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Regional rehabilitation networks – supporting regional service development

#improverehab16

We're passionate about



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- Enabling individuals to maximise their potential to live full and active lives within their family, social networks, education / training and the workplace where appropriate.
- Personalised, interactive and collaborative processes, reflecting the whole person

Assumptions



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- Everyone here is a 'networker'
- Everyone has a stake in networking in the service of good rehabilitation
- Everyone is curious about what next?
 - for the service
 - for my/our networking

Outcomes of session



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- Reflection upon what you want from networks and what NHSCSI has learned about ‘rehab networkers’
- Resources to explore
- Broad data on:
 - what this region want for the future → report
 - What already exists
- Opportunity to influence and shape next steps regionally and nationally

Networks



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'.... Are largely self-organizing, they require structuring that reflects their knowledge seeking orientation. They need to be managed like organizations but in collaborative, non hierarchical ways. Indeed, the data – information – knowledge function of networks is so paramount that their collaborative communities of practice across agencies distinguish them from more bureaucratically orientated hierarchies'

Agranoff, 2006



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The distinctiveness of networks

- Their ability to be innovative and creative and their reliance on diversity
- The distribution of power and leadership across members
- Reciprocity and exchange as the defining relationship between members based on mutual interest around a common purpose

Malby, R and Murray, A Anderson, 2016, University of Leeds
www.networksdiagnostic.org.uk/networks-overview/



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The distinctiveness of networks

- Fluctuations in their member engagement and impact
- Their adaptability to survive and thrive
- The centrality of the knowledge function

Malby, R and Murray, A Anderson, 2016, University of Leeds
www.networksdiagnostic.org.uk/networks-overview/

Networks are dynamic



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- Shifting membership, forming and re-forming
- Commitment and energy naturally fluctuates
- Leadership emerges from different parts of network for different work
- Leadership of the whole usually temporary
- Networks are not ‘for ever’ but limited to their purpose and impact

Malby, R and Murray, A Anderson, 2016, University of Leeds
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Improving Rehabilitation Services

Community of Practice



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- 500+ known participants
- Set up on NHS networks (free and open)
- Online discussion forum
- Webinars and vodcasts
- Documents/reports
- SoMe networking #rehab #rehabimprovers



<https://www.networks.nhs.uk/nhs-networks/clinical-commissioning-community/improving-adult-rehabilitation-services>

Hold the date!

National Rehabilitation Networkers Day
Wednesday 8th June
London Bloomsbury
(Holiday Inn)
Coram Street W1W 5EE



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Network Toolkit



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RESOURCE
ALERT!

- Partnership between
 - University of Leeds
 - Centre for innovation in Health Management
 - NHS Improving Quality
- www.networksdiagnostic.org.uk/networks-overview/

What have we learned about networkers like you?



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- Individuals network in individual ways
- Involvement is facilitated by direct email alerts and face to face events
- Social media e.g. shares ideas and draws-in new networkers
- Most observe forum discussions but choose not to post
- An offer to post comments increases involvement
- Forum provides a repository of information
- Individuals participate in a number of networks, but few 'network the networks'
- Access to on-line resources must be easy and intuitive to encourage involvement / usage

Active networking – What is out there for you



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- Rehabilitation is everyone's business: Principles and expectations for good adult rehabilitation
<http://bit.ly/1KVPcKs>
- Improving Rehabilitation Services Community of Practice – 500+ networkers <http://bit.ly/VgnG3Z>
- Key features & functions of effective networks
<http://www.networksdiagnostic.org.uk/effective-networks/>



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What sort of networker are you ?

Roles in Networks

Role	Function of the Role	Formal Term
Connector	Connects people who are in two different groups	Liaison
Gatekeeper	Buffer between their group and other groups – influences what information comes into the group	Gatekeeper
Broadcaster	Conveys information from the group to the outside.	Representative
Coordinator	Connects people within the same group	Coordinator
Peripheral specialist	Provides expertise that is important to the group as needed. Connected to very few people.	Pendant. (Connected to the network by only one person.)
Lurker	Potential broadcaster	Isolate



What will the future look like?



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It is April 2017. I am part of an effective network that supports the development of rehabilitation services

1. What does the network look like/do?
2. What am I doing/feeling?
3. What am I getting out of the network?
4. What will enable me to participate?

... answers on 4 separate postcards please

What do we have to build upon?...and next steps



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1. Rehab networkers' sheet

- i. What useful networks already exist for 'rehabimprovers'?
- ii. What's your offer?
- iii. Do you want to be part of the existing IRSCOP database
(2 options general/named contact)
 - i. Registering for the national rehab networkers event

Please leave these sheets on the table

Network your offer



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- Text/video-selfie via Twitter:
@NHSCSI #improverehab16
- Message on IRSCOP forum
<http://bit.ly/1QEeBfO>
- Hope to see you in June!

Rehabilitation-



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is a personalised, interactive and collaborative process, reflecting the whole person. It enables an individual to maximise their potential to live a full and active life within their family, social networks, education/training and the workplace where appropriate. Rehabilitation can take place at any time across a life course or in a continuum and may include habilitation, reablement and recovery.