

Leadership and Organisational Development Plan

Contents

	Page
Introduction	3
Context	4
Leadership Charter	5
Developing Our Plan	6
Plan on a Page	7
Leadership	8
Culture and Collaboration	9
Building for Success	10
System Change	11
Conclusion and References	12

Introduction



Within the context of developing a shared Leadership and Organisational Development (OD) plan, our aspiration to move collectively forward into an Integrated Care System (ICS) is ambitious and challenging. We recognise the collaborative transformative shift required in developing shared mission and strategy, leadership, culture and performance to deliver our system priorities for:

- Prevention
- Primary, Community and Social Care
- Sustainable Secondary Care
- Technology
- System Redesign

As 15 organisations, however, joining together in an ICS, we do not have a single organisational environment to support the transactional elements of structure, management practices, policies and procedures, work climate and people skills, values and motivation that are commonly accepted as critical factors to successful organisational development (Burke-Litwin 1989, 1992, 2002).

This BLMK Leadership and OD plan, therefore is developed on a landscape of ambiguity and uncertainty, both at national and local level, as we move forward to collaboratively create a new, untested and innovative vehicle for delivering the triple aim of:

- Improved health and wellbeing
- Transformed quality of care delivery
- Sustainable finances

The Leadership and OD plan aims to support the development of a systemic lens that enables us to develop the people, organisations and culture across our health and social care sectors that will build our ICS and collaboratively execute our plans to deliver our system priorities for our populations.

We recognise individual organisations will also continue to undertake aspects of internal staff and organisational development. The plan aims to identify collective requirements for leadership, shared learning, relationship building and organisational development of the BLMK ICS, with the aspiration that this planning will be increasingly undertaken on a shared platform, collaboratively pooling resources, capacity and capability. As such this is a dynamic document and will be annually reviewed and updated.

Context

We want to develop an Integrated Care System (ICS) concept and model in BLMK to enable us to better deliver continuous improvements in care quality, population outcomes and value for money.

Our ICS will enable us to *together manage funding* for the BLMK population, committing to *shared performance goals and a financial system*, to create an *effective collective decision making and governance structure*, to provide *clinically networked services*, dissolving barriers and creating *new relationships* between hospital, GP, mental health, community health, social care and voluntary/charitable services, to adopt a rigorous approach to prevention and *population health management* and to ensure *patient choice* and personalised care drives informed health and wellbeing choices for local people.

In order that we can provide joined-up, better coordinated care we choose a future of collective responsibility for resources and population health. This requires us to move away from traditional cultures of organisational sovereignty and silo's and to embrace a transformational systems approach, where we help each other to better deliver continuous improvement.

Leaders of organisations need system leadership skills to build the BLMK health and social care systems of tomorrow. Organisations need compassionate, inclusive and effective leaders at all levels to drive a new way of collaborative working. Collectively we need to create a new organisational culture that enables us to trust, connect and operate differently.

Collaborative accountability, planning and delivery apparatus can be organised at three different levels across BLMK (i.e. locality- Place, Borough and ICS footprint).



Leadership and organisational development within all these levels will be critical to the build and effectiveness of our future BLMK care system.

Our Leadership Charter will define our shared values and behaviours that will underpin the culture of the BLMK ICS system:

Leadership Charter



This Charter outlines the values and behaviours that strengthen our collective leadership culture. It is underpinned by shared principles for working together in ways that are:

People-led

Collaborative

Integrated

Inclusive

Altruistic

As a Leader I will

- Do what I say I am going to do
- Behave in an open, honest and ethical manner
- Be accountable for my actions and outcomes
- Share responsibility when things go well and take responsibility when they don't
- Continually learn, through participating in professional development and from experience and feedback
- Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises
- Develop staff and provide them with a safe, healthy and engaging workplace
- Seek frequent, personal contact to nurture working relationships and connections across our system
- Inspire and energise continuous improvement in care for people

As a Collective Leadership Group we will

- Keep the needs of the population we serve at the centre of everything we do
- Constantly reinforce the importance of joined-up, coordinated, high quality services that improve the health and wellbeing of local people and offer value for money
- Create the belief we can do better and drive a culture of innovation and improvement
- Give honest feedback on inappropriate behaviour when we see it
- Identify conflicts and seek to resolve them collaboratively
- Commit to working together in the longer term, collectively planning and building our future together
- Embrace a transformational systems approach, where we help each other to better deliver continuous improvement
- Choose a future of collective responsibility for resources and population health

In all that we do we live our values

Trust

Respect

Integrity

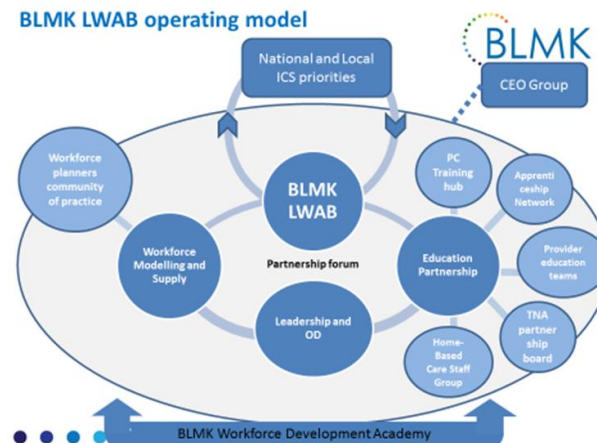
Accountability

Care and Compassion

Developing our Leadership and OD Plan

We have adopted a staged approach to developing our Leadership and OD plan. This has involved working alongside system leaders of ICS priority programmes and place specific development and drawing from local knowledge and intelligence, including learning from workforce transformation initiatives.

Leadership and OD Approach



Governance and accountability for plan development and implementation sits with our BLMK Local Workforce Action Board and aligned to the STP groups and boards. The Leadership and OD sub group will be the mechanism of delivery. All 15 organisations are represented within these groups.

Set within a wider strategic context, we have developed our plan into four key workstreams:

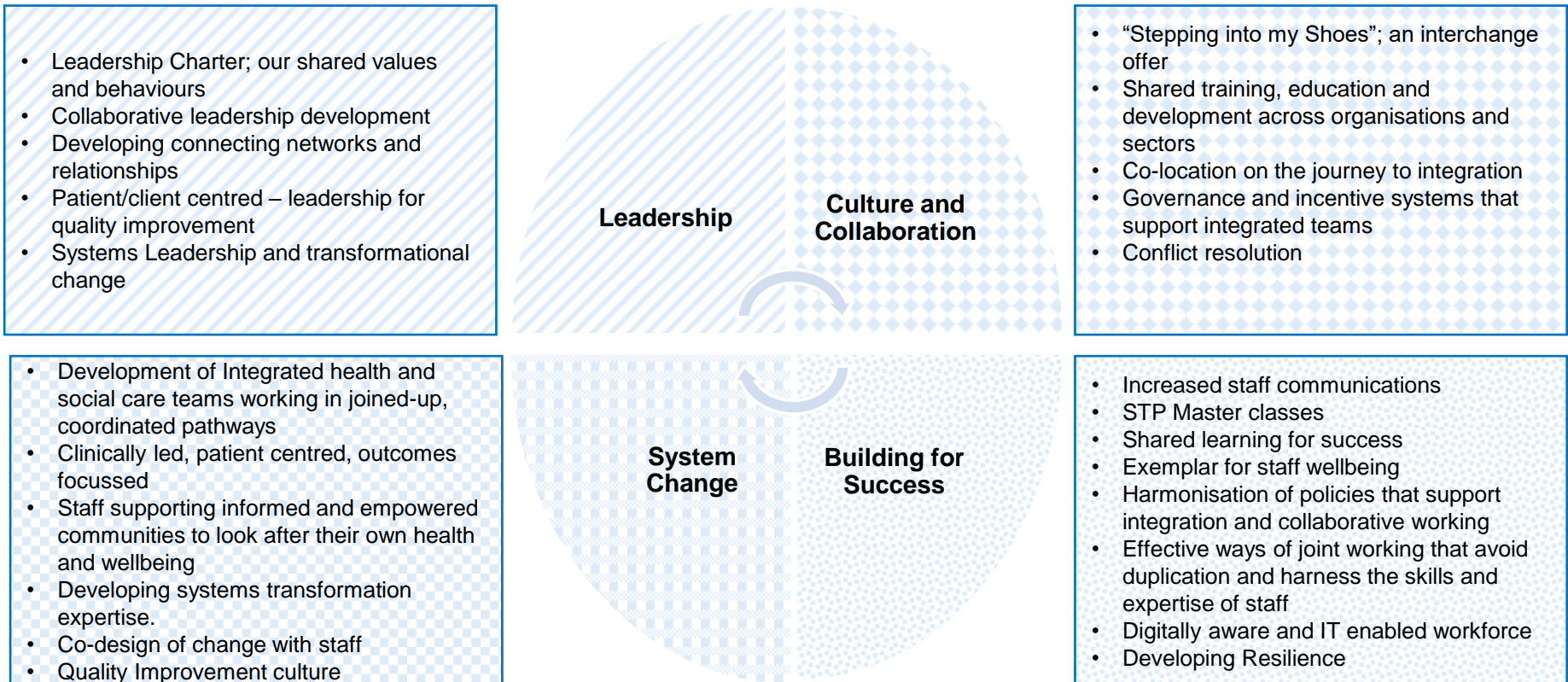
- Leadership
- Culture and Collaboration
- Building for Success
- System Change

Our plan on a page summarises this approach.

Plan on a Page

The six strategic pillars

Shared Direction	Collective Leadership	Coaching Culture	Talent Management	Engagement	Employer of Choice
<ul style="list-style-type: none"> Shared vision and values for working together Developing our workforce through shared learning Continuous improvement in quality, population health and value for money 	<ul style="list-style-type: none"> Compassionate, inclusive and effective leaders at all levels Leaders equipped to develop high quality local health and care systems in partnership 	<ul style="list-style-type: none"> Senior leaders as coaches Responsibility for culture change Develop engaging leaders, through coaching style conversations Culture of integrity & trust 	<ul style="list-style-type: none"> Succession planning Develop STP talent pipelines Align PDP with STP objectives 	<ul style="list-style-type: none"> Shared strategic narrative Senior leaders prioritise involvement in staff groups Co-design of service models with staff 	<ul style="list-style-type: none"> Effective and productive workforce Collaborative STP working Shared approach to Staff Wellbeing



Leadership

System Leaders “recognise the need to build alliances and collaborations by engaging with their peers and many others in working towards a better future” (Timmins 2015). These leadership attributes are required at all levels in the BLMK ICS, underpinned by a collective and distributed leadership approach embedded within the responsibility of teams, not organisations. As we enter into building a new ICS, leadership development that supports leaders to be comfortable with the unknown, working across services and organisations to meet the needs of the population and building effective, connecting relationships will be essential to working collaboratively for the greater good of the populations we serve.



Activity	Timelines			
	2017/18	2018/19	2019/2020	2020/2021
CEO Development	★		★	
Leadership Charter	★	→		
Collaborative Leaders	★		★	
Collaborative Teams		★	★	★
Senior Leaders as Coaches	★	→		
Leadership 360 Framework	★	→		
Leadership Network	★	→		
Clinical Champions	★	→		
Shared Development	★	→		

Culture and Collaboration



Collective leadership enables the development of high quality care cultures which support organisations to work collaboratively. We also believe that opportunities to train, learn and develop together, across organisations and sectors will enable us to build effective, connecting relationships. Co-locating health and social care integrated teams will promote joint- working whilst facilitating a better understanding of each others roles and services. We will mindfully develop and measure our steps towards a more collaborative culture. Critical to an emerging new culture will be the response of our local population, behaving differently to make informed health and wellbeing choices, adopting self-care approaches and accessing services when required in increasingly proactive and planned pathways.

Measurement and evaluation of system culture

External independent reviews e.g. Kings Fund, adoption of a cultural assessment tool, workforce OD interaction (Do OD programme), sharing of individual organisation best practice, culture training

Stepping into My Shoes

An 'interchange offer' system, staff volunteering to share and staff requesting to learn across sectors/organisations e.g. shadowing, mentorship, action learning, placements, improvement projects etc.

Co-Locating Teams

Co-locating to promote joint-working between health and social care teams whilst on the journey to full integration

Multi-professional Education and Training

Shared modules for pre and post reg training programmes e.g. for integrated team working and collaboration etc.

Apprenticeship Standards

Common standards for integrated team working, collaboration and leadership

Apprenticeship Career Pathways

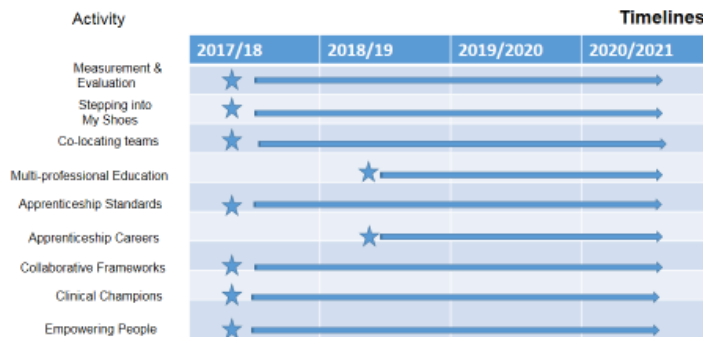
Develop integrated cross sector apprenticeships e.g. Health and Wellbeing Apprenticeships

Collaborative Frameworks

Shared recruitment, induction, development rotational posts, mentorship and placement schemes

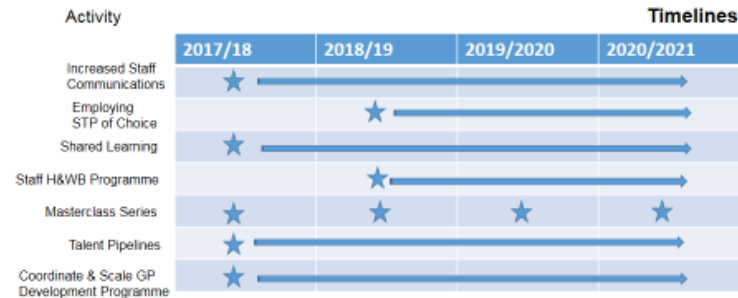
Empowering People

Enabling staff and local people to behave differently through health coaching, social prescribing, shared decision making, patient choice and personalised care to make informed health and well-being choices



Building for Success

We have many local examples of best practice, innovation and developing health and social care integrated new models of care. In order to accelerate the pace and scale of change across the BLMK ICS, we need to systematically share the learning from and celebrate these successes, whilst also building a platform to share OD resource, capabilities and expertise. As we recognise best practice we also need to reward and value our staff, creating safe, healthy and engaging workplaces. We need to ensure that focused development programmes support vulnerable sectors, reflecting the national agenda, such as for General Practice, to ensure sustainable care models emerge for future care provision



Increased Staff Communications

Shared strategic narrative, common engagement activities, partnership forum engagement

Employing ICS of Choice

Sharing and spread of employment best practice, developing attractive communities of place for people to live and work, harmonising employment policies

Shared Learning for Success

Sharing improvements, System Awards, shared evaluation of continuous improvement, Provider Learning Forum

BLMK Staff Health and Wellbeing Programme

Sharing and spread of best practice, common approach to CQUINS, developing joint health and wellbeing initiatives and services for staff

ICS Masterclass Series

system finance, developing an IT and digitally enabled culture, leading systems change, culture and collaboration, Shared Public Narrative, conflict resolution, Co-Design of Change, QI

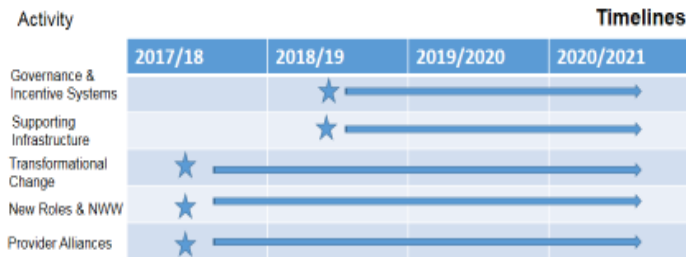
Talent Pipelines

System succession planning, talented integrated health and social care teams and individuals

Coordinate and Scale GP Development Programmes

Central CEPN Approach, Joint-working to deliver GPFYFV plans, LMC engagement, enable GPs to create capacity

System Change



We will look to transformational methods of implementing system redesign, such as within Quality Improvement and staff Co-design sciences, to create environments for sustainable change. Innovative, outcomes-based contractual approaches will support the governance of a new system that is enabled to dissolve traditional boundaries between professionals, sectors and organisations and create integrated health and social care teams coordinated around care needs. Workforce, estates and digital operability solutions will help create a health and social care environment that is joined-up and coordinated. We will take collective responsibility for resources and population outcomes.

Supporting Governance and Incentive Systems

Pooled, capitated budgets for population outcomes, clear financial risk/gain agreements, new contractual frameworks that enable fully integrated teams, outcome-based population level strategic planning, system performance and monitoring functions

Supporting Infrastructure

Digital interoperability for shared information and IT systems, digitally enabled care, IT fluent workforce, system estates planning,

Transformational Change Management

Embed staff Co-Design and Quality Improvement methodologies, Transformational change and Programme Management development, adoption of RightCare methodologies to work with clinicians to benchmark evidence-based intelligence and support changes in care

New Roles and New ways of Working

Workforce planning and models to innovatively address workforce challenges and support new ways of working within collaborative teams across health and social care sectors

Develop Provider Alliances

Enable providers to create innovative solutions for joined-up coordinated care, inclusive of and involving voluntary and charitable organisations with a focus on place-based care

Conclusion

We cannot deliver the triple aim for our population as individual organisations. As Grint has argued "Wicked Problems require the transfer of authority from individual to collective because only collective engagement can hope to address the problem". This means working in a joined-up, coordinated way around the needs of local people across the health and social care system.

Hulks *et al* (2017) suggest there are five key factors of success to leading across health and social care systems:

1. Develop a shared purpose and vision
2. Have frequent personal contact
3. Surface and resolve conflicts
4. Behave altruistically towards each other
5. Commit to working together for the longer term

The authors go on to quote Senge *et al* (2014):

"transforming systems is ultimately about transforming relationships among people who shape those systems. Many otherwise well-intentioned change efforts fail because their leaders are unable or unwilling to embrace this simple truth"

Given our vision of collective, distributed leadership at all levels, we commit to a leadership and organisational development journey that reflects these critical success factors and principles in order that we can effectively work collaboratively for the greater good our population in Bedfordshire, Luton and Milton Keynes.

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