



Systems Leadership support

Learning the lessons from Integrated Care Pioneers and Accelerate sites

During 2014/15, systems leadership support, seen as a crucial enabler for transformational change at local systems level, was provided to both Integrated Care Pioneers (ICP) and Accelerate sites. This document summarises the approaches taken, the results of the support and the lessons learned which should be considered when developing Vanguard systems leadership support.

Introduction

Systems Leadership is about how you approach leadership when you're working across organisational or sector boundaries – when you need to go beyond your own service or area of expertise and interact with others, often with different priorities and points of view.

It's the kind of leadership that's particularly helpful when you're dealing with large, complex issues; where you need to juggle multiple uncertainties; where no one person or organisation can find or implement the solution on their own; where everyone is grappling with how to provide quality with the resources available; and where the way forward therefore lies in involving as many people's energies, ideas, talents and expertise as possible.

The transformation and integration of services across health and social care presents both significant opportunities and challenges for system leadership. This includes how local systems leaders – commissioners and providers from the NHS, local authorities, independent and voluntary sectors – share and sustain a vision, step outside their organisational boundaries, and work collaboratively to achieve change in a way that is person-centred, moves towards genuinely higher value models of care, and will resonate with patients, users and staff.

Systems Leadership is therefore especially suited to the kinds of issues that have confronted the health and social care Pioneers. When the first Integrated Care Pioneers were launched, Systems Leadership support was already being provided to places across the country through the Systems Leadership – Local Vision initiative, as part of a national programme backed by local and national government and supported by a group of health, public health and social care organisations and so the offer was automatically extended to the Pioneers.

At the same time, Accelerate sites working on the implementation of new care models in England were also provided with leadership support through the Leadership Academy.

This short paper summarises the approach taken, the results derived and the lessons learned that should be incorporated into the Vanguard systems leadership support offer for 2015/16.

The approach taken

The Integrated Care Pioneers

Between December 2013 and January 2014, the Systems Leadership team in the Leadership Centre met with all 14 Pioneer areas, to offer Systems Leadership support. A key element of the offer has been regular support from an experienced leadership development Enabler specialising in Systems Leadership approaches. The Enabler works with the people in the places on a weekly basis, delivering leadership capability whilst coaching the leaders in each project focus on the problem, come together and deliver successful outcomes.

The Accelerate sites

As part of initial work on new models of care in 14-15, NHS England funded the NHS Leadership Academy to provide dedicated system leadership support (up to five days on site with the site) to a number of local areas working on models of integration. Leadership Academy faculty members were assigned to localities and spent time on the ground designing and facilitating leadership and organisational development activities, with individual leaders, small groups, partnership boards and stakeholder groups.

The process started with a diagnostic held between local Senior Responsible Officers (SROs), the faculty practitioner and an NHS England account manager working with the locality. That diagnostic identified where SROs felt the locality was on its integration journey, the strengths that could be built on and the areas for development.

Commonality

In both approaches, the key elements of support were:

- Experienced leadership practitioners
- Established one: one relationships between the local sites and the Systems Leadership enabler / practitioner
- Flexibility of approach to adapt to different local sites requirements
- Operated on a pull rather than push principle i.e. sites determined when they were ready for the systems leadership support

Results and feedback

From the feedback that we have received from the Pioneers themselves, we know that the Systems Leadership support has been highly valued. The coaching element has been especially highly regarded, as has the role of the Enabler, through providing support on a regular basis, to hold people to the key tasks.

For example, Clare Henderson, the Integrated Care Programme Director in LB Islington noted in the Pioneer Annual Report:

“Whole-system transformational change will only occur if we have the right leadership in place. We have found it invaluable to have Systems Leadership mentoring/ coaching support for the senior leadership team....Through the Pioneer programme we have had an experienced Systems Leadership programme Enabler who brings board members together to reflect, share and challenge – we know that if we want to shift the workforce to a new ethos and culture, we need to start at the top.”

There was similar acknowledgement from Frances Martin, who is Programme Director for the Worcestershire Pioneer and also co-chairs the Pioneer Support Group:

“Above all, a commitment to Systems Leadership has been crucial. Through the Pioneer programme, senior leaders have given their support to develop effective leadership in the world of partnership working where no one person or one organisation is ‘in charge’. This support has challenged those leading and implementing the programme, identified barriers and helped stakeholders find solutions to overcoming difficulties between organisations or individuals.”

The Systems Leadership Enabler support is particularly valued because integration is difficult work, with few quick fixes. We know from our experience that places find it challenging to shift from a shared purpose and high-level vision to getting down to detail and putting cards on the table. In most localities, the challenge going forward was how to turn vision into action, and the change in leadership and wider organisational cultures required. It was seen that this challenge applied both within organisations (for example at a micro level within individual clinical teams) and between organisations where new models implied a significant shift in future activity and resources.

Geography makes a difference – it’s easier to integrate in a small, or bounded, area where you have one local authority and one CCG, than where you have multiple and overlapping boundaries. And there are powerful organisational imperatives that can trump any amount of shared purpose: if a hospital trust is going for Foundation status, this is likely in practice to override other priorities. There was also concern that collective action might not be maintained during times of significant system pressure, and that despite a will to integrate, organisations would continue to need to meet performance, legal and regulatory requirements that applied to individual organisations.

However, despite the presence of those national external requirements, it was also recognised through the leadership activity that many of the ambitions for change and barriers to integration could only be achieved through effective and collective local system leadership – and this experience was often liberating for participants.

There has been real progress across both Local Vision and Pioneer sites, with numerous examples of learning and systems change in support of integration.

For example, in one locality there was an intensive period of design activity with groups of clinicians and other professionals (GPs, community services, acute and social care) to build new models of ‘out of hospital’ care that were designed around patients and not based on professional boundaries. The leadership input was instrumental in supporting participants to step outside their usual roles (particularly where groups had not previously engaged with each other), assuage concerns and reach agreement on the blueprint for the new model.

In another locality, a system vision was developed by a partnership board into a series of tangible changes that would be accomplished over a two year period if the vision and strength of partnership working was sustained – by focussing on issues such as how to build trust, maintain commitment, hold each other accountable and focus on outcomes. There was then an open and honest exploration of how those agreed changes impacted and influenced each partner. This has helped, for example, to accelerate discussions around capitated budgets and shared contracting models that will enable sharing of gain and loss/risk.

A further example of this new approach was how a local authority – through supporting integration of social care and health – could help contribute to how NHS trusts met requirements on areas such as CQUIN, and simultaneously met requirements for the authority in the Care Act.

In Cheshire, for example, the Connecting Care programme has brought together two councils, two Health and Wellbeing Boards and four CCGs across three localities, and has made significant progress on integrating continuing healthcare and intermediate care.

In LB Islington, regular coaching support from an Enabler has led to meaningful collaborative conversations, even on difficult issues, taking place. The results have been backed by new governance arrangements and processes, and new models of care, focused around primary care, are now being rolled out in ‘test and learn’ sites across the borough. This has also led to greater workforce integration, with integrated community ageing teams and integrated psychiatric liaison and assessment teams.

Worcestershire Pioneer has used its Enabler support to build its integration programme, Well Connected, developing its vision for health and care and then building this into their five-year strategic plan; profiling their population health and care needs in order to design tailored models of care to be delivered through a capitated budget;

and setting up an integrated commissioning unit to expand existing work on mental health and learning disability services.

In east London, the WELC Care Collaborative has focused on building provider collaboratives to co-ordinate services and use a single budget for health and care across their local populations; this has also entailed creating new workforce roles. Similarly, Leeds has developed integrated neighbourhood teams across the city, working from a shared data source and using the same 'Leeds pound.'

Through all the leadership activity, there has also been recognition of the importance of cultural change – and changing historic approaches to clinical and wider professional practice - and how system leaders have a key role in acting as advocates for change, leading communication throughout their organisations and enabling the growth of local leaders within teams.

Lessons learned

Key lessons from the Systems Leadership work in places include:

For support providers

- There is no one size fits all so systems leadership support needs to be flexible and adaptive
- Sites should determine when they are ready for systems leadership support rather than support being offered for all at the same time
- Direct experience of operating at senior level in health or social care is key for practitioners working with sites to have credibility and to understand the context
- There is no direct reporting of progress from the Leadership enablers back to the central team to avoid the perception of performance management or judging leadership capability or capacity

For local sites

- Robust relationships and shared purpose are crucial – if you have these in place, you can weather many of the storms.
- Key benefits lie in increased connectivity and broader relationships.
- Have Patients and Service Users at the centre, and involve people in their communities – it's where energy and creativity often lies.
- Sites that have invested in senior executives operating across organisational boundaries have often seen more progress than those that rely on individuals working above and beyond their organisational specific roles
- Build leadership and connections at senior and operational levels.
- Use influence as much as, if not more than, formal power, and make connections.
- Think beyond traditional roles and encourage participants to see themselves as part of a collective leadership with a shared ambition.
- Allow time: time for the process and time for the participants; and take adaptive action – the scenic route - where necessary. Accept that there is likely to be uncertainty and even conflict, but this needn't derail the programme if relationships are strong.
- Make Systems Leadership part of your OD and CPD.
- Have a commitment to your place, and focus on the outcomes.

For more lessons from the Local Vision places, please see the report, [The Revolution will be Improvised](#).

