seeking to build this capability not only in the organisation but with our partners, clinicians and providers alike. This translation function is central to the commissioning role. It assists existing resources to be better leveraged while fostering service integration and building the capacity of the local ecosystem. In turn, place-based activity becomes an enabler, or a building block, of system transformation.

## THE WAPHA WAY

One benefit of establishing WAPHA was the opportunity to create an operating model of distributed leadership with a sustainable culture. Creating the 'culture we want' has been embedded in the guiding principles of the organisation. But as a start-up, and noting

culture emerges through organisational identity, and as people interact, the challenge for WAPHA was to embed a systemic approach to building culture, whereby the values of the organisation become usual behaviour. So, unlike many organisations that aim to change culture, WAPHA had the unique opportunity to 'build' a culture.

Staff came to the organisation from diverse settings and with varying skill sets, and on occasion some behaviours have had to be challenged. Creating a shared purpose and clear vision was, and remains, vital to the establishment of the organisation. A shared mindset has been necessary to accelerate achievement of the organisation's strategic imperatives. High stakeholder expectation and significant contractual obligations that required change management have meant that WAPHA has had to concurrently focus on values and behaviours, while operating systems were established and embedded.

Being cognisant of the energy and enthusiasm that staff brought to the organisation with the notion of doing 'something different', it has been important to carefully monitor alignment to the objectives of WAPHA. Katzenbach et al.[10] talks to 'living the culture' noting that it can be difficult to manage the powerful set of emotional resources that constitute an organisation's cultural situation. For WAPHA, it was vital to respect and understand the motivations and aspirations of staff joining the 'new opportunity' in primary health care, yet build alignment. The notion of doing 'something different' was integral to the founding principles of WAPHA. That also meant that the 'different' needed to be well understood so the plans of WAPHA did not get derailed.

In addition, it is important that WAPHA exemplifies the values and behaviours that support the overarching vision in the establishment of the organisation. WAPHA is a complex organisation operating in a complex system and a fast moving environment. Yet it was incumbent upon the organisation to internally model the way, and operate in a manner that was expected and promoted through the role of commissioner. That is, among other things: be participative, adaptive, collaborative, humble, honest and ethical.

The way forward was, and is, to align behaviours to business objectives. To assist in creating the framework and approach to achieving our goals, WAPHA implemented an innovative method of embedding the desired culture into the new organisation, and building a shared 'mindset'.

## Case study PULSE

A healthy productive organisation needs a good culture, a culture that aligns its staff and encourages collective achievement and common goal setting. Pulse Australasia provided WAPHA with the tools to manage and measure its culture and productivity by establishing a set of signature behaviours that align with our strategic intent. Pulse encouraged the development of a team of Culture Advocates to drive a bottom up approach. All staff are empowered and supported to think about how they influence business outcomes and develop solutions to organisational problems. The outcome is an engaged workforce committed to ensuring the success of the organisation who can monitor their own, and their team's, demonstration of the signature behaviours.

The purpose of the WAPHA Culture Program is to create a culture that supports its strategic growth. The program utilises Pulse Australasia's methodology and adheres to the following principles:

- Signature behaviours underpin the integration process by uniting the organisation around one set of common behaviours
- Create leaders for the future WAPHA business
- Empowering Advocates and skilling them up to support the Pulse program

- Create focus on business measures and the impact that Positive Demonstration of Signature Behaviours has on business performance.

The WAPHA Way can be described as authentic, inclusive, humble, collaborative and courageous. WAPHA is a learning organisation, or at least one that is seeking to establish an environment whereby staff, the One Team, can express their vulnerability in not knowing, but being open to sharing, learning together as the vision evolves and as our partners join us.

The Pulse program is led by the organisation and has resulted in consistent and positive messages being promulgated across WAPHA. This continues to embed and influence positive engagement among staff and demonstration of the Signature Behaviours.

## CURATING THE HEALTH SYSTEM

In its introduction, this paper identified an important leadership challenge in health as that related to reducing fragmentation in a multidisciplinary, multilevel health system. Leadership within the context and objectives of WAPHA requires us to embrace our role as 'curators' of the health system in Western Australia — tasked with addressing this fundamental challenge.

The King's Fund[11] espouses the benefits of integrated care at the meso-level, with the focus of effort being on clinical and service integration. WAPHA is uniquely positioned to empower individuals and organisations to provide more integrated services for patients by piloting new models of coordinated and comprehensive care that bring together health and social care professionals from a range of organisations — community-based services, hospitals, the private sector, local authorities and others, depending on local needs. The ultimate aim of these new models of primary care is to achieve more personal, responsive care in the community, and the delivery of better health value for a local population.

There are numerous complementary and collectively reinforcing definitions of integrated care that span the scope of preventive, primary, secondary, tertiary and social care sectors. The literature reveals that integration can take multiple forms and is approached at different levels across the health and social care systems. WAPHA has accepted the fundamental premise that the issues and consequences of fragmentation must be considered within the context of the system as an evolving whole. This understanding is crucial in moving forward with enthusiasm and hope for transformational change across the system. It is integral in motivating us to work collectively, using a system-wide approach from which we can prioritise and action the multiple elements of the problem. Dr Kurt Stanage[12] says that

> Viewing health care as an evolving whole instead of only as fragmented parts can help us to feel hope where now there is cynicism. Personalisation and relationship where now there is detachment and isolation. Professional and corporate shared responsibility where now there is narrow self-interest. High value health care where now there is waste and inequality.

Corralling the collective influence of leaders within the WA health and social care systems is a priority for WAPHA as we adopt new ways of thinking and acting to reduce fragmentation through the pursuit of incremental and shared actions that are connected to larger evolutionary system change.

## CONCLUSION

Australia has an ageing population, with more people living with chronic disease and we have rising expectations of our health care system. This comes at a time when health care costs continue to rise

unsustainably. As patient expectations rise, accessing and coordinating care in an appropriate and timely manner to achieve the Quadruple Aim is becoming more complex and difficult every day. It is more important than ever that health services, funders and providers work efficiently with emphasis on getting the best patient outcomes in a range of settings. This involves everyone working in collaboration, the state and federal governments, the private sector, hospitals, community-based care and others.

Through its commitment to curating the system, WAPHA is focused on getting the alignments right from policy and strategy alignment to cooperation and coordination between PHNs and area health services to ensure that we are not working against each other — rather, working in the interests of the system and, most importantly, in the interests of the patient. Curating a more sustainable system is complex and specific policy intervention can create unintended consequences, which must be considered and addressed.

WAPHA is optimistic about the likelihood of innovative approaches to place-based, coordinated and integrated health care achieving a more sustainable health system in Australia. There is opportunity to be created when positive local relationships are leveraged to change the environment within which they are situated. PHNs are uniquely positioned to achieve such local change and the WAPHA model is appropriately constructed to join up the system at a whole-of-state level.

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