Boost

OD where no-one is in charge: working across systems

Karen Kirk – head of improvement, NENC ICB

7th May, 2026

Boost

Our Strategy for the people of NENC Better Health and Wellbeing for All

Our four key goals...

Longer & healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England

Fairer outcomes for all

As not everyone has the same opportunities to be healthy because of where they live, their income, education and employment

Better health & care services

Not just high-quality services but the same quality no matter where you live and who you are

Giving children and young people the best start in life

Enabling them to thrive, have great futures and improve lives for generations to come

Boost

Our Approach...

In September 2022, we launched and started forming our learning and improvement community, bringing together people with a passion for improvement, innovation and change in health and care.

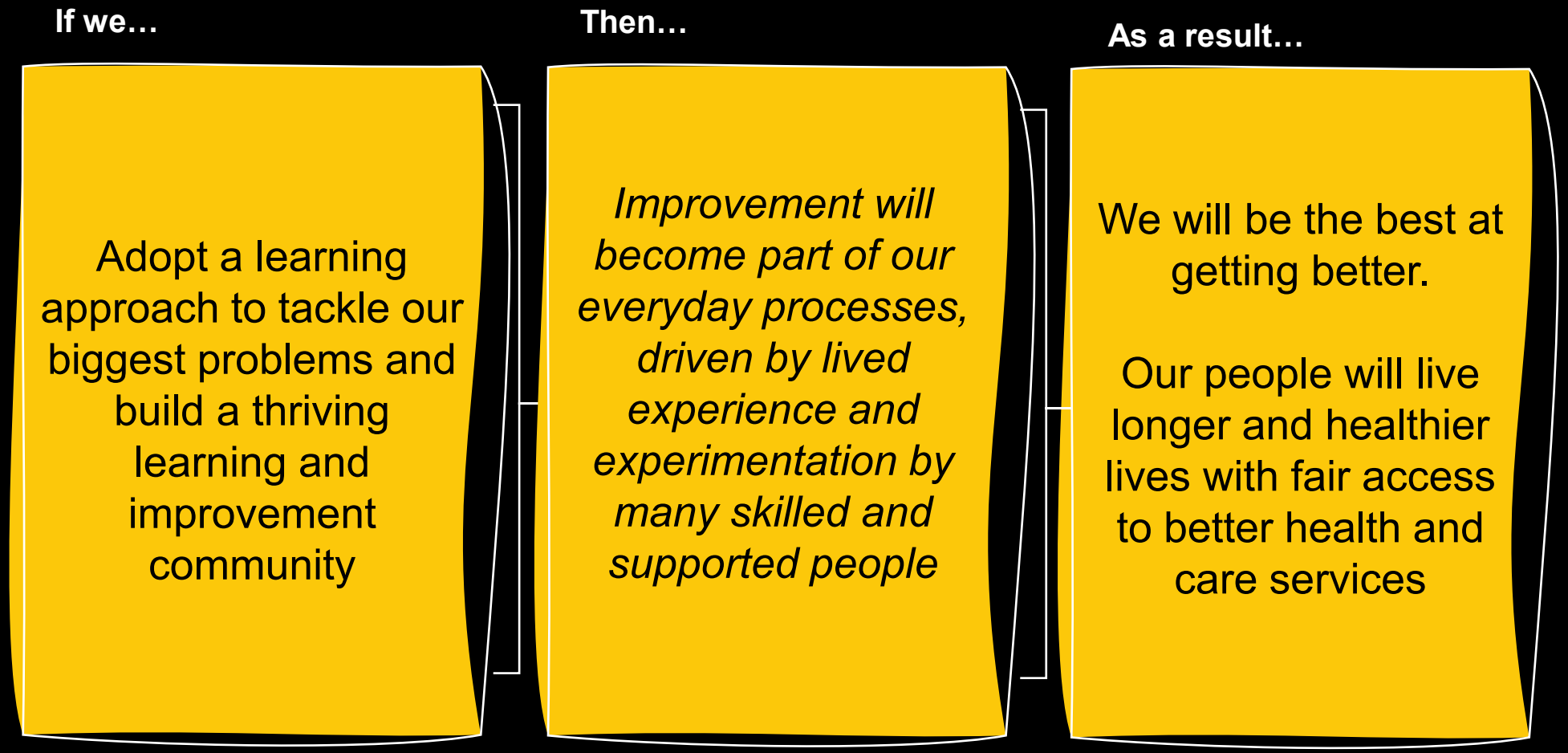
Develop collective capability for learning and improvement

Cultivate system leadership that fosters learning and improvement

Establish infrastructure for a partnership learning and improvement community across NENC

Connect our stakeholders to share improvement stories and help us to scale and spread ideas

Theory of change for the learning and improvement community



“Think about your biggest organisational challenge right now…what percentage of it do you genuinely control?”

Please stand up if you can

Who here works across more than one organisation weekly?

Who has formal authority in those spaces?

Who still feels accountable for outcomes there?

The three agendas driving neighbourhood reform

Routine Care

Improving services for everyone.

- Focus on GP access recovery, direct diagnostic access, reducing red tape, and expanding the Pharmacy First service.

Proactive Care

Supporting people with complex needs.

- Focus on establishing Integrated Neighbourhood Teams (INTs) to deliver assessment, care planning, and seamless cross-setting care.

Hospital Alternatives

Treating people safely in the community.

- Focus on expanding virtual wards, Urgent Community Response (UCR), and step-up/step-down intermediate care capacity.

Underpinned by the National Neighbourhood Health Implementation Programme to build local capability.

The 10 year health plan

- More care closer to home
- Less reliance on hospitals
- More integrated, neighbourhood-based delivery

That fundamentally changes

- Where care happens
- Who leads change
- How decisions get made

What this means for organisations

Hospital demand will increasingly depend on what happens outside the hospital

-Prevention and proactive care
-Community alternatives
-Weak system working = continued pressure, flow issues, missed targets

Many priorities cannot be solved inside a single organisation

Elective recovery
DTOC / flow
Long waits
Health inequalities

All depend on primary care, community, LA, VCSE relationships

The new provider architecture

Single Neighbourhood Provider (SNP)	Multi-Neighbourhood Provider (MNP)	Integrated Health Organisation (IHO)
Scale: ~50,000 population.	**Scale:** ~250,000 population.	**Scale:** Whole defined geographic population.
Scope: Delivers new services through INTs locally.	**Scope:** Co-ordinates consistent delivery across multiple neighbourhoods.	**Scope:** Whole population health budget; resource allocation across the entire care pathway.
Contract Holder: Works closely with local GPs.	**Contract Holder:** Risk-sharing entity incentivized on preventative care.	**Contract Holder:** NHS Trusts (initially high-performing foundation trusts).

What this means for OD professionals

Your leaders are increasingly working in environments where:

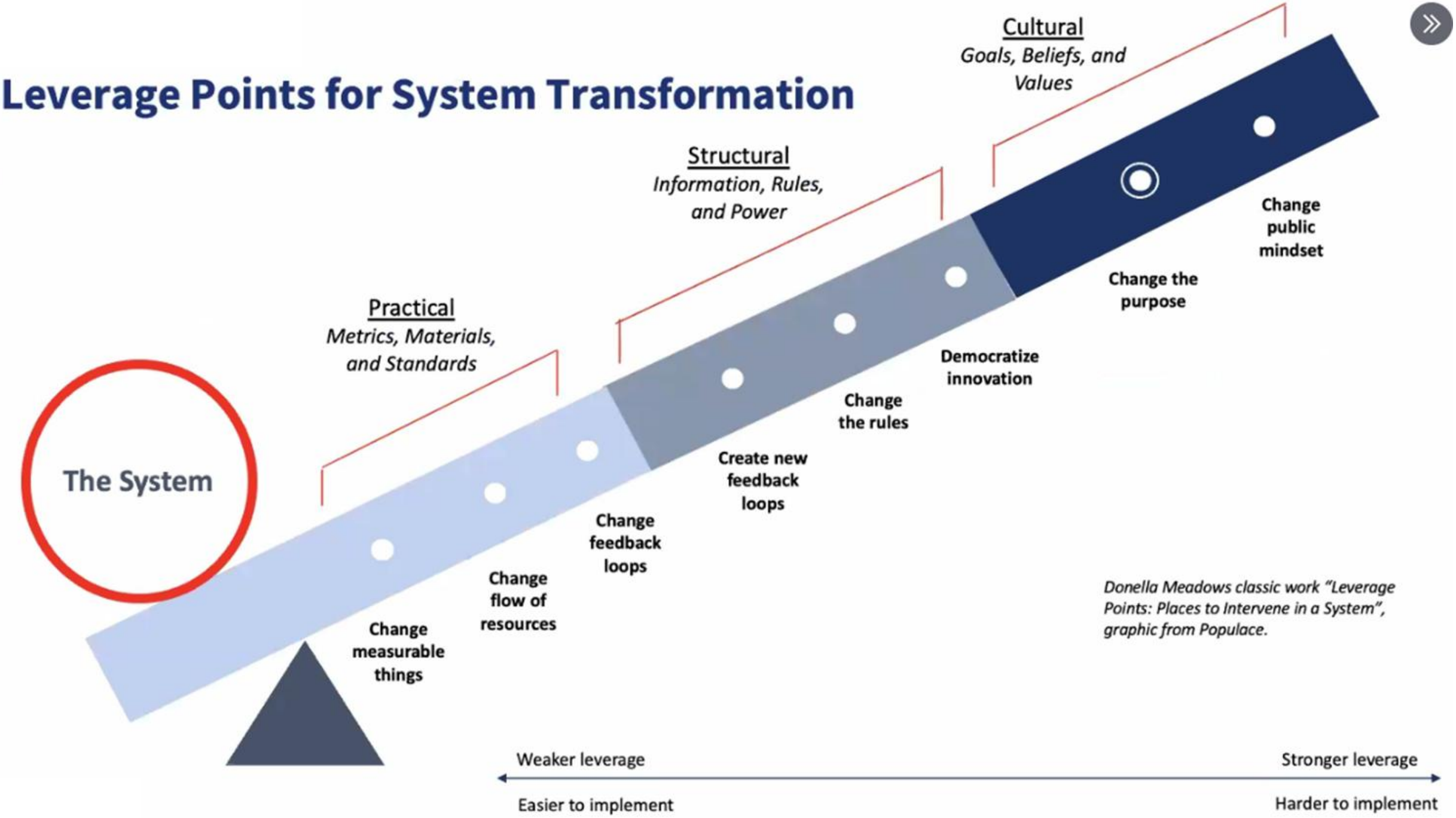
- They don’t control all the resources
- They don’t employ all the staff
- They can’t deliver outcomes on their own

Most leaders have been trained to

- Lead within hierarchies
- Own problems
- Control delivery

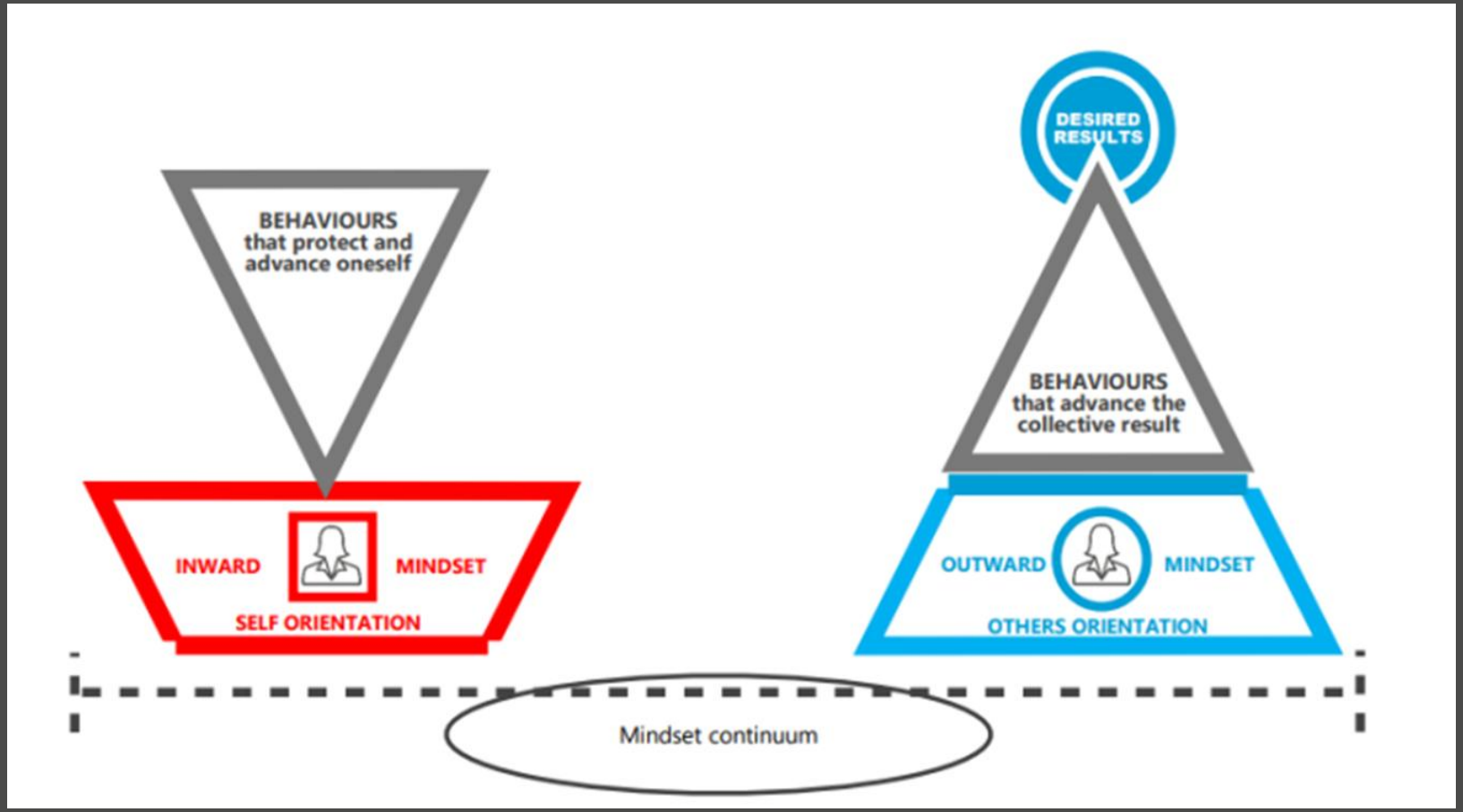
Current reality	Emerging reality
Organisation owns delivery	Delivery depends on partners
Leaders control resources	Leaders influence across systems
Improvement inside org	Improvement across pathways
OD builds internal capability	OD builds relational/system capability

Leverage Points for System Transformation



Donella Meadows classic work "Leverage Points: Places to Intervene in a System", graphic from Populace.

Relationship mindset



The Arbinger Institute (2010; multiple editions)Leadership and Self-Deception and later The Outward Mindset

The future requires leaders to

Influence without authority

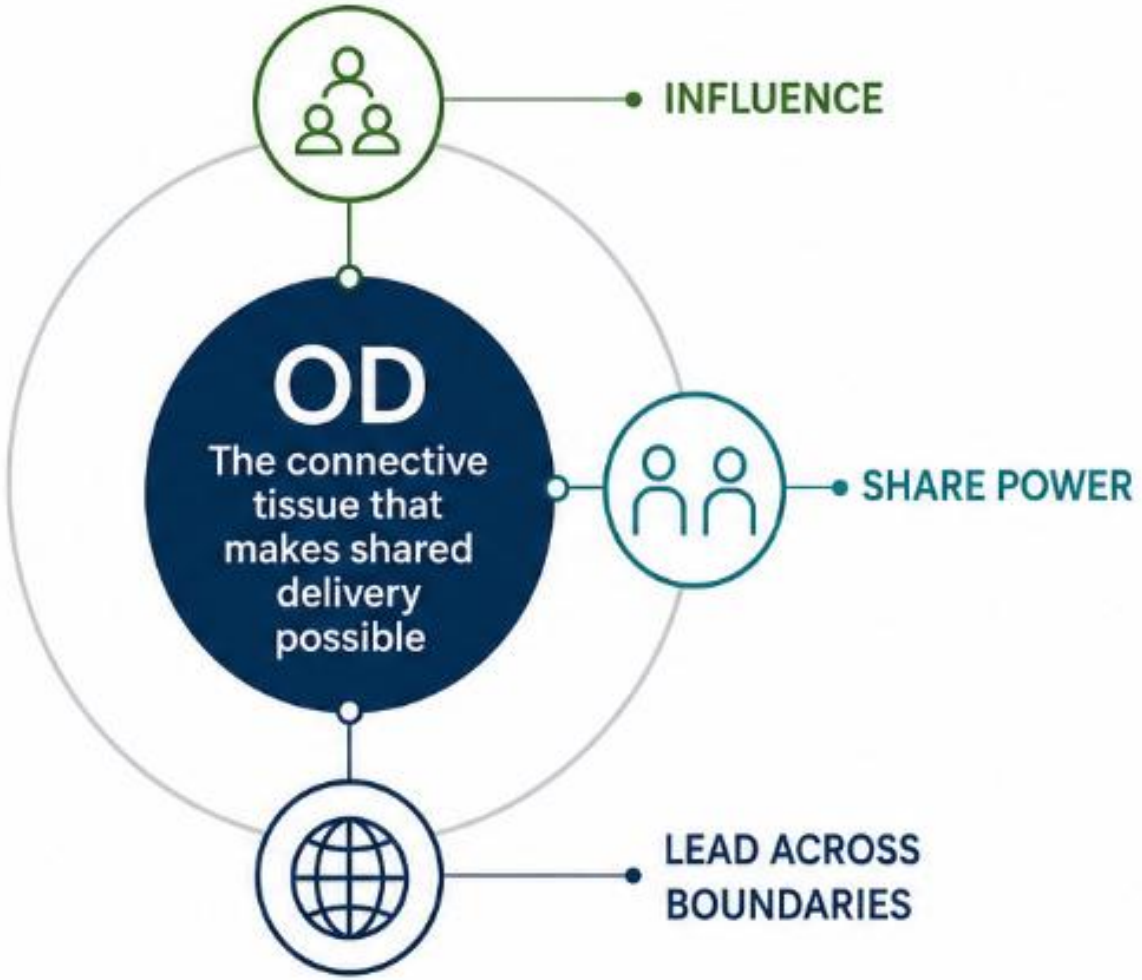
Earn trust. Inspire action.
Drive impact.

Share power

Empower others.
Build capability. Multiply impact.

Lead across boundaries

Connect people. Bridge silos.
Create collective solutions.



Leadership behaviours for the new world

LEADERSHIP DOMAIN	EXAMPLE BEHAVIOURS
 **System Leadership**	Collaborates across boundaries; builds consensus; communicates vision; navigates complexity with diplomacy.
 **Evidence-Based Decision-Making**	Uses data and evaluation to guide choices; promotes learning and adaptation; challenges assumptions.
 **Co-Design and Inclusion**	Engages communities and service users early; values lived experience; empowers others to co-create solutions.
 **Financial Stewardship**	Balances efficiency and equity; makes transparent trade-offs; ensures value for money and outcomes.
 **Innovation and Technology Leadership**	Champions innovation and digital inclusion; uses technology to integrate and personalise care.
 **Workforce and Organisational Development**	Coaches and develops staff; builds psychological safety; promotes continuous improvement and peer learning.
 **Equity and Ethical Leadership**	Models fairness and inclusion; tackles inequalities; ensures decisions deliver social value and sustainability.

“

Performance is a function of design.

And until we change the design, the system will keep producing exactly what it is incentivised to deliver.

Matthew Powls

Health System Thinking

Think about your biggest organisational challenge right now

- How much of that is fully within your organisation's control?
- What depends on other organisations/services?

The gap between responsibility and control is where OD now needs to work

In systems the barrier is more often relationships than structure

TECHNICAL PROBLEMS VS. ADAPTIVE CHALLENGES

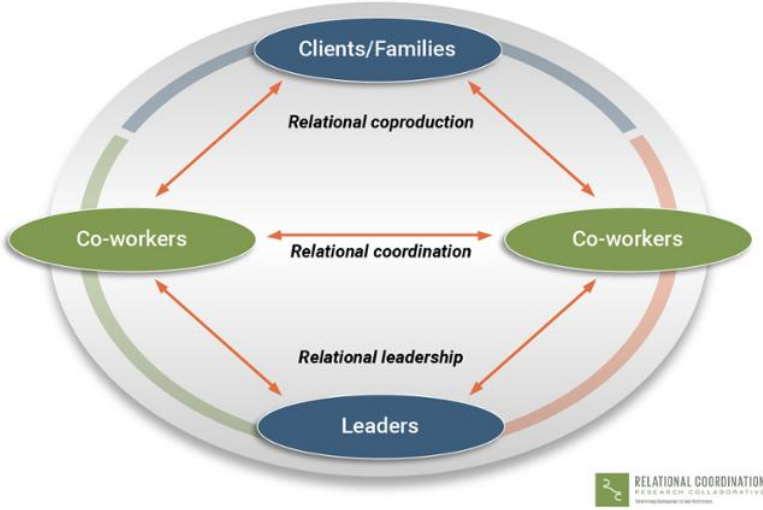
The single biggest failure of leadership is to treat adaptive challenges like technical problems.

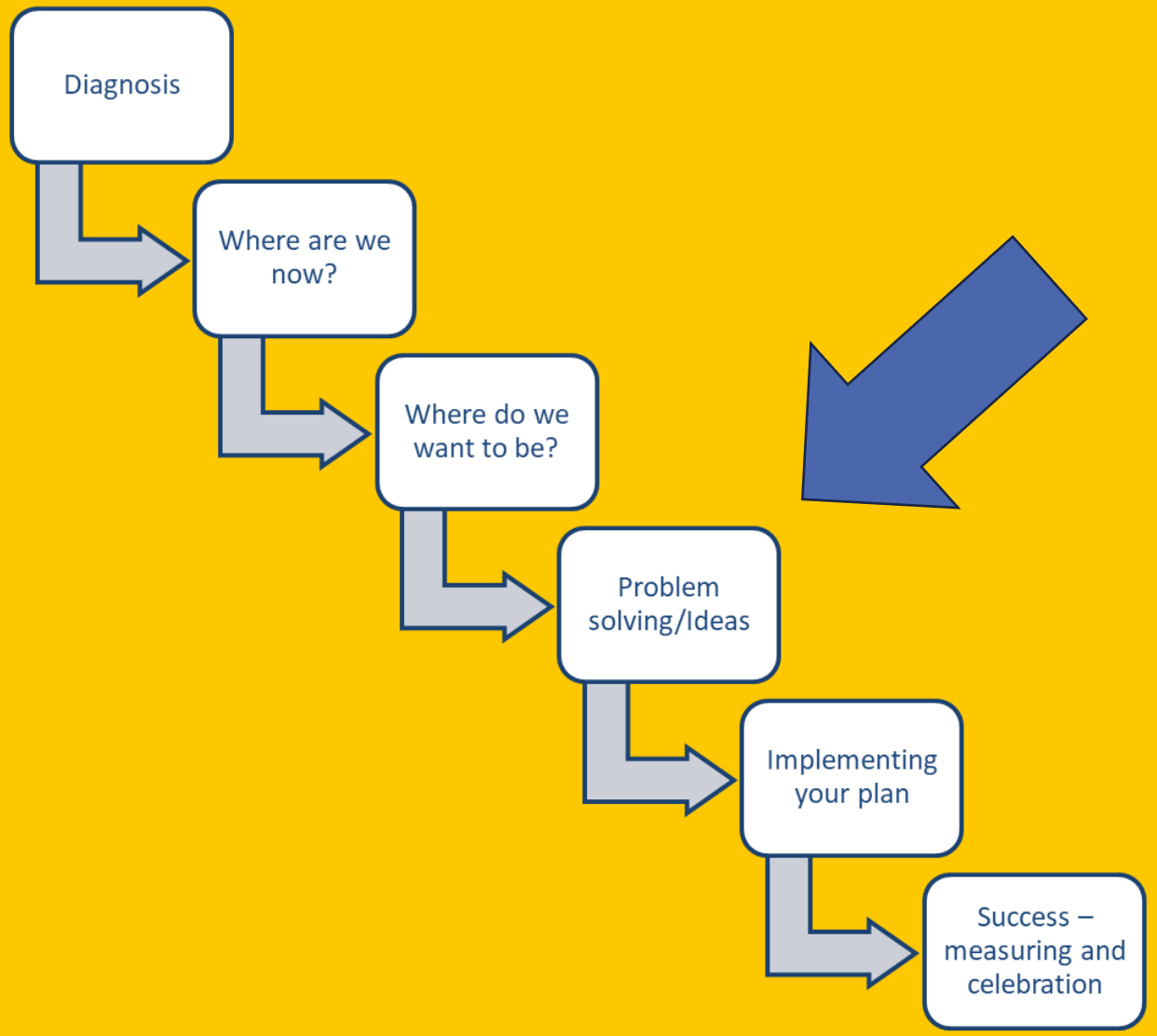
TECHNICAL PROBLEMS	ADAPTIVE CHALLENGES
1. Easy to identify	1. Difficult to identify (easy to deny)
2. Often lend themselves to quick and easy (cut-and-dried) solutions	2. Require changes in values, beliefs, roles, relationships, & approaches to work
3. Often can be solved by an authority or expert	3. People with the problem do the work of solving it
4. Require change in just one or a few places; often contained within organizational boundaries	4. Require change in numerous places; usually cross organizational boundaries
5. People are generally receptive to technical solutions	5. People often resist even acknowledging adaptive challenges.
6. Solutions can often be implemented quickly—even by edict	6. "Solutions" require experiments and new discoveries; they can take a long time to implement and cannot be implemented by edict

Relational Coordination - Gittell

- **Shared Goals**: Do we genuinely agree what ‘good’ looks like/want the same thing?
- **Shared knowledge:** Do we understand each other’s constraints, roles, pressures?
- **Mutual respect:** Are professions/sectors treated as equal partners?
- **Psychological safety check:** Can people challenge and speak up without fear?

CONTRACTING IS CRITICAL FOR SYSTEM WORK





- Design principles for every meeting
- Treat every interaction as an intervention
- Clear problem statement
- OD and improvement methodology
- Creating the right conditions
- Doing the right ‘up front’ work

The 5 Stages of Continuous Improvement in Health and Care

1 — Identify & Understand the Problem
Clarify what needs improving and why.

2 — Plan the Change
Design an improvement idea based on evidence and insights

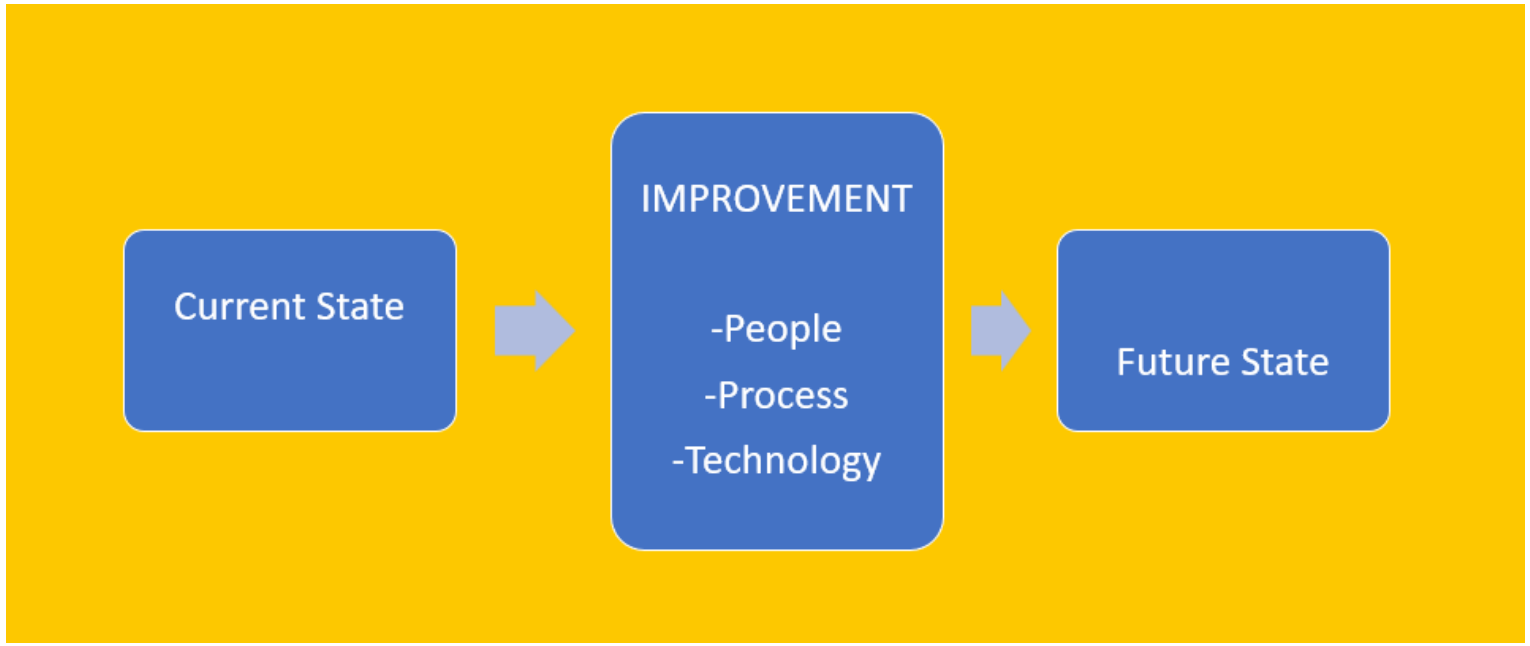
3 — Test the Change
Try out your improvement on a small scale.

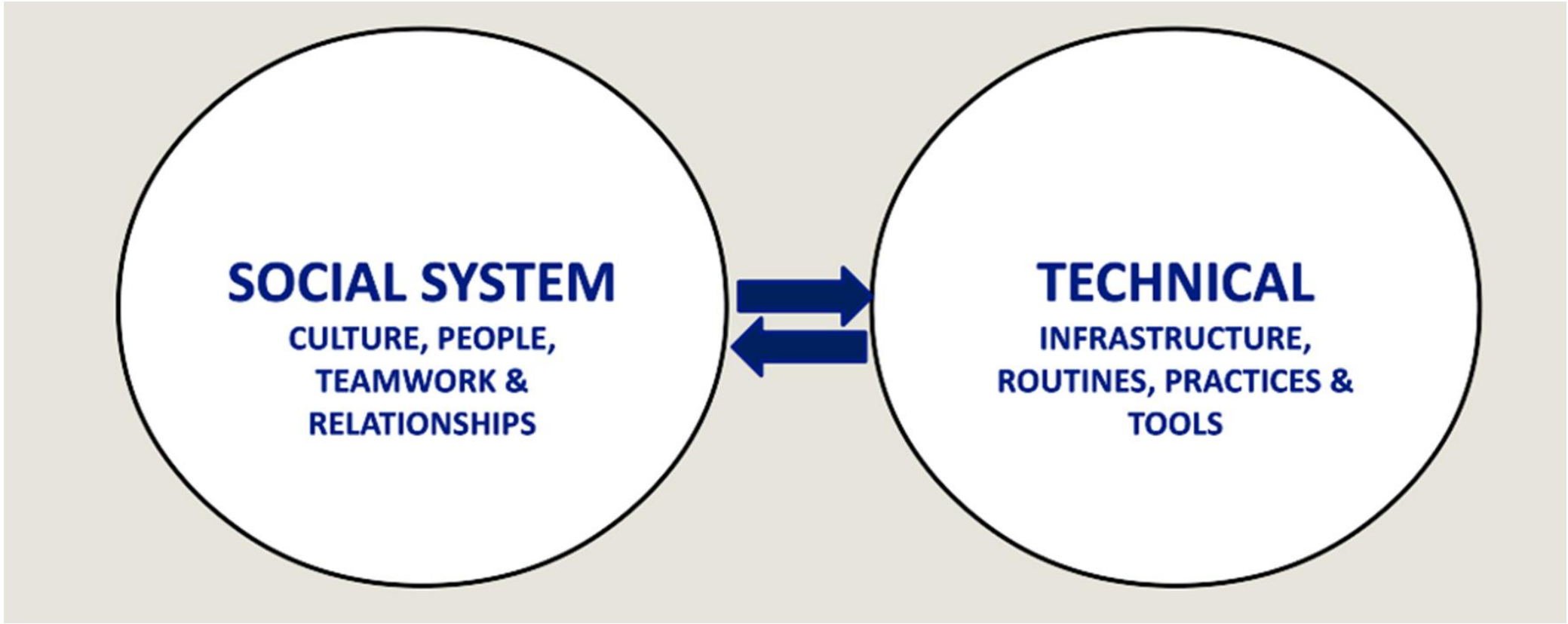
4 — Study the Impact
Reflect on what happened and what you learned.

5 — Sustain & Spread What Works
Embed successful changes and scale them up

Three "rules" for developing a problem statement...

1. Create one sentence as a table that sums up what you want to change
2. Make the problem statement before you start coming up with solutions
3. The problem statement should not include a cause or a proposed solution

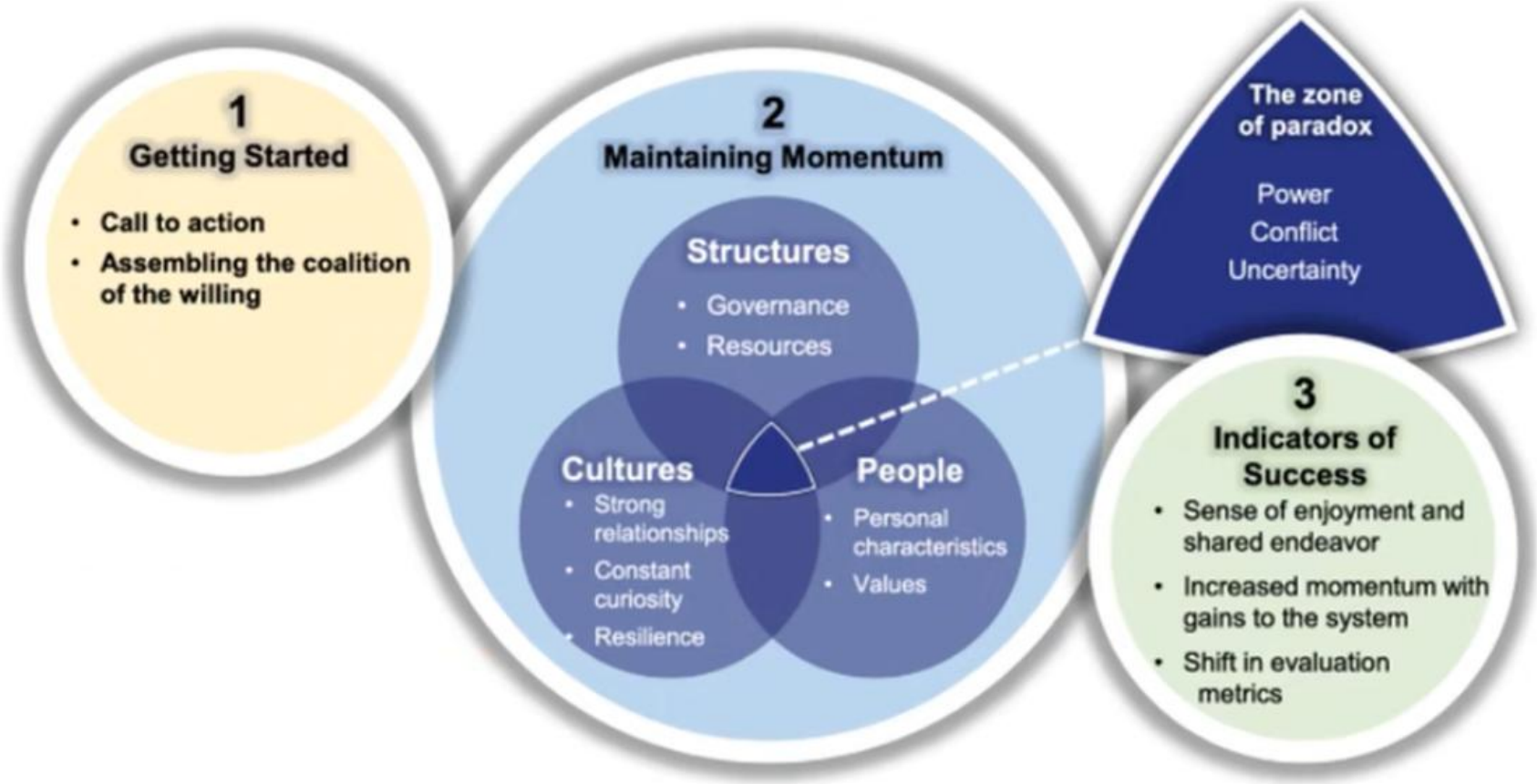



SOCIAL SYSTEM
CULTURE, PEOPLE, TEAMWORK & RELATIONSHIPS
TECHNICAL
INFRASTRUCTURE, ROUTINES, PRACTICES & TOOLS

ENERGY	INFLUENCE STYLE	INFLUENCE BEHAVIOUR
PUSH SELF  OTHERS	**PERSUADING** 	**PROPOSING:** ideas; suggestions; recommendations; questions that suggest a proposal. **REASONING:** facts and logic in support or opposition; argument for or against; rhetorical questions.
	ASSERTING 	**EVALUATING:** positive or negative judgment, reinforcement, or criticism; personal and intuitive. **STATING EXPECTATIONS:** needs; demands; standards; requirements. **USING INCENTIVES (AND PRESSURES):** specifying the ways and means you control that meet others' needs.

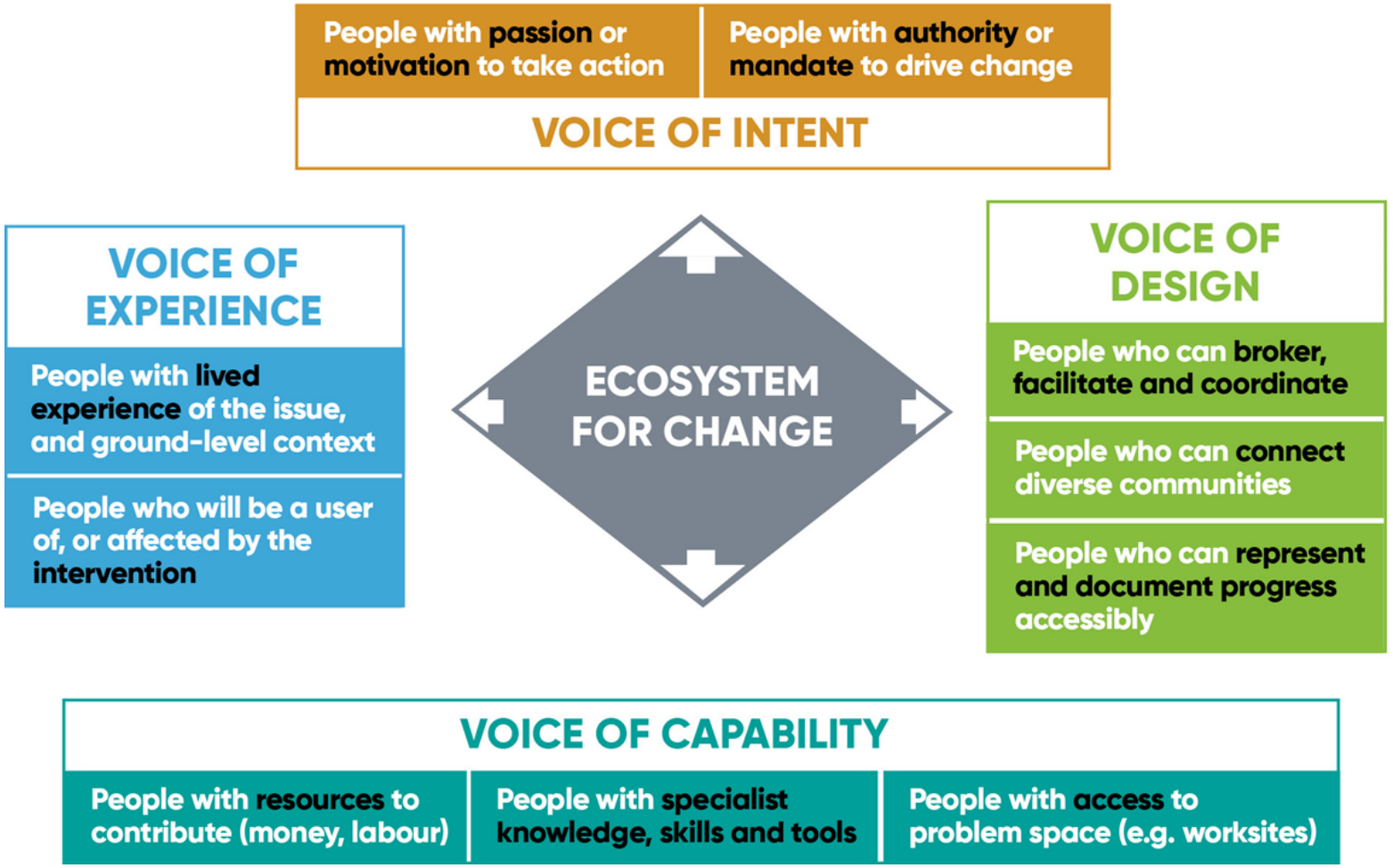
ENERGY	INFLUENCE STYLE	INFLUENCE BEHAVIOUR
PULL SELF  OTHERS	**BRIDGING** 	**INVOLVING:** soliciting views, ideas, and information from others; encouraging participation. **LISTENING:** paraphrasing; summarising; reflecting feelings; giving one's interpretation of other's position. **DISCLOSING:** admitting mistakes; revealing uncertainty; making oneself vulnerable; asking for help.
	ATTRACTING 	**FINDING COMMON GROUND:** highlighting common values, beliefs, ideas, agreement, or synergy. **SHARING VISIONS:** viewing future with optimism, picturing ideal outcome; using positive metaphor, analogy, or word pictures; using language that builds enthusiasm.

Distributed Leadership in Practice



Systems leadership in practice: thematic insights from three public health case studies | BMC Public Health | Full Text (biomedcentral.com) and Schad and Bansal 2018, **Seeing the Forest and the Trees: How a Systems Perspective Informs Paradox Research,** Volume55, Issue8 December 2018 Pages 1490-1506

Who



Source : https://medium.com/@bill.bannear/the-new-zeitgeist-relationships-and-emergence-e8359b934e

Activity – Think of an OD intervention you are involved with?

Question	Answer
Who has formal authority?	
Who has practical expertise?	
Who has relational legitimacy/trust?	
What are the non-negotiables? (safety, equity, standards)	
What will you do now? What is the smallest permission we can give?	

Our intentional behaviour

This is not a set of rules, but a shared commitment to how we show up in the system.

- We work with the system, not to or for it

- We value relationships and learning over control

- We hold ambiguity and resist premature solutions

- We model reflective, adaptive and relational practice

- We use improvement tools in service of System OD

THANK YOU

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The best at getting better!