

# Declaration of Interest

None to declare.

# **Advancing Population Health and Equity: Collective Leadership and Quality Improvement in Action**

**Workshop M4  
IHI International Forum on Quality and Safety  
Utrecht, The Netherlands  
May 21, 2025**

# Welcome



Vilans, Center of Excellence for  
Care and Support - The  
Netherlands



NHS England and East London  
NHS Foundation Trust - England



NHS HORIZONS - England



Saskatchewan Health Quality  
Council - Canada



# Workshop Aims



Share what it means to lead work to advance population health and equity.



Learn how to apply the waters of system change model to our respective challenges.



Share stories and different approaches that help to “shift the system”.



Provide a space to reflect on the practical actions you might take as system leaders.



# Table Introductions

Introduce yourself to your table and share:

- What you had for breakfast.
- Why have you chosen to attend the workshop today.



# Room Introductions

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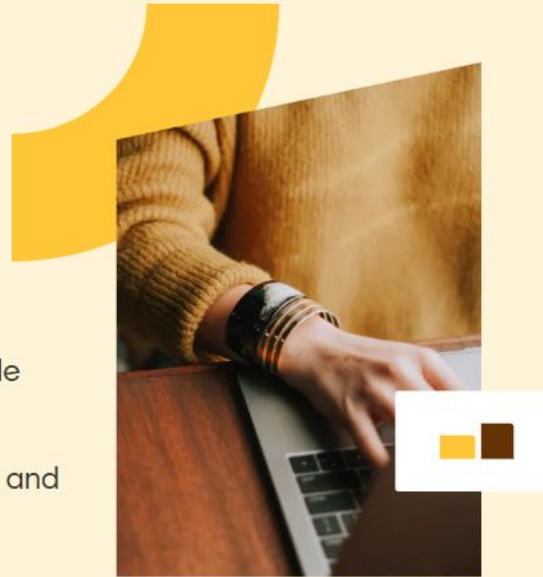
# Hope and Aspirations


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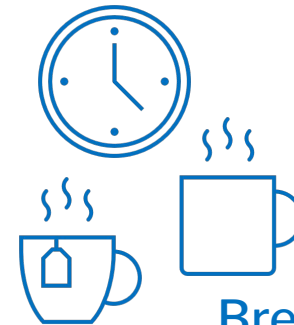
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# How this session will work...

- Go with the flow
- Everyone has a voice
- Active listening
- Focus on strengths and solutions
- Collectively take responsibility for achieving the tasks in the timescale
- Be kind

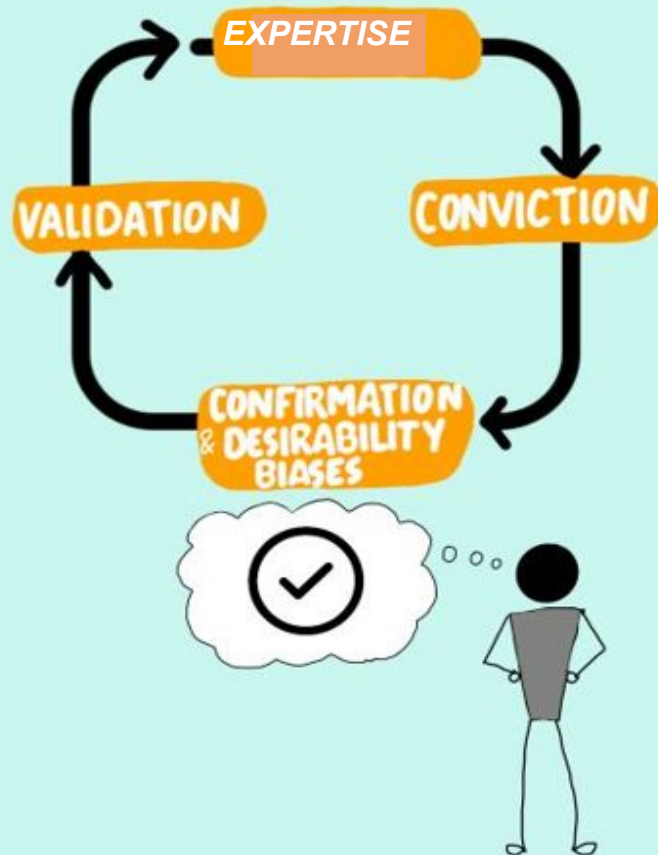


Handout



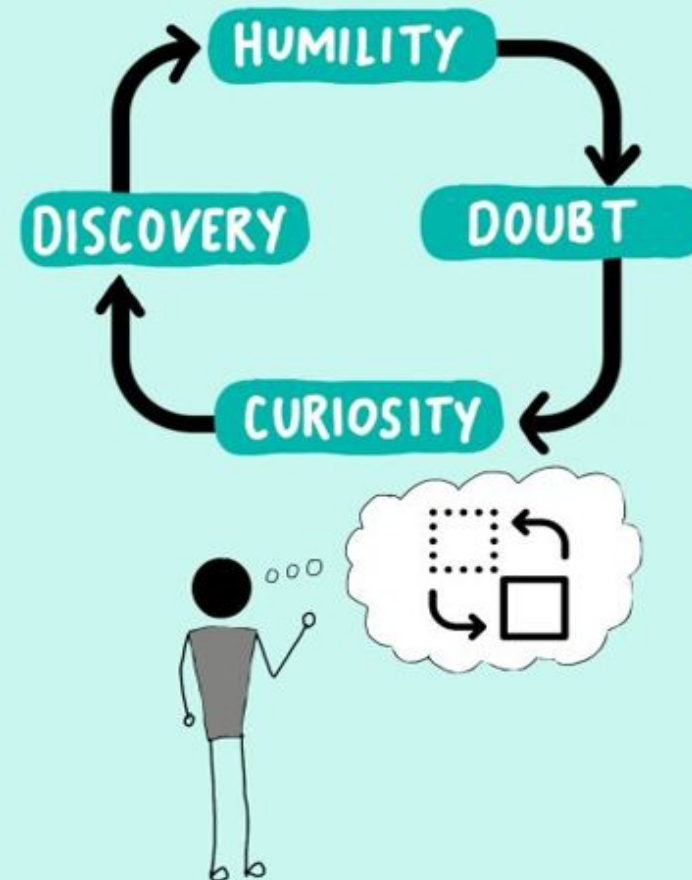
Break - Around 10:40  
am

## How an expert thinks



SKETCHNOTE BY ANUJ MAGAZINE 14TH-DEC-2022

## How an explorer thinks



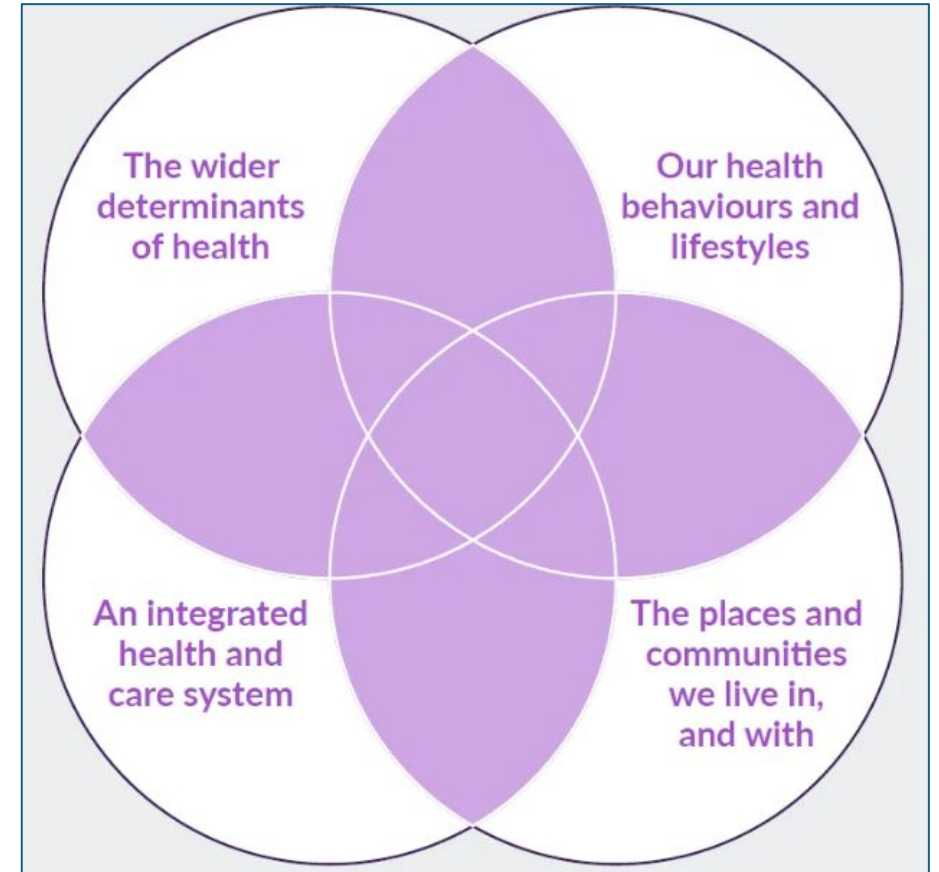
Based on the book "Think Again" by Adam Grant



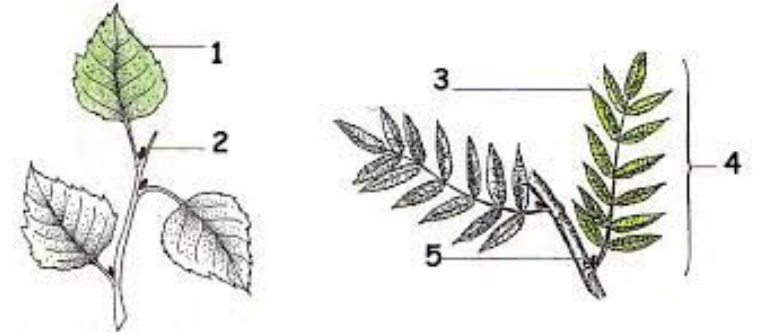
# What is a population health approach?

*“An approach aimed at **improving the health of an entire population**...improving physical and mental health outcomes and **wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.**”*

*“It includes action to **reduce occurrence of ill health, action to deliver appropriate health and care services** and **action on wider determinants of health.** It requires working with communities and partner agencies.”*



# What do we mean by “system”?





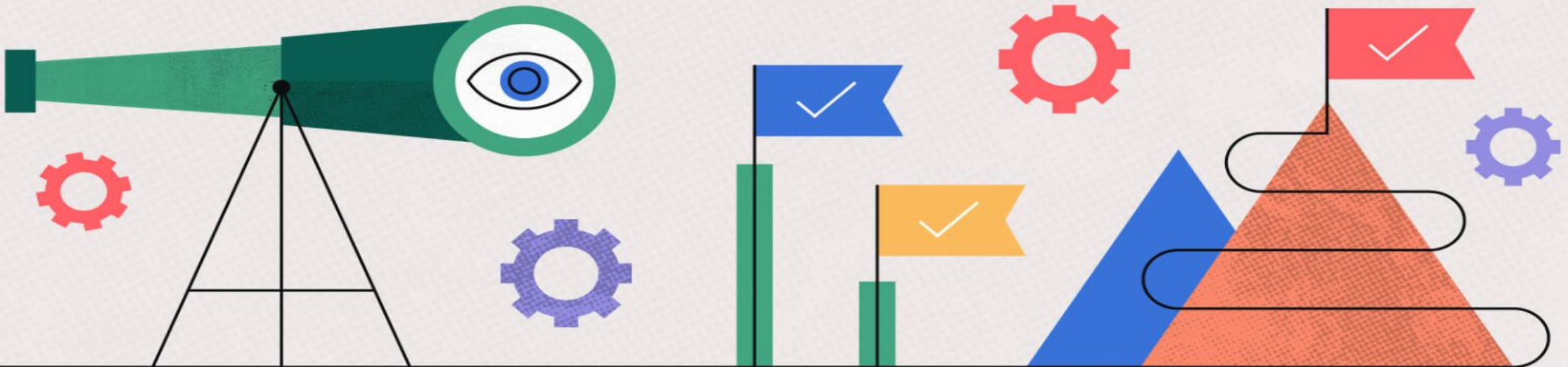
# What does this agenda mean to you?

Take a moment to consider individually – and then when you are ready – share at your tables:

- **A population health and equity improvement initiative you are interested in or are currently addressing.**
- **Challenges have you identified or experienced to advance this initiative.**

# **“All models are wrong, some of them are useful”**

George Box



# SIX CONDITIONS OF SYSTEMS CHANGE



STRUCTURAL  
CHANGE  
(explicit)



RELATIONAL  
CHANGE  
(semi-explicit)



TRANSFORMATIVE  
CHANGE  
(implicit)

Six interdependent conditions that typically play significant roles in holding big system problems in place

Source:  
*The Water of Systems Change*,  
Peter Senge and  
colleagues, 2021

# Definitions



**Policies:** Rules, regulations and priorities (formal and informal)

**Practices:** Organisational and practitioner activities targeted to addressing and making progress.

**Resource Flows:** How finances, people, knowledge, and information are allocated and distributed.



**Relationships and Connections:** Quality of connections and communication occurring between people.

**Power Dynamics:** Which individuals and organisations hold decision-making power, authority, and influence (both formal and informal).



**Mental Models:** Deeply held beliefs and assumptions that influence our actions.

# Using Waters of System Change – applying the model in practice

**Goal:** To reimagine neurodevelopmental support for children and their families across Wales

## Situation:

- Waiting list of 20,000 children - potential to <60,000 in 12 months
- Strong desire to transform how neurodevelopment support services are provided.

## What we did:

- Delivered a 2-day accelerated design event based on Waters of system change with Rapid Insight.
- 200+ people –health and care professionals, families, government representatives, teachers and voluntary sector.
- Shared timely and actionable insights.

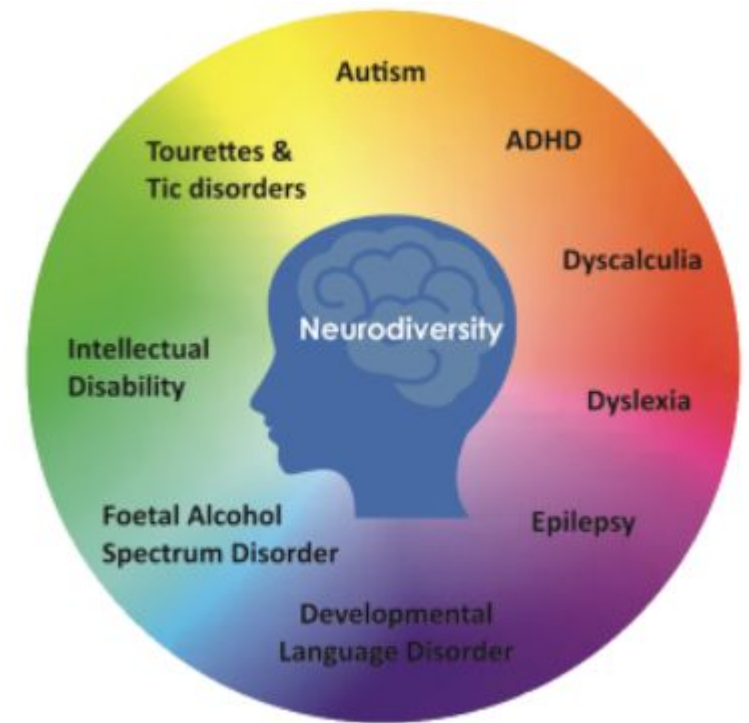


Image from [Autismtoolbox.co.uk](https://autismtoolbox.co.uk), showing the range of neurodevelopmental 'disorders'



# We were able to extract learning quickly using Rapid Insight©

- Ideas and reflections from over 200 people
- A team of 6 volunteers formed a “pop-up” insight team, making sense of what was emerging in real time
- Used insights from day 1 to design day 2 [what matters to me]
- Time post event to be reflexive – “so what, now what?”



# A diagnosis of the problem

Mapping the problems identified onto the Water of Systems Change model allows us to make a diagnosis of the conditions holding us back from system change.

**Policies and procedures:** Rigid, process-driven policies are preventing flexible, child-centred neurodevelopmental support.

**Practices:** Overly complex assessment processes and outdated systems and approaches are resulting in inadequate support for families.

**Resource flows:** We're failing to maximise professional expertise, invest strategically in long-term service development, retain skilled staff, and build consistent understanding across neurodevelopmental services.

**Relationships and connections:** Siloed services, professional mistrust, and system pressures are impacting relationships and preventing a collaborative, integrated approach.

**Power dynamics:** We observe some 'gatekeeping' around the diagnosis process, and some are holding on to the view that children's neurodevelopmental services need to be led by psychiatry.

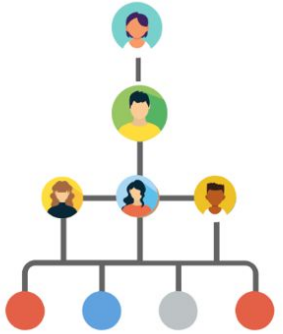
**Beliefs and assumptions:** Outdated, medicalised beliefs about neurodivergence (*who* and *how* it should be diagnosed) exist in both professional and public spheres.



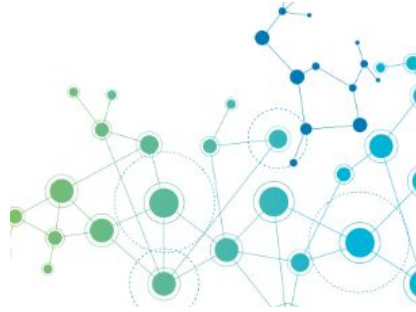


# Some solutions...

Structural



Relational



Transformative



**BREAK  
THE  
RULES**

# Six paradoxes, tensions or polarities that can undermine system working and delivery of our shared purpose

Local democratic accountability **AN** National democratic accountability

Our shared purpose as a system **D** Meeting national imperatives

Place **AN** System

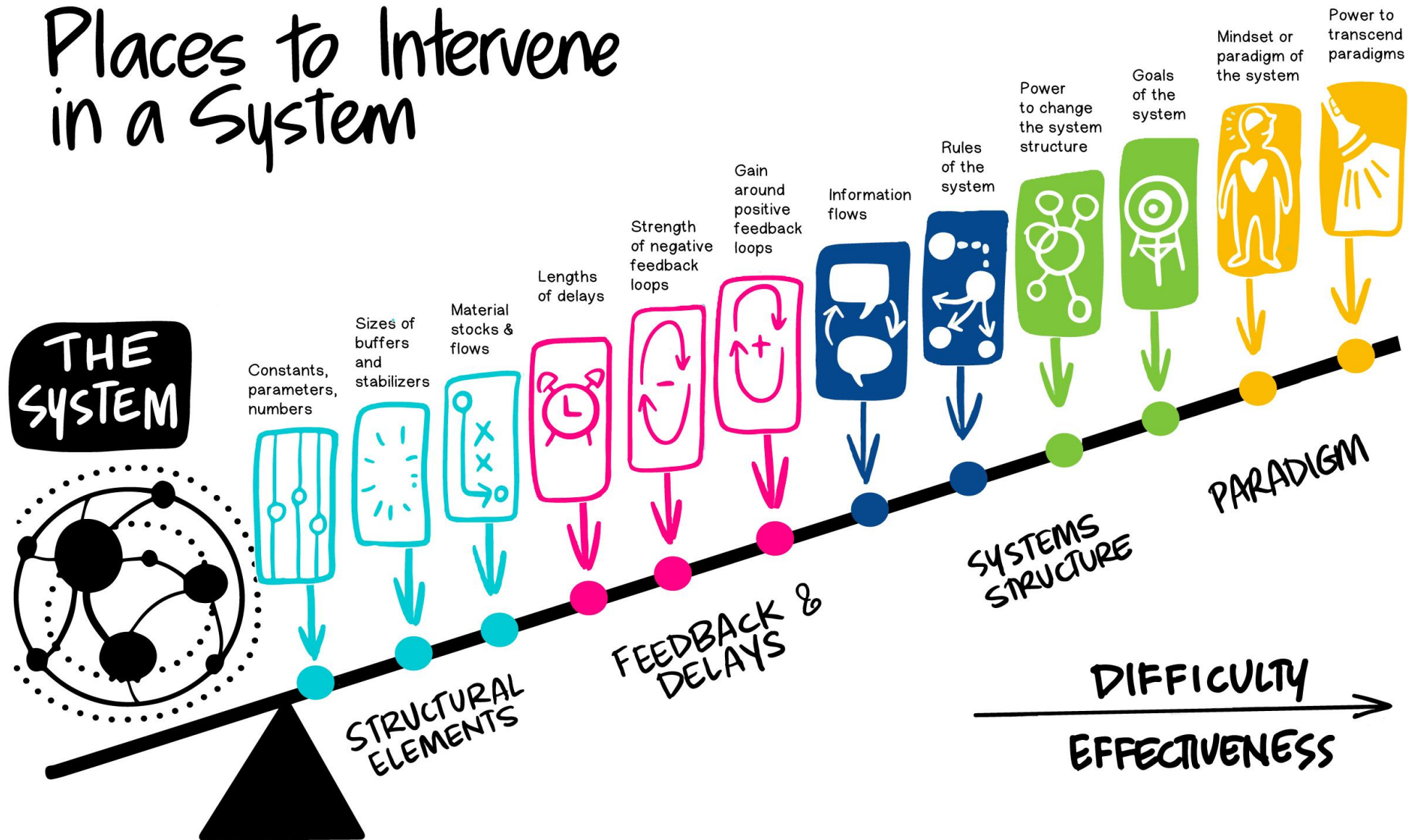
Management grip **B** System health

High volume pathways **AND** Co-morbidities and health equity

Service (elective care) recovery **AND** People (workforce) recovery



# Places to Intervene in a System



Donella Meadows, Leverage Points: Places to Intervene in a Systems. The Sustainability Institute, 1999.

Donella Meadows, Thinking in Systems, a primer. Edited by Diana Wright, 2008

# Activity: Conditions Holding the Problem in Place

Reflecting on the challenge you chose earlier...

- Assess how the different systems change conditions might be holding the problems in place.
- Complete the left-hand columns of your table and when ready, share at your table.
- You have 15 minutes.



# Your Population Health and Equity Improvement Initiative:

| System Change Condition     | What existing elements are reinforcing the current conditions and hindering your progress?  |  | What strategies can help advance your system's change efforts? |
|-----------------------------|---|--|--|
| Policies                    | <br><br>       | Example: School disciplinary protocols   |  |
| Practices                   | <br><br>       | Example: Teachers underprepared for diverse classrooms                           |  |
| Resource Flows              | <br><br>       | Example: Grassroots organizations starved for resources                          |  |
| Relationships & Connections | <br><br>       | Example: Parent/teacher relationships are contentious                            |  |
| Power Dynamics              | <br><br> | Example: Students have no voice in school district decision making               |  |
| Mental Models               | <br><br> | Example: Administrator and teacher assumptions that certain students can't learn |  |

**Don't do this bit yet!**



# Break



# In a moment, you will hear 3 stories

As you're listening, use Menti to share what you're noticing:

- What strategies are helping to “shift the system?”
- What questions is this sparking for you?
- What elements of the model are being used?





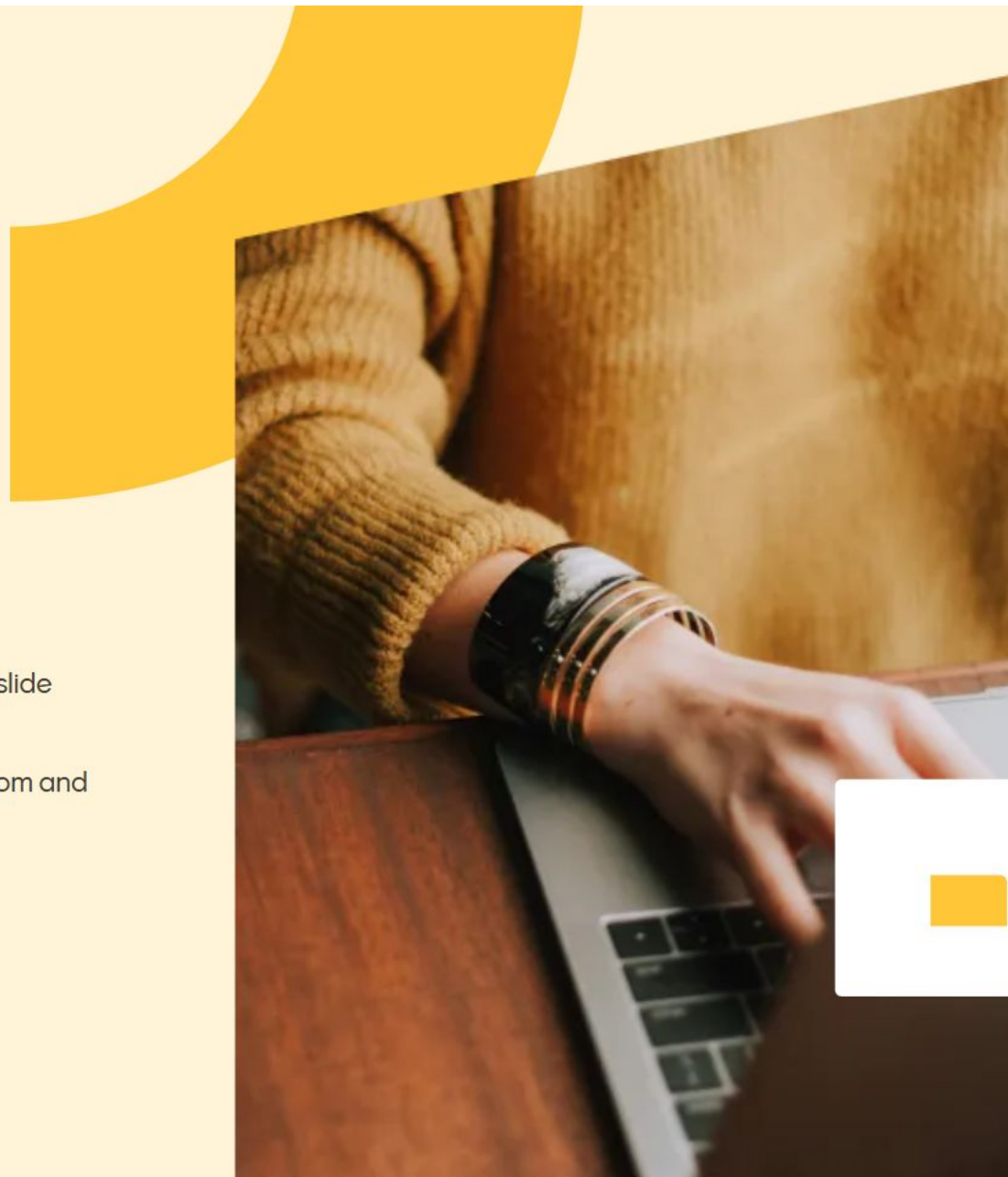
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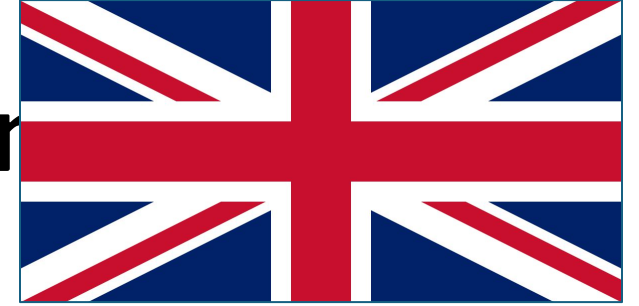
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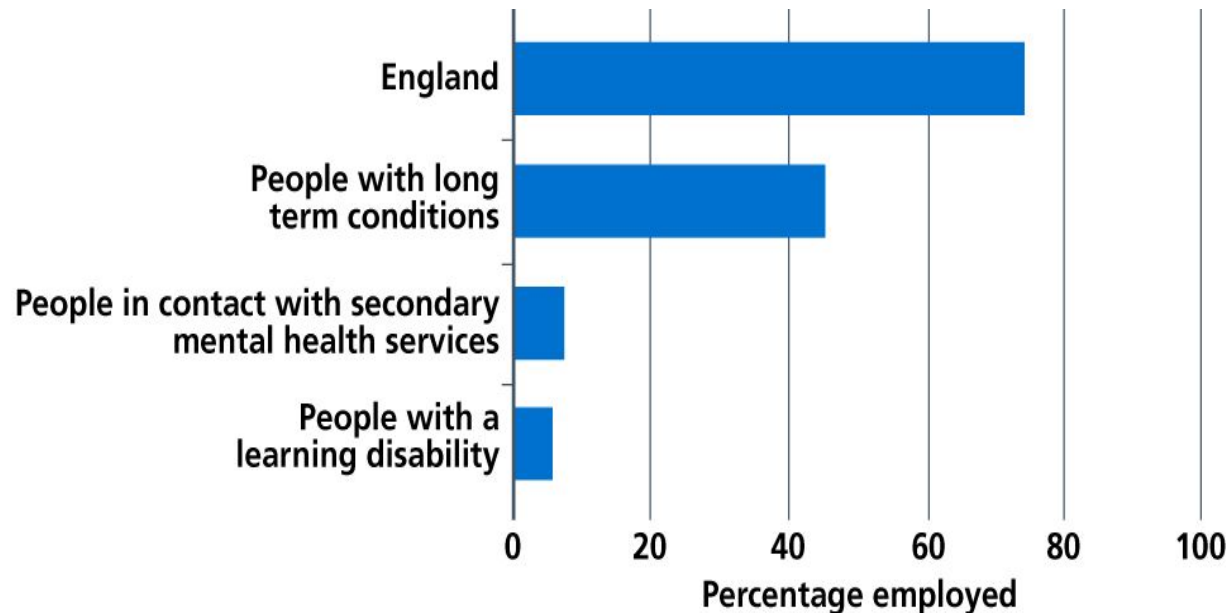
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# A Story from the United Kingdom



**Dr. Amar Shah**  
**NHS England and East**  
**London NHS Foundation**  
**Trust**

21.3%  
9%  
2.5m



## THE COST TO UK BUSINESSES



**1 in 5**  
people take a day off  
work due to stress

**Less than half** of employees  
said they would feel able to talk  
openly with their line manager if  
they were suffering from stress

In the last 6 years the number of  
working days lost to stress,  
depression and anxiety has

**increased by 24%**



A quarter of people consider  
resigning due to stress

**70 million**



working days are lost each year due to  
mental ill health, costing Britain  
annually **£70-100bn**.

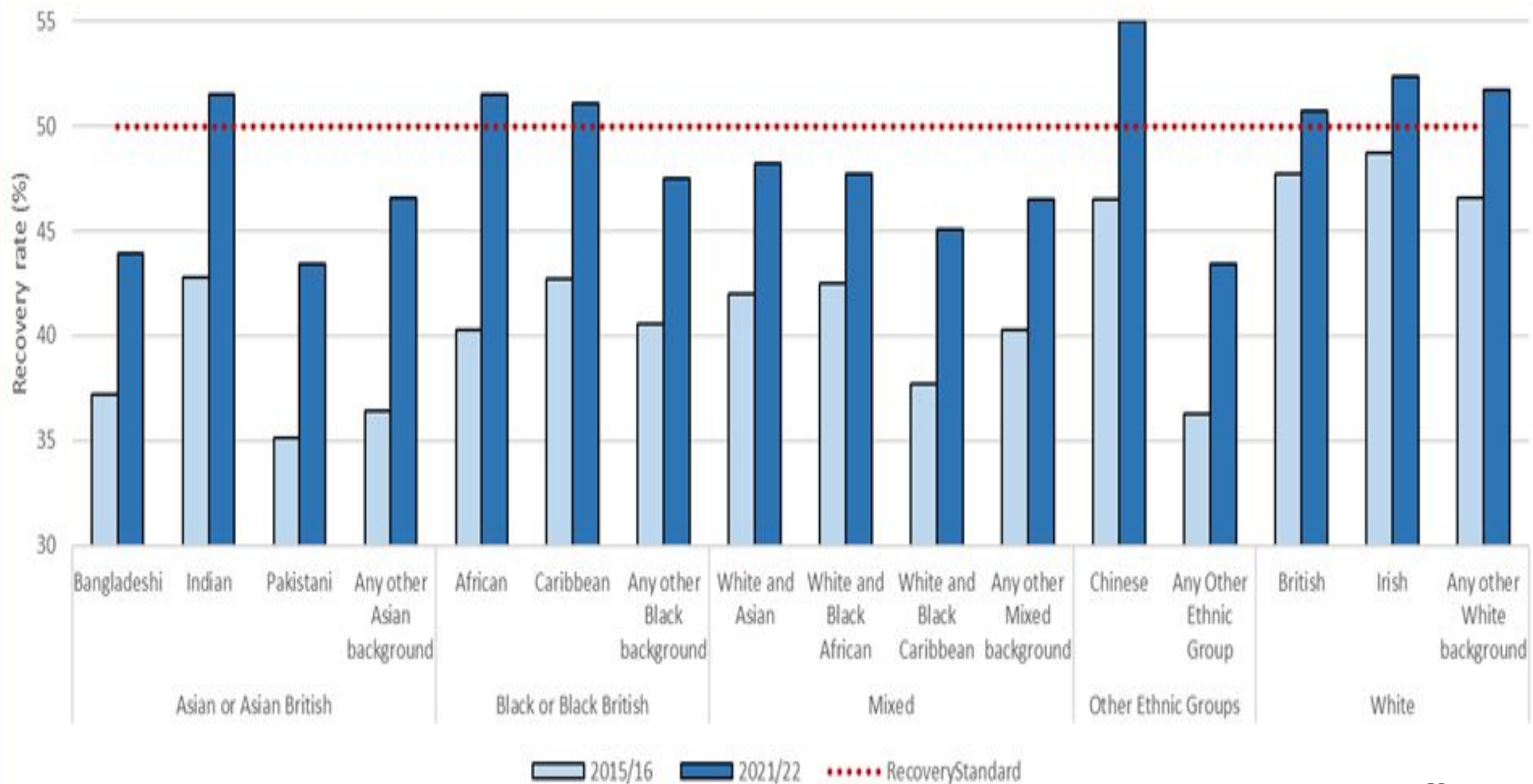
Presenteeism can **double the cost**.

Around **££££££££££**  
**£1 in every £8 spent**  
on long-term physical conditions is linked  
to **poor mental health and wellbeing**

In a survey of UK adults,

**56%**

said they **would not  
hire someone with  
depression**  
even if they were the best  
candidate for the job





# THE COST OF BOTTLING IT UP

YOUNG BLACK MEN  
ARE **MORE LIKELY**  
TO BE DIAGNOSED  
WITH **SEVERE**  
**MENTAL HEALTH**  
PROBLEMS

DON'T PAY THAT PRICE  
**REACH OUT**

YOU TALK, WE LISTEN

ELFT.NHS.UK/NEWHAM-TALKING-THERAPIES

Follow us X @NewhamIAPT @newhamtt

# উদ্ভিন্ন বোধ করছেন? চিন্তাগ্রস্ত লাগছে? মেজাজ খারাপ?

টকিং থেরাপি হল এমন এক বিনামূল্যের NHS পরিষেবা যা  
আপনার মানসিক স্বাস্থ্য এবং সুস্থতার উন্নতিতে সাহায্য করার  
জন্য একাধিক ধরনের গোপনীয় সহায়তা করে।

আমরা এগুলির মাধ্যমে বিভিন্ন  
ধরনের মানসিক সহায়তা প্রদান  
করি:

- মনোশিক্ষামূলক কর্মশালা
- গ্রুপ থেরাপি
- 1:1 ব্যক্তিগত থেরাপি

আমরা ফোনের মাধ্যমে, ভিডিও  
কলের মাধ্যমে অথবা মুখোমুখি হয়ে  
এই পরিষেবা প্রদান করতে পারি।



<https://www.elft.nhs.uk/tower-hamlets-talking-therapies>

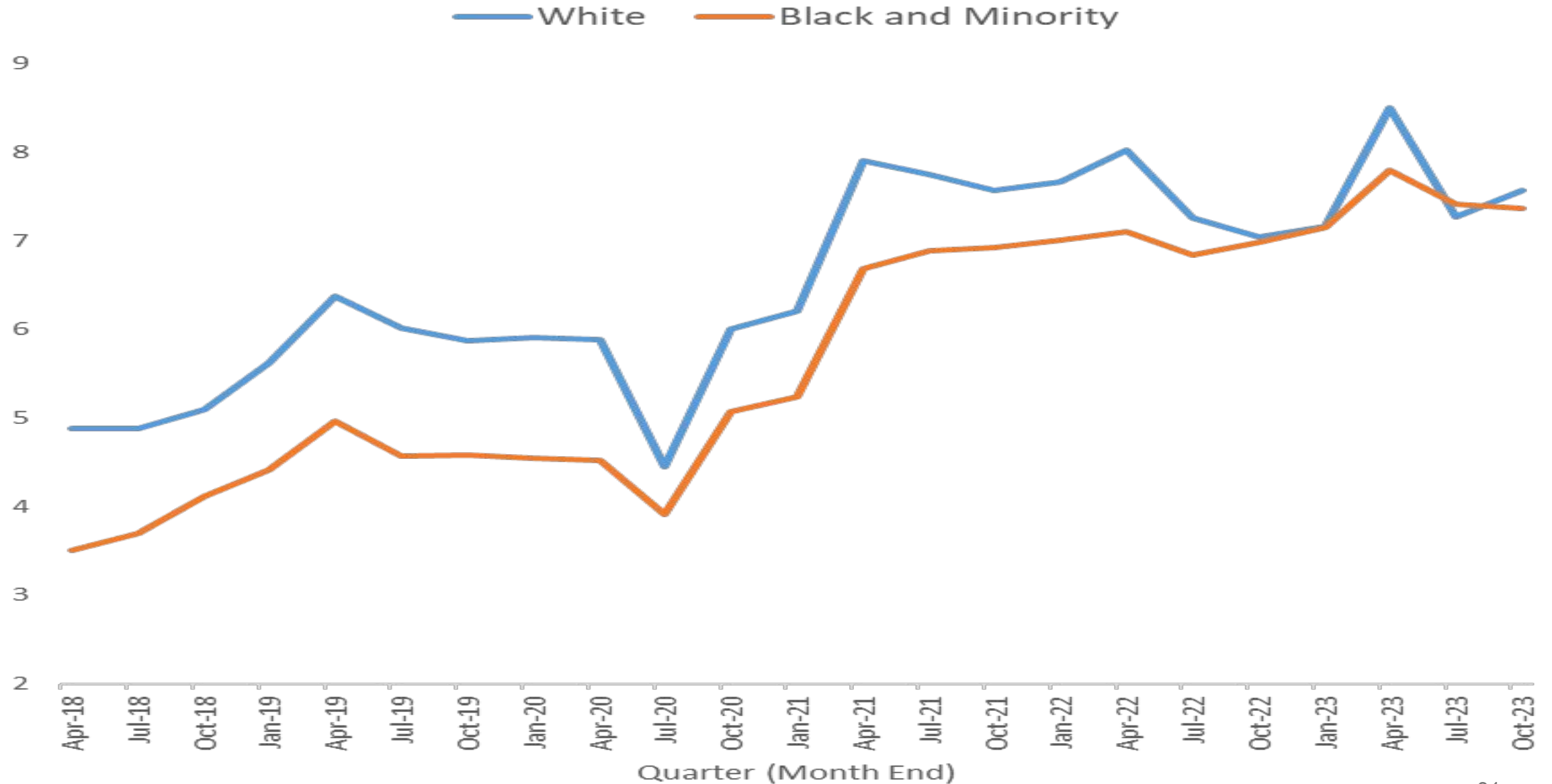
Tower Hamlets Talking Therapies  
71 Johnson Street, London, E1 0AQ

প্রথম পদক্ষেপ গ্রহণ করুন এবং  
আজ আমাদের সাথে  
যোগাযোগ করুন এই নম্বরে:  
0208 175 1770

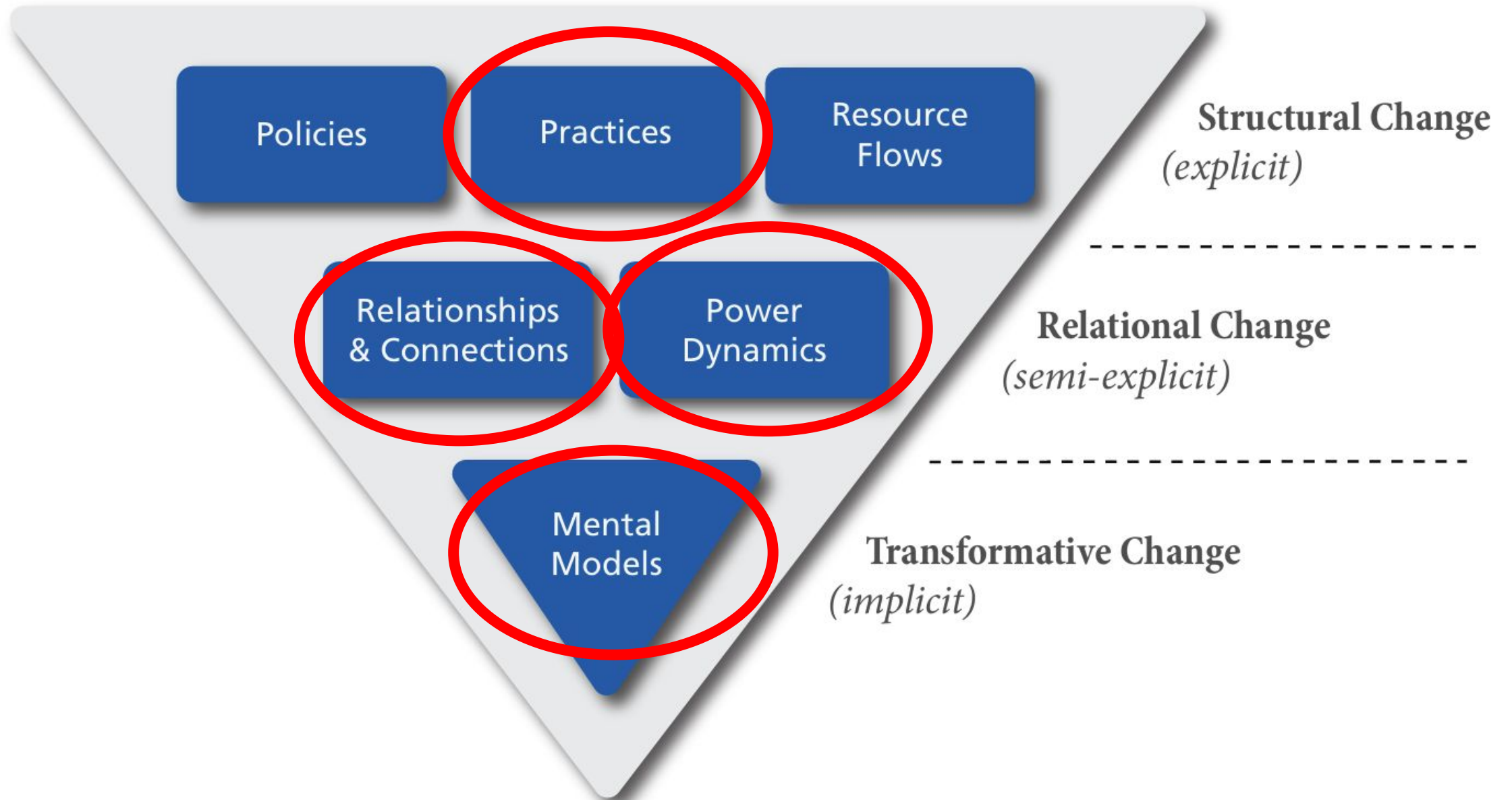


We care  
We respect  
We are inclusive

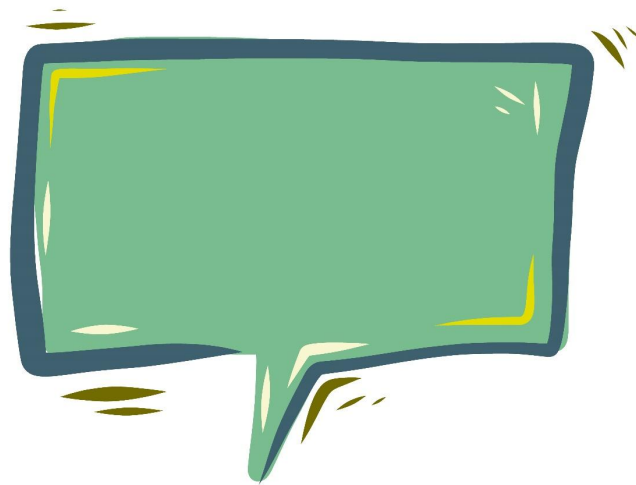
## Referrals to Psychological Therapies (IAPT) per 1,000 population



# Six Conditions of Systems Change







# A Story from the Netherlands



**Prof. dr. Mirella Minkman**  
**Vilans, Center of Excellence for**  
**Care and Support**

# Moving towards sustainable elderly care in The Netherlands



3,8 mln >65 years (21%)  
Ca. 1 mln > 80 years  
Ca. 125.000 nursing home  
Satisfaction score: 8,3





# Transformation time

National policies  
"WOZO program  
2022"

IZA Agreement  
2022

AZWA Agreement,  
HLO 2025.....



Regional  
collaboration

Inter  
organisational  
(integrated) care  
networks

New Quality  
Framework

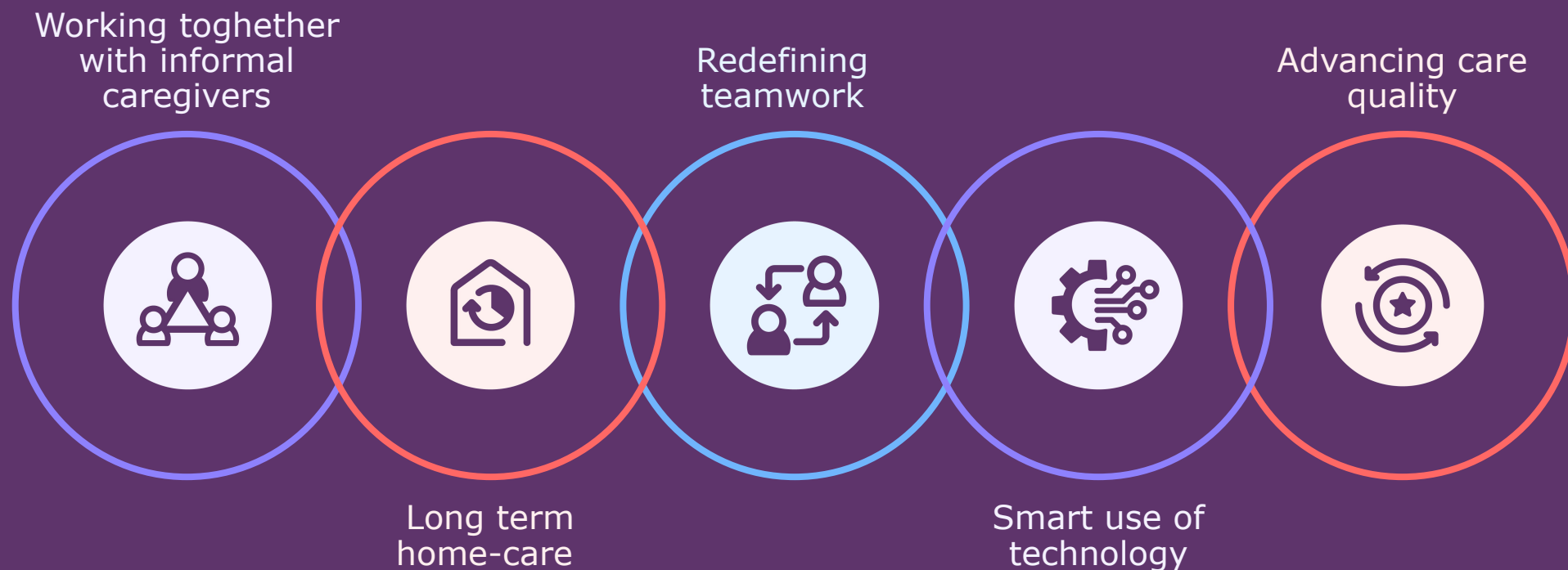
Movement of  
>2000 caring  
communities

Redefining roles:  
carer, family,  
volunteer,  
citizen



Future proof care → Social and technological innovation

# Main topics “Dignity & Pride national program”

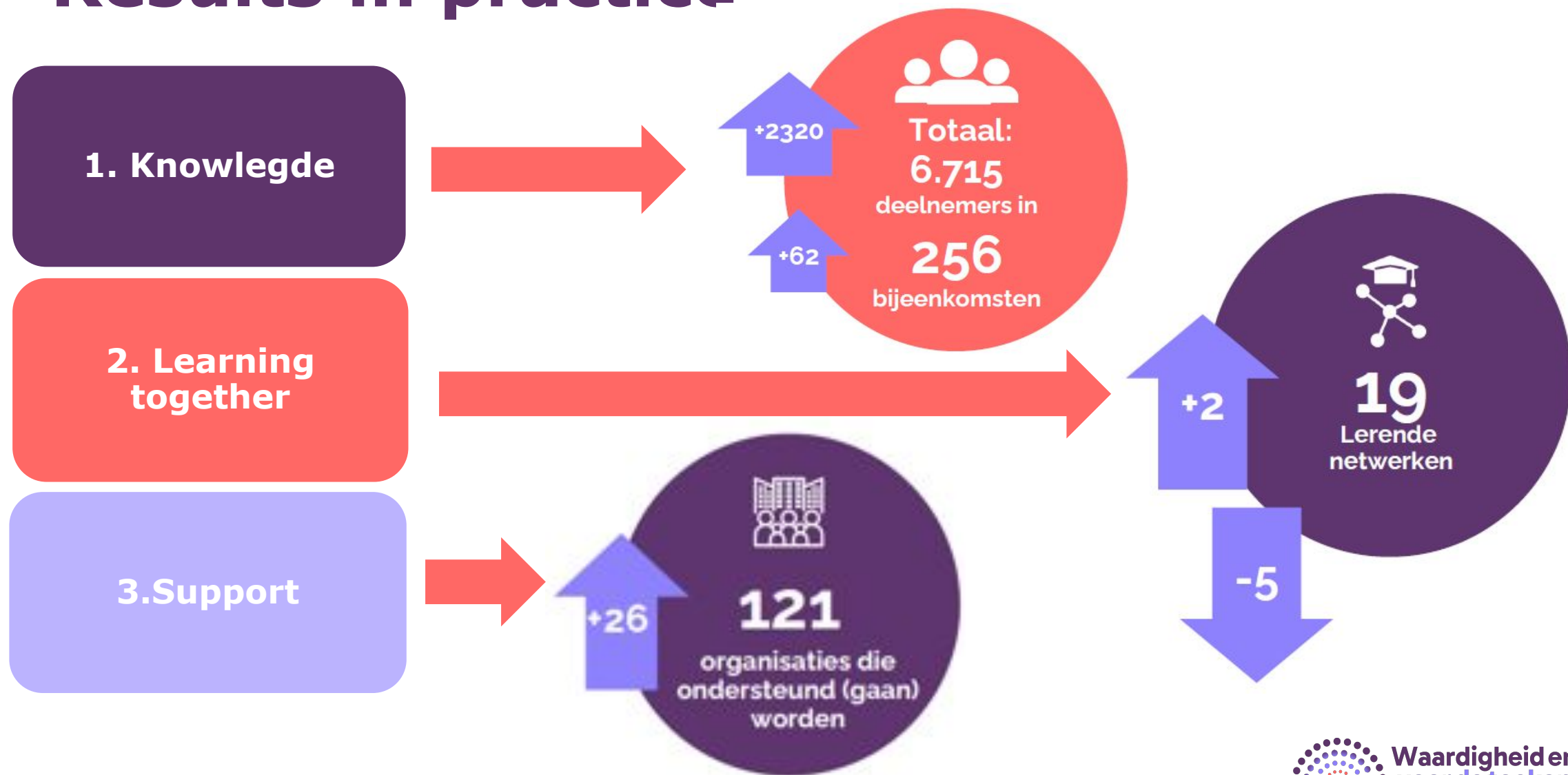


← Future proof care →

**Program executed by Vilans & partners. Funding: Ministry of Health, Welfare & Sports.**



# Results in practice



# Improvement journeys (D&P 1)

- Tailored support for 9 up to 24 months
- Substantial improvement on all 8 themes
- The approach per theme varied based on results of baseline scan:
  - (partial) support of the expert coach
  - independent work on the theme or no attention

516

individual nursing home locations  
participated in the programme **Dignity and  
pride on location**  
(22% of all locations)

549

improvement  
trajectories

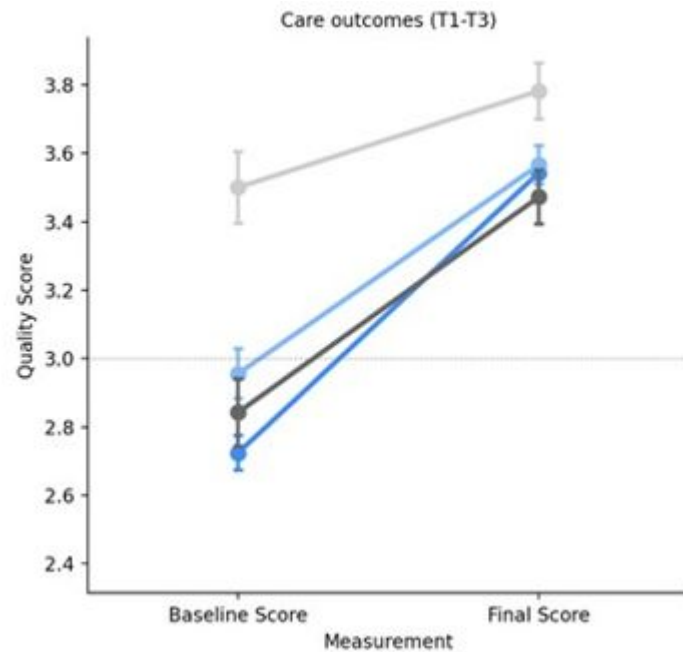


Figure 3: Change in scores on the eight themes of the Quality Framework between start scan and end scan (N=272)



# For improving organizational conditions support was needed

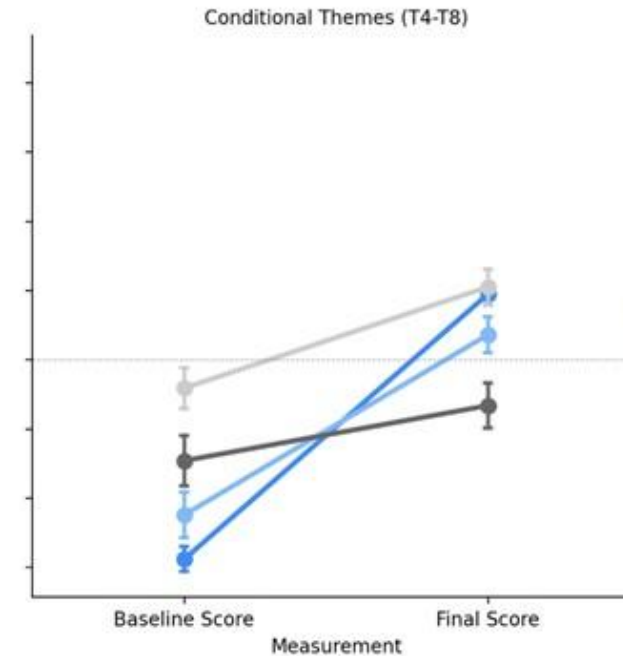
*van den Berg B et al. Improving and supporting quality of care in Dutch nursing homes: a quantitative study. BMC Health Serv Res. 2025 Apr 8;25(1):511.*



Person-centred Care Living and Well-being Safety

Approach to support on specific themes

- Support from expert coach
- Partial support from expert coach
- Independent work by facility
- No attention



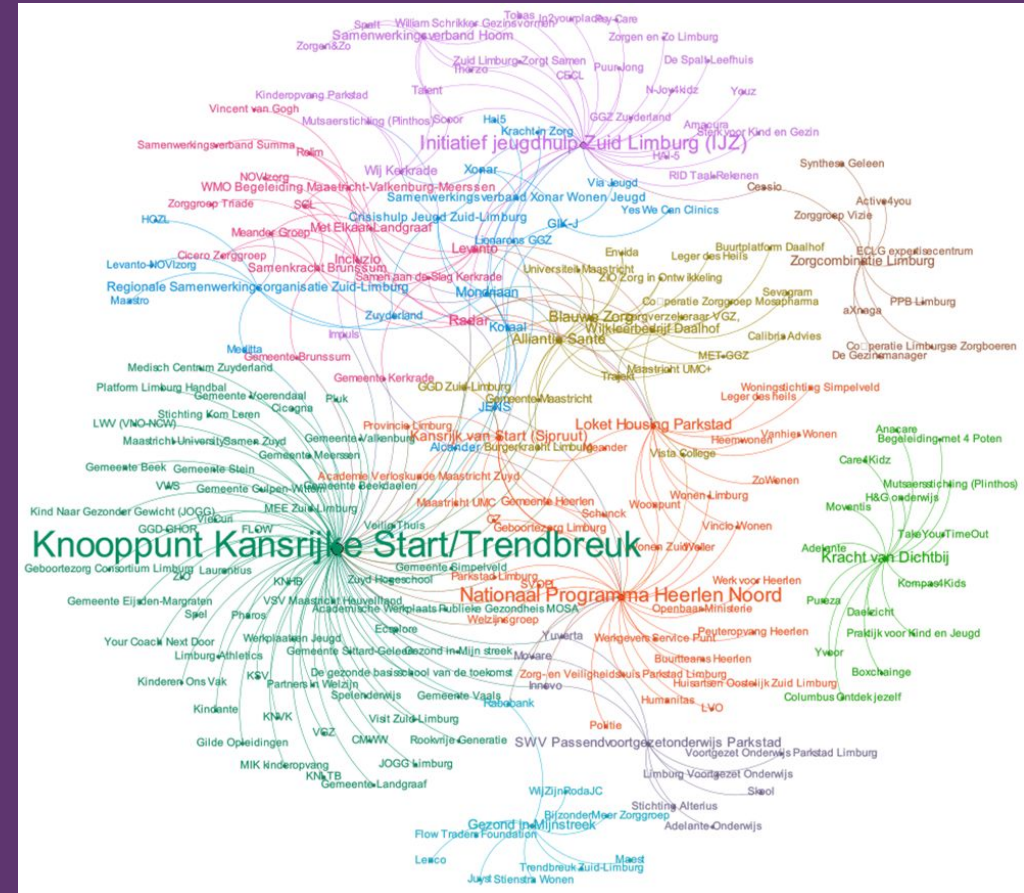
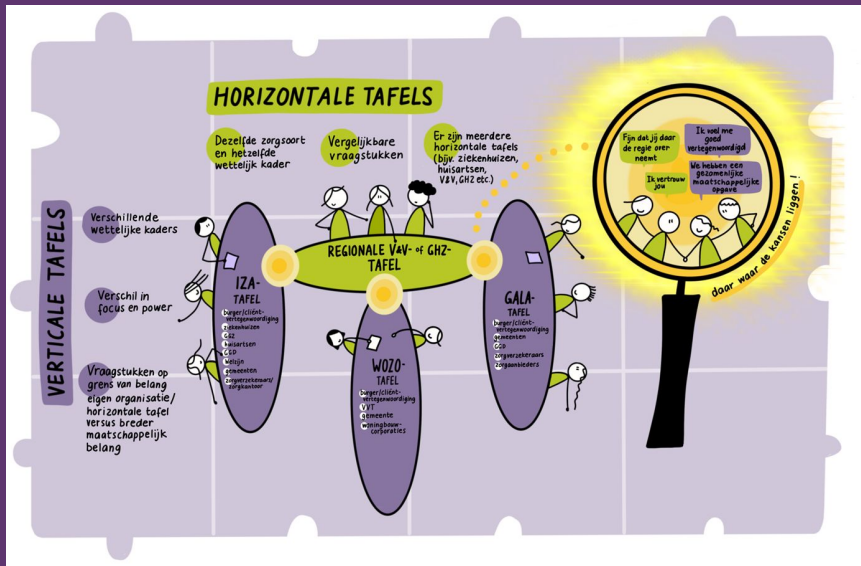
Learning and Improvement Leadership, Governance and Management Staff Composition Use of Resources Use of Information



For care outcomes, the level of improvement was independent of support type

More significant improvements in organizational conditions were made with support of knowledge and coaching.

# The complexity of collaboration





# Bottom up movement: the power of the community

1. Increase of caring communities
2. Over 2000 initiatives
3. Shift in mindset: home in the community, support to each other, coordination.

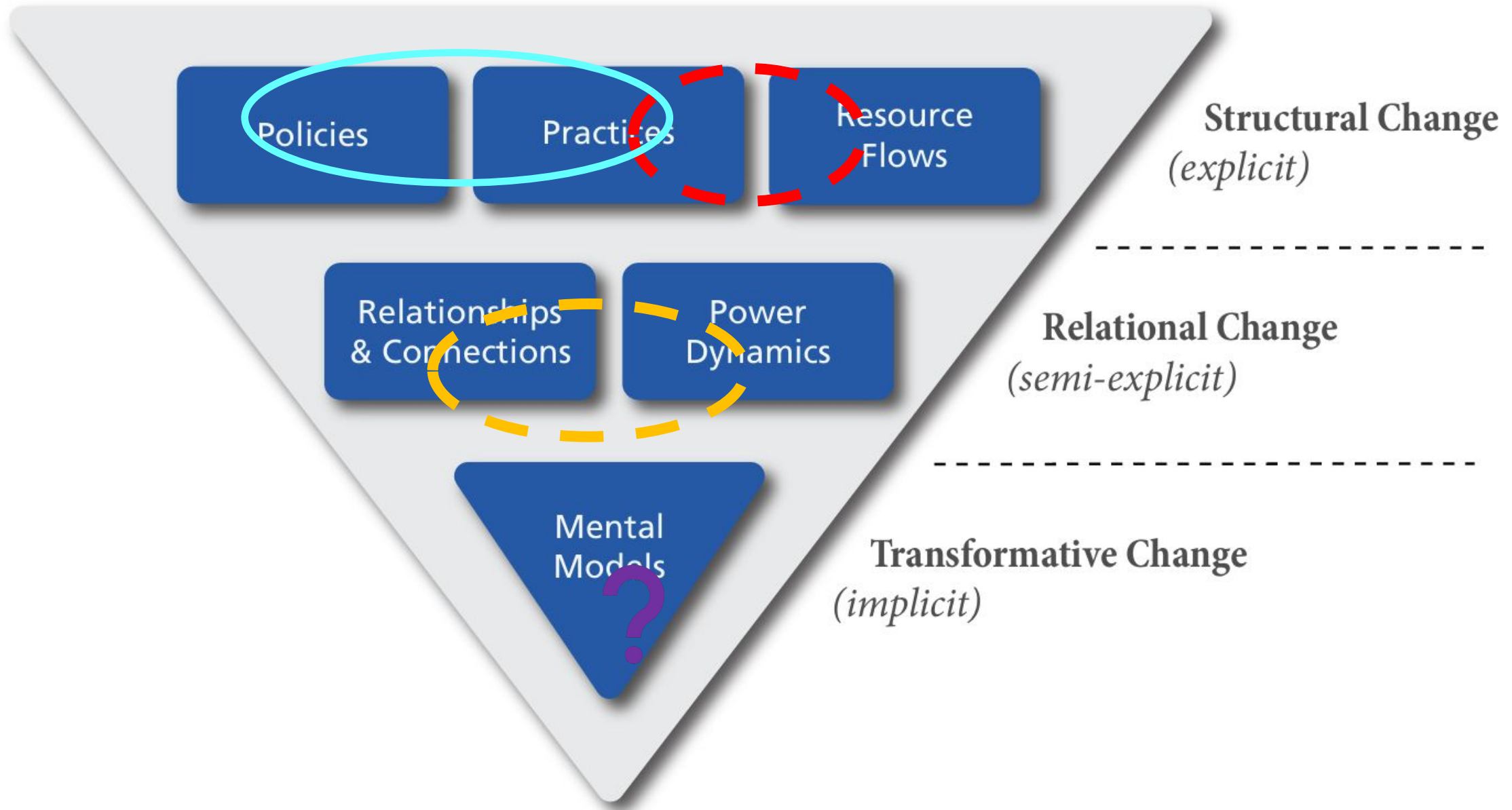
Professional should support these initiatives

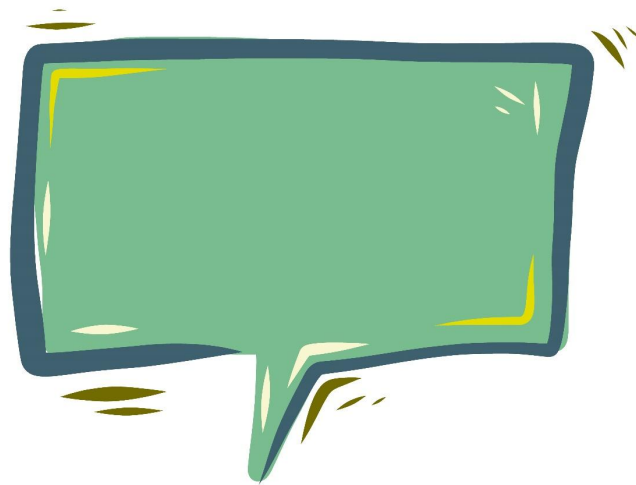
Mindset:





# Six Conditions of Systems Change





# A Story from Canada



Tracey Sherin  
Saskatchewan Health  
Quality Council



Every system is designed to get the results that it does.

– Dr. W. Edwards Deming

**15%**

of the population  
are 65+ years and  
living in  
community

**50%**

increase in our  
senior population  
expected by 2032

**97%**

of residents over  
65 want to avoid  
long-term care



# Thrive at Home Action Network

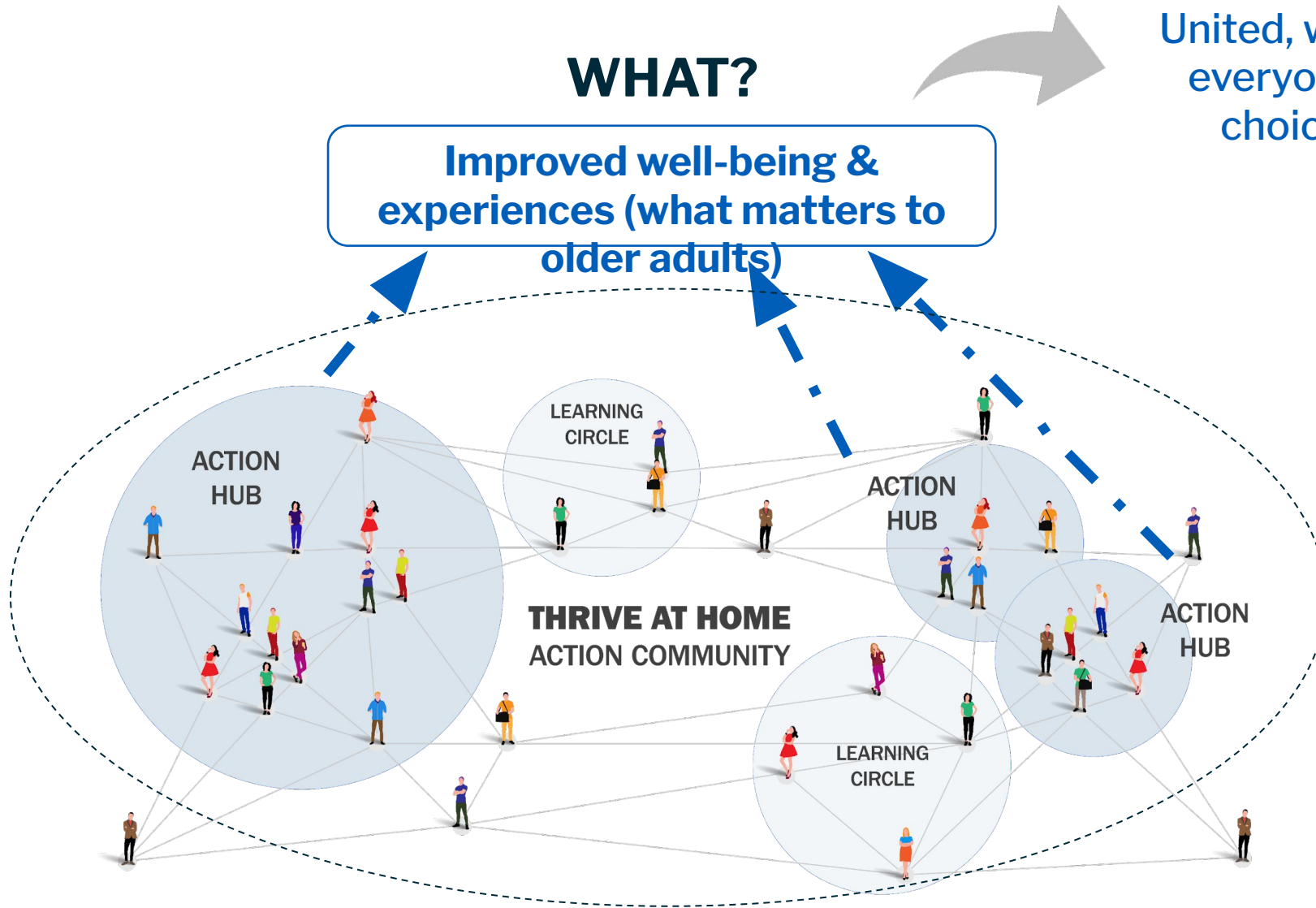
## WHAT?

Improved well-being & experiences (what matters to older adults)

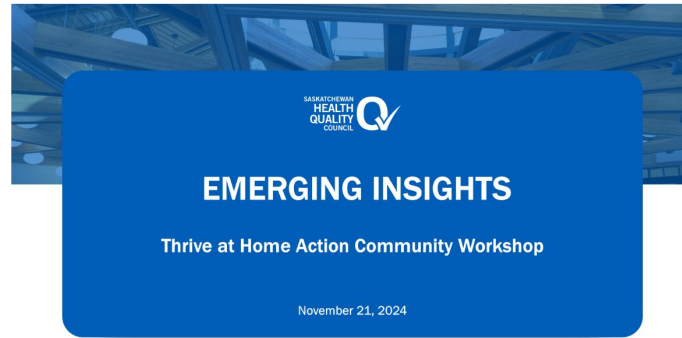
United, we're co-creating a future where everyone can grow older with dignity, choice, safety, and a true sense of belonging.

## HOW?

Established collaborative infrastructure (our community)



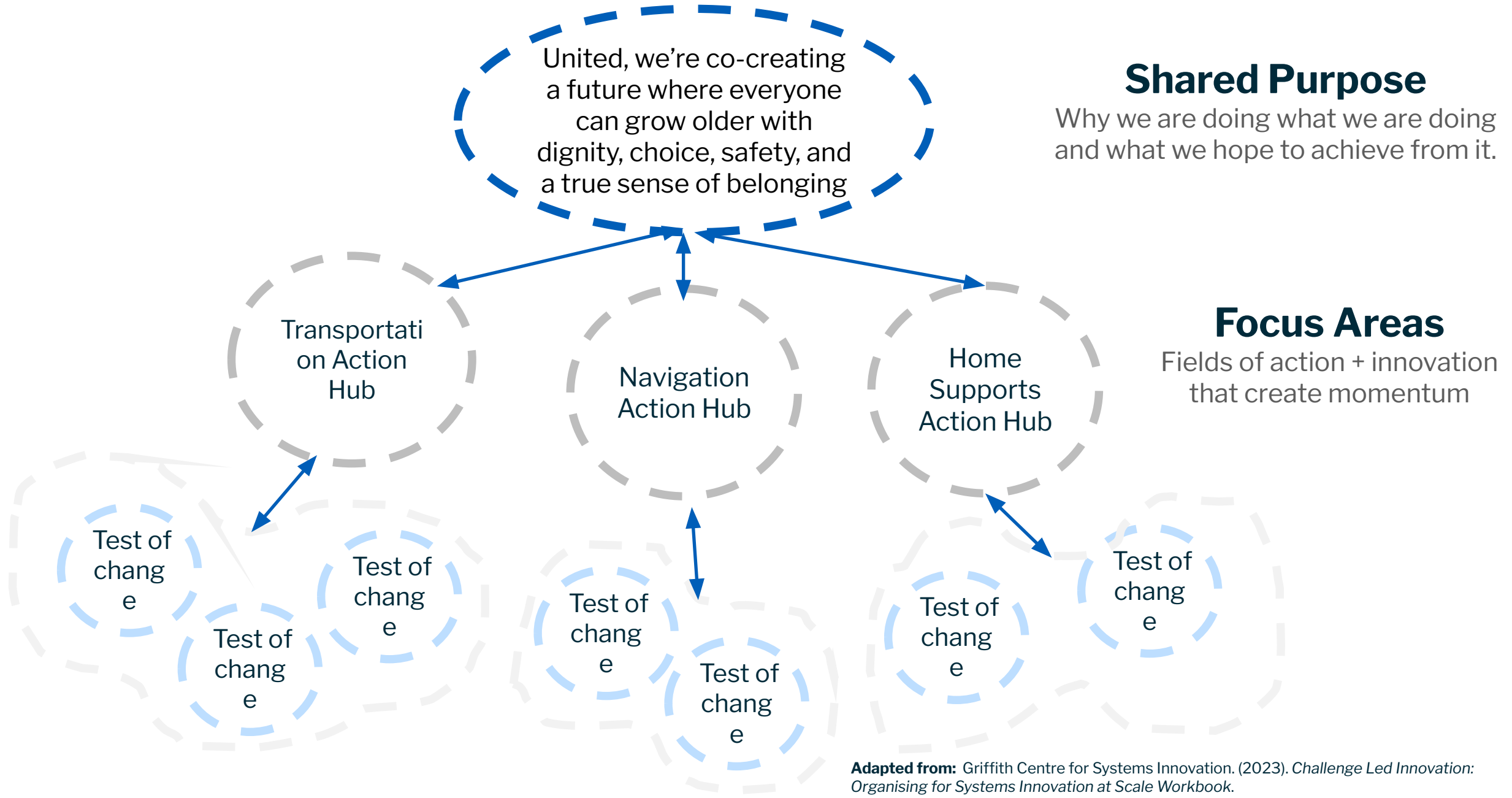
# | Listening To Our Partners





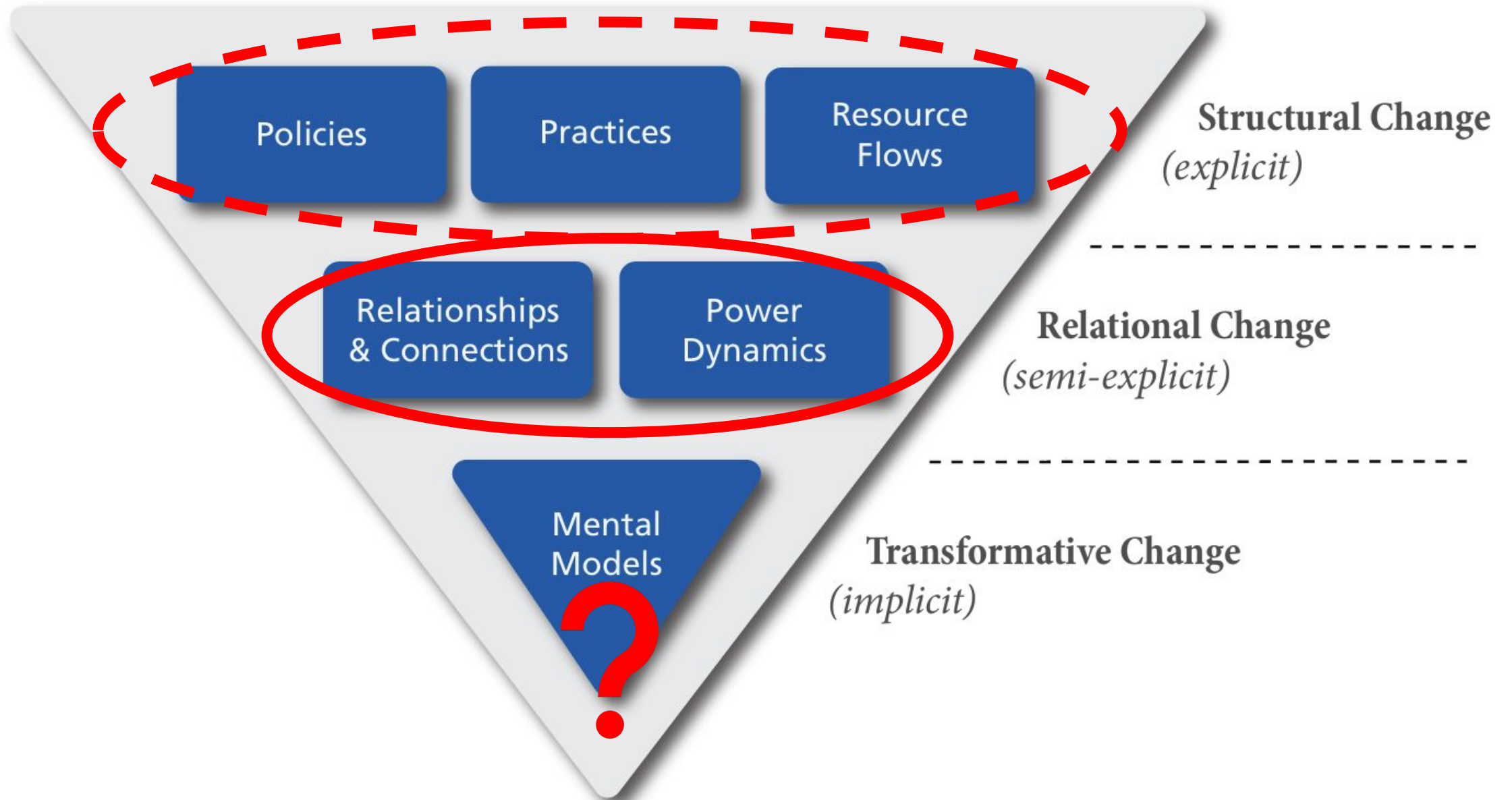


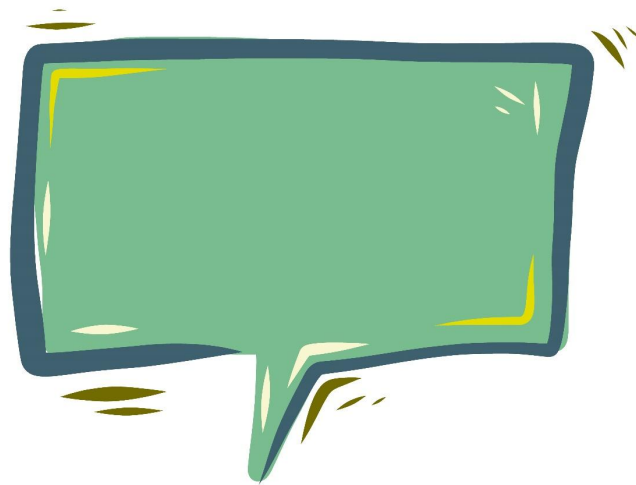
# Organizing for action





# Six Conditions of Systems Change





# Reflecting on the stories you have just heard....

Write down any further ideas this has given you for strategies to advance your challenge.

You have 5 minutes.

| System Change Condition     | What existing elements are reinforcing the current conditions and hindering your progress? |  | What strategies can help advance your system's change efforts? |
|-----------------------------|--|--|--|
| Policies                    | <div><div></div><div></div><div></div></div>   | Example: School disciplinary protocols   |  |
| Practices                   | <div><div></div><div></div><div></div></div>   | Example: Teachers underprepared for diverse classrooms                           |  |
| Resource Flows              | <div><div></div><div></div><div></div></div>   | Example: Grassroots organizations starved for resources                          |  |
| Relationships & Connections | <div><div></div><div></div><div></div></div>   | Example: Parent/teacher relationships are contentious                            |  |
| Power Dynamics              | <div><div></div><div></div><div></div></div>   | Example: Students have no voice in school district decision making               |  |
| Mental Models               | <div><div></div><div></div><div></div></div>   | Example: Administrator and teacher assumptions that certain students can't learn |  |

# Share your strategies with another table



Join up with a table next to you.

Write your ideas for strategies on a sticky note.

Take turns sharing your ideas with your group and place the sticky note on the correct section of the template.

You have 25 minutes.

| System Change Condition     | What strategies can help advance your systems change efforts? |
|-----------------------------|---|
| Policies                    |   |
| Practices                   |   |
| Resource Flows              |   |
| Relationships & Connections |   |
| Power Dynamics              |   |
| Mental Models               |   |



# **Moving to action...**

Reflect individually and then share at your tables:

- 1) One thing you will do next.
- 2) One thing you plan to do differently with your population health and equity challenge.

**In system change, we need to focus on what people are thinking and feeling as much as policies, processes and methods.**

“What most organisations typically overlook is the internal shift — what people think and feel — which has to occur in order to bring the [improvement strategy] to life. This is where resistance tends to arise — cognitively in the form of fixed beliefs, deeply held assumptions and blind spots; and emotionally, in the form of the fear and insecurity that change engenders. All of this rolls up into our mindset, which reflects how we see the world, what we believe and how that makes us feel.

Tony Schwartz

# Want to learn more?

**Find out more** about the model – and some of the frameworks and approaches referenced at the links below:

- [Senge, P, Kania J and Kramer, M \(2018\) The water of systems change](#)
- [Meadows, D \(1999\) Leverage points: places to intervene in a system.](#)
- [Horizons \(2025\) What is accelerated design?](#)
- [Horizons \(2024\) Rapid Insight: the missing piece in how we practice large scale change](#)
- [Health Quality Saskatchewan \(2024\) Thrive at Home](#)



# Connect with us



**Tanya Verrall**

Senior Director @ Saskatchewan Health  
Quality Council ...



**Laura Yearsley**

Associate Director of Insights @ Horizons | Rapid  
Insight Creator | Strategist | Community engage...



**Tracey Sherin**

Chief Executive Officer at Saskatchewan Health  
Quality Council



**Mirella MN Minkman**

Bijzonder Hoogleraar innovatie en  
governance van integrale zorg & Voorzitt...

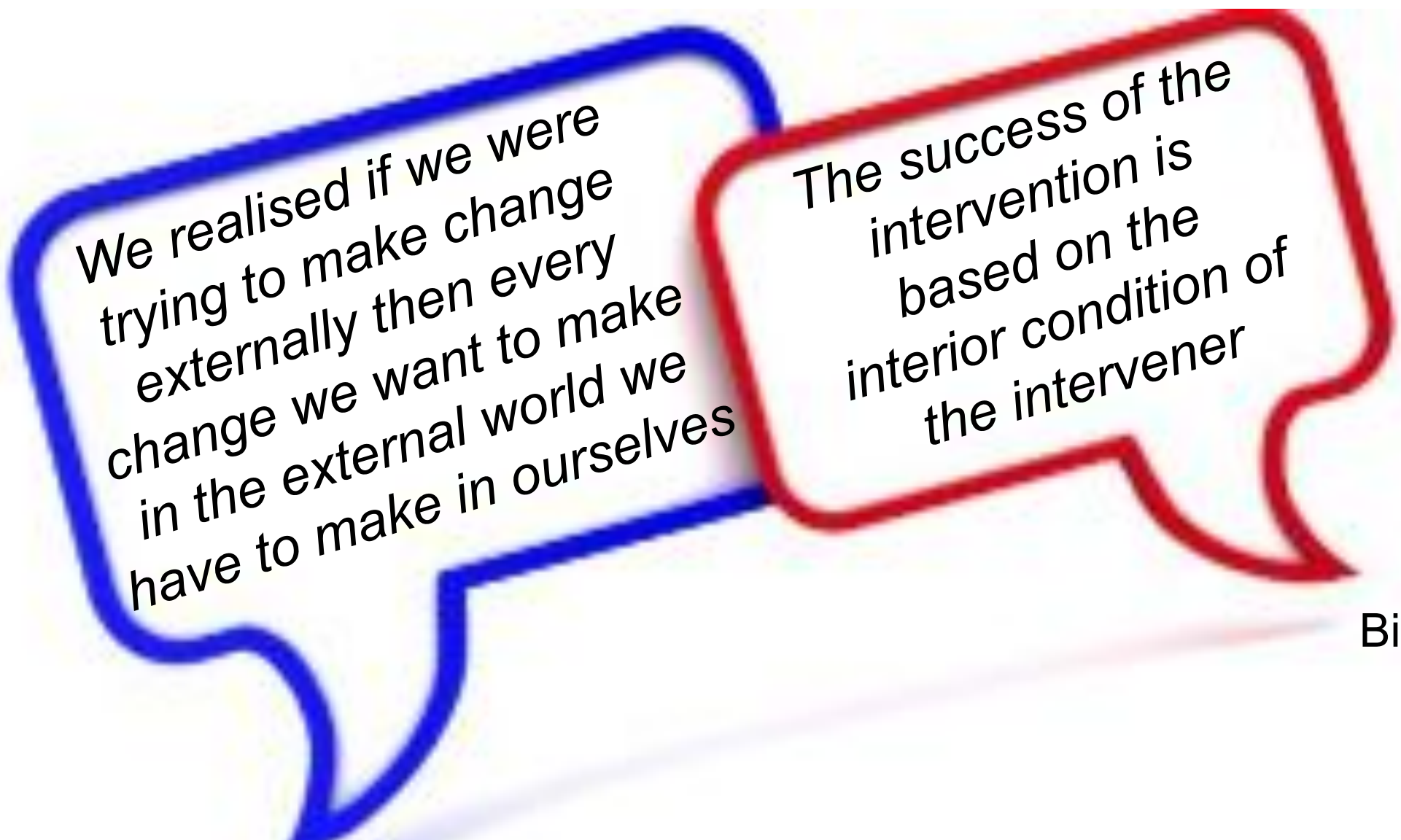




# Thank you for joining us!



## Enjoy the rest of the conference...



We realised if we were trying to make change externally then every change we want to make in the external world we have to make in ourselves

The success of the intervention is based on the interior condition of the intervener

Bill O'Brian

Alice Evans,  
Director, Lankelly Chase

# Returning to your specific challenge...

Go back to your hand out. Take a moment to reflect – and jot down - the strategies you would now like to explore next.

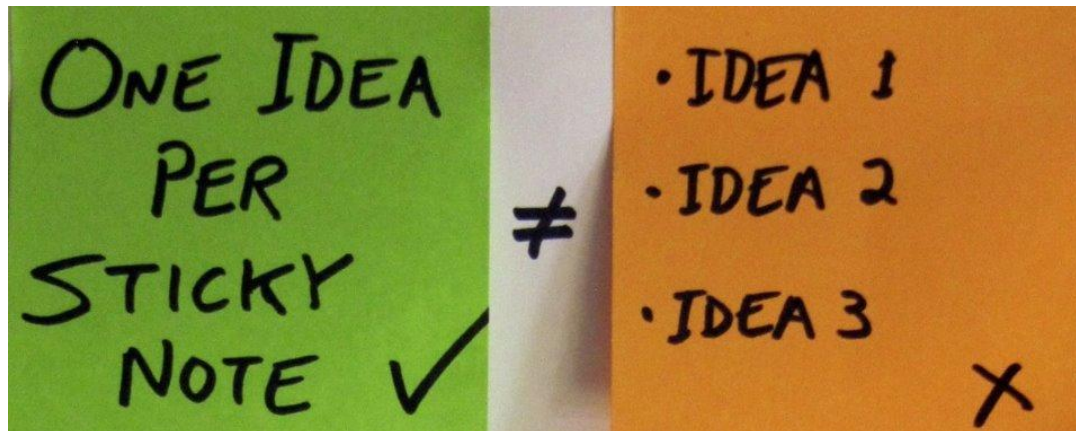
TOPIC:

1.

| Systems Change Condition    | What existing elements are reinforcing the current conditions and hindering our progress? | What strategies can help advance our systems change efforts?<br>Who would need to be involved? |
|-----------------------------|---|--|
| Policies                    |   |  |
| Practices                   |   |  |
| Resource flows              |   |  |
| Relationships & connections |   |  |
| Power dynamics              |   |  |
| Mental models               |   |  |

# In a moment, you will hear 3 stories

As you're listening, use the sticky notes provided to jot down any ideas these stories give you for progressing the challenge you identified earlier.





# Quick links

- [IHI Utrecht - Google Docs](#)
- [Advancing Population health and equity: Collective leadership and quality improvement in action | SessionLab](#)
- M4 - Session Room 4 – Hall 9
- Cabaret: 4-6 participants per table
- **Headsets** — “Please note that attendees in Workshop Rooms 1, 2, 3 and **4 in Hall 9** will be issued with headsets that are connected directly to the speaker microphones in order to ensure everyone can be heard above the ambient noise in the building. These will only be needed when presenting from the stage - attendees can remove the headphones and talk between themselves at the tables for interactive group activities.”
- For Session Interactivity – the coordinators recommend Mentimeter
- Can we add to a “live” deck (question for organisers). Plan B: we read them.