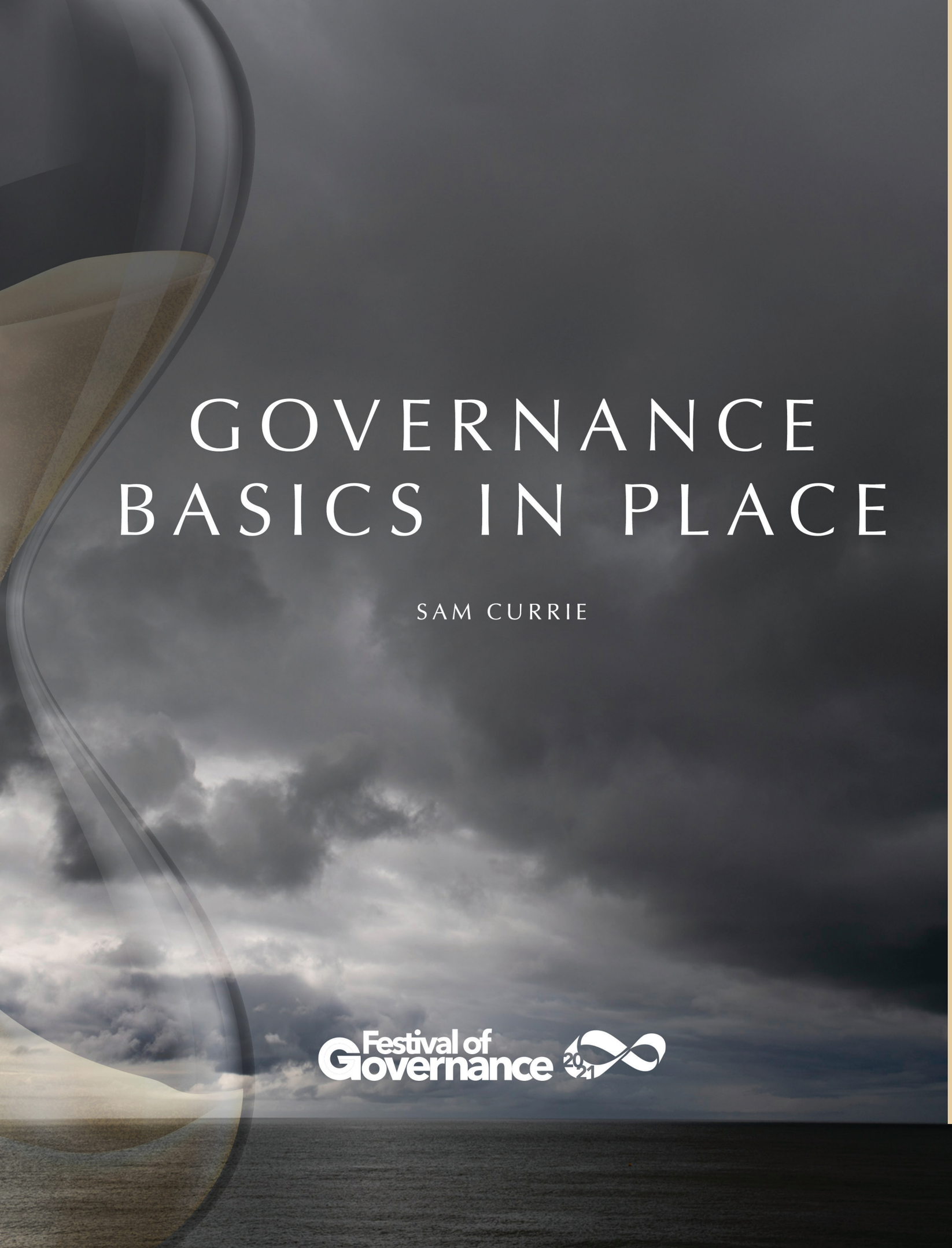
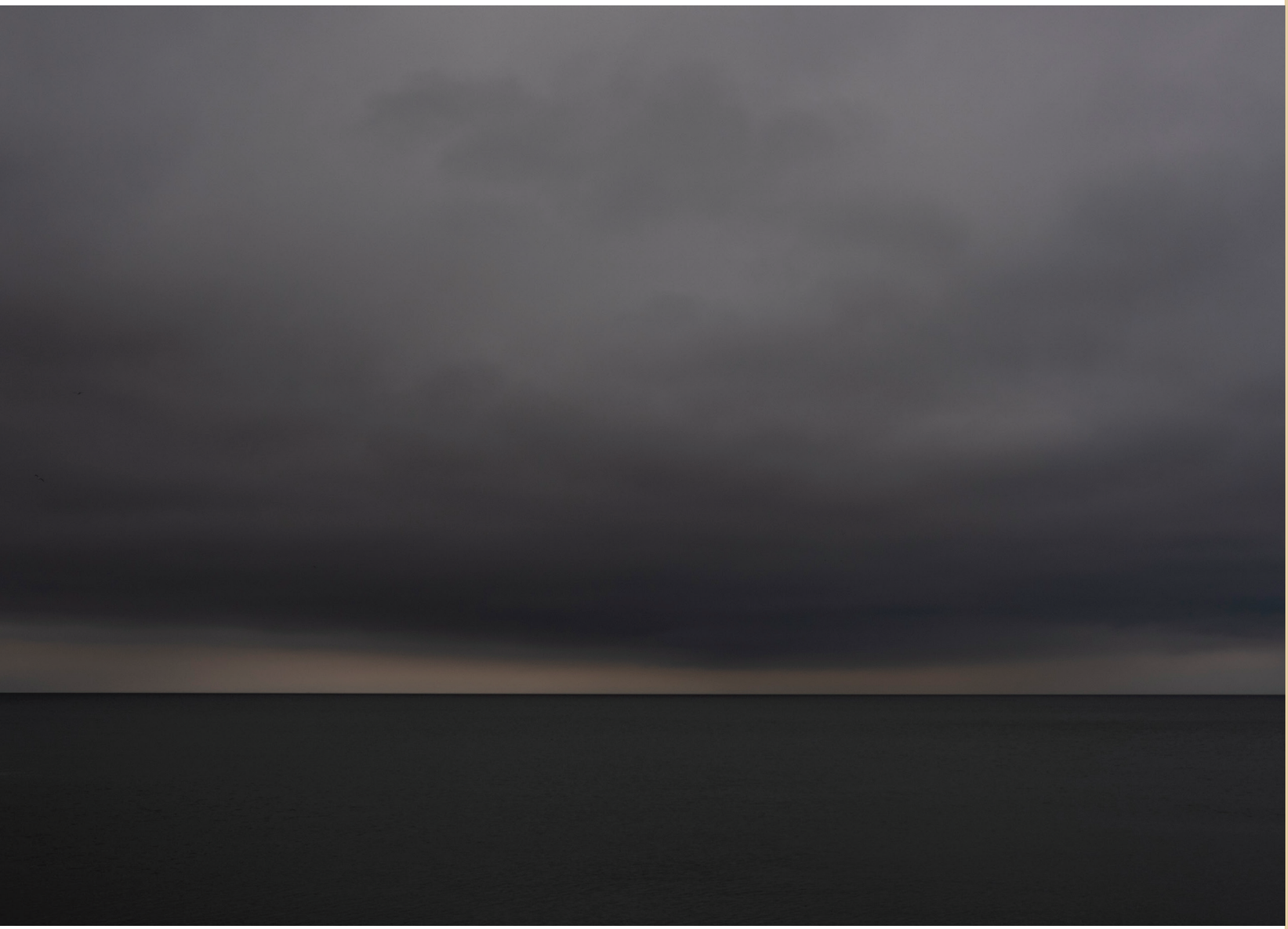

GOVERNANCE
BASICS IN PLACE
SAM CURRIE
Festival of Governance
2021



Tim Nathan
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Author: **Sam Currie**

Governance basics in place

Good governance can make a unique contribution to place. Governance is much more than the 'boxes and wires' of rigid, limiting structures and requirements. Instead, it seeks to foster strong, fruitful relationships within and between organisations by enhancing accountability, leading ethically and transparently to ensure organisations can create the conditions and foundations for innovation, actions and positive outcomes.

Governance is a wider set of behaviours, structures, mindset and culture that facilitates change. It should not be complex or burdensome, but liberating.

Similarly, the concept of place cannot merely be expressed as a set of structures or policies that account for the specific population, history, culture or geography of a particular area, although this is essential. Place is also about working collaboratively to harness the depth of knowledge that exists in communities, both in organisations and among individuals.

Place has the potential to constitute a new social value, enhanced legitimacy, agency and public involvement in the delivery of services to meet unique local needs. As this is as much about bottom-up as top-down change, leaders must recognise the necessity of rooting place-based working in people's sense of identity and belonging, be it at neighbourhood or street level. Not only does this generate buy-in from everyone in the area, but it also allows for the generation of the best outcomes and services which recognise the distinct needs and differences existing within places and neighbourhoods.

> *"Place can't just be an artificial construct, it has to mean something to people"*
>
> **Karen Bliss, Chair, Bridgewater Community Healthcare NHS Foundation Trust**

A place for good governance

All of this renders good governance an essential enabler of working successfully at place. The fundamental function of good governance in the public sector is to ensure that entities achieve their intended outcomes and leaders can be stewards of public interest at all times.

By identifying the blurring of boundaries and responsibilities for tackling social and economic issues, good governance can be an essential tool for building the foundations from which place-based working can be successful.

> *"Governance is more than just the processes, it's about mindsets, culture and relationships"*
>
> **Jaco Marais, Founding Partner, Good Governance Institute**

Integrated care and, in particular, place-based working represent fundamental structural shifts in the UK's health and care sector. It marks a complete departure from the Lansley Reforms outlined in the 2012 Health and Social Care Act, which instilled competitive processes in contracting for healthcare between commissioning bodies and provider organisations.

In the years after, from 'vanguards' and STPs to the current mode of integrated care systems as statutory entities, organisations now confront a 'duty to collaborate'. This presents enormous opportunities, in particular the chance to move from a costly downstream treatment model of care towards a preventative population health approach that seeks to raise the public's quality of health and reduce development of acute conditions.

Crucially, the restructure could also give rise to a new form of localism in public service delivery. At place-level, the health sector can forge new partnerships utilising local expertise, involve, co-create and build services with the public, and deliver care that accounts for the unique needs of a population.

Place is largely unmentioned in government guidance and remains an unclaimed area. The opportunity for long-term change in the delivery of care is great. Leaders will need to be bold to make the most of it.

"There needs to be a strong understanding across all partners of where decisions are taken locally"

Nick Page, Chief Executive, Solihull Metropolitan Borough Council

Looking beyond the NHS

Place and localism are indeed gaining traction again beyond the health service. Regional inequalities and the erosion of community assets have moved place into the national discourse. These underlying issues of community erosion and fraying social fabric render the need for change even more urgent. In rhetoric at least, the local is becoming important. Place is seen as being where public outcomes are felt, where public impact should be evident and where the communities, neighbourhoods and active citizens are part of solutions to social and economic challenges.

GGI has recognised the importance of these factors for some time and will continue to advocate for place-based working as an essential tool of public service and long-term improved public outcomes as the UK continues to experience an immensely challenging period in its history.

As part of our further contribution, this article will outline the governance systems, mindsets and cultures which form the essential basis for successful place-based working.

"This is a cultural revolution, not a structural reorganisation… we need to rewire the way people think"

Professor Sir Muir Gray, authority on healthcare systems and visiting professor in the Nuffield Department of Surgical Sciences at the University of Oxford

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About the author

Sam Currie

Policy and Research Analyst, GGI

Sam joined GGI in September 2020 as a policy and research analyst, working on research and consultancy.

Before joining GGI, he worked as a policy researcher for a London Mayoral Election Campaign, focusing on social inclusion and youth civic engagement policies.

Sam completed an MSc in Global Politics at the London School of Economics and Political Science, where his research focused on the role of relative deprivation in votes for populist movements. He also holds a BA in History from University College London.

During his studies, Sam volunteered with a number of community projects, including an initiative to teach children in London schools about politics and improve their debating skills. He has also worked in the Public Affairs team at the British Red Cross.

I would like to flip the script by changing the perception of place and increasing its importance in everyday conversations. This is the most effective level by which we can deliver healthcare as close to the patient as possible

Place-based collaboration has the potential to deliver a new social value to the public and tackle the multitude of issues coming out of the last 18 months. But this necessitates strong focus and clear objectives from partners, an understanding of the mutual benefits of collaboration and then the respective roles and accountabilities to deliver this.

Given the current ambiguity of place, leaders and organisations will have to be proactive in seeking these joint ventures as opportunities may be missed if they wait for complete clarity of fully formed governance arrangements. Most important, perhaps, is attention to the granular needs of the location. This means tailoring services to local needs, but doing so as equal partners with the staff and public, and communicating these messages clearly to all involved.

> *"In order to have a greater impact on our locality, we need to give up some power... it needs local leaders to realise, if they're going to engage, they have to surrender some control"*
>
> **Karime Hassan, Chief Executive and Growth Director, Exeter City Council**

From competition to collaboration

The marked shift from competition to collaboration offers many opportunities for change. Convening local expertise effectively can help mobilise community assets and develop shared approaches to support local wellbeing. A strict focus on outcomes can also help long-term strategic thinking to support the prevention agenda and improve population health, while mitigating the risks of investment by involving partners funded by multiple sources.

Many of the NHS leaders we spoke to described the mindset shift and the new leadership skills necessary to make collaboration work.

Of particular importance was reaching out to local authorities and the voluntary sector. Above all, leaders and organisations need to be proactive – be it in advocating for funding or forming relationships – rather than waiting for a fully formed structure to emerge. Partners need to make things happen, not wait for them to happen.

> *"Can't get to where we want to alone – whole is greater than the sum of its parts"*
>
> **Professor Andrew Corbett-Nolan**
> **Chief Executive**
> **Good Governance Institute**

Similarly, in terms of accountability, governance at place can be challenging. Collaboration presents many opportunities to pool skills and knowledge, but this will not always be frictionless. If multiple organisations are coming together with varying sources of legitimacy – for example, the NHS, local government, charities and the church – there will need to be robust and clear mechanisms to resolve disputes while maintaining the consent of all those involved.

Indeed, organisations may be asked to undertake activities that clash with their individual goals and organisational objectives.

Alternatively, there may be disputes over what decisions should be taken locally, with conflicting views between local people and the centre. This was laid bare in the recent attempts to open a coal mine in Cumbria. The move was very popular with local people, given its potential to create jobs in the area, but faced opposition from the centre and certain civil society groups who were concerned by the wider environmental implications.

> *"Decision making between health and other agencies has to be a lot more streamlined and less NHS heavy governance, as it often slows things down"*
>
> **Dawn Whittaker, Chief Executive and Chief Fire Officer, East Sussex Fire and Rescue Service**

Clear, not complex, accountabilities and responsibilities can go a long way to overcome these issues. This not only means clarity for the partnership as a whole at its different levels, but also elucidating the role of each constituent. Light, flexible governance at place is needed to make this work, utilising what is already in the area and building on these strengths, and, where possible, not duplicating or burdening organisations.

Subsidiarity is key

When navigating this mosaic of new accountabilities, the principle of subsidiarity can provide a strong foundation to guide which functions should be discharged at certain levels. Indeed, a number of recent publications from NHS England and the Department of Health and Social Care have suggested that systems should adopt the principle of subsidiarity.

Simply, subsidiarity is the view that every function and decision should be undertaken at the most local possible level.

Subsidiarity has a range of advantages for working at the level of place. It:

- allows objectives to be adapted to address local problems
- enables feedback on actions and instructions from higher levels
- increases access to local informal knowledge
- delivers widescale solutions to issues in a place
- eliminates the risk of system failure
- gives maximum scope to local groups to solve problems in a way that suits them
- clarifies responsibilities
- reduces duplication
- promotes legitimacy with the local population.

> *"Direct live experience has to be a fundamental part of our governance… being authentic, part of the relationships and close to people"*
>
> **Nick Page, Chief Executive, Solihull Metropolitan Borough Council**

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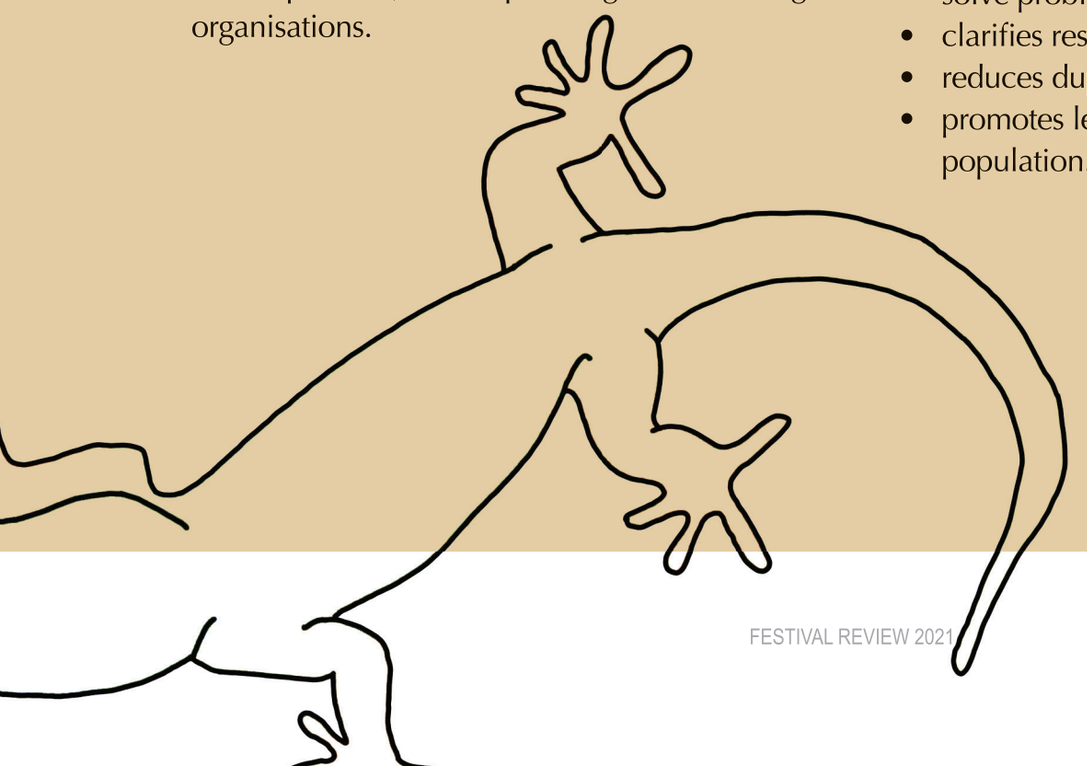

The pandemic and its consequent lockdown requirements have caused each and every one of us to deepen our level of reflectiveness.

It has forced us to readjust our priorities. Irrespective of all the hardships and challenges it has brought, it has also seen many of us grow, develop, and begin to think more profoundly.

Tim Nathan
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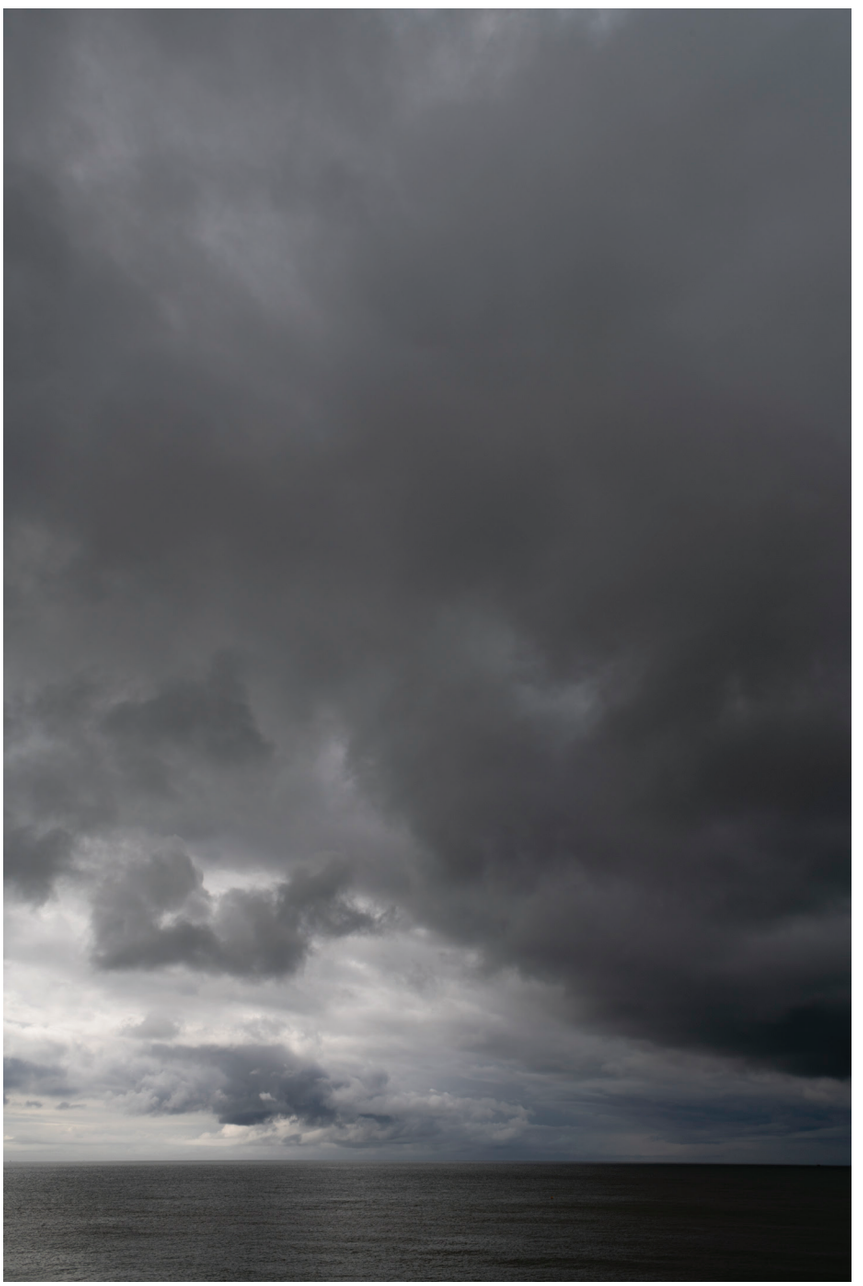
Whilst Tim is adamant that lockdown did not directly cause his mental health crisis - he claims that he found the restrictions strangely liberating - I do think that it provided the conditions for his existential breakdown.



Tim Nathan
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West Yorkshire and Harrogate Health and Care Partnership has already begun employing tests for subsidiarity. The partnership comes together only:

- when a critical mass beyond local population level would achieve the best outcomes
- to share best practice
- if working at scale is necessary to achieve a critical mass to get the best outcomes
- where variation in outcomes is unacceptably high and working together would help to reduce variation
- where working at scale offers opportunities to solve complex, intractable problems.

This is a strong foundation, but organisations can move further in their application of subsidiarity. Grounded in the Catholic principle that there is the greatest dignity in allowing people and groups the freedom to undertake actions and flourish in their way of choosing, subsidiarity can form the basis of an approach to place that stresses its role in providing social value to an area, beyond just empowerment to discharge services at local levels.

In this respect, subsidiarity would dictate that lower levels of organisations and local groups should have the power to organise their own work and make their own decisions, rather than being assigned power by employers. As such, subsidiarity can form the basis of the sense of belonging and agency for local groups and people as they are able to craft services and structures themselves for them.

In this way, organisations can get buy-in to place-working by not only enabling people to reap the material benefits of localism, but also having a positive emotional identification with an area which they themselves are helping to take in an upward direction.

A high-level example of this may be the European Union, a famous proponent of subsidiarity and a cultivator of a distinct 'European identity'. The single market arguably brings material benefits to member states, but it is the sense that, by joining, each state can craft a new non-material value for itself that binds many of the states together.

For example, France and Germany sought to establish peace and security after decades of historical conflict and thus developed more emotional, values-oriented attachments to European integration. Similarly for many southern and eastern European states, membership was a means of inculcating liberal democratic values after years of dictatorship. Yet the UK had none of these values-oriented incentives. Britain's motivations for joining were principally economic rather than values-based, and when these benefits were no longer obvious to many, values and identity were not aligned and the public voted to leave.

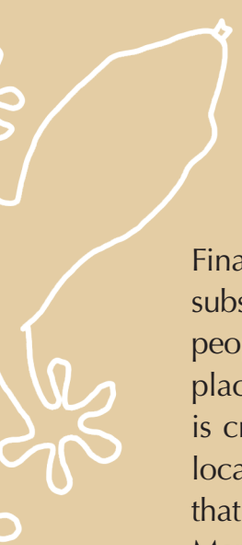
"Now there is a new accountability… to locality, place and populations, it's more widely recognised, NHS had accountability to regulators – now it also needs to be demonstrably accountable to citizens"

David Rogers, Chairman, North Staffordshire Combined Healthcare NHS Trust

Public agency in local healthcare

Healthcare working at place also creates new accountabilities to, and demands to involve, the wider public. There are a number of reasons for this. Firstly, the wider aim of place-based working is to improve population health to decrease the need for downstream interventions. As such the healthcare sector will need to work more directly with the public, beyond individual treatments, to ensure they understand the increased responsibility for their health. This means getting closer to citizens to change their behaviours.

There is also a growing recognition in the public sector and wider society of the value of individuals contributing their lived experience to organisations, structures or services. This is of particular value given that place-based approaches specifically seek to tailor to the precise needs of a location. Involving the public, therefore, means they can help shape the provision of care to best suit their needs.



"People need to feel the accountability"

Colin Scales, Chief Executive, Bridgewater Community Healthcare NHS Foundation Trust

Finally, similarly to the employment of subsidiarity, public involvement helps to shape people's perceptions and identification of a place. Providing genuine agency to the public is crucial to perceptions of ownership of their local area. It is part of developing a mindset that puts the citizen at the heart of all actions. Members of the public need to be treated as active agents, not just customers and passive recipients of care.

Many NHS leaders we discussed this with noted that public involvement was an increasingly prominent part of their thinking around place. They felt, however, that this was something that healthcare would need to improve on as it traditionally saw itself as accountable to regulators rather than the public, and therefore had not been particularly adept at involving the public in service design and decision making. As such, these shifting relationships necessitate cultural changes, a step change towards meaningful engagement with the population.

"The culture of governance is essential. Having the right people around getting a variety of voices, especially young people"

Jane Tarr, Director, Organisational Resilience, Environmental Sustainability and Newcastle, Arts Council England

Salford – public involvement in practice

At a recent GGI webinar, Professor Eileen Fairhurst, Chair of East Lancashire Hospitals NHS Trust, gave an example of how this kind of hyper-local approach and collaboration can provide tangible results and fully involve the public in decision making. The Salford regeneration used resources from a range of partner organisations to create community centres.

The project began with the aims of replacing beds for an acute hospital to achieve

improvements in health and provide the opportunity to regenerate Salford. This widened to primary care, city council and reprovision of libraries.

Planning involved engagement with communities and stakeholders in the planning and design of buildings. Community engagement also involved those with learning difficulties. A range of stakeholders was convened when planning and designing the centres, from primary care trust directors to city councillors and the public.

A number of partnership boards with delegated authority from statutory bodies were set up to plan and help run the centres, which included public representation and local residents with learning difficulties. There was a very clear intention to ensure the engagement of the latter was not tokenistic and to guarantee they had a material impact on the design of the centre.

Before meetings, board members went through the agenda with members who had learning difficulties. To ensure involvement, they were able to use yellow cards to request explanations for unknown jargon or acronyms.

> *"If we are really going to do things differently with population health, there must be a stronger engagement with local populations. There needs to be a step change in how the NHS interacts with the public"*
>
> **Colin Scales, Chief Executive, Bridgewater Community Healthcare NHS Foundation Trust**

This model brought together lived experience of learning difficulties with expertise from the NHS and city council to provide services, so that people with learning difficulties had a genuine role in building those services rather than simply being passive recipients. The partnership board began with NHS chairs, and evolved to be chaired by a person with learning difficulties.

The centres were built to house primary care, secondary care, and diagnostics facilities. But importantly they included a range of other services too, such as community rooms built in partnership with the third sector, and ground-floor library and computer suites.

The organisers aimed to generate a community, non-NHS feeling to the place and do so through the city council providing greeters to direct and help visitors.

It will take time to create a culture that defaults to approaches like this. For place-based governance to be fully centred around the public, partnerships will have to create a myriad of informal and formal modes of participation and involvement.

Leaders should be open-minded about these changes and seek inspiration from a breadth of sources, be it using governors who are active in the community, drawing on the experience of local government, using lessons from civic deliberation, or building involvement around community assets.

In particularly mature partnerships, this will not only manifest in reaching out to the public for their view, but also in the public being able to

direct and shape their services, on their terms.

More requirements for success at place

Regulatory accountabilities will also need to adapt to this changing landscape. Although movement towards place-based working will not lower service quality, regulators should tread the fine balance of allowing organisations the space to create these structures while still discharging their duties.

A December 2020 review of international experience of integrated care from the University of York found little empirical evidence of professional regulation in this space. Regulators will have to be innovative, moving beyond prescriptions, and look more flexibly and holistically at the partnership, its culture and outcomes, in order to have the agility to fully evaluate the more complex landscape of partnership working. Regulators should work with one another, across sectors and communicate with providers to create an environment which does not stymie the potentially game-changing moves towards place-based working.

When seeking to affect a place through a culture of collaboration and partnership working, it is essential that those involved have a clear set of prioritised and specific objectives that they aim to achieve. Staffordshire and Stoke-on-Trent achieved this through engaging the public, utilising local expertise and involving the full breadth of organisations and stakeholders who work in the place. The partnership and CCG have deployed citizens juries, created local representatives' groups and convened a 'people's panel' of local residents to help inform their strategic objectives.

This was part of a process to shape the integrated care provider's (ICP) priorities. It included all entities relevant to health and wellbeing in the consultation, from local government to education and the local economic partnership to the Wildlife Trust. Public involvement included representatives of the community on consultative groups, evidence from the people panel and local residents sitting on the main board of the ICP.

Consultation ranges across presentations from community groups, carer boards, social scientists, public health experts. The data and testimony from these groups was used as the basis for the selection of the strategic objectives when considering how to specifically address these the partnership spoke to a range of service users experiencing these issues.

Such processes require and help to develop the trust between partners that is so important to effective collaboration. Good governance at place-level involves understanding the individual contribution to these goals less than those of a collective. But that in turn requires objectives that have obvious and tangible benefits of participation to all partners.

Organisations then have metrics and aims to measure performance and success. This, in turn, enhances accountability as both partners and individual organisations can establish their roles and targets to be accountable for. Moreover, it also enables partnership boards to manage risk. The more specific you are about what you want to achieve, the more specific you can be about how you are going to do it, then the more specific you can be about the risks you may encounter, and as such you can track and mitigate them.

Once the commitment to collaboration and its focus is established, organisations need mechanisms of collaboration.

Dorset ICS, for example, developed the Dorset Care Record, a single confidential system allowing health and care professionals across the county to see the same information. This means that people no longer need to repeat their story to different teams and ensures a more holistic and up-to-date understanding of their needs, delivering a better standard of care.

"It's not just about individuals or institutions, but restoring life at the level of the neighbourhood. We need to be rooted in community"

Cormac Russell, Managing Director, Nurture Development

A mindset that looks to understand the multiplicity of needs and interests within a place is another crucial part of successful place-based governance.

"Place is not homogenous, you need to have the granularity from street and ward level up to an ICS"

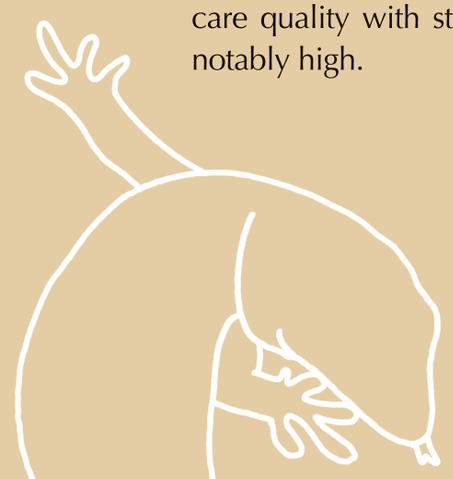
Nick Page, Chief Executive, Solihull Metropolitan Borough Council

All those we spoke to echoed the view that although there needs to be precise objectives for partners, they must also appreciate that these may vary in form and implementation across neighbourhoods and streets.

The Buurtzorg example

An excellent example of how staff can be given the freedom to operate independently and forge relationships with patients is the Dutch Buurtzorg, or 'neighbourhood care' model, also touched on elsewhere in this year's Festival Review. The Buurtzorg social care provider treats 70,000 patients per year, through 8,000 nurses. Staff deliver all the care patients need rather than using nursing assistants or cleaners and, importantly, in the spirit of subsidiarity, each nurse can organise their own work, make their own judgments and build strong community relationships.

Each neighbourhood has its own small self-directing team with a specific focus and knowledge of a locality. Nurses are generalists supported by technology to reduce the complexity of their work. Liberated from hierarchy, the nurses have reduced the hours of care per patient by 50 percent and improved care quality with staff and patient satisfaction notably high.



Their 'humanity before bureaucracy approach' means nurses have an explicit approach focused on building care around the individual context, living context, environment and friends and family of the patient. Buurtzorg is based on giving staff and patients as much independence as possible, working from the principles that those in care want to control their lives for as long as possible and improve their own quality of life.

Self-managing teams have professional freedom with responsibility. A team of 12 works in a neighbourhood, taking care of people needing support as well managing the team's work. A new team will find its own office in the neighbourhood, spend time introducing themselves to the local community and getting to know GPs and therapists and other professionals. The team decides how they organise the work, share responsibilities and make decisions and, through word of mouth and referrals, they build up a caseload.

Buurtzorg brings together many of the fundamentals needed for success when working at place. It focuses on the granular, individual needs of the population, empowers staff and builds in connections between the two that could feedback into service design.

A number of NHS leaders we spoke to found informal networks such as these. This may manifest in commissioning third sector organisations to undertake work at place. It was noted that a multitude of third sector organisations make an active contribution to wellbeing and social care, with greater appreciation for local nuances and strong

community relationships than the statutory sector to respond to those need.

Governance at place should utilise the expertise of those individuals in the voluntary and faith sectors to work with patients and clients, education, health and social care professionals in the NHS and local government to respond adeptly to their needs.

These approaches can also serve as an additional form of public feedback and engagement. It was felt that practitioners are uniquely positioned to understand what is going on in an individual's life that challenges their use of healthcare and the importance of their own wellbeing, such as unemployment, debt, substance misuse, housing, relationships and a plethora of issues that are perceived to be more important.

Place gives us the opportunity to connect those professionals together in a way that connects issues and uses expertise to examine the needs of the individual holistically, rather than through the lens of an individual practitioner. As such, clinicians can submit feedback to higher levels based on their understanding of neighbourhood, street or patient needs and use this information to shape the design of services.

This can be crucial as the individuals they are serving are more likely to be in harder to reach groups that may otherwise go unnoticed in conventional participation processes. To achieve this, staff need to be equipped with the time to build and maintain these relationships and benefit from the implementation of organisational collaboration by sharing information and insights. This way, place-based governance can generate genuine social value through subsidiarity.

For this holistic approach to be successful, work needs to be done at partnership board level by rigorously applying and committing to the principle of subsidiarity, setting clear targets for the area and then getting constant feedback from staff and the public on how these can be sharpened and applied at neighbourhood level. These changing roles, mindsets and cultures must be clearly articulated so that everyone knows how they can contribute to these objectives.

Doing things differently

Working at place-level means doing things differently. Place-based governance has the potential to create a fundamental shift in the health and wellbeing of citizens and presents a unique opportunity to use good governance to accelerate this change.

Addressing the destruction, inequalities and injustices caused by the pandemic are the central challenges for public servants. More of the same will be inadequate to overcome these. We will have to innovate, collaborate, and find local solutions to specific problems. Working at place-level presents this opportunity. Organisations have the chance to consider the contribution they can make to their place socially, be it through a greater contribution in social value or a network of other organisations or anchor institutions.

For these aspirations to be realised the basics of good governance at place are essential, to give

organisations the time and space to focus on actions and outcomes. Organisations need not wait for the finished governance system. Rather they should employ the principles of good governance to move proactively and iteratively to forge bonds and trust with partners.

> *"Place needs to define our response to the pandemic as health and care professionals"*
>
> **Colin Scales, Chief Executive, Bridgewater Community Healthcare NHS Foundation Trust**

When collaborating at place, prioritisation of issues is essential to create a shared vision and common purpose that can both be articulated across partners, staff and the public, while also forming the basis of clear roles and accountabilities for the organisations and partners.

In particular, the principle of subsidiarity can help determine these roles and also serve as a mindset, underlining the importance of working with the public at the most personalised level possible, while providing a guide for the organisations to contribute social value at place. This will need to be rigorously applied and set out in detail. Most importantly, it needs to be clearly and accessibly communicated to staff and the public, as those on the frontline have the biggest role in realising these changes.

> *"Collaboration and place are not new, but became reality as a result of the pandemic"*
>
> **David Rogers, Chairman, North Staffordshire Combined Healthcare NHS Trust**

Place remains an open field with limited central guidance, giving a real opportunity for high-impact changes at a local level, that make a real difference to public services.

For many organisations, building place at this challenging time is not ideal. But it needs to be done now.

The pandemic has catalysed collaboration at place-level, from grassroots local community volunteer networks springing up to provide essential pandemic services to the enormous local institutional collaboration that has delivered the vaccination campaign.

For health service leaders, in the context of vast increases in demand and backlogs and midway through a fundamental structural overhaul, preoccupation with governance structures and questions over money and 'who is in charge' risks losing sight of the big changes that people are trying to make. This is where the disciplining effect of a clear shared goal can be so important in remaining focused on the task. The role of leaders is to make this change possible for those working on the ground.

At the Good Governance Institute, we are committed to helping organisations deliver excellent public services and social value. Throughout the pandemic we have convened a range of networks and webinars for non-executive directors, chairs of mental health trusts and chairs in the North West of England.

We will continue to provide these spaces for collaboration, networking and knowledge exchange as the health sector continues

these fundamental shifts. Additionally, our thought leadership, advice and consultancy remain focused on providing leaders with the governance basics to deliver the enormous changes and potential offered by integrated care and place-based working.

Further reading

Good Governance Institute and Allocate Software, People in Place: Meeting capacity and culture challenges in the NHS (2021)

Barca, F., McCann, P., & Rodríguez Pose, A. (2012). The case for regional development intervention: place based versus place neutral approaches. Journal of regional science, 52(1), 134-152.

Mathie, A., & Cunningham, G. (2003). From clients to citizens: Asset-based community development as a strategy for community-driven development. Development in practice, 13(5), 474-486.

McKinsey Global Institute, Smart cities: Digital solutions for a more livable future, June 2018

Domènec Melé, The principle of subsidiarity in organizations. A case study, WP No 566 September, 2004

Andy Pike, Andrés Rodríguez-Pose, John Tomaney, Local and Regional Development (2006)

2020 was a tough year for Tim. Sadly his father died and tragically he was unable to attend his funeral because of lockdown restrictions. In his last decade, he has endured chronic and acute anxiety and depression. In his own words he “deals with this on a daily basis”.

Dogged by the perpetual feeling that he is never living in the present he tells me that his depression is always coupled with intense feelings of disassociation. He explains that he also experienced overwhelming sensations of boredom and annoyance because despite understanding his condition, such self-knowledge brings him no relief.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