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Acknowledgements

The 2015 Networks Leadership Symposium builds from a series of network symposia and summits that span almost 15 years – the number of contributors, supporters and participants grows exponentially. You are all part of the reason the symposiums continue to provide robust and welcoming spaces for deliberative conversations, building our knowledge about the value of inter-organizational networks across the public sector and beyond. With this proviso in mind, we wish to identify some core groups and sponsors who made critical contributions to the 2015 Symposium.

The volunteer planning team once again took on the lion’s share of work – starting to design and plan the 2015 symposium shortly after the conclusion of the previous one. Planning team members include Ann Casebeer, Lars Hallstrom, Bev Holmes, Ron Lindstrom, Brint Milward, and Janice Popp.

The host institution, the Alberta Centre for Sustainable Rural Communities at the University of Alberta, deserves special thanks and mention for taking on the detailed administrative and site based work. These events could not occur without this type of generous in-kind organizational and staff support.

The sponsoring institutions, represented by the logos below, provided funding that allowed this Symposium to reach out to speakers from Europe, the United States and Eastern Canada who could not have otherwise joined the deliberations on site in Western Canada. In turn, these speakers gave most generously of their time and expertise throughout the Symposium.

Perhaps most importantly, it is the participants themselves, creating the rich and vibrant dialogue over two days together, that push the frontiers of our knowledge concerning multiple aspects of networks, of why and when they make a difference in practice, and conversely, when they aren’t the best option or response.

Acknowledgments to Gail MacKean, Janice Popp and Ann Casebeer for preparing this report.

Recommended citation format:
Introduction

As with past events, the 2015 Symposium was organized by a loosely affiliated group of people, a group bound by a shared interest in advancing the thinking and knowledge about networks through the intersection of network research and practice, and through the opportunity for lively conversations and debates. We recognize that collaboration and network development are increasingly used as policy tools by multiple levels of government; this recognition prompted the focus for this year’s Symposium: “Networks as Interventions: Policy Tool or Panacea?”

Held in Edmonton, Alberta, over 70 Symposium participants engaged with the concept, design, practice and evaluation of networks in the context of Canadian and international public policy. We explored the dilemmas faced, and the quandaries and benefits arising, when networks are used by governments to support innovation or to solve difficult problems. As well, we explored more broadly whether networks are, in fact, a viable strategy or solution for complex issues.

When planning the Symposium, we looked forward to an exciting and intimate two days, filled with thought provoking presentations based on both network research and practice, and lots of time for interaction with presenters and among participants. Based on the experience and outcomes of the two days – and thanks to the insights and energy of all present – the 2015 event lived up to and surpassed our expectations. We hope this report captures some of the ideas and issues discussed and debated throughout the two days, and that you find it useful in your ongoing thinking about, leading or studying networks.
Symposium Highlights

The two days were organized into five general topics for discussion, followed by a final “bear pit” panel where all speakers were invited to reflect on what was heard throughout the two days, challenge each other’s perspectives and allow participants to pose provocative questions:

1. Keynote: Networks as Interventions: Policy Tool or Panacea?
2. Goals of Government: Framing Networks and their Development
3. Health Networks Design and Implementation
4. Policy Effects of Networks
5. Third Sector Perspective
6. The Bear Pit

Each topic area was organized similarly in order to maximize interaction among the panellists, between the panellists and the participants, and among the participants. More specifically, following each panel presentation there were opportunities for the participants to make comments and ask questions of the panellists. This was followed by a brief panel discussion and exchange with the audience. Participants then had the opportunity to spend time at their tables having a more focused conversation, after which they were invited to engage the panellists in an interactive dialogue by bringing forward ideas and questions that had emerged from these tabletop conversations.

We have structured this report on the symposium into six sections corresponding with the five topics and the final ‘bear pit’ session. In each section we have attempted to identify key themes that emerged in the panel presentations and discussion, and through the interactive discussion with the participants. More emphasis is put on the discussion, rather than content details, as much of the content is available in the material referenced in the list of resources included at the end of this report. In the bear pit session section, which we have titled - “so what and where to next?” - many of the highlights from the other sections are revisited and built upon. See Appendices 1 and 2 for the full program and speaker biographies.
Day One

1. Keynote: Networks as Interventions: Policy Tool or Panacea?

Keynote speakers: Brint Milward, School of Government and Public Policy, University of Arizona; Patrick Kenis, Antwerp Management School, University of Antwerp

Moderator: Ann Casebeer, Department of Community Health Sciences, University of Calgary

Keynote speakers Brint Milward and Patrick Kenis opened the conference by delving into what the evidence base tells us about what happens (or not) when policy-makers choose networks as a means to forward critical economic and social policy goals. They shared their insights concerning important challenges that must be faced if networks are to be the right ‘tool’ for government policy aims, rather than ‘panacea’ or even potential scapegoats for inaction.

Brint Milward: Using networks judiciously

Milward’s presentation was on the theme of using networks judiciously and he opened his remarks with this question: “When you have a problem to address, do you need a network?” He described governments as having three policy arrows in their quiver for addressing complex human services issues: markets, organizations and networks. These are not three entirely separate alternatives, but more of a continuum of ways of organizing. Some networks can be more hierarchical, and some organizations can be more flat or collaborative. We have tended to think of networks as the highest stage of organizing to solve complex problems and as of being more virtuous than traditional organizations. Yet, Milward suggested that the best solution may not always be an inter-organizational network. Drawing out the policy arrow metaphor further, he indicated that what is critical is to understand which arrow to use from your quiver when, and when to change the particular arrow you are using. The best arrow to use may evolve over time. Just because a network may have been the best solution at one point in time does not mean it will always be the best solution. Networks can have a life cycle that changes as the context changes.

What are networks?
- The web of relationships connecting individuals or organizations
- These ties are based on many factors (e.g., trust, advice, resources)

There are networks of individuals (social networks) and networks of organizations (inter-organizational networks). It is important to realize that there are personal and professional networks that are nested within, and that influence, the development and success of inter-organizational networks. Milward reminded us that network members bring their own self interest to the table and thus, “you ignore self-interest at your peril.” He spoke to the evolution of cooperation and the role of reciprocity, the mutual exchange that occurs between individuals and organizations, in building trust in any network. Trust is built when people do what they say they will do, and trust creates social

Markets - Price system coordinates
Organizations – Hierarchy coordinates
Networks – Trust allows you to coordinate

"Ignore self-interest at your peril."

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capital. Milward described trust as being like the “WD40 for networks”. The social capital created though trusting interactions facilitates network performance, like a kind of “duct tape” that binds the network together.

Research on networks depicts a number of patterns and known factors in effective networks, all of which involve creating a delicate balance.

- With respect to network membership, you need to balance diversity and ‘birds of a feather’. You need people with a common vision to work together, but you also need some diversity of perspectives to maximize innovation.
- Redundancy is a virtue in a network because it promotes multiple pathways, but only up to a point. For example, it is important to be able to wall off problems—so as to limit the state of perturbation that washes across the network.
- You choose a network because it is flexible and adaptable, but you also need stability so that reciprocity and trust grow. A good network manager, then, must not be a tinkerer or micro-manager intent on constantly changing or ‘fixing’ things. Networks need space (stability) to evolve. This also means that a higher degree of centralization than one might initially imagine in a network may be useful.
- Hubs, brokers, and boundary spanners are critical to network health.
- Internal and external legitimacy are both important to network success.
- And perhaps obvious, but oft forgotten, sufficient funding for the scale of the problem is necessary.

Ultimately, there are both costs and benefits to networks and these need to be weighed against the context. Milward urged us to ask “sensible questions” about any potential network venture and give up the tendency to passively accept networks as better solutions. He reminded us of the red wine theory of networks: “Like red wine, networks are good in moderation.”

Milward contends that what is really going on is a continuous process of centralization and decentralization by managers, proving, he says, that the economist Robert Kindelburger was right, “Much of life consists of making big things little and little things big.” The critical issue is knowing when to switch from big to little – or from organizations, to networks, to markets. He emphasized ‘fit-for-purpose’ and reinforced the concept of networks as part of a continuum of organizing by invoking another metaphor – that of the difference between a static photograph and a progressing movie: “If an organization is a photograph, organizing is a movie.”

Policy-makers and network managers can use this continuum to make choices based on the task at hand, on changing problems and on evolving contexts, by focussing on the process of organizing (the

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1 The red wine theory of networks was presented at the 2013 Networks Leadership Symposium by Dr. Michael McGuire.
movie) rather than the structure of the organization (photograph) understanding, of course, that it is not really a question of one versus the other – both are required.

**Patrick Kenis: A storyline for effective networks**

Kenis created a storyline about developing effective networks, which included five key points:

1) Making the right choice of a governance model:
   - There is a difference between network governance, and governance of a network.
   - In a continuum of network governance, operational complexity increases from left to right with inter-organizational networks being the most complex to operate.
   - Transaction cost theory (Ronald Coase) helps us determine which network governance mode to select.

2) Determining how you are going to govern:
   - Do not go for the most complex mode (i.e., inter-organizational networks) unless you need to.
   - Be aware that inter-organizational networks are not the most efficient governance form, so they are not a solution for decreasing costs.
   - Rather, inter-organizational networks are a way to get certain things done more effectively (i.e., when only a network can do the thing that needs to be done). Kenis provided a number of examples of the kinds of tasks that require an inter-organizational network: dairy development in East Africa; helping vulnerable adults stay in their own home; and decreasing poverty.

3) Voluntary networks are generally expected to be more effective than mandated networks:
   - Mandated networks tend to achieve fewer desired outcomes.
   - Yet policy-makers are increasingly faced with situations that require network solutions such as: social integration of new citizens and refugees, prevention and early intervention in child abuse, long-term mental healthcare for people with severe mental disorders, improvement of the quality of life of patients and their families facing the problem associated with life-threatening illness (palliative care).

4) Governance is the key to providing a solution for more effective mandated networks:
   - The intricate interplay between differentiation and integration was highlighted as a key consideration when considering governance.
   - If you have a complex task/wicked problem – there is a need for a differentiated set of competencies. Yet you also need integration. The more differentiation, the more complex the integration becomes (similar to the need to balance diversity with ‘birds of a feather’ referenced by Milward).
Kenis described three main types of governance structures for inter-organizational networks: 1) the organizational members share the governance tasks, 2) one organization is the lead in governing the network, and, 3) a separate network administration organization (NAO) is set up to govern the network. His advice is that, if you have more than about eight organizations in your network, it is wise to consider setting up a NAO.

When describing a key challenge for many mandated networks, Kenis identified the problem that it is often a public agency which takes the lead role for the network, but many organizations do not trust public agencies (e.g., thinking they have another agenda, such as to save money). As such, if choosing a lead organization mode of governance, the selection of the lead organization is critical from a trust perspective.

Kenis underlined that trust is as important in multi-lateral relationships as it is in bilateral relationships. However, he also suggested that it is neither necessary, nor wise, to require trusting everyone, since working only with organizations you fully trust would not provide the needed differentiation.

Interactive Dialogue

**What does the evidence base tell us about what happens (or not) when policy-makers choose networks as a means to forward critical economic and social policy goals? What challenges must be faced if networks really are the right ‘tool’ for government policy aims?**

There was some question and discussion about how important trust actually is in inter-organizational networks. Perspectives were mixed and sparked considerable debate. A tentative consensus formed around the view that you may not necessarily need trust, but network interaction is much more effective if it is present because high trust levels cut down on your transaction costs.

There was a query about whether governments tend to think of complexity as bad, leading to a desire to simplify things. Is complexity by its very nature a bad thing? Complexity and complex issues tend to be associated with higher risk, something governments generally prefer to avoid, making the idea of viewing the world (or a complex problem) through a simple lens more attractive. We need to move the thinking away from the
management of risks brought on by complexity, to the management of opportunities from the same. It was noted that there are some private sector companies that are moving in this direction, but it can be difficult to get public officials to move this way; it requires flipping the thinking to “we have the opportunity to work together to address a complex issue.” How can we influence public policy-makers to take a leap of faith and embrace network theories and models? How can we help policy-makers become more comfortable with complexity, transformation and risk; and see the corresponding opportunities?

With respect to the three modes of organizing described, we could think of them in this way: markets are effective for simple problems; organizations for complicated problems; and inter-organizational networks for complex problems. Sometimes through working and learning together, complex problems may be reduced to complicated problems (e.g., managing, treating and living with HIV-AIDS). This is a good example of how the best mode of organizing, or a particular arrow in your quiver, can change along with its associated governance.

“The session ended with a sense that policy-makers need to carefully analyze the issues, and identify them as simple, complicated or complex. This, along with determining up front the goal or desired outcome, was seen as a good route to choosing the organizing mechanism and governance mode most likely to be successful. Also noted was the danger of simply adopting a successful model from elsewhere, as often happens in public policy, where the context might be very different. While there was a definite trend toward the idea of starting with being clear about the policy issue and goal before jumping to an inter-organizational network as the solution, some participants argued for keeping some latitude for finding greater clarity on issues and goals through the formation of the network itself.

2. Goals of Government: Framing Networks and their Development
Panelists: Hugh MacLeod, Global Healthcare Knowledge Exchange; Roxanne Gerbrandt, Alberta Ministry of Human Services; Chris Eagle, Canadian Health Leaders Network; Liz Maddocks-Brown, National Health Service, UK
Moderator: Janice Popp, Faculty of Social Work, University of Calgary

This panel explored what motivates governments and decision makers to choose inter-organizational networks, over other organizational forms, as a policy tool or intervention strategy. Provincial, national and international examples were provided, with discussion of the inherent challenges and necessary conditions for network success.

Hugh MacLeod: Context, alignment and the illusion of control
MacLeod set up his remarks by first talking about context, alignment and the illusion of control. He then talked about his experience with networks at the Ontario Ministry of Health, where he established 16 expert panels to drive the wait times reduction agenda in Ontario; and at the Canadian Patient Safety Institute (CPSI), where he worked with partners to define four priority areas of focus in the absence of any authority for implementation.
An important contextual factor in healthcare, according to MacLeod, is the reality that Canada does not actually have an overarching healthcare system, but local autonomy and variations among provinces and territories. Healthcare and healthcare networks are set in this context, meaning that what will lead to a successful network in one area may be quite different in another area.

Another key factor inherent in healthcare is that alignment seems to be a concept that is not well understood. MacLeod contends we are challenged with aligning the components of culture, skills, knowledge, structure and strategy. The tendency is to focus almost exclusively on structure to solve problems and improve healthcare delivery. Networks are a promising approach for working on alignment. They have the power to harness capital and intellectual resources to move an agenda forward through learning together and from each other.

MacLeod spoke of what he called the “illusion of control” in healthcare and of people trying to solve problems in mechanistic ways, leading to unintended consequences. He shared the example of an effort to improve long term care services by doubling compliance officers to “solve the problem.” In two long term care facilities in Ottawa, over-zealous compliance officers led to more residents being transported to the emergency department, creating an unexpected backlog in Ottawa hospital emergency departments.

Bureaucratic leadership styles are out of sync with highly educated and networked employees, and the same could be said with patients, families and citizens. MacLeod proposed the need to transition to relationship focussed leadership, and questioned if we have the current leadership capacity in healthcare to do the kind of network leadership work we are talking about today. This need to move away from bureaucratic leadership, and the reality that healthcare delivery involves a number of organizations working together, has contributed to the popularity of networks in healthcare.

Important things to keep in mind, according to MacLeod, include that networks are best facilitated, not administered; and that leadership without ownership can be the driving force behind the success of a network. What worked well, in his experience with 16 expert panels created to inform the development of Ontario’s wait time strategy, was to seek out leaders to sit on these panels who thought outside of the box, and were good at developing relationships. The panels were then allowed to go about their work of influencing policy-makers without control or representation from the Ministry of Health. Instead, the Ministry was simply positioned as a resource for the panel if needed. In a second example, the CPSI created a 50-organization member consortium to identify four priority areas of focus for patient safety. Again, realizing that patient safety was something that could not be owned or controlled, what was important was achieving clarity of purpose and alignment of efforts.

“There is no magic network blueprint to guarantee health reform or successful impact”
MacLeod concluded his presentation by describing two main changes needed if organizations are going to become more effective at using networks. First, we need smart networks that are able to coalesce and then disband in response to challenges; they need to be nimble and flexible. Second, we need to invest in organizational leadership development programs that build capacity for a kind of leadership that is not invested in job roles, but rather is spread across networks. This distributed leadership strives to continuously clarify direction, establish alignment, and garner the commitment and buy-in of stakeholders.

**Roxanne Gerbrandt: Networks as a mechanism to improve supports for children and families**

Gerbrandt shared the experience of Alberta’s Ministry of Human Services with working collaboratively with community partners and using networks to support enhancing services to vulnerable Albertans. Her primary focus has been supporting children and families, and particularly children with disabilities. This is an area where networks make sense because the problems are complex and solutions require the involvement of many stakeholders. Gerbrandt spoke of using networks to not only achieve a common goal, but to bring diverse perspectives to policy and practice, leverage information and resources, learn and test new ways of thinking about a problem, and reaching beyond one’s own sphere of influence. She went on to describe a variety of networks that Human Services has put in place over the past years including:

- **Parent Advisory Committees** (voluntary networks). The concept here is that parents support their children and are experts in what their child and families need. Engaged parent champions connected with families in their areas and a range of parent advisory committees were created throughout the province. This network of parent advisory committees has been in place for about 10 years and Human Services shares issues and challenges with them and asks for their input. In this type of network trust is important, as government wants to go to these committees with sensitive policy issues.

- **Regional Collaborative Service Delivery**. This initiative mandates regional organizations in Health, Education and Human Services to share resources to improve service delivery to children and families, leaving their separate mandates aside. This is challenging work. Those partnerships focusing on building the collaborative culture are flourishing, whereas those focusing primarily on the service delivery side, are struggling more.

- **Alberta Family Wellness Initiative**. This initiative focuses on bringing the latest evidence on brain science, early child development and addictions and mental health into policy and practice. A variety of organizations are part of this network, and the emphasis here is on knowledge mobilization; that is, using new knowledge to improve outcomes for children and adults.

- **Fetal Alcohol Spectrum Disorder service networks**. Gerbrandt described these networks as an example of the sum being greater than the individual parts, indicating they have been shown to be a good return on investment. One challenge here has been around the reporting piece, which is hugely difficult for some of the small community organizations. Onerous reporting requirements are an example of government getting in the way of good network work.
When developing these networks, Gerbrandt contends that policy-makers are not so much looking for cost savings, but for innovative ways to improve and provide services, with a desire to truly change policy and practice. Through their experience with networks, Human Services has identified some ingredients for success:

- Commitment: involve people who are committed to the goal
- Trust and respect: allow time and a safe space to explore ideas, and for the networks to gel and begin to create change
- Build upon common values and principles: develop a shared vision
- Encourage and embrace diverse perspectives: consensus is not the goal
- Ability to innovate: to let go of ‘what is’ to explore new ways
- Partnership: mutual interest and success
- A desire to reach beyond individual ability, accountability and mandates to achieve something greater: collective impact

The presentation ended with a very fitting quote from Henry Ford: “Coming together is a beginning, keeping together is progress, working together is success.”

**Chris Eagle: Genesis of Alberta’s Strategic Clinical Networks (The Prelude)**

Eagle talked about his experience with the genesis of the Strategic Clinical Networks (SCNs) in Alberta Health Services (AHS) from his perspective as the former Chief Executive Officer and SCN champion. He told the story of the lead up to the development of the SCNs, explaining how the groundwork was laid for the possibility of the SCNs, a story that spans 20 years. The story begins with the challenging and complex problem of clinical variation in Alberta healthcare. Various strategies, primarily changes to healthcare structure, were tried to address this problem including: regionalization in 1994-5; the development of province-wide services in 1998; and the creation of AHS in 2008. Progress was slow, in part because of the strong belief that something developed elsewhere would not work in Alberta.

After AHS was created, the initial focus was on organizational survival, thus annual financial reporting was most important. Clinical variation, not clinical networks, was also a priority focus initially. The groundwork had been laid, however, and the interest in clinical networks amongst clinicians remained. As Eagle indicated, “Everyone was tired of the Calgary-Edmonton battle,” and the existence of some provincial infrastructure began to help (e.g., a provincial clinical council; provincial data repositories). In other words, “the stars were aligning.”

Eagle described what he felt was the role of a CEO, his role, in supporting networks, as follows:

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2 Just prior to regionalization the healthcare landscape in Alberta consisted of 300 boards and agencies (often in direct competition), with enormous variation in cost, quality, clinical engagement, patient experience, etc.
• No micromanaging: “nose in and fingers out”
• Providing internal and external legitimacy
• Providing some stability
• Managing tensions, particularly with operations
• Providing protection (i.e., sanction networks to be a ‘disruptive force’ against the status quo).

Protection is critical; things that create change tend not to be welcomed by organizations – so are at great risk of disappearing.

What have been some of the lessons learned through the SCNs to date? Science as the backdrop to drive change and to do the right thing, rather than being driven by bureaucratic needs, is key. Other lessons learned include: know the context; learn from miscues; avoid ‘short-termism’; find the right leaders; partner for success; centralize and provide support while decentralizing the opportunity-finding; and do not forget that “culture eats strategy for breakfast.”

“Culture eats strategy for breakfast” making the right timing critical.

“Networks can reach places that formal structures and hierarchies cannot.”

Liz Maddocks-Brown: Are there ways through the jungle? Networks as vehicle to make wicked problems governable? – An English healthcare perspective

Maddocks-Brown began by indicating that, despite all the success that the National Health Service (NHS) in the United Kingdom has achieved, including being ranked as the #1 healthcare system in the world, there is still a long road ahead if one wants to sustain high quality health services that improve outcomes and are free at the point of delivery. The NHS Five-Year Forward View sets out a radical agenda for transformational change. At the heart are new clinical care models, new styles of governing, management and leadership. There is a need for management approaches that support distributed styles of leadership in order to empower the front line. The NHS planning document describes five new care models and corresponding principles, using language that fits with networks (e.g., integration, partnership, collaboration, coordination). What, then, does success look like? It is about systems, diverse partners in service delivery, active patient involvement, and sharing learning – it looks a lot like network forms of organizing.

Why is NHS emphasizing doing this work through networks? Healthcare is a social system in that people deliver healthcare. Improvement tasks require people to work together and, yet, ongoing system reorganization can lead to fragmentation, leaving people unsure where to connect with others to learn and share. Thus, the NHS is adopting network forms to try to improve the ease of finding connections and to create fast flows of information across the system. There is also a need to build capacity for distributed leadership, and through the

CEO role in supporting networks –
• “nose in and fingers out”
• providing protection
use of co-production principles, the higher levels of engagement and sense of ownership that can ultimately be facilitated through network forms.

A research study commissioned by NHS Improving Quality suggests that the NHS would benefit greatly from establishment of a national “network hub and champion.” In preparation for this role, the NHS Improving Quality network team has designed resources to support networks and strengthen their impact. Resources developed to date include a network toolkit (a go to resource containing research, diagnostic health checks, geo map and discussion forum), a network leadership program, and a strategic clinical peer support program. Challenges include the tendency to revert back to hierarchical command and control approaches, particularly when the going gets tough and demonstrating the case for continued investment in network activity with limited impact data is difficult.

To conclude, Maddocks-Brown noted that key contributing factors to success in moving forward with network creation and support in the NHS are leadership, timing and seizing the current opportunity to establish network forms as policy vehicles….with real teeth! In the NHS, the timing for networks was right with the ambitions set out in the Five-Year Forward View.

**Interactive dialogue**
*What motivates governments and decision makers to choose inter-organizational networks, over other organizational forms, as a policy tool or intervention strategy? What are the inherent challenges and necessary conditions for network success?*

The question was raised of how to protect good things (networks) from the immediacy of government or the political environment? “Nose in, fingers out” was discussed as a critically important strategy in nurturing successful networks, as was protecting networks – giving them a safe incubation space. Yet being on the front page of the newspaper creates a lot of pressure to put your fingers in – when it would be a mistake. Policy-makers need the intestinal fortitude to step back and allow networks to flourish. Wicked problems are named that because they do not have easy solutions. How can we champion networks to provide sufficient time and resources to capitalize on the collaboration and find new solutions?

There was a question about how important structure really is to networks in practice. The sense was that we get caught up in structure, but that it is often the relationships that are more important. This was described as another of the tensions in networks. Networks need some structure in order to be able to trace back accountability for dollars, for example, and yet overly dictating the structure can impinge on relationship development. Structure needs to be thought of as a framework or shell designed to facilitate relationships, not as an end unto itself. Another way of thinking about this is that: if you have a network, you automatically have a
structure, but it is the structure of relationships between human beings, not necessarily a management structure.

Ultimately, inter-organizational networks are all about the management of tensions. If tension is completely absent in your network, then it is unlikely it is a network anymore. If you try too hard to solve tensions, you will kill the network. Rather, what you need is to be able to balance tensions underscoring that, if you cannot live with ambiguity and uncertainty, do not form a network.

Networks can be a way of stimulating systems change, since engagement is a way of helping people to negotiate meaning. An example provided was about healthcare situations involving rapid change of expectations and possibilities. It was suggested that, “we are on a collision course in healthcare, but we can think of it as an opportunity collision.” Patients, families, and health professionals all come with their own data and with expectations about how they would like information to be shared. For example, patients want to be communicated with via email; staff want easy access to lots of information using mobile technology; and children in hospital on dialysis waiting for a kidney are gathered around a computer talking and sharing information about their treatment plans. The ‘new’ patient is connected like never before, and they have experiences that may not only collide with the status quo, but help us move it forward.

“What motivates governments and policy-makers to use networks as a policy tool?”

It’s positive to hear that no-one said that it’s to download responsibility.

The session moderator ended the dialogue with this observation: To wrap up and return to the question, “what motivates governments and policy-makers to use networks as a policy tool?” – it is positive to hear that no-one said that it is to download responsibility, something that we’ve heard a lot about previously.

3. Health Networks Design and Implementation

Panelists: Denis Roy, École de santé publique de l’Université de Montréal; Georgina Hamill, National Health Service, UK; Tom Noseworthy, Department of Community Health Sciences, University of Calgary

Moderator: Ron Lindstrom, Royal Roads University

These panelists shared their perspectives and approaches to network development drawing from practical examples in three different contexts: a population-accountable health network in Quebec; strategic clinical networks in healthcare in Alberta; and, using networks to improve the patient experience in the UK’s National Health Service.

Denis Roy: Some insights from personal experiences in Quebec

Roy shared insights from his personal experiences implementing mandated networks in Quebec. He began by talking about networks as an adaptive strategy for health system transformation – to move from a simplistic, acute care dominated system, to a system that can address the needs of the many people now living with
chronic conditions. Other changes include a shift from a relatively rudimentary and inexpensive healthcare structure, revolving around hospitals and physicians, to a complex health system that makes up a sizeable economic sector; and a move from simple, single discipline interventions to more sophisticated interventions involving multiple care providers. This is a complex endeavour, to improve across a comprehensive service continuum, and networks can be seen as contexts for these kinds of complex interventions. Networks can increase levels of certainty and agreement, through sharing knowledge and arriving at a shared vision. Networks, through distributed leadership, can also stimulate creativity and adaptive behavior at the local levels.

What are some of the key lessons learned in Quebec from implementing intentional health networks? In 2003 there was a legal mandate to develop local service networks. The policy intent was to address multiple determinants of health. Local services centres were to be developed to provide universal, comprehensive coverage for public health, medical care and social care for a defined population. It was a challenge to arrange networks so they could respond to their local contexts.

What difference have they made? With respect to better health, there has been a greater understanding of community/population health needs and determinants, and a strengthening of public health and intersectoral action. There has been some improvement in health outcomes (e.g., care better adapted to community needs; integration and coordination of care for elders and high users) but this has been variable and partial. Poor access remains an issue. With respect to value (e.g., evidence based decision-making; needs-based priority setting; increased cost-effectiveness), value is better than before, but again this has been variable and partial.

It was challenging for managers in these local service networks, as they were in a difficult situation – caught between bottom-up and top-down visions. They had to select relevant goals, provide leadership for improvement projects, and collaborate with stakeholders – including patients. They required a new set of skills (e.g., process improvement; act as advocates for improvement projects and their results) so a province-wide consortium to support these managers was developed. Emphasis was placed on tailored training for teams, knowledge sharing, and active support for planning and executing improvement projects. Ultimately, the main lesson learned is that it is very tough to balance decentralization (bottom-up) and centralization (top-down) (e.g., central plans and policies, volume-based accountabilities, provider oriented incentives). Centralization often trumps decentralized network governance.

What is the way forward now? The new premier feels that physician accountability is the needed change. The local service networks have been eliminated, and the health authorities reduced from over 100 to 22 territorial regional networks. They are moving local networks to a more authoritative administrative scheme. There is opportunity to build from this new infrastructure, but again there is a need to agree on a shared vision.

Health transformation requires adopting a coherent vision applicable in local, regional and provincial contexts, mobilizing appropriate leaders of change, and allowing time to achieve sustainable change. Joint leadership will be necessary and this includes policy-makers and managers, professionals and physicians, and patients and
citizens. Health networks have an important role to play as integrators and innovators, but their promise will not be realized without proper and broad policy context.

**Georgina Hamill: Insights from her work in NHS Improving Quality**

The National Health Service (NHS) in the UK is delivering more care and the demand and expectations continue to grow; 70% of the budget is spent on long-term conditions. There is a drive to maintain and improve quality while faced with public sector cuts. NHS leaders are looking for ideas on how to upgrade their ‘improvement engines’ to make it up this long, steep improvement hill. Networks are seen as the essential source of energy to get up this hill. There is recognition that new thoughts and actions are required; but it is difficult to move away from the dominant approaches.

Recognizing that there are a variety of network types, with some more structured than others, we want to ensure that networks are the best that they can be. NHS has developed a “5C Wheel” that can be used as an improvement and evaluation wheel for networks. These 5 C’s are: a common purpose, a collaborative structure, community building, a critical mass, and collective intelligence (see Table 1).

<table>
<thead>
<tr>
<th>Table 1: Ensuring Networks are Designed and Run at Their Best (the 5C Wheel)</th>
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<tbody>
<tr>
<td><strong>Common purpose</strong></td>
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<td><strong>Collaborative structure</strong></td>
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<td><strong>Community building</strong></td>
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<td><strong>Collective mass</strong></td>
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<td><strong>Collective intelligence</strong></td>
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Hamill described a new ‘toolkit’ that The Health Foundation (http://www.health.org.uk/) developed – a network toolkit to support these 5 C’s. The toolkit is available free of charge, and includes access to a number of online diagnostic tools (e.g., core leadership questionnaire, maturity matrix model, network member survey) along with a workshop process for sharing results with the network membership. In addition, they have developed a five module network leadership programme based on the understanding that network leadership is very different from managing in hierarchies. The programme is grounded in the principles of action learning (i.e., work on real issues during the programme).
Tom Noseworthy: Experience from the Alberta Health Services Strategic Clinical Networks (SCN’s)

Noseworthy began by saying that he was presenting on behalf of the SCN’s, in which there are about 3000 people involved – one-third of these are physicians. What is the burning platform? Why do we need to be doing things differently in healthcare? Alberta spends the second highest amount per capita on healthcare, compared to the rest of Canada, and yet we do not provide the highest quality of care, have better access, or have the best outcomes. The single provincial system (Alberta Health Services) in Alberta, with five regional zones and approximately 100,000 employees, is an improvement experiment designed to address these issues.

Why are SCN’s being used as a strategy to address this burning platform? It was thought to be the best way to advance the Triple Aim3. There was also recognition that it is important to get both clinicians and patients engaged if you want to change clinical practice, and that there needs to be a coming together of top-down and bottom-up decision making (i.e., “You don’t change behavior from the 14th floor in 7th Street Plaza”). Finally, SCNs are a vehicle for taking the best available evidence and driving it into practice.

“Our top-downnless in Canadian and Albertan healthcare is overwhelming!”

There are 11 SCNs as of July 2015. Some are more focused on a defined population and others are more service-oriented. Examples include: Obesity, Nutrition and Diabetes; Seniors Health; Bone and Joint Health; Addictions and Mental Health; and Critical Care. All are intended to be ‘engines of innovation’. All have a dual management model (administrator and physician leadership) and a scientific director role. SCNs have 13 high level functions (see Table 2) that they are meant to undertake in partnership in AHS zones and clinical leaders.

<table>
<thead>
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<th>Table 2. Strategic Clinical Network Functions</th>
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3 The Triple Aim is a framework developed by the Institute for Healthcare Improvement to optimize health system performance. It includes three dimensions: improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of healthcare. See: http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx
Although good structures and defined functions may be necessary, Noseworthy indicated that they are not sufficient. SCNs are also using innovative processes to advance implementation. Noseworthy talked about the potential value of using a Dragon’s Den process, for example, to sharpen your thinking and improve your case; as well as the importance of developing processes for scaling and spreading. What are some processes to create broad system value? One of these is novel engagement methods. The patient-engagement movement is growing across Canada with the development of organizations such as Patients Canada. The SCNs are working to engage patients and increase their capacity to be patient leaders. Patients not only know their own health, but bring their experience of the healthcare system, and thus an added dimension, into the conversation.

Noseworthy spoke to the importance of evaluating the ability of the SCNs to deliver on their mandate and to ensure they have plans to improve their own capabilities. The SCNs have developed a capability framework to help them assess their own performance and the difference they are making. Noseworthy provided a number of examples of system change in a variety of clinical areas, such as reduced and more appropriate use of antipsychotics in long term care facilities and compliance with safe surgery checklists, as indicators of early positive performance.

Noseworthy concluded his presentation by talking about some of the risks to success for SCNs. These include: the importance of focusing and finishing the work, so as to have meaningful outcomes for patients; continuing to engage physicians and the broader community; gaining and retaining high level support from AHS Executive and Alberta’s Health Ministry; meeting expectations and managing perceptions; and having adequate and predictable resources to do the work. On this last point, Noseworthy indicated there is plenty of evidence from other systems that starving networks will lead to failure.

"Lack of resource is a huge risk. There is lots of research from the NHS showing that starving networks will lead to failure."

**Interactive dialogue**

*What approaches and tools contribute to successful network development?*

There was a question and discussion about how governments have or could use networks and networking to address prevention and the social determinants of health (SDOH). It is recognized that this is a complex problem, thus one that networks would be well suited to tackle. A key learning from the Quebec experience to date is that working at the local level and focusing on vulnerable populations is a priority if we are to begin to address the SDOH. Certainly, community involvement and common sense at the local levels is necessary. Network membership is critical; citizens and patients will help pull the agenda in the right direction. You also need,
however, to be clear about the improvement required, how you might achieve that, and finally how you might communicate and champion those improvements.

One important question, since making some impact on the SDOH and health outcomes is hugely complex, is how do we get politicians to stay with what they started, and to have the patience to realize that it will take some time to get hard results? What advice might we have for “calming down” the politicians? Many participants felt that perhaps the most important thing we can do better is to empower champions to better ‘sell’ what they are doing. Some of these champions need to be patients, clients or community members who can articulate the impact of this work. If you provide opportunities to give them a voice, they will want to be heard. However, we need to invest in the development of this kind of patient or community leadership, as the experience reported by many to date is that they do not feel heard. Politicians also must have a good appreciation for what you are trying to do. They need to really understand the ‘burning platform,’ and that systems have many opportunities and needs for improvement. It would be helpful to have the public putting pressure on the government, hence the need for patient leadership. As one participant stated, “You can’t build a network that is agnostic to politicians” and expect it to be successful.

Finally, there was some discussion about the development of academic health networks and the struggle with defining the best governance structure. Things that have worked well include having a network of the network leaders who can learn from each other, and the importance of a neutral ‘chair’ or network administrative organization. It was suggested that the lead organization governance model does not work here, in part because there are too many egos involved.

Overall, the presentations and discussion on the design and implementation of health networks highlighted the tensions that can occur in regard to clarity of a network’s purpose, ensuring both top level organizational and constituent level buy-in and support, involving all of the necessary stakeholders in the design and work of the network, and helping policy-makers understand both the complexity of the task at hand and the need to stay the course long enough for the network to achieve success.
Day Two

4. Policy Effects of Networks

Panelists: Cameron Willis, Propel Centre for Population Health Impact, University of Waterloo; Brint Milward, School of Government and Public Policy, University of Arizona; Patrick Kenis, Antwerp Management School, University of Antwerp

Moderator: Lars Hallstrom, University of Alberta

Decision-makers, policy-makers and researchers are often confounded by the "Law of Unanticipated Consequences" and the lack of alignment between the policy tools selected, and the outcomes influenced by those tools. This panel examined this dynamic from the standpoint of networks, and how the functionality of networks as policy tools requires an approach that considers not only desired outputs and outcomes, but also the policy audiences, contexts and values that shape those choices.

Cameron Willis: Identifying outcomes of chronic disease prevention networks

Willis began by indicating that just as chronic diseases are serious and complex to manage, prevention is also complex. There is a range of players involved, and boundaries and responsibilities are difficult to manage and certainly beyond the remit of health systems. These challenges have led to the realization of the potential value of networks in this space. Willis noted that the current public health infrastructure could be characterized as being bureaucratic, stable, routine and repetitive – an infrastructure that might be effective for addressing complicated problems, but not suitable for addressing complex problems such as chronic disease prevention. A network approach may be a good alternative, but how do we begin to understand network effectiveness? Although there are a number of frameworks out there, none are specifically designed for chronic disease prevention.

Willis indicated he is currently involved in two research projects exploring the issue of network effectiveness in chronic disease prevention. The first is about capturing stakeholder perspectives of network outcomes. The aim of this study was to gain insights into the most valuable and feasible outcome measures for evaluating chronic disease prevention network (CDP) performance. Key findings were that 1) improved use of resources was identified as the most important outcome, and 2) improved practice and policy planning least important. Comparing importance with feasibility showed that feasibility may influence what outcome measures people perceive as important or that there could be a mismatch between what outcomes are identified as important and how feasible people believe they are to measure. People working with networks realize that longer-term outcomes are harder to achieve and measure, so they, practically, focus on intermediate outcomes. It was also identified that there is a bridging cluster of process outcomes that lead to the achievement of interim and

“Chronic diseases are difficult to define, usually have no clear solutions, are interdependent and multi-causal, are socially complex, and rarely sit within the boundaries or responsibilities of a single organization”

Hunter & Perkins, 2012
longer-term outcomes (e.g., enhanced learning, improved use of resources, enhanced or increased relationships, improved intersectoral engagement).

The second study is exploring the unintended consequences of private-public partnerships in the effort to address and prevent chronic diseases. The need to develop multi-sectoral partnerships to address and prevent chronic diseases is recognized. As such, there is a real interest in understanding the potential benefits of engaging with private sector partners, but also in understanding potential unintended consequences. In its initial stages, the intent of the study is to identify any potential unintended consequences early, and then make the necessary changes to prevent them from happening. An example would be a private-public partnership that increased inequities, because the prevention intervention ended up being accessed primarily by people of higher socio-economic status. Other unintended consequences could include: impacts on credibility; weakening of role clarity; and perversion of public health priorities.

Willis concluded that there is a common challenge in determining and measuring network outcomes, and while there are some promising outcome clusters to explore further in practice based studies, there is limited understanding yet of unintended consequences of multi-sectoral (i.e., public-private) partnerships.

**Brint Milward: Policy effects of networks**

Milward began his remarks by describing the “policy dense” world within which we live. The policies that governments create often clash with policies that they made earlier or policies made at other levels of government. Also, for every policy created, beneficiary groups lobby for more policies that will advance their own agenda or advantage them in some fashion. He indicated his talk would address a number of things, including: policy, policy implementation, networks and leadership.

As was alluded to in the key note presentations, Milward indicated that the truth about inter-organizational networks is that they are a lot of work and resource intensive, require shared leadership and some loss of control, and should be considered as a policy instrument only when indicated (i.e., for complex endeavours where inter-organizational collaboration is a necessity). He described the ‘two-hats’ problem which is inherent in networks, namely that every single person in a network wears two hats [at least]. They are a manager in/of an organization and are a network member as well. This means that you are constantly at war with yourself; is this in the best interest of my organization and/or in the best interest of the network?

“The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function.”

*F. Scott Fitzgerald*

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“Given the complexity of current health issues it is now recognised that solutions will be enhanced by learning and borrowing from other sectors.”


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4 Reference is to Theodore Lowi, *The End of Liberalism* and Aaron Wildavsky, *Speaking Truth to Power.*
This is one of many tensions or dilemmas that need to be embraced in networks, and again points to the need for skilled network managers since a large part of managing networks is managing dilemmas.

One important network management task is staying aware of the policy domain, how it is changing, and how this influences the network’s place in this domain. In order to buffer changes in the environment, networks need diverse membership. Related to this is the importance of keeping long-term goals in mind (i.e., the desired end state of the network). Sometimes you may achieve your goals, and the network is no longer needed. We need to learn to celebrate this achievement instead of trying to hang onto the network. This fits with a growing perception that networks, like all complex adaptive systems, have a life or eco-cycle. At other times the policy field can change so dramatically that even a well-functioning and successful network will not survive.

Although acknowledging that there is some debate about this in the public administration field, Milward proposed that social network analysis methods can help us better understand the policy world, and how to influence the development of better policy in a particular policy domain. He suggested that there is no blank slate – there will always be existing relationships in any given policy domain. Network analysis can deepen our understanding of the relationships between and among the members of a sector, for example:

- Who is connected to whom?
- Through what types of activities are members connected?
- What is the extent of their interactions?
- What is the quality of their relationships?

Network evaluations require a multi-methods approach, with network analysis being one of these methods. By way of example, Milward stepped through the evaluation he and the late Keith Provan conducted of the Southern Alberta Child and Youth Network (SACYHN), noting that this was “the most successful network [they] had ever evaluated.” The methods used in this evaluation were: a network analysis survey of network member organizations; elite (key informant) interviews; parent focus group, and digital stories. The information collected through the survey included:

- Relationships between organizations (based on 6 types of ties – strategic planning, information sharing, etc.);
- Information on most critical relationships for each of the 6 types of ties;
- Perceptions of SACYHN’s impact – on organizations and on the Child and Youth System.

Underlining the importance of a mixed methods approach, the focus group, elite interviews and digital stories were all important components of the evaluation process. The stories proved to be an ideal strategy for bringing the network impacts to life.
To conclude, Milward talked about what effective network management and leadership involves, coming back to the need to manage tensions such as: efficiency vs. inclusiveness; internal vs. external legitimacy; and flexibility vs. stability. Leading in a network world involves becoming good at setting the stage, and at becoming an honest broker. He indicated he also gained a deeper appreciation, through his work with SACYHN, of the “network way of working.” This includes: having a passion for sharing the credit; owning both hats; and ‘soft’ governance. An important network leadership skill involves learning to manage the agenda so you will not get a decision that you cannot live with, even if you get the decision you don’t prefer. Another is learning to invest your time wisely, by, for example, thinking about the concept of a relationship budget and whether, given the benefit, you wish to spend more or less time with any given colleague.

**Patrick Kenis: Policy effects of networks**

Kenis began his presentation with this question: “If the public policy world were to fully embrace inter-organizational networks, what would the possible unintended consequences be for policy-making?” He went on to describe three broad categories of such consequences: increased costs and spending; loss of sovereignty/control and loss of democratic legitimacy.

With respect to increased costs and spending – this is often an unintended consequence in the short term. Policy-makers can be impatient, expecting to see immediate results, often within the first year or two. Yet, we know that you need to make an investment before you can expect to see any return; we know from network research that it will take three or more years to begin to see a return on the initial investment in an inter-organizational network. Other reasons for seeing an increase in costs are: uncovering previously hidden need/demand; development of ‘parallel systems’ (i.e., leaving the existing systems in place while setting up the network); a surge in stakeholder call for higher cost ‘personalized services’; and adopting inter-organizational networks for everything. In the Netherlands, according to Kenis, the government tends to use inter-organizational networks for almost everything. Networks are best used for complex problems or issues (e.g., a system level approach to child abuse prevention), as in the long run they do decrease costs.

The second unintended consequence of using inter-organizational networks broadly is that there can be a loss of sovereignty/control. Inter-organizational networks are actually post-modern structures, meaning classic distinctions disappear (e.g., between state, non-profit and profit). The role of the policy-maker changes, in that rather than making policy that others implement, they become one of the facilitators of both policy-making and implementation. Accountability needs to be structured differently, in part because of the difficulty in assessing network performance. Kenis wondered if perhaps storytelling becomes the most important way of assessing, paying attention to accountability? Finally, networks can be difficult to shut down when they are no longer needed.

The third unintended consequence is that there can be a loss of democratic legitimacy. Who is in charge? Who is responsible? Who is accountable? Another tension here is that networks are meant to help address the issue of people falling through cracks, but, if there is no identifiable organization assigned to support a particular group of people, then what happens? Inter-organizational networks simply consist of organizations, and they have
their own constituencies. Who is actually taking care of people who are not represented by an organization? Thus, in networks you may still need to deal with equity, and citizens who fall through the cracks.

Kenis briefly described the research he had been involved in on the control mechanisms used in public networks, appropriate governance structure for networks, and the skill set required for effective collaborators. Personal skills (e.g., open-minded, patient); interpersonal skills (e.g., good communicator, works well with people, good listener); group process skills (e.g., facilitation, negotiation, collaborative problem-solving); and strategic leadership skills (e.g., big picture thinking; sharing leadership, power, goals and credit) are more important than substantive/technical expertise. He concluded by highlighting three common network tensions (also identified by Milward) that network managers are faced with, and how these are affected by governance structures. These are: efficiency vs. inclusiveness; internal vs. external legitimacy; and flexibility vs. stability. Again, the role of a network manager is to balance these tensions.

**Interactive dialogue**

*How can the “Law of Unintended Consequences” be addressed when using networks as a policy tool?*

The discussion began with the following question. Given the potential for negative unintended consequences and what appears to be slim evidence that they work, should we actually invest in inter-organizational networks as a policy tool, or should we disinvest? The panel responded with a reminder that we always need to ask: Do inter-organizational networks work compared to what? The suggestion was that it is a wonder why anything works in the policy world—regardless of the intervention. The number of things that need to go right is so huge, it is unlikely that anything positive will happen in a short period of time. No matter what policy intervention you choose, in the short term it is very likely to cost you more, and whatever you are trying to change may well get worse before it gets better. Rewards are far more likely to be reaped in the future than in the short-term.

While the perspective above may seem to be a bleak outlook, the other thing to keep in mind is that, if we do not believe in inter-organizational networks and what they can do, we will for certain have some citizens who will not receive the care or services they need. A very important issue, however, is the difficulty in determining whether or not networks are effective, and many do fail. If the chance of failure is 80%, how do you better understand why they fail—so the statistical odds can move in the direction of success. We need to invest in research and evaluation to increase our understanding of why some networks succeed and others fail. And we need to help policy makers understand that if they press too hard for outcomes too soon they can end up destroying capital instead of building it.

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If networks have the potential of exacerbating inequity, are there any mitigating strategies? In a network where accountability and responsibility is shared, how can we ensure that individuals who are not in the purview of a particular organization’s mandate get picked up somewhere in the network? Blurring mandates and boundaries can allow organizational members flexibility to step beyond where they would normally, which can be advantageous for service access, but it can also create a lack of clarity in who is supposed to intervene – and when.

The discussion turned to, “What would be the characteristics of the 20% of successful inter-organizational networks that we can learn from?” They would include:

1. Knowing what the network is trying to achieve, and being clear that you need a network to achieve this.
2. Having the right organizations in the network. Start with a small group, and ideally those who have strong ties, and then introduce other partners you need in order to achieve the purpose (i.e., “Once you have enough ‘birds of the same feather’, then determine who is missing from the table”).
3. Finding the best way to govern it. Be aware that you need some structure and division of labour.
4. The characteristics of the network lead are important, whether this is a lead organization or an individual.

Although lists are helpful as guidelines, they are devoid of context. It is important that we do not divorce what we learn through individual network cases from their context. Context makes a huge difference in how you ‘set the table’, for example. If setting the table is important, what should we set it with, whom should we invite and when? Setting the table involves thinking through what you want to accomplish in concert with the context. With respect to managing the agenda, it is necessary to think about boundary conditions, who is at the table and why (i.e., what they are bringing, what are they wanting), and who needs to speak when. This is the role of a good network leader. Setting the table evolves constantly, so it is important to keeping contextual dynamism in mind.

How can networks influence policy and policy alignment, and is this even a role for networks? A network, for example, could invite candidates to come and speak with them during an election. In scaling up complex health interventions you need to activate mechanisms in different audiences, including policy. Networks could potentially have a powerful role to play in activating these mechanisms. There was some caution, however, that influencing policy should not, or may not, be the prime role of a network and that activation such as this could potentially backfire on a network. Again, how important this role is would be highly contextual.

This dialogue concluded with brief discussion about the kinds of system level outcomes we might hope to achieve through networks. There is still a lot of work to be done in understanding this better. In chronic disease prevention, however, one of these desired outcomes is efficiency between organizations. The Provan and...
Milward (2001) article⁸ on evaluating networks identifies three levels of network effectiveness: network, individual member/organization and community. The community level would be analogous to the system level, and includes such outcomes as: change in public perception; better integration of services; positive policy change; change in the incidence of the problem; and improved client well-being. What the system outcomes are, would of course, depend on what the network is trying to achieve. Networks that have as their purpose some type of social innovation will have desired outcomes that are likely to occur at multiple levels and across multiple contexts.

5. Third Sector Perspective

Panelists: Bill Reimer, Concordia University; Susan Phillips, Carleton University; Lars Hallstrom, University of Alberta
Moderator: Ron Lindstrom, Royal Roads University

The third sector⁹ is increasingly being included within public policy as a provider, contract or grant recipient and implementer as governments move from being providers of services and public goods to contracting bodies. As a result, connections, collaboration and networks between private, public and third sectors are increasingly common. This panel explored the practices and dynamics of such initiatives, with an emphasis on the motives, design and lifespan of such networks, the challenges of sustainability, and the challenges and advantages of network governance.

Bill Reimer: Managing education and research partnerships – tips from the trenches
Reimer is involved with three major third sector networks: New Rural Economy Project; Rural Policy Learning Commons; and the Canadian Rural Revitalization Foundation. He noted that they tend to use the term ‘partnership’ rather than ‘network’. Regarding the evaluation and critical assessment of these research and education partnerships, he has come to use storytelling to describe their process of reflection and to account for what they have accomplished. Through the work of these networks, Reimer and his colleagues have identified a number of tips for managing partnerships, summarized below in Table 3.

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⁹ The part of an economy or society comprising non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc. Retrieved November 20 from: http://www.oxforddictionaries.com/definition/english/third-sector
Table 3: Tips for managing partnerships/networks

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<th>Tip</th>
<th>Description</th>
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<tr>
<td>Treat it as a voluntary organization</td>
<td>Seduction is your main tool. There are different norms for how to get things done together in a voluntary group.</td>
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<td>Create a buddy system</td>
<td>Have a lead and back-up person for every project. People have lives (e.g., kids, vacations, etc.). They work out a lot of things together, which decreases demands on the network ‘lead’. Innovative actions and solutions can emerge through this structure.</td>
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<td>Bear the partnership burden</td>
<td>Use funds to get mundane partnership things done, so as to decrease the burden on member organizations.</td>
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<td>Gather intelligence</td>
<td>Use a liaison officer, whose job it is to get on the phone and find out how things are going, what’s working, where members are having trouble, and how we can help. Learn when they are going to be out of commission, deadlines might not be met, etc.</td>
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<tr>
<td>Balance exclusion and inclusion</td>
<td>Assess potential new members by involving them in things such as conferences. These settings provide a pool to test out possibilities of ongoing working relationships.</td>
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<td>Recognize institutional demands</td>
<td>There are different demands on researchers, policy-makers and community partners. Being aware of these helps to identify and address potential barriers.</td>
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<td>Use multiple methods of communication</td>
<td>No one system works. Letters, telephones, internet [e.g., sometimes communities don’t have high-speed internet]. Use webinars, teleconferences etc. to complement face-to-face meetings. Use face-to-face meetings for dealing with the “cool stuff.”</td>
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<td>Keep dual financial accounts</td>
<td>Informal record keeping can offset institutional lag time involved when wanting formal financial accountability.</td>
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<td>Recognize accomplishments</td>
<td>Acknowledge successes and achievements. Keep track of things people think they are having an impact on, include traditional counts and complement with anecdotes.</td>
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Reimer went on to discuss what they have learned about how education and research partnerships can influence policy and practice. These partnerships can contribute to momentum for particular policies and practices. It is rare that one action will result in a policy change; rather it is usually an accumulation of events. He described the example of appearing before a Senate committee to propose a rural position at the Federal Cabinet table, which contributed to a series of actions that led to the establishment of a rural secretariat in 1998. Their partnership contributed to the momentum by providing helpful research information to actors who were trying to get the secretariat established.

These partnerships can also leverage social capital. For example, when a senate committee on rural poverty was looking for people to talk to, the partnerships were able to link them to a number of important people. This helped to influence the tenor of the resulting reports. Using established networks ensured that the necessary voices and perspectives would be heard.

Education and research partnerships can also build capacity by sharing knowledge and skills. Reimer indicated that in the Learning Commons, for example, a basic principle is to avoid duplicating work. Rather, they find and
support experts to contribute to the partnership agenda and mobilize existing knowledge. Early and regular engagement of others, and sharing of knowledge among groups promotes success by advancing both the work of the network and that of external players.

Partnerships build trust by providing opportunities to understand the people around the table, their strengths, and their limitations. If the limits to trust are known, it becomes easier to work together more effectively. Finally, partnerships are excellent ways to learn, which is important for both policy and practice. The development of the long-term relationships through partnerships provides lots of time for revision and to get things right.

All of these factors contribute to the desired primary outcome of education and research partnerships - the development of better (in this case rural) policy and practice.

**Susan Phillips: Third sector perspectives**

In her presentation, Phillips talked about her experiences with philanthropy and non-profit leadership, indicating that the third sector is changing dramatically. She stated that the need for networks among non-profits and across sectors is more important than ever, and yet the third sector is lagging in network building and governance because of some of the structural issues. Forced to compete for limited philanthropic and public dollars, the structure of the third sector does not encourage collaboration. As with other sectors, change is required in the third sector to support networked approaches.

Factors contributing to the necessity of change are multiple, according to Phillips. A sense of place is becoming more important, and networks are more place sensitive. We now exist in a collaborative economy, where trust is still important but it is different – expressed in different ways, often mediated through big data. Millennials are the largest and most diverse cohort in our history; they will be 75% of our workforce by 2025. Not only are they digital natives, but they also create and rate their own data, value authenticity, and are more connected to results than any particular organization. With respect to philanthropy, we are seeing a big change in funding, with funding based on values. For impact investing, the challenge is no longer capital, but good projects. We are also starting to see a whole set of other arrangements, potentially an emerging fourth sector, with players who may be able to take greater risks than can government (e.g., umbrella associations; community and private foundations; policy and social entrepreneurs). Although they are not a substitute for government, they have a role to play.

What, then, are the implications of these multiple factors for service delivery? There will be increased movement toward: integrated systems, citizen centred approaches, co-production, multi-sectoral initiatives and funding tied to impact. There will need to be some consolidation of non-profits, and a growth of larger multi-service agencies. There is likely to be increased use of contracting and new kinds of relationships among non-profits. For non-profits who can think creatively and get ahead of the change curve, there is a growing opportunity.
Phillips raised important issues and questions to grapple with, both in the third sector and beyond. In future, networks may be characterized by even more types of members (i.e., nonprofits, fourth sector, for-profits, government, philanthropy). To date we have not spent enough time on incentives and capacity in order to achieve good relationships and results – this will need to change. What are the perceived benefits of networks and how will they help in the third sector? What is success? Who are the instigators of networks? In a financing and contracting culture, the ability to lever other resources is important. We want to use information/data/technology to increase our understanding of who does what with whom, and to what end. In a contracting culture it is important to be good at what you are, to brand yourself well, to compete, to try and shine as an individual organization. It can be hard to transition from this to working in a network. How do we make the collective advantage a competitive advantage? How do we reward success in a collective way? It is important to remember that if we accept risk, then we need to be tolerant of failure.

What are the attributes of good network leaders? You need people who are comfortable bridging boundaries of all kinds, and especially across sectors. They now have to be comfortable with technology and speed as well as ambiguity, and skilled at listening, sharing control, and empowering others. They need to be comfortable wearing different people’s shoes; yet people often have experience only in a single sector or role (e.g., government people often have little experience in community and vice versa).

With respect to relationships and governance, the stability of staffing and succession planning is a major issue in the voluntary sector. A finding from a recent evaluation of the government sector was that, when people moved jobs, their involvement in the network would be the first to go as it was not valued. As well, Millennials do not yet get invited to be involved in meaningful ways in governance. What do we expect as results of networks? We need to reward learning and innovation, as well as success, but also to learn from failure. We often fail, and will continue to do so, because we are dealing with very complex issues; thus we need to encourage intelligent failure, where we learn from failure (i.e., ‘fail forward’). All of this has implications for policy and for the third sector, such as those included in Table 4 below:

“Public servants who can stand in the shoes of those with whom they deal...who, with eyes wide open, can exert the qualities of leadership necessary to forsake the simplicity of control for the complexity of influence.”
Peter Shergold in O’Flynn & Wanna, Collaborative Governance

<table>
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<tr>
<th>Table 4. Implications for policy and for the third sector</th>
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<tbody>
<tr>
<td>Policy</td>
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<td>Create incentives</td>
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<td>Enabling regulatory environment</td>
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<td>Better address risk approaches</td>
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<td>Support the infrastructure and capacity in sector and philanthropy; address the contracting culture</td>
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<td>Opportunities for cross-sector learning</td>
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<td>Assessing, learning as impact funder</td>
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Lars Hallstrom: Networks, policy design and the third sector

Hallstrom was the final presenter on this panel, and talked about networks, policy design and the third sector. He indicated he has had opportunities to create, to join, and to dissolve networks, and continues to think about his role, which has evolved from being an academic and looking at things from afar, to becoming a public policy instrument of a sort. He has had many experiences with lots of different partners in varying sectors, including the third sector. Hallstrom began by raising a series of questions about networks in the third sector:

- Are networks targeting or working within the third sector different from public, private or other networks?
- Should we think about them differently?
- Do they inform our knowledge of networks and/or public policy?

He then outlined three additional broad questions to frame his presentation, as follows:

- What motivates and drives innovations?
- If we look at the cutting-edge challenges we face, how do create the possibility of innovation?
- Does the way we structure and design networks in the third sector actually prevent innovation?

Hallstrom suggested that if networks are policy tools, we need to think about how networks work. Not everything that connects is a network, in that it is not just the connectivity, but the functionality, that is important. How do we think of network success from a third sector perspective? Will inter-organizational networks work in the third sector where there may be capacity issues and the conflicting drivers of competition and collaboration?

Thinking about policy design for the third sector, and building on a previous metaphor, how should we set the table? How do we understand this as a design and evaluative opportunity for the third sector? Hallstrom identified the proliferation of non-profit and non-governmental organizations whose growth is not based in philanthropy, but in contracts and services. They are now being asked to function differently. What are the values and audience that are driving our design of networks as a tool in this context? These organizations are value-based regarding how they assess costs and benefits. Many third sector organizations have also become skeptical of networks, as the focus is often on the network rather than the function of the network. This means we need to think about the kinds of relationships that will allow networks to innovate in this sector. Clearly, we are not making a huge step forward in innovative policy-making using the same old top-down approaches. Can the third sector be a source of innovation? When we look to engage with the third sector from a network perspective, we need to consider all of these factors.

Where does all this lead us then? Networks may become the outcome, from a policy perspective, for the third sector. Yet competition and collaborative tension may make innovation extremely difficult, if not impossible.
**Interactive dialogue**

*What are challenges of, and advantages to, private, public and third sector networks?*

The dialogue began with questions regarding what motivates third sector innovation. What is the role of crises in stimulating the creation of networks in the third sector? Many third sector networks (and others) form in response to a crisis, but this does not necessarily translate into sustained action. Policy windows can close quickly, so they may not be particularly good at helping longitudinal action. Since a crisis can create considerable pressure for quick results, it is important to pay attention to who is defining the crisis and how it is being defined; sometimes they are more internal and at other times external. A crisis often triggers a funding opportunity, which then triggers the development of a network. Thus the network is not directly a result of the crisis, but instead, a response to new available funding. While this is a somewhat cynical view, there is nevertheless some truth to it.

In the government sector, we often think of networks arising out of a crisis requiring a policy intervention. In the third sector, however, there is an opportunity to come together not necessarily because of a single crisis but because it is the right thing to do. An example is in the area of early childhood development, where Fraser Mustard’s work\textsuperscript{10} created a policy window and enabled a fundamental change of the discourse. The development of networks to address these types of complex issues is going to increasingly need to be place-based and place-sensitive. What you do in one city is going to look different from that in another city, and what you do in rural areas is often going to look different again. Context matters. Yet, policy-makers often do not seem to fully recognize this.

Still using child development as an example, an Alberta government led research project involved mapping out socio-economic factors that might affect child development in communities. Communities were then invited to learn about and create actions based on their community data. Researchers studied what happened, and learned that communities often had a common interest, but they needed help to build capacity for leadership and some background support for community coalitions. What did not work was the generic support provided for the coalitions because it started to undermine their uniqueness. Coalitions reacted by asking government not to do this; they mounted a ‘one-size-does-not fit all’ campaign. The belief is that government truly does want to support capacity building, but often is not quite sure how to go about it. The natural tendency is to standardize things and kill what is organic and variable. The hope, then, is that these coalitions build capacity quickly so that they can fight the standardization – which did seem to happen in this example.

This dialogue closed with discussion about whether sometimes you might want to deliberately set out to create a crisis in order to stimulate the creation of a network. It was felt that sometimes you can exploit a crisis-like context effectively, broadening your alliances and

\begin{quote}
*If you have data on the variability of hip fracture repairs, provide it to a 20 year-old with a twitter account and a grandma with a broken hip*. 
\end{quote}

\textsuperscript{10} See Fraser Mustard Institute for Human Development: http://www.oise.utoronto.ca/humandevelopment/
looking for other groups and networks to bring forward your data and your case. This can create pressure to do something. Social media increases the opportunity to get data to members of the public who have an interest in an issue. An only somewhat tongue-in-cheek example was provided: “If you have data on the variability of hip fracture repairs, provide it to a 20 year-old with a twitter account and a grandma with a broken hip.”

6. The Bear Pit: So what and where to next

All panelists

Moderator: Brint Milward

The Symposium ended with what has become a traditional ‘Bear Pit’ where all invited presenters gather together and challenge each other’s perspectives and allow participants to pose provocative questions. The result is an ending to the Symposium that actually forms the beginning of ongoing questions that keep participants engaged and often returning to contribute to the next Symposium.

Some highlights from this open bear pit discussion are outlined as a series of questions. They are posed here in the hope that they encourage further questioning and collective reflection and action towards enhancing our understanding of how networks function and when and why they help us “do good things better”.

Is everything truly rooted in self-interest? There was a reflection about a statement that was made on the first day in the keynote panel about everything being rooted in self-interest. The participant raising this question struggled to see how this is true, when you see many coalitions where community members come together because they have a common interest or objective. What was actually said was somewhat more nuanced: that you ignore self-interest at your peril. The evolutionary trend has been that communal interest creates more success than self-interest, so there is an evolutionary benefit to communal interest. We do, however, often see self-interest playing out in networks. For example, ‘free-riding’ in a network can benefit self-interest and do little or nothing for the rest of the network. Our current society is highly individualistic, and whether something is driven by self-interest is very much tied to context. By recognizing its existence, it also makes it possible to view self and organizational interest as opportunities.

How can one individual effectively represent an organization in an inter-organizational network? One answer is that this may not be possible. There are models other than representation, such as delegation. The best model to use will be influenced by the purpose of the network and expected roles of the network members. For example, are network members expected to represent and engage in decision-making? You may be invited, for example, not to represent a particular university on a network but rather to bring the voice of an academic to the discussion. In this case you want constituency voice, not representation. This is why it is so important to know what the network is about, as this will influence who you send to attend network meetings. It can be appropriate to say you have organizations in your network when they are represented by one person, but you would need a green light from the CEO to have that network member be able to commit the organization to bring resources or take action.
Why are health and human services so interested in networks? There are many and complex issues in health services that lend themselves to being addressed through a network. Yet, in healthcare we often get stuck due to organizational structure and hierarchy. Ideas of communal interest and inclusiveness are more common in human services, on the other hand, often promoting a shared interest in connecting. These systems also generally want broader participation of citizens and clinicians, and networks, along with new technologies, provide an opportunity here. Providers can develop ‘learned helplessness’, and it can be useful to be with others who are struggling too. Having said all this, just because there were many participants from health and human services at the Symposium, that does not necessarily mean that we have more networks in health and human services than in other sectors.

What is the role of technology in simplifying the complexity that networks are trying to address? Technology does have an important role to play here; participants shared a number of examples. Technology can help us unpack and better understand data we have collected. Social media can help share important information about how to access needed community services, which can be even more complex to navigate than hospital based services. Population health observatories can publish data showing life expectancy over time. The Children’s Treatment Network in Ontario, serving children with complex care needs crossing disciplines and sectors, provided the example of where they implemented a shared electronic health record for use by all the member organizations, including schools. Network members not only have access to the record, but are required to input their information into this record. Another example provided was how technology can also be used to enable and integrate information sharing in a mental health network. With respect to the role that many networks play in co-creating and mobilizing knowledge, technology can be a huge enabler. More generally, it can support the development of networks and the work that they do, and enable the democratization of networks.

What advice would you give regarding succession planning for network leaders? We should be talking about network leadership not network leaders. Every member of a network should consider themselves as contributing to the leadership of a network. Is it not so much about succession planning in the traditional sense, but more about building capacity across the network for people to lead in a network context. An important related issue is how to bring tacit knowledge to bear – to make it more accessible and understood – along with explicit knowledge. How do you build it, manage it, transfer it, sustain it and let it go? We not only need to leave a trail of explicit knowledge, so that others coming in can learn from previously acquired wisdom, but we also need ways of transferring important tacit knowledge. In an open network, leadership is not about the particular person, but more about how the network itself works as a collective. The leadership emerges as it goes, with the approach being a mentorship or apprenticeship type of model. This is one very good way to share tacit as well as explicit knowledge.

What is a network, what language should we be using, and some ironies? At the end people came back to language, and the question of what is a network, commenting that we are all carrying different mental models of networks. Some are service delivery networks, others are knowledge sharing or research networks and so on. Networks are organic and evolving, and yet we talk about building networks or mandating networks. These are mixed metaphors and lead to mixed perspectives. The language we use is important. One might argue, for
example, that there is no such thing as a mandated network, that it is just another organizational form. There are many different perspectives here, and perhaps the key note presentation on thinking about networks as part of a continuum of organizing – comparing photographs to movies – can keep us thinking broadly and with flexibility about networks and a network way of working.

7. Closing comments

Reflecting back on two days full of provocative and re-energizing presentations, it is once again both a privilege and a challenge to try to adequately represent all that was heard – attempting to capture the nuances of the conversations, and the debate and thinking through of ideas. Each of the Symposia over the years has had its own particular tone and, yet, some common threads as well. Perhaps the most important thread is the genuine exchange between network researchers and practitioners and the inevitable mutual learning that takes place as a consequence. This year, with a concerted effort to bring the policy perspective into play, we expand that thread. Policy makers are often key architects of inter-organizational networks. As such, they also have an important outlook to share and much to benefit from in hearing about the implementation realities from practitioners and what the research says about the necessary conditions for the use and effectiveness of networks.

We end with a call to build on the personal and professional connections and networks across practice, research and policy that may have been seeded and, hopefully, strengthened at the Symposium. As always, we offer ongoing encouragement to share your knowledge and stories both through publication and, indeed, through future Symposia.
## Appendices

### Appendix 1: Symposium Program

**TUESDAY, SEPTEMBER 22, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>6.00pm - 8.00pm</td>
<td><strong>Evening Welcome Reception</strong></td>
<td>Wild Rose Room, Lister Centre, U of A</td>
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**Wednesday, September 23, 2015**

Wild Rose Room, Lister Centre, U of A

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>7.30am – 8.00am</td>
<td><strong>Hot Breakfast</strong></td>
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<td>8.00am – 8.15am</td>
<td>Welcome and symposium overview</td>
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| 8.15am – 9.45am | **Keynote: Networks as Interventions: Policy Tool or Panacea?**  
Moderator: Ann Casebeer  
Panelists: Brint Milward and Patrick Kenis  
*Keynote speakers, Brint Milward and Patrick Kenis, will open the conference by delving into what the evidence base tells us about what happens (or not) when policy-makers choose networks as a means to forward critical economic and social policy goals. They will in turn share their insights concerning some important challenges that must be faced if networks really are the right ‘tool’ for government policy aims rather than ‘panacea’ or even potential scapegoats for inaction.* | Wild Rose Room, Lister Centre, U of A |
| 9.45am – 10.30am | Includes short break  
Interactive dialogue reflecting on panel content (15 minutes table talk, 15 minute interactions with panelists) | Wild Rose Room, Lister Centre, U of A |
| 10.30am - 12.15pm | **Goals of Government: Framing Networks and their Development**  
Moderator: Janice Popp  
Panelists: Hugh MacLeod, Roxanne Gerbrandt, Chris Eagle, Liz Maddocks-Brown  
*This panel will explore what motivates governments and decision makers to choose inter-organizational networks, over other organizational forms, as a policy tool or intervention strategy. Provincial, national and international examples will be provided, including discussion of the inherent challenges and necessary conditions for network success.* | Wild Rose Room, Lister Centre, U of A |
<p>| 12.15pm – 12.45pm | Interactive dialogue reflecting on panel content (15 minutes table talk, 15 minute interactions with panelists) | Wild Rose Room, Lister Centre, U of A |
| 12.45pm – 1:30pm | Lunch | Wild Rose Room, Lister Centre, U of A |</p>
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<tr>
<th>Time</th>
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<tr>
<td>1.30pm – 3.00pm</td>
<td><strong>Health Networks Design and Implementation</strong>&lt;br&gt;&lt;br&gt;<strong>Moderator:</strong> Ron Lindstrom&lt;br&gt;&lt;br&gt;<strong>Panelists:</strong> Denis Roy, Georgina Hamill, Tom Noseworthy&lt;br&gt;&lt;br&gt;Panelists will share their perspectives and approaches to network development drawing from practical examples in three different contexts, including: a population-accountable health network based on experience in Quebec; strategic clinical networks to improve healthcare in Alberta; and, how networks can be supported to improve the patient experience in the UK's National Health Service, including a network toolkit.</td>
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<tr>
<td>3:00pm - 3:45pm</td>
<td>Includes short break&lt;br&gt;&lt;br&gt;Interactive dialogue reflecting on panel content (15 minutes table talk, 15 minute interactions with panelists)</td>
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<tr>
<td>3.45pm - 4.00pm</td>
<td><strong>Summary of day and introduction of day two themes</strong></td>
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**Thursday, September 24, 2015**<br>Wild Rose Room, Lister Centre, U of A

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<th>Time</th>
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<tr>
<td>8.30am – 9.00am</td>
<td><strong>Continental Breakfast</strong></td>
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<tr>
<td>9.00am – 9.15am</td>
<td><strong>Welcome to symposium day two</strong></td>
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<td>9.15am - 10.45am</td>
<td><strong>Policy Effects of Networks</strong>&lt;br&gt;&lt;br&gt;<strong>Moderator:</strong> Lars Hallstrom&lt;br&gt;&lt;br&gt;<strong>Panelists:</strong> Cameron Willis, Brint Milward, Patrick Kenis&lt;br&gt;&lt;br&gt;Decision-makers, policy-makers and researchers are often confounded by the &quot;Law of Unanticipated Consequences&quot; and the lack of alignment between the policy tools selected, and the outcomes created by those tools. This panel examines this dynamic from the standpoint of networks, and how the functionality of networks (and their evaluation) as policy tools requires an approach that considers not only desired outputs and outcomes, but also the policy audiences, contexts and values that structure those choices.</td>
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<td>10.45am - 11.30am</td>
<td>Includes short break&lt;br&gt;&lt;br&gt;Interactive dialogue reflecting on panel content (what? so what?) and roll up of dialogue high points and insights from participants and panelists</td>
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<td>11.30am – 12.15pm</td>
<td><strong>Lunch</strong></td>
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<td>12.15pm – 1.45pm</td>
<td><strong>Third Sector Perspective</strong>&lt;br&gt;<strong>Moderator:</strong> Ron Lindstrom&lt;br&gt;<strong>Panelists:</strong> Bill Reimer, Susan Phillips and Lars Hallstrom&lt;br&gt;The third sector is increasingly being included within public policy as a provider, contract or grant recipient and implementer as governments move from being providers of services and public goods, to contracting bodies. As a result, connections, collaboration and networks between private, public and third sectors are increasingly common. This panel explores the practices and dynamics of such initiatives, with an emphasis on the motives, design and life-span of such networks, the challenges of sustainability, and the challenges and advantages of network governance.</td>
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<td>1.45pm – 2.30pm</td>
<td><strong>Interactive dialogue reflecting on panel content (what? so what?) and roll up of dialogue high points and insights from participants and panelists</strong>&lt;br&gt;Includes short break</td>
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<td>2.30pm – 3.45pm</td>
<td><strong>Bear Pit Panel</strong>&lt;br&gt;<strong>Moderator:</strong> Brint Milward&lt;br&gt;<strong>Panelists:</strong> Chris Eagle, Roxanne Gerbrandt, Lars Hallstrom, Georgina Hamill, Patrick Kenis, Hugh MacLeod, Liz Maddocks-Brown, Tom Noseworthy, Susan Phillips, Bill Reimer, Denis Roy, Cameron Willis&lt;br&gt;In a final energetic, highly interactive 'bear pit' session panelists will revisit the question of networks as policy tools or panacea and offer up key messages or controversies; the audience will have an opportunity to challenge the panelists and offer additional insights from their perspectives.</td>
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<td>3.45pm – 4.00pm</td>
<td><strong>Wrap up and closing remarks</strong></td>
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<td>4:00pm</td>
<td><strong>Symposium adjourns</strong></td>
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### Appendix 2: Symposium Speakers (listed alphabetically)

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<th>Chris Eagle, MD, Canadian Health Leaders’ Network</th>
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<td>Dr. Eagle was most recently President and CEO of Alberta Health Services. Prior to formation of AHS, he was President and COO of the Calgary Health Region. Dr. Eagle trained as a cardiac anesthesiologist and has a long academic career in anesthesiology, serving as Professor and Head at the University of Calgary and Chief Examiner and Chair of the Specialty Committee in Anesthesia at the Royal College of Physicians and Surgeons of Canada. He retired from the University of Calgary in 2011 but continues to hold adjunct professorships at the Universities of Calgary, Alberta, and Royal Roads. He serves as executive in residence to the Royal Roads Health Leadership Program. His academic interests have been focused on quality and safety and more recently healthcare leadership. He maintains a busy speaking schedule to a variety of professional and public groups. He is currently the Western Champion of the Canadian Health Leaders' Network.</td>
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<th>Roxanne Gerbrandt, Alberta Human Services</th>
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<td><strong>Executive Director, Family Support for Children with Disabilities</strong></td>
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<tr>
<td>The Family Support for Children with Disabilities (FSCD) Program provides a wide range of proactive supports and services intended to support families in promoting their child’s development and participation at home and in the community. The FSCD Program is part of a continuum of disability programs and services within the Disability Services Division.</td>
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Roxanne is responsible for administration of the FSCD program; overall direction for legislation, policy and program development; and providing strategic direction to increase the capacity of the service delivery system to deliver quality services and improve outcomes for children with disabilities and their families. As part of the Disability Services Division, a key focus for policy and program development is improved alignment and integration of supports and services for Albertans with disabilities and their families across the lifespan.

Supporting children and families has been Roxanne’s primary area of focus over the past 24 years with the Government of Alberta. |
Lars Hallstrom, PhD, University of Alberta

Dr. Hallstrom is a political scientist and comparative public policy expert by training, and is currently a Professor in two departments at the University of Alberta– Social Science at the Augustana Faculty, and Resource Economics and Environmental Sociology in ALES. He has extensive experience in the fields of environmental, public health and social policy, both as a researcher, and as a knowledge broker for knowledge translation. He has led three different university-based research centres (the National Collaborating Centre for Determinants of Health, the StFX Centre for Public Policy and Governance Research, and the University of Alberta’s Centre for Sustainable Rural Communities), and has worked with federal and provincial agencies, as well organizations like the IDRC and IISD. He is the recipient of over 50 research grants and contracts, and the author or co-author of several dozen articles, chapters and monographs. As a centre director, he has overseen the implementation of over 40 different research, outreach and knowledge transfer projects since 2006, and has established strong connections to practitioners and decision-makers working in public health, community development, rural development, environmental policy and watershed management.

Georgina Hamill, National Health Service

After graduating from the University of Manchester in Management in 2008, Georgina has been working across the Health and Care system, working in in both public and commercial sector roles. Primarily she has been working as a Programme Manager, developing and implementing local, regional and national programmes of work in collaboration with partners from across the system. Recently undertaking the Mary Seacole, Healthcare Leadership Programme, Georgina is passionate about developing cultures that promote open discussion and collaborative leadership, giving everyone the opportunity to participate, thrive and contribute. Recognizing the dominance of hierarchical and linear structures across the UK health and care sector, Georgina’s current role focuses on maximizing the effectiveness of Networks, acknowledging that collaborative approaches and connections are an effective mechanism for solving “wicked issues” and driving transformational change, locally, regionally and nationally.
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<th>Patrick Kenis, PhD, Antwerp Management School</th>
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<td>Patrick Kenis is Academic Dean of Antwerp Management School. Previously he was Professor at the Department of Organizations Studies (Tilburg University, the Netherlands) and Academic Dean of TiasNimbas (the Business School of Tilburg University). Previously he worked at the Free University, Amsterdam, the University of Konstanz, Germany, the European Center for Social Welfare Policy and Research, Vienna and the European University Institute, Florence. He received his PhD in Social and Political Sciences form the European University Institute in Florence, Italy. His expertise is on organization design and in particular on organized networks. He published a large number of Journal articles (among which the Academy Management Review, Organization Studies, Journal of Theoretical Politics) as well as several books and numerous chapters. He taught courses on organization design and organization theory at universities in five different countries (at Bachelor, Master PhD and Executive level) and is supervising PhDs in the area of organized networks.</td>
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<th>Hugh MacLeod, Global Healthcare Knowledge Exchange</th>
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<td>Hugh MacLeod is founder of Global Healthcare Knowledge Exchange. Hugh has a work record that demonstrates commitment to systems productivity improvement and a passion for leadership development. His interests lie in the areas of system/integrative thinking, sustainability, and organizational cultures that create high performance. Hugh was the CEO of the Canadian Patient Safety Institute (CPSI) from 2010 to January 2015. Prior to joining CPSI Hugh held a number of senior positions with the Government of Ontario. As associate deputy minister-executive lead Premier’s Health Results Team, Hugh was responsible for a provincial: surgical wait time strategy, critical care strategy, provincial primary care strategy, and the creation of LHIN's. Hugh has also held a number of senior executive positions in British Columbia, including senior vice president of Vancouver Coastal Health and senior vice-president of the Health Employers Association of British Columbia. Hugh is an active student of Leadership studies and currently holds the following academic appointments: Adjunct Professor at Griffith University Business School in Brisbane Australia. Senior Fellow at the University of Toronto, Rotman School of Management. Adjunct Professor at the University of British Columbia. Hugh has published over 100 articles and essays on healthcare transformation.</td>
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Liz Maddocks-Brown, National Health Service

Liz has over 30 years experience in the public and commercial sector, as a senior manager specialising in business management, organisational change, innovation and improvement learning and development. Over the last 23 years, her career in the NHS has focused on leading major organisational change at national, regional and local level, both in provider and commissioning organisations. Her portfolio consists of faculty and network development, accelerated large and small scale event facilitation, OD consulting, capability building design and delivery, leadership and board development, executive coaching and action learning for senior leaders. Liz has a passion for organisational development approaches that support the creation of healthy and high performing organisations. Through her work at NHS Improving Quality, she is highly concerned with the “people aspects” and cultural elements of organisations, as they impact on the achievement of health and wellbeing and sustainable performance improvement.

Brint Milward, PhD, University of Arizona

H. Brinton (Brint) Milward is the Director of the School of Government and Public Policy at the University of Arizona. He holds the Providence Service Corporation Chair in Public Management. He has been president of two national associations: the Public Management Research Association and the National Association of Schools of Public Administration and Affairs. He is a Fellow of the National Academy of Public Administration and in 2010 won the Distinguished Research Award given by the National Association of Schools of Public Affairs and Administration and the American Society for Public Administration for a "coherent body of work over a career." Dr. Milward's research interests revolve around networks and collaboration. The focus of his work has been on understanding how to efficiently and effectively manage networks of organizations that jointly produce public services like health and human services. He has conducted studies of what happens when governments privatize public services, which he terms "governing the hollow state." Since 9/11 he has studied illegal and covert networks that pursue grievances or greed. His articles on "Dark Networks," have been widely cited for their application of network analysis and management theory to terrorist networks, human trafficking, drug smuggling, and other illegal activities. Milward received his B.A. from University of Kentucky and his Ph.D. from Ohio State University.
Tom Noseworthy, MD, University of Calgary

Dr. Tom Noseworthy is Professor of Health Policy and Management, Department of Community Health Sciences and Institute for Public Health, University of Calgary. He is the former Head of that Department and inaugural Co-Director of that Institute. Dr. Noseworthy is a physician, with specialty certification in the Royal College of Physicians and Surgeons of Canada, the American Colleges of Physicians, American College of Chest Physicians and American College of Critical Care Medicine. Dr. Noseworthy is the former Vice President, Medical Services, and CEO of the Royal Alexandra Hospitals, Edmonton; and, Chair of the Department of Public Health Sciences, Faculty of Medicine and Dentistry, University of Alberta. He holds a Master of Science in Experimental Medicine from the University of Alberta, and a Master of Public Health - Health Policy and Management from Harvard University. Dr. Noseworthy’s work has been recognized by the Commonwealth, his Country, Province, University and colleagues.

Susan Phillips, PhD, Carleton University

Susan Phillips is Professor, School of Public Policy and Administration at Carleton University in Ottawa – a school that has been a leader in graduate education in public administration for more than 60 years. From 2005 to 2014 Dr. Phillips served as Director of the School. She is an internationally recognized scholar of philanthropy and the voluntary sector, with a particular interest in cross-sector collaboration, sector governance and leadership, and public policy governing charities and philanthropy. With colleagues in the UK, she is currently co-editing the first international handbook on philanthropy to be published in 2015. Recognizing the need for graduate education for this sector, Susan led the creation, and is currently Supervisor, of Canada’s first Master of Philanthropy and Nonprofit Leadership, a program which is attracting top flight students from across Canada and gaining international attention.
Bill Reimer, PhD, Concordia University

Bill Reimer is a Professor Emeritus at Concordia University in Montréal and Adjunct Professor at Brandon University. He has directed two major research and policy networks related to rural and northern issues. From 1997 to 2008 he directed a Canadian national research project on the New Rural Economy which included 13 universities, 35 partners, and 32 rural communities from all parts of Canada (http://nre.concordia.ca). He is currently the Director of the seven-year Rural Policy Learning Commons (http://rplc-capr.ca) – an international partnership involving 30 partners and 60 participants across nine countries. Both of these networks include researchers, policy-makers, practitioners, and citizens. His publications deal with community capacity-building, social support networks, social capital, social cohesion, municipal finances, the economy and the household, rural immigration, and the informal economy. Details can be found via http://billreimer.ca.

Denis A. Roy, MD, MPH, MSc, FRCPC, École de santé publique de l’Université de Montréal

Dr. Denis A. Roy holds a community medicine specialty and is a Harkness Fellow of the Commonwealth Fund in Health Policy. Since May 2015, he serves as Vice-President, Science and Clinical Governance at Institut national d’excellence en santé et services sociaux. He is also Acting President of the Canadian Association of Health Services and Policy Research (CAHSPR / ACRSPS).

From 2009 to 2015, as Vice-President, Scientific Affairs, he has been responsible of the Institut National de Santé Publique du Québec comprehensive scientific program on the determinants of population health. Dr. Roy has also been president of the Board of l’Initiative sur le Partage des Connaissances et le Développement des Compétences, a province-wide capacity building consortium aimed at health system improvement. He is the proud co-author of a reference book on health networks’ management and governance. Previously, Dr. Roy has occupied three other executive leadership positions at l’Agence de la Santé et des Services Sociaux de la Montérégie, at the Quebec Health and Social Services Ministry and at the Montreal Public Health Department.

Dr. Roy holds an MD from Laval University. In addition, he earned a Master of Public Health at University of California, Berkeley, and a Master of Science (Epidemiology) at McGill University. A fellow of the Royal College
of Physicians in Community Medicine, he has been honoured with some prestigious awards, including an Excellence Award by the Quebec Association of Community Health Physicians. He is currently the only Canadian to have received twice the Canadian Health Research Advancement Award, which he obtained due to his outstanding work with two different teams, in the Montréal and Montérégie regions.

Cameron Willis, PhD, University of Waterloo
Cameron Willis, PhD is a Scientist and Research Assistant Professor at the Propel Centre for Population Health Impact, University of Waterloo. Willis is an engaged scholar, working with policy and practice colleagues in collecting, analyzing and applying relevant and rigorous evidence to pressing population health issues, particularly the prevention of chronic diseases. Through his appointment at Propel and interchange with the Public Health Agency of Canada (the Agency), he provides leadership for a program of research focused on inter-organizational collaboration, including investigations of inter-organizational network outcomes, fostering learning and improvement in multi-sectoral partnerships (involving public and private institutions) and synthesising knowledge for supporting systems change. Willis works closely with policy and practice partners, including from the Agency, provincial ministries of health, and the World Health Organization, in applying systems methods to understanding and exploring complex public health practices.
Moderators

**Ann Casebeer, PhD, University of Calgary**

Ann Casebeer is an Adjunct Professor in the Department of Community Health Sciences, based at the O’Brien Institute for Public Health, located at the University of Calgary. For the past 20 years, her academic work has targeted: advancing experiential learning platforms in both practice and educational settings; broadening the stakeholder base for health system decision making to better include patient and citizen perspectives; and, evaluating team and networked based innovation. She combines an applied practice background with an academic grounding in organizational learning and systems change. Her understanding of innovation and broad social policy mechanisms for change within complex environments is anchored by 10 years in the UK National Health Service, and 15 years with SEARCH (a public service organization targeting knowledge development for health gain). Since leaving her full-time academic position, Ann is a Principal Consultant with The Kensington Group - undertaking strategic assessment, learning facilitation and evaluative research focussing on public and not-for-profit quality assurance and innovation.

**Lars Hallstrom, PhD, University of Alberta**

Dr. Hallstrom is a political scientist and comparative public policy expert by training, and is currently a Professor in two departments at the University of Alberta – Social Science at the Augustana Faculty, and Resource Economics and Environmental Sociology in ALES. He has extensive experience in the fields of environmental, public health and social policy, both as a researcher, and as a knowledge broker for knowledge translation. He has led three different university-based research centres (the National Collaborating Centre for Determinants of Health, the StFX Centre for Public Policy and Governance Research, and the University of Alberta’s Centre for Sustainable Rural Communities), and has worked with federal and provincial agencies, as well organizations like the IDRC and IIID. He is the recipient of over 50 research grants and contracts, and the author or co-author of several dozen articles, chapters and monographs. As a centre director, he has overseen the implementation of over 40 different research, outreach and knowledge transfer projects since 2006, and has established strong connections to practitioners and decision-makers working in public health, community development, rural development, environmental policy and watershed management.
Ron Lindstrom, PhD, Royal Roads University

Ronald Lindstrom is a professor in the School of Leadership Studies, director of the Centre for Health Leadership and Research (CHLR), and Henri M. Toupin research fellow in health systems leadership at Royal Roads. He supervises students in the MA Leadership (Health) program and in the Doctor of Social Sciences program. As director of the CHLR, he develops the applied research agenda and conducts and oversees research in health systems leadership and change management. He was the operational and knowledge mobilization lead for a multi-site pan-Canadian research project which explored leadership in health system reform initiatives, and principal investigator for the B.C. case study component. He is the principal investigator for a commissioned research project examining leadership during development of the BC Sepsis Network, and academic supervisor for a Mitacs Elevate post-doctoral fellow exploring the uptake and impact of the LEADS in a Caring Environment Capabilities Framework.

Brint Milward, PhD, University of Arizona

H. Brinton (Brint) Milward is the Director of the School of Government and Public Policy at the University of Arizona. He holds the Providence Service Corporation Chair in Public Management. He has been president of two national associations: the Public Management Research Association and the National Association of Schools of Public Administration and Affairs. He is a Fellow of the National Academy of Public Administration and in 2010 won the Distinguished Research Award given by the National Association of Schools of Public Affairs and Administration and the American Society for Public Administration for a "coherent body of work over a career." Dr. Milward's research interests revolve around networks and collaboration. The focus of his work has been on understanding how to efficiently and effectively manage networks of organizations that jointly produce public services like health and human services. Milward received his B.A. from University of Kentucky and his Ph.D. from Ohio State University.
Janice Popp, MSW, University of Calgary

Janice Popp, MSW, RSW is an Adjunct Assistant Professor, Faculty of Social Work at the University of Calgary. Janice has a keen interest in the intersection between network research and practice and, more generally, the use of inter-organizational networks to create mechanisms and mobilize knowledge to improve service systems. Janice has been a lead organizer of a series of Network Leadership Summits held in Canada over the past eight years bringing together international network researchers and practitioners. She has also been a core trainer for the Networks Leadership Academy at the University of Colorado in Denver for the past three years. Janice is currently managing the ongoing development of an inter-organizational network designed to provide supports and services to children and youth, primarily within the school setting. She holds a Masters of Social Work Degree from the University of Calgary and is an approved clinical supervisor under the Alberta College of Social Workers.
Appendix 3: 2015 Symposium Planning Committee Members

Lars Hallstrom, University of Alberta, Committee Chair
Ann Casebeer, University of Calgary
Bev Holmes, Michael Smith Foundation for Health Research
Ron Lindstrom, Royal Roads University
Brint Milward, University of Arizona
Janice Popp, University of Calgary
Appendix 4: Resources

Literature Reviews

Books and Book Chapters


Journal Articles


Burns, L. R., & Pauly, M. V. (2012). Accountable care organizations may have difficulty avoiding the failures of integrated delivery networks of the 1990s. *Health Affairs, 31*(11), 2407-2416.


**Websites**


If Networks are the Answer, what is the Question? Rethinking Networks. Conference Proceedings. Royal Roads University, 2013.

www.partnertool.net