

How to lead large scale change in a rapidly changing environment

A participative workshop (W8)

Monday 16th May 2023

13:30-16:15



#Quality2023 #LargeScaleChange

@karas01 @Zoelord1 @LauraJYearsley @HorizonsNHS

Proposal

- **How to lead large scale change in a rapidly changing environment**

The workshop is aimed at those who are leading and/or supporting change and improvement programmes that are ambitious and large in scale. We're seeking to make improvement happen in a world that's increasingly dynamic, fast moving and unpredictable. We need to rethink many of the ways we go about and lead change. In this lively and interactive workshop, we'll explore novel approaches to engagement, community building, governance, learning and insight and consider how to use them in integrated ways to support large scale change. We will base this on a series of practical case studies.

As a result of this session, participants will be able to:

1. Discover some powerful new perspectives on leading large scale change, based on actionable insights
2. Utilise practical tools for building engagement, retaining energy and getting outcomes in your improvement, change and/or transformation programme
3. Apply what you learned to support change, improvement and/or transformation in your own context

- **Abstract title:** How to lead large scale change in a rapidly changing environment
- **Presenting authors:** Sasha Karakusevic, Zoe Lord and Laura Yearsley, NHS Horizons team
- **Date and time** Your presentation slot will be on the afternoon of Monday 15th May 2023. The presentation will take place in person at the International Forum in Copenhagen.
- **Session duration** You will have 2 hours and 45 minutes to present, and will be the only abstract featured in the slot.
- **Session format** We would like you to run your session in the format of an interactive workshop, including practical activities and time for the delegates to discuss the key themes or ideas. You should expect your session to take place in a room that contains roundtables, but we will confirm the set up one month before the event. If you have any special requirements (e.g. max no of participants, need for special layout or equipment) please let us know as soon as possible.
- **Presenters and co-presenters** All of the presenters listed in the ‘presenting authors’ section above will be offered a complimentary place to attend the conference on Tuesday 16 May and Wednesday 17 May 2023. We cannot offer any associated expenses such as travel and/or accommodation. If you would like to include any additional presenters, please let us know by responding to this email. These will be subject to approval from the content team, and will need to purchase a delegate pass to attend the event. This year, we are encouraging as many presenters as possible to include a patient/carer/service user co-presenter in their sessions. If you would like to include a patient in your talk, please send us their information and we can provide them with a complimentary pass to attend.
- **Next steps**
- **We hope that you will accept this invitation – to do so please reply via email and send a .jpeg or .gif high resolution picture to post on our website. We will use the short biography you provided on the submission proposal. However, if you would like to use an alternative biography you may forward it to me, cfriar@bmj.com.**

Insight plan for the session

Instructions for our pop-up insight volunteers including template slides for presenting at the end in our “On Location” section...

https://docs.google.com/presentation/d/1u_o5wVV0BKuYeBbr8a2-h1BHem_ljV2mipyhLCb6_XI/edit#slide=id.g241dd3ec21e_0_78

Menti access – instructions from Elaine

Person in charge of launching menti instructions (make sure only 1 person does this):

- Login address: www.mentimeter.com
- Go to login (top RH corner)
- Login username: england.supportingworkingfromhome@nhs.net
- Login password: Pineapple1
- On LHS go to 'My Presentations' then type in search bar IHI NHS Horizons to open the menti to edit
- Press 'Present' and go through each slide as the questions come up

Updates that need to happen pre IHI

- For testing the menti poll is currently on audience mode – it will need to be changed to presenter mode
- Q&A has been turned on for the entire time it is in present mode – we can change this to only be on slide 2 Q&A slide if that is preferred

Participant access:

<https://www.menti.com/alrfwk1zit7b>

go to Menti.com and put in the code 36 76 07 1

use the QR code (attached)

Insight team access:

<https://www.mentimeter.com/app/presentation/al2xj6fs9ty5wo5fb9ijny24k6u67hiz>

Rough timings

- 00 Intro and kick off and intro to pop up insight
- 08 Spiral journal leading to 1-2-all and intro of Menti
- 28 Intro to LSC up tp H1/2/3 menti
- 55 Physical activity and leverage and complexity
- 75 Break
- 85 Energy for change and governance
- 100 The ADE as a tool for convening
- 115 Driver diagram and theory of change – common to shared purpose
- 125 Pop up insight summary
- 150 Closing menti and close

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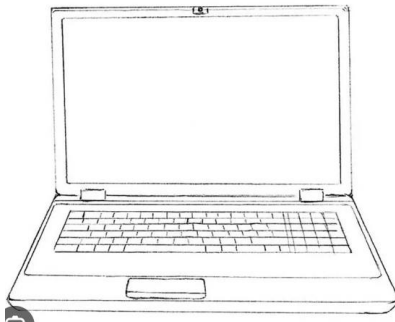
As a result of this session, we will be able to:

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3. Apply what you learned to support change, improvement and/or transformation in your own context
4. Collectively generate an enhanced model for leading large-scale change.

We are
aiming to
offer a
'behind the
scenes' view



Get a FREE back stage pass: join our IHI pop-up insight team today....



Are you.....

- Inherently **curious**?
- Enjoy the challenge of **synthesising** qualitative data quickly?
- Interested to explore **what 160+ people think** about large-scale change?

If the answer is **YES**, for one time only (!), we are looking for 4 volunteers to join our IHI pop-up insight team.

WHY JOIN?	WHAT'S IN IT FOR ME?
Shape the future of change. Learn how an international audience of improvers think about change.	Practice your way into new ways of working... spot patterns, and support the group to share what we are learning.
Share your experience, knowledge and skills.	SHAPE how an international community thinks about large-scale change.
Have a go, learn , and share your learning)	There is support and it's FUN (honest!)

With thanks to Tom Fletcher and Sheffield Children's Hospital

<https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DSDu5lCtpc7U%26t%3D4795s&data=05%7C01%7Csasha.karakusevic%40nhs.net%7C93a48a1e41e046646ef108db5201afca%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638193939423723035%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=GeXm%2FcPU0cWOsU%2F4EFZWvU58wnuL4YZ3JD9MdGw2iXg%3D&reserved=0>





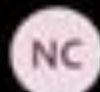
Office for Health
Improvement
& Disparities

Moving Healthcare Professionals Programme

What next for NEY?

Chair: Rachel Johns NEY Deputy Regional Director of Public Health

20/04/2023



Campan, Nicola



+ 31

Spiral Journal

Calmly prepare for the work ahead while sharpening observational precision.

Liberating Structures:
Inspired by Lynda Barry



HORIZONS

Draw a continuous spiral
as slowly & tightly as
possible



*As we get started today,
a project or programme I am going to focus
on is...*

This project is important because...

A struggle or opportunity I have with this work is...

What I need from today is...

Have a conversation about your spiral journal with one other person on your table... just share what you're comfortable talking about.

⋮



⋮

⋮

⋮

Why did you join
the session today?



3 Ways to join Menti:

1. Click on the link to the poll which has been shared in the chat box: <https://www.menti.com/alrfwk1zit7b>
2. Go to menti.com and use the code: 36 76 07 1
3. Scan the QR code below on your phone

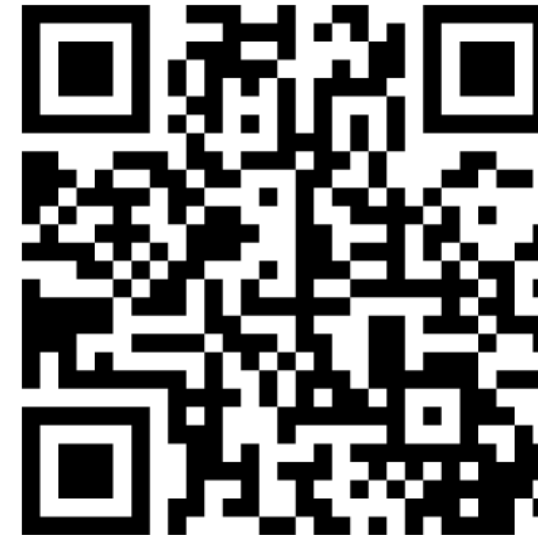


What questions do you have about large scale change?



3 Ways to join Menti:

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As a result of this session, we will be able to:

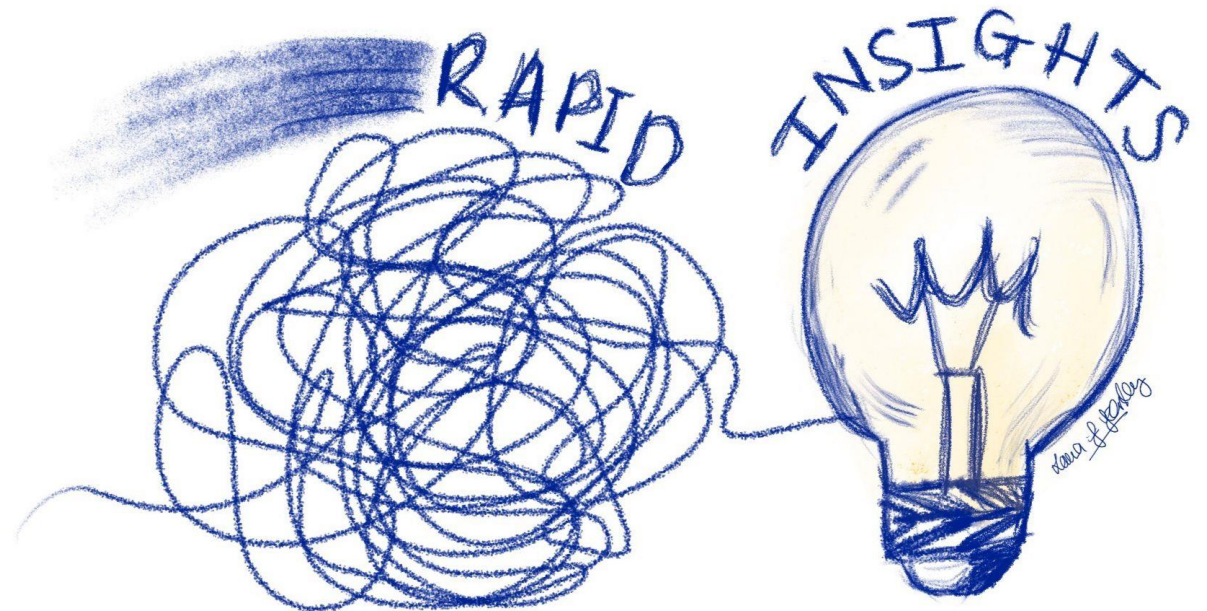
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4. Collectively generate an enhanced model for leading large-scale change

Collectively generate an enhanced model for leading large-scale change

Together, we will answer four questions – a pop up insight team will work behind the scenes to review what emerges.

Our aims:

1. Cluster ideas/views, identify themes.
2. Draw out key insights – what data teaching us about how v think about change?
3. Share personal reflections on experience, and what we learn



The timeline for developing Large Scale Change practice in the NHS

2009	The Academy for Large Scale Change
2018	The Guide to Large Scale Change (2 nd Edition)
2018-23	Practice & development

<https://www.england.nhs.uk/wp-content/uploads/2017/09/practical-guide-large-scale-change-april-2018-smll.pdf>



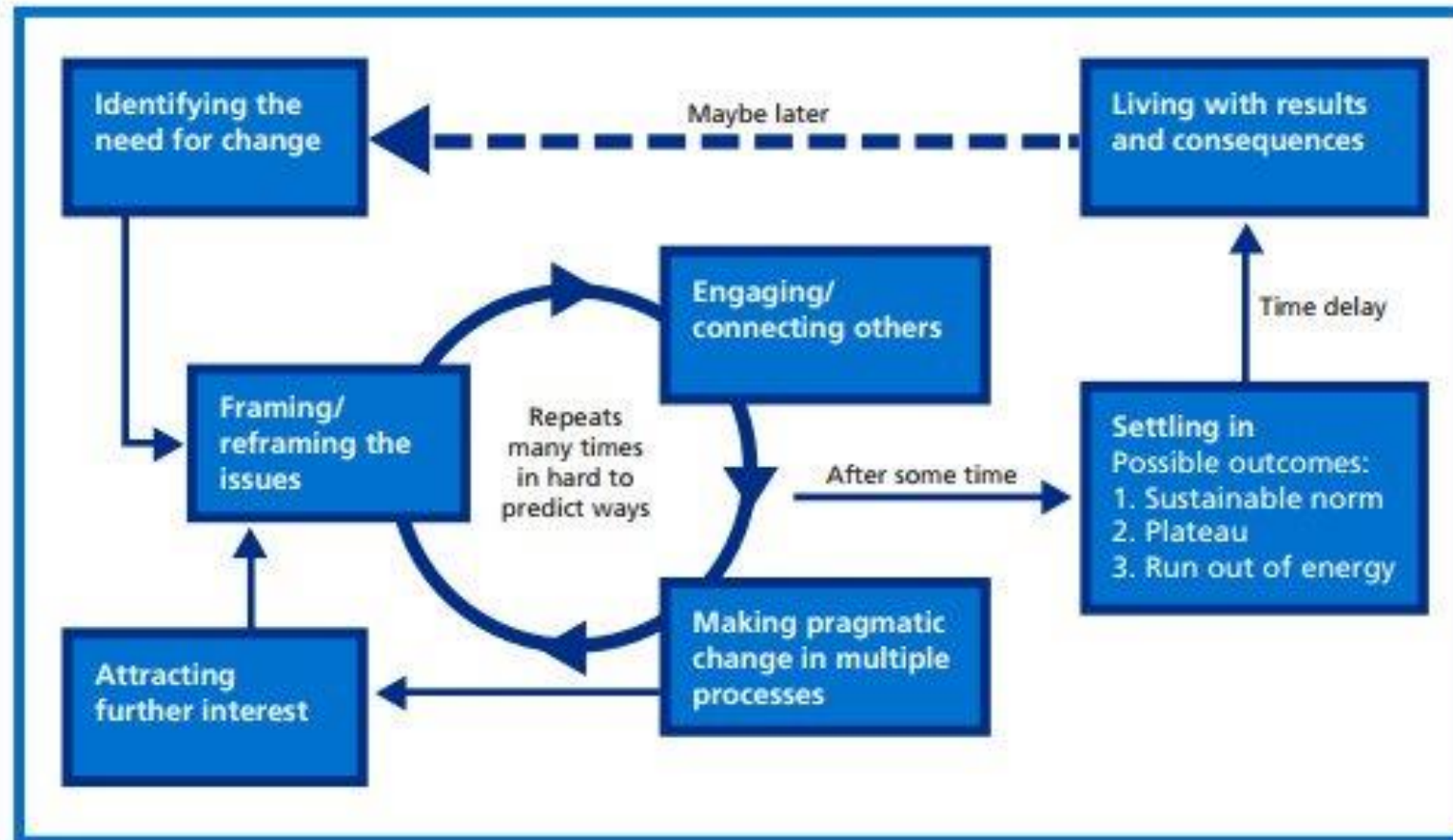
What is large-scale change?

Our working definition

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

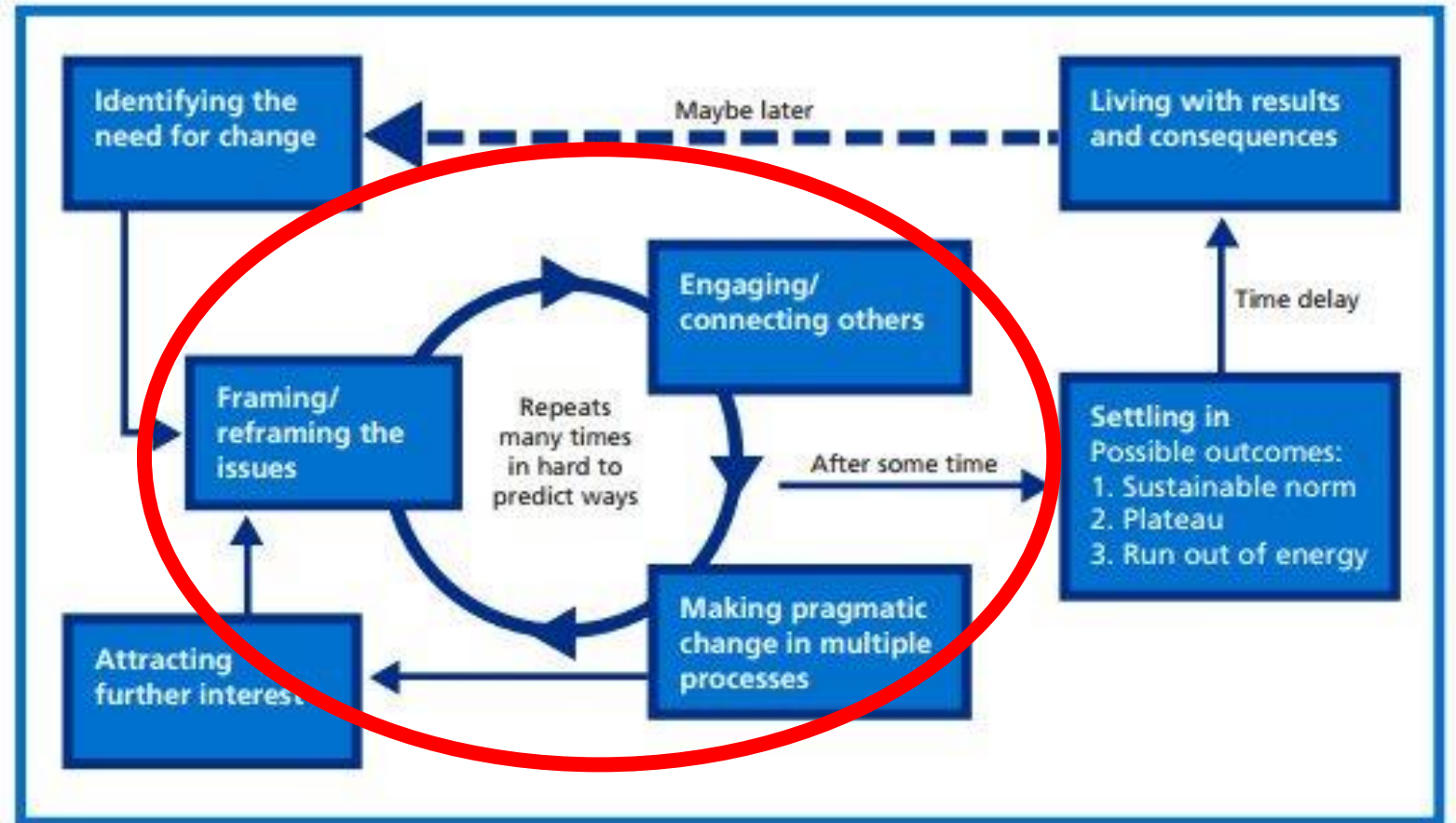
- High-leverage key themes
- A shift in power and a more distributed leadership
- Comprehensive and active engagement of stakeholders
- Mutually reinforcing changes in multiple systems and processes.

The Model for Large Scale Change



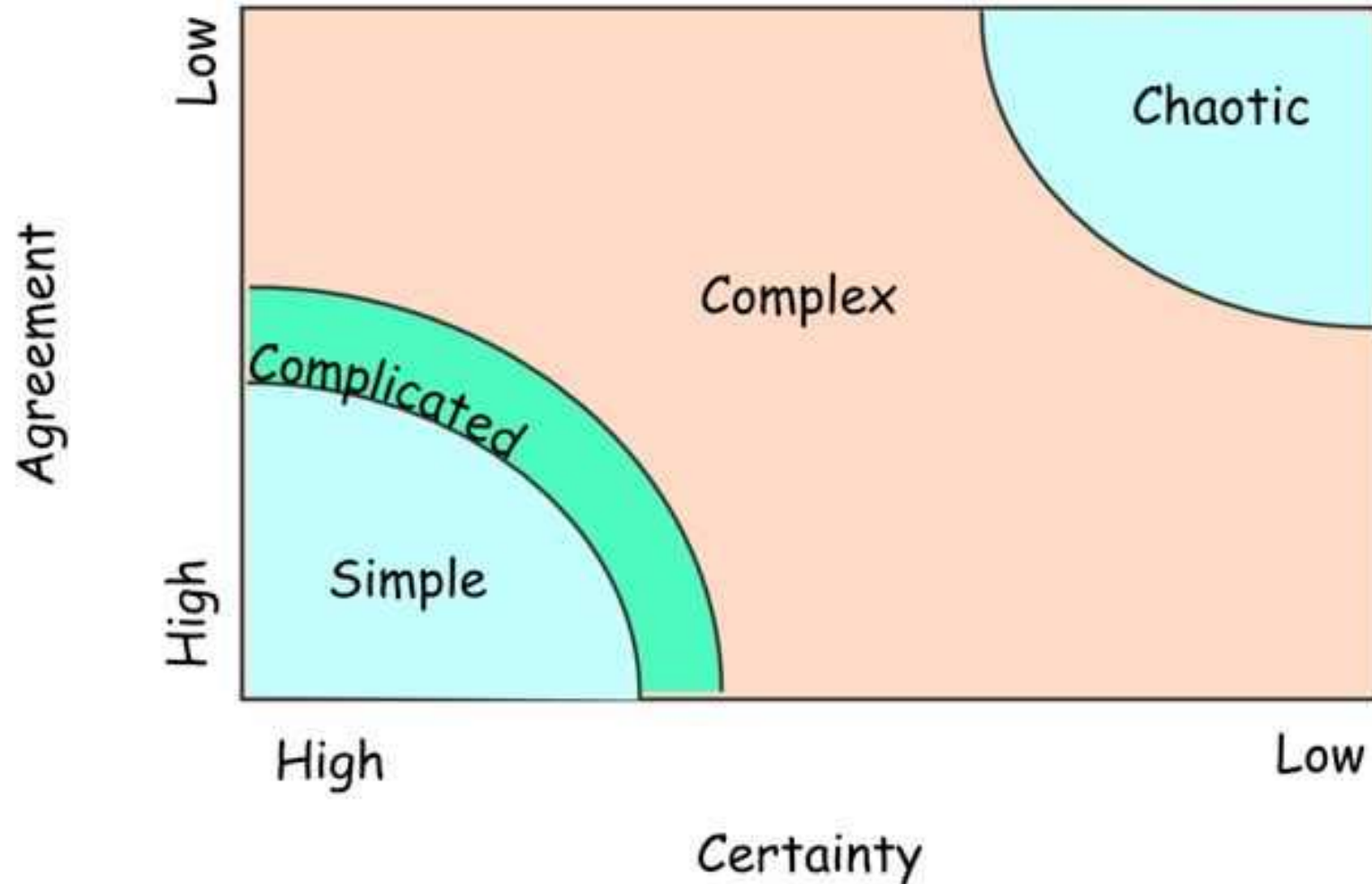
The Model for Large Scale Change

1. Framing and reframing
2. Engaging and connecting
3. Making pragmatic changes



‘the strategy was flawless, but I couldn’t get anything done.’

The Stacey complexity matrix

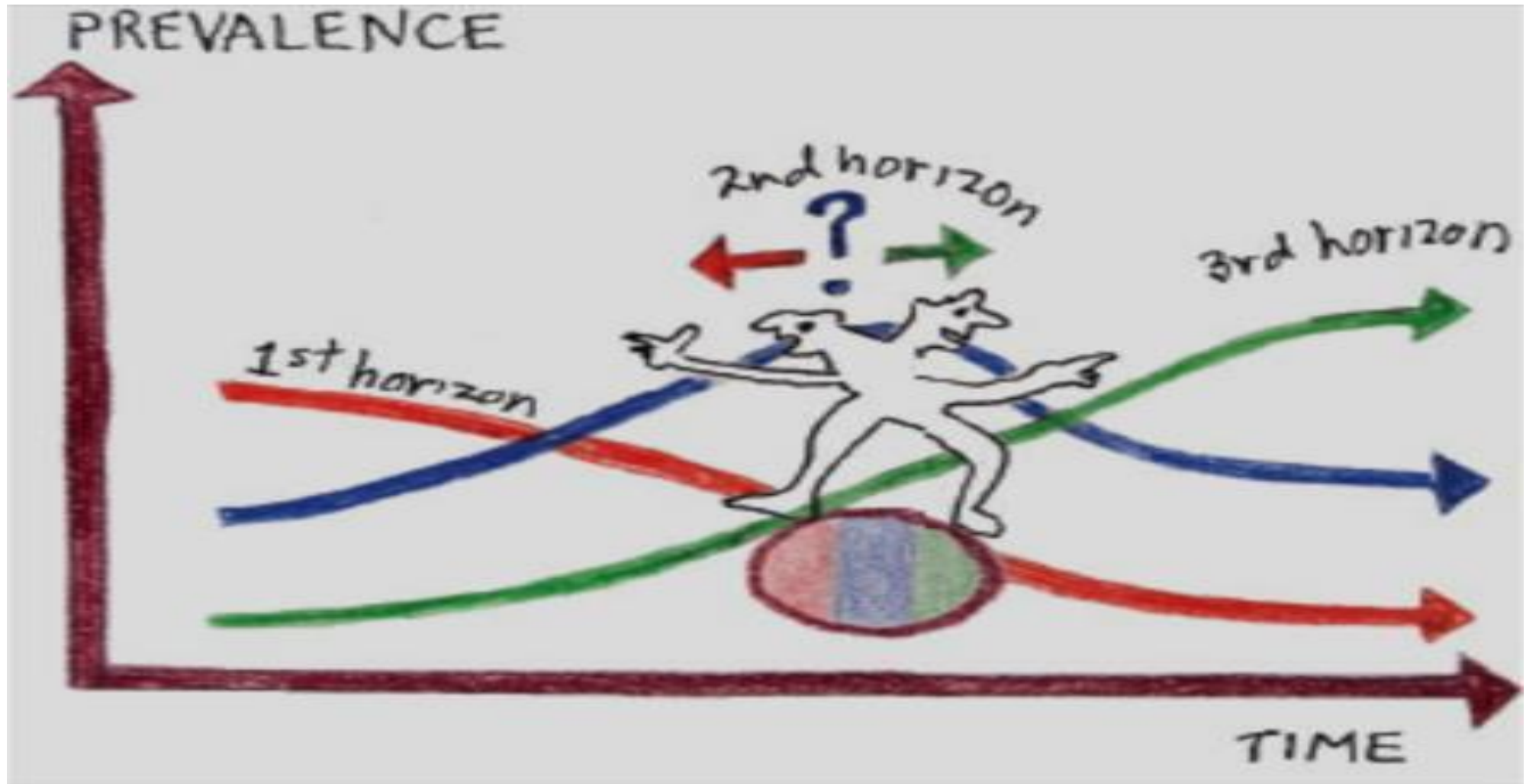


Stages of Quality Improvement

Table 1. Stages of quality improvement in healthcare.

Quality 1.0	Quality 2.0	Quality 3.0
<i>Thresholds</i>	<i>Organization-wide systems</i>	<i>Coproduction of health</i>
"How might we establish thresholds for good healthcare service?"	"How might we use 'enterprise-wide systems' for best disease management?"	"How might we improve the value of the contribution that healthcare service makes to health?"
Illustrative themes: <ul style="list-style-type: none">• Development of Standards• Inspection to assess• Certification• Guidelines	Illustrative themes: <ul style="list-style-type: none">• Systems, processes• Reliability• Customer-supplier• Performance measurement	Illustrative themes: <ul style="list-style-type: none">• Logic of making a "service"• Ownership of "health"• Kinship of coproducing people• Integration of multiple knowledge systems• Value-creating system architecture

The need and nature of change is changing

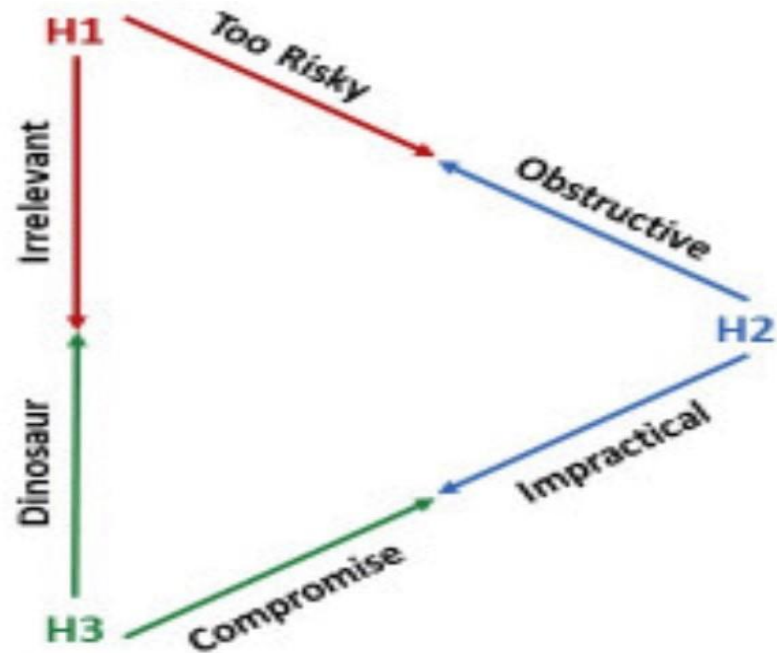


From: Three Horizons: The Patterning of Hope Bill Sharpe
International Futures Forum 2020

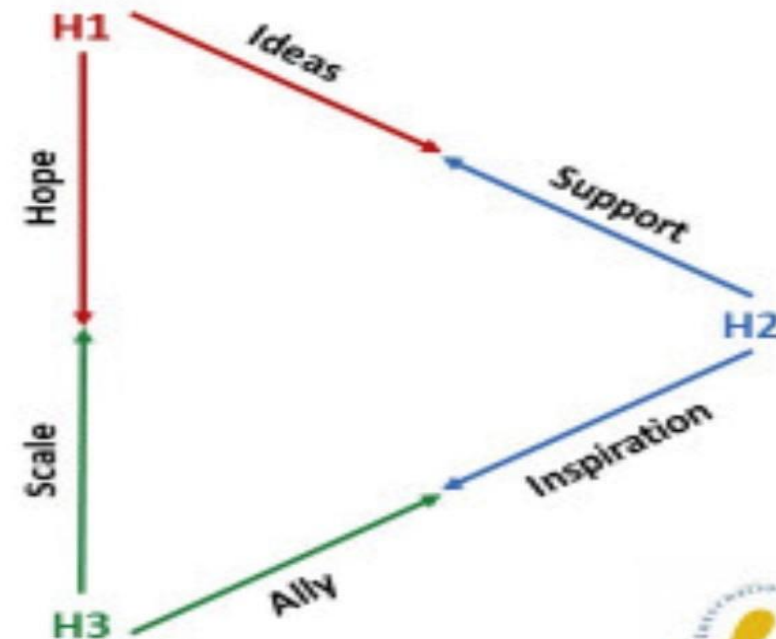
Three Horizons Voices and Relationships

The Three Horizons can be heard in conversation between the voice of the Manager (H1), the Entrepreneur (H2) and the Visionary (H3). This can be either a negative or a positive dynamic. Shifting from one to the other enables transformative work.

Negative Mindsets



Positive Perspectives



Conditions for change

What is the focus of your role?

H1: The Manager

H2: The Transformer

H3: Entrepreneur

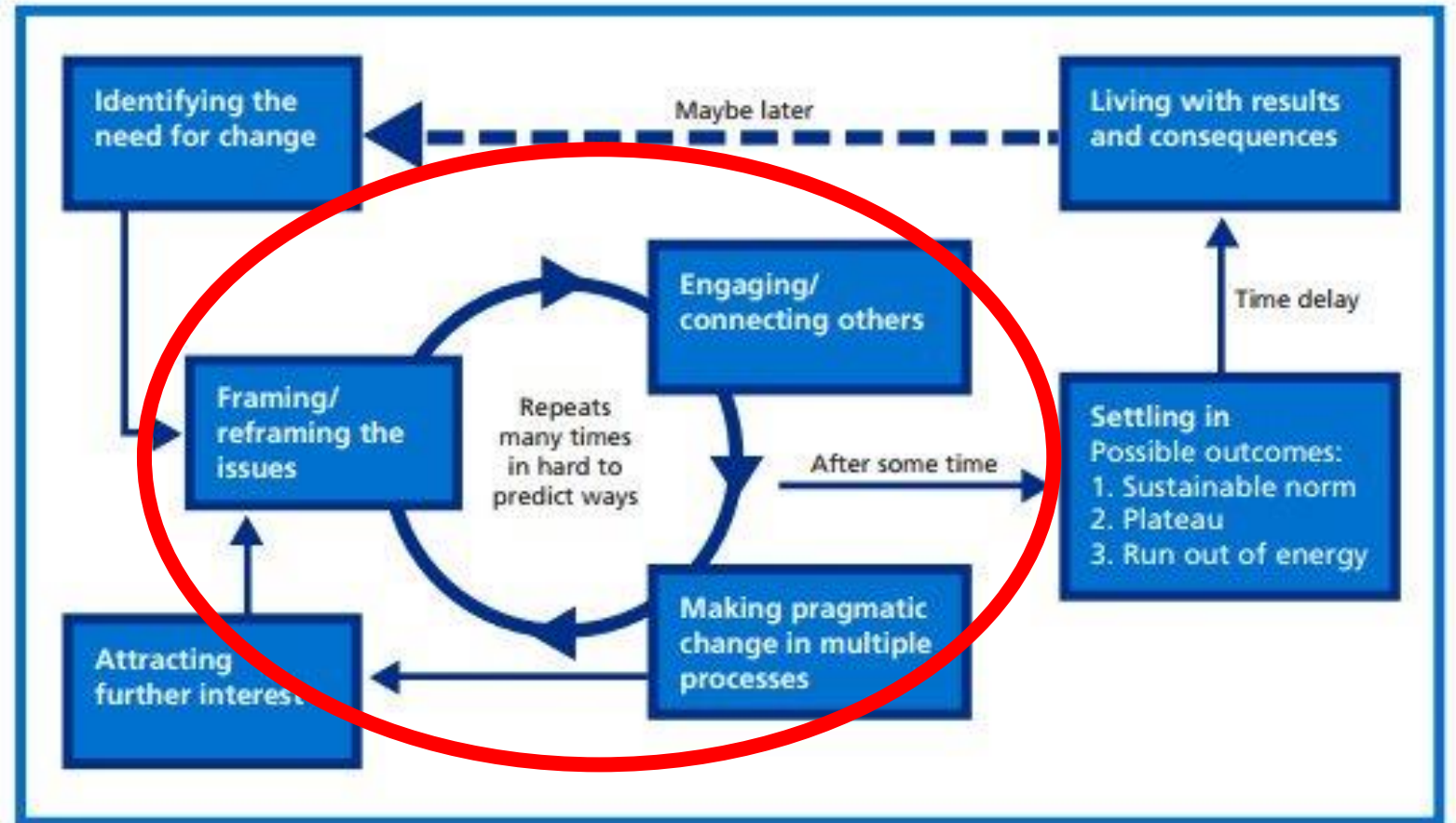


Mentimeter

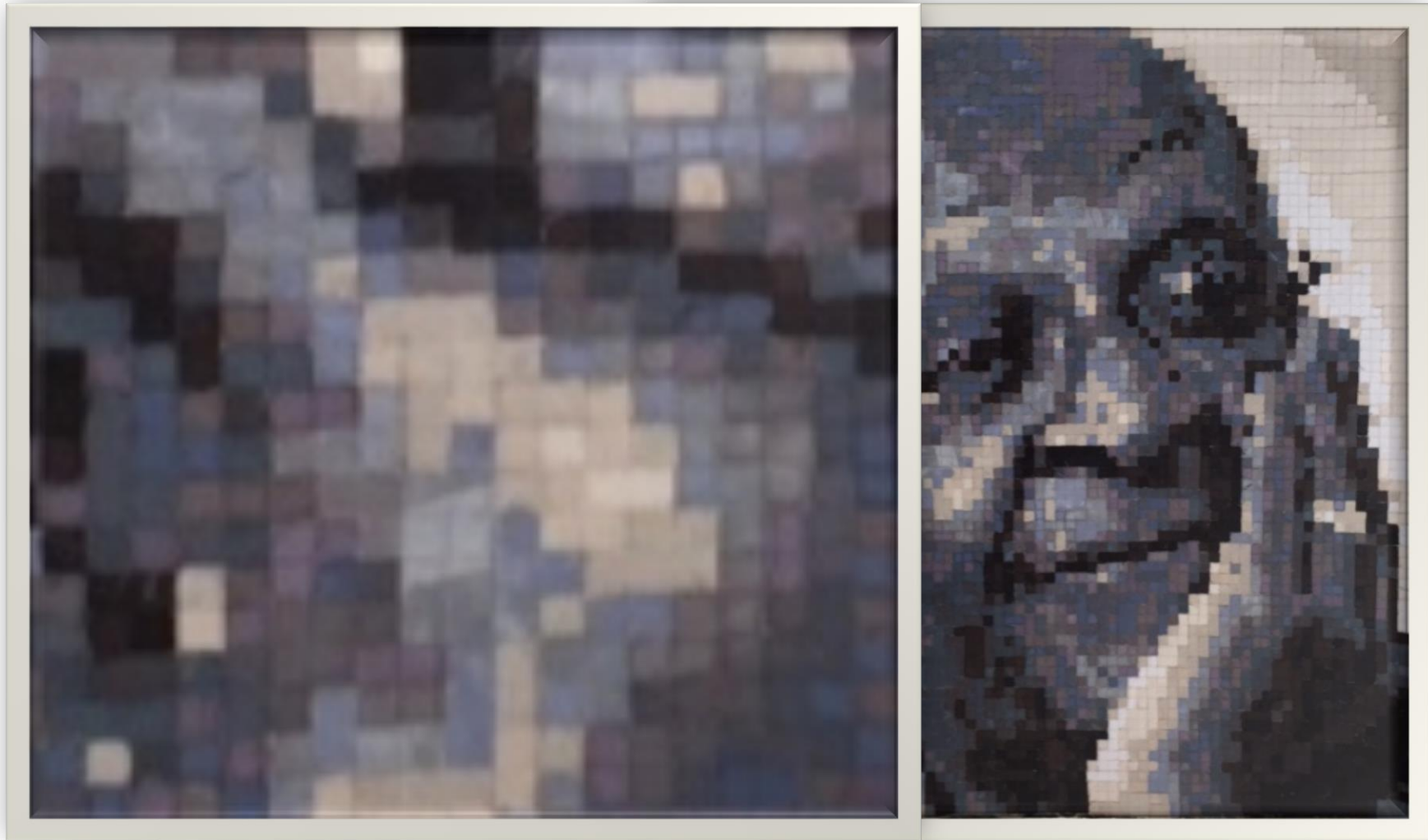
How do you create the conditions for change?

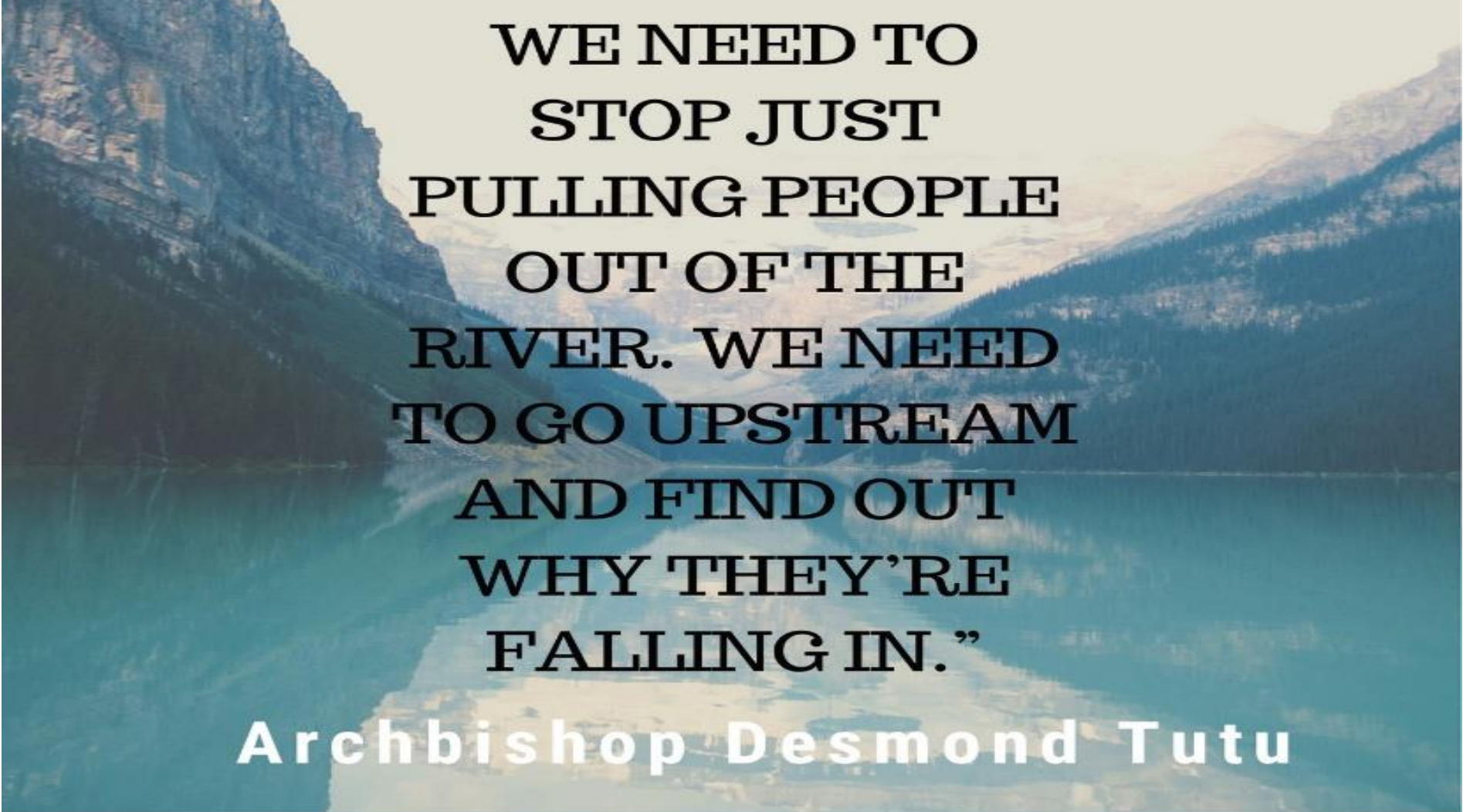
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Thinking about framing





**WE NEED TO
STOP JUST
PULLING PEOPLE
OUT OF THE
RIVER. WE NEED
TO GO UPSTREAM
AND FIND OUT
WHY THEY'RE
FALLING IN."**

Archbishop Desmond Tutu

Our case study for the session – Increasing physical activity

Situation: Moving Health Care Professional Programme sponsored by Sport England and Public Health England. 2 Phases

We were asked to support phase 2 to secure wider engagement from the NHS.

The cost of physical inactivity

The economic burden of physical inactivity is large. Globally, almost 500 million (499 208 million) new cases of preventable NCDs will occur between 2020 and 2030, incurring treatment costs of just over US\$ 300 billion (INT\$ 524 billion) or around US\$ 27 billion (INT\$ 48 billion) annually if there is no change in the current prevalence of physical

inactivity. Nearly half of these new cases of NCDs (47%) will result from hypertension, and 43% will result from depression. Three quarters of all cases will occur in lower- and upper-middle-income countries. The largest economic cost is set to occur among high-income countries, which will account for 70% of health-care expenditure on treating illness resulting from physical inactivity.

[The Global Status Report on Physical Activity 2022 \(who.int\)](https://www.who.int)



Inequalities in developing multimorbidity over time: A population-based cohort study from an urban, multi-ethnic borough in the United Kingdom

Alessandra Bisquera,^{a,b,*} Ellie Bragan Turner,^c Lesedi Ledwaba-Chapman,^{a,b} Rupert Dunbar-Rees,^c Nasrin Hafezparast,^c Martin Gulliford,^{a,b} Stevo Durbaba,^a Marina Soley-Bori,^a Julia Fox-Rushby,^{a,b} Hiten Dodhia,^a Mark Ashworth,^a and Yanzhong Wang,^{a,b}

^aKing's College London, School of Population Health & Environmental Sciences, London, UK

^bNIHR Biomedical Research Centre, Guy's and St Thomas' NHS Foundation Trust and King's College London, London, UK

^cOutcomes Based Healthcare, Cavendish Square, London, UK

Interpretation We examined the relations among 32 LTCs, taking the order of disease occurrence into consideration. Distinctive patterns for the development and accumulation of multimorbidity have emerged, with increased risk of transitioning from no conditions to multimorbidity and mortality related to ethnicity, deprivation and gender. Musculoskeletal disorders, morbid obesity and substance abuse represent common entry points to multimorbidity trajectories.

**The Lancet Regional
Health - Europe**

2022;12: 100247



Published online 4

November 2021

<https://doi.org/10.1016/j.lanepe.2021.100247>

Summary of results by GAPPa policy action area


Key for colour coding		Key for symbols	
	Good progress > 75% of countries		Increase since 2019
	Moderate progress 51–75% of countries		No change since 2019
	Poor progress 0–50% of countries		Decrease since 2019
NA	No data available	NA	No data available

GAPPa POLICY ACTION AREA	% OF COUNTRIES	CHANGE SINCE 2019
AREA 1: CHANGING KNOWLEDGE AND MINDSETS		
National communication campaign on physical activity	52%	
National mass-participation events	58%	
AREA 2: ENABLING ENVIRONMENTS		
National policy on walking and cycling	42%	NA
National policy on public transport	73%	NA
National road design standards for separated infrastructure for pedestrians and cyclists	53%	NA
National road design standards for safe crossings for pedestrians and cyclists	76%	NA
National road design standards for management of safe speed	64%	NA
National road design standards for all three road safety features	46%	NA
National road safety strategy	80%	NA
National road safety strategy that is fully funded	18%	NA
National road safety assessment of all new roads	48%	NA
National assessment of road safety of existing roads for all road users	64%	NA
National legislation of speed limits meeting best practice	26%	NA
National legislation on drink-driving meeting best practice	26%	NA
National legislation on distracted driving due to use of mobile phone	89%	NA
National legislation on distracted driving due to use of drugs	87%	NA
National policy on public open space	NA	NA

GAPPa POLICY ACTION AREA

COUNTRIES SINCE 2019













AREA 3: PROVIDING OPPORTUNITIES AND PROGRAMMES FOR PHYSICAL ACTIVITY

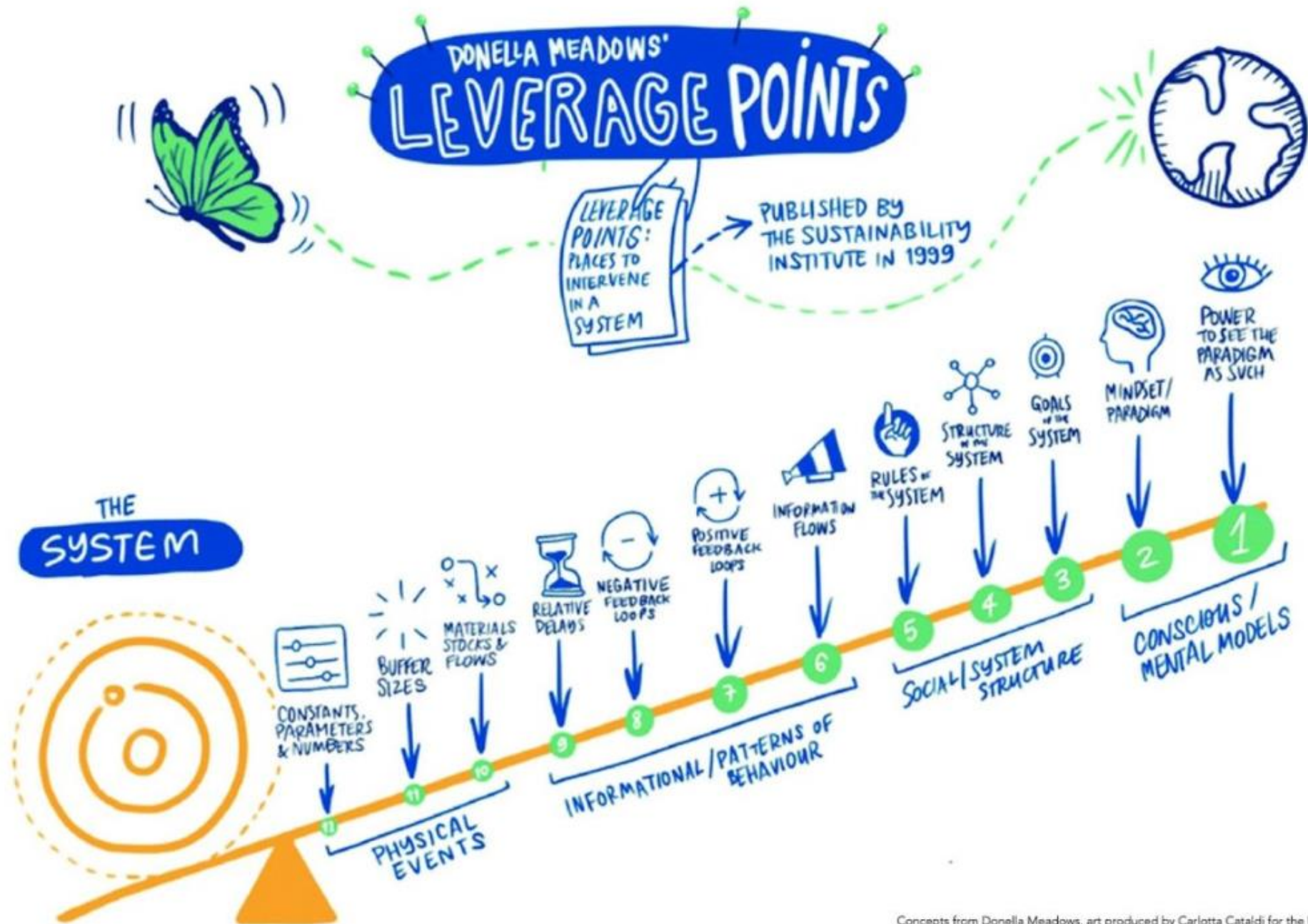
National protocols on the management of physical inactivity in primary health care	40%	
Promotion of physical activity in childcare settings	30%	NA
Promotion of physical activity in the workplace initiatives	36%	NA
Promotion of physical activity through community-based and sports initiatives	47%	NA
Promotion of physical activity in public open spaces	42%	NA
Promotion of walking and cycling	40%	NA
Promotion of physical activity as part of active ageing	40%	NA
National mobile health (mHealth) initiatives	37%	
Provision of quality physical education in schools	NA	NA
Promotion of physical activity for people living with disability	NA	NA

GAPPa POLICY ACTION AREA

% OF COUNTRIES CHANGE SINCE 2019

AREA 4: NATIONAL POLICY FRAMEWORKS AND GOVERNANCE

National NCD policy including physical activity	86%	
National NCD policy including physical activity that is operational	67%	
National physical activity policy	47%	
National physical activity policy that is operational	38%	
Either operational national NCD policy including physical activity or a standalone operational physical activity policy	72%	
National coordination mechanism for NCDs	46%	
National guidelines on physical activity for any age group	46%	
National guidelines on physical activity for all age groups	30%	
National physical activity targets	53%	
National surveillance on physical activity in adults	92%	
National surveillance on physical activity in youth	75%	
National surveillance on physical activity in children under the age of 5 years	29%	



What leverage points does the strategy address?

Changing knowledge
and mindsets

Enabling
environments

Providing
opportunities and
programmes for
physical activity

National policy
frameworks and
governance

Have a discussion on your table about the elements of the strategy. What do you notice? How can you apply this model to your work?

**EVERYTHING
EVERYWHERE
ALL AT ONCE**

Sport England's ambition: Connecting with health and wellbeing

“Strengthening the connections between sport, physical activity, health and wellbeing, so more people can feel the benefits of, and advocate for, an active life.”

Unlock health for all

Being active can maintain or improve health, wellbeing or quality of life

An equal chance to get benefits of an active life

Investing more to support those that are least active can play a role in reducing health inequalities

A developing coalition of partners



The Faculty of Sport and
Exercise Medicine (UK)



TRANSFORMATION UNIT

HORIZONS

NHS

Health Education England

BMJ Learning

NHS

Sheffield Children's
NHS Foundation Trust

NHS

Nottingham
University Hospitals
NHS Trust

NHS

Oxford University Hospitals
NHS Foundation Trust

NHS

North Tees and Hartlepool
NHS Foundation Trust

NHS

Northumbria Healthcare



Royal College of
General Practitioners



Royal College
of Nursing

Academy of
Medical Royal
Colleges



NHS

England

The
Richmond
Group
of Charities



**Active
Partnerships**
Engaging Communities, Transforming Lives

**Intelligent
Health**

NATIONAL CENTRE FOR
SPORT & EXERCISE MEDICINE
WORKING FOR HEALTH & WELLBEING



Training, education and resources

- Delivered within a complex and dynamic system, and an unprecedented global pandemic

Approximately 157,400 professionals have accessed a training tool

Each training tool attracts a different profile of HCP showing they meet the needs of a broad audience

The training tools are highly recommended by HCPs

HCPs report that the training tools have increased their knowledge, skills and confidence to promote physical activity

Some HCPs report their conversations with patients are now higher quality and more effective

HCPs provided examples of patients becoming more active

System change

- Not possible to attribute system change solely to MHPP but stakeholders named a number of positive contributions

The programme has signalled, and facilitated, greater collaboration between the health and physical activity sectors

The programme has contributed positively to whole system change, incl. greater recognition and value associated with physical activity

Greater traction in the conversations and connections across the system in support of physical activity promotion

Broadening of the organisations involved in conversations about the importance of physical activity

The programme has provided a platform that was not in existence previously



Connecting with Health and Wellbeing

“Strengthen the connection with the health system at every level, so more people can feel the benefits of, and advocate for, an active life.”

Future ambitions

- Develop shared plans with OHID with support from NHS Horizons
- Build alliances with key stakeholders
- Consider gaps in knowledge / resources
- Build evidence, insight and tools to support the case for change

ADE 1
Already
involved

ADE 2
Possible allies

ADE 3
NHS Pathways

ADE 4
Data

ADE 5
NHS
Revisited

Connections
Between
NHS and
local
partnerships

Lack of
resource

Maximise impact
of local areas

Explore innovation

Increase
connectivity

Align interests

Clarify evidence

Raise awareness

Build a shared
Purpose

Understand
options

Open
standards

Revisit the
evidence

Focus on
pathways

Build connections

Evolving Theory of Change



Programme Manager vs. Convenor

PROGRAMME MANAGER

- Designs a plan
- Accountability within a governance system
- Ensures that delivery milestones are met
- Deals with risk and ensures that barriers are overcome

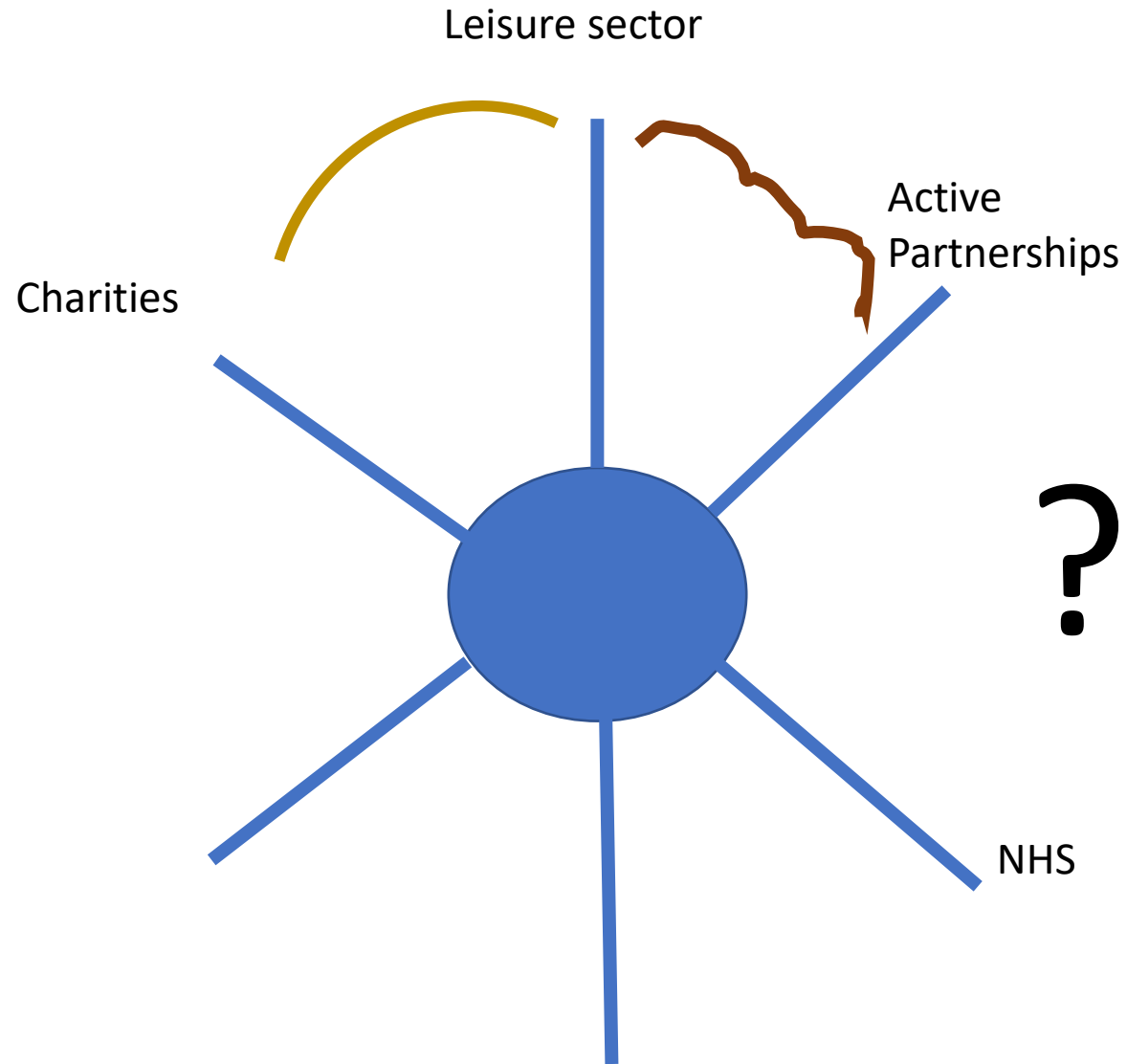
**Independent
Complicated**

CONVENOR

- Works with emergence
- Builds commitment to a collective goal
- Builds relationships
 - Seeks win/wins
- Makes sense of things for adopters: the why?
- Enables spread across a whole system

**Interdependent
Complex**

You are at the
centre of your
universe

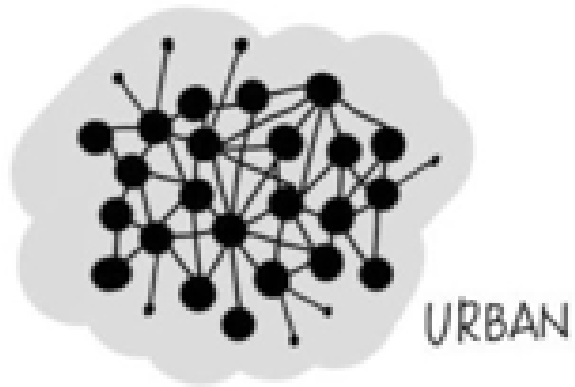


Our convening network

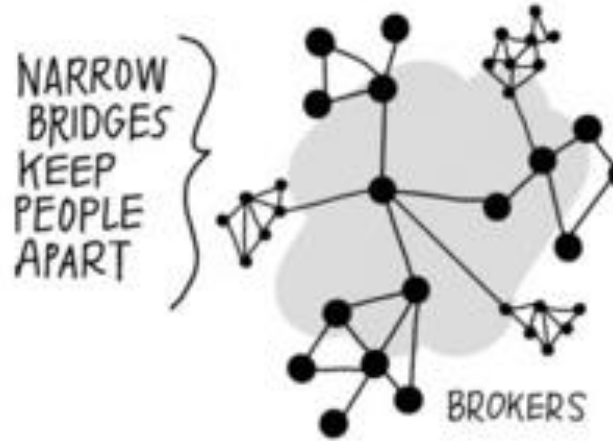


Developing networks to create change

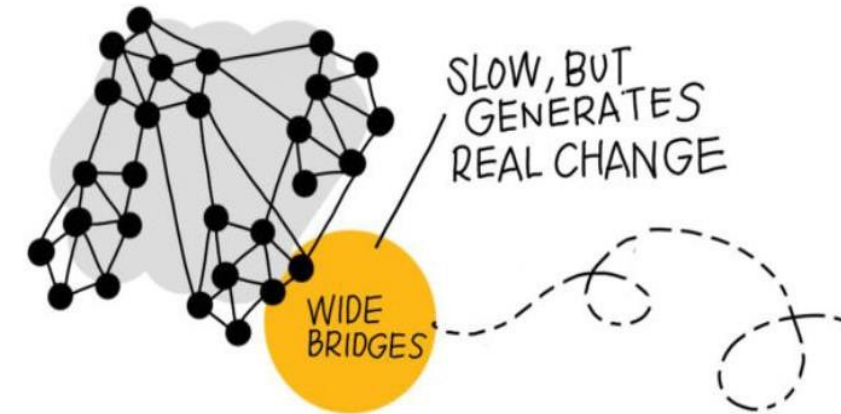
Where we started



Where we are



Where we are moving too



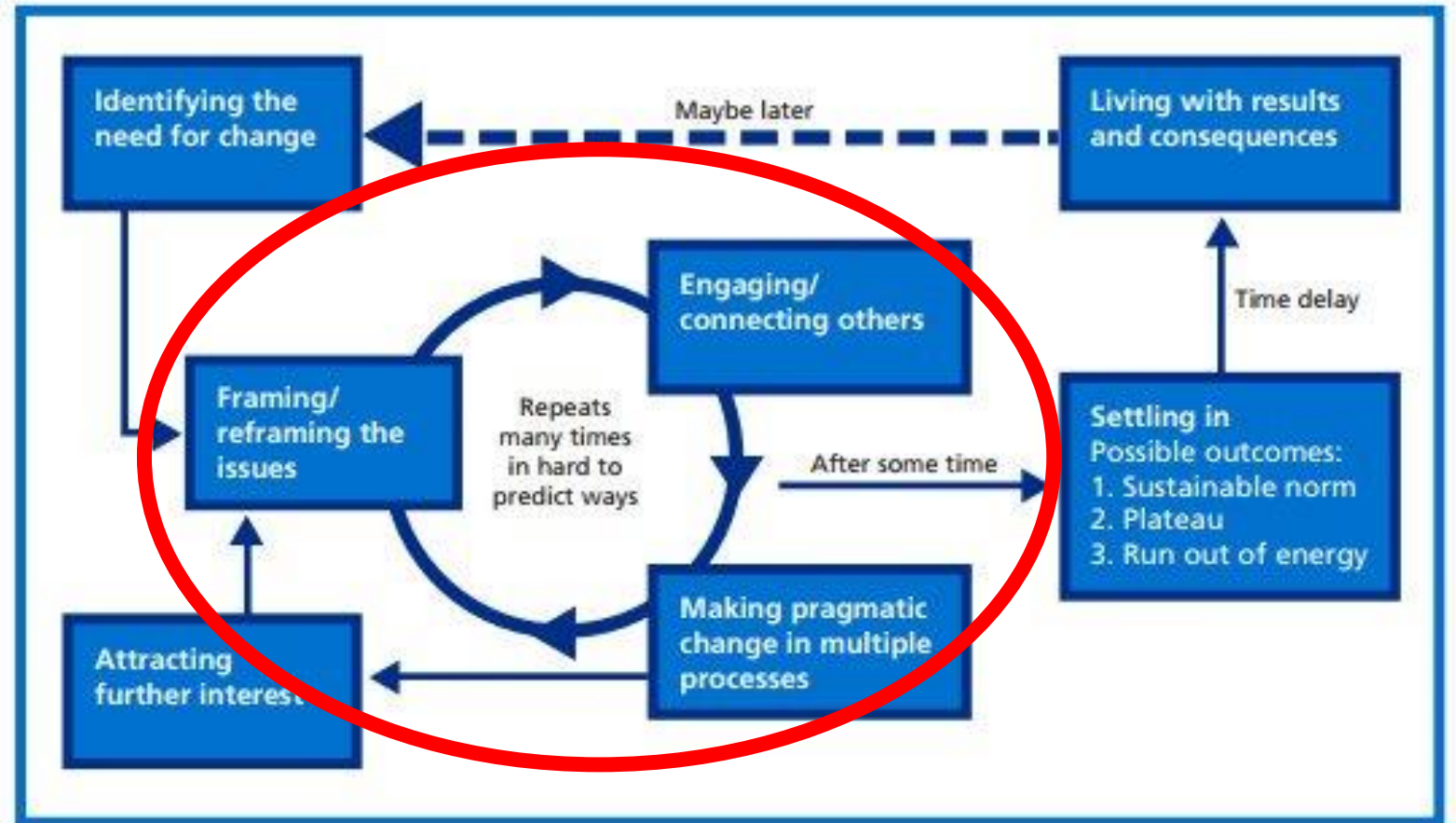
Source: Damon Centola & Harvard Learning Innovations Laboratory

Stretch break

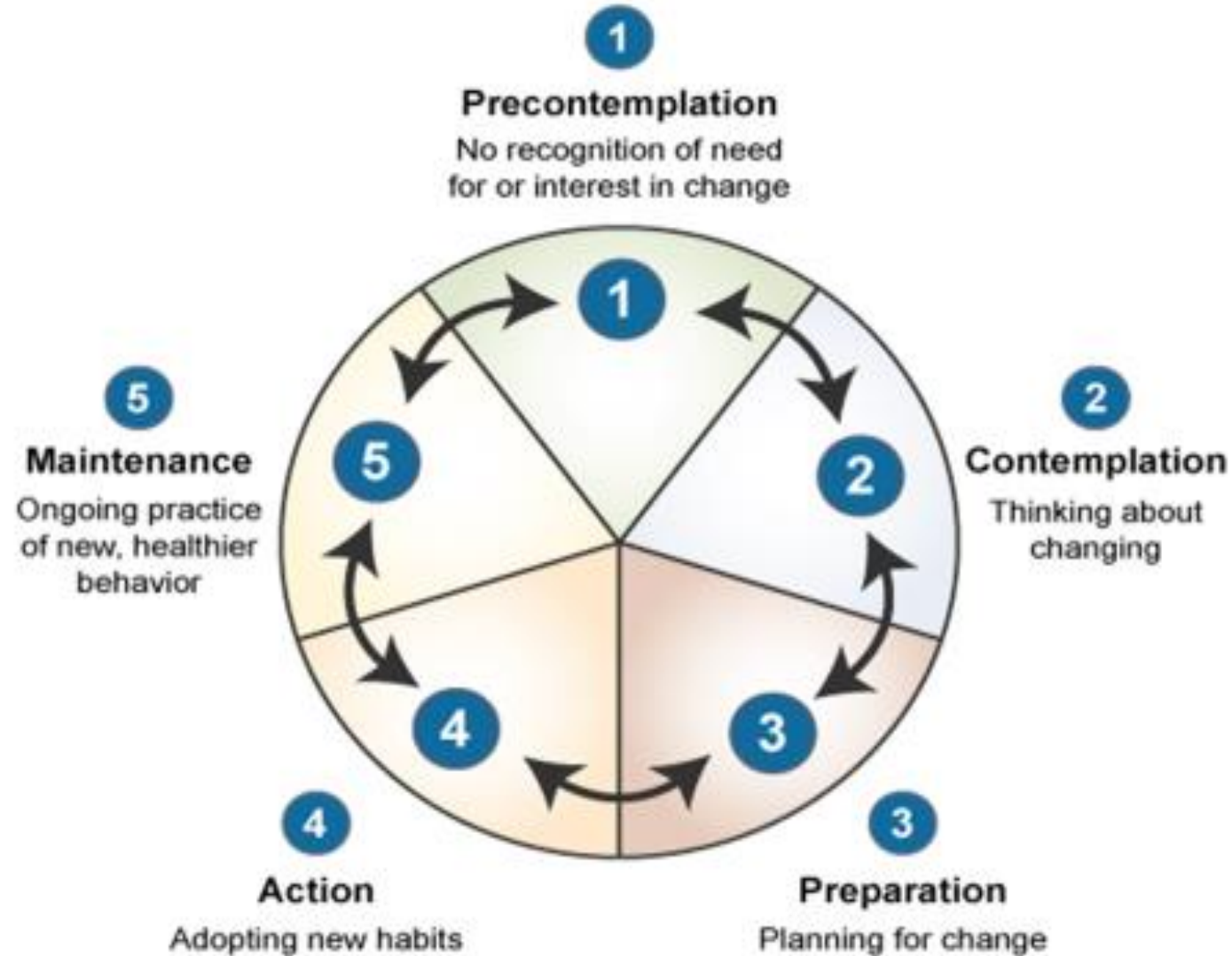


The Model for Large Scale Change

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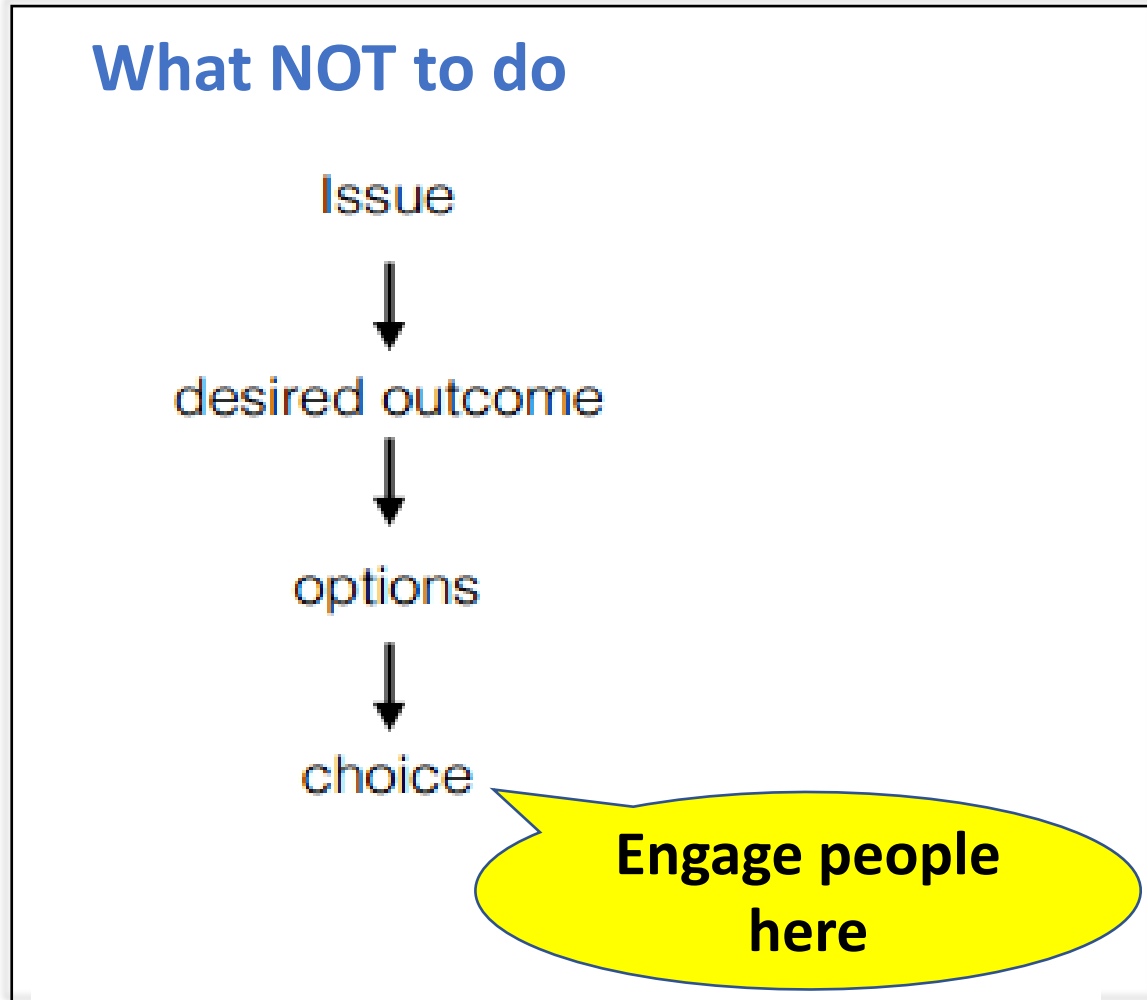


If you are ready for ACTION... STOP!



Prochaska, DiClemente & Norcross (1992)

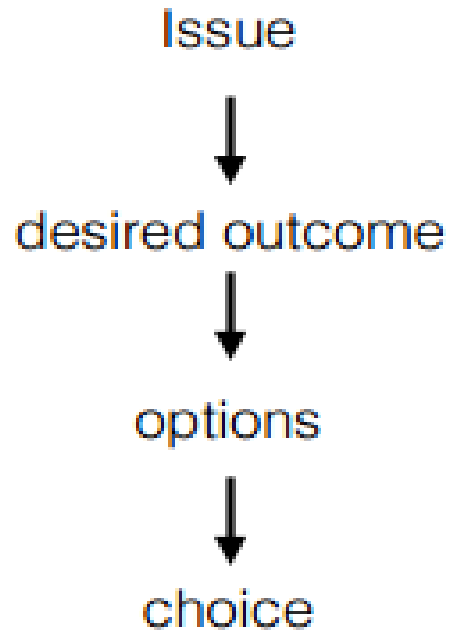
Mark Jaben on the science behind resistance



But what we do do

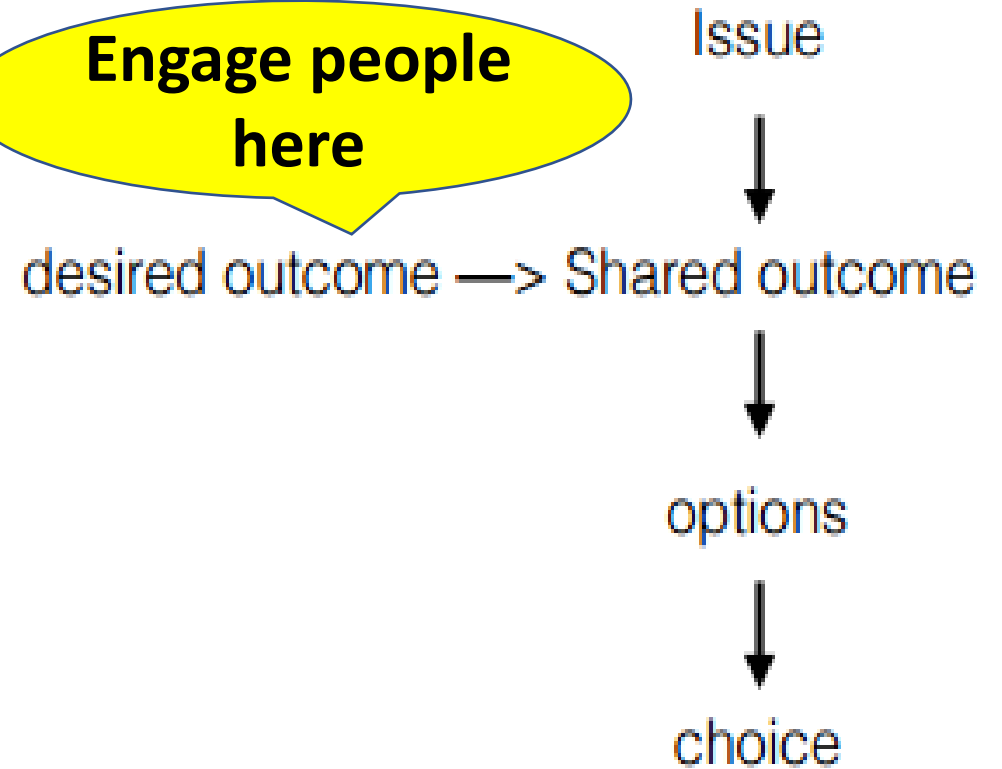
Mark Jaben on the science behind resistance

What NOT to do (but what we usually do)



**Engage people
here**

What TO do



**Engage people
here**

**We don't need buyers (who "buy-in" to change)
We need investors**

IKEA EFFECT

THE EXAGGERATEDLY HIGH VALUE
AND ATTACHMENT PLACED ON PRODUCTS
THAT ONE BUILDS THEMSELVES,
REGARDLESS OF THE END RESULT
QUALITY.



old power

new power

Currency

Current

Held by a few

Made by many

Pushed down

Pulled in

Commanded

Shared

Closed

Open

Transaction

Relationship



2x

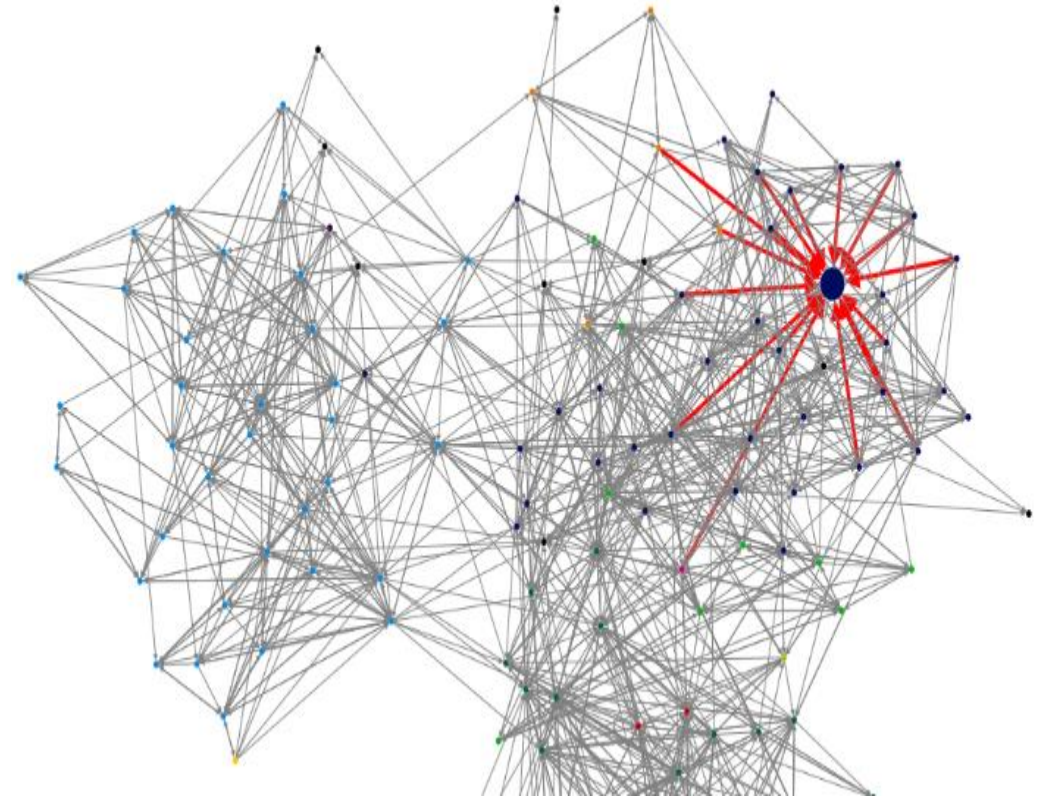
People who are highly connected have
twice as much power to influence
change as people with hierarchical
power

Leandro Herrero

<http://t.co/Du6zCbrDBC>

Superconnectors...

Just 3% of people in the organisation typically drive conversations with 85% of the other people



Source: research by [IC Kollektif](#)

Further reading: Organisational Network Analysis by Innovisor

WHO will make the change happen?

List A

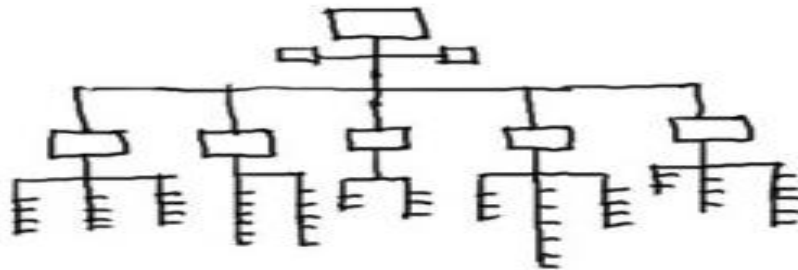
- The Delivery Board
- The programme sponsors
- The Programme Management Office
- The Delivery Board work streams
- The Clinical Leads
- The Directors of participating organisations
- The Change Facilitators



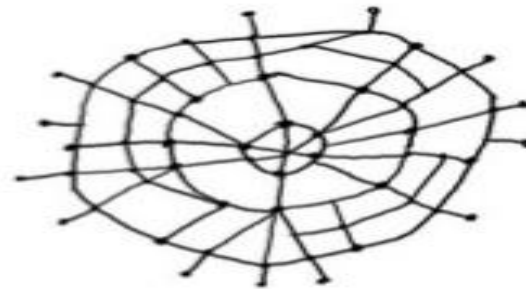
The Network Secrets of Great Change Agents

Julie Battilana & Tiziana Casciaro

As a change agent, my **centrality in the informal network** is more important than my **position in the formal hierarchy**



Designed for
DIVISIONS



Designed for
CONNECTIONS

WHO will make the change happen?

List A

- The Delivery Board
- The programme sponsors
- The Programme Management Office
- The Delivery Board work streams
- The Clinical Leads
- The Directors of participating organisations
- The Change Facilitators

List B

- The mavericks and rebels
- The deviants (positive). Who do things differently and succeed
- The nonconformists who see things through glasses no one else has
- The hyper-connected who spread behaviours, role model at a scale, set mountains on fire and multiply anything they get their hands on
- The hyper-trusted. Multiple reasons, doesn't matter which ones



WHO will make the change happen?

List A

- The Delivery Board
- The programme sponsors
- The Programme Manager
- The Delivery Board with
- The Clinical Leads
- The Directors of partner organisations
- The Change Facilitator

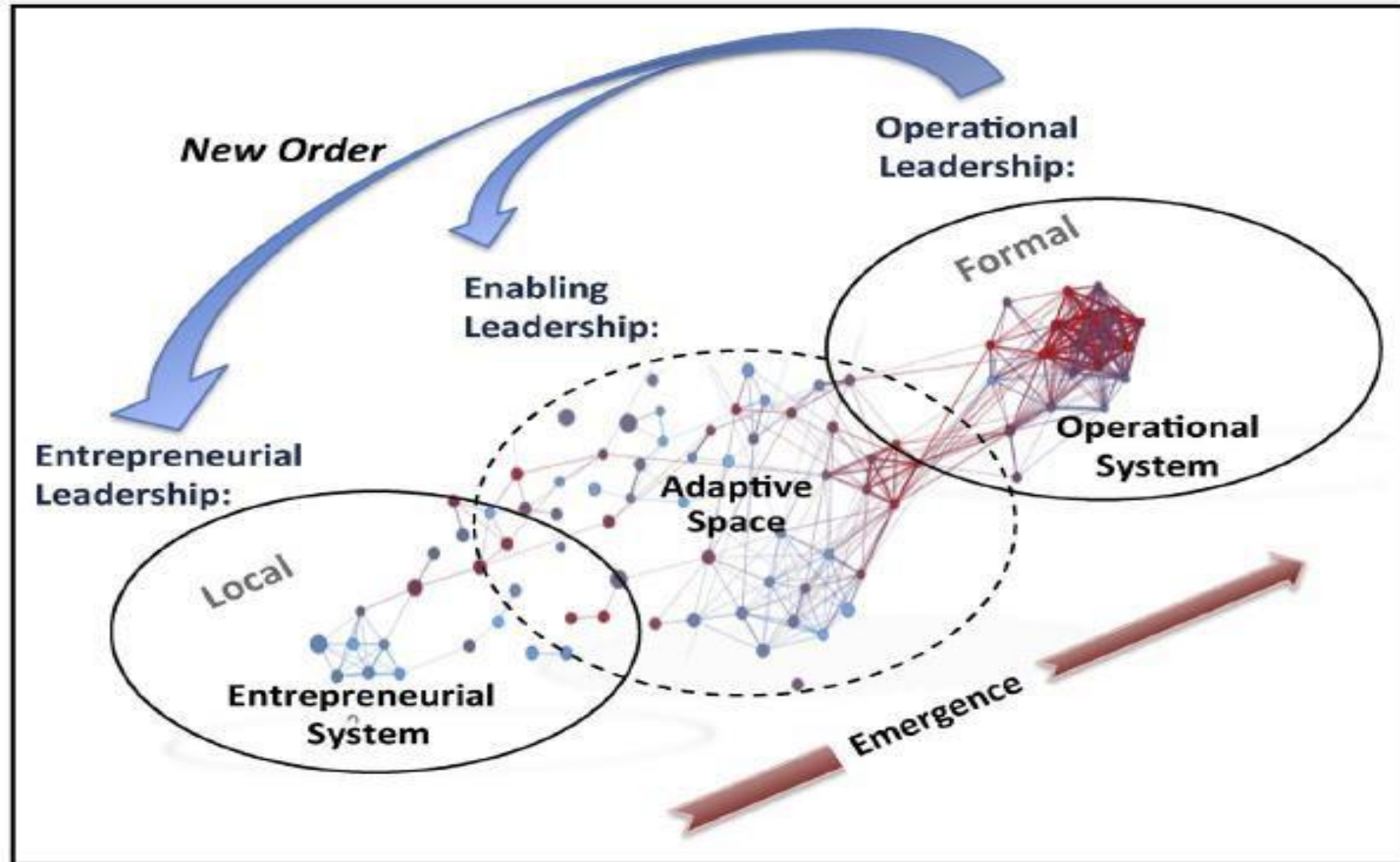
List B

...veries and rebels
(positive). Who do things
... see things through
... spread behaviours,
... mountains on fire
... they get their hands on
Multiple reasons, doesn't

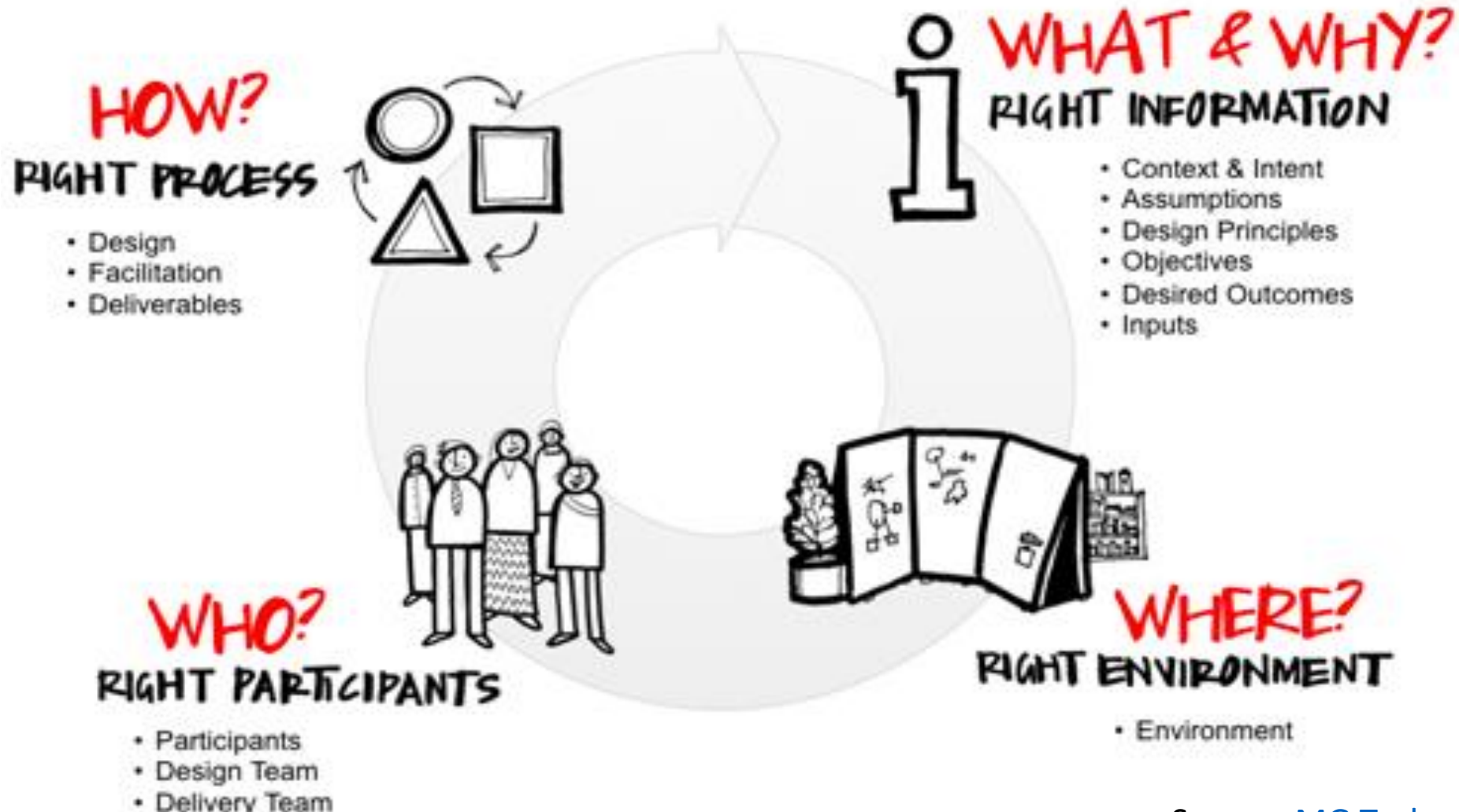
**People who live and
perform in formal
organisation and
people with the power
to make or break
change are two
different lists
(and we need BOTH)**

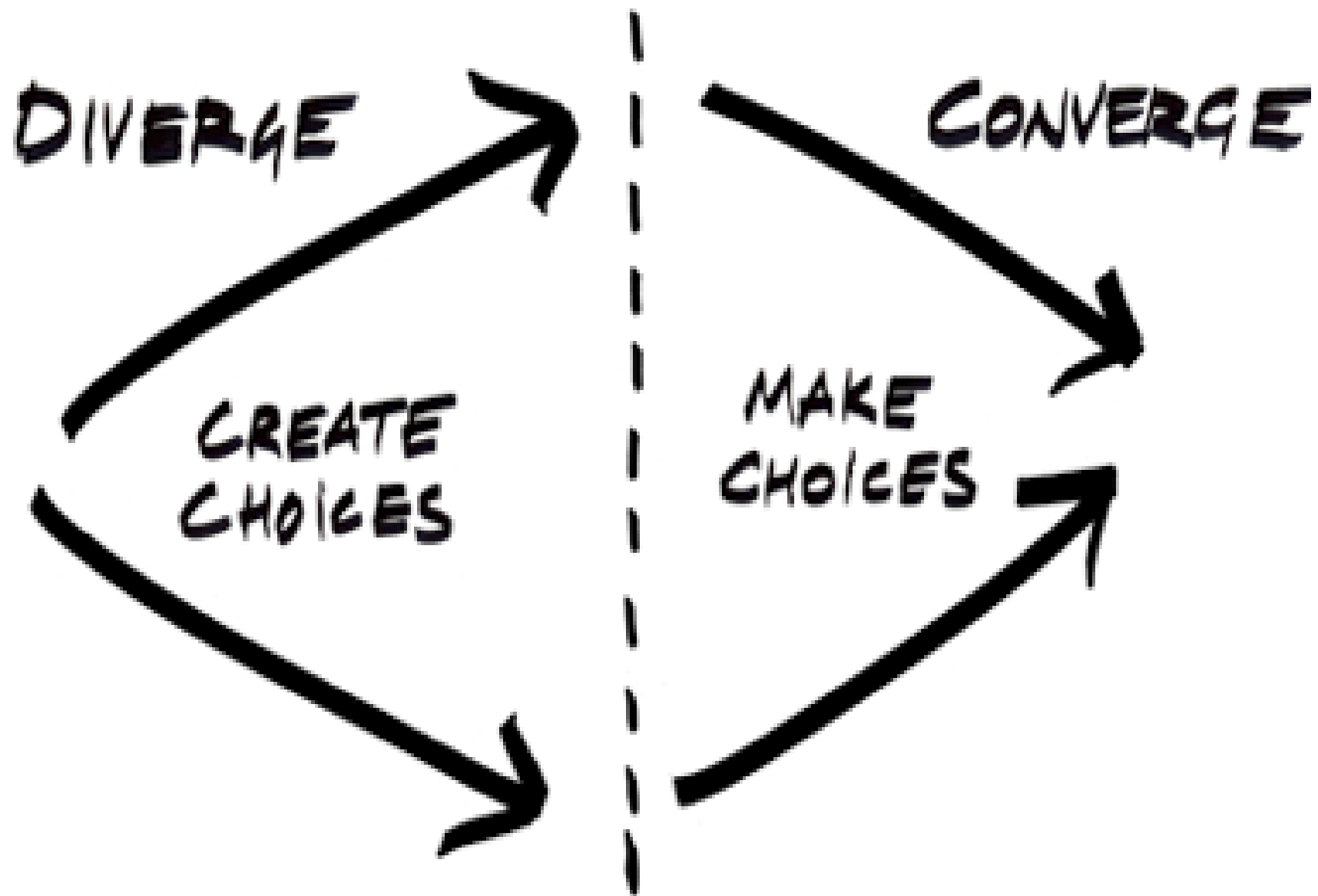


Even if we can see the solution we need to build it...



There are four key components to accelerated design:





Framework for an accelerated design event



- Understand everything that has happened to date
- Understand the opportunity to improve things
- Create a level starting point for change
- Imagine a different future
- Think the unthinkable



- Identify and test ideas
- Narrow down options
- Find creative solutions
- Uncover and remove barriers to change



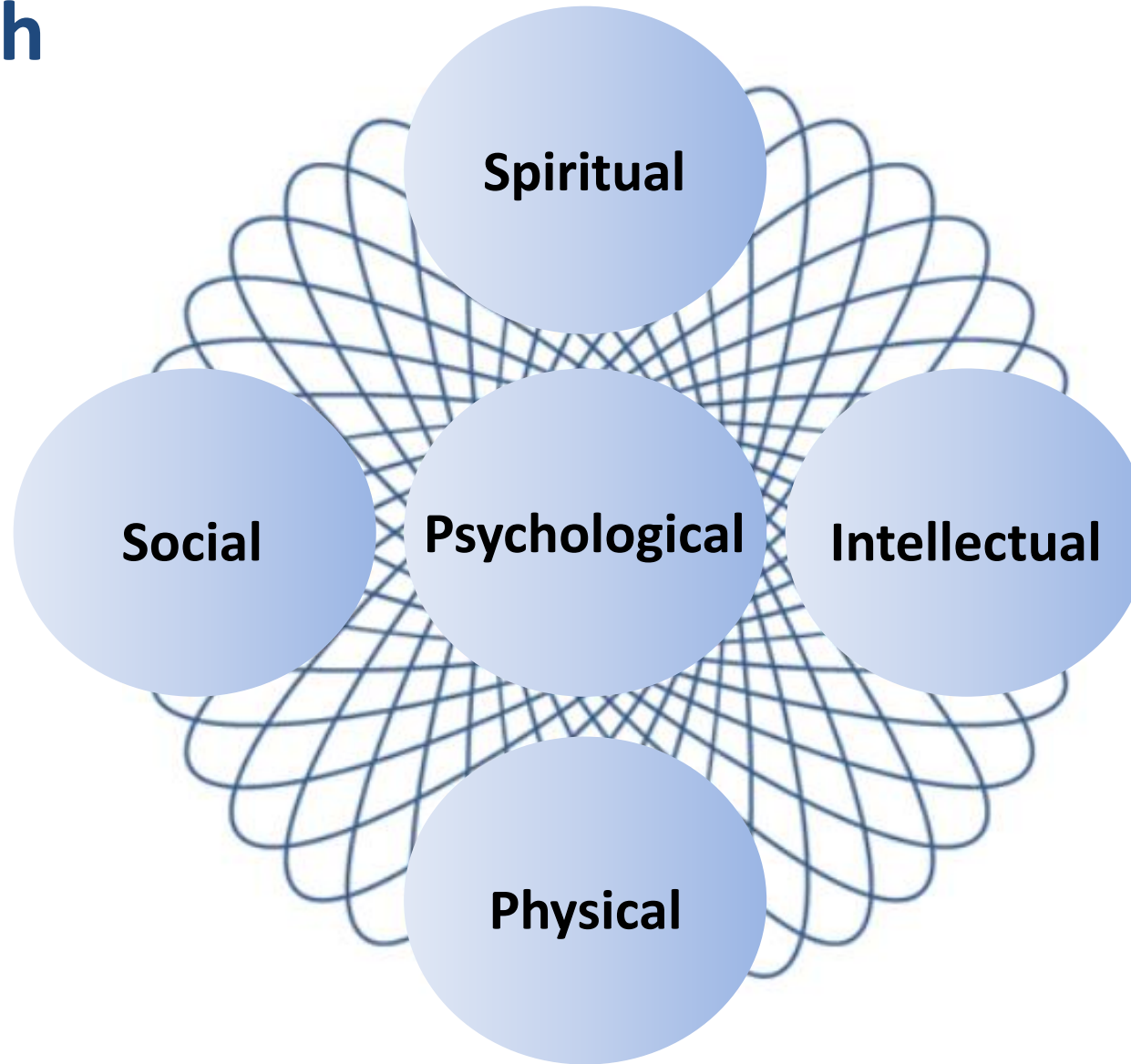
© MGTaylor

- Build shared purpose around intention to act
- Make definitive decisions
- Establish action plans
- Agree review process

What sort of energy do you need to create?



Teams perform best when five energies are high



The 5 Energies of High-Performing Teams

Social

Personal engagement, relationships and connections between people.



Intellectual

Analysis, planning, thinking.



Spiritual

Commitment to a common vision for the future, driven by shared values and purpose.



Physical

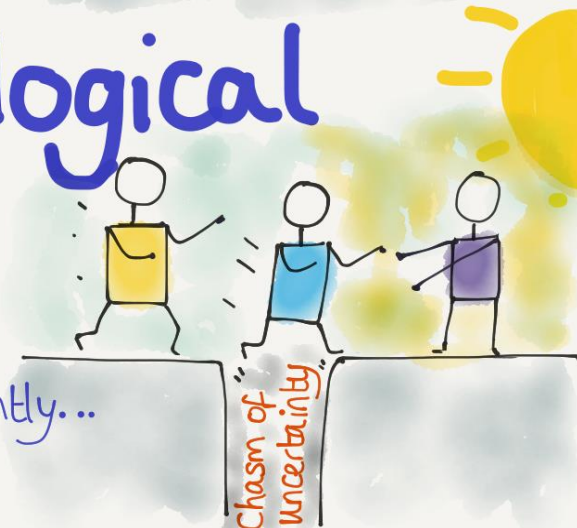
Getting things done!
Making progress.

@HorizonsNHS



Psychological

Courage, resilience, feeling safe to do things differently... and take risks.



Social energy

*Energy of personal
engagement, relationships and
connections between people*

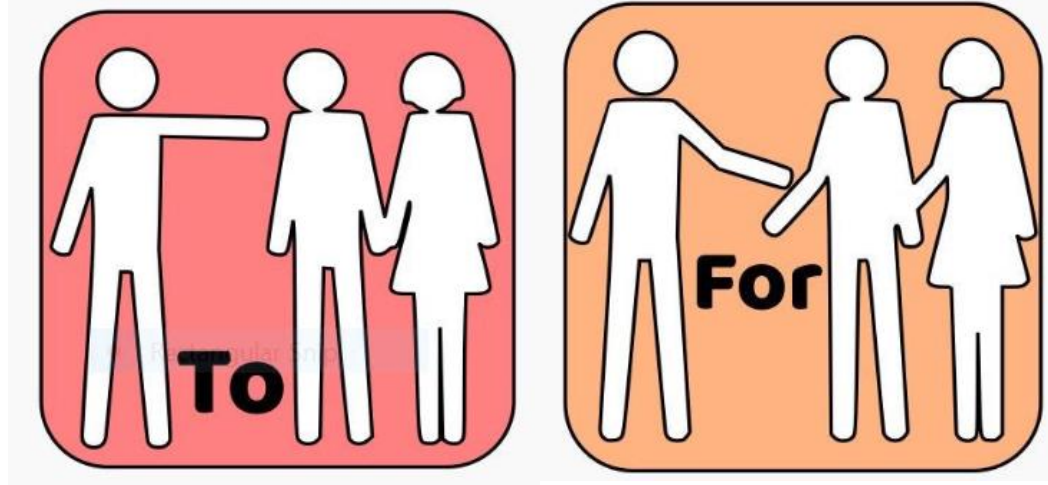
It's where people feel a sense of
“us and us”
rather than
“us and them”



How we go about change and improvement

TO

When change is
done to us,
without us



FOR

*When change is
done for us,
without us*



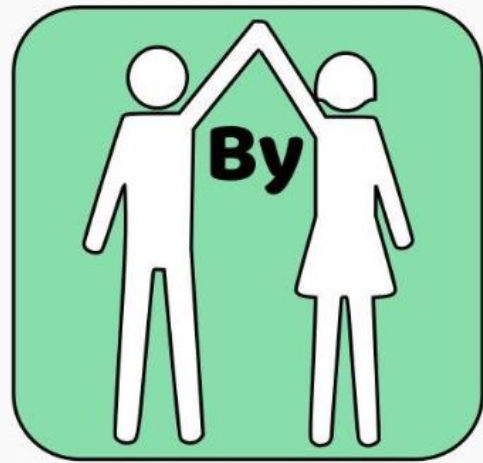
WITH

When change is
done for us, with
us



BY

When change is
done by us, for us

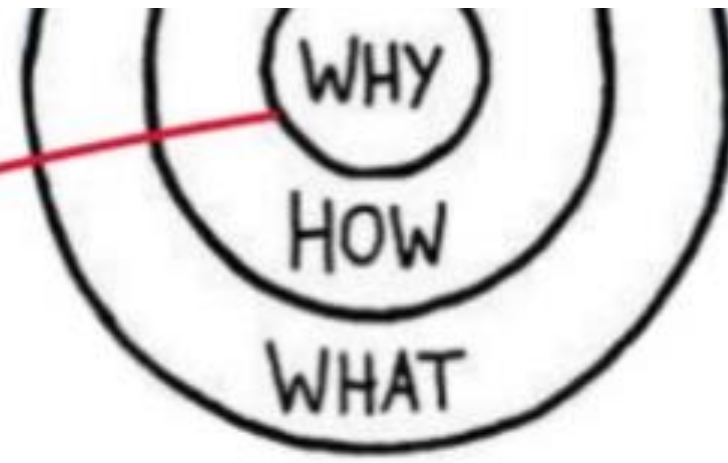


Spiritual energy

Energy of commitment to a common vision for the future, driven by shared values and a higher purpose

Gives people the confidence to move towards a different future that is more compelling than the status quo





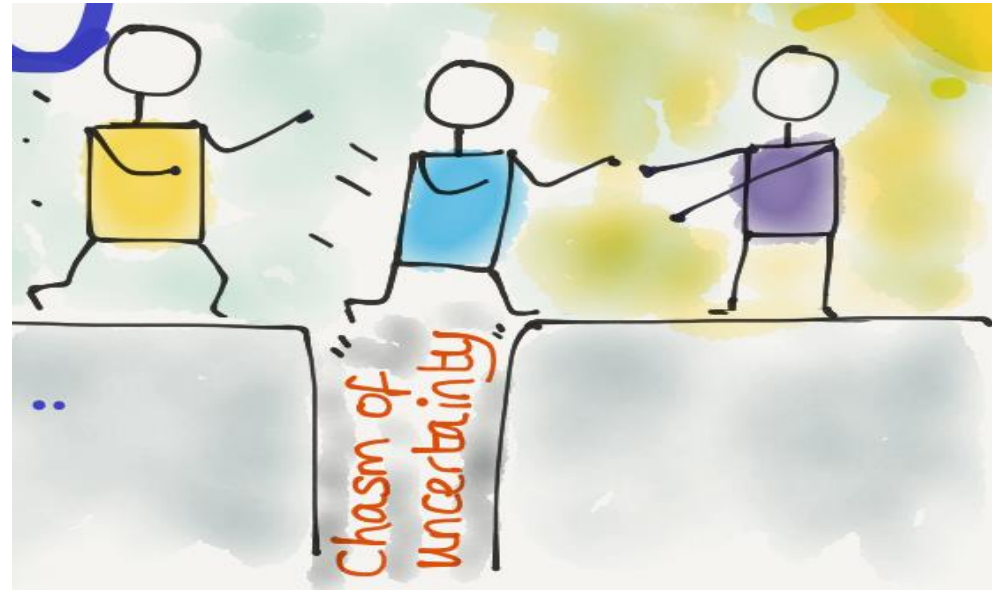
"The source of energy at work is not in control, it is in connection to purpose."

Don Berwick

Psychological energy

*Energy of courage, resilience and feeling
safe to do things differently*

Involves feeling supported to make a change and
trust in leadership and direction



Physical energy

Energy of action, getting things done and making progress

The flexible, responsive drive to make things happen



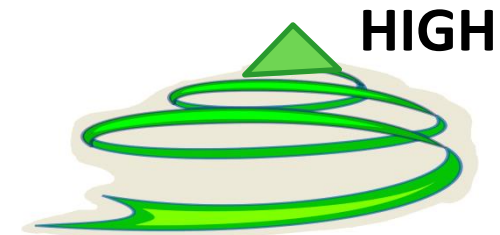
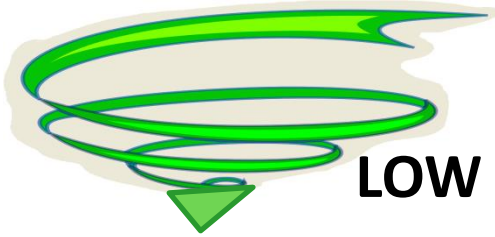
Intellectual energy

Energy of analysis, planning and thinking

Involves gaining insight as well as planning and supporting processes, evaluation, and arguing a case on the basis of logic/ evidence



High and low ends of each energy domain



Social

isolated

solidarity

Spiritual

uncommitted

higher purpose

Psychological

risky

safe

Physical

fatigue

vitality

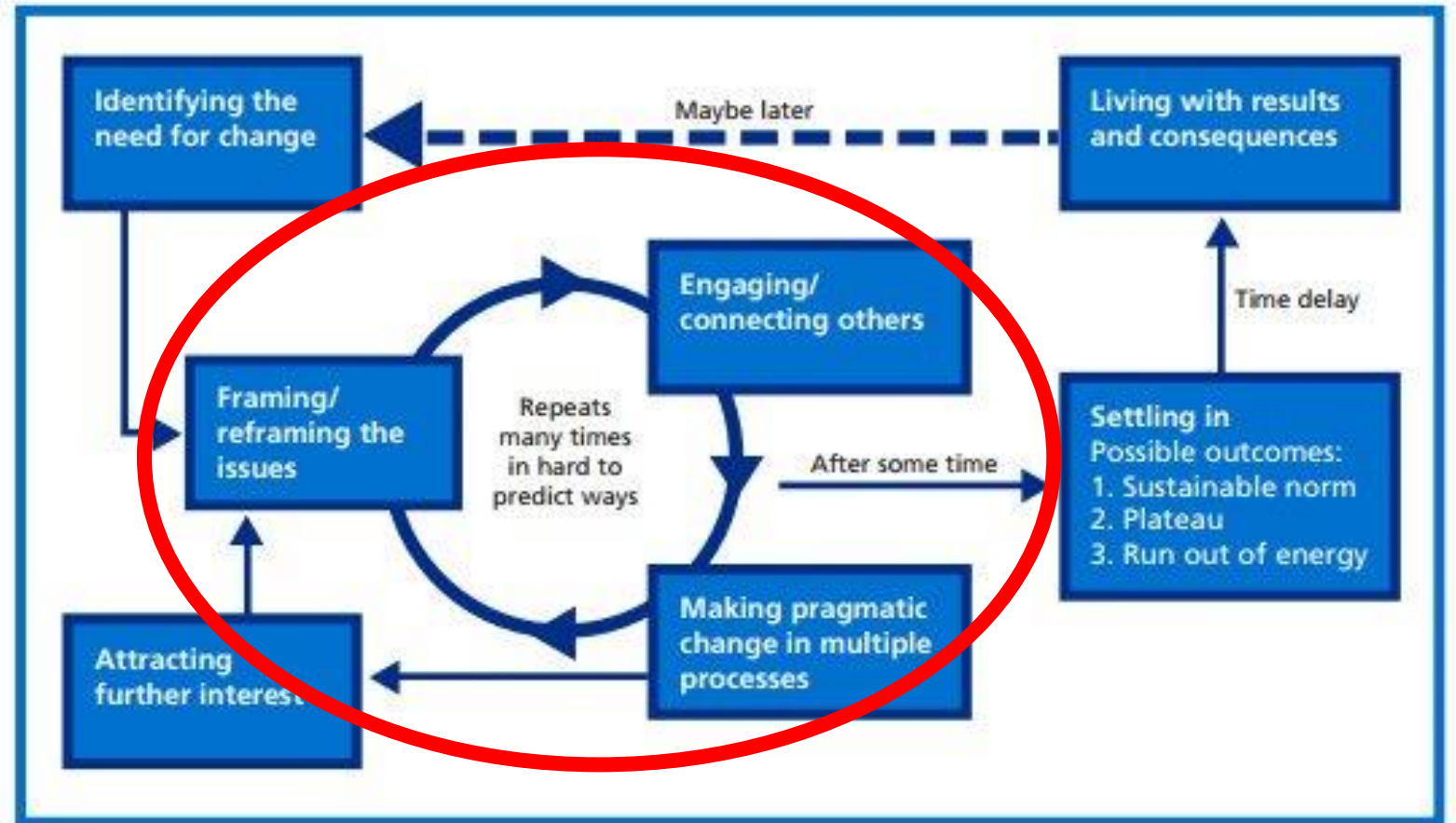
Intellectual

Illogical

reason

The Model for Large Scale Change

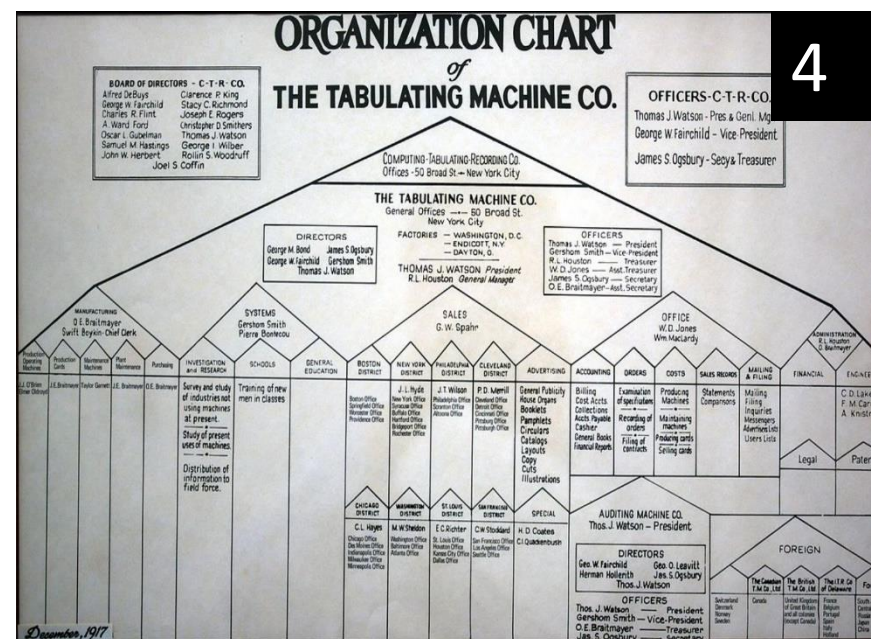
1. Framing and reframing
2. Engaging and connecting
3. Making pragmatic changes



Getting organised (Governance if you like)



Which is the odd one out?



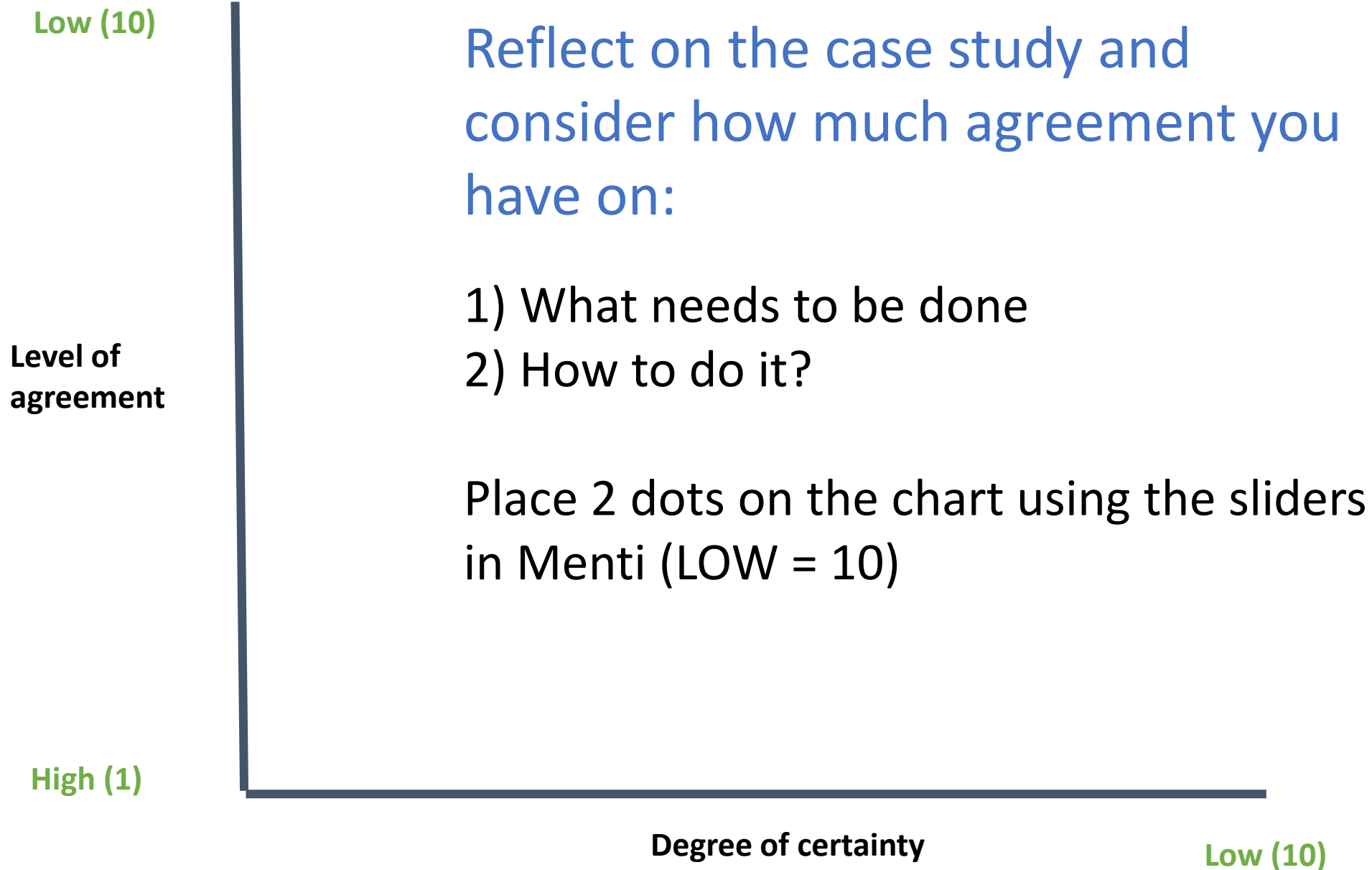
Which picture is the odd one out? Answer 1, 2, 3 or 4.



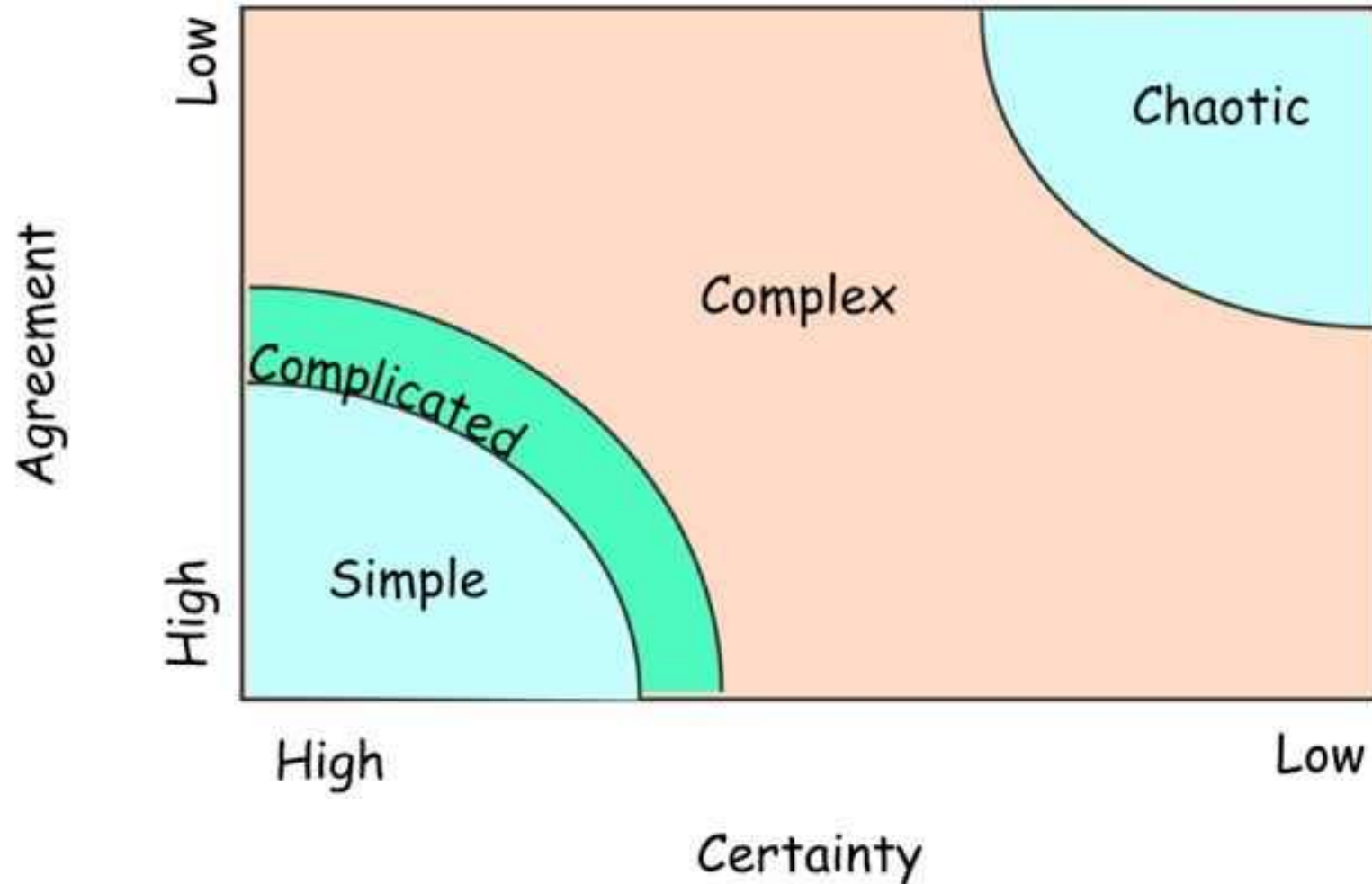
3 Ways to join Menti:

1. Click on the link to the poll which has been shared in the chat box: <https://www.menti.com/alrfwk1zit7b>
2. Go to menti.com and use the code: 36 76 07 1
3. Scan the QR code below on your phone





The Stacey complexity matrix



Approaches to problem solving

Simple/obvious

Sense; Categorise; Respond

Complicated

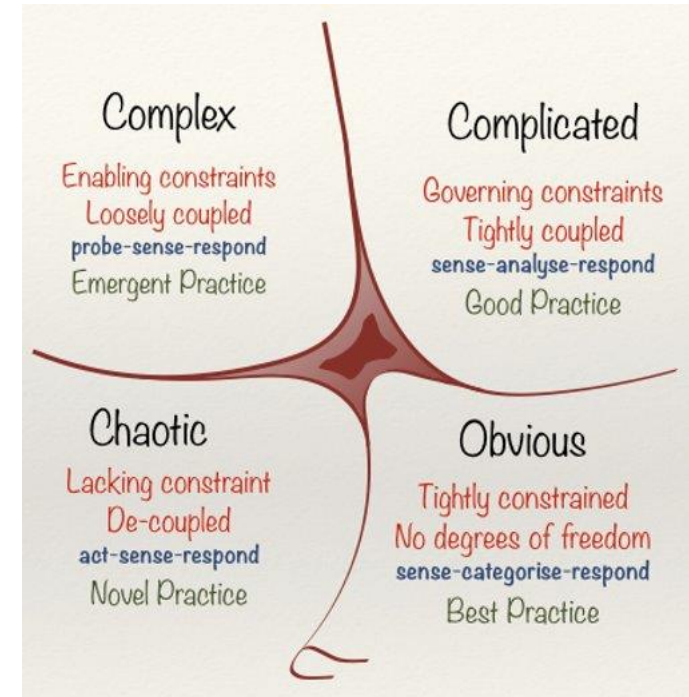
Sense; Analyse; Respond

Complex

Probe; Sense; Respond

Chaos

Act; Sense; Respond



Adapted from Cynefin framework (Dave Snowden)

“ We rarely see two, three or four year change projects any more. Now it’s 30-60-90 day change projects



Kinthy Sturtevant, IBM

[13th annual Change Management Conference](#)

Bring in the Trojan Mice

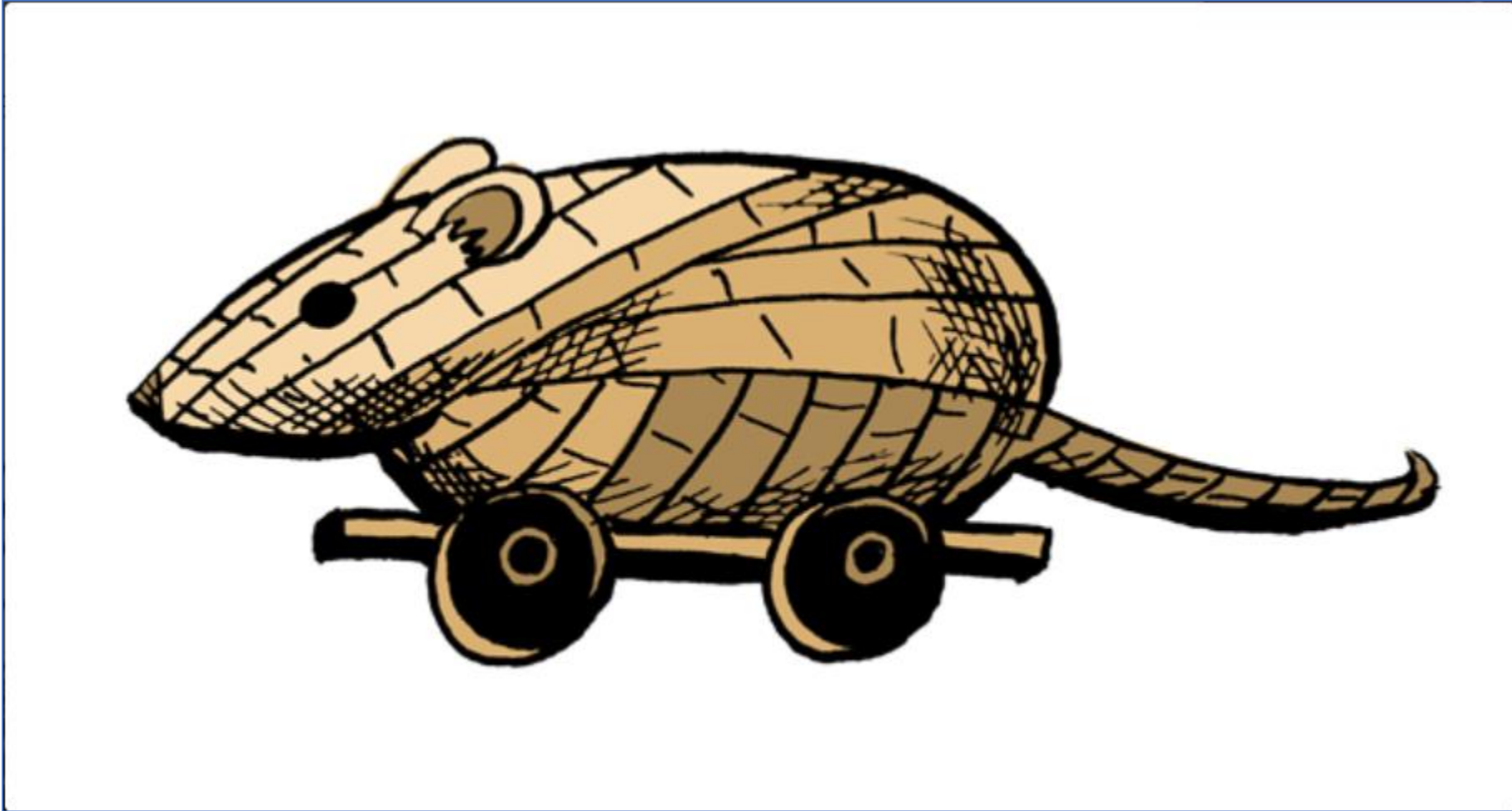


Illustration by Elizabeth Beier

https://ssir.org/articles/entry/wheeling_in_the_trojan_mice#

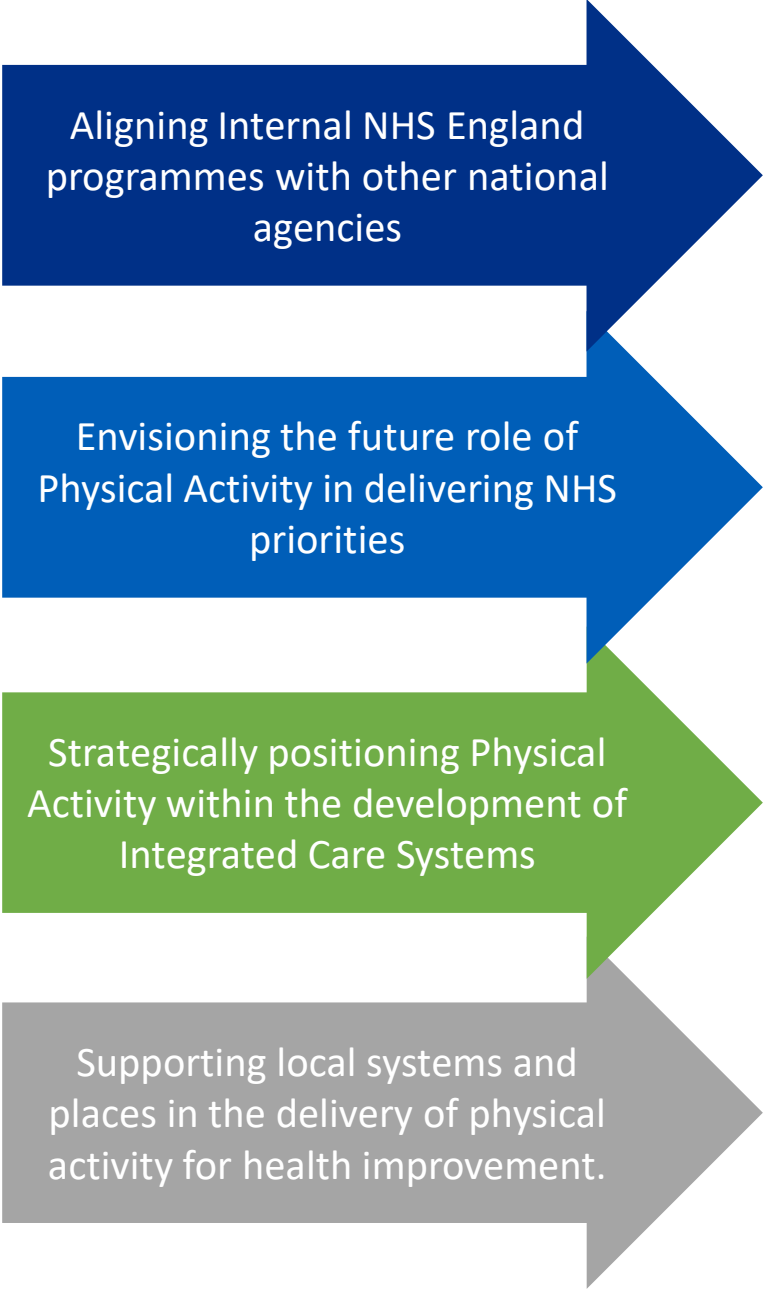
The next phase of change will be more like a social movement

- Define the change you want to see
- Create a spectrum of allies
- Identify the pillars of power
- Seek to attract not overpower
- Build a plan to survive victory



Source: Satell G (2017)
[How to create transformational change, according to the world's most successful social movements](#)

Our drivers of system change



Aligning Internal NHS England programmes with other national agencies

Envisioning the future role of Physical Activity in delivering NHS priorities

Strategically positioning Physical Activity within the development of Integrated Care Systems

Supporting local systems and places in the delivery of physical activity for health improvement.



HM Treasury

SPRING BUDGET 2023

3.16 The government will embed tailored employment support within mental health and MSK services in England, including expanding the well-established and successful Individual Placement and Support (IPS) scheme, and scaling up MSK hubs in the community. The government will also digitise the NHS Health Check to identify and prevent more cases of cardiovascular disease. These measures will support people with long-term health conditions to access the services they need, effectively manage their conditions and feel supported to return to or remain in employment.

3.17 The government will ensure digital resources such as apps for management of mental health and MSK conditions are readily available, so that more people can easily and quickly access the support that is right for them. This represents a step change in the government's ambition on digital resources for mental health and MSK, putting the NHS at the forefront in its use of innovative technologies.

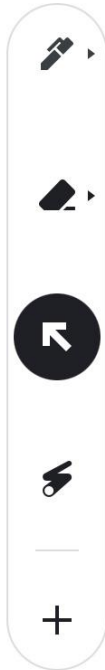
3)?What are we trying to learn? What questions do we want to answer?

1

2

3

4



understand the ripple effects of conversations and approaches?

How effective we can be as a cross-sector partnership

how to leverage change in different parts of the NHS system?

what can we achieve from the top down and what from the bottom up? where do we make most progress?

How effective this group is, in influencing change nationally and 'allowing' change locally.

how to find disruptors in systems and support them to challenge the status quo?

We need a 'villain'!
Thanks Emma

What are the arguments/evidence that health really needs to better utilise PA as a tool?

How to maximise the impact of the physical activity workforce - parity of esteem on a similar basis tot he care workforce

what evidence do we have and what more do we need?

Can 'start PA' be more effective than 'stop smoking' as a public health intervention?

What is the comprehensive community-based portfolio of interventions and offerings that could support the NHS for secondary and tertiary prevention?

How to best lobby government etc for political favour/ decisions that promote physical activity?

what are the 'high impact areas' greatest impact for effort, what are the key opportunities for different levels of the system

How to design physical activity commissioning models?

How best to engage people with low agency into physical activity interventions and sustaining with self management?

how can we scale up, or sustain good work

How PA and associated pathways can support self-care / self-management (relieving pressures on NHS / PC).

How much physical activity has increased and what impact this has on health and wellbeing

how do we make a compelling case for PA to health leaders? what are the key motivators?

What is the best way to link up all the PA 'moving part' - this call? Direct intros? Collaborative comms?

Understand how a relational approach leads to outcomes

How to give people the space to do the work that they really want to do prevention, socialisation

How strong collaborative partnerships across H&C, can positively impact the individual in need / at place.

The primary drivers:

The Aim...

To **raise the visibility** and **embed the importance of physical activity**, as part of a whole system approach, consistently across the NHS/ICS, making physical activity for the prevention and management of long-term conditions a part of the **norm**, rather than the exception.

So that...

- The pace of change can be accelerated.
- Population Health outcomes are improved
- Financial expenditure is reduced
- Evidence based practice is enhanced

We are doing this by....



Aligning Internal NHS England and Improvement programmes

Bringing together national programme functions within NHS England, to build a shared understanding about how their existing work relates to physical activity. This serves to reduce duplication and conflicting messages and maximise opportunities for collaboration. Also, by informing them about local innovation in how physical activity is already being used to meet nationally determined objectives we can help to shape the future support that the national team offers.

Envisioning the future role of Physical Activity in delivering NHS priorities

Developing a narrative about how physical activity interventions can, and in many cases already are, translating into the delivery of NHS strategic priorities. The purpose of this is to encourage those who are running physical activity interventions to maximise their impact in supporting the NHS, whilst also raising the profile of effective ways in which the NHS is better meeting its objectives through the us

Strategically positioning Physical Activity within the development of integrated care systems.

Helping ICSs to navigate how physical activity can help them to support better health outcomes, reduce health inequalities, improve access to services, and improve the social and economic value of the NHS.

Aligning with local systems and places focusing on physical activity, with an emphasis on capacity building.

Working closely with local systems to learn about how they are successfully improving access to physical activity opportunities for their populations. We will also inform them of national direction and opportunities they can dock into, connect them with other areas to maximise learning and build their agency to do more.

Summary of what we have been talking about

- 1) The Model for Large Scale Change involves framing, engaging and making pragmatic changes
- 2) Creating the conditions to build a movement needs to build a positive mindset and maximise leverage
- 3) Mindset shift doesn't just happen – creating time and space and building connections at every level and between levels is crucial
- 4) A Theory of Change helps to guide experiments - Trojan mice
- 5) Convening and connecting are very important to build scale
- 6) Rapid insight accelerates learning

NHS Impact 'Improving Patient Care Together'



Five components form the 'DNA' of all evidence-based improvement methods, which underpin a systematic approach to continuous improvement:

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes

When these five components are consistently used, systems and organisations create the right conditions for continuous improvement and high performance, responding to today's challenges, and delivering better care for patients and better outcomes for communities.



From your experience, what would you add to the content of today?



3 Ways to join Menti:

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The pop-up insight team have been ON LOCATION behind the scenes at the IHI.

We have ZOOMED IN and ZOOMED OUT.

WHAT did we do, HOW did we do it, and most importantly, what did we LEARN? ...

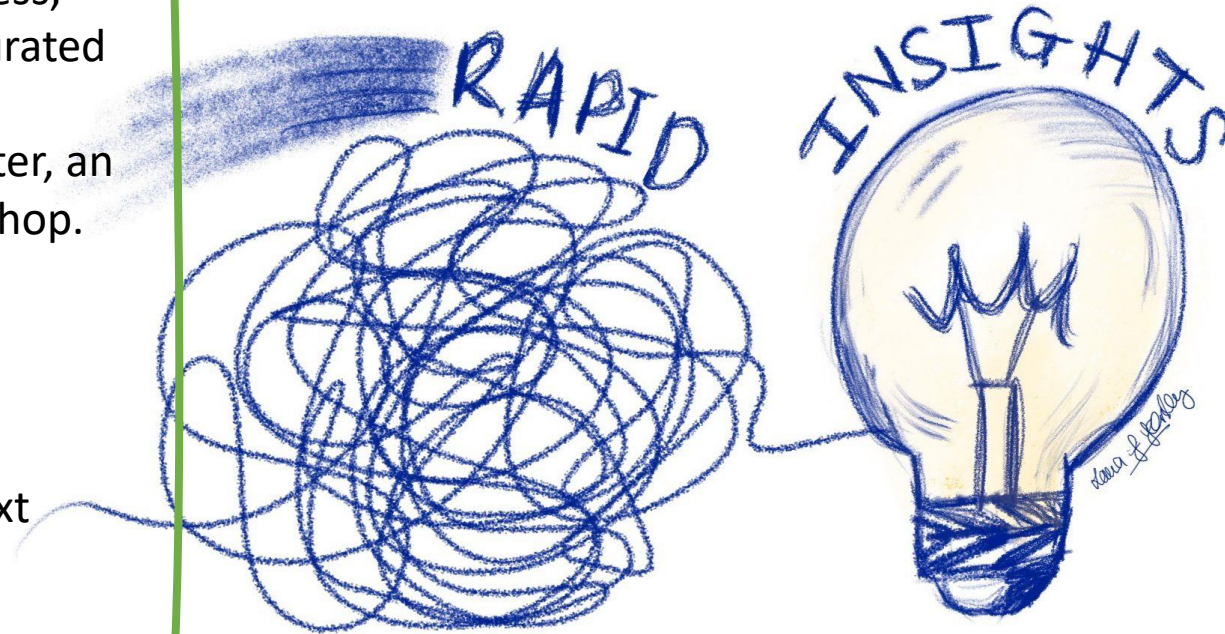


Rapid insight vs Insight

RAPID INSIGHT:

actionable intelligence that has emerged through a collaborative process, and is shared and curated in real time – either during, or shortly after, an improvement workshop.

- A product
- An actionable next step
- Relevant and significant



INSIGHT: our ability to synthesise, analyse and distil what is being learned, in a timely and meaningful way. Insight moves us beyond the data, to make use of our combined knowledge, experience and skills, to identify actionable insights, contributing to improvement.”

- A methodology
- A process
- A mindset/approach

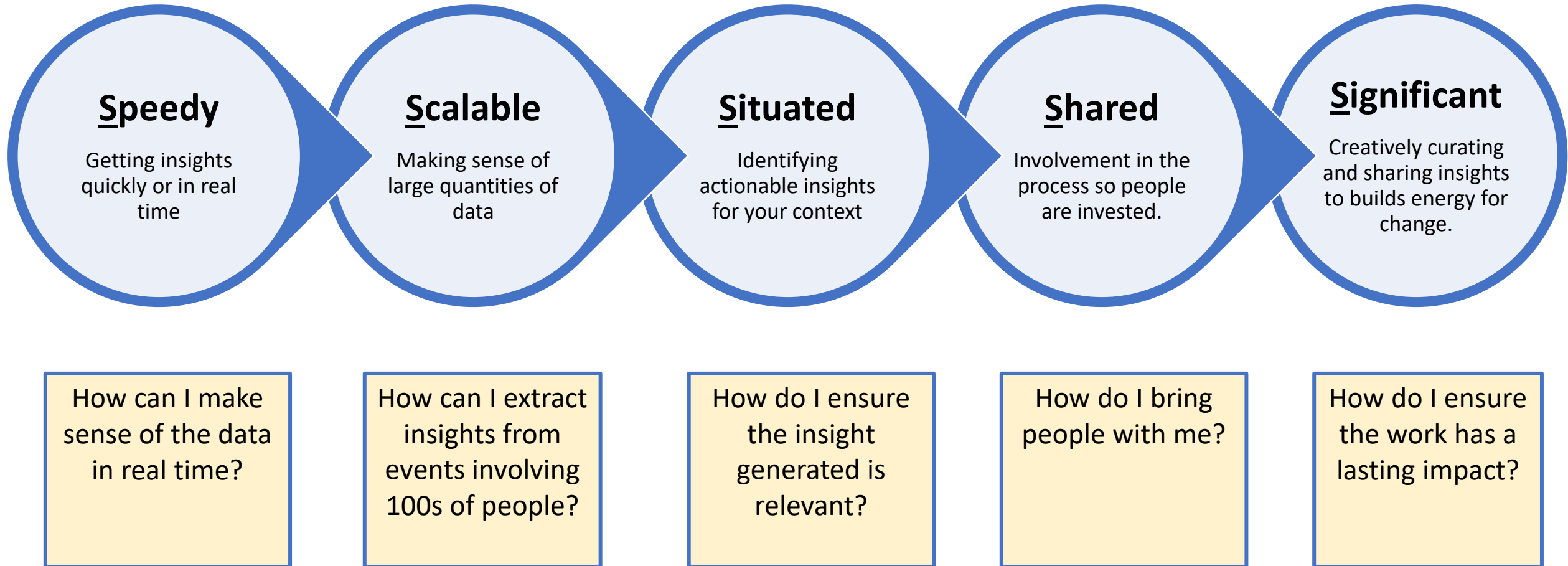
Why improvement needs rapid insight

For *continuous* improvement to occur, health and care services have a massive opportunity to tap into the collective intelligence that exists within and across systems and organisations, to make change happen.

When used in combination with design thinking, strategic facilitation and collaborative spaces, we believe rapid insight – as both a novel process and scalable approach – can:

- Create **confidence and energy** for change;
- Increase individual and collective sense of **agency**;
- Create **champions** who are intrinsically motivated to do the work;
- Provide dynamic **feedback** in a way that promotes further engagement, conversation and trust;
- Uses lenses, frameworks and models to promote critical/deep thinking;
- Provide **perspective** and **context**, ensuring projects/programmes are informed by insight from across the system;
- Increase the likelihood of **success** by ensuring improvement projects/programmes, reflect the ideas/views of those involved.

Pop-up insight: The 5 S model for rapid insight generation



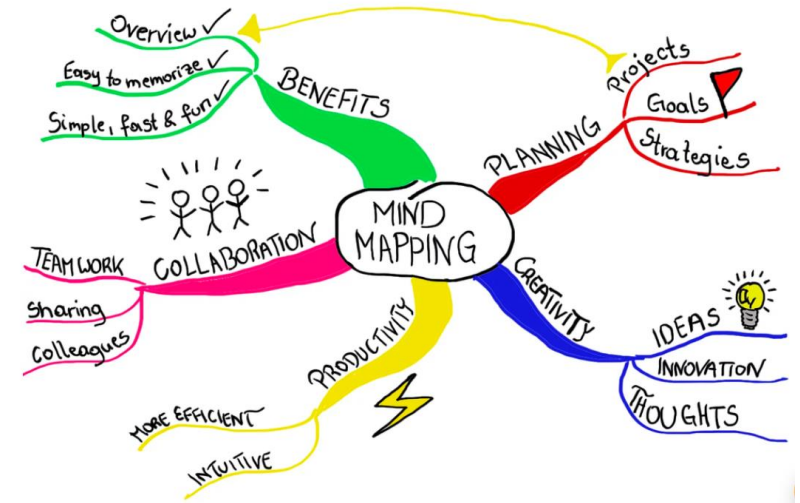
How did we make sense of your data in real time?



Template
Co-authorship
Space for record reflections



Illustrative quotes
polling results



Themes, patterns, trends...
Standing back...

What 3 words
describe your
reflections on the
session?



Let's keep the conversation going...

If you enjoyed this workshop and are interested in following our journey as we evolve our approach to rapid insight and large scale change, follow us:

@NHSHorizons @LauraJYearsley
@Karas01 @ZoeLord1

We are preparing a series of blogs which will set out what we learn, and how you can apply this in your own improvement practice.



Google slide link for pop up insight team

https://docs.google.com/presentation/d/1u_o5wVV0BKuYeBbr8a2-h1BHem_ljV2mipyhLCb6_XI/edit#slide=id.p