



10 June 2021

## Creating a common language

*Would you enter negotiations in a language you don't speak? Then why build integrated care partnerships without establishing a common language?*

Imagine if you were trying to lead negotiations with a country whose first language was different to yours without translation support. It wouldn't work. In exactly the same way, if burgeoning integrated care partnerships aren't on the same page from the outset in terms of their ways of working and the language they use, they may be destined to fail.

The NHS and local authorities are individually notorious for having their own closed language systems, with too much only understood by insiders. There are common elements – certain acronyms are universal – but many differences too. They even use some of the same acronyms to refer to different things.

### Language for partnership

According to Shea Global, even the perception of collaboration can boost performance. Those who worked together on a task tended to stick with it for 64% longer than those working solo. So, for the new ICS partnerships, collaborating and quickly finding a common language will be key to success.

But how can ICS leaders develop a language that works across the system? The first thing to think about and map is the selection of audiences. Language needs to be clear and understandable to informed leaders, clinical experts and citizens alike. It also needs to match the language of the broader system, including direction from the Department of Health.

Many local authorities already begin partnership work with an initial session where they capture the collective language of the group. Doing this opens the opportunity to find common language, as well as identifying where differences lie so they can be addressed.

The most important element of this language development process is building an overarching narrative as a collective. By having these focused workshops early on the new collaboratives can build their mission and vision statements together. Mission statements help to unify the efforts of all employees towards long-term goals, which in turn will improve outcomes for patients and citizens.



When doing this as a group, it's advisable to facilitate it in three stages:

- Stage one: put all of your definitions and terms into the mix.
- Stage two: synthesise these definitions and group them into areas of working across the ICS – for example mental health, acute care and primary care.
- Stage three: create specific definitions for each of the teams, aligning to the development of key mission statements.

## Language for leadership

As we outlined in our illumination on 30 January 2021, the language of leadership is key – never more so than when it comes to partnership working.

So, how can ICS leaders take the agreed mission and narrative for an organisation and use it to support excellent leadership?

Ultimately strong leadership relies on unified language. Leaders should ensure they stick to the new language and narrative and encourage their teams to do the same.

Alongside this there is also overwhelming evidence to show that engaged staff drive better outcomes. For example, NHS providers with high levels of staff engagement (as measured in the annual NHS Staff Survey) tend to have lower levels of patient mortality, make better use of resources and deliver stronger financial performance (West and Dawson 2012). Engaged staff are more likely to have the emotional resources to show empathy and compassion, despite the pressures they work under.

## Language for citizens

In society language is key both to communication but also in recognising and understanding identity within a community or system. It is a bridge between organisations and citizens as much as it is between friends and family. Ultimately, using terms, mission statements and values that are understood by patients and citizens will help to empower them, giving them more control over their own care and outcomes.

This work is already underway in the NHS. The mental health white paper clearly gives more control to patients, in part by enabling them to understand the system and simplifying language.

We also know that patient engagement has become the cornerstone of quality of care, which in turn leads to better outcomes for patients.

Introducing language that patients understand, can engage with and hear again and again means they are much more able to engage and therefore see better outcomes in care.

## Illuminations

- ICS collaboratives should work together from the outset to find common language. Hold a workshop, find similarities and differences and from this define a clear narrative and a mission statement.
- Leaders should work with colleagues on new narratives and approaches – engaged staff results in better outcomes.
- Having a unified language can also help patients and citizens by giving them a more accessible approach to engaging with their own care, which again can lead to better outcomes.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk).