

Place based OD: the place to be?

A Do OD paper for discussion, reflection and action.
March 2018

Introduction

Welcome to this Do OD paper: a series intended to stimulate debate, discussion, reflection and action. Each paper focuses on an issue or theme pertinent to Organisational Development (OD) in the NHS of today and the future. The paper is authored by the Do OD team in collaboration with members of our NHS OD community.

Developing People - Improving Care, the national framework for action on improvement and leadership development, highlights the need to build cultures of continuous improvement in all NHS-funded services.

The framework states that meeting large-scale development needs is a huge new challenge for those responsible for OD in health and care services, and that the changing demands of the NHS means that we need to develop our people to keep up with the pace of change.

It recommends supporting the development of system leadership by building OD capacity and capability within organisations and systems. We strongly support this recommendation and have been working on areas that contribute to it. Place based OD is one of them.

We began our work on place based OD in the summer of 2016, when sustainable transformation partnerships (STPs) were still an idea, and accountable care systems (ACs) hadn't been invented yet. Devolution was the word of the day, particularly in Manchester. We were interested in how, and whether, the shifting geographical and organisational boundaries of the NHS might require a shift in the way we do OD.

This paper summarises our work so far and ends with the question, "now what?". We will present the views and ideas generated by our OD community alongside questions for you to consider. We hope that the questions, and your responses, will help to surface and progress a big conversation about place based OD across the system – in whatever form that takes for you.

At the end of the paper is a request for your thoughts, comments and ideas. We see this as the beginning of a new phase of our work that will spark action.

We are grateful to everyone who has been part of these conversations and this work so far, particularly Rita Evans, Davo Ruthven-Stuart, Algar Goredema-Braid, and Julia Petherbridge. Thank you to colleagues from the Leading GM programme for telling their story.

Please enjoy reading this paper. We hope it takes you to an interesting place.

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**“I keep hearing about place based leadership, place based OD...
...I’m struggling to understand what is place.”**



Why place based OD?

What does place mean to OD practitioners?

This was our key question when we began exploring place based OD in 2016. STPs, ACSs, vanguards and new models of care are new ways of organising and serving our communities which, by their nature, increase the complexity and uncertainty of the context we are working in. Moving from siloed, hierarchical organisations into a new world where we learn, work and design together takes time and effort. The wider context of the NHS exposes challenges associated with complex change that require different sets of skills, tools and approaches. Traditional ways of leading and managing change will not be sufficient in the emerging future.

As we shaped the numerous place based OD conversations that took place over a 12-month period we considered eight questions.

- ⚡ What do we mean by place based care?
- ⚡ What’s the contribution of OD?
- ⚡ What would help OD practitioners in their role?
- ⚡ How can we create the best conditions for place based working?
- ⚡ What is happening now and how do we learn from that?
- ⚡ How do we apply our work to our contexts?
- ⚡ What would be the design principles as this work emerges?
- ⚡ What would a helpful resource look like?

The OD community is key to the success of system and organisational change. However, we are a small workforce with large workloads and in order to effectively support a shift in ways of working, we may need to do something radically different. A key role is to increase OD capability and capacity by developing ourselves and diffusing our knowledge to the wider workforce. We have an opportunity to own and shape that shift.

What is happening around us that is creating a need for change?

Complex systems contain many moving parts, some predictable and others less so. We know that patient and population demographics have shifted and will continue to do so. As people live longer, with more complex long-term conditions, increasing demand for our services will continue. Geographically based provision of services will require working collaboratively across organisational boundaries in order to effectively deliver new models of care and the visions of STPs.

Within these new forms of organising, staff want and need greater flexibility and control in their working lives. They expect, rightfully, to be supported, developed and prepared to work differently. This all takes place against a backdrop of unprecedented change across the system, with significant public service cuts and moves to shared services. Integrating organisations brings ambiguity and uncertainty that must be managed. We need to ensure that staff morale is attended to, and that we are responding proactively to retention and recruitment challenges.

The concept of place based OD is currently undefined, and our opportunity is to shape what it might look like, to develop tools and approaches for OD practitioners and teams.

To best do so, we need to think about how to develop services in place, and identify the help that our organisations might need to do so. This leads us to pose the following questions to consider.

- ⚡ What does Place based Care mean in your context?
- ⚡ What is the contribution of OD at the moment to this work?
- ⚡ How can we create the best conditions for Place based working?
- ⚡ What is happening elsewhere now & how do we learn from that?

Initial conversations across the NHS OD community highlighted ten key issues that would benefit from deliberate and creative energy in relation to place based working.

1. Supporting staff to manage change in work and life.
2. Developing trusting relationships for meaningful dialogue across systems.
3. Supporting leaders to lead in complex environments.
4. Enabling partnership working and collaboration across boundaries.
5. Developing and retaining a talented workforce that supports STPs and integrated models.
6. Increasing medical involvement in creating change.
7. Connecting the system to itself and sharing learning.
8. Identifying issues of sustainability.
9. Targeting interventions that impact on reducing health inequality.
10. Linking retention, engagement and leadership to strategy.



“We can’t set a boundary any longer because patients and staff come from more one boundary.”



Our current context: challenges and opportunities for the OD community

Through conversations with OD practitioners across the country, we developed a picture of OD practice that both helps and may hinder a move to place based working. At the moment, most OD work is focused on single organisations. Where work is taking place in STPs, OD colleagues may or may not be involved. There are key issues being attended to by OD practitioners but often these are not shared, meaning learning and experiences are not always drawn on. OD practitioners noted that their work is still predominantly inward facing, and there is a sense of frustration at the lack of capacity to face outwards more.

There are green shoots of change emerging, with practitioners trying to make sense of wider system working and lighting small fires of change. However this is dependent on the energy and passion of individuals, requiring deliberate system working if it is to spread and sustain. Some OD practitioners have pro-actively coordinated conversations with colleagues in their STP footprints. The work is emergent, and there is still some ambiguity about how best to intervene and help.

Complex, conflicting agendas make it messy and difficult to prioritise the right things. While OD practitioners desire to work in the system space, they are often called on to undertake organisation focused activities such as away days and culture change. While these remain important to the success of individual trusts, they come at a cost of system working.

Working in the OD space means having good questions and reassuring people that they don’t need to have all the answers. It means looking for fresh perspectives and innovative ways of working. This also involves a shift in OD practitioners’ own mindsets, to take a leadership role and step into unknown territory. Working out what it is we can do to be helpful and allowing ourselves permission to make mistakes is key. We may need to re-calibrate our own and others’ expectations of what an OD function can and should do. We will need to manage our anxieties about change in the same way that we encourage our clients and customers to do so every day.

We have many opportunities that can be realised in the context of place based OD. Times of complexity and challenge allow new freedoms to experiment. The blurring of organisational footprints means collaboration and partnership working with our colleagues should be easier and more normal. Our OD community is made up of experienced and dedicated people who want to do their best for staff, patients, carers and the wider community. We have the commitment and will to make change happen. This could be a once in a lifetime opportunity to design and contribute to system change that is fit for now and the future. To do so we need to develop ourselves, invest time in our own learning and sharpen our skills. We will need to be brave in order to be more selective about how we spend our time. This is an opportunity to polish and grow the OD brand.



“Place to me is where I work, where I live. It’s weird when you have to work with other areas as it feels like you’re giving away some of your identity.”



Aspirations from the OD community

What if place based OD...

- ⚡ could help people work across boundaries and supported us to know each other better
- ⚡ could help us understand OD better at the same time as understanding place better
- ⚡ could help us to raise our ambition to create something meaningful and sustainable.

We can shape what place based OD might look like, identifying tools and approaches that we need to develop for ourselves and our teams. In summer 2017 we ran two workshop sessions on place based OD at the OD in the NHS Conference. This gave colleagues from across the system an opportunity to debate and discuss what place based OD means to us as individuals and a community.

Each workshop session explored the impact of STPs, ACSs and new care models for which the concept of place based OD is now so relevant. Participants had an opportunity to shape our understanding of place based OD in order to co-design our preferred future. We discussed that the concept of place is determined by the needs of the people and what the community needs. The system should support the achievement of those needs. There was an acknowledgement that seeing this through the lens of a citizen creates important emotional connections and raises issues of identity and with belonging. However, place can also expose tensions of inclusion and exclusion. Place based working means exploring those tensions and identifying what it might mean if you are seen as “old guard or new guard”.

Some fantastic ideas were generated in the workshops.

- ⚡ We need to work on our understanding of what place means in relation to OD. Is it community? Identity? A physical space?
- ⚡ Crossing organisational boundaries is essential but for some of us this is new territory.
- ⚡ Shaping the narrative of OD is important if we are to find our own place in Place based working. We need to work on our story, illustrating the value we add.
- ⚡ The worst-case scenario is that OD is seen as not having a contribution to make. We feel excited to do something different, and that means us getting out there and connecting to people and place.

Making a shift from organisational to place based working needs deliberate attention. We need to widen the conversation beyond the OD community, shaping a narrative about place that is inclusive to ‘us’ even when us is multifaceted. This is a big challenge for us. Identity and values between different organisations are powerful forces. When those values do not align, it raises both challenges and opportunities for us to shape the conversation. Is our work concerned with helping to create a single story? Finding the connectors in the system can help with this. A place is both physical and philosophical.

Questions for us to consider.

- ⚡ What does place mean to me as a citizen?
- ⚡ What does place mean to me in my work?
- ⚡ What do I think and feel about working in a place-based way?
- ⚡ Where am I in my own personal learning and what will help?
- ⚡ How can we use the concept of place-based care to shape what place based OD might be?

Learning from experience: the Greater Manchester story

What does new public service look like and what does it mean to be a good public servant in Greater Manchester? This question is at the heart of the Leading GM programme. This case study tells the story of the emergent work that has taken place across Greater Manchester as a vehicle for devolution and service reform. It shares insights into the journey so far and highlights important and interesting learning points.

Working in a place based way means:

- ⚡ putting people at the heart of what we do
- ⚡ be inclusive and representative of the “place”
- ⚡ ensure an appropriate range of perspectives
- ⚡ feeling excited about potential and possibilities whilst accepting our nervousness.
- ⚡ challenge what we take for granted and see strengths and assets everywhere.

How do we truly look at place differently and how do shift our mind-set to walk into a place and see it positively? Place based OD in Greater Manchester is aligned with the aspirations of public sector reform. The Leading GM programme is about improving the lives for the residents of Greater Manchester. There is a vision in place up to 2020 and beyond which is centred around public sector reform and economic growth in Greater Manchester. The vision is to make greater Manchester one of the best places in the world to grow up, get on and grow old.

One of the key tasks has been integrating the integration that has already taken place. Health and social care integration has been a priority for a number of years. Devolution of health and social care responsibility across Greater Manchester is a more recent and pressing issue. There is an unprecedented national drive for more local leadership across systems and in place. The success of the work so far is rooted in the assumption that system has caused problems for the people we serve, and the changes needed come from developing a better understanding of how we serve people in communities and places.

Those leading the Greater Manchester programme began by investing time and energy in understanding the system from different perspectives. This involved having to unshackle themselves from bureaucracy in the system. While the 'work stream' approach to change had been a helpful framework, they recognised that people live in the community and they exist outside of work streams. Organisations working across the community were creating overlaps and gaps by not working together.

The resigned feeling was "...we came from a place of being in a sinking boat where we were glad the hole isn't at our end."

GM leaders had an aspiration of bringing together people into a place, the early adopters and innovators who wanted to work differently. What enabled creativity at this early stage was to work as if there were no rules. That helped to begin the journey of growing a new model of working across Greater Manchester.

Early on, challenging issues were uncovered. Integrated models of care had been created across Manchester at various points in history. How would these models of integration now be integrated? It was like working in partnership with yourself. Change leaders encountered language problems when working together, realising the same words and phrases had different meaning to different people: whole system; public service; integration; system thinking; transformation. Responding to people 'in all their glorious messiness' became feature of overcoming organisational barriers.

Organisational development is at the heart of the Greater Manchester approach to change. The OD scope sits within organisations, across the system and beyond, into the community. One of the OD challenges is to work on the system conditions that get in the way of place based working.

Leading GM has identified cross cutting place based leadership characteristics. There are three key qualities of a Greater Manchester place based leader: enabling, ensuring and engaging. The definition of leadership has been expanded beyond hierarchy and line management. Everyone in Greater Manchester could be a leader. Everything is in scope.

Key to the success of the programme is supporting people who can work across the system. This means front line led, population centred workforce development is possible. Leading GM is in service of helping leading leaders to achieve their ambition of 'Our People, Our Place' strategy for the new Greater Manchester Combined Authority (GMCA). Leaders are supported within a growing community who are mobilised through strengths and assets.

Top ten learning points from Greater Manchester

1. Collective expectations shape better plans

The requirement to endlessly report on plans and activity runs counterpoint to emergence. While it's important to have a plan, it was a set of expectations developed as a community that brought GM leaders together to look at how they need to work differently. There are nine expectations of what it means to be a GM leader bringing about public-sector reform supported by six pillars of activity. The process of experimentation needs to always be part of the plan.

2. Citizens should understand the plan

It is important to be user friendly when describing the plan. The goal is to become clearer and clearer in our communication. Whatever we do should have a golden thread back to our vision for citizens. Always ask if something is in service of families in Greater Manchester. That's the real test.

3. Go with the flow

If you are working in a true place based way you must go with the flow. You should let things emerge. It's far more exciting not to have your ducks lined up. You need to be prepared to adapt and flex.

4. It's ok if it doesn't all work first time

It is important to recognise that some of the programme has worked well and some of our work is still too traditional. The successes mean it's possible to now begin moving into a true place based OD programme.

5. Mindsets matter

This is more about a mind-set to change our way of doing things. The Leading GM programme is moving from more traditional programme to true place based OD programme. This means adopting a mindset of leading from place and taking an asset-based approach. Those in the Leading GM programme must role model this.

6. There can never be too many voices

Hearing the citizen voice is vital if we are to test and challenge our assumptions. We need to hear as many voices as possible by going out to meet people and work with them where they are. Ask 'who isn't around the table who needs to be?' and go find them. Some people find it easier to do that than others. Some work comfortably in social spaces but that is not the case for everyone. People need to be encouraged to be flexible and adaptable in their approaches to engagement otherwise we risk building a one size fits all approach.

7. Social leadership rules ok

The stronger together ambition means we won't achieve what we need to in traditional ways. Learning to be social leaders, working in the informal structures. We feel some of the tension in between formal and social structures. It is not either or, how do you overlay the social with the formal structures?

8. Work in humility

Place based working means leaving your ego at the door. That means truly appreciating people's strengths and absolutely valuing difference. Modelling this in our behaviour is key. We should build trust and show a genuine interest in others. Co-production is not possible when someone thinks that their answer is the only option.

9. We are a work in progress

Greater Manchester can be seen as a monolith where individuals struggle to make a difference. People thought they couldn't do anything about Leading GM because it was too big and far away to grasp. Acknowledging the limits of our knowledge helps to make it feel more achievable. Understanding that the project and all involved in it are works in progress can release anxiety about not making enough progress. If it was not hard we wouldn't need to do it.

10. Remain curious at all costs

Curiosity can dissipate into normality. We can avoid normalisation by beginning with an appreciation of what we already have. Build this by looking for strengths and assets in surprising and unexpected places. Focus on what is strong, not wrong. If you work in a particular area, you spend most of your waking hours in that area but sometimes don't know a lot about it. Being curious about that place will influence how you go about things and build more connectivity.

Six questions Leading GM is working on

1. How do we get more citizen ownership?
2. How can we develop an understandable language to describe the scope of our work including systems leadership, systems thinking, place and people?
3. Is place different or the same as system? How does it relate to community?
4. What unique qualities and skills do you bring to this place based challenge? What else might help you? What's going on in your organisation that you could share or provide?
5. How do we ensure that inclusion, equality and diversity are at the heart of what we do?
6. How do we move from stand-alone programmes to structural change?

What does place based OD mean so far?

In our conversations we have begun to shape a story of place based OD.

- ⚡ Our work as OD practitioners spans multiple places. These are complex spaces with many meanings.
- ⚡ How we draw boundaries – or not – around what we mean by place is a beginning to our conversation about how we might need to work differently. We will need to be mindful of territorial boundaries, blurring them when we can and respecting their integrity when it is in service of the community.
- ⚡ We all make assumptions about other peoples' places, but we can only know our own. A key to our success will be taking the time to really understand what it is like within and beyond our own place.
- ⚡ Place means home, community, work, identity.
- ⚡ Place based OD means working in a way that includes those contexts in our planning and delivery of OD interventions.
- ⚡ Our own agility to work between and beyond boundaries needs further exploration. Feeling safe in unknown spaces may take time. How do we behave if we feel unsafe?
- ⚡ We need to move beyond place based OD as a buzzword and translate it into behaviours and mindsets.
- ⚡ As we shape and define place based OD we will create a new currency for our work in the system.
- ⚡ Authenticity and passion are at the heart of OD work. Our challenge is to broaden our boundaries and take our passion to unexplored places.



“Change allows for realistic radicalism with a dash of panache and style.”



Next steps

This paper is the beginning of a conversation on place based OD that needs to continue as we develop our OD practice in the NHS and beyond. We offer these questions to consider when thinking about place.

For me	For our OD Teams
<ul style="list-style-type: none"> ⚡ What does place mean to me as a citizen? 	<ul style="list-style-type: none"> ⚡ How do we work with our communities in place?
<ul style="list-style-type: none"> ⚡ What does place mean to me in my work? 	<ul style="list-style-type: none"> ⚡ How do we reach out to others who need to be involved in this conversation?
<ul style="list-style-type: none"> ⚡ What do I think and feel about working in a place-based way? 	<ul style="list-style-type: none"> ⚡ How do we get more citizen ownership?
<ul style="list-style-type: none"> ⚡ Where am I in my own personal learning and what will help? 	<ul style="list-style-type: none"> ⚡ Is place different or the same as system? How does it relate to community?
<ul style="list-style-type: none"> ⚡ What unique qualities and skills do I bring to this place based challenge? What else might help me? What's going on in my organisation that I could share or provide? 	<ul style="list-style-type: none"> ⚡ What might we need to stop doing in order to create capacity for Place based working? ⚡ How can we align our work to the needs of our communities? ⚡ What OD interventions would have the biggest impact on the health of the population?

For the OD Community

- ⚡ What are the opportunities that ask for us to work differently?
- ⚡ What experiments can we put in place to work out what Place based OD means?
- ⚡ How can we use the concept of place-based care to shape what place based OD might be?
- ⚡ How can we develop an understandable language to describe the scope of our work including systems leadership, systems thinking, place and people?
- ⚡ What kind of talent do we need in our OD community in two, five and ten years-time?

For our work in place

- ⚡ How do we ensure that inclusion, equality and diversity are at the heart of what we do?
- ⚡ How do we move from stand-alone programmes to structural change?
- ⚡ How do we begin to identify the skills we will need to work in Place based ways?
- ⚡ How can we explore the landscape differently and more thoroughly?
- ⚡ If we can predict what is needed in the future, how do we design our work to meet the changes that are needed?
- ⚡ How do we overcome previously competitive ways of working and relating to achieve collaboration and co-design with patients and partners?

Do OD will create spaces to continue this conversation. If you would like to be part of the discussions, email do.od@nhsemployers.org with your details.

Suggested Reading

Developing People – Improving Care, NHS Improvement
Delivering sustainability and transformation plans, Kings Fund
Swimming together or sinking alone, Institute of Healthcare Management
Next Steps on the Five Year Forward View, NHS England

Contact us

This paper has been written by Do OD, the expert resource on organisational development delivered by NHS Employers in partnership with the NHS Leadership Academy.

Do OD enables people to transform systems. We support OD, HR, workforce colleagues and leaders to connect, share, learn and grow. Our work is driven by the strategic priorities of the NHS and shaped in collaboration with our OD Community. Do OD:

- ⚡ cultivates spaces to think and share ideas
- ⚡ invents tools and resources by and for the OD community
- ⚡ creates original thinking and content on the theory and practice of OD.

Our work can be found at www.nhsemployers.org/OD

Do OD is led by Paul Taylor-Pitt and Karen Dumain. We would like to thank everyone who has been part of the Role of OD inquiry so far.

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