Sussex Integrated Care System: Local solutions to workforce challenges

What is this case study about?

This case study is about Sussex Hospices' Collaborative's leadership and management development programme, 'Thrive', which was developed and implemented for staff at all seven hospices, in order to reduce staff turnover and develop leadership. This illustrates the Sue Ryder and sector partners recommendation:

"Local solutions to workforce challenges."

The Thrive programme

Lack of management and leadership development opportunities had led to hospices within Sussex Integrated Care System (ICS) losing staff at the middle management level.

As individual organisations, hospices did not have enough volume of staff to justify providing their own training or development programmes. There was no 'off the shelf' management programme that was specific to the hospice or voluntary sector context.

Working together, the hospices **developed their own development programme.** The hospices also saw an opportunity to **increase collaboration and inter-organisational working across the ICS**, making this an explicit aim of the programme.

***Thrive**: **T**eam leaders who **H**elp their teams **R**ealise their potential and **I**nspire them to support and deliver **V**ital hospice services **E**very day.*

"We recognised that by developing our managers together, we would be developing and strengthening collaboration between our organisations."

Dr Karen Clarke, CEO, St Michael's Hospice, Hastings and Rother

How does Thrive work?

Thrive runs over **4-5 months**, with 16 participants meeting fortnightly for online sessions, and 3 times throughout the programme in smaller action learning sets. Participants also receive three individual coaching sessions.

The programme focuses on **leadership styles and strengths**, team dynamics and collaboration, and practical tools that participants can use in their day-to-day work.

What difference has the programme made?

- ✓ Participants report increased **confidence** in managing their teams and managing upwards; and feeling better supported through the scheme's peer networks (especially valuable to those in roles where they don't have a peer within their own organisation).
- ✓ Participants show more **strategic thinking** and make an increased contribution to strategic discussions in their organisations.
- ✓ **Active collaboration** has driven changes in approaches to commissioning, and ensured value for money as hospices have been able to benefit from economies of scale and the growth of local management talent within the ICS.
- ✓ **Reduced attrition** means more stability at management level, teams feeling better supported and an overall better-functioning service for patients and families.
- ✓ Developing their own managers means the hospices have improved **succession planning** through a better pool for more senior roles, which are difficult to recruit into externally.

Sussex's top tips for implementing a leadership development programme within a collaborative:

- ✓ **Design in peer support:** By including an action learning element, participants form bonds and maintain contact and peer networks after the programme.
- ✓ **Sustain engagement:** A shorter programme (4-5 months) helps to maintain momentum and reduce drop-out, compared to a longer duration.
- ✓ **Plan dates in advance:** This is key to enabling participants to attend alongside their day job and commit to avoiding clashes with leave. The lead sponsor for the programme meets with participants' managers, to secure their support for participants to commit time to the programme.
- ✓ **Target the right level:** Sussex found that participants must have some management experience in order to contribute to discussions about practice, so the programme targets managers with experience.
- ✓ **Collect and respond to feedback:** Participants complete a questionnaire at the end of the programme, and this, along with reflections from those delivering the programme, is used to develop and improve the programme.

"I want to use this new learning for potential career development in the hospice world. I have already started this journey as a result of the course and the coaching."

THRIVE participant

Governance at a glance:

- Thrive was developed with input from all seven hospices. Leaders from two of the hospices act as lead sponsors for each cohort. The principles and broad content were developed into a programme with training consultancy the Westcott Group. The Westcott Group currently deliver the programme, with the intention for Sussex Hospices to take over the delivery when resources allow.
- A hospice CEO leads the programme on behalf of the Sussex hospices and is accountable for liaising with the Westcott Group, providing feedback on the programme to the hospices and dealing with any issues. Admin support is required for coordinating nominations and allocating places on the programme.
- The hospices jointly funded the programme development, and each pay per staff member they send on the programme. There are two places in each cohort for each hospice (regardless of organisation size).

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Palliative and End-of-Life care: best practice case studies

Sue Ryder and sector partners working in Palliative and End-of-Life Care (PEoLC) have developed Key recommendations for commissioning and delivering better end-of-life care within Integrated Care Systems.

This case study from Sussex is one of a series showcasing how ICSs around the country are implementing some of these recommendations:

- ✓ **Well-functioning collaboratives**
- ✓ **Engagement with patients, families & communities**
- ✓ **Measuring population need for PEoLC**
- ✓ **Innovative services and roles**
- ✓ **Using data effectively**

For more information about this case study or the recommendations for commissioning and delivering better end-of-life care, contact john.kemp@sueryder.org.

Sue Ryder