International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)

ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Growing the interprofessional workforce for integrated people-centred care through developing place-based learning cultures across the system

Ruth Germaine*, Kim Manley, Kim Stillman and Peter J. Nicholls

*Corresponding author: East Kent Training Hub, Chatham, Kent, England
Email: ruth.germaine@nhs.net

Submitted for publication: 7th December 2021
Accepted for publication: 4th May 2022
Published: 25th May 2022
https://doi.org/10.19043/ipdj.121.004

Abstract

Background: The World Health Organization's global strategy presents compelling evidence for the need to develop people-centred and integrated health services. However, there is a dearth of literature on learning at the macro-systems level focused on 'place' that is required to meet these ambitions.

Aims: This article positions place-based learning at the heart of integrated care to contribute understanding of learning for transformation to inform continuous improvement and workforce development. Second, using practice development methodology, it demonstrates how to develop a shared understanding for place-based learning, sustained through a co-created implementation and impact framework.

Methods: Five facilitated co-creation workshops with key stakeholders drew on participants' collective knowledge, expertise and values to develop a shared understanding and direction. Collaborative themes arising from the workshops were used to populate a concept analysis framework for place-based learning, to identify its attributes, enablers and impacts.

Findings: A shared purpose for and definition of place-based learning resulted, with three interdependent value themes: people-centred learning; cultures of teamwork to enable learning; and networks for learning together. Enablers, attributes and other factors were identified to support successful implementation and evaluation across one region in England.

Conclusion: Place-based learning is a new concept previously undefined in the context of health education and integrated healthcare systems. The insights that emerged increase our understanding about how this concept can support local, national and global strategies, optimising the contribution of learning to integrated health and social care.

Implications for practice:

Integrated health and social care services need to:

- Grow a critical mass of skilled facilitators with the capabilities to integrate learning and improvement with other functions (such as embedded research) so as to develop systemwide learning cultures based on what matters to people
- Enable leaders to create learning cultures collectively with facilitators to increase understanding about the impact of culture on learning and improvement
- Develop indicators of the impact of learning across place

Keywords: Place-based learning, people-centred, learning culture, primary care networks, integrated care

Introduction

The requirement to meet global healthcare needs through people-centred integrated care is identified in the World Health Organization's global strategy (WHO, 2015), and has become more evident during the Covid-19 pandemic (Jackson, et al., 2021a; Peiris et al., 2021; Turk et al., 2021). England's national policy also aims to integrate responsive, people-focused health and social care systems (NHS, 2014; 2019; Department of Health and Social Care, 2021). However, there is a dearth of literature on learning across systems to support this direction.

This article shares a project to co-create a systemwide understanding of a shared approach to learning across 'place', involving 17 newly developing primary care networks (PCNs) within one integrated care partnership (ICP) in England, before the pandemic. The term 'place' is used to distinguish the concept from that of workplace learning, to accentuate learning across systems and pathways associated with integrated place-based care (WHO, 2015).

Background

Global context

The WHO's global strategy presents compelling evidence to support the development of people-centred, integrated care, recognising the paradigm shift in policies required to meet its objectives of 1) empowering and engaging people, 2) strengthening governance and accountability through co-production, 3) reorienting the model of care, 4) coordinating services, and 5) creating an enabling environment (WHO, 2015 p 8).

Meeting populations' increasingly complex needs around chronic and preventable disease requires an adaptable, people-focused workforce (WHO, 2015) and the Covid-19 pandemic has served to underline the need for cultures of collaboration, innovation and improvement (Warrior et al., 2020; DHSC, 2021; Jackson et al., 2021a). The pandemic has accelerated the need for shared direction, bringing together multiprofessional teams across the system, breaking down barriers to integrated working, and flexing in response to an evolving landscape (DHSC, 2021; King et al., 2021).

Various initiatives inform the WHO recommendations for people-centred integrated care, including the 'Esther' model in Sweden (Esseling et al., 2018) and the Nuka care system in Alaska (Gottlieb, 2013), which transformed service delivery and outcomes by involving people and focusing on what matters to them (Alderwick et al., 2015). People-centred transformation requires well-led, multiprofessional primary care that creates reciprocal relationships with people in communities, whereby they can work and learn together (Baker and Denis, 2011; WHO, 2015; Manley et al., 2016; Manley and Jackson, 2020; Lee et al., 2021).

National context

Reflecting global trends, health and social care in England continues to experience inequalities, increasing demand and difficulties in recruiting and retaining the workforce (Baird et al., 2016; Ballatt et al., 2020; DHSC, 2021). To address these issues, England has developed place-based partnerships across health and social care, local authorities, voluntary and community sectors, with a focus on prevention, giving people greater control (NHS, 2014) and enabling flexible, supportive approaches to health and wellbeing (NHS England, 2019; Public Health England, 2019; DHSC, 2021). These new integrated care systems enable ICPs to bring together health and care providers within a geographical place, collaboratively meeting people's needs (Ham, 2018; NHS England, 2019). Within these partnerships, PCNs deliver the plan for their populations across the area (Baird and Beech, 2020). Place is therefore conceptualised as the geographical locality of an ICP comprising the PCN communities within its ambit. 'Place-based' refers to the population health initiatives set out in the NHS Long Term Plan (2019). From a systems perspective, the terms micro, meso and macro respectively refer to frontline teams (where care is provided), organisations, and the wider health and social care system (McCormack et al., 2008).

To establish an integrated workforce across place requires a coherent approach to workforce development that prioritises the skills required for sustainable people-centred transformation and makes learning and learning cultures central at all system levels (Manley and Jackson, 2020). Such an approach would develop professionals with the skills to work across boundaries, improve population health outcomes by meeting the needs of individuals, communities and local populations, and recruit and retain the workforce required to meet the WHO's goals (2015).

Transforming the workforce: place-based learning cultures across systems

Enabling workforce transformation in the context of a whole-system approach involves using the workplace as a key resource for learning, developing and improving, integrating this with inquiry, knowledge translation and innovation (Manley et al., 2016; Martin and Manley, 2018). Workplace learning (WPL) and workbased learning (WBL) are pivotal to supporting transformation in rapidly changing, uncertain contexts through imaginative, creative, people-centred, lifelong learning cultures (Spouse, 2001; Manley et al., 2009; Hardiman and Dewing, 2019). However, if policy ambitions are to be met, learning needs to embrace place, extending across micro, meso and macro levels, reducing any potential mismatch between what is offered and what is required (Cottam, 2018). Reid (2011, p 7) argues for a 'pedagogy of place' whereby communities and their uniqueness inform and integrate learning at all levels, while a 'critical pedagogy of place' situates this learning in the wider political and social context, with committed professionals working together to address inequalities in their populations and in society as a whole. While these insights are relevant, there is a dearth of literature about bringing learning at all levels together across place in this way.

Local context

In south-east England, primary care training hubs were established to speed up innovation and address increasing demand through improved workforce planning and development (Ahluwalia et al., 2013). The East Kent Training Hub (EKTH) aims to embed lifelong, integrated learning cultures across 17 PCNs where this concept of learning across place was pioneered to enable wider systems working to address the uniqueness of local communities (Billings and Abrahamson, 2018; EKTH, 2020a).

Aims

The project aimed to co-create a shared understanding of place-based learning (PBL) as a key foundation for health and social care transformation. Through co-creating understanding, this concept with its attributes, enablers and impacts, would guide implementation, sustainability and evaluation of learning cultures across integrated systems.

Method

To gain multiple perspectives, five facilitated co-creation workshops were held, using practice development methodology with its collaboration, inclusion and participation (CIP) principles. There was a focus on what matters to people, through values clarification (Warfield and Manley 1990), in order to develop places where people flourish and thrive (Hardy et al., 2021). This practice-based approach achieves systematic development 'with' rather than 'on' people.

Invitations to participate were shared by email, and promoted by the project lead (RG) attending local events and networking to engage and facilitate stakeholders' understanding of their connection with workforce development. The workshops were held across the ICP place to optimise attendance.

A total of 96 participants from various professions and roles attended from partner organisations (Table 1). Of those, 47 had role responsibilities that included education, facilitation and/or workforce development.

Table 1: Partner organisations and roles represented

Organisations represented, by type	**Roles represented**
Primary care networks (41) Clinical commissioning groups (10) Higher education institutions (8) NHS community foundation trusts (6) NHS hospital trusts (6) Communities (5) Health Education England (5) Social care providers (4) General practice core service training providers (3) County councils 3) Hospices (2) GP federation (1) Health, care and business apprenticeship provider (1) Integrated care system (1) Total organisations = 96	Doctors (26) Nurses (24) Administrative roles (12) Pre-registration nurses (6) Citizens (5) Pharmacists (4) Clinical commissioning group prescribing team members (2) Healthcare assistants (2) Local care leads (2) Physiotherapists (2) Practice managers (2) Public health consultants (2) Adult social care workforce lead (1) Esther café lead (1) Hospital librarian (1) Local council care lead (1) Occupational therapist (1) Social prescribing lead (1) Voluntary sector provider (1) Total participants = 96 (Number of participants with roles related to education, facilitation and development: 47)

Workshop processes

The workshop methods, described in Table 2, below, included:

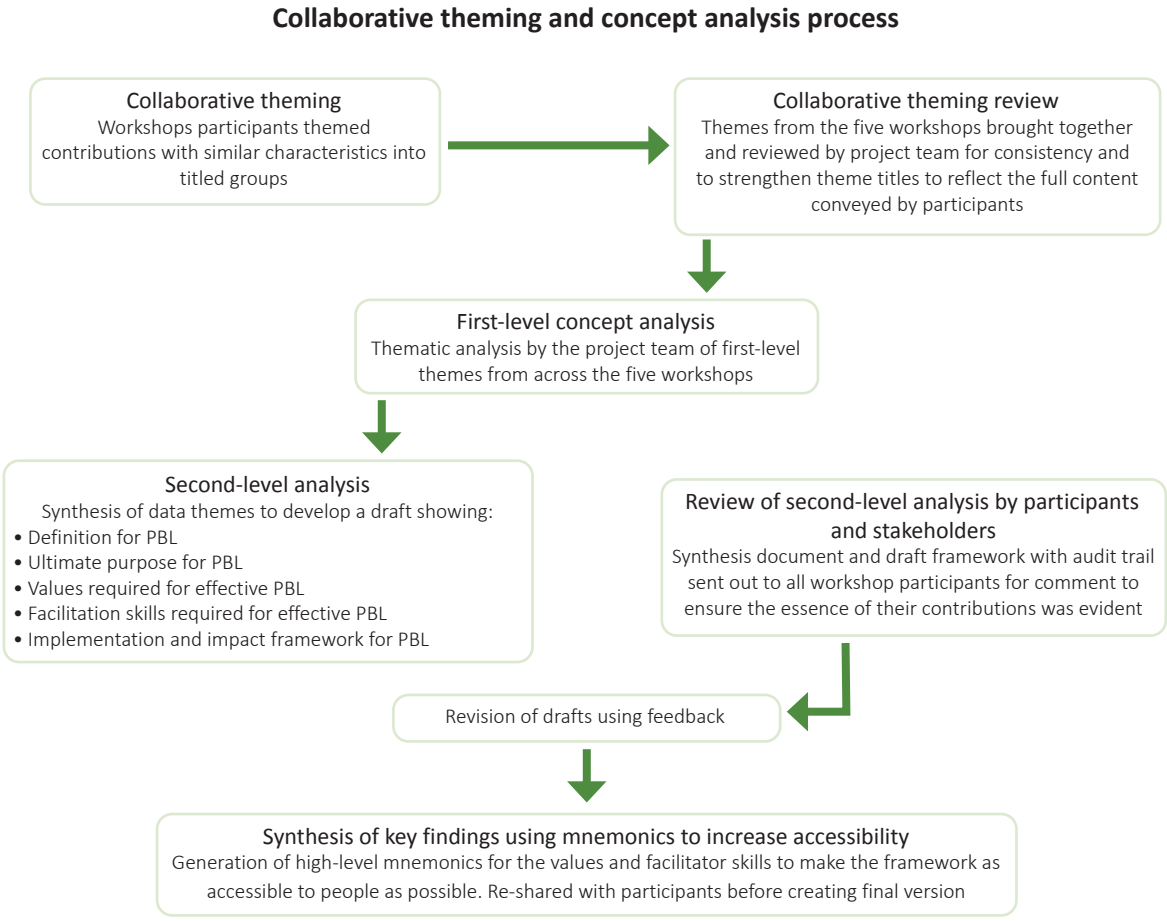
- Sharing personal values and passions about PBL
- Connecting with what matters, works or doesn't work about learning applied to place
- Conducting values clarification (Warfield and Manley, 1990) to identify the purpose of PBL: how is the purpose achieved, and what are the enablers and impacts
- Collaborative theming
- Evaluation of the workshop

Table 2: Workshop processes

Key process	Objective
Ground rules were shared at the start of the workshop to agree ways of working	• Create a sense of trust • Give equal voice to all • Increase participation
Sharing values for PBL Participants introduced themselves using a chosen picture or word card reflecting their values/ passions in relation to PBL. Values and passions were captured on the presentation screen anonymously	• Create a sense of trust • Give equal voice to all • Promote creativity • Identify shared values
Connecting with what matters about PBL, what works or doesn't work Participants choose one of the following areas in relation to PBL across a PCN: • Successes • Challenges • Obstacles • Opportunities Participants shared their reasons for joining the group and collectively agreed three bullet points to feed back to the larger workshop group	• Share current knowledge, expertise and experiences • Identify what had worked well or not so well from past experiences • Create a basis for further discussion
Values clarification phase 1	
Small group work Participants allocated to work in groups comprising different stakeholders to consider: **1. Individually, a response to the following two stems:** • I believe the ultimate purpose of PBL across a primary care network is... • I believe this can be achieved by the following four bullet points... **2. A collective ultimate purpose statement, starting 'We …'** **3. Provide three/four bullet points for how to achieve this purpose**	• Create a sense of trust • Give equal voice to all • Promote collaboration • Develop a collective ultimate purpose • Initiate discussion about how the purpose would be achieved
Small group feedback 1. Their shared ultimate purpose (this was captured on the screen) 2. Their bullet points in relation to how to achieve this purpose 3. The framework was shared via the screen with columns for enablers, attributes and impacts of PBL. The larger workshop group discussed where each bullet point would fit and this was added to the framework	• Create a sense of trust • Give equal voice to all • Promote collaboration • Develop understanding about how the final framework would be populated
Values clarification phase 2	
Small group work Groups were asked to complete the statements below by: • Identifying a note taker • Ensuring everyone had a voice • Not discussing, only checking clarity of meaning, accepting there were no right or wrong responses • Capturing each statement on a separate sticky note and reading it out to the group before placing on it on the appropriate one of five flipcharts **Statements:** 1. I/we believe the enablers to achieving the purpose are…. 2. I/we believe that an effective learning environment/culture will be recognised by… 3. I/we believe the FIVE key learning and development strategies required by an effective facilitator of PBL are… 4. I/we believe that indicators of successful PBL across the PCN will be... 5. Other values and beliefs I/we hold to be important are…	• Create a sense of trust • Give equal voice to all • Capture all viewpoints • Draw upon individual expertise, knowledge and experience
Collaborative theming Four small groups each chose one of the first four flipcharts to begin the first-level analysis, theming sticky notes into groups. Each theme was then given a title using words contained on the notes. Groups then took sticky notes from the fifth flipchart – 'other values and beliefs' – that they considered fitted with the themes they had created	• For participants to understand how their contributions will be captured and developed through theming • Not placing their own interpretation on the words used other participants
Evaluation in small groups Participants were asked to: • Identify and write down words that reflect your experience of the workshop • Co-create a three-line poem (haiku) to include these words, or similar ones • Collaboratively present the haiku to the larger group	• To promote reflection and consolidate the day for the participants • To understand participant engagement and outcomes from the workshops

Workshop outputs (values and aspects of PBL) were captured on sticky notes. Participants collaboratively themed these outputs, clustering similar items together as part of the workshop process. Each theme was given a title using words from the themed group. This analysis, following review by the project team, was used to populate a simple concept analysis framework for PBL comprising its defining attributes, enablers and impacts (Rodgers, 1989; Morse, 1995). The full process of theming, analysis, populating the concept analysis framework and synthesis of the defining values, purpose, enablers of PBL (specifically facilitation skills) and identified impacts are described in Figure 1.

Figure 1: Theming process



Findings

The findings from analysis of the data arising from the values clarification exercise and informed by the concept analysis framework, are presented as:

- Shared values and agreed purpose of PBL
- Concept of PBL from identifying its attributes, enablers (including facilitation skills required) and impacts

Values and purpose

Three value themes emerged from what mattered to participants about learning across place. Inspired by our focus on PCNs, these are presented using the mnemonic PCN:

- **P**eople-centred learning values all people, the workforce and people in communities, recognising their interdependence and what matters to them
- **C**ultures of teamwork enable learning and value the role of teamwork in enabling learning cultures, regardless of context
- **N**etworks for learning together value everyone across communities and workplaces learning together to meet health and social care needs

Table 3 illustrates these values and how they would be recognised in practice, supported by data from the workshops.

Table 3: Three emergent value themes associated with place-based learning, with data from workshop participants to illustrate each value

	Core values associated with place-based learning derived from across all workshops	**Quotes from workshop participants underpin values**
People-centred learning	• Compassion and care underpinned by knowledge • Willingness to learn, self-tune and build into new role, increasing own understanding • Respect for everyone as important and equal • Happiness, pleasure and fun • Different stages and styles of learning individualised for each person • Commitment to do and improve job, finding a balance • Improved patient journey • Protection for patients	• 'Respecting everyone as individuals in the team… coming together with their unique skills' (Workshop 2) • 'Win-win for users and professionals' (Workshop 5)
Cultures of teamwork to enable learning	Core team values to support learning • Culture and passion for learning and professional development that is normal and embedded in teams to become a learning health system • Guidance and nurturing for people to grow and flourish, move on and spread wings, unlocking potential and drawing on their talents • Learning in the moment of practice/in the environment • Integrity, safe to be honest and open • Permission to let go and go ahead • Support • Curiosity • Kindness and comfort • Relaxation, calmness Team learning processes • Reflection on learning and change Team direction and leadership • Positive role modeling, inspiring enthusiasm and bringing people with you • Strong leadership supporting education and learning direction Team outcomes/readiness • Ability to make a difference • Create beauty • Expectancy, something to contribute • Creative change and innovation • Planning and readiness • Facilitation of sustained stability throughout change • Applicable and useful to the context and people's needs • Self-awareness, resilience through ability	• 'Helping people to spread their wings whilst still feeling supported' (Workshop 1) • 'Learning together, good to share' (Workshop 3)
Networks for learning together	• A focus on the wider public health context and understanding people's needs • Local training attracting future workforce to the local environment and releasing the potential in our local communities • Passion for the NHS • Teamwork with all types of teams and people coming together to share and build their unique skills and learning understanding who else is out there and what they have already done • Opportunity to develop and learn across the workplace and PCN • Sharing of success • Sharing of troubles and find solutions • Sense of adventure • Good communication at all levels	• 'Releasing the potential in our local communities' (Workshop 2) • 'In terms of public health, wider context, where are people from, what are the community and social contexts outside the clinical care environment' (Workshop 4)

When asked to describe the 'ultimate purpose' of PBL, five iterations resulted, one from each workshop. Each iteration was classified as either an ultimate end or a means to achieve the end. Five statements about the purpose of PBL emerged, with the first three recognised as ultimate goals and the remaining two as the means to achieve the goals:

- 'To improve patient pathways, outcomes and the wellbeing of the local population'
- 'To grow, develop and sustain the workforce'
- 'To provide effective, safe, compassionate and consistent care across the system'
- 'Place informs and enhances effective learning'
- 'The system facilitates effective learning organisations'

The role of PBL in supporting workforce transformation towards integrated health and social care is summarised by its purpose, as set out in Box 1.

Box 1: Purpose of place-based learning

Grow, develop and sustain an effective health and social care workforce that evolves with changing needs, and is equipped with the skills, knowledge and expertise to deliver effective, safe, compassionate, consistent, holistic care with the aim of improving patient pathways and outcomes, and the wellbeing of the local population

Attributes of PBL

Attributes identify the characteristics of a concept that would be recognised and observed in action. The attributes for PBL were derived from data analysis across the workshops in relation to how an effective PBL culture would be recognised/experienced. The themes were aligned to individual, team and system levels, and framed by the three defining values (Table 4, below).

Enablers of PBL

Three enablers were identified as necessary to support the concept of PBL becoming a reality: a shared purpose across the system, team learning cultures, and PCN systems to support learning.

A shared purpose for PBL, underpinned by shared values, would enable shared direction across the PCN with the flexibility to evolve with changing needs.

Team learning cultures include PBL facilitators and champions, as well as team mechanisms to embed learning.

Facilitators and champions who enable and live PBL values can build team commitment through a menu of learning and development activities available to all. Table 4 uses the mnemonic LEARNING to show the role of facilitation and the skills and qualities of PBL facilitators identified as pivotal to learning and development. The term ‘facilitator’ embraces all those in learning and development roles, regardless of professional group, including teachers, supervisors, mentors and PBL champions.

Table 4: The role of facilitation in place-based learning: list of key skills and qualities required by facilitators using the LEARNING mnemonic

The role of facilitation in place-based learning is to: • Provide collective leadership • Embed cultures of learning in teams • Integrate learning and improving with other functions such as embedded research • Nurture and create psychological safety modelling and challenge inappropriate behaviours
Key skills and qualities required by facilitators, using LEARNING **L**earning, skills and knowledge • Take responsibility for their own learning and development • Have the knowledge, competence, expertise, skills and experience required to develop, improve, supervise and give feedback to multiprofessional learners • Identify different learning styles, effectively use a variety of engaging approaches • Set objectives, monitor and assess using conversation, observation and written work appropriately • Develop cultures of learning across the system **E**mbrace the values of people-centred place-based learning • Embrace the values, purpose and direction of PBL • Embrace all people, equally recognising everyone as an asset **A**ttributes of effective facilitators • They are nurturing, enabling, approachable, supportive, flexible, adaptable, empowering and pragmatic • They actively listen • They facilitate reflection • They are realistic, set boundaries and manage expectations **R**esources • Share, use and signpost to learning resources and experts, appropriately and effectively **N**etworking • Network learning opportunities across the system to help learners understand patient pathways, the wider system and the implications of individual actions **I**nvest in people • Promote, support and encourage PBL in all people • Identify and review individual, personal, team and organisational learning needs based on their needs and what matters to people **N**eeds-based approaches • Recognise and understand competing demands and priorities in the workplace, reframing barriers and obstacles to enable problem solving and a focus on need **G**uiding and advising • Give appropriate guidance and advice to all people

To enable PBL, teams need mechanisms in place to:

1. Recognise, record and value all learning
2. Engage communities, students and staff, using feedback to inform learning and care priorities
3. Provide formal opportunities for people to participate in learning and be supported in it
4. Contribute to research and evaluation
5. Access data related to local population/people to inform learning, development and improvement

PCN and system enablers include career development opportunities, transparent governance systems, networks for learning and access to learning opportunities. The provision of consistent, inclusive, equitable, multiprofessional career development opportunities across the system was recognised as requiring leadership that facilitates PBL and the development of curricula and capabilities.

Approaches to building clear and transparent governance across systems are needed to:

- Listen to and acknowledge what matters to people
- Ensure learning and development is relevant to all
- Recognise and value all people equally, widening participation to health and social care careers

Impacts of PBL

Participants identified three sets of impacts from success indicators of PBL: staff/workforce and learners; teams; and PCNs and system. Team and system impacts include those for people in communities. These impacts suggest the consequences for the system of combined enablers and attributes of PBL. Impact themes are summarised in Table 5, below.

Table 5: Implementation and impact framework for place-based learning across primary care networks

ENABLERS required for place-based learning	**ATTRIBUTES: Place-based learning values observed in action - good cultures**	**CONSEQUENCES: including impact, outcomes and outputs**
Shared vision, values, purpose, direction • A shared vision, values, purpose and direction that evolves flexibly across every level of the system Team learning cultures have: • A PBL champion • Designated facilitators of learning to support staff • A learning and development menu available for all • Systems to: – Recognise, record and value all learning – Engage people from communities, students and staff, using feedback to inform learning and care priorities • Access local population/people data to inform learning needs • Opportunities to participate in learning networks across the system and contribute to research and evaluation that informs learning, development and improvement PCN and system have: • Inclusive multidisciplinary career frameworks • Facilitators of learning and development, with consistent terms and conditions • Specified curricula and competences/ capabilities • Leadership development for learning cultures • Systems with transparent processes, equity of opportunity and good governance to: – Listen to and acknowledge what matters to people – Identify people's needs with consideration of geography (access/ location), sustainability and environmental footprint, reviewing L&D provision and roles – Recognise, value and evaluate learning and development impact – Grow and retain workforce, widening participation, promoting health and social care careers, working with schools, colleges and higher education institutes – Build integrated care partnerships with all stakeholders across health & social care to ensure seamless working across boundaries and enable rotational placements • Networks to enable: – Shared learning and good practice across health and social care system – Access to skills development, knowledge and expertise, resources and learning opportunities	People-centred learning • Everyone is recognised as an asset and invested in to develop their individual potential • Respectful relationships and peer support • Staff and students seek understanding and can ask for help and support Cultures of team learning Team members: • Understand, engage with and are committed to learning and support • Involve and include all people in learning • Take ownership for and prioritise learning • Are responsive, reflective, positive and creative • Challenge traditional ways of learning • Develop trust, share responsibility and bond as a team Team systems to: • Celebrate and share success • Identify, analyse and review learning, feedback, reflecting and acting constructively to inform improvement and innovation • Allow the freedom to try and the right to fail, with a process to learn from mistakes • Use and develop learning opportunities through ways of working that are flexible, proactive and pragmatic, with effective and efficient use of resources Networks that enable learning together across the system to: • Share best practice and 'what works' • Work together, network, collaborate and share resources • Participate in improvement and innovation	Staff, workforce, learners • Experience an inviting, positive, creative, supportive, happy, learning environment that enables them to: – Feel respected, cared for, recognised and empowered, with a sense of belonging – Have the courage and confidence to ask, speak up and challenge without blame – Want to learn, exceed expectations and be ambitious – Build resilience and emotional intelligence – Enjoy being at work and have job satisfaction – Be up to date and skilled, with equitable access to learning and career development opportunities Team • Increased capability and capacity in facilitation of learning and devlopment • Increased input to identifying system needs and service design • Improved staff wellbeing and morale; less sickness and stress • Improved indicators of high-quality safe and effective care (patients'/people's experience) PCNs and system: Learning system demonstrates impact of PBL across the system: • Increased capability and capacity in interprofessional facilitation of learning and development across the system • Positive feedback from all learners and people • Improved standards and key performance indicators • Increased reporting of incidents/ adverse events, with learning from mistakes and significant events System outcomes • People are signposted correctly to see the right professional at the right time • Positive impact on local people, addressing health inequalities and improving population health (good reputation) • 'Outstanding' CQC ratings • Reduction in overmedicalisation • Attract research funding and investment Workforce outcomes • Increased effectiveness and productivity of partners across system • Multiprofessional skill mix and new roles to meet identified needs and what matters to people • Improved retention and recruitment of workforce

In summary, the findings reflected what mattered to people, with three core value sets framing the attributes, enablers (including the role, skills and qualities of facilitation shown in Table 4) and the impacts of PBL brought together in the implementation and impact framework (Table 5). These findings align PBL with learning influences across and within the local integrated health and social care systems, at micro, meso and macro levels, for the purpose of growing, developing and sustaining the workforce to deliver compassionate, safe and effective care across communities, based on what matters to people.

Discussion

The discussion focuses on new insights about the concept of PBL and implications for its implementation and evaluation across integrated health and social care systems.

The concept of PBL

This is framed around three key values defining its attributes as:

- People-centred learning
- Cultures of learning in teams
- Networks for learning together

The interdependence of these distinguishes PBL from concepts such as WBL and WPL, which share the first two of these attributes (King et al., 2021). The third attribute, creating collaborate networks for learning across place, is recognised by others (Reid, 2011; Engeström and Pyörälä, 2021) but they exclude reference to the other two attributes. PBL happens in a context where knowledge is used but extends learning across systems while maintaining focus on people-centredness and team cultures. It increases motivation to learn and optimises personal and interprofessional development in order to improve impacts (Jackson et al., 2015; Illing et al., 2018; King et al., 2021).

People-centred learning embraces all people across communities, underpinning team cultures for effective learning and people-centredness (King et al., 2021). It brings people together across place to collaborate, develop understanding and focus learning on need (Reid, 2011; Engeström and Pyörälä, 2021). People-centredness focuses on what matters to people through adaptive, compassionate, holistic approaches that recognise and value interdependence between families, communities, education, and the wider environment (WHO, 2015; McCance and McCormack, 2017; Crowe and Manley, 2019; Hardiman and Dewing, 2019; King et al., 2021). People-centred learning therefore adapts to individual learning styles and to socio-economic factors such as ethnicity, disability, gender and age (Hauer et al., 2005; Woolf, 2020; Srinivas et al., 2021). Developing kinship, including all in learning, identifies gaps and creates a better understanding of need and how to meet this in ways that work for people and so improve impacts (Cooper and Spencer-Dawe, 2006; Crowe and Manley, 2019; Ballatt et al., 2020).

Cultures of learning in teams, built on shared values for lifelong learning, enquiring and improving, embrace people-centred approaches to enable everyone to flourish and achieve their potential (Manley et al., 2018; Cardiff et al., 2020; Manley and Jackson, 2020; Jackson and Manley, 2021). Learning team cultures enable authentic community engagement to co-create people-centred development (Jackson and Manley, 2021). 'Culture' describes values, beliefs, and assumptions that inform behaviours and actions (Schein, 1990); it directly impacts personal development, learning, knowledge translation, wellbeing, services and experiences. It can therefore drive sustainable transformation across integrated systems and achieve professional, safe, effective, holistic care (Ballett et al., 2017; Illing et al., 2018; King et al., 2021). However, meso and macrosystems can only be as good as the microsystems of which they are composed (Nelson et al., 2002).

Developing multiprofessional learning networks extends beyond teams and organisations to people in communities (NHS England, 2019) to meet their unique needs, enabling 'community flourishing',

(Jackson et al., 2021c), improving population health (Baird and Beech, 2020) and reducing health inequalities (Coll-Planas et al., 2018). Building collaborative networks for learning that connect communities, commissioners, providers, and regulators is essential to develop collective intelligence, co-create shared learning and development, and translate this learning into practice (King's Fund, 2011; Sharp, 2018; Hauer et al., 2019; Jackson, et al., 2021b,c).

Systemwide enablers include capability and capacity building in system leadership, embracing skilled facilitation and embedded research. Systems leaders with the skills to navigate complexity and support PBL across systems are required to break down silos, work across boundaries and develop shared processes and governance, including time to reflect in relation to learning and population health (Manley et al., 2016; Health Education England, 2020; Jackson et al., 2021b; Jackson and Manley, 2021). Collective leadership enables shared responsibility, and the commitment and trust to share perspectives, be creative, make decisions, and live values authentically (McCance and McCormack, 2017; Raelin, 2018; Cardiff et al., 2020; Manley and Jackson 2020; Jackson et al., 2021b; King et al., 2021). Leadership at all system levels needs to model inclusivity, embrace diversity and take responsibility for equality, addressing systemic issues of discrimination and differential attainment through positive social relationships (Linton, 2020; Woolf, 2020; Srinivas et al., 2021). Such relationships enable people to feel valued, psychologically safe, confident, able to innovate, enquire and ask for help and support (Jackson et al., 2015; Manley et al., 2018; Crowe and Manley, 2019; Cardiff et al., 2020; Linton, 2020; Woolf, 2020; King et al., 2021; Srinivas et al., 2021).

Facilitation helps people make sense of and give context to networks, like PCNs, which by their nature are complex systems (Verleye et al., 2017). Understanding such systems requires collective inquiry of unbiased individual perspectives, brought together to create emergent themes and inform the current culture. Facilitation teams can then consider the possible consequences of the culture, adapting and changing to co-create a new shared purpose (van der Merwe et al., 2019). Skilled facilitators foster self-knowing and effective learning, which support clarity of values and purpose, interpersonal skills, competence, and creative innovative thinkers as enablers of change (McCance and McCormack, 2016; Martin and Manley, 2018; Crowe and Manley 2019; Manley and Jackson, 2020).

Growing facilitation expertise is therefore a workforce priority to develop and sustain systemic change. However, attracting funding for public health, education, research and development is complex (Davies et al., 2018). Systems leaders with facilitation expertise and the ability to navigate complex funding systems and take on an embedded researcher role are required to co-create person-centred approaches, facilitate learning across networks and implement processes to evaluate the impact of learning from stakeholder perspectives (Kuluski and Guilcher, 2019; Michalski and Cousins, 2000; Manley et al., 2018; HEE, 2020).

Embedding inclusive people-centred values at every level of the system requires fundamental change where all people are included as active partners in learning, development, evaluation and innovation (The Health Foundation, 2016; Crowe and Manley 2019; Cardiff et al., 2020; Øye et al., 2021; Jackson et al., 2021a). This change requires facilitators and leaders to nurture people, model values and challenge inappropriate behaviours, creating psychological safety while understanding the contexts of individuals, communities and society (Brown and McCormack, 2016; Manley and Jackson, 2020; Woolf, 2020; Srinivas et al., 2021). Their use of kind and intelligent approaches such as peer mentoring and individualised support will help develop a level playing field and promote self-agency, reflectivity, emotional intelligence and a desire to learn and transfer learning into practice (Illing et al., 2018; Ballatt et al., 2020; King et al., 2021; Srinivas et al., 2021).

The need to develop effective multidisciplinary integrated team learning cultures at every level has been recognised, although infrastructure for learning at the meso level is absent (Lalani et al., 2020). Systemwide collaboration and support is required (WHO, 2015; Cardiff et al., 2020) for people to move from the rhetoric of prerogative towards citizenship with skills to co-create people-centred

improvements (Berwick, 2016). Socio-constructive groups such as Communities of Practice bring diverse people with common interests and shared purpose together to learn, share stories, and perspectives, with the potential to transition knowledge across networks and generate innovation and change (Mann, 2020; National Voice, 2017). Teams and systems will require governance for functions such as enabling career progression, recruitment, appraisal, education and development programmes, quality improvement, research and innovation, so they can embed the values of learning, co-creation and collaboration in everyday practice (Manley et al., 2011; Jackson et al., 2015; Illing et al., 2018; HEE, 2021; King et al., 2021).

The implementation and impact framework provides direction for the development of PBL champions, supported and funded within PCNs, with further funding to support other PCN initiatives to raise awareness of interprofessional behaviours conducive to learning together (EKTH, 2020a). In tandem, 10 discrete capabilities required of a learning-focused PCN describe 'community education facilitation', recognising the primacy of the learning environment as part of an evolving framework at national scale (EKTH, 2109, 2020b). The regional Primary Care School strategy adopted the community education facilitation approach to the development of the primary care workforce across place (HEEKSS, 2021). However, it is yet to be established whether this approach will lead to the framework values of PBL being embedded in practice.

Indicators of impact from team learning include: increased incident reporting, reflecting open cultures of learning from mistakes; and improvement in recruitment, retention and levels of sick leave absence as people report feeling supported and empowered to learn, and enjoy being at work (Wilbur et al., 2020; King et al., 2021).

Metrics need to be developed using social determinates of health and wellbeing to boost understanding of how learning cultures contribute to people-centredness and inform improvement and development (Kuluski and Guilcher, 2019; Jackson and Manley, 2021), redressing the balance of emphasis on indicators of biomedical disease (Maesseneer, 2017).

Effective PBL has potential to integrate learning, developing and improving to meet England's ambition of improving health and social care for all, working differently in compassionate, inclusive, supportive teams across organisational boundaries (NHS England, 2020; DHSC, 2021). PBL is a new concept that other integrated systems might consider as they develop place-based approaches. However, the essence of what has been developed may be lost without commitment at all levels to revisiting shared understandings about what learning means for place-based integrated health and social care.

Critique of the approach used, limitations and reflections about the goals

A variety of approaches were used to involve people with the project. However, a lack of engagement from people in communities and preregistration students required increased promotion via practice managers and university lecturers. A fifth, unplanned, workshop at a local university improved representation from these groups but future projects would benefit from direct routes to engage them, such as consensus conferences. Some people from hard-to-reach groups expressed uncertainty about their relationship to learning, although perception changed with participation. Those representing people in communities were either people who had experience care or carers, leaving the wider community voice of those not linked with health and social care unrepresented and limiting the perspectives shared and potentially the data that informed the findings of this project.

The workshops enabled co-created collaborative knowledge about PBL to be developed across local partnerships using an approach identified by Greenhalgh and colleagues (2016) that aligns research with service development to improve human experience but has a systemwide perspective and pays careful attention to governance and the processes used. Following the workshops, a number of networks formed in which people with mutual interests came together to use the principles of co-production (Nesta, 2012) where everyone is considered an asset when transferring knowledge,

growing capabilities and promoting change across systems. People participating in the workshops took away these principles to adapt and use within their own communities. Two evaluation poems, in haiku format, were written by participants to express their workshop experiences:

Different concerns;
Radical stimulation;
Enlightened motives
(Workshop 5)

'Confusing challenge;
Enlightening reflection;
Positive what next?'
(Workshop 3)

The workshops created a lived experience of practice development and the CIP principles for participants to embrace and take back to their own context, and further developed a shared understanding of and deeper insights into PBL. The resulting framework identifies how to position learning at the heart of integrated care and contributes understanding of learning for transformation to inform continuous improvement and workforce development. However, further work is needed to embed these insights into practice and make them a reality. Similar projects in the future could benefit from a final workshop to review the findings together and consider the implications for practice alongside commissioners. Champions (community education facilitation leads) for PBL have been developed within each PCN but wider work is needed to support these champions to embed a PBL approach across all levels of the system. Currently there is no such formal approach across Kent and Medway; integrated systems will need to take a lead on developing meaningful stakeholder engagement to implement, embed and evaluate the co-created future vision for PBL.

Conclusion

PBL is defined by three interdependent value themes experienced across every context of place, including communities, systems, infrastructure and geography. These are: people-centred learning embracing all people; cultures of learning in teams; and networks for learning together. The purpose of PBL is to grow, develop and sustain an effective flexible health and social care workforce to deliver effective, compassionate, consistent, holistic care to improve the health and wellbeing of all people. Enabled by shared purpose and values, PBL requires systemwide development of leaders, facilitators and researchers, infrastructure for sharing and evaluating learning and its impact, and shared governance.

Integrating learning allows for sharing of resources, knowledge and perspectives to co-create and focus on what matters, addressing the national and international drives to develop health and social care at place level. As a new concept, place-based learning has multiple implications at individual, organisational and systems levels, including the development of processes, structures and patterns of behaviour to embed it and realise its full potential.

Further research will build on our understanding of PBL and the strategies required, specifically the development of indicators of learning at every system level so progress towards quality and workforce impacts can be demonstrated. Next steps include:

- Increasing understanding of PBL and its impact at all system levels
- Developing facilitators and leaders with the skills to promote mutual learning and who model and embed PBL values across all levels of the system
- Growing embedded researchers with skills to co-create and develop strategies to evaluate the impact of learning from all stakeholder perspectives
- Implementing and evaluating shared governance for PBL across the system
- Widening engagement of people in communities to help shape and inform learning

References

Ahluwalia, S., Tavabie, A., Spicer, J. and Chana, N. (2013) Community-based education providers network: an opportunity to unleash the potential for innovation in primary care education. *Education for Primary Care*. Vol. 24. No. 6. pp 394-397. https://doi.org/10.1080/14739879.2013.11494207.

Alderwick, H., Ham, C. and Buck, D. (2015) *Population Health Systems Going Beyond Integrated Care*. London: The King's Fund. Retrieved from: tinyurl.com/KF-population-health. (Last accessed 22nd March 2022).

Baird, B., Charles, A., Honeyman, M., Maguire, D. and Das, P. (2016) *Understanding Pressures in General Practice*. London: The King's Fund. Retrieved from: tinyurl.com/KF-GP-pressure. (Last accessed 3rd May 2022).

Baird, B. and Beech, J. (2020) *Primary Care Networks Explained*. London: The King's Fund. Retrieved from: tinyurl.com/KF-PCNs-explained. (Last accessed 2nd August 2021).

Baker, G. and Denis, J. (2011) *A Comparative Study of Three Transformative Healthcare Systems: Lessons for Canada*. Ottawa: CHSRF.

Ballatt, J., Campling, P. and Maloney, C. (2017) *Intelligent Kindness, Rehabilitating the Welfare State*. Cambridge, UK: Cambridge University Press.

Ballatt, J., Campling, P. and Maloney, C. (2020) I*ntelligent kindness, Rehabilitating the Welfare State*. (2nd edition). Cambridge, UK: Cambridge University Press.

Berwick, D. (2016) Era 3 for medicine and health care. *JAMA*. Vol. 315. No. 13. pp 1329-1330. https://doi.org/10.1001/jama.2016.1509.

Billings, J. and Abrahamson, V. (2018) *Proof of Concept Evaluation of a Project Using 'Conversations Inviting Change' Methodology to Support the Development of In-place Systems Leadership in Local Care Hubs*. Project report. Canterbury: Centre for Health Service Studies, University of Kent. Retrieved from: kar.kent.ac.uk/70791/. (Last accessed 2nd April 2022).

Brown, D. and McCormack, B. (2016) Exploring psychological safety as a component of facilitation within the Promoting Action on Research Implementation in Health Services framework. *Journal of Clinical Nursing*. Vol. 25. Nos. 19-20. pp 2921-2932. https://doi.org/10.1111/jocn.13348.

Cardiff, S., Sanders, K., Webster, J. and Manley, K. (2020) Guiding lights for effective workplace cultures that are also good places to work. *International Practice Development Journal*. Vol. 10. No. 2. Article 2. pp 1-20. https://doi.org/10.19043/ipdj.102.002v2.

Coll-Planas, L., Blancafort, S., Rojano, X., Roqué, M. and Monteserín, R. (2018) Promoting self-management, health literacy and social capital to reduce health inequalities in older adults living in urban disadvantaged areas: protocol of the randomised controlled trial AEQUALIS. *BMC Public Health*. Vol. 18. Article 345. https://doi.org/10.1186/s12889-018-5219-x.

Conte, K. and Davidson, S. (2020) Using a 'rich picture' to facilitate systems thinking in research coproduction. *Health Research Policy and Systems*. Vol. 18. Article 14. https://doi.org/10.1186/s12961-019-0514-2.

Cooper, H. and Spencer-Dawe, E. (2006) Involving service users in interprofessional education narrowing the gap between theory and practice. *Journal of Interprofessional Care*. Vol. 20. No. 6. pp 603-617. https://doi.org/10.1080/13561820601029767.

Cottam, H. (2018) *Radical Help: How we can Remake the Relationships Between Us and Revolutionise the Welfare State*. London: Virago.

Crowe, C. and Manley, K. (2019) Assessing contextual readiness: the first step towards maternity transformation. *International Practice Development Journal*. Vol. 9. No. 2. Article 6. pp 1-20. https://doi.org/10.19043/ipdj.92.006.

Davies, N., Campbell, L. and McNulty, C. (2018) *How to Fix the Funding of Health and Social Care*. Retrieved from: tinyurl.com/IFG-health-funding. (Last accessed 3rd May 2022). London: Institute for Government.

Department of Health and Social Care (2021) *Integration and Innovation: Working Together to Improve Health and Social Care For All*. Retrieved from: tinyurl.com/DHSC-integration. (Last accessed 25th May 2021).

Downing, A., Morris, E., Corrigan, N., Sebag-Montefiore, D., Finan, P., Thomas, J., Chapman, M., Hamilton, R., Campbell, H., Cameron, D., Kaplan, R., Parmar, M., Stephens, R., Seymour, M., Gregory, W. and Selby, P. (2017) High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut*. Vol. 66. pp 89-96. https://doi.org/10.1136/gutjnl-2015-311308.

East Kent Training Hub (2019) *CEF Competencies and Capabilities*. Unpublished.

East Kent Training Hub (2020a) *Primary Care Network Development Programme' Cohort Two: Impact Report*. Unpublished.

East Kent Training Hub (2020b) *Transforming Clinical Education in Primary Care Networks*. Poster. Unpublished.

Engeström, Y. and Pyörälä, E. (2021) Using activity theory to transform medical work and learning. *Medical Teacher*. Vol. 43. No. 1. pp 7-13. https://doi.org/10.1080/0142159X.2020.1795105.

Esseling, P., Ford, A. and Trigonoplos, P. (2018) *The Esther Model: How One Patient Redefined an Entire System Vision in Sweden*. Retrieved from: tinyurl.com/Esther-model. (Last accessed 16th April 2020).

Gottlieb, K. (2013) The Nuka System of Care: improving health through ownership and relationships. *International Journal of Circumpolar Health*. Vol. 72. No. 1. https://doi.org/10.3402/ijch.v72i0.21118.

Greenhalgh, T., Jackson, C., Shaw, S. and Janamian, T. (2016) Achieving research impact through co-creation in community-based health services: literature review and case study. *The Milbank Quarterly*. Vol. 94. No. 2. pp 392-429. https://doi.org/10.1111/1468-0009.12197.

Ham, C. (2018) *Making Sense of Integrated Care Systems*. London: The King's Fund. Retrieved from: tinyurl.com/KF-sense-integrated. (Last accessed 17th February 2021).

Hardiman, M. and Dewing, J. (2019) Using two models of workplace facilitation to create conditions for development of a person-centred culture: a participatory action research study. *Journal of Clinical Nursing*. Vol. 28. No. 15-16. pp 2769-2781. https://doi.org/10.1111/jocn.14897.

Hardy, S., Clarke, S., Frei, I., Morley, C., Odell, J., White, C. and Wilson, V. (2021) A global manifesto for practice development, revisiting core principles. Chp 8 *in* Manley K., Wilson, V. and Oye, C. (Eds.) (2021) *International Practice Development in Health and Social Care*. Chichester, UK: Wiley. pp 99-116.

Hauer, P., Straub, C. and Wolf, S. (2005) Learning styles of allied health students using Kolb's LSI-IIa. *Journal of Allied Health*. Vol. 34. No. 3. pp 177-182.

Hauer, P., Straub, C. and Wolf, S. (2019) Toward a person-centred learning health system: understanding value from the perspectives of patients and caregivers. *Healthcare Papers*. Vol. 18. No. 4. pp 36-46. https://doi.org/10.12927/hcpap.2019.26030.

Health Education England (2020) *Multiprofessional Consultant Practice Capability and Impact Framework*. London: HEE. Retrieved from: tinyurl.com/HEE-multiprof. (Last accessed 3rd May 2022).

Health Education England (2021) *HEE Quality Framework*. Retrieved from: tinyurl.com/HEE-QF2021. (Last accessed 3rd May 2022).

Health Education England Kent, Surrey and Sussex Primary Care Department (2021) *PCS KSS Strategy V2*. Unpublished.

Illing, J., Corbett, S., Kehoe, A., Carter, M., Hesselgreaves, H., Crampton, P., Sawdon, M., Swamy, M., Finn, G., Medford, W., Ikah, D., Rothwell, C., Swan, L., Page, G., McLachlan, J. and Tiffin, P. (2018) *How does the Education and Training of Health and Social Care Staff Transfer to Practice and Benefit Patients? A Realist Approach*. Final report. Newcastle University, Durham University, University of York. Retrieved from: tinyurl.com/training-transfer. (Last accessed 3rd May 2022).

Jackson, C., Manley, K., Martin, A. and Wright, T. (2015) *Continuing Professional Development for Quality Care: Context, Mechanisms, Outcomes and Impact*. Final Report. Canterbury: Canterbury Christ Church University. Retrieved from: tinyurl.com/CPD-quality-care. (Last accessed 3rd May 2022).

Jackson, C. and Manley, K. (2021) Contemporary challenges of nursing CPD: time to change the model to meet citizens' needs. *Nurse Open*. Vol. 9. No. 2. https://doi.org/10.1002/nop2.941.

Jackson, C., Manley, K., Webster, J. and Hardy, S. (2021a) System wide learning from first wave Covid 19: a realist synthesis of what works? *Research Square*. https://doi.org/10.21203/rs.3.rs-115647/v1.

Jackson, C., Manley, K. and Vibhuti, M. (2021b) Change starts with me: an impact evaluation of a multiprofessional leadership programme to support primary care networks in the South East of England. *Leadership in Health Services*. https://doi.org/10.1108/LHS-11-2020-0094.

Jackson, C., McBride, T., Manley, K., Dewar, B., Young, B., Ryan, A. and Roberts, D. (2021c) Strengthening Nursing, Midwifery and Allied Health Professional Leadership in the UK: A Realist Evaluation. *Leadership in Health Services*. Vol. 34. No. 4. pp 392-453. https://doi.org/10.1108/LHS-11-2020-0097.

King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan, T., Wood, E., Senek, M. and Robertson, S. (2021) Factors that optimise the impact of continuing professional development in nursing: a rapid evidence review. *Nurse Education Today*. Vol. 98. Article 104652. https://doi.org/10.1016/j.nedt.2020.104652.

King's Fund (2011) *The Future of Leadership and Management in the NHS: No More Heroes*. London: The King's Fund. Retrieved from: tinyurl.com/KF-heroes. (Last accessed 12th April 2021).

Kuluski, K. and Guilcher, S. (2019) Towards a person-centred learning health system: understanding value from the perspective of patients and care givers. *Health Care Papers*. Vol. 18. No. 4. pp 36-46. https://doi.org/10.12927/hcpap.2019.26030.

Lalani, M., Bussu, S. and Marshall, M. (2020) Understanding integrated care at the frontline using organisational learning theory: a participatory evaluation of multi-professional teams in East London. *Social Science and Medicine*. Vol. 262. Article 113252. https://doi.org/10.1016/j.socscimed.2020.113254.

Lee, S., Vibhuti, M. and Sudmann, T. (2021) Sustainable person centred communities design and practice. Chp 4 *in* Manley, K., Wilson, V. and Oye, C. (Eds.) (2021) *International Practice Development in Health and Social Care*. Chichester: Wiley. pp 39-49.

Linton, S. (2020) Taking the difference out of attainment. *BMJ*. Vol. 368. Article 438. https://doi.org/10.1136/bmj.m438.

Maesseneer, J. (2017) *Family Medicine and Primary Care: At the Crossroads of Societal Change*. Leuven, Belgium: Lannoo Campus Publishers.

Manley, K., Titchen, A. and Hardy, S. (2009) Work-based learning in the context of contemporary health care education and practice: a concept analysis. *Practice Development in Health Care*. Vol. 8. No. 2. pp 87-127. https://doi.org/10.1002/pdh.284.

Manley, K., Sanders, K., Cardiff, S. and Webster, J. (2011) Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*. Vol. 1. No. 2. Article 1. pp 1-29. Retrieved from: fons.org/library/journal/volume1-issue2/article1. (Last accessed 3rd May 2022).

Manley, K., Martin, A., Jackson, C. and Wright, T. (2016) Using systems thinking to identify workforce enablers for a whole systems approach to urgent and emergency care delivery: a multiple case study. *BMC Health Service Research*. Vol. 16. Article 368. https://doi.org/10.1186/s12913-016-1616-y.

Manley, K., Martin, A., Jackson, C. and Wright, T. (2018) A realist synthesis of effective continuing professional development (CPD): a case study of healthcare practitioners' CPD. *Nurse Education Today*. Vol. 69. pp 134-141. https://doi.org/10.1016/j.nedt.2018.07.010.

Manley, K., Jackson, C. and McKenzie, C. (2019) Microsystems culture change: a refined theory for developing person-centred, safe and effective workplaces based on strategies that embed a safety culture. *International Practice Development Journal*. Vol. 9. No. 2. Article 4. pp 1-21. https://doi.org/10.19043/ipdj.92.004.

Manley, K. and Jackson, C. (2020) The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system. *Journal of Evaluation in Clinical Practice*. Vol. 26. No. 2. pp 622-634. https://doi.org/10.1111/jep.13377.

Mann, C. (2020) 'We might have a conversation once a week but the quality is high': research and consultancy in primary care multidisciplinary teams. Chp 11 *in* Mullany, L. (Ed.) (2020) *Professional Communication. Communicating in Professions and Organizations*. pp 211-223. Cham, Switerland: Palgrave Macmillan.

Martin, A. and Manley, K. (2018) Developing standards for an integrated approach to workplace facilitation for interprofessional teams in health and social care contexts: a Delphi study. *Journal of Interprofessional Care*. Vol. 32. No. 1. pp 41-51. https://doi.org/10.1080/13561820.2017.1373080.

McCance, T. and McCormack, B. (2016) The person-centred practice framework. Chp 3 *in* McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care, Theory and Practice*. Chichester, UK: Wiley-Blackwell. pp 36-61.

McCormack, T., Manley, K. and Walsh, K. (2008) Person-centred systems and processes. Chp 2 *in* Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 17-41.

Michalski, G. and Cousins, J. (2000) Differences in stakeholder perceptions about training evaluation: a concept mapping/pattern matching investigation. *Evaluation and Program Planning*. Vol. 23. No. 2. pp 211-230. https://doi.org/10.1016/S0149-7189(00)00005-7.

Morse, J. (1995) Exploring the theoretical basis of nursing using advanced techniques of concept analysis. *Advances in Nursing Science*. Vol. 17. No. 3. pp 31-46. https://doi.org/10.1097/00012272-199503000-00005.

National Voices (2017) *Enabling Change through Communities of Practice*. London: National Voices. Retrieved from: tinyurl.com/NV-enabling-change. (Last accessed 3rd May 2022).

Nelson, E., Batalden, P., Huber, T., Mohr, J., Godfrey, M., Headrick, L. and Wasson, J. (2002) Microsystems in health care: Part 1. Learning from high-performing front-line clinical units. *The Joint Commission Journal on Quality Improvement*. Vol. 28. No. 9. pp 472-493. https://doi.org/10.1016/S1070-3241(02)28051-7.

Nesta (2012) *People Powered Health Co-production Catalogue*. London: Nesta. Retrieved from: tinyurl.com/Nesta-people. (Last accessed 6th May 2022)

NHS England (2014) *Five Year Forward View*. London: NHS England. Retrieved from: tinyurl.com/NHSE-5YFV. (Last accessed 15th June 2021).

NHS England (2019) *The NHS Long Term Plan*. London: NHS England. Retrieved from: tinyurl.com/NHSE-LTPlan. (Last accessed 15th June 2021).

NHS England (2020) *We Are The NHS: People Plan 2020/21 - Action For Us All*. London: NHS England. Retrieved from: tinyurl.com/NHSE-people-plan. (Last accessed 15th June 2021).

Øye, C., Wilson, V. and Manley, K. (2021) Practice development towards co-creation, innovation and systems transformation to foster person centred care. Chp 18 *in* Manley, K., Wilson, V. and Øye, C. (Eds.) (2021) *International Practice Development in Health and Social Care*. Chichester, UK: Wiley-Blackwell. pp 251-264.

Peiris, D., Sharma, M., Praveen, D., Bitton, A., Bresick, G., Coffman, M., Dodd, R., El'Jardali, F., Fadlallah, R., Flinkenflögel, M., Goodyear-Smith, F., Hirschhorn, L., Munar, W., Palagyi, A., Saif-Ur-Rahman, K. and Mash, R. (2021) Strengthening primary health care in the COVID-19 era: a review of best practices to inform health system responses in low- and middle-income countries. *WHO South-East Asia Journal of Public Health*. Vol. 10. No. 3. pp 6-25 https://doi.org/10.4103/2224-3151.309867.

Public Health England (2019) *PHE Strategy 2020-25*. London: Public Health England. Retrieved from: tinyurl.com/PHE-strategy-2020-25. (Last accessed 3rd May 2022).

Raelin, J. (2018) What are you afraid of: collective leadership and its learning implications. *Management Learning*. Vol. 49. No. 1. pp 59-66 https://doi.org/10.1177/1350507617729974.

Reid, S. (2011) Pedagogy for rural health. *Education for Health*. Vol 24. No. 1. p 536. Retrieved from: tinyurl.com/EFH-Reid. (Last accessed 3rd May 2022)

Rodgers, B. (1989) Concepts, analysis and the development of nursing knowledge: the evolutionary cycle. *Journal of Advanced Nursing*. Vol. 14. No. 4. pp 330-335. https://doi.org/10.1111/j.1365-2648.1989.tb03420.x.

Schein, E. (1990) Organizational culture. *American Psychologist*. Vol. 45. No. 2. pp 109-119. https://doi.org/10.1037/0003-066X.45.2.109.

Sharp, C. (2018) *Collective Leadership: Where Nothing is Clear and Everything Keeps Changing*. Retrieved from: tinyurl.com/Sharp-collect-lead. (Last accessed 3rd May 2022).

Spouse, J. (2001) Work-based learning in health care environments. *Nurse Education in Practice*. Vol. 1. No. 1. pp 12-18. https://doi.org/10.1054/nepr.2001.0003.

Srinivas, J., Panda, A., Ferguson, A., Zaman, S., Matheiken, S., Bahl, S., Kempanna, U.R., Faisal, H., Patil V. and Chakravorty, I. (2021) A review of differential attainment in recruitment in the UK medical profession. *Sushruta: Journal of Health Policy and Opinion*. Vol. 14. No. 1. pp 1-15 https://doi.org/10.38192/14.1.12.

The Health Foundation (2016) *Person-centred Care Made Simple. What Everyone Should Know about Person-centred Care*. London: The Health Foundation. Retrieved from: tinyurl.com/HF-PCC-simple. (Last accessed 3rd May 2022).

Turk, E., Durrance-Bagale, A., Han, E., Bell, S., Rajan, S., Lota, M., Ochu, C., Porras, L., Mishra, P., Frumence, G., McKee, M. and Legido-Quigley, H. (2021) International experiences with co-production and people centredness offer lessons for Covid-19 responses. *BMJ*. Vol. 372. Article 4752. https://doi.org/10.1136/bmj.m4752.

van der Merwe, S.E., Biggs, R., Preiser, R., Cunningham, C., Snowden, D., O'Brien, K., Jenal, M., Vosloo, M., Blignaut, S. and Goh, Z. (2019) Making sense of complexity: using SenseMaker as a research tool. *Systems*. Vol. 7. No. 2. Article 25. https://doi.org/10.3390/systems7020025.

Verleye, K., Jaakkola, E., Hodgkinson, I., Jun, G., Odekerken-Schröder, G. and Quist, J. (2017) What causes imbalance in complex service networks? Evidence from a public health service. *Journal of Service Management*. Vol. 28. No. 1. pp 34-56. https://doi.org/10.1108/JOSM-03-2016-0077.

Warfield, C. and Manley, K. (1990) Nursing development unit: developing a new philosophy in the NDU. *Nursing Standard*. Vol. 4. No. 41. pp 27-30. https://doi.org/10.7748/ns.4.41.27.s37.

Warrior, L., Kim, C., Burdick, D., Ackerman, D., Bartolini, L., Cagniart, K., Dangayach, N., Dawson, T., Orjuela, K., Gordon Perue, G., Cutsforth-Gregory, J., Bahouth, M., McClean, II.J. and DeLuca, G., (2020) Leading with inclusion during the COVID-19 pandemic; stronger together. *American Academy of Neurology*. Vol. 95. pp 537-542. https://doi.org/10.1212/WNL.0000000000010641.

Wilbur, K., Driessen, E., Scheele, F. and Teunissen, P. Workplace-based assessment in cross-border health professional education. *Teaching and Learning in Medicine*. Vol. 32. No. 1. pp 91-103. https://doi.org/10.1080/10401334.2019.1637742.

Woolf, K. (2020) Differential attainment in medical education and training; a systemic problem requiring openness and strong leadership. *BMJ*. Vol. 368. Article 339. https://doi.org/10.1136/bmj.m339.

World Health Organization (2015) *WHO Global Strategy on People-centred and Integrated Health Services*. Interim Report. Geneva: WHO. Retrieved from: tinyurl.com/WHO-integrated. (Last accessed 30th January 2021).

Acknowledgments

The authors would like to thank Ria Newberry-Baker at the Faculty of Medicine, Health and Social Care at Canterbury Christ Church University for giving her time to co-facilitate the workshops and for the level-2 analysis. Also, Professor Jonathan Webster at the Faculty of Medicine and Health Science at the University of East Anglia for his comment and critique.

Ruth Germaine (BSc Hons, Postgrad Cert Advanced Clinical Practice Primary Care, Postgrad Cert Leadership, Cert Non-medical prescribing, RN), Darzi Fellow to the East Kent Training Hub, Kent and Medway CCG, Chatham, England.

Kim Manley CBE (PhD, MN, BA, PGCEA, RCNT, Dip N Lond, RN), Professor Practice Development and Co Director ImpACT Research Group, University of East Anglia, Norwich, England; Emeritus Professor, Canterbury Christ Church University, Canterbury, England.

Kim Stillman (MB, ChB, FRCGP, MA Ed), FHEA Professorial Head of Primary Care School HEE KSS and GP Associate Dean for Place-based Learning, HEE KSS, Kent, England.

Peter J. Nicholls (PhD, FIBMS), Dean of Kent Health, University of Kent, Canterbury Kent, England.