

# Communities of Practice Leadership Development Programme 2023 - 2024

## Final Report

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# 1. Foreword

This report has been written to share insight and evidence about the participant experience of the Communities of Practice (CoP) Leadership Development Programme 2023-24. It provides a summary of the key learning emerging from the programme and highlights some recommendations for future programmes.

We would like to thank everyone who has made this programme possible, including the participants and their sponsors, the speakers, the Q Community and Health Innovation Network (HIN) South London sponsors, Health Foundation and HIN South London colleagues and, of course, the ever-growing number of people who are taking part in CoPs across the UK and beyond.

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## 2. Introduction

Communities of Practice (CoPs) are a form of social learning, offering a way for groups of people, who share a passion or a concern for something they do, to discover how to do it better as they interact regularly. The CoP methodology has been shown to be an effective way to build commitment and trust between peers to solve complex problems and support cross-system change and improvement. CoPs thrive when they can self-form and develop and are supported by good communication and opportunities for collaboration. While CoPs can be highly effective, creating and “holding” this non-hierarchical space is a vital skill and CoP convenors need support to get the design and delivery right.

The complex and fast-paced challenges in healthcare increasingly requires a shift towards collective leadership and collaborative working. This approach focuses on building relationships, fostering trust, and supporting cross-system change to drive improvement. It emphasizes the importance of approaches such as CoPs that value relational dynamics and encourage working across traditional boundaries.

Recognising the CoP convenor role as vital, the Health Innovation Network (HIN) South London<sup>1</sup>, in partnership with Health Foundation’s Q Community<sup>2</sup>, were the first to design and deliver a leadership programme for CoP convenors in 2019. We recognised the important role that CoPs can play in delivering patient-centred, coordinated care, and wanted to design and test an experiential learning programme. This fully evaluated programme supported participants to nurture new and existing communities and to apply their learning in real time.

In 2023-24 the HIN South London and Health Foundation Q Community have delivered the 3<sup>rd</sup> programme to support emerging CoP convenors to create vibrant communities that deliver sustainable change and improvement in health and care services.

The programme consisted of a virtual half-day welcome session, five modules (each delivered over two mornings), followed by an in-person celebration event. The modules were supported by a series of one-hour drop-in sessions to enable participants to share knowledge about each other’s emerging practice. Modules were interactive, with a mixture of presentation, discussion, virtual chat, group work and exercises. The speakers and facilitators were recognised leaders in their fields. Programme participants also joined small co-consulting groups to support and challenge each other. An online portal was created where participants could access all materials from the sessions and share their own resources.

As part of the application process, participants were required to demonstrate that they had the support of their organisation to participate in the learning. All participants were also supported to further disseminate the CoP methodology, to support sustainability of this approach as part of routine healthcare practice. This included the additional opportunity to apply their learning through activities within the Q Community Special Interest Groups.

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<sup>1</sup> <https://healthinnovationnetwork.com/> the Health Innovation Network for south London

<sup>2</sup> <https://q.health.org.uk/> a community of thousands of people across the UK and Ireland collaborating to improve the safety and quality of health and care.

# 3. Programme Design

**The programme consisted of a welcome session and five themed modules (delivered at ten half-day virtual sessions), supported by four one-hour virtual reflective drop-in coaching clinics, five supported virtual co-consulting sessions and a final one-day, in person, celebration event.**

1. Welcome “getting to know you” session.
2. Module 1: Planning and Launching CoPs.
3. Module 2: Building Relationships and Gaining Trust.
4. Module 3: Designing with Others.
5. Module 4: Recognising and Capturing Value Creation
6. Module 5: Growing and Sustaining Communities of Practice.
7. Celebration event, led by the programme participants.

**Participants were from a variety of roles, organisation types and geographical areas.**

Participants were a diverse group of health and care professionals seeking to develop collective leadership capability, who already had or were planning to establish a CoP where they could apply the learning from the programme. Following an application process, the programme was offered (free of charge) to 28 participants from health, local government, social care, public health, and higher education organisations. Applicants needed to demonstrate the support and commitment of their employing organisation and line manager to be released for module attendance and local CoP meetings.

Participants were working in a mix of roles including patient safety, quality, pharmacy, improvement, professional leadership and development, and clinical roles. Organisation types included tertiary education, academic health science network, NHS Foundation Trusts, health education, primary healthcare, and charities.

**Participants had already established or were planning to convene a Community of Practice.**

Priority was given to applicants who were aspiring to lead a Community of Practice that indicated transformational system improvement goals and spanned traditional professional and organisational boundaries. Those taking part committed to convening approximately three or four meetings over the course of the programme. The theme and status of the CoPs is constantly emerging, and we have anecdotal feedback that the first two modules challenged participants to think in very different ways and revisit their CoP plans. This means that their initial intentions will have changed and developed throughout the year. The specific outcomes of these Communities will be determined by the communities themselves as they are developed.

## Some of the original ideas for CoPs included:

- A community of practice across the to support the building of capacity and capability in Quality Improvement.
- Increasing uptake of Virtual Ward technology
- Social care nurses coming together to discuss recruitment and retention issues
- Tackling loneliness in communities
- A local resident community of practice who will influence change in their local Health Service, increasing service user involvement in Quality Improvement.
- Patient experience and complex chronic illness
- A community of Joy in Work practitioners who have recently completed a Q-funded Joy in Work programme, to protect space for people to try to implement Joy in Work principles into their teams/organisations.
- A group of regional research-active/interested surgery professionals of varying roles, with an aim of promoting and expanding the capacity and capability of regional Surgery teams to engage in health and care research.
- A Community of Practice to connect Improvement People to all areas requiring improvement e.g. Leadership/OD, Sustainability, Digital, Patient & Carer Experience.
- Patient experience and experience-based co-design
- A community addressing polypharmacy.
- A Community of Practice for primary care colleagues E on the Proactive Care Frameworks.
- A Community of Practice relating to the maternity Innovation for Healthcare Inequalities Programme (InHIP), with an aim to improve the care of pregnant women from Black, Asian and Minority Ethnic backgrounds at risk of pre-eclampsia.

# 4. What We Have Learnt

We will now share participants' experiences as they relate to the value of CoPs outlined in Designing for Change<sup>3</sup>, framed as follows:

1. Immediate value
2. Potential value
3. Applied value
4. Realised value
5. Reframed value

## 1 Immediate value

We wanted the learning programme to replicate the experience of being part of a CoP and the importance of a developing sense of community amongst programme participants was noted by many. Learning from each other was an integral part of the programme, with activities centred around knowledge exchange between participants, speakers, and facilitators. Participants were encouraged to build on the wealth of expertise and experience that they brought from their backgrounds in a variety of sectors.

It added to the dynamic of the group to have people from all over the UK (and Ireland), including from Scotland and Wales. We had a mix of roles, including clinicians and allied health practitioners, education specialists and managers with roles in both improvement, safety, and quality. We had intentionally recruited people with a combination of experience and seniority; this enabled a high level of peer-to-peer learning but posed a challenge for us as programme designers to ensure that sessions were pitched to allow both stretch for the more experienced and support for those new to the concepts.

Participants indicated that the interactivity of the group, and ability to build connections with the other members was a positive experience:

***"It's so reassuring being in a 'room' of people who think and feel a similar way, fills me with hope!"***

***"A fantastic group of individuals... I know I will learn as much from participants as I will from the programme itself and have already made new connections."***

***"It was great to have people working in a similar or even different role in the room and to hear their experiences - to learn from, empathise and resonate with."***

The immediate value is best represented by the value gained "just from participating", and many of the participants indicated an overall positive experience of joining and starting the programme. Of note was the availability of the facilitators as mentors throughout the programme.

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<sup>3</sup> Designing for Change - Telling the story: a social learning framework, Etienne and Beverly Wenger-Trayner, 2020.

Throughout the programme, a theme of the feedback was the quality of the guest speakers, with high points for many participants included hearing from the keynote speaker Myron Rogers, and Module 2's guest speaker Mitzi Wyman:

***"It's already lit a bit of a touchpaper for my CoP and I came back to my team with loads of enthusiasm and ideas."***

***"I think everyone needs a Myron in their organisation".***

***"Mitzi's way of being present was in itself a lesson in leadership."***

***"I have learnt loads! I have not been involved in CoPs before so everything will contribute."***

***"I'm looking forward to practicing this 'in the real world'."***

Feedback from the early modules indicated how the programme supported participants to overcome nervousness around the convening of a CoP, and a perceived skills and knowledge deficit in how to hold the CoP space:

***"This has given me excellent foundations of how to approach starting it, and I feel more confident framing this approach to colleagues who I know share this mutual interest."***

***"I feel more confident in producing a bespoke approach to each CoP meeting, as I will have more tools available."***

## 2 Potential value

Participants reported that they were able to benefit immediately from exposure to new knowledge, networks, and resources<sup>4</sup> on CoPs. Much of the feedback from the early sessions was about an emerging sense of the possibility of CoPs. The communities that the participants were convening involved multiple stakeholders, often with conflicting priorities, coming together to try to solve complex issues. Many expressed nervousness about trying to convene a radically different kind of meeting. Participants reported that the programme exposed them to the methodology behind CoPs, evidence of their effectiveness, new ideas and things to try in their own CoPs. There was an emphasis on the practical and they appreciated the chance to try things out for themselves.

Many participants cited the introduction of Liberating Structures as a key turning point in this, as well as the examples of innovative ways to invite people to join CoPs, which were discussed in the first session. Another key learning was Module 2's focus on The Thinking Environment, which many participants expressed was particularly inspiring.

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<sup>4</sup> [https://healthinnovationnetwork.com/wp-content/uploads/2017/01/HIN\\_COP\\_Brochure\\_v6\\_LoRes.pdf](https://healthinnovationnetwork.com/wp-content/uploads/2017/01/HIN_COP_Brochure_v6_LoRes.pdf)



***"I'm thinking now as to how to get people to have these reflective conversations as a genuinely effective means of bringing them together."***

***"Convening and the power of the invitation was a real standout, hairs on the back of my neck realisation."***

***"Liberating structures - I'm a huge fan! I'm still learning about them but some of the tools, e.g. 1-2-4-all can be transformative."***

***"Main learning for me is simply being comfortable with silence - the 'Thinking Environment' has a new meaning to me and been the most illuminating."***

### 3 Applied value

Participants also talked of increasing confidence in relation to their own skills in CoP leadership. Sometimes this was about reaffirming long-held values; often it was about exposure to new knowledge, ideas and people. They also cited increasing personal visibility in their organisations and an emerging confidence to influence others as a result of their participation in the programme.

***"Realising you are not alone in feeling challenged when you are seeking to make a difference and calling out poor practice when you see it!"***

***"It has been good to see ... a lot of the principles in operation, and also, to an extent, [becoming] the subject matter expert (!) in developing Communities of Practice!"***

***"I feel more relaxed in bringing myself and character to the spaces, I don't need to be anything else, I am better at preparing sessions as I have a growing suite of tools."***

***"Reminding people of the need to listen and be heard and that someone offering an opposing view is not a 'conflict' that needs to be resolved or mediated but is in fact a prompt to rethink about other possibilities."***

### 4 Realised value

Here we were interested in any evidence of Communities of Practice developing and fostering innovation. Participants shared a number of things that they have started to do differently, ideas and practice they have been able to spread beyond the leadership programme. More impact stories are available at the end of this report.

***"I've been able to keep the CoP running despite the organisational pressures and create a space where colleagues can have meaningful conversations, share and learn."***

***"The session on compassionate leadership helped me support one of my colleagues (whom I line manage), who suffered a bereavement, I was able to use the techniques to provide an environment that she could share her feelings."***

***"Originally, I thought it would have to be about a specific topic, for example, reducing opiate prescribing but in my new role I see the wider medicines optimisation CoP being more inclusive and allowing others to lead."***

***"I pitched the idea of convening a CoP to help the group work collectively on this requirement, harnessing their tacit knowledge. The group consists of several senior clinicians who have over 30 years clinical experience and some are thinking about their retirement and how to pass their skills and knowledge to the next generation of clinicians."***

## 5 Reframing value

Participants reported engaging with wider stakeholders and communities beyond their normal networks. They reported changes that they felt they were able to influence in their own organisations, including successful funding acquisition and formation of new CoPs.

It is important to note here that the need to demonstrate the value and potential impact of CoPs was discussed early in the programme, but participants were exposed to formal tools and techniques in later modules. Some participants reported that the timing of this was suitable, in that they were further along with their CoP and therefore able to benefit. However, participants who had CoPs underway at the start would have liked access to these resources earlier in the programme.

Here we wanted to explore the role of the convener in making everything work in practice. Those who were regularly convening one or more CoPs reported that the programme had inspired different behaviours and given them the freedom to let go of traditional boundaries and norms.

Programme participants used the celebration event to demonstrate their new practice. A range of stakeholders, including their organisational sponsors, were invited to experience some of the techniques they had been using.

Here we were given a glimpse of the future of individual conveners and their Communities of Practice.

***“No matter how skilled or confident you are, you can always learn more, in fact often the more you learn the more you realise what you don't know, and that is exciting as it offers hope some of the challenges of collaborative working have solutions you have just not tried yet.”***

***“I now understand that it's not so much what I bring, it's what I bring out in others that makes the biggest difference.”***

***“I think the rub was a battle between corporate results, data/metrics, and the value of bringing people together in a safe space to think and connect. It would be useful for others to appreciate what this can achieve, even if outputs are tenuous or hard to define and demonstrate. Everything is about people and the small person-centred moments between folk.”***

## 5. General points of learning

This report reflects the feedback and learning we have from the entire programme.

The feedback from participants is overwhelmingly positive, with many finding the programme to be a catalyst for change in their practice.

The programme administrative support was appreciated, as was the facilitation style and session design with its emphasis on experiential learning. We were keen to collect feedback on the format of the virtual modules, which was generally positive:

***“Good learning style mix with expert speakers as well as discussion in smaller groups.”***

***“A good mix of practical stuff - sending them a creative invitation, and more theory/philosophical thinking around groups, culture - culture eats strategy, etc.”***

***“Enjoyed the short, focused breakout sessions and found them really beneficial. Appreciated the 'thinking time' before going into these.”***

Many participants reported that they used the co-consulting groups to solve complex challenges and found surprising and unexpected insights. The co-consulting groups were self-facilitating, supported by a central timekeeper and reminders of the process each time for maximum benefits.

The intention of the catch-up sessions was to provide a moment between sessions for people to reconnect and also a chance for them to support each other. Participants were able to share their concerns and any key successes.

The Celebration Event was designed and organised by the programme participants. The majority opted for an in-person celebration event, in London. Participants and their guests were joined by HIN South London/Health Foundation colleagues. On the day, the participants shared some of their key successes and impact stories, (see below), and the summary of their highlights from the celebration event:



## 6. A final word from participants

...

*"I understand how important it is to start anywhere and follow the energy, be creative and recognise when something's not working or run its course, dust down, regroup and start again."*

*"Our CoP would never have come to fruition if I hadn't attended this course. We're early days but from the connections we've already made we have some really good people in the 'room'."*

*"It's given me a greater understanding of the sector of health and social care in general, and inspired me in my role in recognising the value of bringing people together - both in interpersonal value and for making change."*

*"It has affirmed for me the value of taking time to think, and to reflect and also crystallised how important it is to foster a sense of psychological safety within the group."*

*"I would never have had the courage to even start [my CoP] without this programme, so my heartfelt thank you."*

# 7. Programme Impact Stories

## Capacitar Community of Practice

*Once upon a time* there was a global pandemic which resulted in community nurses and health care workers in Scotland feeling traumatised and exhausted



*Every day* nurses would go to work and struggle on, with limited time and resource to find ways to cope and manage stress

*One day*, a group of Capacitar Practitioners got together in a safe space to think about how they could support each other and their teams to incorporate practices into their lives to help manage stress



*Because of that*, Capacitar practitioners feel more confident delivering practices and have a support group to share ideas or concerns with

### UNTIL FINALLY...

Until finally, community nurses in Scotland felt better equipped to manage stress, protect their own wellbeing and share messages and practices with others so that this workforce is a stronger better able to flourish at work.

## Mental Health Implementation Network



## Alcohol Assertive Outreach Community of Practice

*Once upon a time*, there was a group of people who wanted to do better for people with alcohol addiction.



*Every day*, they saw people turned away or disengaging from services.

*One day*, a researcher offered to help by implementing and evaluating a new model.



*Because of that*, a new alcohol assertive outreach service was set up in Hull.

*Because of that*, people involved with the new service wanted to talk to others with experience of the model.



*Until finally*, we launched a new community of practice for members across Hull, Greater Manchester and South London to share experiences and learning, celebrate successes and address wicked problems.

**South East London**  
Integrated Care System

## SEL Polypharmacy Community of Practice

**South East London**

**Description**

South East London (SEL) Integrated Care Board (ICB) established a Community of Practice (CoP) focusing on problematic polypharmacy in partnership with the Health Innovation Network (HIN) South London in line with the aims of the Getting The Balance Right National Polypharmacy Programme.

**What problem is it trying to solve to tackle overprescribing?**

Polypharmacy is a wicked problem, and the CoP approach is recognised as one way to cultivate change through collaboration. CoPs are self-organising, self-governing cross professional and cross organisational structures offering the potential to reduce fragmentation of practice in tackling polypharmacy.

**Intended outcomes**

**Collaboration:** Connect like-minded individuals who share a commitment to improving patient outcomes and reducing the risks associated with inappropriate polypharmacy.

**Innovation:** Through creative brainstorming sessions, workshops, and collaborative projects that encourage out-of-the-box thinking and exciting strategies.

**Impact:** Tangible impact of CoP recommendations as we collectively implement innovative approaches that lead to safer, more effective medicines optimisation.

**Implementation (in progress)**

The CoP has a guided facilitation process that aims to transform conversation to collaboration across four sessions in 2023/2024. The approach for SEL Polypharmacy CoP is based on a method from Adam Kahane from a book called Facilitating Breakthrough:

- How do we see our situation? (Oct 2023)
- What does success look like? (November 2023)
- How do we get from here to there? (February 2024)
- How do we decide who does what and what is my role in this? (March/April 2024)

Each session uses a series of liberating structures which places power to tackle polypharmacy often reserved for senior stakeholders only in the hands of everyone across the health and social care landscape of SEL.

**Collaborating organisations:**  
SEL ICS, Health Innovation Network South London, health and care professionals and patients/carers from SEL

**Outcomes (to date)**

The SEL Polypharmacy CoP has 25 members. In summary, we have co-created a joint problem statement, "a patient centred approach ensures better use of medicines; we need to enable the system to work collaboratively in all aspects of medicines use and empower patients to remain at the centre of their care" and identified several ideas on how might we tackle the problem:

- Showcasing good practice examples
- Promoting alternatives to medicines
- Communicating better when initiating medicines
- Make our rationale for prescribing clearer
- Better use technology to share information about medicines prescribed
- Empower patients to take responsibility for their own health

The SEL CoP identified four priorities for future collaborative working and local innovation: better initiation of medicines, continuity of care, patient-centred empowerment and improved communication between patients and clinicians. The CoP have two further meetings to establish how the priorities will be carried forward to make a tangible impact.

**Top Tips (to date):**

The SEL CoP co-created recommendations to inform the approach to future collaborative working

- Do not re-invent the wheel
- Get more buy in from medical directors and senior leaders
- Survey to ask patients if they want/need a structured medication review
- Raise awareness of services to support patients with medicines
- Pilot/service improvement projects to test out ideas and provide evidence
- Persuade others that it is good for you, good for me, good for everyone

We are collaborative • We are caring • We are inclusive • We are innovative