

Measurement

Readiness

**Systems
Thinking**

Narrative

Spread

**Burning
Ambition**

**Shared
Purpose**

**Stepping up
the pace of
improvement**

**Evaluation and insights from the Transforming Care team's
work with CCGs and local system partners 2013-15**

September 2015

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Foreword

When Clinical Commissioning Groups (CCGs) came into being on 1 April 2013, they had already given careful thought to what a great CCG would look like and what skills and capabilities they needed to develop.

High on the list was being able to work with other organisations locally to transform existing models of care which were often not well integrated around the needs of individuals or families, be that between primary and specialist services, physical and mental health services or health and social care services.

Rooted in local communities, with a strong sense of place, CCGs recognised they needed to be outward-facing, leading by working with all those who could drive transformation locally; other CCGs, NHS England, local authorities, the public and providers who had innovation to contribute. From this need the CCG Transforming Care programme was created - a programme co-produced with local systems for local systems.

Two years later, over half the CCGs across England and their partners have chosen the Transforming Care programme to support them on their local journey.

This report captures the programme evaluation, celebrates what some of the local teams achieved, as set out in the case studies and what support they need moving forward.

In 2013 many CCGs believed that without reform to the rules and system drivers in the NHS, CCGs could be limited in their ability to drive transformation. Today the Vanguard programme is opening up those possibilities from a basis of what local systems need to transform. Place-based commissioning is firmly set to gather pace and better harness the energies of all those who can transform services in local circumstances.

While CCGs and partners can rightly be very proud of what they have delivered with the support of this programme, the opportunities now set out in the NHS Five Year Forward View invite local ambition to go far further.

The skills and experiences of the CCGs and their partners described in this report offer a significant contribution to how that movement will be a success.

John Bewick

Former NHS England Director of CCG Development and Regional Director





1.0 Executive summary

On behalf of the NHS Improving Quality Transforming Care team it's been a privilege to be part of the development journey of clinical commissioners and their local health and care system partners. This report is a reflection of learning and the insights gained from that work supporting local systems to initiate and progress their ambitions for transformed patient and community-focused health and care services.

The Transforming Care team has introduced and supported application of a broad range of improvement tools and approaches relevant to the local change priority identified and particular system context. In discussion with local clinical and managerial leaders we sought to assemble and facilitate those inputs, from our rich body of knowledge, which would best help the system to move forward in addressing their challenges and delivering the future. We've witnessed and tested the value and fit of frameworks, such as the Change Model, at an unprecedented scale in our work across England. In this document we describe those resources that have been particularly and consistently relevant and we feel have an ongoing contribution to the opportunities and challenges facing health and care systems.

Nationally the realities of flat or reduced funding and increased demands on public services are well documented. Leaders, organisations and systems told us of their own additional imperatives around progressing transformational change. In short, there are many reasons to 'step-up the pace' of improvement.

From independent evaluation of our work and through the relationships developed, we've made a contribution to this. Seven out of 10 CCGs interviewed by an independent evaluation provider said change would have happened at a much slower pace without our team. You also told us you valued our advocacy for change, our practical support, the space we created to engage partners in different conversations and efforts to build local improvement capability sustainably. This report features the work of a number of local partnership alliances and seeks to continue our commitment to real and practical support by describing some of most significant learning we identified.

For more resources visit the Transforming Care team web pages at [nhsiq.nhs.uk](https://nhs.uk/nhsiq), see our 'Transforming Care' YouTube channel and join in the conversation on Twitter through our team 'handle': @TransformCare

Charlie Keeney
Programme Director



2.0 Introduction

2.1 Commissioning landscape

Since their inception in April 2013, CCGs have been tasked with a significant challenge: assuring the success and sustainability of the NHS by commissioning patient-responsive and financially viable services. The scale of the task has been amplified as their formation has coincided with a time of unprecedented financial challenges on the NHS, fuelled by the pressures of an increasing and ageing population requiring ambitious whole system re-design and transformational scale change. There is an imperative for CCGs to establish themselves as effective organisations capable of developing strategic plans and assuming the maturity, buy-in and influence to deliver on so many fronts.

2.2 Policy landscape

The policy landscape continues to evolve at considerable pace. The Better Care Fund¹ (BCF), introduced in June 2013 after NHS Improving Quality was launched, is worth £3.8 billion and creates a local single pooled budget between health and social care. It is hoped this will incentivise the NHS and local government to work more closely together around people. Some CCGs who had already identified their 'change challenge' priority for the CCG Transforming Care (Capability and Capacity Building programme), wanted to switch focus to better align with BCF objectives. The advent of the fund enabled CCGs to mobilise local partners to undertake the programme collaboratively.

Ambitions set out in the Five Year Forward View of the NHS², published October 2014, underline the importance of building-up the improvement capability of CCGs and their alliance partners, ensuring these are equipped to lead transformational change for and with their local communities. The Forward View recognises that while the NHS has dramatically improved over the past 15 years, quality of care can still be variable, preventable illness is widespread and health inequalities deep-rooted. It calls for a better future, stating that some of what is needed can be brought about by the NHS itself, while other actions require new partnerships with local communities and local authorities. In the next five years the NHS can expect to see new models of care developed: "The traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and co-ordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services

even though people increasingly need co-ordinated care from all three. Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries... In other geographies it may make sense for local communities to discuss convergence of care models for the future. This will require a new perspective where leaders look beyond their individual organisations' interests and towards the future development of whole health care economies - and are rewarded for doing so."

2.3 Systems leadership - at all levels

The challenges of working across organisational boundaries on issues where a collective approach is required to deliver better quality, safer care and improved health - while releasing resources - require systems leadership. Systems leadership has been defined as: "a way of working that shares the responsibilities of leadership to achieve large-scale change across communities. It goes beyond organisational boundaries and extends across staff at all levels, professions and sectors. It involves people using services, and carers, in the design and delivery of those services. Systems Leadership recognises that leadership is not vested in people solely through their authority or position; so it involves sharing leadership with others, coming together on the basis of a shared ambition and working together towards solutions."³

2.4 Transformational change

Many of our commissioning challenges require radically different systems of care, often serving different priorities and assumptions from the past. Many CCGs are already adopting new priorities for care closer to patients' homes, with much greater emphasis and commitment to working with patients, carers and communities as empowered partners. New whole-system perspectives challenge us collectively to ask whether we're doing the right thing, as well as whether we're doing things right.

Transformational change such as this doesn't just happen. Leaders need to engage large numbers of stakeholders, leading across boundaries and unleashing the commitment of thousands of people beyond the NHS. This kind of large scale change requires a strong sense of shared purpose, clear vision, strategies that can cope with the unexpected, new approaches to empowerment, measurement in shared currency and bold collaborative leadership that disregards vested interests of one organisation over another.

2.5 Applying improvement science

The CCG Transforming Care programme responded to the needs of commissioners and policy-makers to provide structured yet flexible support to help local alliances of partners take a system perspective. As highlighted in this report, through case studies and independent evaluation, NHS Improving Quality worked with alliances across England to build a sense of collaboration among key partners on issues of strategic local importance. While CCGs were encouraged to sign up to the programme - and more than half of the CCGs in the country participated - it was deliberately not designed or aimed at just CCGs but at facilitating alliances with partner organisations to jointly progress their plans and lead large scale change together. NHS Improving Quality provided the improvement science and a range of evidence-based tools, techniques and models, including the Change Model⁴, to guide and support representatives from the participating organisations through the process. Dedicated link associates were provided by NHS Improving Quality as relationship managers to support this work, leading six or seven practical and action-focused workshops in each locality and providing support to maintain momentum between sessions. During the programme an analogy was made comparing the task facing alliances to marathon runners, with NHS Improving Quality providing fuel and water stations

to energise and inspire participants as they got their local transformation journeys underway. It was also said that the challenge facing colleagues was not just restricted to marathon running - that they are in fact 'multi-eventing' at the same time due to the agenda facing health and social care systems. Whatever the challenge, the Transforming Care team aimed to help 'runners' step-up the pace of change locally. This report shares the learning gained from the CCG Capability and Capacity Building programme, marking the progress and achievements of CCG alliances around the country and setting out some of the insights gained from their delivery of transformational change.

1. <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>
2. <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
3. The Revolution will be Improvised, a report by Richard Vize for the Systems Leadership Steering Group: <http://www.localleadership.gov.uk/docs/Revolution%20will%20be%20improvised%20publication%20v3.pdf>
Further suggested reading on systems leadership is from the King's Fund - System Leadership, Lessons and Learning from AQuA's Integrated Care Discovery Communities, (Fillingham and Weir) October 2014
4. Google search 'Change Model'



"The offer and support were invaluable... it has felt like you're (NHS Improving Quality) part of our project team."
CCG project lead

3.0 Transforming Care - the CCG Capability and Capacity Building programme

3.1 Programme overview

The programme has supported more than half of England's Clinical Commissioning Groups and their local system partners with the tools and approaches for addressing large-scale challenges. It has empowered commissioners to lead change across boundaries and improve services and outcomes for patients and local communities.

The programme was offered to CCGs from April 2013 and delivery continued through to March 2015.

The programme consisted of a series of one-day practical workshops (up to seven in total). The workshops were designed as a holistic programme, rather than standalone sessions. CCGs were encouraged to involve their local partners and form alliances to undertake the programme. Partners included GPs, NHS and independent providers, commissioning support units (CSUs), NHS England, health and well-being boards (HWBs), local authorities, third sector organisations, patient organisations and individuals.

CCGs were required to identify a live 'change challenge' - a large scale, system-wide challenge identified as a major and shared local priority by partner organisations. The challenges were varied, including new care models, integrated care, urgent care, cancer services, maternity provision, long-term conditions and primary care development. The workshops were designed so that participants could apply tools and new thinking to advance their change challenge.

3.2 Programme objectives

The programme aimed to:

1. Improve capability and confidence to lead innovation, improvement and large-scale change
2. Improve key strategic partnerships and skills of the CCGs to lead change and collaboration across boundaries
3. Reduce the time it takes to make change happen through accelerating progress on addressing a current system leadership challenge
4. Continually improve participant experience
5. Demonstrate use of tools and techniques taught in the programme
6. Improve outcomes for patients and the local community

3.3 Programme workshops

The NHS Improving Quality team provided the venues, logistics and expert facilitation while each CCG alliance had responsibility to mobilise and engage the right partners and ensure work was taken forward and progressed between workshops. Workshops generally covered a number of themes and structure, with flexibility provided to meet local needs:

- Workshop one: creating a clear vision and shared purpose
- Workshop two: strategies, plans and leadership for large scale change
- Workshop three: engaging people through compelling narratives
- Workshop four: making better decisions and bigger impacts with data
- Workshop five: understanding value
- Workshops six and seven: inputs tailored to local preference and need.

The fast-paced workshops were designed to be practical and action-focused. They aimed to help advance a live change challenge and to leave participants with a legacy of learning to replicate on future system challenges. Some CCG alliances took all available days while others felt fewer were required to support their work. The programme was backed with a range of online resources, many housed on a purpose-built learning management system, accessed by over 60% of participants.



"The support is helping the CCG to grow into its system leadership role with pace and professionalism."
CCG chief officer

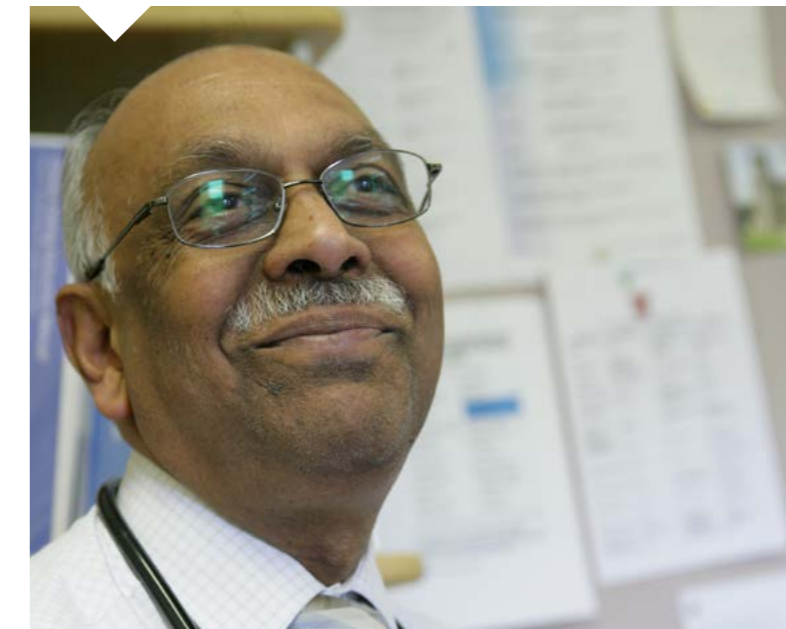
3.4 Link associates

Each CCG alliance was assigned a link associate. The link associates are experienced in facilitating and delivering large-scale change, many coming from backgrounds in health and care improvement, management and commissioning. The main role of the link associates in the programme was to engage with CCG leaders. They helped encourage the participation of CCGs and partners and confirm the live 'change challenge' the local system wanted to focus on. The role developed throughout the programme to involve assembling, delivering, evaluating and refining programme content, together with on-going engagement and relationship management with CCGs and wider local alliance members, tailoring support to their needs.

Facilitators drawn from the Transforming Care team and faculty helped deliver the workshops and act as a neutral but constructively provocative voice to encourage workshop discussions. They worked with CCGs and stakeholders during the sessions and before and after each session to discuss and shape workshop content, in partnership with the link associate.

3.5 Benefits of participation

Among the benefits of participation, delegates found that they were able to step-up the pace of transformational change thanks to involvement in the programme. Seven out of 10 said change would have happened at a much slower pace without the programme. Participants appreciated the opportunity to work with their local partners and progress effective collaboration locally. Nearly nine out of 10 survey respondents said the programme had delivered practical tools and approaches which could be applied locally. More evaluation insights are shown in section 6.0.



4.0 Case studies

NHS Improving Quality has worked with alliances across the length and breadth of the country. Here we focus on the support offered and outcomes achieved with ten alliances.

Case study alliances:

- East and North Hertfordshire
- East Sussex
- Newcastle and Gateshead
- North Derbyshire
- North West London
- Portsmouth, South Eastern Hampshire, and Fareham and Gosport
- Shropshire, Cannock Chase, and Stafford and Surrounds
- Somerset
- South East London
- South Tyneside



4.1 East and North Hertfordshire – speeding up the pace of change

NHS East and North Hertfordshire CCG serves more than 500,000 people registered at 60 general practices. Their alliance brought together health and local authority commissioners, providers and partners including the local Health and Wellbeing Board to focus on a change challenge of 'developing integrated physical, mental health and socio-communities pathways to prevent inappropriate hospital admissions'.

The alliance completed a series of seven workshops including bespoke sessions on data analysis and use of driver diagrams. Independent evaluation has shown that the Transforming Care team's support has given the CCG and partners improved change capability and confidence in progressing its vision, primarily due to the value of tools and techniques used during the sessions. GPs have used the narrative techniques in developing the primary care strategy and the CCG has used new approaches to interrogate its data differently. The programme has also helped develop partnership working between the CCG, GPs and the local authority, participants felt.



The local alliance convenor said:
"We are more effective at what we do... we have more skills, tools and competencies we can draw on," while a workshop participant commented in the evaluation:
"Without the programme there would have been change but at a much slower pace."

4.2 East Sussex - embedding a quality improvement culture

NHS Eastbourne, Hailsham and Seaford CCG together with Hastings & Rother CCG teamed up with NHS Improving Quality and the NHS Leadership Academy to develop a tailored quality improvement programme for a group of local health and social care commissioning staff. The aim was to enable 24 members of staff to simultaneously deliver live quality improvement projects and build capability to use their learning sustainably in the ongoing commissioning of health and care services.

Fiona Streeter, Head of Service Redesign and Innovation, who managed the programme on behalf of the CCGs, said: "Tweaking at the edges hasn't been providing the transformation and improvement

that is needed and it has been difficult to keep within the resources allocated. The change tools we did use weren't delivering the impact that was intended so we needed to look at things differently."

Five one-day workshops were followed by three drop-in 'surgeries' which offered one-to-one support to participants focused on agreeing metrics for their improvement project, refining scope and testing. This led into a series of three action-learning sets with facilitated peer support to help ongoing delivery of projects.

Projects included improving the effectiveness of organisational processes, implementing electronic prescribing and a number of local service improvements such as targeting the availability of pharmacy services to improve capacity in general practice.

"People were given the tools to think differently about seemingly intractable problems facing them," added Fiona Streeter. "That opens up people's minds. It encourages them to think creatively and you can get some really rich results from doing that. Sometimes we pull levers but they have no effect. This programme makes it more likely that those levers will produce the results you want to deliver."

4.3 Newcastle and Gateshead – developing and testing a primary care strategy

Newcastle and Gateshead Alliance, consisting of three CCGs covering a population of 500,000, took part in the transformational change programme with NHS Improving Quality to develop its primary care strategy and test this out with partners, including general practices and patient groups.

Through seven workshops involving commissioners, general practice staff, providers, and other partners such as NHS England and Health Education North East, the alliance progressed a vision and strategy to maximise the quality, capacity, capability and resilience of primary care provision for patients. The alliance is now progressing its primary care development plans which include looking at opportunities for new care models, building a sustainable workforce and co-commissioning.

The involvement of the Transforming Care team has been crucial according to Neil Morris, Alliance Medical Director and Programme Lead. "They not only provided a discipline to the approach, they also gave a focus to our thinking and gave us a framework using the change model."

Neil Simpson, NHS Improving Quality link associate, also detects real progress. "Helping all these different practices to at least agree a common approach is no mean feat. We have the beginnings of a strategy and an understanding about what are the common issues and a recognition of the importance of collaboration in making progress."

On achieving transformational change, Neil Simpson comments: "At NHS Improving Quality we look to build up momentum among the community of stake-holders of a commitment to do the same thing by the majority of people. When change happens some people fall by the wayside, you won't get all of the people, all of the time, doing the same thing. You need to achieve a critical mass on a common agenda. As change progresses, more people will get on the bus"





Alison Tongue says: "Our role was as a catalyst to help build local knowledge and enable clinicians and managers to lead change locally. The added value from a CCG point of view is that we helped them engage member practices on the important issue of safety, which will contribute to improvements in other parts of the system, such as avoiding admissions, reducing re-admissions, reducing A&E attendance, reducing harm, and improving prescribing."

4.4 North Derbyshire – improving quality and safety in general practice

NHS North Derbyshire CCG, made up of 36 general practices covering a population of 288,000, worked with NHS Improving Quality to develop its strategic thinking around commissioning for safer care, seeking to encourage a culture of improved safety and quality within general practice.

Ten 'early adopter' general practices took part in a series of practical workshops on diagnosing safety and quality issues, prioritising improvement projects, devising solutions, measuring improvement and variation and motivating staff. Participants included GPs, practice managers, practice nurses, administrative staff and the CCG.

"Including administrative staff within the participants was crucial because it gave all members of the multi-disciplinary team 'permission' to participate and contribute to change," says Alison Tongue, Senior Associate, NHS Improving Quality.

The results were "eye-opening for many" added Alison. Outcomes reported by participants have included rapid test cycles for improved pathways, simplified reporting leading to an increase in significant event reporting, fewer appointment errors, a reduction in lost prescriptions and improved phone answering.

Marie Scouse, North Derbyshire CCG's Head of Quality, Primary and Out of Hours Care, commented: "Patient safety is at the heart of everything. A lot of patient safety programmes are not really directed at primary care but this offered practices relevant tools that could be implemented immediately."

Work is ongoing to spread the safety culture and commitment to improvement across other practices within the CCG, harnessing the know-how and leadership skills of participants.

4.5 North West London – placing the patient at the heart of contracting

The North West London alliance of five CCGs plus a large acute provider (Imperial College Healthcare NHS Trust) wanted to reduce consultant-to-consultant referrals in the hospital. They used the analogy of a pinball machine with patients feeling bounced around between different specialties. Like many local NHS areas, they knew what was wrong with the current system (the 'burning platform') but were initially less clear about where they wanted to get to ('what good looks like').

This alliance was one of the first to embark on the programme and their feedback has been extremely positive, praising NHS Improving Quality for a clinically-led approach and use of evidence-based models relevant to the NHS. As well as being impressed with the quality of facilitation, the alliance was pleased with the focus on supporting the whole system and realising benefits for patients.

4.6 Portsmouth, South Eastern Hampshire, and Fareham and Gosport – ensuring the sustainability of primary care

The three CCGs, covering 71 general practices, were keen to transform primary care, ensuring that services are fit for the future. With primary care facing a number of challenges including a high number of single-handed general practices, a demographic of retiring GPs, and the need to deliver services at scale, the CCGs and general practices worked to develop a sustainable model for the future.

Four combined workshops were held to establish the vision, at which stage Portsmouth CCG developed its own implementation plan based on the city's specific

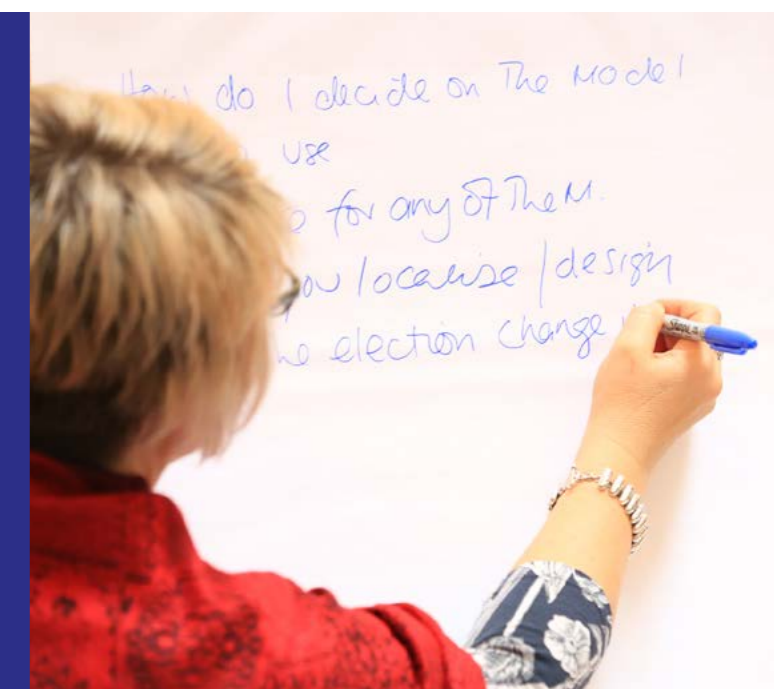
"They started to feel the benefit early on," says Rachel Hinde, programme delivery lead and senior associate, NHS Improving Quality. "They told us our input had helped their contracting discussions, changing the nature of the discussions between the CCGs and Imperial."

They gave us feedback that we gave them something that they had not expected. The workshops helped them change the tone of the organisational relationships."

needs. South Eastern Hampshire and Fareham and Gosport CCGs continued to progress their plans and achieved consensus around a network/federation approach. Against the backdrop of the Large Scale Change Model, participants were able to engage member practices and other stakeholders in organising themselves into a structure which will be better equipped to cope with modern demands and the levels of efficiencies and quality of service required.

NHS Improving Quality link associate Mark Jennings said participants saw the value provided by the programme team and requested additional support including further workshops to those originally planned.

"I carried out the workshops with David Griffiths, an Oxford-based practising GP from our faculty trained in improvement, we work well together and there's a sense that the programme works better with continuity," says Mark Jennings. "Some might argue that as the programme is modular, anyone can deliver it, but continuity and credibility is the key. There is a continuity in the NHS Improving Quality process, we work with local alliances in between sessions, gently cajoling and supporting them to complete the work, and provide continuous support."



4.7 Shropshire, Cannock Chase, and Stafford and Surrounds – enhancing communications and collaboration

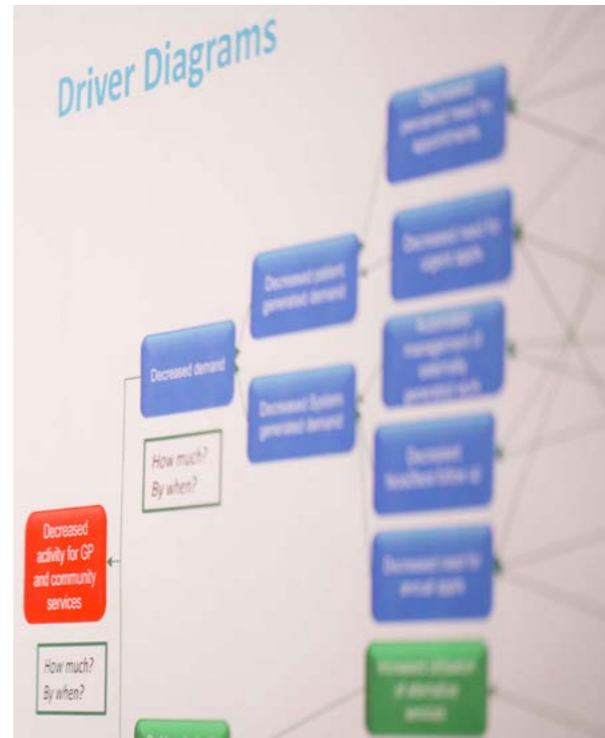
Shropshire, Cannock Chase, and Stafford and Surrounds CCGs cover a population of over 550,000 and encompass a total of 86 practices. The alliance saw the programme as an ideal opportunity to stimulate closer working between the CCGs, NHS England and general practices in developing and implementing their primary care strategy. The workshops provided a way for participants to improve collaborative working, engagement and communications, while learning a series of practical tools and techniques for use in advancing large scale change.

As the workshops progressed, different CCGs found they wished to use the process to tackle different issues and NHS Improving Quality was able to provide a flexible offer tailored to each CCG's needs. While Shropshire CCG concentrated on co-commissioning with the local NHS England team, NHS Improving Quality was able to support Cannock Chase and Stafford and Surrounds CCGs in considering issues such as member practice engagement and measurement for improvement.

According to Alex Birch, Primary Care Development Manager for Cannock Chase and Stafford and Surrounds CCGs: "We've been able to focus on what we would like to do over the next two to five years [thinking through] what's a priority and how we are going to achieve it. This has not been about doing stuff and then getting people to agree to it at the end. We have involved everyone in the development process and that has been really beneficial."

Momentum is building and the programme has laid the groundwork for future collaboration and success. Participants have been applying learning to their own general practices, holding workshops to teach staff the tools and techniques learned. Particularly useful has been driver diagrams to help inform strategic planning.

NHS Improving Quality continued working with Shropshire CCG by developing a three-day programme to engage general practices using the Leading Improvement in Safety and Quality (LISQ) in General Practice initiative. Link associate Jayne Beasley said the sessions proved to be very popular with clinicians. "They were very practice focused, looking at quality and safety, getting people to do the right things in the right way. This connects with clinicians and gives them the tools to make improvement in their practice. Applying systems thinking from the corporate world, you begin to have open discussions about safety and start talking about how we 'reliably fail'. In this way we look at



Local GP, Dr Paul Gardner commented: "We have found this to be an excellent programme, well delivered and with good content. It has been particularly helpful to involve all staff in promoting a whole practice safety culture."

overall systems rather than individuals to improve reliability. Clinicians are generally taught that if you work harder and learn more, then everything will be fine, but reliable systems need to be in place so we can make things safer by design for patients."

Jayne adds: "Our approach is all about building relationships so the alliances trust us to help them with their development. It's no different to mentoring or coaching individuals; you will not be able to help them with their issues unless the person asks you to."

"Our clients benefit because the Transforming Care team possesses such a breadth of knowledge across improvement that can help in 'diagnosing' and advancing potential 'solutions'. The improvement knowledge across the team is vast – from culture, engagement and people development on one side, all the way to technical expertise on demand, capacity and measurement for improvement on the other. With highly rated delivery, we've shown our ability to be flexible with every single session and ensure fully bespoke support."

4.8 Somerset – making improvements through a focus on safety

Somerset CCG features nine federated localities which oversee patient care for more than half-a-million people. Thirteen early adopter practices within the county decided to focus on improving safety, with support from the CCG and local NHS England team. The practices, organised into a loose federation, used a range of improvement techniques,

such as driver diagrams and plan, do, study, act (PDSA) cycles to develop and test planned change.

The alliance considered issues such as dispensing procedures, referral form handling, asthma reviews in pharmacy and making improvements to staff appraisals. One federation lead helped introduce the safety culture assessment framework across a group of practices – with learning from the programme now being spread across Somerset.



Alison Tongue, Senior Associate, NHS Improving Quality, says: "The programme has helped the CCG engage practices in a co-design about what the future incentive package should look like for improving quality locally. The CCG looked at the ways in which safety and quality could be measured, what practices felt was achievable, easing data collection and measuring safety culture. We have been able to support them all the way, providing topic-specific workshops, a range of improvement approaches and learning from similar initiatives with a safety focus. The issue of safety has proved to be a very effective subject on which a CCG can engage its member practices."

4.9 South East London – creating a local vision for maternity services

Maternity services in South East London are under pressure. Over the next five years maternity services in the area will have to change significantly to meet new challenges. The area has a rising birth rate, higher than normal Caesarean rates and lower rates of infant breastfeeding. In addition, a higher proportion of the local population is at risk of adverse outcomes because of underlying health risks such as increasing obesity and diabetes.

South East London's six CCGs – Lambeth, Southwark, Lewisham, Greenwich, Bexley and Bromley – formed an alliance to produce a vision for maternity services in the area over the next five years. They also aimed to build their capability and competence to apply learning from this to other important local initiatives.

The four workshops in the programme helped build collaboration across the CCGs, enabling them to create a shared vision for the future of local maternity services – significantly different to how transformational change has been attempted previously by parts of the local NHS, according to participants.

In the workshop evaluation, the alliance's programme manager commented: "The programme has helped the CCGs create a vision for the future of maternity services, that probably wouldn't have been produced

so rapidly or in such an open and collaborative way without the programme's involvement."

Link associate Mark Jennings says: "I believe that a CCG or any organisation acting alone can achieve very little. They don't commission certain services and generally their providers are bigger than them, covering a wider population, so they need to work collaboratively with others. If any one of these CCGs had tried to solve the maternity services issue on their own then I don't think they would have made anywhere near as much progress as they have working together."

Benefits of the work are already being realised. The vision has now been incorporated into the five-year healthcare strategy for the whole of South East London and there are plans to establish a South East London maternity network. It also helped the group focus on 'quick wins'. Three boroughs are working with pharmacies to tackle the problem of people accessing local services late by adding local information to over-the-counter products such as pregnancy-testing kits. Commissioning intent to offer psychological therapies to women identified as having potential mental health problems has now been incorporated into one CCG's business plan. Programme participants continued to work with NHS Improving Quality to focus on leadership, management capability and demand, as well as pathways, processes and services.

4.10 South Tyneside – building a neighbourhood of support for integrated care

The South Tyneside alliance used the programme to focus on integrated care, bringing together service providers, health and social care commissioners and local Healthwatch representatives, to design services around the needs of the patient. They examined a series of models and were impressed with the Dutch 'Buurtzorg' (neighbourhood) approach of locality-based teams delivering all local services.

An initial prototype for services was developed for Hebburn and Jarrow, aligned to GP practice populations. These envisaged locality based community teams with a mixture of staff from across social and health care providing services for adults with complex care needs. They introduced the role of a flexible care co-ordinator, providing a more seamless service with the aim to improve patient experience and help people retain their independence, and avoid admission to hospital wherever possible. The ambitious work progressed rapidly through a number of programme workshops and resulted in a 'soft launch' of the new service. The response has been positive, with higher rates of staff and patient satisfaction, and the alliance has asked NHS Improving Quality to help with spread and evaluation of the new service.

Rachel Hinde, who acted as link associate, says a clear success factor in the alliance's approach has been the involvement of chief executives in the programme and appropriate delegation.

"There was clear permission from the top to get on with it, for the staff to run with it. The staff have taken that challenge on and achieved measurable progress.

We (NHS Improving Quality) have been involved with them all the way but our interventions are only the fuelling stations – it is the local alliance that has done all the running and achieved great things."

4.11 Walsall – valuing the voluntary sector

The vital role that the voluntary sector can make to the future of health and social care was highlighted in a series of workshops held in Walsall. The local alliance of Walsall CCG, Walsall Council, Wolverhampton CCG, GPs, Healthwatch, the Local Medical Committee and local hospital trust were joined by voluntary sector groups and patient representatives for the programme. The alliance staged seven workshops to develop skills for advancing large-scale transformation and during the programme were able to progress a 12-week telephone triage pilot run by four GP practices, helping improve access to primary care.

The contribution from voluntary sector and patient representatives made a big impression on Mani Dhesi, Senior Associate with NHS Improving Quality, who supported the local alliance with their work. "Over the sessions we increased the involvement and voice of the leads from this sector, culminating in giving them significant time to share their work and ideas, equivalent in prominence to other stakeholders who more traditionally lead these change programmes. The voluntary sector senior leaders indicated that they felt the programme was a game changer for them and they felt a real equal partner in the development of proposals.

"Many lay governing body members attended the sessions. They described genuine trust developing between key stakeholders across sectors for this large scale change, and has led to improved confidence that the change programme would be a lasting success."



The CCG convenor said: "As a result of the programme the CCG has a clear view of the route we want to take and which stakeholders to take with us."

Mark Jennings continues: "In our work we have used the Large Scale Change Model. The model says that change is iterative, not linear, you need to frame and re-frame the issue, you need to make changes to the process/mission and go around the loop again. In this way more people become engaged and really own the process.

The Transforming Care team designed the programme around this approach – we are helping people achieve change within complex environments, involving a number of organisational players, engaging more audiences, gaining further support and allowing strategy to emerge."



5.0 National learning events

To share key learning gained from the national programme, two national learning events were held in London (24 February 2015) and Leeds (3 March 2015). The conferences attracted commissioners and providers across health and social care, including organisations that took part in the programme and those who did not participate. Keynote presentations were given by John Bewick, who as former NHS England Director for CCG Development commissioned the programme, and Dr Robert Varnam, NHS England's Head of General Practice Development.

Programme participants showcased achievements and were encouraged to consider how they could apply the knowledge and new tools and techniques gained from the Transforming Care programme to new challenges, as set out in the Five Year Forward View of the NHS. Delegates considered the implications of establishing new care models contained within the Forward View, notably multi-specialty providers (MCPs) and primary and acute care systems (PACS). A series of themes emerged from the presentations and discussions which system leaders were encouraged to take into account when tackling future transformational change:

5.1 Focus on the sense of place

The Forward View envisages a new level of relationships/partnerships with the public who use health and social care services. The organisations and communities that have seemingly achieved most to date, and are well placed for the future are those with a shared view of local needs and priorities.

5.2 Act as system leaders

The Forward View foresees delivery of a health and care system that is transformationally different – and former organisational chief officers who evolve to become system leaders will have an advantage in being able to work across boundaries and pursue development and fulfilment of a shared vision among partners. System leaders should not be afraid to give away organisational power and relax the vested interests in pursuit of the greater collective good of what's important to patients and communities, as they seek to achieve their shared vision.

5.3 Ready, steady, gone!

Leaders of transformational change should make a start on their plans – even in scenarios when they might not have full sign-up from every stakeholder. When enough people are on board, get started. Once the change process is underway, continually consider how to attract others. Over time, initial change opponents might become converted advocates and join the process.

5.4 Sustaining energy for change

It is natural to see people's energy dip in any long-term change process. Transformational change tends to take years rather than weeks or months and people's motivation and energy can be lost, especially with the reality of competing priorities. Change leaders usually pay attention to physical and intellectual energy but are encouraged to pay attention to other forms of energy also. For example it's important to re-charge social energies over time, re-visiting the vision and supporting colleagues.

5.5 The need for improvement

The Forward View and the advent of new care models will require capable leaders who can draw on and apply a variety of theories, tools and techniques, relating to quality improvement and transformational change. This programme has provided a series of practical workshops for participants to learn and adopt new approaches ranging from narrative story-telling to problem-solving driver diagrams and technical data analysis, all very relevant to advancing new care models and ensuring these get off the ground with good foundations.

Delegates were encouraged to consider how the tools and frameworks that featured within the programme could equip their organisations and local systems for the challenges and opportunities ahead. They were also asked on an individual level to consider what types of improvement support could help them personally in the coming months and years. A challenge facing all involved in the programme is encouraging the wider dissemination of insights gained and the availability of effective improvement techniques.

Further recommendations for delivering transformational change within the NHS are contained in Section 7.0.



Chris Badger, Assistant Director for Health Integration, East and North Hertfordshire CCG, said: "I really enjoyed the session on planning for the different models of care, especially around care homes. We had some really good input from other places on what they're doing. It also stimulated a lot of ideas for me about how the Five Year View will impact on what we do and new ideas on how to take that forward."



6.0 Independent evaluation

An independent provider, Mott MacDonald, was commissioned in March 2014 to evaluate the programme. This saw in-depth engagement with nine participating CCG alliances, interviews with four NHS England regional links, observation of the workshops, interviews with non-participating CCGs, two online questionnaires distributed to all workshop participants and discussions with NHS Improving Quality. It looked at the extent to which the programme met its objectives, considering progress, achievements, challenges and lessons for the future.

The report concluded: "There is considerable evidence to suggest that the programme is providing practical support and advice to the CCGs which are participating. The processes which are regarded as

most effective are the relationships being cultivated between link associates and CCGs and the quality and skill of the facilitation. In terms of impact, there is a good body of evidence which shows progress against the programme objectives, notably the way in which the workshops provided time, space and mediation to support stronger partnership working and collaboration around local change and improvement. Particularly encouraging is a shared view amongst many stakeholders that the pace of change is quicker due to programme involvement, highlighting the value that the programme is contributing."

The findings included:

1 General

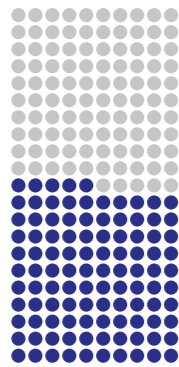
One in every two

CCGs in the country were involved in the programme

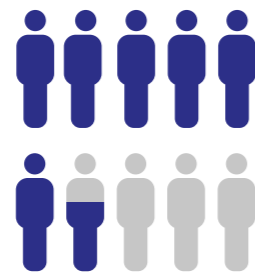
More than 5,000

delegate days attended

214 locally delivered workshops

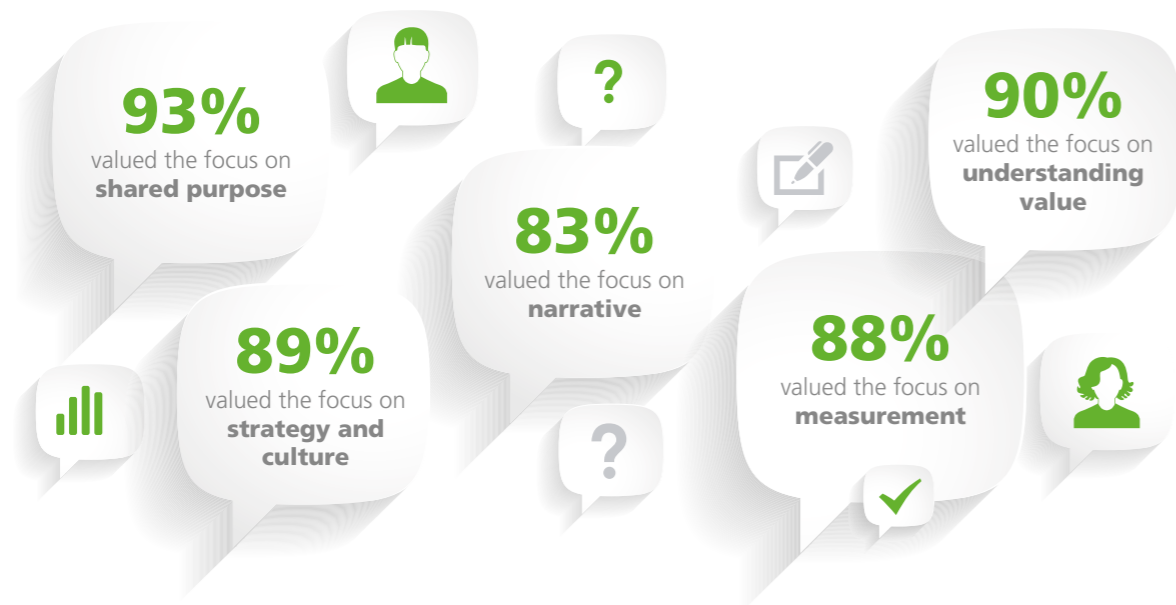


More than **six out of 10** workshop delegates completed their on-the-day feedback forms. Exceptionally high ratings were consistently achieved for pace, facilitator quality, likelihood of recommending to a colleague and overall workshop quality.

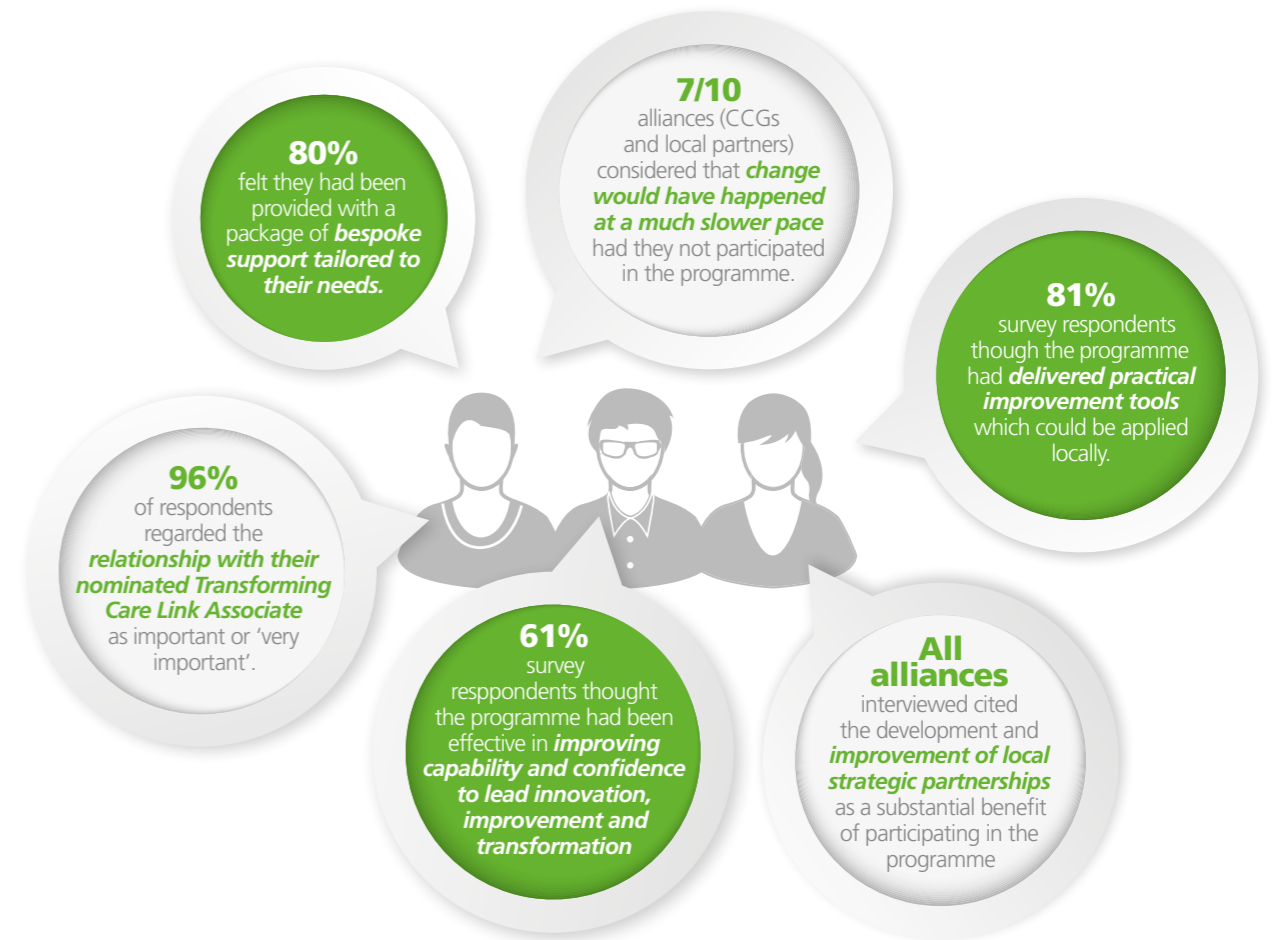


- ✓ Pace
- ✓ Facilitator quality
- ✓ Likelihood of recommending to a colleague
- ✓ Overall workshop

2 What content did participants most value

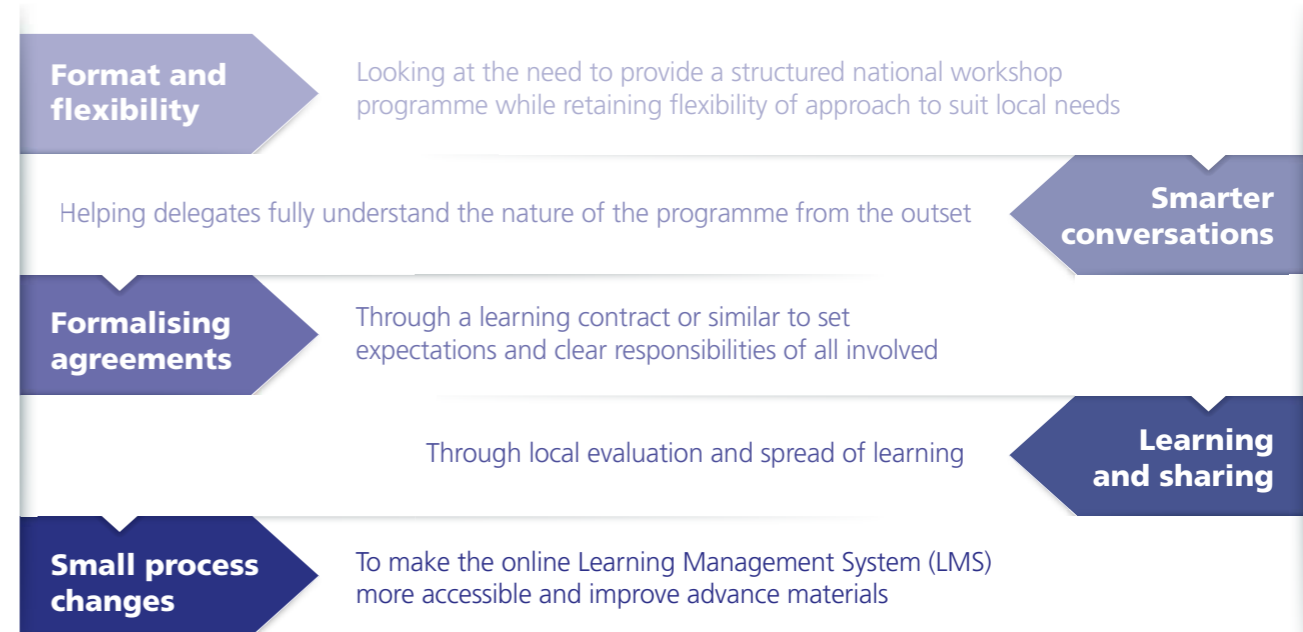


3 Evaluating Impact



4 Learning for the future

Independent evaluation identified the following recommendations based on what worked well and where further improvements could be made to the design of future national support:



7.0 Leading large scale change

Learning from the CCG Capability and Capacity Building programme

Through NHS Improving Quality's work on the CCG Transforming Care programme and our support on other national change initiatives, we have identified a number of characteristics that aid the delivery of transformational change within the NHS. Individuals, teams and organisations can all benefit from taking on board the insights gained which we have grouped into seven themes, set out here.

We believe that, based on the scenarios encountered within the CCG Transforming Care programme, successful change leaders should consider:

- **Leaving organisational interests to one side, thinking as a system**
- **Developing people as system leaders – rather than organisational leaders**
- **Providing clear permission from the top to get on with change. Using prototyping and small cycles of change**
- **Realising the value of improvement – and helping others to see this**
- **Taking time out with your partner organisations for different conversations**
- **Using the available evidence-based change models, tools and techniques**
- **Making co-ordinated use of support offers**

7.1 Leaving organisational interests to one side – and think as a system

Health, care, local government and third sector leaders are working in increasingly complex, adaptive and financially-challenging environments, with ever-increasing service demands from larger and older populations. Leaders are used to partnership working, there is little that can be achieved without collaboration, but the challenge now is for individual organisational interests to be parked on one side in favour of wider systems thinking. Leaders must be encouraged to relax their guard and have conversations with their peers in other organisations, knowing that the support is mutual, that the long-term viability of their organisational interests is safe in each others' hands, and that the best chance of ensuring long-term survival and meeting the needs of communities and patients, is to work as a system, rather than as individual organisations.

This challenge is not to be under-estimated. It takes courage and trust to relax those interests, to do things differently, to move forward in pursuit of a system's shared vision. For acute providers seeking growth in the business plan and foundation trust approval or status, decisions to move services into the community may seem counter-intuitive, their primary outlook may be more towards Monitor or the NHS Trust Development Authority than the local neighbourhood, but they must think in terms of the transformational systems in their communities and be engaged in those difficult conversations. Alliances in the CCG Transforming Care programme have managed to succeed with this difficult agenda, whether their change challenge has been in or across primary, secondary or integrated care. There is no typical alliance, everyone has been doing different things at different rates, but through time and trust, the foundations of significant transformational change and tangible improvement has been achieved, for mutual benefit.

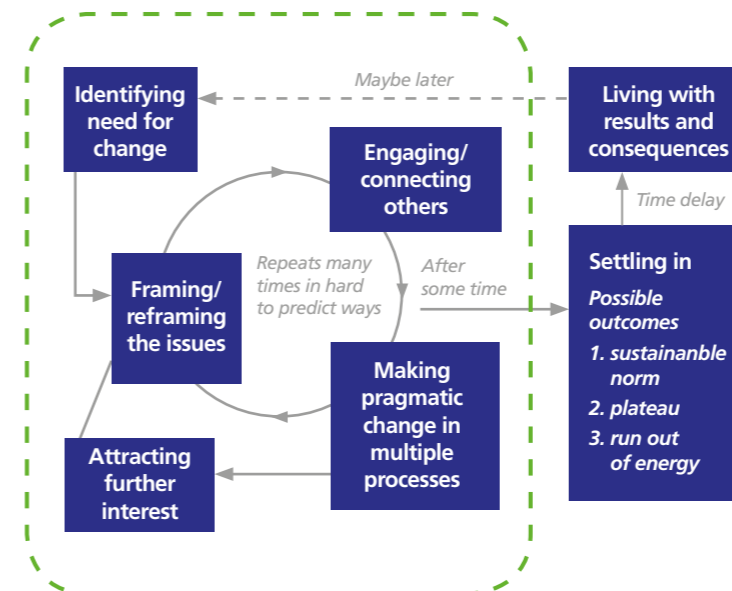
7.2 Developing people as system leaders – rather than organisational leaders

Organisational leaders are likely to be highly experienced, capable and effective individuals within their own environment but that does not necessarily mean they possess the skills to be influential as system leaders. Increasingly among complex and inter-dependent networks, you cannot be a successful and effective organisational leader without also being a great system leader. Leaders cannot do the right thing for their own organisations without doing the right thing for the system. There are no longer any organisational islands within health and social care – the more complex the world becomes, the less likely that success will be achieved independently. Mindset change and enhanced skills are required. With funding challenges and greater patient expectations of services, transformational change needs to happen and this will not be achieved through micro change within organisations, it has to come from system leaders doing something radically different, often in the form of new care models that straddle organisations and provide patients with integrated and responsive services delivered in the right setting. The system is only as good as the people within that system – dedicated time, coaching and development work is required to support the emergence of successful collegiate leaders.

Change Model



The model for Large Scale Change



See page 27 for reference

A simple adaptation developed in workshops



7.3 Providing clear permission from the top to get on with change

For effective systems leadership we need to ensure that organisations have many capable leaders at all levels working together and that they are empowered to proceed and achieve. The senior organisational leaders must show their support for the cause and provide clear authority to delegated individuals and teams to get on with the transformational change. Through a model of distributed leadership, leadership responsibility becomes less focused on formal organisational roles, instead recognising the actions and influence of individuals on the progress being made within the system. This way of working opens up new opportunities in the workplace for people with different skills and expertise. Characteristics such as curiosity, the willingness to learn and having an open mind (the ability to enter discussions without pre-determined outcomes) will benefit system leaders. Having clear permission from the top to proceed helps supports a sense of 'followship' – energising those in second or third lines of command – to lead, to share and to run with the agenda. The Transforming Care team has been privileged to see many examples in the alliances in this programme where empowered individuals have made the running – and we have been there through our support to see them not only cross the finish line but begin to consider the next event.

"The Link Associate was excellent, they were responsive and empathetic to the pressures we faced."
CCG convenor



7.4 Realising the value of improvement – and helping others to see the value

In managing change, it has previously been possible to characterise the process as a select few managers going into a darkened room, drawing up template proposals on a Gantt Chart, emerging into the daylight and expecting everyone to deliver. From the technocratic to the democratic, organisations are increasingly becoming aware of evidence-based improvement science and the CCG Transforming Care programme has further demonstrated that there is another way – the systems way of delivering improvement and transformational change. This process brings people together to establish a shared vision, refined among partners, and supported by a personal narrative, that has the potential to be truly mobilising. Critics may argue that some of this work is 'soft' but the consequences can prove very hard and disruptive further along the process when not carried out. As in any change continuum, there will be supporters, observers and dissenters. NHS Improving Quality has found that through each workshop of this programme, from creating a vision to gaining insights from data interrogation, an increasing number of participants have appreciated the value of improvement and how the processes, models, theories, tools and techniques can help them in their work. In many areas, the local systems were cohesive, the partners united, the vision clear and progress rapid. In a few alliances, partners were not in the right place at the right stage. In the case of one or two CCGs, it is apparent that if they do not plan, then providers will set the agenda, make the plans for them - not having a plan is a plan to fail. CCGs, like all members of local alliances, need to move forward collaboratively, understanding and realising the benefits of system-wide improvement. Solutions to the health and social care issues we face today will not be found within one organisation only and the importance of meaningfully engaging and involving communities and patients, to shape, inform and drive change, cannot be overestimated.

7.5 Taking time out for different conversations with your local partner organisations

Gaining system-wide improvement is an investment in time. It can take years to realise the full gains from ambitious programmes and visionaries need to be in it for the long haul. Time is also a critical factor, in that transformational change is rarely part of the day job. Individuals need to take time out from their usual responsibilities to understand, learn and share with their colleagues in partner organisations, supporting each other. Organisations may sometimes only come together for the commissioning cycle and performance review but this programme has given them a different reason to collaborate. During this protected time they have been able to relate to individuals differently and gain new

perspectives on advancing a common vision for their community. Through collaborative working on the CCG Transforming Care programme, there have been examples where, stemming from improved relationships, local contracting rounds have become less adversarial. In other cases, the programme has seen participants seize the chance to break the cycle of local health economy dispute and begin different, more purposeful conversations. For many people it is often difficult to get out of the maelstrom of operational management and service delivery, but those who made the time can now appreciate the value of improvement, creating new ways of working and shared journeys involving new learning.

7.6 Using the available evidence-based change models, tools and techniques

There are broadly three dimensions that distinguish large scale (transformational) change – it must affect the whole system, cover a wide population and have a significant impact on current ways of thinking and doing. Research has shown that 70 per cent of large scale change usually fails⁶ - yet the chances of success can be remarkably improved by the widespread and systematic use of improvement models. Specific to healthcare is the NHS Change Model⁷, which is based on the evidence of the key precursors of project success and failure in both the NHS and other sectors. The NHS Change Model brings together inter-dependent components of change which must be addressed systematically and collaboratively. NHS Improving Quality used this model extensively in the CCG Transforming Care programme to guide the progress of the participating alliances. In support of this, NHS Improving Quality has also utilised the model for Large Scale Change, setting out the process from identifying the need to change, to framing the issue, engaging audiences, working through the cycle and making incremental changes that might attract the interest of more people. In highly complex environments, the model will point to a number of possible outcomes – this could be that the results become the norm, that they plateau or that the change – or people involved in the process – run out of energy. Changes at one level can influence other levels, sometimes in ways which are impossible to predict at the outset. NHS Improving Quality's link associates who supported each alliance in their transformational change programmes have significant expertise in using models such as these in helping guide and shape local programme development.

6. McKinsey Performance Transformation Survey, 3000 respondents to global, multi-industry survey of company executives

7. <http://www.nhs.uk/capacity-capability/nhs-change-model.aspx>

A definition of large scale change

The **emergent** process of **mobilising a large collection** of individuals, groups and organisations toward a **vision** of a **fundamentally new** future state, by means of:

- High-leverage key **themes**
- A **shift in power** and a more **distributed leadership**
- **Massive** and active **engagement** of stakeholders
- **Mutually reinforcing changes** in multiple factors
- A focus on changing **patterns** of behaviour, relationship & power

NHS Improving Quality has developed 10 key principles to help system leaders achieve large scale change

1. Moving towards a new vision that is better and fundamentally different from the status quo
2. Identifying and communicating key themes that people can relate to and that will make a big difference
3. Going through lots of cycles of incremental change
4. Framing issues in ways that engage and mobilise the imagination, energy and will of a large number of diverse stakeholders
5. Accepting that change will be felt differently in different parts of the system
6. Continually refreshing the story and attracting new, active supporters
7. Being comfortable with emergence, adapting plans as you go
8. Enabling many people to contribute to the leadership of change, beyond organisational boundaries
9. Transforming mindsets, leading to inherently sustainable change
10. Maintaining and refreshing leaders' (at all levels) energy over the long haul

Adapted and drawn from: Leading Large Scale Change: A Practical Guide published by NHS Improving Quality. Original text by Helen Bevan, Paul Plsek and Lynne Winstanley on behalf of the NHS Academy for Large Scale Change and first published in 2011.

7.7 Making co-ordinated use of support offers

The CCG Transforming Care programme has seen NHS Improving Quality work with more than half of the CCGs in the country to help support their local alliances through facilitated workshops and ongoing development work. Feedback has been exceptionally positive, with independent evaluation finding a majority of participating CCGs identifying that the programme had helped to accelerate the pace of change. This programme has demonstrated the value of expertise and tailored support in building sustainable capability and simultaneously advancing change.

Features of our support that were particularly valued:

- Consistency of contact
- Breadth of improvement knowledge and application
- NHS clinical insight and expertise
- Place-specific locally delivered support
- Structure and discipline to the process coupled with flexibility to adapt
- Resource support
- External improvement partner support that feels like an extension to the 'in-house'/local organisations and teams

Consistency of contact

Each alliance had a dedicated NHS Improving Quality link associate(s) providing a consistent point of reference over the length of the programme, as a minimum six to nine months but in some cases up to two years. This has allowed relationships to build and trust to be gained with link associates providing a constant source of support and advice.

Breadth of improvement knowledge

Link associates have widespread expertise in improvement science and implementing large scale change and all have worked extensively in the health and care sector. With this breadth of improvement knowledge, they helped shine a light on issues presented by the alliances and moved them forward to the next steps with bespoke solutions.

Clinical insight and expertise

Working with link associates sees clinical leadership in action. Several link associates are existing NHS GPs/clinicians trained in improvement science and leading change who bring peer credibility to their roles. They speak with experience when discussing improvement models as they have used them in their own practice/clinical settings.

Place-specific support

The NHS Improving Quality offer in this programme has been flexible and tailored to the needs of the local community. Content and the appropriate theories and models were assembled and applied to suit local circumstances. Practical workshop sessions were made relevant to the particular needs around the system, engaging participants and organisations and supporting them to advance their plans.

Structure and discipline to the process

Feedback from some alliance sites was that prior to the programme they had not fully appreciated the value of expert facilitation. NHS Improving Quality link associates and colleagues were able to bring a framework to the process, providing discipline to proceedings and acting as an independent and 'empathetic provocateur' in guiding progress. One piece of feedback was that having external support from NHS Improving Quality provided a 'lightning conductor' for some of the relationships. Our associates, having established credibility and trust, were able to stimulate decision-making, overcome indecision, and do so objectively.

Resource support

At a very basic level, the programme saw NHS Improving Quality staff (a small dedicated team) organising events, booking venues and refreshments, to bring people together. These may be under-valued activities but they were essential to the smooth running of the programme and their co-ordination and provision were identified as factors that can sometimes prove a block to progress for individual organisations when time and money are under so much pressure in the NHS and wider public services.

An external 'in-house' improvement partner

Highly effective organisations and efficient systems need to be competent in advancing patient and community focused improvement at scale and with pace. NHS Improving Quality's Transforming Care team's CCG programme and support to the Prime Minister's Challenge Fund has been designed to be located within the NHS – delivering an improvement science resource and development partner that has supported commissioners and providers with their improvement and large-scale change challenges. In healthcare - everything that can be done is being done somewhere in the NHS but just not everywhere. A continuing challenge for the NHS is to identify and spread replicable best practice and make best use of available resources. With the programme, NHS Improving Quality's Transforming Care team has taken its support to local systems and generated learning of relevance across England. The team has often helped to introduce a different way of thinking and supported local systems to progress change in a complex and live environment with leaders and organisations facing many competing demands for attention.



"We have the task of leading transformation across primary care. The programme came at the right time for us. It created a vehicle for change, enabling us to drive that change as part of the day job."

CCG local alliance convenor

"There is something unique in having the time in a room to have those conversations because it is conversations that change the world."

CCG convenor



"There was a new team at the county council and we are further forward with them due to the networking opportunities."

CCG convenor

"They not only provided a discipline to the approach, they also gave a focus to our thinking and gave us a framework using the change model."

Alliance Medical Director
and Programme Lead

"The programme has helped the CCGs create a vision for the future of maternity services, that probably wouldn't have been produced so rapidly or in such an open and collaborative way without the programme's involvement."

Alliance programme manager

FOR MORE RESOURCES:

Visit the Transforming Care team web pages at nhsiq.nhs.uk

See the 'Transforming Care' YouTube channel

Join in the conversation on Twitter through our team 'handle': @TransformCare

To speak with a member of the team, contact enquiries@nhsiq.nhs.uk