

# **Common Purpose**

# **‘Exploring Leadership’**

# **Evaluation Report**

**17 and 18 January 2017**

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# Contents

---

Introduction and programme overview Page 3

---

Learning Page 4

---

Evaluation Page 5

---

Participant Feedback Page 6

---

Immediate Outcomes Page 7

---

Appendix 1 – Agendas Page 8

---

Appendix 2 – Participants Page 11

---

Appendix 3 – Photos Page 13

---

# Introduction and programme overview

Common Purpose was invited by Bristol Health Partners to bring together Health Integration Team (HIT) Directors and key members working in the health and social care sector in the Bristol region to explore Leading Beyond Authority, broaden their horizons as leaders and encourage collaborative leadership across sector boundaries.

To do so, we created a Common Purpose Immersion Experience. The immersion approach is a method for building the capacity of leaders to understand leadership from different perspectives. It provides a challenging yet safe environment for leaders to test out new ways of working and to receive constructive feedback from peers from different organizations. The experience builds the individual's capacity to lead across boundaries, also building trust and challenge in a senior team of peers, which can be taken back into their organizations and sector.

Although the Immersion only lasted 1.5 days, we expect the impact of the experience to be long lasting, leading not only to behaviour change within the sector but also to continued connections outside.

The participants were asked to make a difference and add value to a challenge set by two Bristol City Council Cabinet Members: Fi Hance, Cabinet Member for Health and Wellbeing and Clare Campion-Smith, Cabinet Member for People.

The challenge was:

***'How can the public help to shape the future of Health and Social care?'***

To explore a range of perspectives around the challenge, participants had the opportunity to visit one of six organizations including those who specialized in empowering self-care, data and engaging the public.

The participants also had the opportunity to take part in café conversations where they spoke to senior leaders from a wide range of backgrounds outside the health and social care sector about 'Leadership in their world' in order to expand their network and gain new insights into how different leaders lead beyond their authority and use their network to effect change.

The objectives were to help participants:

- Understand how leaders influence and effect change
- Increase ability to lead beyond their authority
- Gain a sense of ownership of their role as a leader
- Increase their confidence in their ability to lead
- Gain insight into cross-sector collaboration and partnerships
- Be immersed in a real-life leadership challenge

# Learning

## Common Purpose Impact

As a result of Common Purpose programmes, we typically see that participants **Develop as Leaders**, create **Broader Networks**, make **Better Decisions** and drive **Bold Innovation**.

The group commented on the impact of the programme and the learning they took away from the process, which included:

### Develop as a Leader

- “Useful insights into leadership.”
- “Stimulating couple of days.”

### Broaden Your Networks

- “Good networking opportunity.”
- “Expert speakers and visits.”
- “Really liked the opportunity to network.”

### Make Better Decisions

- “Many actions I have identified for myself.”
- “Good opportunities to reflect.”

### Drive Bold Innovation

- “Creative space, allowed lots of choice and sharing.”
- “Very thought provoking.”
- “Great to hear everyone’s ideas.”

# Evaluation

## Key Performance Indicators

To help measure the success of the programme, Common Purpose asked participants to respond to three statements:

1. These days have been good value for my time.
2. These days have presented me with a balanced range of different views and perspectives.
3. I have felt able to participate fully.

Scores were measured on a scale of 1 to 6 where 1 is Strongly Disagree and 6 is Strongly Agree. Our primary indicator measures whether participants felt the programme was 'good value for time.'

	1:	2:	3:
	<b>Value for time?</b>	<b>Balanced range of views?</b>	<b>Participate fully?</b>
Average score (Percentage)	81%	83%	82%

# Participant Feedback

At the end of the programme we asked participants for qualitative feedback on what new learning/insights they would take away, together with any other general comments.

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**Charlie Kenward**      “Great mix of peer-led exercises, expert speakers and visits. Going to The Southmead Development Trust was an amazing experience.”

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**Poppy Brett**      “It's been really enjoyable and interesting. I've gained some useful insights into leadership.”

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**Emma Moody**      “Really liked the opportunity to network - would be useful to bring people altogether again.”

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**Sue Dursley**      “Most useful. Creative space, allowed lots of choice and sharing. Many thanks.”

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**Martin Gregg**      “Really enjoyable and stimulating couple of days. I hope I can follow through on the many actions I have identified for myself.”

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**Angela Stinchcombe**      “Good networking opportunity.”

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**Annette Billing**      “Very thought provoking - no easy answers but great to hear everyone's ideas.”

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**Adrian Davis**      “Good opportunities to reflect and use of Galaxy concept.”

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**Ellen Devine**      “Thought provoking.”

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# Immediate Outcomes

## *The following information was collated by Bristol Health Partners*

After a series of visits to organizations with a perspective on the challenge, delegates presented their reflections. Listed below is a summary of these presentations.

### **Engagement approach**

- Engagement needs to be more honest and open. The concept of ‘conversations’ rather than ‘consultations’ should guide engagement with the public. Rather than setting the agenda for people, effort should be made to support citizens to ask questions and contribute ideas to shape provision.
- There should not be an expectation that citizens will come to organizations to engage. Organizations and system leaders should go to people’s communities to speak with them. It is particularly important to reach ‘unheard’ communities.
- It should be recognised that communities have been disempowered in the design and delivery of services. Engagement should seek to invigorate people and be framed locally. Work with communities from the bottom up. Channelling local pride and supporting people to view their own assets in the community should be encouraged. A continual feedback loop will help to keep communities empowered.
- Openness, honesty and directness with the public is essential – leaders should be clear when there aren’t answers, they should support communities to find solutions.
- People should be educated from a young age to understand health and social care issues and how they can contribute to challenges.
- Citizens should be supported to understand the complexity of health and care systems and recognise that there won’t always be agreement as the NHS is a political concept.
- There is a need to be sensitive to public concerns over data protection and the security of data being collected. Building trust will be important.

### **Engagement methods**

- Embrace social media – organizations should go outside of their comfort zones and make use of these communication platforms.
- Approach celebrity speakers to launch engagement events.
- Make use of community organizations as trusted anchors within communities that can help as an ‘intermediary’ between members of the public and the organizations that seek to improve health and social care.
- Be creative and energetic – use methods that will help find quick answers and be ready to accept failure and learn from it. Engage with people in different spaces to be more creative.
- A range of communication techniques should be used – face to face work with PPI Groups, community leaders. Also learn from techniques used by PPI organizations (e.g. James Lindley)
- Use short-term projects with communities that can demonstrate ways of working together. Make sure these are tied into a longer term vision and visible and stable connections. Avoid multiple contacts on the same issues.
- Empower patients to get involved in healthcare provision – for example, running exercise classes.
- Resource public engagement properly and ensure that public contributors are supported to make a difference. If possible, offer people something in exchange for their involvement.
- Explore how connections can be made with the private sector to support public engagement. As public funds diminish, these relationships will be important.

# Appendix 1: Agendas

## Day One – 17 January 2017 – ‘Leading Beyond Authority’

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<b>13:00</b>	<b>Arrival and Refreshments</b>
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<b>13:15</b>	<b>Why are we here?</b> <i>David Relph, Director, Bristol Health Partners</i> Setting the context for Common Purpose and its relevance to leadership for Bristol Health Partners
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<b>13:30</b>	<b>How will we work together?</b> <i>Karen Mackley, Associate Director, Common Purpose</i> <ul style="list-style-type: none"><li>• <i>Welcome, introductions and briefings</i></li><li>• <i>Who’s in the room? – introducing yourself using an object that illustrates your leadership and says something about your leadership journey</i></li><li>• <i>An introduction to Leading Beyond Authority and our Approach to Leadership</i></li><li>• <i>Common Purpose Conventions</i></li></ul>
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<b>14:30</b>	<b>Café Conversations – Leadership in my world</b> (with refreshments) A chance to speak to 3 out of the 4 following table hosts about how they lead: <ul style="list-style-type: none"><li>• <i>Thanh Quan-Nicholls, Regional Director, DeskLodge</i></li><li>• <i>Ian Roderick, Director, The Schumacher Institute</i></li><li>• <i>Peter Haigh, Managing Director, Bristol Energy</i></li><li>• <i>Caroline Thompson, Entrepreneur Development Manager, NatWest</i></li></ul>
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<b>16:00</b>	<b>Refreshment Break</b>
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<b>16:10</b>	<b>‘Mapping your Galaxy’ exercise</b> A practical way of considering who the people are you might need to work with to lead change – where do you want to focus your time and energy – what role do you play?
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<b>16:40</b>	<b>Introduction to the group challenge: ‘How can the public help to shape the future of Health and Social care?’</b> <ul style="list-style-type: none"><li>• <i>Introducing the challenge on day two</i></li><li>• <i>Position statements exercise</i></li></ul>
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<b>17:00</b>	<b>Reflection and Feedback</b> Learning from today and looking ahead to tomorrow
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<b>17:15</b>	<b>Comfort Break</b>
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<b>17:25</b>	<b>Prevention, Self-Care and Early Intervention</b> A chance to hear about the 3 tier model to help you with the challenge on day two with: <ul style="list-style-type: none"><li>• <i>Mike Hennessey, Service Director, Care and Support - Adults, Bristol City Council</i></li><li>• <i>Stephen Beet, Service Manager, Hospitals, Bristol City Council</i></li></ul>
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<b>18:00</b>	<b>Close</b>
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## Day Two – 18 January 2017

### ‘Challenge’ day: broadening your horizons as a leader

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<b>08:30</b>	<b>Arrival and Refreshments</b>
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<b>08:50</b>	<b>Welcome and briefings</b> <i>Karen Mackley, Associate Director, Common Purpose</i> <ul style="list-style-type: none"><li>• <i>Reconnecting the group</i></li></ul>
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<b>09:15</b>	<b>Introduction to the group challenge: ‘How can the public help to shape the future of Health and Social care?’</b>  Insights from challenge holders with Q&A <ul style="list-style-type: none"><li>• <i>Fi Hance, Cabinet Member for Health and Wellbeing, Bristol City Council</i></li><li>• <i>Clare Campion-Smith, Cabinet Member for People, Bristol City Council</i></li></ul>
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<b>10:15</b>	<b>Travel to visits</b>
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<b>10:45</b>	<b>Visits – to find out more about perspectives on the challenge</b> <i>(includes refreshments)</i> You will be put into groups and have the opportunity to visit one of the following organizations to explore different perspectives on the challenge: <ol style="list-style-type: none"><li>1. Public Involvement in Service Improvement<ul style="list-style-type: none"><li>• <i>People in Health West of England</i></li></ul></li><li>2. Empowering Self Care<ul style="list-style-type: none"><li>• <i>The Care Forum</i></li></ul></li><li>3. Data<ul style="list-style-type: none"><li>• <i>Connecting Care</i></li></ul></li><li>4. Community and Neighborhoods<ul style="list-style-type: none"><li>• <i>The Southmead Development Trust</i></li></ul></li><li>5. Diverse Communities<ul style="list-style-type: none"><li>• <i>Cognitive Paths</i></li></ul></li><li>6. Engaging the public<ul style="list-style-type: none"><li>• <i>Speed Communications</i></li></ul></li></ol>
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<b>12:30</b>	<b>Travel back from visits to venue</b>
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<b>13:00</b>	<b>Lunch</b>
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<b>13:30</b>	<b>Visit debrief and initial ideas generation</b>
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<b>13:50</b>	<b>What ideas do you have?</b> <ul style="list-style-type: none"><li>• Brainstorm ideas and develop these further</li><li>• Test out ideas and solutions with other groups</li></ul>
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<b>14:30</b>	<b>Finalising presentations</b> (with refreshments)
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**15:00**      **Group presentations on the challenge**

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**16:15**      **How did we do?**

What have you learnt from this challenge (and the whole programme) about the wider context in which you operate, about complexity, working in diverse groups and your own leadership?

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**16.45**      **Event closes and final assessment**

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**17:00**      **Close**

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## Appendix 2: Participants

<b>Name</b>	<b>Organization</b>	<b>Position in Health Integration Team (HIT)</b>
<b>Adrian Davis</b>	Bristol City Council/Independent	HIT Director
<b>Alan Whone</b>	North Bristol NHS Trust/University of Bristol	HIT Director
<b>Angela Stagg</b>	Public/People in Health West of England	Bristol Health Partners Patient and Public Involvement Representative
<b>Angela Stinchcombe</b>	North Somerset Clinical Commissioning Group	N/A
<b>Annette Billing</b>	Bristol City Council	HIT Project Manager
<b>Charlie Kenward</b>	North Somerset Clinical Commissioning Group	N/A
<b>Ellen Devine</b>	The Care Forum/Healthwatch Bristol	PPI Member
<b>Emma Moody</b>	Bristol Clinical Commissioning Group	HIT Director
<b>Emma Webb</b>	GP Students' Health Service	GP Representative
<b>Hugh Herzig</b>	Avon and Wiltshire Mental Health Partnership NHS Trust	HIT Director
<b>James Robinson</b>	Public	Lay Director
<b>Jessica Williams</b>	Bristol City Council	HIT Workstream Lead
<b>Jo Williams</b>	Bristol City Council	HIT Director
<b>Jude Hancock</b>	Avon and Wiltshire Mental Health Partnership NHS Trust	HIT Project Manager
<b>Julie Mytton</b>	University of the West of England/University of Bristol	HIT Director
<b>Julie Yates</b>	NHS England	HIT Director
<b>Leonie Roberts</b>	Bristol City Council	HIT Director
<b>Marion Roderick</b>	University Hospitals Bristol NHS Foundation Trust	HIT Director
<b>Martin Gregg</b>	Public/People in Health West of England	Bristol Health Partners Patient and Public Involvement Representative

<b>Nic Mortensen</b>	Patient and Public Involvement Contributor	PPI Member
<b>Patricia Lucas</b>	University of Bristol	HIT Director
<b>Peter Young</b>	South Gloucestershire Clinical Commissioning Group	N/A
<b>Phil Clatworthy</b>	University of Bristol/North Bristol NHS Trust	Proposed HIT Director
<b>Poppy Brett</b>	Life Cycle UK	HIT Workstream Lead
<b>Sally Hogg</b>	Bristol City Council	HIT Director
<b>Sanni Norweg</b>	Avon and Wiltshire Mental Health Partnership NHS Trust	HIT Workstream Lead
<b>Sarah Sullivan</b>	University of Bristol	HIT Director
<b>Selena Gray</b>	University of the West of England	HIT Director
<b>Simon Downer</b>	University of Bristol/Avon and Wiltshire Mental Health Partnership NHS Trust	HIT Director
<b>Sue Dursley</b>	University Hospitals Bristol NHS Foundation Trust	HIT Director

# Appendix 3: Photos

## Day One: 17 January 2017 – ‘Leading Beyond Authority’

### Café conversations





**Day Two: 18 January 2017**

**'Challenge' day - broadening your horizons as a leader**

**Discussing group thoughts on health and social care position statements**



**Clare Campion-Smith and Fi Hance introducing the group challenge**



## The group present their ideas back to David Relph and Bristol Health Partners Board Members



## The groups respond to the Panel's feedback









## Taking some time to reflect and write in journals about what they have learnt and what they will take forward



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