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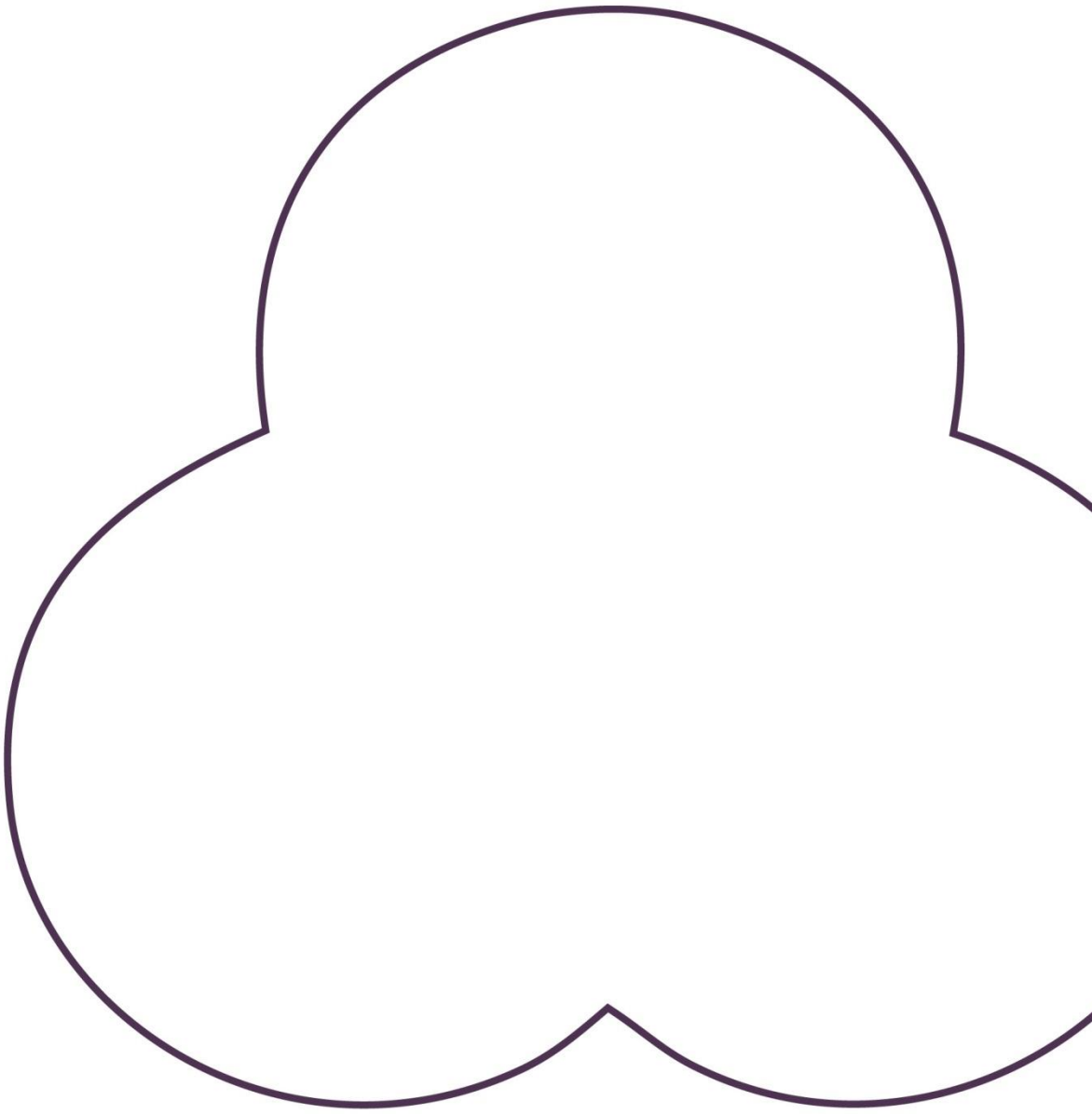

Leadership for Empowered and Healthy Communities Programme Evaluation

February 2013

Title	Leadership for Empowered and Health Communities Programme Evaluation
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Contents

Introduction

What is Leadership for Empowered and Healthy Communities?

Consent is growing that there is a need for large-scale change in the manner in which health and social care services are planned and delivered.

Traditionally, health and social services have been paternalistic in their approach, viewing those that use services as "clients" or "beneficiaries": recipients in need of a service delivered by professionals or experts. However there is growing evidence that an alternative way of working with communities could deliver more positive outcomes for those who use services. These approaches emphasise the need for those who use and provide services to work alongside each other, focusing on individual and collective strengths while working in partnership to design services that are tailored to specific needs.

Communities are best placed to understand their own health and social care requirements. By supporting communities to work together and become actively involved in the design and delivery of services the likelihood of making unsuitable decisions about provision are drastically reduced. Strengthening social ties brings benefits to the individual such as improved mental health and life expectancy. Stronger social ties can also create benefits across civil life, such as reduced crime rates and cleaner streets[1].

Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.

One of the ways of working that is pivotal in this methodology is co-production. Co-production can be defined as

> delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change. [2]

Research suggests that co-production and other community-centred, rather than service-centred, approaches deliver better outcomes.[1] While the term co-production was first used in the 1970s[3] and related similar approaches have been championed by some for decades, until now they could not be considered 'mainstreamed'.

The Leadership for Empowered and Healthy Communities programme was born from a recognition that if services are to be designed and delivered in partnership with communities, there needs to be understanding, drive and passion for the approach amongst leaders in health and social care.

Outline of programme

The leadership framework that underlies the programme forms part of the Leadership for Empowered and Healthy Communities project, which was initiated by Jo Cleary in her role as co-Chair of the Association of Directors of Adult Social Services (ADASS), Workforce Development Network. The project partners also include the Local Government's Ageing Well Programme, funded by Department for Work and Pensions, Think Local Act Personal, the National Skills Academy for Social Care, Skills for Care and NHS South Central Strategic Health Authority.

The framework describes a collaborative leadership style that enables the contribution of all of those involved in the commissioning, design, delivery and use of services to create more positive health and social outcomes. The behaviours within the framework are mapped against leadership models developed for Clinical Commissioning Groups and the NHS Clinical Framework, and can be grouped according to four key areas:

The framework describes a collaborative leadership style that enables the contribution of all of those involved in the commissioning, design, delivery and use of services to create more positive health and social outcomes.

Strategic intent: emphasises the bigger picture and need to make links between health, communities and well-being. Strategic intent stresses the need to work in partnership with communities to develop and work on shared priorities.

Driving transformation: focuses on leadership behaviours that involve pushes organisational and community thinking specifically towards systems that create the well-being and health outcomes desired by the individuals and communities that use services.

Facilitative and collaborative style: explores working across communities, organisations and services to create the greatest impact, and so that all those involved feel valued.

Flexibility and openness: recognises the flexibility and bravery to change direction and contradict your initial approach if necessary. It also references developing a leadership style that means other stakeholders feel free to contribute and generate new ideas.

The leadership framework was co-developed with those who use services; those who deliver services within the health and social care sectors; and specialists on the ways of working- such as co-production and time-banking that embody the philosophy of the course.

Those who use services were also consulted in the development of the course itself, and in addition to 24 health and social care professionals, the course was also attended by two individuals

representing those who use services. These two individuals were actively involved in some of the course delivery, as well as participating at trainees.

The course consisted of five day-long sessions, run over a period of six months, each with a different theme, for example, “Collaborative Leadership”. During each day, there was a mix of facilitated sessions, predominantly led by external speakers, and action learning sets. In addition there were also two themed webinars.

Aims of the evaluation

This evaluation intends to:

- Provide a concise and unbiased appraisal of how the course and its philosophy were perceived by participants.
- Identify any tangible impacts on participants and their peers resulting from attending the course
- Make recommendations based on the evaluation findings

Methodology

The methodology employed in evaluation draws directly on information provided by course participants. Course participants were engaged in three different methods of data collection:

Self assessment data: Those who attended the course were requested by course leaders to complete a self-assessment report (Appendix 1) in which they rated their current performance against the behaviours described in the leadership framework. Performance for each behaviour was rated on a ten-point scale, where "1" indicated low performance, and "10" reflected high performance. Nine course participants (seven female, two male) completed the form both at the start of the course and following course completion. This provided a measure of change for each leadership behaviour. Mean change scores for the self-ratings were calculated for each leadership behaviour, and statistical tests were conducted to ascertain whether this change was statistically significant.

Programme evaluation survey: A programme evaluation survey (Appendix 2) was constructed by the evaluators and distributed to programme participants once the course was completed. The survey asked open-ended, qualitative questions including those that sought to establish:

- Participants thoughts on course structure and content
- Specific feedback on any sessions or techniques used in the course
- Any changes in participants' perception of their work role, and any changes in work-related approaches or behaviours.

Nine surveys were returned by participants (six female, three male).

Semi-structured telephone interviews: Ten semi-structured telephone interviews were conducted with individuals who had attended the course. Eight of these individuals (four female, four male) were involved in the commissioning or delivery of services, while two interviews were conducted with individuals who use services (one female, one male). These interviews loosely followed the questions on the programme evaluation survey, but intended to gain a deeper understanding of how participants found the course, and crucially how they intended to use new skills in the future. Interviews were approximately one hour long.

Additional interviews were conducted with two individuals responsible for the original formulation of the programme, and the delivery of the programme. The purpose of these interviews was to clarify the key drivers of the programme, and the principles that underlie it.

Key Findings

Findings deemed relevant to the aims of the report are arranged under the sub-headings below. Each key finding draws on information collated via the three data collection methods (self-assessment data; programme evaluation survey; and semi-structured interviews) as appropriate.

Participant perception of course philosophy

The principles of community capital (recognising the strengths of communities to enable positive outcomes) that both inspired the course and drove its content were extremely well-received by participants.

> "The framework is a very positive model, very healthy and entirely desirable."

Many commented that vision of leadership that was developed for the programme was what was needed to drive forward innovative: demonstrating community-focused and effective ways of working in health and social care. The course spoke of the issues of today and the future.

"There's a sense that the moment has come in health and social care for this movement across the country."

> "Interestingly, I haven't experienced anyone [at work] being resistant to what I have learnt [on the course]…the ideas are intuitive. People have an appetite and curiosity to explore the ideas. There's a sense that the moment has come in health and social care for this movement across the country."

When explicitly asked to compare the programme to previous leadership courses they may have attended, many individuals found it difficult to draw a direct comparison. The course's focus on peer-to-peer learning across sectors and different stakeholder groups was seen as unique. Furthermore, the enthusing content of the course led some to comment that is seemed less of a programme to create leaders, but more one to inspire those already in leadership roles. This approach to leadership training was viewed favourably.

"This programme was absolutely about what is needed."

> "My own reflection is that these programmes [most other leadership programmes] will tell you what leaders are like, then reel in chief execs or people of power, but this course didn't do that. The people who came in [and spoke to us] were those who added something new. This programme was absolutely about what is needed. I think it would be naïve to think that is about giving people the skills and that is it."

Course structure

Participants felt that the mixed learning methods, particularly the split between facilitated sessions and action learning sets added considerable value to the course structure. Although some individual participants preferred one of these methods over the other, there was no strong overall preference for either facilitated sessions or action learning.

Facilitated sessions

The facilitated sessions included a mixture of guest speakers, workshop sessions on different subjects e.g. communicating change, host leadership and panel discussions e.g. on approaches to commissioning for co-production. Members of TLAP Co-production group led an introductory session on Day 1 on personalisation.

The facilitated sessions were described as "engaging and thought-provoking", and informed deeper group discussions later. The specific sessions which made the most significant impact on participants depended somewhat on pre-existing knowledge and personal interests.

A couple of individuals commented that for a very small number of sessions the external facilitators' delivery approach did not match the ethos of the course. For example, they may have not made use of the opportunity for collaboration with all those present.

The final session, *Reflections and Next Steps*, was less well-received and many commented that they had expected more.

However, there were some sessions that were rated highly by all participants: the first session on the asset-based approach to people and communities was described as "inspirational" and "set the tone for the rest of the course". The session on time-banking was also identified as "very powerful", as were those where the speaker used practical, hands-on exercises to illustrate leadership.

Action learning

The course participants were assigned to one of four action learning sets on Day 1 of the programme and these sets met in the remaining four sessions. Action Learning is intended to draw out people's own solutions to issues they might identify. The other participants act as coaches by asking questions and active listening rather than giving advice.

> "The opportunity to discuss what other colleagues are doing and approaches they are using meant that this type of discussion was one of the most useful aspects of the course."

The split of participants across sectors, jobs, roles and regions meant that during action learning the opportunity to explore new approaches and learning was maximised. Indeed, it was course participants who were in learning sets with individuals who worked in very different fields from themselves, or individuals who used services, who seemed to benefit most from action learning. They described how alternative perspectives made them reflect on their own practice and identify new ways of working. It was an opportunity for self-reflection, to have their approach challenged and to gently challenge or learn from the approach of others.

> "We might have all these nice policies but they [those on the course that use services] gave us the reality. The same goes for the voice of the voluntary organisations. It helped me measure the distance between the rhetoric and what goes on in real life."

Relationship between course and leadership framework

The ten course participants interviewed felt that the four elements of the leadership framework were well-represented during the course.

Different modes of course delivery were utilised in the delivery of the content. For example, while many commented that *Strategic intent* ran throughout the course content, the emphasis on *Driving transformation and change* was greatly supported by the opportunity to engage deeply with other course participants. *Facilitative and collaborative style* and *Flexibility* were demonstrated in manner the course was structured and delivered.

> "The course organisers were very open with us about their thinking and what they were trying to achieve with us."

Pre-reading and course materials were also praised for their usefulness and relevance.

Individuals attending the course

> "In my mind the sessions worked effectively because there was no 'them and us'; it made no difference whether someone worked in health or social care, statutory, voluntary or private sector, was a user of services or carer – we were all there for a common purpose on an equal footing."

Participants valued having a mix of individuals from health and social care; and those who deliver, commission and use services in different areas of the country on the course.

"It was excellent in terms of knowledge building. I learnt a lot about what was happening in other parts of the country and innovation."

> "It was excellent in terms of knowledge building. I learnt a lot about what was happening in other parts of the country and innovation."

Some commented that for future programmes the ethos of partnership working should be reflected to an even greater extent in those attend the course, with particular reference being made to the NHS, independent and voluntary sectors, and those who use services. One participant went further than this, and suggested that given the emphasis on seeing the "bigger picture" it may have been worth considering participation from sectors other than health and social care.

> "Health and social care impact on housing, education, employment. For me, we are still working in silos. They can merge into one another… People who use services don't necessarily differentiate."

Individuals also commented that the majority of the participants entered the course already with some belief in the principles that drove the programme, and this led to a "powerful learning environment". There was some sentiment that the impact of the course could have been greater if there had been a greater number of "sceptics" which would in turn ensured others on the course has not taken everything at face value. However, the facilitators received praise for building a "supportive environment" where participants were encouraged to interrogate what they were told and engage in lively debate.

It is of note that course had built networks between those who attended. Participants spoke of post-course conversations and site visits to each other's organisations. These links were not just formed between health and social care professionals: mutually beneficial relationships had also been created between those who use and those who deliver services.

CASE STUDY ONE: T.J.

T.J. works within the NHS as a consultant in public health. She has an advisory role to a clinical commissioning group, providing support on policy and technical input.

T.J. signed up for the course to help her when public health moved over the local authority control, given that local authorities often work more directly with communities.

When she saw the first set of reading she was worried about content of the course. Her career and current role had placed an emphasis on clinical evidence and she was critical of collaborative working and other more 'softer' elements of public health. However, the first session was inspirational.

> "I have had a paradigm shift. In the past I didn't believe in this type of work. Now I can understand where others come from and I am less critical of the research that sits behind it."

She is now advocating the approaches and principals she learnt on the course, and has exposed her seniors to different ideas, such as community capital.

> "I wrote a briefing paper on demand management almost entirely on the course content. My manager was very happy with it. I can see now not just cost savings, but benefits to the service users."

Since attending the course T.J. feels she understands the true value of local authority work, and will be better able to work collaboratively with them.

> "I will always think about the assets-based approach. We always we do needs assessment. We should include assets in our needs assessment. We should think about what people can do for themselves."

CASE STUDY TWO: P.K.

P.K. is responsible for adult social care at a local authority. He had managed a large project around community capacity building, and as the leadership course content would cover this and related concepts, P.K. was keen to sign up.

As much of P.K.'s work role involves promoting active community engagement, he was already familiar with some of the material.

"It was incredibly useful to have time with people talking about their own experiences, such as with timebanking. Some of it was newer concepts and some wasn't, but even when it wasn't it still helped. Some of the people who presented I've followed up with."

Like many others on the course, P.K. found having professionals with a range of different roles on the course greatly informative.

"It was essential to have perspectives of commissioners and providers. When you are commissioning side it has a danger of becoming too theoretical and so providers delivering services day-to-day gave a different perspective."

P.K. was already a proponent of approaches such as co-production, but had faced some resistance from his colleagues.

"The course gave me the learning and evidence base to push forward what I want to need. I have had some resistance in the council but it has given me what I need to push forward."

Co-production

Concepts of co-production, community engagement and community capital were referenced in course content, through the development and the delivery of the course. This was praised by all participants.

> "Involvement of people who use services in the design and delivery was brilliant and should be done as standard."

Professionals felt that having people who use services present on the course made the content more "meaningful" and "reinforced" many of the concepts that were taught.

> "Their insight into real life parallels or practical implications of what we were discussing made the course more meaningful,

"Involvement of people who use services in the design and delivery was brilliant and should be done as standard."

> and helped to keep us focused on reality. It also helps those of us who are officers to steer clear of pointless jargon."

Those working in the health and social care sectors described how during the course participants who used services would provide a reality check of what things really looks like in practice.

The participants that used services also found attending extremely beneficial. Both had leadership roles within co-production groups, and learnt skills that they had begun to adopt in their own work. They also gained greater insight into the roles of the other participants and their organisations, which in itself was extremely empowering. Improved knowledge of the structures of provider organisations meant they felt better able to contact the relevant individuals if they were dissatisfied with the level of service.

> "Prior to that course I wouldn't have gone directly to my director of social care, but since then I have written two letters to them, and got responses."

> "I feel more energised, and I feel that the course has given me some tools and strategy to play the landscape and make a difference."

Both individuals commented that they saw their level of involvement in the course as an excellent foundation which could be built upon in future years. All those attending the course suggested having a greater number of people who use services, particularly those representing mental health and learning disabilities, would further enhance the course. The participants who use services also commented that more practical involvement, such as helping organise the training room, would have been welcomed, as well as more involvement in course delivery.

> "It would have been really useful if we could have said something at the middle and at the end. Because listening to how people perceive people who use services and carers they still see us as passive recipients of care, it would have been good to keep reminding them [that we are not]."

Nevertheless, the lasting sentiment was extremely positive, with the individuals not only experiencing numerous personal benefits, but recognising the positive impact that their presence had on others the course.

CASE STUDY THREE: D.G.

D.G. is a member of the National Co-Production Advisory Group. He uses services for individuals with physical disabilities and has been an active voice in user-led organisations for 20 years.

When asked whether he would like to attend and participate in the delivery of the leadership course he was enthusiastic.

> "I grabbed the chance to see how professionals actually see people who use services… I wanted to inform and give them our point of view."

He felt the collaborative approach to leadership championed by the course was relevant and necessary.

> "The biggest thing about leadership is to listen."

D.G. could see the effect his presence had on the professionals from health and social care.

> "One individual saw the users of services as the barrier for personalisation. I said 'How do you know it is not how the systems are set up? You need to capture the opinions of people who don't think their opinions matter. Do you go to mosques? Football matches?' They said 'I never thought of using those avenues'. I saw a shift in how they thought and when they came back the following month I saw the shift."

The relationship was reciprocal: D.G. has communicated what he learnt from the course to his own networks.

> "It's taught me about the systems and processes for power and how to navigate influence."

Impact on role

Participants completed a self-assessment tool, in which they rated their performance against the leadership framework at the start and end of the course.

Figure 1 below represents the average self-reported scores of programme participants for each of the four framework areas. The scores for behaviours within each area of the framework have been averaged to give a mean score for *Strategic Intent; Driving Transformation*; *Facilitative and Collaborative Style*; and *Flexibility and Openness*.

Analysis revealed that the improvements in scores for all four areas were highly statistically significant.

Figure 1: Self-reported leadership behaviours according the four key areas of the Leadership for Empowered and Health Communities Framework.

The graph indicates that for each of the four areas there were improvements in self-reported leadership behaviours. Despite the small sample size (nine individuals completed the self-report survey at the start and end of the programme), analysis revealed that the improvements in scores for all four areas were highly statistically significant. There were improvements recorded in all 38 leadership behaviours in the framework. Full results can be found in Appendix 3.

However, comments from participants revealed that they felt that it was not it was not just the improved skills base that they gained from the course, but also more confidence in their own role, and the power they have to push new ways or working and take calculated risk.

"I feel much more authoritative and better placed to say that I will take things forward, that I am the right person to lead on building community because I have been on this great programme."

> "I have the confidence that [the approaches introduced on the course] can produce brilliant results…It has left me braver about having courage to take the risks of letting those things happen."

> "I feel much more authoritative and better placed to say that I will take things forward, that I am the right person to lead on building community capacity because I have been on this great programme."

Many reported feeling "energised" and empowered, and with strengthened belief in their power to instigate change in a co-productive manner, particularly when most worked in organisations that were traditionally risk adverse.

> "I've also got the opportunity to co-produce services in the redesign, and I'm not taking no for an answer on that."

> "I am applying the reading and learning to articulate the approach offered by the programme, instead of sinking back into the paradigm of the council telling people they are about to be empowered!"

Some commented that there could have been more focus on tools to help take the ideas back to your organisations and peers. Furthermore, time spent task-setting how participants could put their learning into action would have been welcomed. However despite these comments, and telephone interviews only being conducted one month after the course had finished, every participant interviewed had concrete examples of how what they had learnt on the course had begun to influence their work. Some had already redesigned services so that they had a genuine focus on community capital, or had written proposals for new programmes that drew directly on the approaches championed by the course.

> "We have relaunched one of our major programmes to have a more active voice for communities – all elements of the communities."

> "We have set up consortia of local voluntary organisations that are involved in responding to ways that the local authority commissions and procures."

> "We have completely changed approach to developing a local account."

> "I've engaged with our e-services transformation programme which is going to help us e-deliver some of the services we

> currently deliver in a different way. There will be much more influence coming from the user end and requirements of service user."

Despite the timing for the evaluation, the tangible impact the course has already had on leadership behaviours and how they were actioned was impressive. The course had left a clear legacy, and participants' ideas for future plans indicated this legacy was likely to endure.

Impact on others

The course had also begun to have an evident impact on other individuals that participants came into contact within their working life.

At a minimum, participants explained that they had shared reading with colleagues and others in their organisation.

"It has also started some interesting discussions with colleagues, which has not always been the case with other leadership type programmes."

> "It has also started some interesting discussions with colleagues, which has not always been the case with other leadership type programmes."

The language which immediate teams used had begun to change, with a focus on communities as assets. This influence was not just on the teams that health and social care professionals managed, but also on their senior managers and other organisations that they worked alongside.

At the time of interviews there had been little tangible impact on communities, but many already spoke of ways they had identified to work more closely with communities, and work together to establish priorities.

> "My suspicion is there are a whole load of informal groupings of people who are quite mobilised across the city who are ready to take on more of the leadership role, but they need recognition and to be more connected."

Participants that used services had communicated what they had learnt to their peers.

> "I've told my networks what they need to do to wrestle power- 'get yourself in that group. If you're not happy, get involved.'"

Recommendations

There can be little doubt that the leadership course was regarded in positive terms unanimously by those that attended. It was described as “excellent”, “inspirational” and perhaps most crucially, has already led to new leadership behaviours in those attending. Any recommendations made in this section should be read with this in mind.

Given the success documented here there is a strong case for the course is repeated in future years. Some of the recommendations are therefore minor adjustments to the course with the assumption that it will be continued on at least an annual basis.

Build greater co-production into the development and delivery of the course

The collaborative development and delivery of the leadership programme was pioneering, and should be used as a guide for other courses across the public services.

The collaborative development and delivery of the leadership programme was pioneering, and should be used as a guide for other professional development courses across the public services. Efforts should be made to ensure that the success of the approach is widely disseminated through relevant networks.

Future Leadership for Empowered Communities courses should further develop this ground-breaking approach by integrating even stronger values of co-production into course development and delivery. Guidance by Nesta, **nef** and the Innovation Lab provides six underpinning principles for transformative co-production[2] (Appendix 4). As far as possible, the course developers should ensure that these principles are adhered to, and ensure that a representative body of individuals who use services are active partners in the development, design and delivery of the course.

Consider the balance of individuals attending the course

The presence of both health and social sector representatives on the course was unusual, and praised by all participants. It maximised learning; created new, active networks; and was consistent with the course emphasis on ‘bigger picture’ thinking and collaborative leadership.

Future iterations should consider other ways in which participants could be typically grouped and ensure all these groupings are adequately represented. For example, a split between participants that commission, deliver and use services; and voices from the third, public and private sectors.

Ultimately, more regionalised networks could be brought together to create a powerful national network that works collaboratively to build best practice in leadership for empowered and healthy communities.

Assess whether the course could be replicated in regional locations

Participants reflected that they learnt a great deal from those attending from other regions in the country. However, they also felt there could be value in running more localised versions of the programme, where networks of leaders with the potential to build and deliver services co-productively could attend together.

It is possible that regional delivery of the course could bring even stronger, more immediate outcomes than seen on the current course, but the course structure would need carefully consideration. For example, could participants from other parts of the U.K. be brought into individual sessions to share the approach used in their area?

Ultimately, more regionalised networks could be brought together to create a powerful national network that works collaboratively to build best practice in leadership for empowered and healthy communities.

Follow-up with course participants

It is recommended that further follow-ups are conducted with participants. The purposes of these follow-ups are two-fold.

Firstly, they will provide further evaluative data directly relevant to the course, likely identifying further examples of leadership framework behaviours. Given the timing of the current evaluation it was difficult to identify tangible outcomes of the course for the communities that participants work alongside. However, should the leadership behaviours be fully embedded is may be possible that the impact on communities can be evaluated at a later date.

Secondly, it is well recognised that the circumstances in which leaders in the health and social care sectors operate is rapidly changing. Therefore information gleaned from follow-up may indicate there is a case for developing a programme of on-going support, perhaps in the form of 'top up' sessions, for those that have attended the course.

In line with the ethos of the programme, all course participants should be consulted as to whether support of this nature would be appropriate, and if so what it could look like.

The future of health and social care leadership frameworks

The leadership framework developed for the course strongly resonated with course participants. All those interviewed felt it

reflected a manner of working which was vital for the future of health and social care.

Therefore it is suggested that other leadership frameworks, such as those developed for Clinical Commissioning Groups (CCGs) and the NHS Leadership Framework would benefit from a stronger emphasis on some of the behaviours that constitute the Leadership for Empowered Communities Framework, particularly concerning community capital. For example, the CCG leadership feedback framework recognises that an excellent leader "actively engages stakeholders across the whole system". Explicit mention of those who use services in this behaviour could shift the framework towards a model that actively supports the notion of community capital.

Conclusions

That most of those who attended the course had already begun to transform their role or services is evidence of the extent to which the course inspired.

It is testament to the success of the Leadership for Empowered and Healthy Communities course that there was overwhelming positive feedback to include in this evaluation report. There was more than ample evidence to draw strong conclusions on the success of the programme.

The overarching philosophies of community capital, co-production and collaborative working were felt to speak to the health and social care needs of today and the future. That these values were reflected both in the content of the course and in the mode of delivery and demographics of participants energised those who attended.

It is a challenging time for the health and social care sectors, but the course motivated those attending to see this as an opportunity to create real, positive change rather than a reason to be dismayed. Those who attended the course have already begun to transform their role or services.

The role for leadership in driving forward this new way of working will be crucial. The Leadership for Empowered and Health Communities course provides the skills and inspiration to build the required leaders.

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Appendices

Appendix 1

Strategic intent - *'Seeing the whole picture'*

Leadership behaviour	Performance out of 10 (1= low, 10= high)	Comments
Sees the big picture around communities and can connect things together		
Knows the value of community connections and social capital and puts it at the heart of strategy (for a definition of social capital please refer to the course reading 'Key Issues: Building Community Capacity)		
Sees role as far wider than health and social care – involves universal services, local people and all other local resources in considering how own service/organisation can meet its outcomes for local people.		
Takes into account the wider determinants of health and wellbeing and social impact		
Develops vision with people and communities, embeds it into corporate aims and ensures that strategy is linked to activity and action (note: this includes 'user' groups like patient participation groups but is		

wider than that, involving the whole community)		
Is adept at future scanning and invests for the long-term		
Takes a whole population approach to prevention and starts from where people and communities are, not from the perspective of services (note: prevention here is about preventing health and social care needs arising)		

Driving transformation - *'Changing the system'*

Leadership behaviour	**Performance out of 10** **(1= low, 10= high)**	**Comments**
Is changing organisational culture, systems and attitudes to put people who use services at the centre.		
Involves people in decisions about care and support at all levels (this means a genuine commitment to co-production)		
Is moving away from 'pilots' to changing the way the system works – letting go of process-driven activity. Enables		

co-ordination at a local level, allocating resources where necessary		
Ensures the organisation is asking the right questions – 'what would make a good life for you?' not 'what do you want me to fix?' (this is about changing the system to be person-centred not organisation-led)		
Able to build and sell a business case for empowering communities. Uses stories as well as data to win hearts and minds		
Able to paint a picture of the future and a compelling narrative for change for staff, stakeholders and the wider community.		
Able to inspire and energise others, especially when morale is low. Ensures the workforce and the local community feel part of the change		
Allows time for staff to reflect on their own motivations and where they fit in to the vision. Allocates time to support people to change		
In commissioning organisations: actively		

working to change the commissioning culture - seeing beyond traditional procurement based on needs and performance data solely – and focussing on quality, people's experience and impact on their lives		
In provider organisations: actively transforming the 'offer' to commissioners and personal budget holders, trying out new models of delivery that promote and nurture social capital		
Is radical - willing to challenge others or traditional practice – but also sensitive and politically aware		
Has belief in own strengths to change and transform. Has confidence to steer things through in tough times		

Facilitative and collaborative style - *'Working with others and co-producing'*

Leadership behaviour	Performance out of 10 (1= low, 10= high)	Comments
Builds networks and personal links across a multitude of settings and engages genuinely with a wide range of people. Maintains a link to the front line – staff, people who use services and local communities		
Knows the community and places value on staff knowing it too.		
Reconnects/connects mainstream services and organisations with community development - making it central not peripheral to core business		
Involves the community and local politicians, is prepared to listen and act on what people say. Enables people to speak out and participate (note on terminology – people means local citizens including but not exclusively older and disabled people, people with long-term conditions and people who use health and social care services, their families, carers and neighbours- involving a wide range of people gives you a better chance of making the right decisions)		
Has a truly collaborative leadership style - the opposite of 'command and control'. This includes the ability to accept that		

senior leaders are not the only experts, an understanding of power relationships and a willingness to let boundaries blur. Supports people to find solutions themselves. Is not afraid to say 'I don't know the answer.'		
Sees people as assets and equals not just people with needs. Values 'connectors' in the workforce and models 'asset-based' working. (note on terminology – connectors are people in communities or the workforce who naturally tend to connect people and things together, know others or volunteer to organise things. For an explanation of the asset approach see the course reading 'A Glass Half Full')		
Is comfortable dealing with large groups and is willing to facilitate rather than control a debate. Values differences of opinion and diversity and encourages inclusion.		
Is confident in using and encourages asset-based methodology such as Appreciative Inquiry (see 'A Glass Half Full')		
Ability to deal with conflict and navigate different points of view – more than just influencing/negotiation. Willing to spend time in understanding others' agendas and language		
Accepts that solutions might be different in different places or for different people – does not seek		

to control everything		
Is genuinely committed to working in partnership with others and ensures that partnerships are people-centred not service-driven.		

Flexibility and openness - *'Open to new ideas'*

Leadership behaviour	Performance out of 10 (1= low, 10= high)	Comments
Is flexible - willing to challenge oneself, actively seeks feedback on own performance and acts on that feedback		
Is transparent about decision-making and willing to provide information openly		
Removes organisational barriers to change		
Looks for opportunities everywhere to build better outcomes using resources across a locality – understands and demonstrates that small amounts of money, small changes or different ways of working can have a huge impact		
Creates fertile ground for people to innovate – gives		

permission, support and allows enough time. Promotes innovation and a learning culture among staff		
Prepared to take calculated risks		
Ensures that the organisation nurtures local entrepreneurialism, lean thinking and innovation – within workforce and communities		
Where possible, moves away from always using traditional procurement practice that favours large organisations - enables market shaping and ensures that small, community-based organisations can enter the market		

Appendix 2

Leadership for Empowered and Healthy Communities Evaluation

nef consulting, the consultancy arm of think tank the new economics foundation (**nef**) are conducting an evaluation of the Leadership for Empowered and Healthy Communities programme. We are particularly interested in the views and experiences of individuals, such as you, who have completed the programme. The questions below should take approximately 30 minutes to complete, but you can write as little or as much as you want.

Completing the questions is entirely voluntary and, unless you provide your name and consent for any comments you make being used to promote the course (see bottom of the document), any responses are entirely anonymous. Comments may be used in an evaluation report, but you will not be personally identified.

Please write directly into this Word Document and once completed send to jennifer.rouse@nef-consulting.co.uk.

Thank you for your assistance. Your feedback will enable us to understand how and where the programme has made difference, and help us refine course content for future years.

About the course

1.) How did the Leadership for Empowered and Healthy Communities programme compare to other leadership or similar training courses you have been on?

2.) Can you identify factors that made it better/worse than other programmes?

3.) What are your thoughts on:
a. Course organisation/administration?
b. Course structure?
c. Course delivery?

4.) Do you have any specific feedback for any of the five sessions and webinars?

Day 1 – Business Case (speakers included Martin Knapp, Cormac Russell, Brian Fisher, Co-production group)

Day 2 – Collaborative leadership (speakers included Steve Onyett, Julia Slay, Guy Robertson, Cllr Jim Dickson)

Day 3 – Timebanking/Communication and Political Awareness (speakers included Philippe Granger and colleagues, Jaimee Lewis and Dyane Aspinal)

Day 4 – Unlocking innovation/workforce (speakers included Sian Lockwood, Jim Thomas and Sharon Allen)

Day 5 – reflections and next steps (speakers included Richard Gleave from NHS Commissioning Board and Richard Kramer from Turning Point).

Webinar – Community Fundholding

Webinar – Dementia Friendly communities

5.) The course had two key delivery methods: facilitated sessions and action learning.
Do you have any comments on this – e.g. the balance, what benefitted you the most an why etc

6.) The programme was based on principles of co-production, with people with experience of using services helping to design and deliver the course and participate in sessions. Did this impact on your experience of the programme, and if so how?

7.) What difference has the programme made to your opinions around building strong communities and co-production?

8.) What difference has the programme made to how you view your role in the workplace?

9.) What difference has the programme made to how you carry out your role in the workplace?

10.) Do you think that your participation in the programme will impact on other individuals or groups of people (e.g. colleagues; people who use services)? If so, how?

11.) Is there anything you would change about the course (organisation/structure/delivery)?

12.) Do you have any further comments?

Appendix 3

Results of statistical analysis

	Total number of behaviours in leadership area	Total number of behaviours recording significant change
Strategic Intent	7	5
Driving Transformation	12	4
Facilitative and Collaborative Style	11	4
Flexibility and Openness	8	2

	Mean Score Start of Programme	Standard Deviation Start of Programme	Mean score End of Programme	Standard Deviation End of Programme	T score	Degrees of Freedom	P Value
Strategic Intent	7.56	0.44	8.56	0.52	-7.799	8	.000
Driving Transformation	6.42	0.63	7.43	0.63	-6.256	8	.000
Facilitative and Collaborative Style	6.51	0.57	7.52	0.61	-4.264	8	.003
Flexibility and Openness	6.90	0.61	7.63	0.52	-4.307	8	.003

Appendix 4

Principles of transformative co-production

Nesta, **nef** and Innovation Unit (2012) People-powered health co-production catalogue. Retrieved from: http://www.nesta.org.uk/home1/assets/features/people-powered-health_catalogue

1. **Assets**: transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.
2. **Capacity**: altering the delivery model of public services from a deficit approach to one that recognises and grows people's capabilities and actively supports them to put them to use at an individual and community level.
3. **Mutuality**: offering people a range of incentives to engage which enable them to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations of each other.
4. **Networks**: engaging peer and personal networks alongside professionals as the best way of transferring knowledge.
5. **Blur roles**: removing tightly defined boundaries between professionals and recipients, and between producers and consumers of services, by reconfiguring the ways in which services are developed and delivered.
6. **Catalysts**: enabling public service agencies to become facilitators rather than central providers themselves.