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If you're interested in writing an op-ed style article for the Sciana website, either this week or after you've returned home, please let Oscar Tollast from Salzburg Global know or email your submission directly to him: otollast@salzburgglobal.org.

If you intend to write for your organisation's or your own website, please make sure to observe the Chatham House Rule (information on which is in your Welcome Pack).

We'll be updating the website with daily meeting summaries and interviews with Sciana members, throughout the meeting and afterwards:

www.ScianaNetwork.org

You can also join in on Twitter with the hashtag [#sciana](https://twitter.com/sciana) and find all your fellow members and their organizations on Twitter via the list twitter.com/sciananetwork/lists/sciana-2018-cohort

Throughout the meeting we will be taking photos. These will be available on the Sciana Network Facebook page:

facebook.com/ScianaNetwork

shortly after the meeting.

If you need non-watermarked images for your own publications, please contact Oscar. Please credit photos to Salzburg Global Seminar/Katrin Kerschbaumer.



Let's get started: New Sciana members identify existing and future challenges

New members of Sciana: The Health Leaders Network have been encouraged to leave Salzburg with "a feeling of strategic intent" after meeting for the first time.

Eighteen outstanding health and health care leaders, including policymakers, practitioners, academics, and public sector leaders, have been welcomed to Sciana's 2018 cohort.

Each member was chosen by the Network's partner organisations: the Health Foundation, Careum Stiftung, and the Robert Bosch Stiftung

Salzburg Global Seminar is the delivery partner for the Network. As such, the cohort met at Schloss Leopoldskron, home of Salzburg Global, on Sunday afternoon to

discuss the purpose of the Network, global trends affecting health and health care, and what could be achieved by working together for the next two years.

Before taking part in their first table discussions, members were encouraged to think of "alternative" issues affecting health and health care in the coming 15 years. Ideas such as algorithms, do-ability, commercialization and fragmentation were put forward.

When asked for their thoughts, a spokesperson for one table raised concerns about the impact of speed, immediacy, and digitalisation. They suggested there could be a need for a new way of thinking.

continues overleaf



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We know the mega-trends under the surface, however, and we know what we could do to tackle the problems. That view was put forward by a spokesperson for a different table. The difficulty lies, however, when political processes are stuck as a result of being caught in a “storm on the surface” and paradoxical situations.

A spokesperson for the final group indicated health care was only one piece of the puzzle for achieving positive well-being. Adding to this point, another member explained the fundamental core of well-being is the sense of being in control and having the sense of making your own judgments. He later said he was interested in exploring new ways of managing complex systems.

Members were informed Sciana provided them the opportunity to tackle a particular challenge. The Network exists to help members become better leaders but also provides ideas for these leaders to explore further.

Towards the end of their first afternoon, members were encouraged to come up with two challenges their cohort could address together. Organisers asked for responses to be formulated into questions.

Split into three cross-border groups, members came up with six questions to help guide the Network as to what issues should be investigated further.

These questions included:

- How does the interaction between digital transformation and human factor change the health system and affect well-being?
- What are the dimensions of a good health system in a complex, ageing and increasingly diverse society?
- How can we as leaders accelerate meaningful improvement in complex systems?
- How do we build capacity for families and communities?
- How do we really do what patients want or need?
- How do we implement the above given the views of interest groups, politicians, industries, and other outside bodies?

Members put forward several ideas as to how the cohort and Network could benefit further. One member called for regional government representatives to be present at future meetings, before highlighting the significance of speaking to people who had experience mobilising others.

As the meeting continues, members will reflect on the purpose of the Network and how to move forward. They will spend their first full day in Salzburg exploring topics such as resilience, demographic change, and case studies in health innovation.

inter view



Samantha Jones – Sciana has broadened my horizons

Maryam Ghaddar

“Never settle for second best.”

These words, spoken by Samantha Jones, former director of the New Care Models Programme, NHS England, encapsulate her philosophy on life and work. Having started her career as an adult and paediatric nurse, Jones is driven to provide high-quality care. After 29 years in the health sector, those values haven't changed.

Jones, a member of the 2017 Sciana cohort, exemplifies a passion for open communication and innovation. One example of this is “Onion,” an initiative which was led by the teams at West Hertfordshire Hospitals which came about due to significant safety issues, and which subsequently won a national patient safety award where Jones was chief executive in 2014.

“I recognised that it was both learned helplessness [and a] cultural response... Systems didn't work in the way that they needed to from a member of staff's perspective... we met at 8 o'clock every morning.

The one rule was that the executive team had to be there and people came with the answers to the same question every day... ‘Are there any issues of patient safety? What can we do today to make a difference for tomorrow?’... and we solved the issues that day... We didn't have any action plans; we had lots of post-it notes. In retrospect... it empowered people to make the changes that they were actually able to make and culturally gave the organisation a sense of belief and pride.”

Jones led a national programme working with people across the country who were implementing new models of care. These vanguards were set up to prototype the new models of care, which were subsequently taken forward by sustainability and transformation plans, the approach to integration being carried out across the country. In her current role, she works independently to support the implementation of these models and put them into practice.

Jones noted the precious opportunities that have been offered her through the Sciana Network. She emphasised the impact meeting such a diverse group of “people from different walks of life and different experiences” has had on her views on new care development.

“It's really broadened my horizons and my approach to collaboration and systems in a way that I hadn't really thought about,” Jones concluded. “I have... a deep-rooted partnership built with a couple of members of the Sciana network, admittedly from the UK, but that will stand, I think, over the next 20, 30 years. I think we've really bonded over a number of things... it's given me an ability to have a network and reach out to people that come from different places, so I wouldn't hesitate to contact any member of the Sciana Network, as a result of doing Sciana, even if I haven't known them particularly well whilst we had been at the Schloss.”

This feature has been edited for length and clarity. Read the full version on sciananetwork.org



What will be the key issues affecting health and health care in the coming 15 years?

Jinny Do and Maryam Ghaddar

“As we get older, we need more healthcare support to keep us well and that puts a huge burden on healthcare systems because family networks are quite often more dispersed than they used to be. So as we get older we’re all relying more on formal healthcare networks. And I think formal health systems are going to need to adapt in the future decades to provide more family-based and pastoral care rather than the technical, medical health care that we’ve got used to providing in the last few years.”

Richard Lee,

Director of Operations, Welsh Ambulance Service, United Kingdom

“I think that some of the main issues in the coming years will be growing inequality, partly because of the technical development that will enable some citizens and patients to use technology to improve their health and others will lose pace because they are not sufficiently good at using

technology.

I also think that the fact that more and more people seek medical knowledge and health from other sources than doctors and the traditional system will change the role of doctors and nurses, so they will have to become people who enable citizens and patients to live their lives in a healthy way or to deal with their disease, rather than teaching them or lecturing them about how to deal with the disease.”

Anne-Marie Engel

Head of Talent & Career Programmes at the Lundbeck Foundation, Denmark

“I think one is our demographics. So we will be increasingly working in a very complex, diverse, elderly population. And therefore the rigid systems we have now are simply not equipped to manage patients of the future.

I think key to this secondly is our workforce and how we support our staff and our teams to be flexible and to offer our patients’ choice

around how they want their health care to be delivered to them.”

Shera Chok

Chief Clinical Information Officer and Associate Medical Director at the Derbyshire Community Health Services Foundation Trust, United Kingdom

“One of the major issues will be how to cope with the unpredictability of global, political, economic, technological events and ensure that we have continuous and increasing quality of health care delivery around the world.”

Lutz Hager

Executive Director, IKK Südwest, Germany

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