NHS
Leadership Academy
East of England

Developing East of England Leaders & Managers

We know that compassionate, inclusive and collective leadership nurtures cultures of high-quality care, organisational effectiveness and innovation. Demonstrating that leadership development positively impacts the leadership of our health and care organisations is complex.

The recent national report for Leadership for a Collaborative and Collective Future (June 2022), highlights the very real difference that first-rate leadership can make in health and social care, with many outstanding examples contributing directly to better service, yet, the development of quality leadership and management is not adequately embedded or institutionalised in our health and care communities. The Hewitt Review: an independent review of integrated care systems (April 2023) also reinforces that coherent system-wide leadership is at the heart of effective integrated care. It calls for leadership development that supports changes in systems leadership culture and behaviours and identifies the need for substantial, sustained investment in organisational development, collaborative leadership and team working across different professions, sectors and organisations.

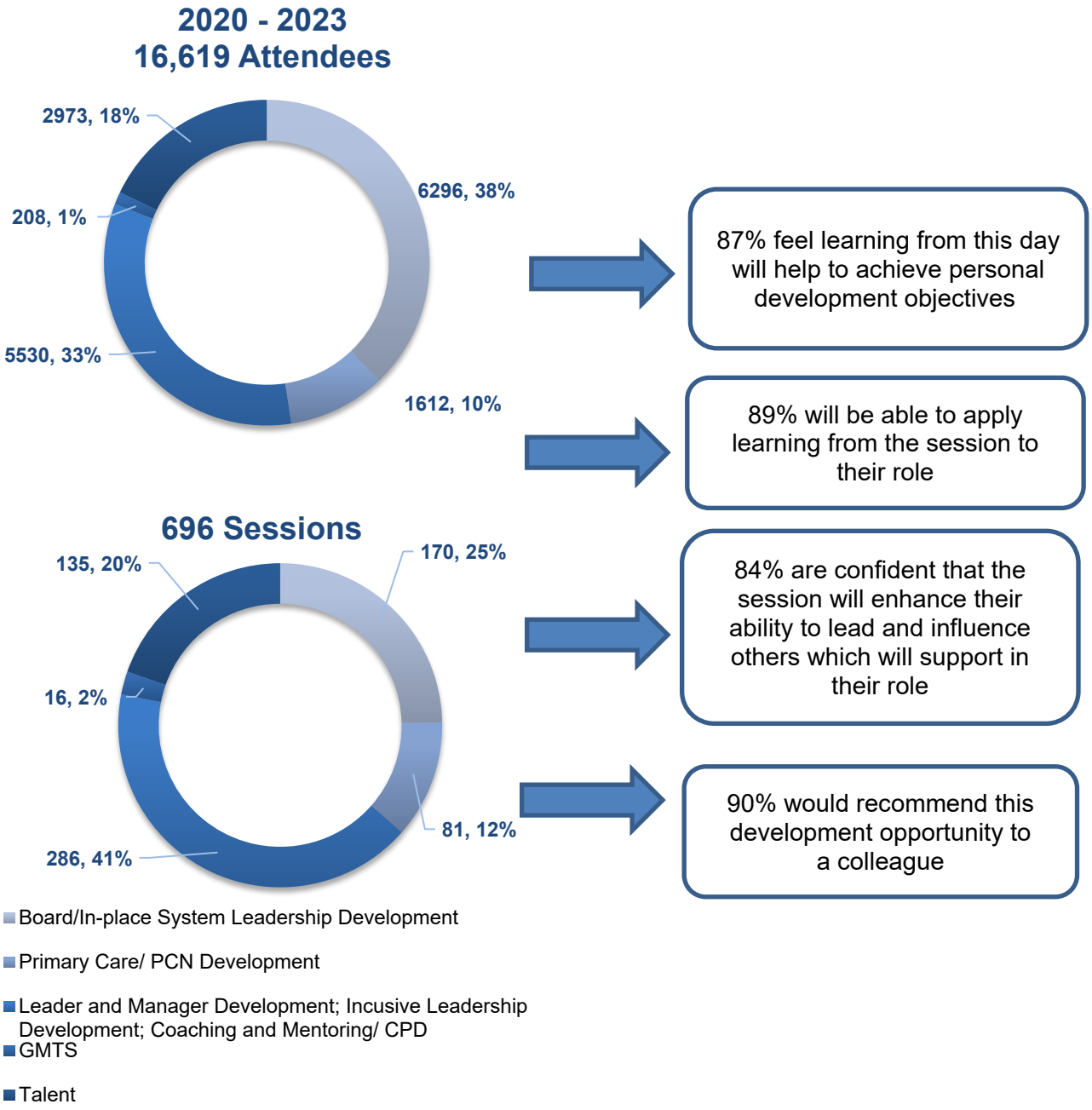
Our approach to review and evaluation of the leadership development offers across the east of England provide useful insights for the impact for health and care staff, organisations and integrated care systems.

Our work

We work to develop and support health and care leaders at all levels to deliver high-quality compassionate care and support We do this by offering a diverse suite of professional leadership development programmes and opportunities.

Our bitesize, virtual and online learning encompassing a variety of topics for compassionate, inclusive leadership, career management, leading and transformation in integrated care systems and primary care networks.

The following infographic demonstrates the impact of our Leadership and Talent regional development interventions, having delivered 696 sessions to 16,619 participants over the last 3 years.



Online Resources

- Leadership Learning Zone offering 32 development modules offering Leadership Development Learning, and Systems and Relational Leadership modules.

- Quality Improvement – Bite size virtual learning providing knowledge and skills to apply quality improvement principles in practice, enabling participants to become familiar with a range of QI tools.

Coaching & Mentoring

As well as an active coaching and mentoring offer including support via our coaching and mentoring hub with 169 registered coaches and 82 registered mentors available to support. We also offer a personal 360 assessment and feedback against the Healthcare Leadership Model (HLM).

Our East of England Collaborative Networks

We convene vibrant, interactive and collaborative learning platforms for staff across health and care organisations to learn and develop together, building networks which sustain leadership development and innovation.

- Senior Leaders System Learning Network; the east of England Senior Leaders Network, provides an interactive, engaged platform to explore systems leadership. Holding both senior level organisational responsibilities, whilst working collaboratively and collectively for local people, often at multiple levels within an Integrated Care System, is complex to navigate, requires the ability to hold multiple and sometimes polarised agendas and an outward mindset.

  This network provides the opportunity to engage with senior leaders, across the NHS, Social Care, Voluntary & Charitable, Primary Care and wider caring communities within the east of England, to explore the challenges and opportunities for systems leadership.

- Systems OD Community of Practice; for all colleagues working in Care, Health and the VCSE sector to come together and share learning on how to take forward and support Organisation Development and transformation in the six Integrated Care Systems in East of England.

- Positive Action Network; Open to alumni of the Leadership Academy's Ready Now and Stepping Up programmes and other staff from ethnic minority backgrounds working across systems in the East of England. A dedicated space to explore topics such as personal impact, influence, networking, building confidence and career management.

Evaluations

Included here is a suite of evaluations, reflections and case studies developed on following offers, please have a read and let us have any comments or feedback.

For further information please contact us via eoe@leadershipacademy.nhs.uk

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Coaching & Mentoring Impact Review -
Supporting staff across the EoE Region grow

The context

What is Coaching? Coaching is one of the key approaches through which leadership within organisations can be developed. It is a method of deploying techniques to help a leader unlock their potential to access their own resources and capabilities in order to facilitate the achievement of organisational success. Whether as a one-to-one focused and bespoke relationship or within a group context, coaching is often perceived as the single most effective development intervention that medical/ clinical/ administrative staff in a variety of leadership roles can access.

What is Mentoring? Mentoring is the support and guidance of one individual to another to support and expand professional development. The emphasis is on the needs of the individual, with mentoring encouraging independence, autonomy and self-development whilst helping to identify opportunities for future development.

These collective improvements in an individual's performance can lead to increased job satisfaction while they also help to support the link between an individual's role and their impact on patient/client care, benefiting the organisation and the health and care sector.

NHS Leadership Academy Coaching and Mentoring Hub: We have an established network of experienced coaches and mentors who support the growth of staff across the region through a national database which can be accessed free of charge.

In the east of England region, there are:

165 coaches and 499 coachees. Of the registered coaches and coachees that provided feedback:

100% would recommend coaching a colleague

95% would recommend their coach

95% of coachees would recommend the NHS Leadership Academy Coaching and Mentoring Hub to a friend or colleague.

78 mentors and 209 mentees. Of the registered mentors and mentees that provided feedback:

100% would recommend mentoring to a colleague

87% would recommend their mentor

81% of mentees would recommend the NHS Leadership Academy Coaching and Mentoring Hub to a friend or colleague

This critical resource has helped individuals with problem solving, navigating change and complexity, career progression, increased confidence, and greater self-awareness, all of which form the basis for personal and professional development. Our coaches and mentors come from diverse backgrounds and have helped leaders with numerous challenges at various stages in their careers. The focus of these interventions is driven by the coachee/mentee for maximum engagement.

Individuals who have received coaching or mentoring have provided the following feedback:

87% of people agree or strongly agree that mentoring helped them gain insights, knowledge and/or skills that will help them develop in their careers.

87% of people agree or strongly agree that mentoring was a valuable use of their time.

95% of people agree or strongly agree that coaching helped them gain insights, knowledge and/or skills that will help them be more effective.

95% of people agree or strongly agree that their coach helped them work through important and challenging goals for them.

95% of people agree or strongly agree that their coaches skillfully supported their development.

Participants shared the following testimonies:

“Coaching clarifies my thinking and focus.”

“Coaching has improved my confidence leading to improved decision making and better leadership.”

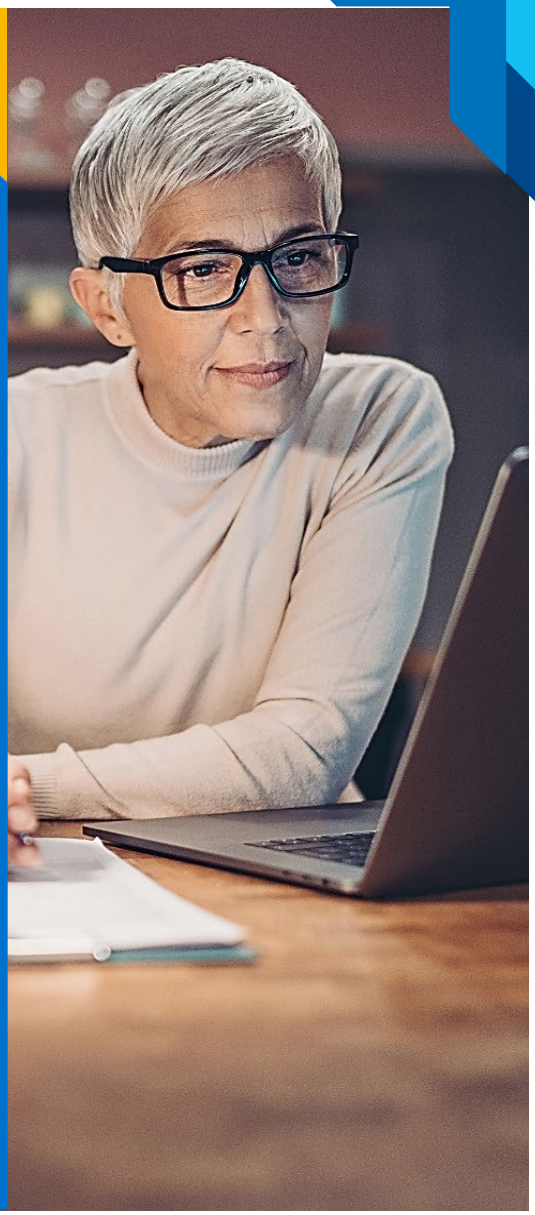
“Coaching has helped me to re-evaluate myself and my role and how I can move forward constructively. I have gained confidence which has helped me in dealing with some challenging issues that have presented themselves to me at work."

“Thinking about myself as a person and as a leader, the greatest impact resulting from my coaching has been how I plan and carry myself in my role. The ability to take a more strategic and broader lens on thinking,.”

“Mentoring helps me to work through tough decisions about my career. It gives me perspective. It improves my mental health.”

“My mentor helped me to think through my specific strengths and skills and how they could be applied to different roles. She helped me to see that I had so many more role opportunities available to me than I had initially thought. She also gave me the confidence to apply for the roles that I hadn't previously applied for as I didn't meet all of the criteria but she helped me to see that this shouldn't be a barrier.”

“For me the greatest impact resulting from my mentoring has been more confidence in dealing with conflict and standing up for myself with confidence.”



Some of the challenges coaching and mentoring has enabled people to address are:

Approaching some difficult relationships and understanding the steps that need to be taken to address these.

Team conflict, managing self-doubt, and establishing oneself in new roles and organisations.

Prioritisation, identifying own values, overcoming perceived limitations, identifying career progression.

Feeling stuck in their career and challenging situation.

If you are interested in accessing Coaching or Mentoring, please visit our EoE website and register on our NHS Leadership Coaching and Mentoring Hub.

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Reflections; Primary Care Network Clinical Directors Coaching Support

The context

In December 2021-October 2022, a programme of coaching sessions for Primary Care Network (PCN) Clinical Directors were commissioned with *We are Beyond.

The purpose of this programme was to support the delivery of the People Plan to have **more people, working differently in a compassionate and inclusive culture** and delivering the **People Promise.**

Additionally, it was to provide highly impactful, forward-focused, action-orientated, personalised support for the PCN Clinical Directors through coaching. This involved providing flexible one-to-one support to meet the needs of the individual, whilst also accelerating personal development in key areas required for effectiveness in their roles.

All 19 participating Clinical Directors' personal goals were collated into broad themes. The six most common areas that they chose to work on were:

- Managing myself more effectively and with confidence
- How I communicate and influence others
- Improving resilience (responding well to the pressures I'm facing)
- Achieving a better work life balance
- Managing relationships within the practice effectively and with confidence
- Leading and managing change

The Clinical Directors that took part in the programme each received four, 60-minute confidential coaching sessions.

Impact

As part of the programme evaluation, the 'We are Beyond Goal Tracker' was utilised to gather data. At the start of the coaching relationship, individuals were asked to identify their personal goals to work on during the sessions: these were captured in the tracker. Each participant was then asked to rank themselves on a scale of 1-10 against each goal, both prior to their first session and at the end of the fourth session.

Personal goal areas in which Clinical Directors reported the most positive progress:

100% increased ability in leading and managing change

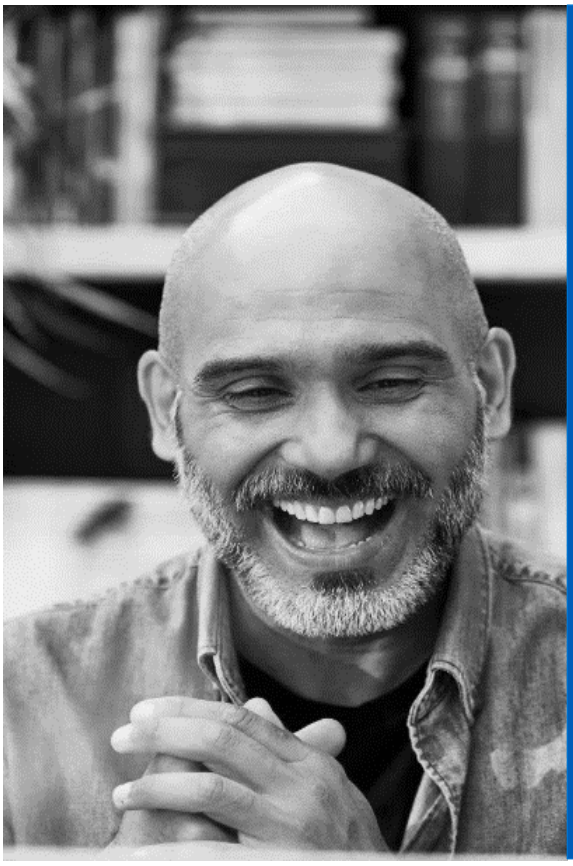
87% would manage others/workload more effectively and with increased confidence

80% confirmed that they will be able to achieve a better work life balance as a result of their coaching sessions and improved resilience in this area

65% felt that they had improved communication and had a stronger ability to influence others as a result of their coaching sessions

60% felt that they have better understanding of their strengths and areas for personal development

Participants shared the following testimonies:



"it has enabled me to be resilient, provide some corrective space, think how I can change my behaviours"

"understand the need of team better"

"much greater understanding/confidence when working with teams outside of my own, improving outcomes for my service users"

"learning to think about the words I use. Reflect on decisions I have made and how I would do things"

"improved listening skills, coordination, delegation"

"helped me through a low patch. Advise on strategies to deal with stress"

"thoughtful and vital coaching for some big meetings"

Summary of themes from participant feedback:

Themes aligned with the desired objectives of the sessions and included:

Having a better work and life balance

Understanding personal development needs as a leader

Having confidence in ability to engage and build consensus across the wider system

Being clearer about their roles as Clinical Director and what is expected in that role

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Team Coaching Impact Review -
Supporting System Working Across the EoE Region

The context
Teams within Integrated Care Systems (ICS) are increasingly working with a broad range of partners through periods of change and complexity. Team coaching support across our Integrated Care Systems enables teams to address the challenges they face through a Team Coaching journey.

Benefits of Team Coaching
We know that teams are integral to the success of ICS development. Team coaching enables the exploration of issues that relate to collective performance. This includes:

- Defining team purpose
- Enhanced quality of conversations within the team and with other teams
- Building positive relationships and trust
- Improved communication, collaboration and agility
- Bringing in the voice of multiple stakeholders

Team coaching enables the team to recognise and manage influences on its performance, now and in the future, and supports the development of coaching skills within the team so that a coaching approach of operating can be sustained.

What is Team Coaching?
- Team coaching is a journey, not a series of events.
- Team coaching takes a systemic view of influences which may concern the team's internal dynamics and/or how it interacts with its stakeholders. This is a powerful and effective process that will enhance the performance of individual members, the leader and the team as a whole as well as impact the immediate business and wider organisation.

- It focuses on growth for the whole team delivered through different conversations over time, leading to the team's wider awareness and increase of its value creation for all stakeholders within a system

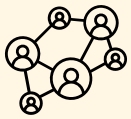
What does the Team Coaching Journey look like?

A typical team coaching journey tends to last for a period of 6 to 12 months, depending on the complexity. It starts with an initial engagement to understand the situation and ensure a fit with the team coaching process, followed by a discovery discussion with stakeholders, a team leader and the team, which include completing a diagnostic to gather data on the team's current performance. A number of coaching sessions with the team follow.

Feedback from teams we have partnered with so far is hugely positive and shows the difference team coaching can bring when it comes to improved team performance within the complexities of working within a system.

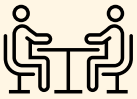
Evaluation Feedback:

Participants whose team partnered with our team coaches provided the following feedback.



94% of people agree or strongly agree that the work they do through team coaching helps them generate helpful insights and brings them closer to understanding the complexity of team and system working.

95% of people agree or strongly agree that the work they do through team coaching enables the team to have important conversations within and outside the team.



94% of people agree or strongly agree that the team coaching journey creates a positive space for them to explore and improve their work and interactions.

100% would recommend team coaching to another team.

100% would recommend their team coaches.

100% felt their team coaches took the time to build rapport, trust and a partnership approach with them individually and as a team.

Key Reflections:

Team Coaching had a positive impact on helping teams to understand key challenges and how to overcome these, creating value for all the stakeholders involved through a systemic lens. Teams were able to build psychological safety through the development of trust and collaborative relationships.

Teams are also developing additional skills by having different conversations enabling open reflection, challenge and adaptation, bringing about better outcomes for all partners involved.

Participants shared the following testimonies:

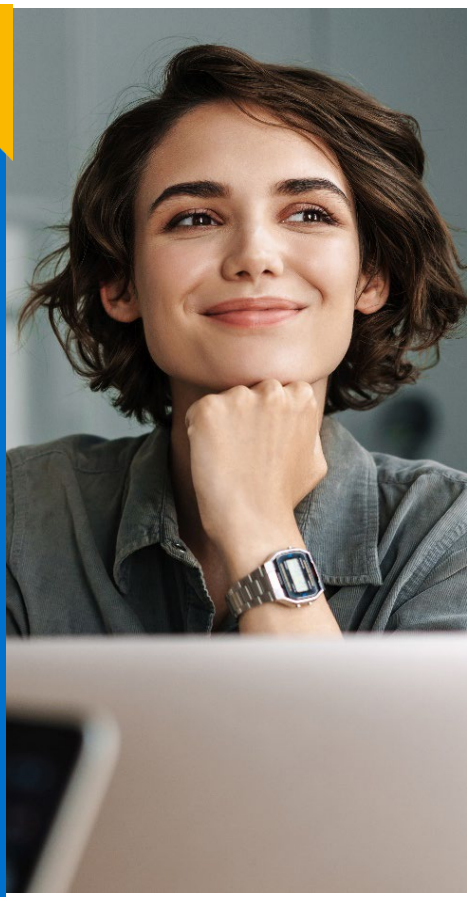
"Team Coaching is helping our team become more effective by increasing psychological safety and supporting communication."

"Because of Team Coaching we are getting better as a team and building trust."

"The team is making more connections, having different conversations and are more positive about working together."

"One of the challenges Team Coaching has enabled us to address is to understand the complexities and support change management, to not be afraid to challenge what is perceived as the norm, to be courageous in coming up with new ways to work and support each other."

"Through Team Coaching there feels a better sense of freedom - by that I mean to be able to express views, be part of conversations."



- Participants felt more willing, safe and able to engage in challenging conversations.
- Participants reported positive outcomes from forming deeper connections with colleagues.
- Participants said the time spent exploring their team's purpose and role was valuable.
- Participants identified and valued the different skills within the team.
- Participants felt the work they covered so far through the Team Coaching Journey had added value to them as individuals and to the team as a whole as part of the wider system.

If you are interested in discussing the possibility of your team going on a Team Coaching Journey, please contact: matina.triantafyllou@england.nhs.uk or Julie.dynes-conner@england.nhs.uk

Reflections of the Primary Care Leadership Development Programme

The context

The Primary Care Leadership Development programme was developed to deepen and widen participants understanding about the changing context of care across Integrated Care System partners and gain an understanding of what that means for them, their teams and organisations/GP practices operating Primary Care services.

The programme was co-created in collaboration with commissioned providers *Altogether Better, to help primary care staff understand organisational changes and develop leadership skills.

The key objectives of the programme were to:

- Develop and enhance leadership skills and strategic thinking.
- Extend participants' understanding of how to engage others to deliver change.
- Understand the principles of systems change and how to apply these to local challenges.
- Enhance and develop participants' personal network of healthcare leaders and decision makers in PrimaryCare.

Between 2021 and 2023, we ran three cohorts of the programme with 91 participants. Continual improvement was built into the programme over this time frame, based upon participant feedback.

Topics covered were:

- **Understanding yourself and your impact;** providing participants with the opportunity to gain a deeper insight into themselves and their impact.
- **The changing context of care;** gaining a deeper understanding of the current context of care and what that means for participants' practice, their Primary Care Network, and the wider health system.
- **Understanding the changes that need to be made;** clarifying changes that need to be made, equipping participants with a deeper understanding of how to make change happen.
- **Skills for change;** build and develop the skills most needed to support individuals as leaders of change.
- **Collaborative Leadership and engaging your practice and the wider system;** build and develop resilience (both personal and organisational) and leadership skills. The programme supports participants to engage their practice and the wider system and equip them with insights to work collaboratively in their own practice/organisation.

Impact:

100% of participants agreed that the learning from this programme had helped them acheive their personal development objectives.

100% of participants agreed that learning from the programme was relevant to their role.

97% of participants agreed the programme supported their ability to confidently lead and influence.

Participants shared the following testimonies:

"It was good to talk in smaller groups as we found that our shared experiences were similar."

"I'll review my understanding of my leadership traits vis-a-vis MBTI. this will help me improve on my current position."

"Planning to use MBTI in our leadership group."

"I am certainly going to think about how management think about change and be prepared to challenge their processes."

"More of this please. Feeling inspired that we are on the right track ---accept that wicked problems must not be minimised to tame solutions."

"I will challenge imposed tamed solutions for wicked probs."

"I feel this course is vital for all those working in leadership positions in the NHS and attendance should be mandatory –if it can be shared wider then please ensure it is."

Summary of themes from participant feedback:

We used participant's reflections and feedback obtained throughout the programme to identify key themes to inform and impove the design and delivery of subsequent modules. In this way, participants could see how their feedback was applied and influenced the programme content to:

- respond to comments and suggestions
- better meet their self-identified needs.

These themes included:


Better understanding of own and others leadership styles


Developing a collaborative approach to leadership, systems thinking and principles of change


Being more effective in meetings and developing negotiation and feedback skills


Better understanding of data driven care

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Reflections; Care Home Manager's Leadership Learning Groups

A programme to equip Care Home manager's/deputies with leadership skills to help develop their teams and support patient care.

The context

During the pandemic, care homes experienced significant challenges related to shortages of equipment, visiting restrictions and high covid infection rates. Care Homes were an exceptionally stressful and difficult environment for staff to work within. Colleagues within our six east of England Integrated Care systems also highlighted the acute need to support wider system partners, specifically those working in social care.

We therefore worked with our commissioned provider, *CBS Learning, to collaboratively develop a leadership skills programme specifically for Care Home Managers/Deputies. The programme was accessed via application and each participant was nominated by a sponsor to ensure organisational commitment and support to the participant. To-date a total of 52 participants within eight cohorts from October 2021-April 2023 have completed the programme. The programme consisted of five modules per cohort, with virtual delivery for two hours per session.

Learning Objectives:

- To develop understanding of how effective leadership in care looks and the behaviours involved.
- To develop an increased level of confidence to make changes and improve delivery of care.

- To have a set of tools to use to get the best from their staff.
- To develop improved listening and questioning skills to increase the ability to communicate, engage and influence others.
- To develop an effective way to support teams to embrace change.
- To develop a greater awareness of an individual's personal approach to leadership.
- To become part of a trusted support network of peers.

Alongside the learning content, the Myers Briggs Type indicator (MBTI) was undertaken by each participant to develop a greater understanding of their own learning styles and psychological preferences in how they perceive the world and make decisions.

Improvement Projects and Impact:

Each participant developed an improvement project as part of their learning to be implemented in their care home. Some improvement project examples:

- **Diversity awareness**: a calendar covering a diverse range of multi-cultural events was designed that could be visable and celebrated in different ways within the care home. This would help with cultural differences and embrace those differences across all ages.

- **Constipation care**: to develop staff knowledge and understanding for bowel management. Staff lack of confidence was leading to the reliance upon laxatives. The project increased staff knowledge and confidence, resulting in a deeper understanding of the broader context for bowel management and improved patient care.

- **Reduction in medication errors**: the creation of a medicines administration video, including the accurate recording. Medication errors have reduced, staff are more confident, and all protocols are carried out in a timely manner. This now forms part of the Care Home's formal Induction programme.

- **Call Systems**: call bells were not being answered in a timely manner, this meant staff felt overwhelmed and morale was low in the team. All staff were involved in reviewing the issues and identifying solutions and improved ways of responding to residents needs. Staff felt involved in each step of the process and a project plan meant that everything was kept on track. As a result of improving staff visiability to residents and timeliness of responding to care needs there was a 41% reduction in use of the call systems.

- **Increased engagement with activities in the home**: A high number of new, less experienced staff was resulting in difficulties in engaging residents in activities. Staff worked collaboratively to design a different activity for each shift, using resources such as YouTube to seek ideas. Residents are more engaged with and enjoying activities regularly.

Impact:

88% strongly agreed that this programme had made a positive impact on their skills as a manager

80% fully completed all elements of the programme, which is excellent considering the service pressures and impact on the workforce during this time.

Participants shared the following testimonies:

"I really enjoyed spending time in every session speaking about our problems and finding potential solutions for those problems together as a group"

"I learnt a lot about myself as a leader and how to improve those aspects of me"

"Both my deputy and assistant managers have gained further knowledge and are able to put that into practice. It has created better partnership working between the management team and had a positive outome on the rest of the team and in such a short period of time, thank you"

"This programme will help me grow as a care home manager"

"It was outstanding. I enjoyed meeting other managers from the same background, and learnt that all care homes have the same issues, yet we all manage differently"

"I feel that completing this course will definitely help me to take the staff through the transition when it happens and I will certainly be pulling out the work I've done to help support me with the change, thank you"

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The East of England Positive Action Programme

The context

We know that staff from ethnic minority backgrounds are under-represented in senior roles and are less likely to access continuing professional development or to believe that their organisation provides equal opportunities for career progression (NHS Workforce Race Equality Standard 2022). Addressing this lack of representation and taking positive action to support colleagues into senior roles are key elements of the East of England Antiracism Strategy.

To support this ambition, a wraparound leadership development programme has been co-produced by the East of England Leadership and Lifelong Learning team, regional alumni of the Leadership Academy's Ready Now and Stepping Up positive action programmes, and *Patricia Ezechie Coaching and Consultancy.

Since 2021, the programme of workshops, action learning sets and coaching designed and delivered by *Patricia Ezechie has been on offer to staff from ethnic minority backgrounds working in systems across the region at all stages of their career journey, from aspiring leaders to those looking to move into executive roles. The programme has been designed to be flexible so that sessions can be accessed individually or as a series. To date, there have been over 330 participants.

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The workshops have been based on key themes identified through the consultation and evaluation process:

- Creating the career you want™
- Overcoming imposter syndrome and leading with confidence
- Personal impact, influence and networking
- Developing a proactive mindset
- Intersectionality, identity and authenticity

Impact:

Feedback from participants has been an integral part of the programme from the outset. The initial co-design phase has been followed up with an evaluation of each separate element and review through questionnaires, focus groups and case studies to ensure that the sessions remain relevant and impactful.

100% 37 responses — of people felt they would be able to apply learning from the "Developing a Proactive Mindset" session to their job roles.

100% 21 responses — of people felt that "Creating the career you want ™" gave them insights to help them become more confident and in control of their career choices and direction.

92% 15 responses — of people felt confident that the session "Intersectionality, Identity and Authenticity" would enhance their ability to lead and influence others.

100% — Of coaching participants would recommend coaching and found the coaching sessions useful.

Participants shared the following testimonies from workshops and coaching sessions:

"It gave language to a lot of our experiences. It was insightful and I recommend"

"Given me the confidence to know that I have what it takes to execute my responsibilities effectively"

"Powerful, interesting and extremely beneficial, I have learnt so much and will be using the strategies to enhance my confidence in relation to my career development."

"Helped me to practise that true leadership is about inspiration, influence, and impact. It is about sharing one's vision, setting a common destination and getting the team excited about reaching it"

"Given me a new perspective and approach to career development and confidence to take the next steps"

"Inspirational. I feel motivated to embrace a 'growth mindset' going forward."

Key themes from participants:

Enabled to develop a growth mindset and be more proactive.

Inspired to approach career development with a fresh perspective.

Equipped to approach challenges with greater confidence.

Encouraged to reflect and focus on their own development.

Empowered to motivate and support their team.

Challenged positively to consider strengths and areas for development.

Supported in a learning environment with peers from similar backgrounds.

Recommendations:

Feedback has been overwhelmingly positive, and there is clearly demand for the programme to continue to deliver impactful interventions. Future plans for a refreshed format include the following:

- Continue to deliver workshops on a range of topics.
- Follow up with smaller, more interactive group sessions to embed the learning.
- Access to coaching sessions to support development.
- Signpost to additional resources building on the workshop themes.
- Include sessions from inspirational leaders about their career journeys.

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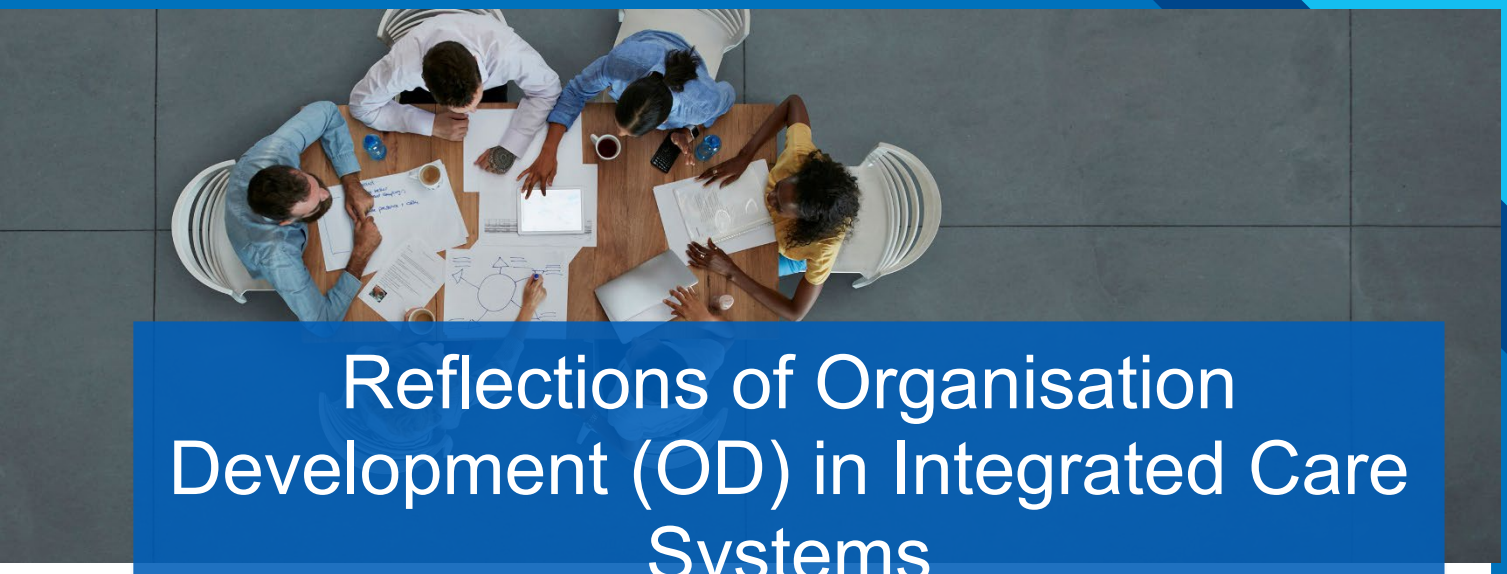

Reflections of Organisation Development (OD) in Integrated Care Systems

The context

During 2022 the East of England Leadership Academy worked with local **OD** colleagues to re-establish an Organisation Development Community of Practice.

So why start a Community of Practice? Listening to OD colleagues across the region we recognised the need to connect people who are actually doing OD, who might not have OD in their job title but are leading change, leading transformation, influencing culture and behaviours, doing OD!

We started by undertaking a diagnostic review with volunteers from the six east of England Integrated Care Systems to help determine the organisation development challenges each system were experiencing as they prepared to become statutory organisations with the formation of Integrated Care Boards and Integrated Care Partnerships from July 2022.

The Chartered Institute of Personnel and Development describe OD as “Organisation Development is where interventions are developed with a ‘systematic mindset’ – they create alignment with the organisation’s goals and activities in a planned and intentional way”.

The aims of our Systems OD Community of Practice is:

- To develop a shared understanding of OD to all involved in change.
- To support application of learning and consider tools to adopt.
- Provide a forum for evolving practice and share learning.
- To embrace not just those who have OD in their job title or are an HR and OD practitioner but be a community for wider colleagues working in social care, health and the VCSE sector leading on change management, service development and workforce transformation.

Common themes from the diagnostic review:

- Better understanding of **Systems mindset and systems OD**
- Focus on an **inclusive OD population**, those without an OD title but doing change and transformation, not just OD leaders
- Develop middle and junior **OD practitioners**
- Develop a **common language and narrative for OD**, defining OD roles in different contexts org/systems
- **Connect with others across the ICS** – spotting opportunities to collaborate and work across the system
- **Collaborative leadership** within layers of hierarchy
- Being empowered and entrepreneurial, navigating unwritten rules and barriers in working across a system.
- Lack of power – **leading without authority/permission**
- Need to **embed learning** in real work, real time
- Digital enablement
  - Hybrid working & **flex NHS** – maximising capacity and flexibility
  - Data – **how to use it for OD to drive** improvement, having an holistic and strategic view, opportunity led but not just going where loudest voices are.

Interventions offered for development:

Developing an EoE Systems OD Community of Practice – we held two half-day workshops in June and November 2022 with a total of **129** participants. These workshops focussed on the following topics:

June 2022

- Introduction from Regional Director of Workforce & OD
- Building a culture of collaboration
- OD challenges facing local ICS – we heard from Herts & West Essex, Norfolk & Waveney and BLMK systems
- Introduction to OD self-assessment tool developed by Mee-Yan Cheung
- Practice session of Action Learning Sets and networking

November 2022

- Masterclass delivered by the Innovations Agency – **"**Culture in our systems – where to begin when exploring your system readiness and its baseline culture"
- NHS DoOD network – how to build OD capability
- OD challenges facing local ICS – Cambridgeshire & Peterborough ICS shared their OD Framework
- Masterclass delivered by Tricordant - "How to develop OD Champions and Ambassadors"

In support of developing our Systems OD Community of Practice we also commissioned a series of one-hour virtual bitesize sessions open to colleagues working in social care, health and the VCSE sector that we co-designed with our delivery partner *Tricordant. These were delivered from May through to early January 2023 with a total of **663** people attending:

Session 1- OD basics: helping change to go better.
This session explored the why, what and how of Organisation Development, with some practical examples of the difference it can make.

Session 2- OD at a systems level : thinking and behaviour
This session explored some of the challenges and opportunities of OD work at a systems level

Session 3- Being an empowered and enterprising change agent.
What does it mean to be a change agent? How can I learn 'use of self'?

Session 4- Navigating tensions and competing goals.
This session explored how we can work with the inevitable tensions which arise in change and systems working.

Session 5- Fostering collaborative working and relationships.
How can we as change agents and OD practitioners support the development of collaborative working across systems ?

Session 6- Belonging:
Creating a sense of identity in a system (Inclusive OD)

Session 7- Using an evidence-based approach:
How to use data for OD to drive improvement and evaluate impact

Action Learning Sets ran from September – January 2023 and were offered to colleagues with the intention that each action learning set would self-facilitate their sets following the initial set delivered by our partner *Tricordant.
Sets were held with a mix of participants from the Integrated Care Systems avoiding direct reporting relationship sensitivities. 5 sets successfully met during this time.

Impact of the series:

We asked participants who attended our Community of Practice sessions to complete an evaluation with the following aggregated scores:

100% agree or strongly agree they would be able to apply learning from this session to their job roles.

100% agree or strongly agree their learning from this session will help them to achieve their development objectives.

92% felt confident that the session would enhance their ability to lead and influence others.

Participants shared the following testimonies:

"Brilliant and engaging morning. I look forward to the ALS opportunity and further sessions"

"I'm on a development pathway and greater knowledge of OD will help me reach my goals. Very insightful, informative and I would recomend this session to others".

"This session will influence my work going forwards by encourageing me to listen more, respectfully challenge and implement collaborative key behaviours"

"This session has helped with enhancing my knowledge skills and behaviours around OD. It will influence my work through the use of self. I also hope to be able to share some of the information to collegues across the ICS."

"Being part of a collaborative community will give me thinking space to be able to influence and make a difference across our system."

"Fantastic perspective, thank you"

Summary of themes from participant feedback:

With the move to Integrated Care Systems and the rise of systems working, major shifts in mindset skills and behaviours are required to foster a collaborative approach, influence development of a systems culture that supports innovative and challenging organisation development and transformation to deliver improved outcomes for service users.

- Participants welcomed the opportunity to develop an OD Community of Practice to share experience and feel connected
- Adopting the Action Learning Set approach to create positive conversations with system partners
- Participants said the session prompted them to reflect on their leadership style, actively listening to others and challenging self.
- Attendees shared that the COP and bitesize sessions increased their confidence to use some of the tools to influence self and others work and gain an understanding of OD

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Reflections; Leading Transformation for Integrated Care

The context

Working with our colleagues across the 7 regional Academies, we developed our **Leading Transformation for Integrated Care** series of virtual workshops, which were delivered during November 2022 – April 2023. Based on insights and experience drawn from work with Integrated Care Systems across England, this series was designed to explore what partnership working looks like across teams and organisations and what this means for leaders operating in this context.

Co-designed with input from health and care staff to understand their current challenges and opportunities, we heard "*voices*" from the systems of their experience of working in an Integrated Care System and their current challenges and opportunities. The aim was to enhance capability to think and act as leaders within systems.

General learning outcomes for the programme were to:

- Understand and explore a "leading transformation" topic.
- Increase confidence in application of practical transformation tools.
- Learn, share, and grow with colleagues in similar situations.

A series of 90-minute virtual bitesize sessions, open to colleagues working in social care, health and the VCSE sector, were co-designed with our delivery partner *Tricordant.

Over the last six months over 2,000 people have joined these sessions.

Topics covered were:

- **Who leads in a system?** - explored who leads in a systems context and how to lead across boundaries. It provided insight into a better understanding of how leading in a system differs from leading in a single organisation, types of leaders in a systems context and the knowledge, skills and behaviours required for leading in a systems context.
- **Improving the health of our local communities- it's everybody's business** - explored difference between organisational performance and practical outcomes and value for patients and local communities and how a focus of organisational performance metrics alone can inform leadership practice.
- **Leading alongside your local communities** - explored engagement and co-production with communities. How can you work as leaders to hear the voice of local communities and work their strength and assets?
- **Rethinking recovery- a systems perspective** - explored how systems respond to crisis and recovery. It was designed to enable participants to gain a better understanding of the surprising opportunities of self-organisation, collaborative approaches to service and workforce recovery and leading recovery in networks and across boundaries.
- **Collaborating within your neighbourhood/place** - explored how to collaborate across statutory partners and communities at place levels. The focus was on enabling participants to gain a better understanding of place-based working and building trust, how to work together for real change and examples of partnership working at place level.
- **System workforce innovation** – providing participants with an opportunity to learn more about the design and development of innovative approaches to workforce and the challenges of working in a system.
- **Humanising the machine** –explored how culture can be developed and nurtured at a 'system' level.
- **Collaboratives – developing new ways of working** - explored the different approaches to 'Collaboratives' as ways of working together across organisations and sectors at Place, across Providers and at System level.

Learning Resources:

Our intention with this programme was to try and reach as great a number of participants as possible, to increase the awareness of systems transformational leadership, recognising staff constraints for joining during operational pressures.

Working with the commissioned provider, *Tricordant, we have developed a series of online learning modules that can be found on our Leadership Learning Zone.

The modules include recordings of the sessions, alongside supporting resources. Questions are posed to aid reflective learning. Further details can be found at our website.

Impact:

Over 4,000 health and care staff registered for these sessions. Participants who attended were asked the following questions;

- What will be your key **takeaway** from today's session?
- How will this **influence** your leadership approach and your work moving forward?
- What one word that sums up the **leadership quality** that you think/feel you need to pay the most attention to right now?

Takeaways:

- refocusing our purpose
- leadership starts with self
- build on a shared purpose
- the importance of strengthening relationships
- ensuring all collaboratives feel listened to
- understand the realm of influence that we now have within a system

Influences:

- to tackle things as a wider system
- people are the assets, use this more in place based approach
- to go in with a more positive mind
- the power of communities to make and sustain real change has truly inspired me
- being more curious with the community and work more collaboratively.
- by creating a healthy environment, I as a leader can influence at all levels,

Leadership Qualities:

- compassion
- forward thinking
- patient focused
- common purpose
- collaboration
- kindness
- authenticity
- courage
- diversity
- integration
- transparency
- listening to others and making my voice heard

Participants shared the following testimonies:

"I realise that I need to look for oppurtunities to be curious, and support my leadership team by enhancing SLT leadership skills, agreeing collective goals and a common purpose"

"This session will influence my work going forwards by tackling things as a wider system, but also recognition that as a service we are only a small part of the solution"

" Communication with stakeholders are key! I love the word alliance, it feels like we are working together with a shared purpose."

"Good to hear from colleagues that similar experiences and feelings I am experiencing are also happening in most other places too. Thought provoking session-very helpful many thanks for a great learning oppurtunity.."

"A very useful session thank you. The discussion on Katz and Miller and the Cynfin Framework was particularly interesting and deserves more thought"

Summary of themes from participant feedback:

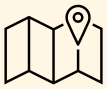
Participant eveluation themes aligned with the desired objectives of the sessions. With the move to Integrated Care Systems and the rise of systems working, major shifts in mindset and behaviours are required to foster a collaborative approach. Participants indicated they felt more able to influence the development of a systems culture that supports innovative, challenging organisation development and transformation, to deliver improved outcomes for service users.

“Everyone is equal when collaborating, we need to leave egos at the door and focus on the task. Transformation of services will only happen with the sign up of all parties, collaboration will be key”

Participants highlighted that collaboration is critical to integrated care systems and being more open with a positive mindset will help improve services and population health outcomes

Listening to the communities systems are working with, considering others point of view, stepping into their shoes!

Participants said the sessions prompted them to reflect on their leadership style, and work to influence others to be more collaborative and much less directive



Lean into discomfort and ask the question, consider what can I do that helps someone else?

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Teaming Skills -

Equipping us as leaders to build high-performing teamwork & increase psychological safety

The context

This session was commissioned and co-designed with *Management Futures to support the needs of health and care staff for developing Teaming Skills which enhance coordination and communication across boundaries for expertise, status, and location, and at pace. Research suggests that the best way to do this in non-stable teams is to create conditions for collaboration and build a culture of psychological safety; where people feel they can speak up and be innovative.

Management Futures facilitated six sessions for the east of England region, aimed at leaders and managers of all levels across health and system partner organisations. The series attracted 159 participants.

Session aims:

This very practical session focused on:

- Raising awareness of how to show up in group interactions. What we do that helps, and where we could be more effective.
- Practising and getting feedback on our speaking and listening skills.
- Deepening understanding of psychological safety. What it is, how it affects performance, and how as leaders, we can improve it
- Equipping with insights and techniques to improve the performance of any team or group at pace.

Impact:

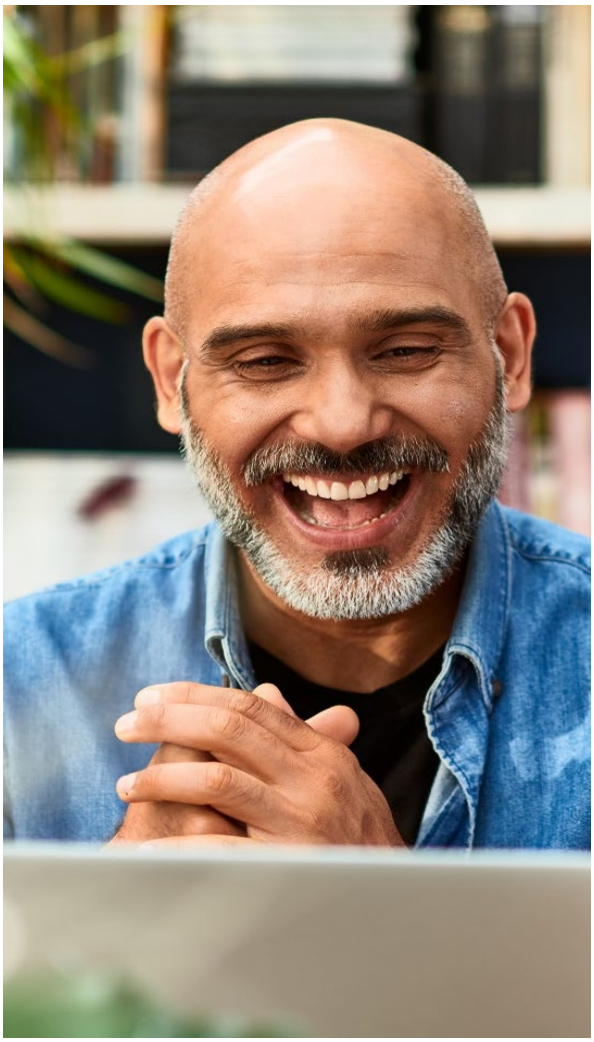
We asked participants to complete an evaluation, and of the 109 people who left feedback:

97% felt they could apply learning from this session to their job roles.

97% felt their learning from this session would help them to achieve their development objectives.

98% felt confident that the session would enhance their ability to lead and influence others.

Participants shared the following testimonies:



"Amazing facilitator, fabulous course, the content was relatable and insightful. I would highly recommend it and can confidently say it was the best course I have been on in a long time."

"Very engaging, I walked away feeling that I have learnt quite a few things and look forward to implementing that with the team members"

"The session will help me contribute more effectively to my team and improve psychological safety. I will try and make it easy for all members to speak up while challenging with skill to negotiate outcomes"

"This session gave me a much greater understanding /confidence when working with teams outside of my own, improving outcomes for my service users"

"This session will influence me in my role by working towards equal collaboration, promoting psychological safety through modelling of vulnerability and authentically appreciating challenge"

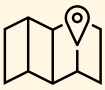
Summary of themes from participant feedback:

With the move to Integrated Care Systems and the rise of systems working, significant shifts in mindset skills and behaviours are required to foster a collaborative approach supporting elective recovery, integrated care and improved outcomes for service users.

Participants shared a greater understanding of and commitment to developing psychological safety in their teams.

Many comments shared an aspiration for increased staff engagement and promoting cultures of speaking up and active listening.

Participants said the session prompted them to reflect on their leadership style.



Attendees shared that the workshop increased their confidence and made them reflect on how to work across boundaries effectively.

Attendees felt the session and application of learning would support equality within teams and across organisations.

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Case Study:

Cambridgeshire and Peterborough Integrated Care System

Creating a Care Professional and Clinical culture to underpin the delivery of Integrated Care

Contents

Introduction

The Integrated Care System quadruple aim of better health, better care, better value for every pound spent and reduced health inequalities can only be achieved with a clear modus operandi.

Cambridgeshire and Peterborough ICS (C&P ICS) identified this will only be achieved if the ICS operates with a strong clinical and care professional empowerment culture, which enables clinical and care professionals to:

- Develop a **proactive population health management** approach, with citizens at its heart.
- **Redesign care pathways**, with a strong emphasis on earlier intervention and shared care.
- **Direct resources to those with greatest need** to reduce inequalities.
- Assess, understand and where clear, apply **evidence-based approaches to reduce unwarranted clinical and professional variability.**

In order to achieve this, clinicians and care professionals within current C&P structures came together to co-produce recommendations for developing a clinical and care professional leadership culture within the forthcoming C&P ICS. with aims:

- To ensure that C&P ICS has a **clinically and professionally driven culture.**
- To create **an operating model that inspires clinical and professional staff to engage** in the redesign of patient care and population health management.
- To ensure that the **wider leadership of C&P ICS understand, value and embrace the role of clinical and professional engagement** in the delivery of the ICSs mission and goals.
- To create **routes by which primary and secondary care clinicians and wider care professionals take up and fulfil key roles in the new ICS governance structure** at neighbourhood, place and ICS level.

The outputs of this programme included:

- System-wide clinical and care professional empowerment culture Principles.
- A governance framework for Clinical and Care Professional Decision-making within the ICS, embracing all levels of subsidiarity, including place and PCNs.
- A set of 10 recommendations which encompass the ongoing infrastructure and support requirements to sustain a clinical and care professional leadership culture for the longer term.
- Commitments made by the Clinical and Care Professionals to support ICS working.
- Development of a Professional and Clinical Leadership Assembly and Executive, which has been accepted by ICS senior leaders.

Background

Historically, during a period of establishing Sustainability and Transformation Partnerships, C&P clinicians supported large-scale care pathway redesign since the establishment of a Transformation Programme within 2015, when a Care Advisory Group was established to support this work. Clinical leads were appointed in a number of Clinical Communities (for example Diabetes, Cardiovascular Disease Musculoskeletal). This care pathway redesign resulted in a number of major specialty 5 year Clinical Strategies. Nevertheless, challenges remained often due to divergent aims and pressures within partner organisations. A tension existed between the clinical decision making within the workstream and the governance within organisations that would be needed to drive service change.

As experienced by ICSs across the country, the Covid-19 pandemic fostered significant collaboration across organisations, sectors and professionals in order to effectively respond to the challenges.

C&P ICS were keen to ensure this highly collaborative approach between clinicians and care professions could be harnessed in their journey to a statutory ICS.

Approach

Clinicians and care professionals within the previous structures came together over a number of months to co-design a new set of principles and governance structures for the future C&P ICS.

This included expert facilitated support for phases of discovery and development:

- One to One interview discussion with clinical and care professional leaders to produce key insights, aspirations and test and challenge progress.
- Group sessions with the Joint Clinical Group and Clinical Communities Forum, also ensured wide representation from professional care leaders from non-NHS organisations, to develop the concept and content of a strong clinical and care professional empowerment culture and related systems-OD requirements.
- Mapping all existing ICS clinical and care professional groups and transformation programmes.
- Sharing and review of international reviews, evidence-base and models for embedding a Care Professional and Clinical culture to underpin the delivery of Integrated Care.
- Explicit discussion of commitments that the clinical and professional group would make to the forming ICS.
- At a joint meeting between senior leaders from all partner organisations and the Joint Clinical Group, the proposal from clinicians setting out a proposed recommendation and Assembly structure was agreed, outlining clear processes and architecture to allow for impactful engagement and decision making.

Participants

The development approach that was adopted by the Joint Clinical Group, included over 30 clinical and care professional leaders, with additional insights from one to one interview discussion from a range of health and care leaders.

Outcomes

Outcomes of this approach included agreed C&P ICS defining principles for a Care Professional and Clinical culture to underpin the delivery of Integrated Care.

Many health and care systems claim to have clinical and professional engagement, but C&P ICS described the belief that a clinical and care professional empowerment culture goes beyond this, by working to the principles that:

- Care professionals and clinicians are listened to, are influential and impactful in all the ICS does, and their empowerment lies at the core of its DNA.
- Clinical and care professional evidence and opinion is central to the ICS strategy and decision making.
- There is bilateral facilitation between management processes and clinical direction.
- Care professionals and clinicians work closely with citizens, patients and communities using principles of co-design in decision-making and transformation.
- There is a consistent targeting of energy and actions in improving patient and population health outcomes.

A set of 10 Key recommendations, which encompass the ongoing infrastructure and support requirements to sustain a clinical and care professional leadership culture for the longer term were agreed by C&P ICS Board:

1. The ICS explicitly commits to a care professional and clinical empowerment culture in its Constitution (as defined by the principles set out above).

2. The ICS commits to public and patient involvement at all levels and ensures that this is embedded into the ICS culture. This should enhance the overall capability of the ICS and would enable a shared approach with co-design of care planning and delivery.

3. The ICS identifies resources to undertake baseline and periodic future surveys to measure the initial and subsequent achievement of these principles.

4. The ICS establishes a formal Professional and Clinical Leadership Assembly (PCLA) supported by a Professional and Clinical Executive Group (PCEG) The former will include the widest representation from all partner organisations, including social care, patient groups and the workforce. These two bodies will act as the engine room of the ICS and will be developers, and subsequently, guardians of the climate we wish to create.

5. Whilst the PCLA and PCEG will draw members from across the whole workforce, for primary care professionals (including GPs, Pharmacists, Dental and Ophthalmic practitioners), it will be necessary to create an effective means for their engagement at all levels. This will include protected time with a financially viable solution for them as independent contractors, and will offer a route for identifying and agreeing application for these key roles.

6. The two bodies should be established in shadow form from October 2021, alongside the other ICS bodies to ensure that the ICS culture is created at the earliest opportunity.

7. The ICS invests in a medium to long term Organisational & Development programme to support and secure the commitment of all care and clinical professionals. This would be designed with and overseen by the PCLA and would be accompanied by a compelling and inspiring narrative that sets out an explicit connection between the reforms and workload pressure, clinical improvement, and patient/population benefit.

8. The Professional and Clinical and Leadership Assembly review and streamline its clinical advisory mechanisms at each level (neighbourhood, place, system and region) to improve its coherence and effectiveness in shaping ICS strategy and resourcing. Crucial to this will be alignment with designated ICS clinical roles (Medical and Nursing Directors), and with Provider Collaboratives, ICPs and specialist Clinical Communities.

9. The ICS establishes a budget for supporting clinical data management and analysis, including if necessary, licensing of software assessment tools, and this is made available to supercharge clinical and care professional working.

10. The ICS commit to setting up a clinically driven prioritisation process for resource allocation congruent with local Health and Wellbeing Strategies that fully involves patients and the population and allows the ICS to maximise health outcomes and reduce health inequalities within our available resources.

Outcomes *continued*

The Clinical and Professionals involved committed to:

- Working with other professional and clinical colleagues to maximise their engagement in the work of the ICS through an OD program of work.
- Working with the Cambridge Biomedical Campus and Life Sciences community to leverage, for the wider community, their knowledge, expertise and innovation in translational medicine and healthcare.
- Owning, equally with managerial and all other colleagues, the challenges that our ICS faces, notably the financial challenge of our health system and taking joint responsibility for the difficult decisions that our system has to make.

Learning and Insights

Before this process much of the discussion in the clinical group came from the perspective of organisational and speciality-specific interests.

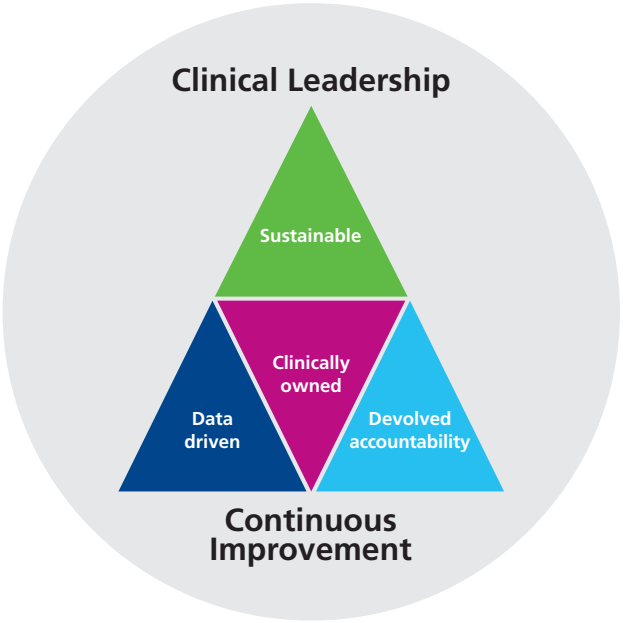
During the process, clinicians and care professionals started to move from a professions/organisational perspective, to engagement with the process and then ownership of system-wide recommendations and actions. This shift will need continued momentum to scale, adopt and sustain.

Some cynicism of the approach was originally voiced with a sense of "here we go again" based upon historic challenges. A pro-clinical and care professional system development position now exists. Paying attention to relational, cultural and architectural factors was important to this fundamental shift.

Working with an independent expert facilitator enabled C&P ICS to *"broach sensitive issues, challenge ourselves on progress to date and shared aspirations for future ways of working and learn from what has worked well elsewhere."*

The outcome of this work is central within the development of the overall governance, culture and strategy work of the ICS:

1. Create a **new deal with residents** to ensure those who need health and care can own their experience.
2. Work with community, voluntary sector, council and political leaders to **improve opportunities and outcomes** for all, leveraging the NHS as an anchor institution.
3. Supersize the **implementation and integration of digital,** leveling up the user experience in line with other sectors.
4. Create an environment where **staff can bring their full self to work,** have opportunity to thrive and have the skills to provide excellent services.
5. Build a clinical majority executive leadership team who can foster a culture of **clinically lead innovation and sustainable improvement.**



Observations and Next Steps

The systems development approach commenced prior to the issue of ICS implementation guidance on effective clinical and care professional leadership

However, it has been determined to be congruent and enables C&P ICS to deliver both the immediate and longer term deliverables outlined.

Agreed recommendations are now being taken forward within C&P ICS, with further consideration for what development support may be required for on-going systems development.

Immediate next steps include:

- Embedding representation of GPs and primary care non-GP staff on the Professional and Clinical Leadership Assembly. The first meeting of the Assembly has occurred.
- Reviewing and active work on the relationship between clinical and professional leadership, the Finance Director's Group and Operations Director's Group so that the clinical group is actively involved in day to day discussions. This has meant learning a different collective way of working, for instance asking the clinical and professional group to respond at pace with a "good enough" answer to the current operational challenges.
- Working on broadening membership of the Executive Group of the PCLA.
- Determining how those groups interact with all the other clinical and care professional bodies within place and provider collaboratives.
- Embedding clinical and professional leadership in the ongoing development of C&P ICS's governance, culture, decision-making and strategy work to so it becomes the norm.

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Case Study:

Herts and West Essex Integrated Care System

Systems Leaders Group Development

Contents

Introduction

Throughout 2021-22, health and care organisations were responding to the challenges of pandemic and recovery and building upon collaborative platforms that continues a journey towards Integrated Care Systems.

Herts and West Essex (HWE) Integrated Care System (ICS) health and care leaders identified that to thrive in this environment, the ability to respond to changing conditions and adapt the way the system is lead is essential. The pace of change highlighted by the proposed legislative changes on integrated care created the opportunity for system leaders to reconsider how development of the ICS is approached.

Whist the infrastructure, governance and the design of the ICS progressed, the need to adopt a developmental programme within the ICS Systems Leaders Group; the "engine room" of the ICS was identified in order to continue to effectively lead the ICS development journey. The group therefore embarked upon a systems OD journey, where 19 health and care Chief Executives and Directors explored and co-created future ways of systems leadership and working within a systems OD developmental framework.

Background

HWE ICS is well developed and has historically experienced good ways of working. The ICS is split over two large local authorities.; Essex County Council and Hertfordshire County Council. As legislation progressed though parliament for the formation of ICSs, there had been some debate concerning the boundaries across Essex, which could have impacted the partner organisations within HWE ICS and therefore the makeup of the System Leaders Group, however, clarification of these boundaries issues was finalised in July 2021, enabling renewed focus on the ICS development journey.

Work, therefore commenced in the autumn of 2021 to co-design a systems OD approach, with the first System Leaders workshops commencing in November 2021. This was a dynamic period for ICS establishment and concurred at a time of senior leadership turnover, particularly for NHS CEO. New CEO appointments were made for three of the five NHS Partners formally based within the ICS footprint, the last of these postholders commencing role in July 22. The transitional backdrop to this work is a particular challenge for ICS development.

Approach

From a development perceptive, the Systems Leaders Group supported the ethos that adopting an approach to 'organisational and systems health' provides a key advantage, especially within current climates. Shifting the focus to 'organisational and systems health' enables a sharper focus on delivery of ICS performance today, while ensuring the broader system can adapt and renew for an uncertain future. Initial mobilisation of the programme took place in September 2021. A series of conversations were held with each system leader to help Inform the programme, content and sequencing of key aspects.

Participants were also asked to complete the Thomas-Kilmann Conflict tool, as part of the pre-work.

An overall programme was co-designed with the HWE senior leaders, comprising a series of workshops and group coaching interventions. The aim of the programme was to co-create a high performing System Leaders Group with aligned systems thinking and clarity for the ICS, its people and partners.

The overarching framework for success had a strong evidence base and a data driven approach to embedding 'organisational health' through a high performing team. Research shows that leaders and organisations who balance delivery today with the health of the organisation are more sustainable in the longer term, with more engaged and motivated people delivering better results and outcomes for patients and residents.

System Leaders workshops were held in November 2021 and January 2022. Given the pandemic, this was the first opportunity for several system leaders to meet face to face. The aims of the sessions were to:

- feedback the outcome of the initial diagnostic
- explore Thomas-Kilmann and the team snapshot profile for managing conflict
- begin defining the role, purpose and vision for the group and its place in the ICS governance structure
- shape ways of working and the development of a set of operating principles or team charter with underpinning behaviours.

Participants

Members of the HWE Systems Leaders Group are CEOs and Directors from Hospital, Community, Mental Health, Clinical Commissioning Group and Councils/Social Care. In total there were 19 participants within the programme, contributing to the co-design, delivery approach and within the interventions/workshops.

Outcomes

Three core aspects of ICS development were considered by the System Leaders Group:

1. Impact:
A focus on exploring and codesigning future ways of working within the ICS. Working with emergent operating models to focus on vision & strategy and importantly the degree of autonomy, decision making & self-management.

2. Performance:
Enabling effective and high performing teams will be critical to future success. Simply doing more of the same isn't a viable option to maintain and increase performance and productivity within the ICS and across the health and care system.

3. Culture:
Creating psychology safety and developing trust among individuals and teams will enable the level of changes required and the pace demanded. In doing so, creating space for innovative thinking and continuous improvement is vital to a commitment culture.

Operating principles for the HWE System Leaders Group were underpinned by a framework for the HWE Systems Leaders Group to collectively focus upon four areas for:

- Cohesion
- Alignment
- Clarity
- Culture

Learning and Insights

Senior system leaders need dedicated development space to consider the relational, cultural and architectural implications of new ways of working that shift from organisational sovereignty to collective responsibilities and accountabilities within an ICS. Whilst the formal processes and structures of ICS development provide the framework for decision-making and assurance, they do not offer senior system leaders the less formal environment to build trust, relationships, and psychological safety across health and care sectors.

Three CEOs within the ICS have left organisations as a result of retirement/change of role and further leadership changes have occurred during ICS transition. Changes to the makeup of senior system leaders impact the ability to progress systems development. This is currently not an uncommon occurrence across health and care organisations, where leaders of have postponed retirements and movement during pandemic and as legislative changes for ICS statute have progressed. Systems development is therefore an on-going need that will require flexible and adaptable approaches to accommodate changes in senior leaders and multi-faceted interventions, to enable on-boarding and induction into systems responsibilities.

During this programme there was also systems OD for CCG transition and planning for ICB Board development. The complex nature of ICSs and multiple levels of subsidiarity results in the need for ICSs to manage a range of systems OD interventions concurrently. Making the connections to these separate but related interventions is imperative to ensure a joined-up approach to ICS development.

Observations and Next Steps

The Senior Leaders changes has enabled a stock take and refresh to this development approach.

To maintain the focus on system leadership development whilst new CEOs take up roles, we have continued with less structured development time, focussing more on the development of stronger interpersonal links and thus building trust and relationships, with the intention to restart more structured support in autumn 2022.

The programme will re-commence over the Summer 2022 and will coordinate with wider ICS development workstreams.

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Case Study:

Suffolk and North East Essex Integrated Care System Development

Contents

Introduction

Suffolk and North East Essex Integrated Care System have a longstanding approach to systems OD and partnership development.

This case study focuses on system leadership and System OD priorities immediately following legislative changes for Integrated Care Systems in July 2022, particularly with a focus for ICB and ICP development. The importance of a culture of partnership versus hierarchy and a permissive environment as opposed to functional control is identified. An OD approach is undertaken that recognises the Integrated Care System as interlinked and the complexity of the need for concurrent, multi-layered approaches, at various levels of ICS subsidiarity.

As a result, governance arrangements that facilitate transparent decision-making and foster the culture and behaviours that enable system working are established and an Outcome Based Accountability model to deliver collaborative programmes by working together at system, place and neighbourhood level to drive measurable improvements to population outcomes adopted.

The need for a longer-term commitment to systems OD for Integrated Care Systems to enable delivery of their aims evident.

Background

Suffolk and North East Essex (SNEE) Integrated Care System (ICS) were one of the first systems in the country to become an ICS via an informal partnership in 2018. It has a longstanding history for planning and delivery of a variety of systems OD interventions to support the development of partnership and collaboration across the ICS.

This has spanned the three Alliance place-based partnerships; West Suffolk, Ipswich & East Suffolk and North East Essex, the voluntary, charitable and social enterprise (VCSE) sector and Integrated Neighbourhood Teams. Dedicated development to Anchor Institute approaches and an Integrated Care Academy has resulted in sustainable, collaborative ways of working, underpinned by thinking differently. There have been challenges, with the debate of ICS boundaries for Essex in mid-2022 requiring a risk analysis for potential implications of changes upon partnerships, relationships, and ways of working. These boundary issues, however, were resolved in July 2022, when the geographical formation of Integrated Care Systems with the east of England were confirmed. This debate, however, did impact in terms of creating new tensions for relationships, shared vision and purpose.

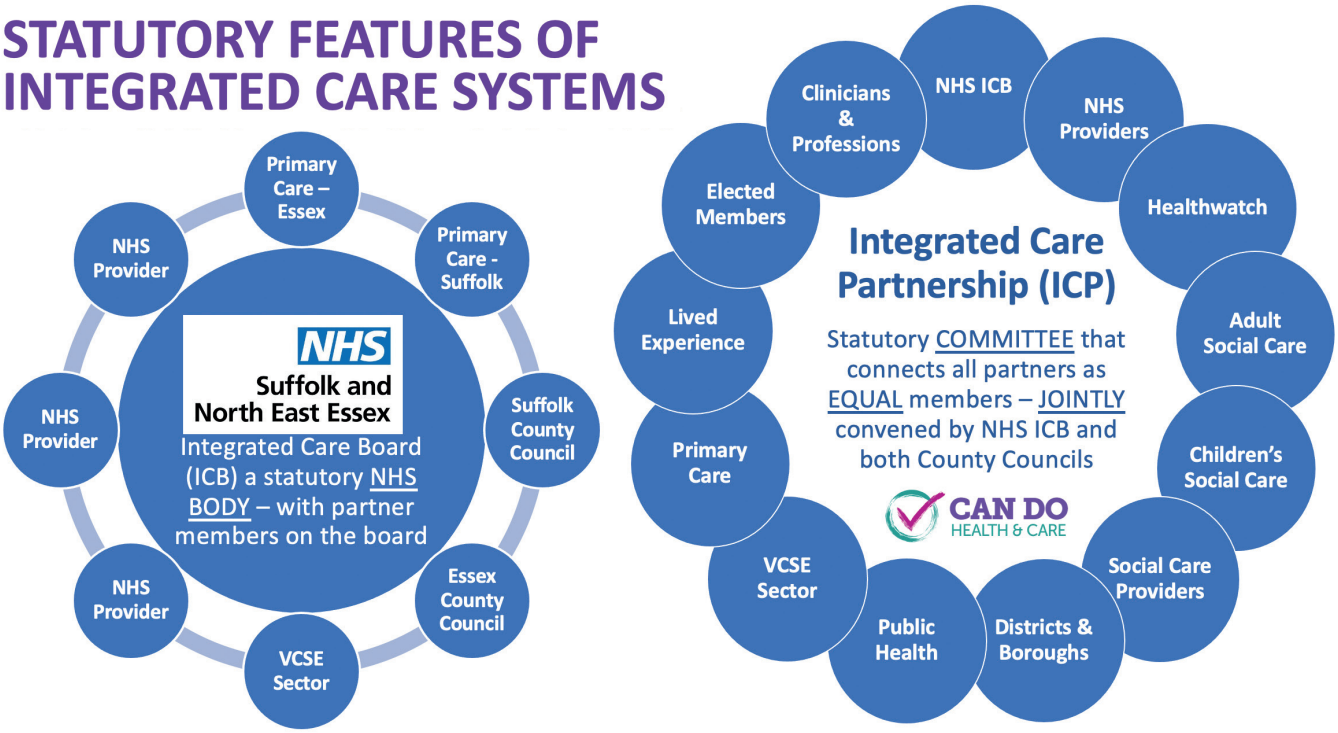
Within June 2021 the Integrated Care System Design Framework set the pathway to Integrated Care statute responsibilities from July 2022. SNEE ICS started to consider what this meant for Integrated Care Board (ICB) and Integrated Care Partnership (ICP) Development, particularly within the context of the SNEE ICS development journey to date.

Approach

The Leadership Academy offer for ICB-ICP Board Development provided the opportunity to create a new strategic partnership to support ICS development. In December 2021 SNEE ICS Transition Board considered this offer and endorsed progression.

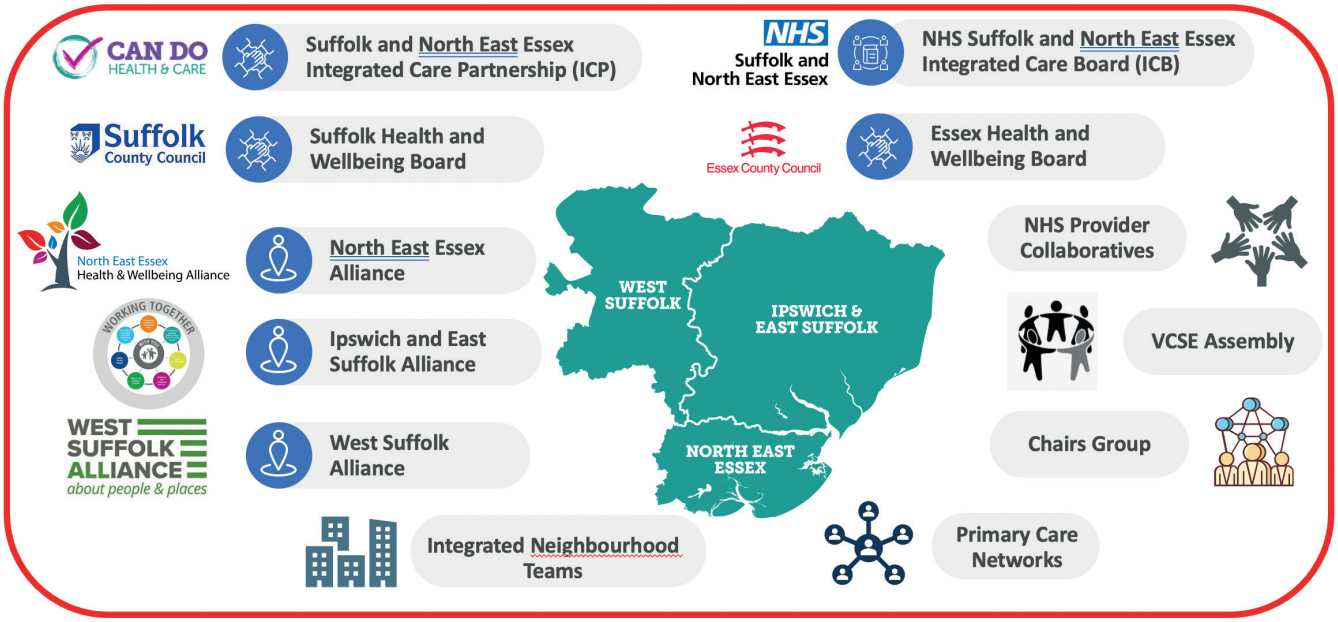
Royal Assent of the Health and Care Act 2022 completed its passage through Parliament in April 2022 and therefore, following this, work began on a co-design phase, between SNEE ICS and the provider commissioned to support Board development; Tricordant. A key focus for this approach, was to ensure that it was underpinned by SNEE ICS vision for working as an interlinked system, not as a hierarchy.

SNEE senior leaders identified that ICB and ICP Development needs to be considered within the context of how ICBs will be different from Clinical Commissioning Groups and include the connected, but differing roles and responsibilities of ICB and ICP:



SNEE ICS leaders determine that a culture of partnership versus hierarchy and a permissive environment as opposed to functional control is required to effectively adopt collective responsibility for local populations.

FEATURES OF OUR NEW INTEGRATED CARE ECO-SYSTEM



INTEGRATED CARE SYSTEM (ICS)

Initial diagnostics and exploration, therefore included engagement, interview, and discussion with a wide range of senior leaders across ICB, ICP and within a variety of existing partnership forums across the SNEE ICS:

Emergent themes for ICB development from this diagnostic phase included:

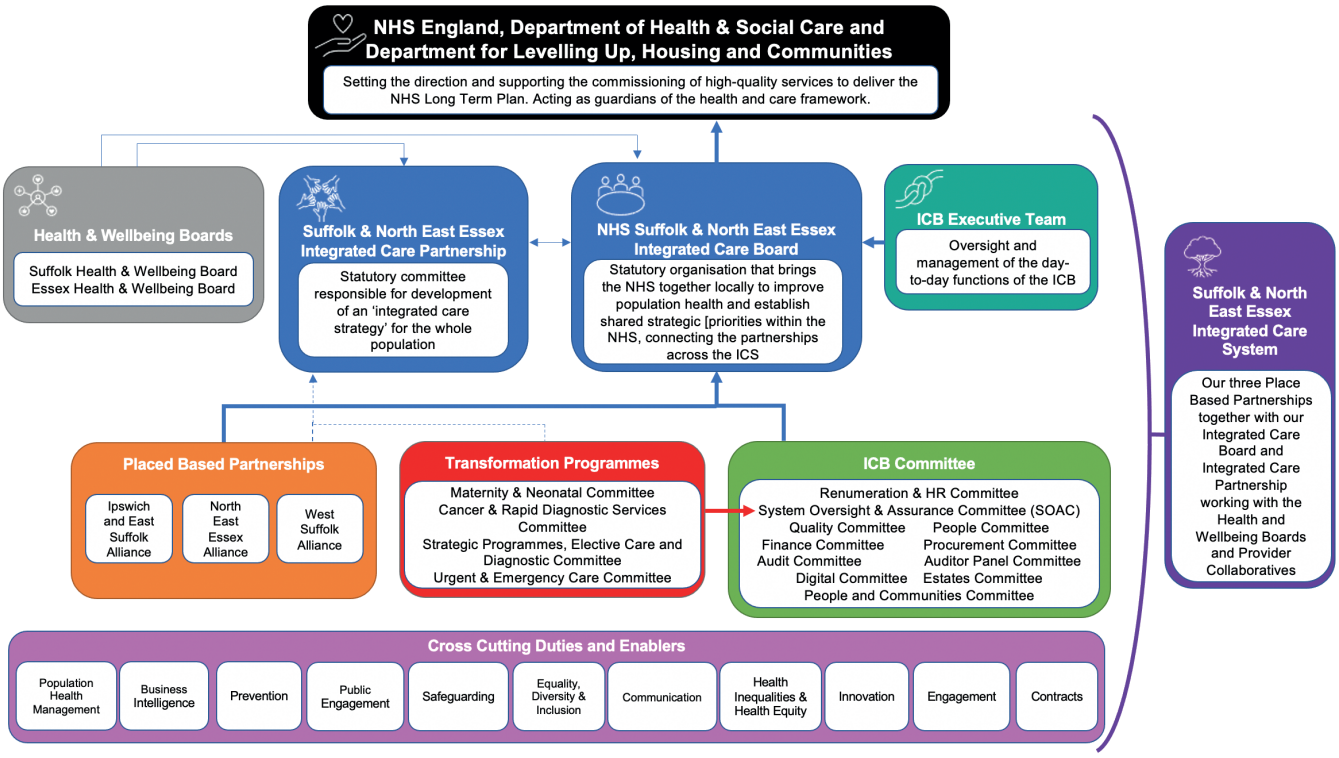
- Roles, responsibilities, and functions - A very different way of working from CCGs and previous formations of partnership is required to deliver ICS statute requirements
- Consideration of the operating model for geography, for example, what works at County Council, Health and Wellbeing Board levels and how best is this established
- The need for collective development intervention, not just within the ICB, but between the ICB and ICP, with interface to other ICS forums
- Equality, Diversity & Inclusion (EDI) - development space for members, and a focus on responsibilities for staff and local communities
- The considerable complexity for senior leaders holding both organisational level roles and system responsibilities. There is a need for systems leadership development for senior leaders, both within SNEE ICS, but also at regional and national scale in order to share learning and best-practice

Following this exploratory phase, a range of systems OD interventions were progressed:

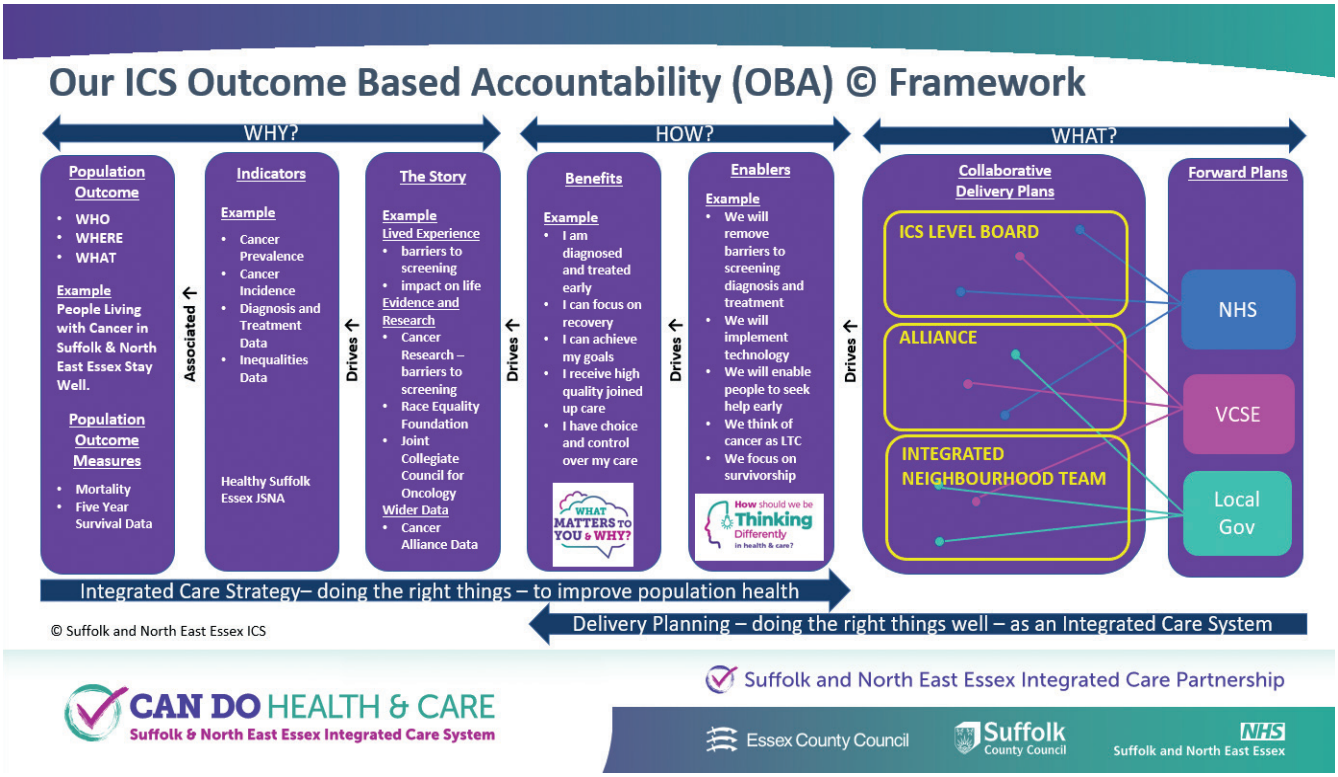
- A forward plan of dedicated ICB development sessions were established from June 22 to March 23, with a focus on these emergent themes
- The first of these sessions was a joint ICB and ICP induction event, focusing on the shared vision, purpose and ways of working between the groups and across SNEE ICS
- Deeper dives explored the interface and needs of wider ICS forums:
  - VCSE sector-resulted in the development of a VCSE Resilience Charter, including key principles for how to work collectively with this vital sector moving forward
  - Operating models - interface with geography, forums and the desired outcomes SNEE ICS aims to achieve
- A bespoke introductory EDI session was held with the ICB members, identifying key actions to be taken forward
- A review of individual ICB Members development needs e.g. Coaching & Mentoring

Outcomes

The development of the SNEE ICS Functions and Decisions Map provided a framework to set out the governance arrangements that support collective accountability between partner organisations for whole system delivery and performance. Its purpose is to facilitate transparent decision-making and foster the culture and behaviours that enable system working. It is an important part of the Integrated Care System but does not cover the whole governance map, such as the Integrated Care Partnership, Health and Wellbeing Boards or governance of individual organisations.

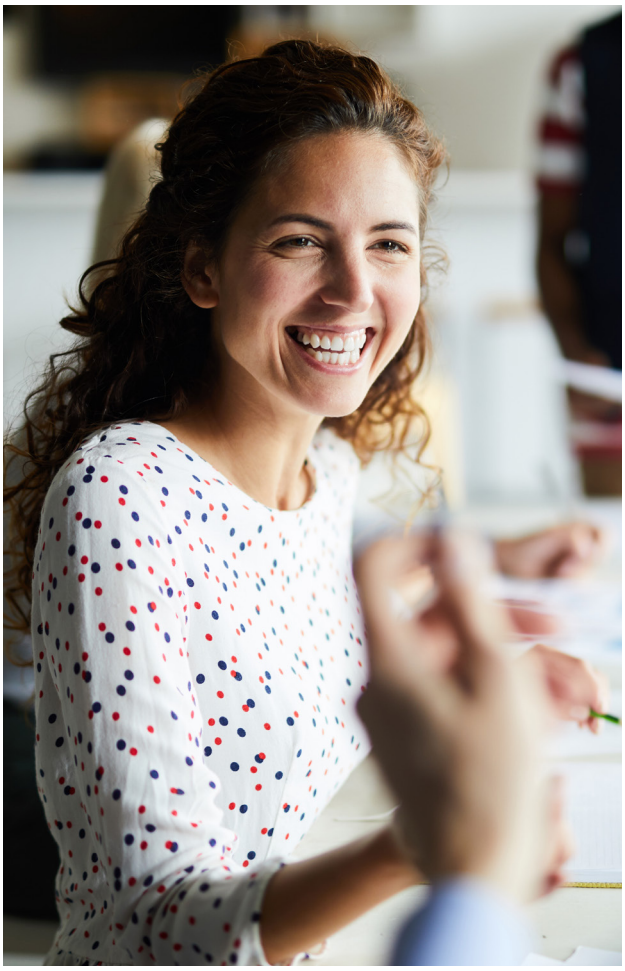


A systems OD approach was also adopted for the development of the SNEE ICS Integrated Care Strategy. A Outcome Based Accountability (OBA) approach is based on working backwards from the desired end position - the conditions of well-being upon which to make an impact - and then taking a step by step approach to understanding how those conditions need to look and feel different; how to measure if that is happening and why; who needs to be involved in making the changes and what practical steps are going to be taken to actually achieve that change. This is often called 'turning the curve'.



The diagram summarises how OBA is applied to thinking in SNEE ICS. It demonstrates the aim to deliver collaborative programmes by working together at system, place and neighbourhood level, to enable benefits for people based on collective understanding of the story that is believed will drive measurable improvements to population outcomes.

These various workstreams also culminated in the need for a central design framework, which acknowledges that multiple layers of systems OD are required to run simultaneously to support the development of a complex Integrated Care System. This means that differing strategic partners and OD consultancies could be working with differing parts of the ICS at any one time. The central design framework outlines a duty of collaboration between all supporting parties to ensure collective aligned development for all levels of ICS subsidiarity.



Learning and Insights

Whilst SNEE ICS has adopted a significant focus on systems OD over a long period of time, an interesting reflection relates to the impact of the introduction legislative changes for Integrated Care Systems. As the framework arrangements outlined by SNEE ICS demonstrate, the Integrated Care Board is not an Integrated Care System, but part of the governance for the new integrated NHS landscape. The introduction of this NHS Statutory Body has, in its establishment, swung the pendulum of focus from partnership to NHS sovereignty and in doing so, taken steps backwards towards hierarchy and function control.

This creates challenges for ICS system leaders. The ICS vision, purpose and shared leadership model has been collectively revisited, to reconnect and re-establish the trust, relationships, and ways of working that had historically matured alongside the partnership development journey to date.

Observations and Next Steps

It is perhaps too early in the ICB Board development and wider ICS systems OD journey to measure impact upon performance measures or system maturity progression.

What can be determined is that the Integrated Care Systems OD journey is complex, multi-layered and a long-term requirement to ensure the aims of Integrated Care Systems can be delivered.

SNEE ICS continue their commitment to systems OD. Commencing the Leading for Systems Change programme in March 2023, with 40 health, social care and wider caring community staff participating in this Leadership Academy systems leadership programme, to broaden and strengthen the development of systems thinking and systems behaviours. Within SNEE ICS this will underpin work for the Integrated Care Strategy and is titled "Break the Mould."

A further area of focus is to continue the development approach to geography, by adopting an ICS cross collaboration with Hertfordshire and West Essex ICS and Mid and South Essex ICS to focus on the experience of Essex residents, including:

- How the three ICPs, with common partners, can support and enable collaboration
- Joining up data across all major partners to achieve a truly joined up picture of places
- Working more closely as health and care systems with Essex businesses
- Developing a trusting relationship between Essex residents and local health and care services, exploring residents' experiences of services including any potential differences or inconsistencies
- Joint engagement with the University of Essex and other partners on work exploring the unique challenges and opportunities for coastal communities in the East of England (SNEE, MSE and N&W).
- Collaborating as health and care Anchors as part of Essex Partners

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Case Study:

Cambridgeshire & Peterborough Integrated Care System - Systems OD

Contents

Introduction

This case study reflects the organisational development journey within Cambridgeshire & Peterborough Integrated Care System that is enabling the safe and effective delegation of ICB functions to Place and Collaborative Partnerships within the Integrated Care System.

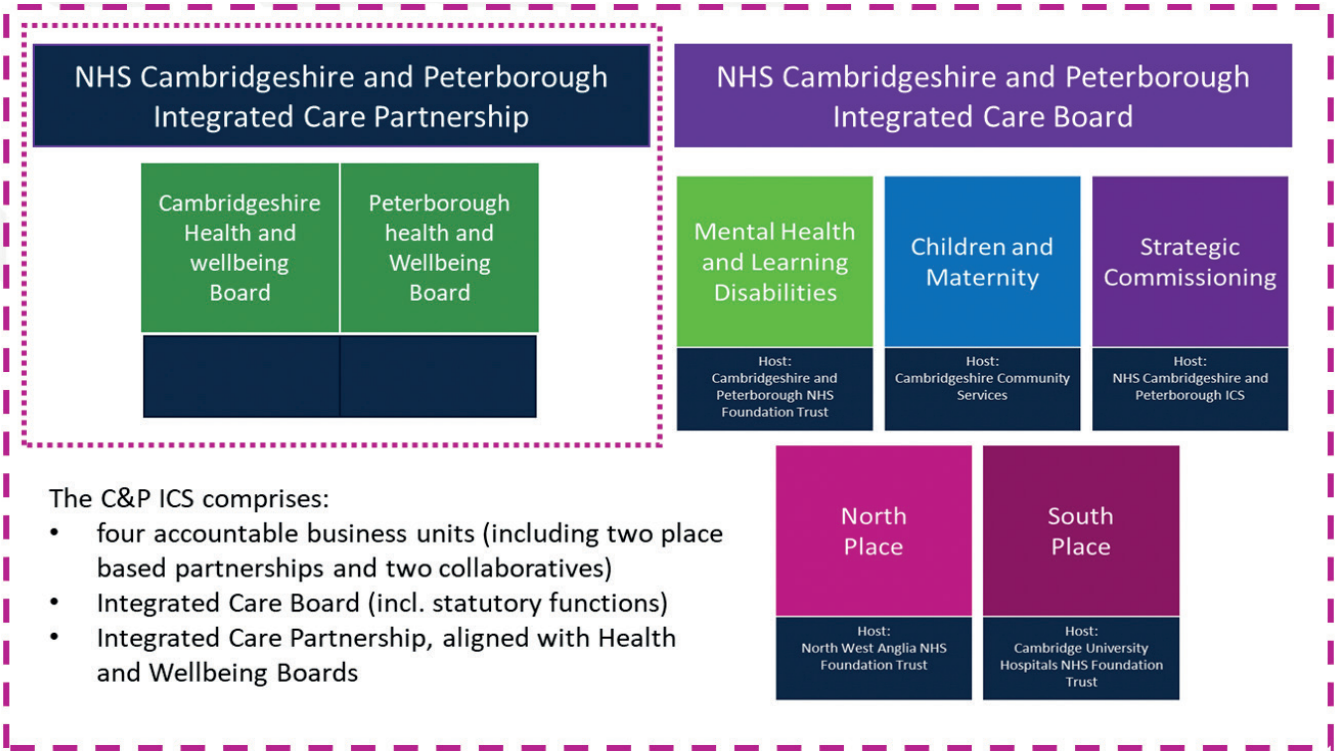
It highlights the work undertaken to develop a systematic and rigorous approach which enables the ICB and these partnerships to deliver substantial functions and services as close as possible to the communities, whilst assuring the capacity and capability to hold clinical and financial risk.

Implications for transformative new ways of working and collaborative systems leadership development are explored and sustained commitment to working differently together captured within a formal Memorandum of Understanding between ICS partner organisations and leaders.

Background

In November 2021, Cambridgeshire & Peterborough Integrated Care System (C&P ICS) were developing a Most Capable Provider (MCP) Framework for the Integrated Care Board (ICB) to utilise to assure safe and effective delegation of functions to Accountable Business Units (ABU). In turn the ABUs will be able to use the process to help guide their development and due diligence processes.

These ABUs are constituted by Place, Provider Collaborative and Strategic Commissioning functions within the ICS.



It was envisioned that the ICB will work with each ABU to co-develop a clear set of expectations and outcomes to support the high-level ICS infrastructure, as set out below.

- **North & South Partnerships** - works across health, local authority, voluntary sector, and the wider community. They take collective responsibility for improving the health and wellbeing of residents within the two places.
- **MH/LD and autism collaborative** will ensure that Mental Health and Learning Disabilities feature throughout the ICS by making mental health everybody's business. It will improve the experience of service users and their carers by promoting shared decision making and personalised care to ensure better mental and physical health outcomes
- **Childrens and Maternity collaborative's** aim is to develop a collective system-wide vision for children, young people and maternity services. Its overarching priority is to tackle health inequalities, promote choice and personalisation and to keep children safe.
- **Strategic commissioning** is proactively working to improve people's health and wellbeing with a focus on preventing ill health, prolonging life expectancy and promoting healthy behaviours by focusing on population health, citizen-based data, strategic planning and outcomes setting.

The ICB acknowledged there was a need to transform their approach, which involved new ways of working where all partners across the NHS, Local Authorities and VCSE sector work as one team with matrix management and transparency at all levels. A set of Design Principles were developed to complement the overall ICB purpose:

NHS Cambridgeshire & Peterborough (the ICB) will aim to:

1. Commission for outcomes, measured by agreed key performance indicators
2. Provide a strategic vision and framework
3. Delegate responsibility and accountability to the most local level (subsidiarity)
4. Create a conducive environment for building long term relationships across local strategic partners, backed up by contractual agreements which are as simple as possible.
5. Provide as much certainty as possible on long term financial envelopes
6. Address inequalities through levelling up, using capitation growth funding
7. Provide and expect 'open book' on performance and finance
8. Apply the national ICS assurance framework fairly and in an aligned approach with NHSE

To embed these principles and a transformative way of working C&P ICS embarked on a systems OD approach to developing the ABUs. The following sections describe how our ICS and ABUs have evolved from these original design principles to our current (Spring 2023) state where we are beginning to embed Place and Collaborative Partnerships in our Business as Usual governance, with a focus on delivery of strategic aims.

Approach

The Leadership Academy ICB - ICP Board Development Framework provided a useful intervention to facilitate this systems OD approach. NHS Cambridgeshire & Peterborough ICB commissioned Tricordant as the systems OD provider to work with them to deliver this approach, however, the ICB leadership team were also actively involved in delivery of review and development sessions with wider senior leader stakeholders, such as CEOs and Chairs groups.

An initial diagnostic phase, including 121 interviews with ABU leaders, collective feedback and output sessions and a review of the evolving Framework demonstrated that ABU leadership development needs existed for:

- Gaining greater understanding of the delegation process and how it works.
- Exploring where it sits in the system infrastructure, how it is led locally (and links regionally).
- Identifying how ABUs will be governed. Who its key stakeholders are. How its members work together.
- Establishing what the ABU priorities are for the short-medium term.
- Agreeing broad principles of working together and what resources are needed.

A series of development sessions then focused upon:

1. Recap on the vision and role of ABUs within the system	a) Is there anything further to add since previous discussion and output? b) Have these elements changed or evolved?
2. ABU priorities for 2023-24 and resourcing	a) How well do these priorities align with the overall system and ambition? b) Are there gaps or areas of ambiguity? c) What should be the system approach to providing resources and enablers? d) What are the principles that underpin this? e) How does this link to our system resource and capability model? f) What process do we need to decide this and what are the next steps? g) What is the role of the strategic commissioning unit in supporting ABU development and delivery?
3. Mandate and delegation	a) What do we mean by delegation? b) What does the ICB intend to delegate? c) What criteria must be met for delegation to take place? d) How should ABUs and system leaders develop a mandate for the role of the ABUs within the system?
4. Collaboration model	a) What is the intended collaboration model for ABUs? b) Discuss the implications of this.
5. ABU Programme next steps	a) Is there any feedback on this programme?

Approach continued

Attention was also given to principles for ways of working collectively across the ICB and ABUs:

- Shifting our mindset - moving away from being organisationally focused (with an historical culture of competition between providers), towards doing what is best for the local population.
- Being open and resolving conflict.
- Developing shared ownership to find collaborative solutions to system wide problems.
- Coming together as groups to focus on development in addition to delivery.
- Developing greater understanding, a shared narrative.
- Building trust and describing how we will work together in the future.

In addition resource needs were identified and considered in order to:

- Commit the resources, human and financial, to the creation and development of our neighbourhood teams. Ensure each neighbourhood has the capacity and capability to implement key initiatives (e.g. multidisciplinary integrated frailty services). To achieve this managerial and clinical/professional leadership must be secured in each integrated neighbourhood team.
- Invest in the organisational development of each part of the system (e.g. ABUs), recognising that these are new and emerging delivery vehicles in our system.
- Carve out transformation resources (e.g. funding for neighbourhood based frailty teams) to enable each ABU to drive service improvement to test its partnership and delivery capability.
- Design and deliver opportunities for staff (in providers, local authorities, VCFS and ICB) to come together and consider the benefits and career potential of operating in these new integrated structures.
- Agree the initial contribution of human and financial resources to the ABUs for 2023/24 from all partners.

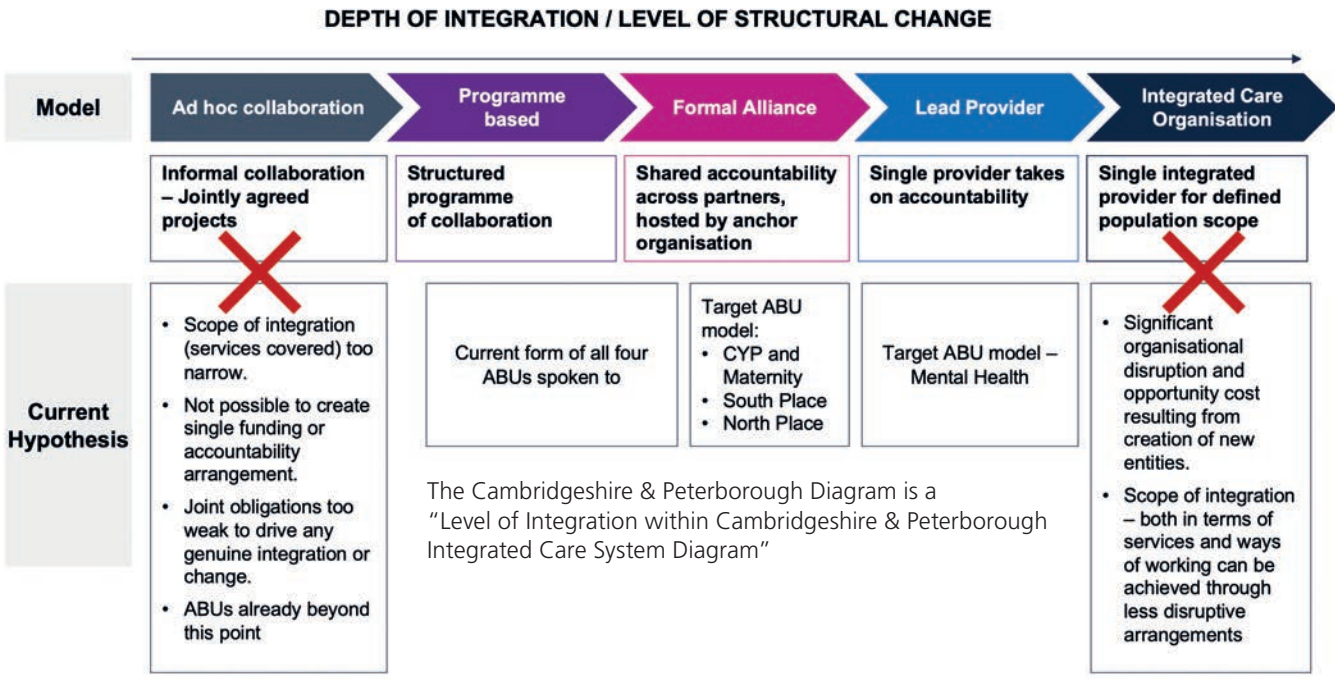
7. Case Study: Cambridgeshire & Peterborough Integrated Care System - Systems OD

Outcomes

Significant energy existed for efforts to secure traction for ABU delegated responsibilities and functions.

Each ABU Managing Director had previously outlined the likely future medium-term model of collaboration term (e.g. by the end of 2024), resulting in ICS plans stating the ambition that each ABU would move towards a lead provider model by the end of 2024.

Session outputs suggested that this had shifted, and that three of four ABUs now considered a formal alliance to be a better structure.



The Cambridgeshire & Peterborough Diagram is a "Level of Integration within Cambridgeshire & Peterborough Integrated Care System Diagram"

Key considerations within this discussion included:

- The MH collaborative was the only one aiming to become a lead provider model. This ABU would still be emphasising principles of collaboration and shared endeavour to bringing together stakeholder organisations to transform the system. However, many providers are third sector organisations, where subcontracting model will ensure administrative practicality.
- For other ABUs, an alliance model was felt to be more conducive to building an active partnership approach, emphasising themes of shared accountability for transformation.
- All four ABUs will be hosted by anchor institutions - with these helping to organise and drive development forward. Where that requires significant additional investment on the part of the anchor organisation, the ICB and ABU partners will need to discuss how that is provided
- While recognising the importance of ABU form in the medium term, ABUs felt the topic would be easier to address once there was greater clarity about ABU priorities and plans and the delegation intentions.

Design principles for ways of working as ABUs were also agreed, with the aim to:

1. Understand and respond to the needs of their patients and populations by using analytics and engagement, including data on social determinants of health, to shape the support provided.
2. Commit to a culture of continuous improvement and innovation to address needs and inequalities in health care quality, use and access across C&P and to maximise our collective resources and drive out inefficiencies.
3. Carefully assess the impact of any changes to service, taking into account stakeholder and public views as appropriate to the scale of change, including an agreed set of impact assessments.
4. Provide strategic and annual plans to deliver on the ICB outcomes and policy priorities.
5. Manage costs within agreed financial envelopes and ensure that the ICS as a whole delivers its financial strategy.
6. Collaborate effectively within and across the ABUs.
7. Engage with a broad range of stakeholders across health, care, voluntary and other key sectors to ensure diversity of thought and decision-making.
8. Maximise the opportunities of digital technology to meet the evolving health needs of our communities, working in partnership with them to shape new solutions.
9. Ensure citizen active participation in the governance, delivery and shaping of services and support.

A formal Memorandum of understanding between the ICB and ABUs was developed that sets out:

- Principles for working together across the ICS;
- How current service transformation and improvement priorities will be led, planned, and delivered across place based partnerships, system collaboratives and C&P-wide teams working within the Integrated Care Board (ICB);
- How this work will be prioritised, resourced and accountability for it managed;
- How the Partnerships will develop their capability, and their experience of working together, in order to take on an increasing range of responsibilities in future; and
- The role of the ICB in supporting the Partnerships to be successful.

The principles for working together across the ICB and ABUs were agreed as:

1. We recognise the relationship between the Partnerships and ICB as one equal partnership of complementary groups, working towards common goals.
2. We subscribe to a model of collaborative leadership where Partnership leaders operate as representatives of the Partnership and the communities they serve, rather than in the interests of their individual organisations.
3. We enable our people to work in collaborative teams, reaching across organisational boundaries and traditional reporting structures.
4. We will hold ourselves and each other accountable for what we commit to.
5. We are ambitious but also recognise that successful change is only delivered where it is properly resourced. We will need to collectively align the right resources to our priorities so that we can deliver what we commit to.
6. We will be working at pace; as a result, our teams will need to have adequate delegation from their respective organisations to facilitate efficient progress.
7. We recognise that system structures are still developing and that we will need to find ways of working with and building these as our system evolves.

Outcomes continued

8. We will work with maximum transparency, sharing evidence, data, and learning wherever possible.
9. We work to enable residents to contribute and co-produce the development of effective services.
10. We will build on what already works - working with existing structures and services rather than re-inventing them.

Learning and Insights

Investment in organisational development for each part of the system, both in terms or resource and dedicated time has been recognised as an essential component to the success of the ICS.

This relates not just to the ABUs within C&P ICS, but also to wider ICS partners. As a result the ICS is also starting to focus on development for the ICB Board, Health and Wellbeing Board and Integrated Care Partnership.

It is critical that this layering of systems OD work concurrently evolving within the ICS is well coordinated and complementary.

Observations and Next Steps

Next Steps for ABU ways of working and delivery include:

- Further develop and agree priorities and delivery plans collaboratively actioned via development of the ICS operational plan and Joint Forward Plan, and reflected in a RACI matrix that covers all the ABUs and the ICB so there is clarity on leadership, purpose, delivery, accountability and ownership.
- Agree ways of working, timescales and plans for priorities that work across ABUs and the ICB, the identification of the areas of risk and agree mitigations and the approach to performance and monitoring.
- Support the transition of the ABU Development Programme to move to 'business as usual' by embedding the Managing Directors of each ABU into the ICB Leadership governance including host, ICB, ICS etc.
- Develop a joint resource plan to support the successful transition and delivery of short, medium and long-term objectives.
- Agree 23/24 delivery plans and outcome measures, which will inform delegation.
- Continue to develop stakeholder and relationship networks to underpin collaborative system working
- Alignment of layered systems OD initiatives within one ICS systems OD plan.