The Revolution will be Improvised Part II

Insights from places on transforming systems

**A report by The Leadership Centre for
The Systems Leadership Steering Group**

**LOCAL
VISION**

Introduction

The past five years have seen seismic changes in the commissioning and delivery of public services. This has meant the NHS, local government, public health, social care, welfare, housing and other sectors coming together to work in new ways.

But transforming services is hard. It involves significant changes to organisational and professional cultures and behaviours, which are often the most essential to make and the hardest to effect.

This is where Systems Leadership comes in. It's about how you lead across boundaries – between departments, organisations, sectors or places – and when you want to secure large-scale and sustainable change but you're not in charge.

Systems Leadership describes the way people need to behave when they face large, complex and seemingly intractable problems; where they need to juggle multiple uncertainties; where no one person or organisation can find the solution on their own; where everyone is grappling with how to make resources meet growing demand; and where the way forward lies in involving as many people's energies, ideas, talents and expertise as possible.

Systems Leadership is particularly relevant for people who are undertaking service integration, or who are looking at how they can achieve long-term behavioural and cultural change.

For the past three years, there has been a national Systems Leadership programme, backed by national and local government, the NHS, public health, social care and a host of other bodies[1]. Through initiatives called *Systems Leadership – Local Vision* and *Leadership for Change*, and latterly in the Health and Social Care Integration Pioneers, they have supported teams in places around England, from towns and cities to entire counties, looking to find new solutions to seemingly intractable problems by radically transforming their approach.

Each *Local Vision* project has looked to develop Systems Leadership in a particular place; to create new ways of working in support of better population health or integrated services; and to achieve measurable improvements. So alongside bringing together health, social care and other services, issues have included the reduction of inter-generational obesity levels, increasing physical activity across a population, alleviating food poverty, and reducing social isolation and loneliness. *Leadership for Change* has taken multi-sector teams from around the country and supported them to learn together, through applying Systems Leadership to a similarly complex issue in their area.

You can see a map of all the places at the end of this report.

Places and teams have been supported by highly experienced 'Enablers[2]', commonly with many years' experience in leadership development, systems thinking and implementing change. They play a wide-ranging and dynamic role, that can include analytical thinking about a local system; applying models and insights to support behaviour change; framing debates in ways that motivate people to take action; coaching people to strengthen their leadership capacity, connecting different parts of the system; creating deeper understanding of shared issues and bringing people together to work differently.

Last year, we published a report, *The Revolution will be Improvised*, that drew together some of the early insights and lessons learned from *Local Vision*.

The second report in this series takes this learning further. This time, we draw on insights from nearly forty *Local Vision* places, along with *Leadership for Change* teams, and use their reflections and views to show what actually happened when they applied Systems Leadership approaches. And we use descriptions from people in the places to illustrate what they did; what it felt like; what worked and what didn't; where the turning points came; and what the outcomes have been.

These stories reflect the journeys that people have made, and – in many cases – the distance travelled. People are working with complexity, and this is reflected in the way that progress is back-and-forth rather than steady and linear.

And change has not been possible in every place.

But at the same time, progress has been real. Systems Leadership has changed the way people think and behave, and the way they lead. This in turn has led to real changes in outcomes and better services for people[3]. So we hope that the views and stories set out in the following pages provide food for thought and that, if you are embarking on a similar path, you can learn from them, and take encouragement from their experience.

Mark Dalton, John Jarvis, Benjamin Powell and Debbie Sorkin
The Leadership Centre, November 2015

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Acknowledgements

Firstly, the hurdles
(there are lots of them)

It's one thing to say you want to change what you do and the way you do it. It's quite another to go about achieving it, especially when what you want to change is complex and involves many different people and organisations, often with different priorities and perspectives. Systems Leadership can be very different to traditional approaches. As one Systems Leadership Enabler noted: "The key people are very stretched, having multiple important projects to manage." So it's not surprising to find that there were bumps in the road. These are some of the main potholes that people found along the way.

Getting going: finding clarity and buy-in around a true shared purpose

When looking to effect whole systems change, we found when working with places and teams that there is often considerable enthusiasm in the early stages. Targets are still relatively abstract, and rhetoric such as "we're all fully behind this and committed to making change" is commonplace.

So there is often support in principle, sometimes accompanied by a 'rush to sign-up', without doing the hard thinking required as to what taking a systems approach will really entail.

In Blackpool, for example, the *Leadership for Change* team came up against just this issue. They were looking at how to bring together a range of partners to improve children's services, on the back of winning large-scale funding for this purpose from the Big Lottery Fund.

Joanne Hay, then a Director at the NSPCC and part of the Blackpool *Leadership for Change* team said:

"Whilst everyone who was involved in the Lottery bid for funding of a joint programme had been supportive in a general way, there hadn't been any real buy-in or involvement across the patch. No-one had thought about ceding leadership or indeed what shared leadership might look like."

Similarly, in Calderdale, where the *Local Vision* team were looking at how to improve levels of participation in sport amongst younger people, the Enabler in the place, Paul Tarplett, noted:

"The project took time to start. This may have been because the 'apparent' clarity gave people a false sense of security, with people either imagining that they all meant the same thing by integration, or assuming that because they'd agreed on a goal they didn't need to actually do anything to make it a reality."

As places learned, the key is to turn this enthusiasm into a common purpose, with the citizen or service user at the heart of any programme. What made the difference in many places was a willingness 'to go slowly to go fast', so that different groups could develop their understanding of what has brought other partners on board, their perspectives, priorities and pressures. Taking the time was crucial to identifying and resolving differences, and to developing a shared narrative about what the real shared ambition was for a place. Places found that it was easier to develop and promote a compelling shared narrative that partners could buy into when it could be seen to lead to tangible benefits for service users and communities.

So you may need to go back to basics. In Bristol, where the Local Vision project was contributing to wider initiatives around reducing inequalities, the Systems Leadership Enabler in the place, John Atkinson, observed:

"There was a lot of effort and goodwill. The challenge was how to harness this, acting on the issue 'as one' and applying a concerted and consistent approach. In a way, this meant going back to the basics of a city-wide shared ambition."

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Dealing with scepticism, and getting high-level support

One common finding is that issues that run across and bedevil professional disciplines and sectors are sometimes mired in historical, failed attempts to re-engineer the system. This can lead to scepticism among senior leaders if they see Systems Leadership as just another programme, and fail to give it their full support. *One Leadership for Change* programme participant observed:

"At times I have struggled to communicate the learning I have gained from the programme and, when I have been able to, the system has reacted with a 'that'll never happen' mentality."

And when this is coupled with vested interests, you have powerful drivers preventing change. As Fran Beck, part of the Telford and Wrekin place team on the *Leadership for Change* programme, said:

"Each profession or organisation has its own boundaries and, while all supported the rhetoric of breaking down silos, vested interests prevailed and [so finding] new ways of working became the Holy Grail."

Where Systems Leadership has worked well, it has obtained senior level organisational and political engagement to help cut through the scepticism. As a participant in the Plymouth *Local Vision* programme noted:

"Elected members have been very important in this. If they do not think that this is the way to go, it can't happen. The work of the Health and Wellbeing Board showed that the elected members did buy into this new way of looking at things, and this has permeated throughout the city. The political leadership is absolutely critical."

This is where working on a new shared narrative, or framing an issue differently, can be crucial in changing people's assumptions and expectations. In Solihull, where previous efforts to integrate had long fallen at this hurdle, a *Leadership for Change* participant made this point explicitly:

"Having a new way of looking at the issues meant that we could 'park' the cynicism and concentrate on the work we needed to do."

Framing issues in new ways also helps with managing expectations. The Calderdale *Local Vision* programme focused on the issue of physical activity dropping when children transferred from primary to secondary school, particularly amongst girls. Taking a 'whole place' view, the problem was identified as a classic systems issue, to which no-one had applied Systems Leadership. They had always gone for standard management approaches with little practical effect. So the question for them was 'what they could do that would make a discernable difference, however small?' Calderdale's Enabler, Paul Tarplett, acknowledged that:

"you needed to accept that some situations are so complex they need to be progressed, rather than hoping they can be magically solved."

Tensions in the system

Priorities, language and stereotyping can be deep-seated barriers to forging effective alliances, particularly with health and social care organisations. Although this is a stereotype and something of a caricature, some health organisations view local government as short-termist and driven by the prevailing political mood, with the corollary that some in local government see the NHS as a leviathan that lacks accountability, is politically naïve, and is out of touch with communities.

Nottinghamshire's *Local Vision* project centred on the formation of a Multi-Agency Safeguarding Hub (MASH), where there were clear tensions between different parts of the system. There was confusion about the roles of the Safeguarding Team and the Early Years Service, and cultural differences which led to many conflicting working assumptions between the council, health

commissioners, health providers and the police. While everyone supported the idea of a Multi-Agency Safeguarding Hub, these tensions had to be overcome, through in-depth coaching for individuals alongside joint working, before partnership working could succeed.

In Kent, a range of stakeholders was involved in a *Local Vision* programme that set out to implement an integrated commissioning approach. It was felt that progress had stalled due to issues of power and trust, and an unwillingness by some to relinquish control. The system was very complex, involving the County Council, big NHS trusts and a number of smaller Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards and District Councils. Again, a combination of work with individuals, and then bringing them together in open space events, without a formal agenda but with a clear shared ambition, was crucial to making progress.

The day job stops you observing what's really happening

Creating the conditions for systemic thinking often conflicts with the pressures of our day job, but creating a space to think and collaborate is essential to the process.

Ronald Heifetz uses the metaphor of 'getting on the balcony' to observe the 'people on the dance floor', arguing that a leader must be able to get some distance from the challenging situation in order to gain perspective and see the bigger picture:

"The only way you can gain a clearer view of reality and some perspective on the bigger picture is by distancing yourself from the fray, otherwise you are likely to misperceive the situation and make the wrong diagnosis, leading you to misguided decisions about whether and how to intervene.[4]"

Similarly, masterclass contributors on *Leadership for Change*, Meg Wheatley and Margaret Heffernan, both make a strong case for creating these opportunities. In the words of Meg Wheatley: "Without reflection, we go blindly on our way, creating more unintended consequences, and failing to achieve anything useful" and "time for reflection with colleagues is for me a lifesaver; it is not just a nice thing to do if you have the time. It is the only way you can survive."

Several participants on both the *Local Vision* and *Leadership for Change* programmes commented on the value of the opportunity to take time out to think, reflect and develop their own Systems Leadership skills and understanding. However, people also noted how difficult this was to reconcile with the demands of the 'day job'. For example, a participant in the Plymouth *Local Vision* project said:

"It felt to me that a majority of the group remained exhausted or distracted by the pressures of their day-to-day workloads and found it somewhat difficult to switch their focus towards more reflective, co-operative and systems-based thinking."

As in other areas, having an Enabler helped with this ability to stand back and think about what was happening. In Dudley, where using *Local Vision* helped to integrate health and social care and move towards community-based services, one participant observed:

"the Enabler was able to point out the behaviours we were demonstrating and the language we were using which was really helpful, for example saying 'what I am observing at this point is this...'"

So places found that part of the value of having an Enabler involved with the work was to give permission to take time and space for that degree of reflection and observation.

[4] Heifetz & Linsky, *Leadership on the Line: Staying Alive through the Dangers of Leading.* 2002.

But then, the light bulb moments

Despite all the problems and hurdles, many places made real progress, often after a particular 'light bulb moment' created a turning point. Here are some of the key moments for *Local Vision and Leadership for Change* places.

Think differently

A key aspect of Systems Leadership is the ability to think beyond your own service, priorities or organisation, and to take a broader view on issues, recognising interconnections between (for example) services, providers and outcomes. One factor that really made a difference, therefore, was when people made this shift, and started to appreciate the systemic nature of what they were facing.

For example, The Wirral *Local Vision* project sought to improve the local food system in order to create a 'healthier, fairer, happier' place. The public health team at Wirral Council, who led the project, noted:

"Our Enabler has talked often about this being about connecting little bonfires into a beacon. This insight has made [us] think about the challenge not just as a problem for us to solve but as enabling the system to solve the problem itself."

Similarly, a participant in the Gloucestershire *Local Vision* work, which involved reducing inter-generational obesity, noted: "I thought I was the system, but now I realise that I am only part of a much wider system. We need to learn to work much better together and then listen to what communities want from us so that we can deliver together."

This also illustrates how having Systems Leadership Enablers in place was crucial in bringing together key partners in order to develop shared understanding of key issues. In the Cornwall *Local Vision* project, which similarly involved alleviating food poverty, this meant

"…giving us time to reflect and learn; to challenge the 'way we do it'; and to try some different ways of thinking, being and acting while in a safe space."

Citizens are the centre

It may seem obvious to say that service users should be placed at the heart of service design, but too often that doesn't happen. Citizens frequently end up with fragmented services that may be convenient for the organisation delivering them, but that don't fit their own needs. By placing the service user at the heart of service design, the results can often be striking.

In Gloucestershire, where the *Local Vision* programme involved developing more effective strategies to reduce inter-generational obesity, Enablers Holly Wheeler and David Bolger allowed the team to have conversations with communities that came across as being unforced, respectful and real. Crucially, it wasn't just about helping communities in the short-term – they were able to remove historical barriers and enable the community to help itself.

Reporting on the project, David and Holly said:

"Ownership is the only way to deliver sustained change and communities clearly articulated that they do not want 'our solutions' to improving health and wellbeing, but to be involved in the development and, where appropriate, delivery of interventions…or simply some support to do things their way."

Similarly, Cheshire West and Chester adopted community-based approaches to their *Local Vision* programme around tackling social isolation and loneliness. The team actively involved many different parts of the community, including four local housing associations, schools, local businesses and faith groups. This resulted in stronger community links and increased resilience, thereby laying the foundations for sustained change that the community felt they 'owned' because they had been centrally involved from the start.

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...giving us time to reflect and learn; to challenge the 'way we do it'; and to try some different ways of thinking, being and acting while in a safe space."

Relationships are key

Nurturing real relationships is a critical part of Systems Leadership – not just superficial relationships defined by professional roles, or masks that leaders present in formal meetings. Across the *Local Vision* and *Leadership for Change* programmes, it has been fundamental to forge relationships with colleagues on a personal level, find common motivations, and identify and articulate a common purpose.

Building relationships takes time, as Gloucestershire Enabler David Bolger, noted:

"Co-production takes time and requires humility. It takes time to develop relationships and build trust, and this requires a long-term commitment from stakeholders or project leads to spend time on the ground."

Similarly, in Wakefield, the Health and Wellbeing Board had the foresight to recognise that integration relied on the strength of relationships. Their inclusive approach brought together senior representatives from a wide range of commissioners, providers and the third sector. All the members are now aligned around a shared vision and a common value base, which has been crucial to the success of their *Local Vision* programme.

In Wiltshire, the *Local Vision* programme focused on the wish to create a multi-agency 24/7 response for those with urgent care needs. It therefore required a broad range of different stakeholders to work together effectively. A range of interventions from their Enabler, Paul Tarplett, led to all parts of the system feeling they were able to collaborate effectively, to ensure that patients moved smoothly through the system.

In Paul's view:

"There was a strong and effective working relationship between myself as the external Enabler and the internal team, which allowed for honest conversations about what we were doing, how well it was working and what we were learning."

In addition, Paul and the team explored some of the system pressures and the challenges of building and maintaining good relationships and working collaboratively in the current context. They also looked at what staff needed from senior leaders in order to continue to connect and build systems around service users and reinforced the importance of staying focused on a few agreed priorities, avoiding excessive bureaucracy and maintaining strong relationships.

Enablers keep you to task

A common finding has been that having an Enabler in place has been enormously valuable in developing an understanding of, and commitment to, systems thinking amongst key partners, thereby keeping them on track.

In Gloucestershire, one *Local Vision* programme participant described having the Enablers as "a godsend". The team felt they had floundered at the start because they "didn't know how to tackle the project" and felt "too close to it".

"David and Holly[5] were really helpful in asking skilful questions and in acting as a sounding board for what they felt the true issues or problems were. They had the authority and credibility to 'out' or name the real issues."

Similarly, *Local Vision* participants in LB Hackney noted:

"The Enabler helped us understand the system better and therefore begin to appreciate why it wasn't as we wanted. This insight allowed us to make suggestions/recommendations to the Safeguarding Board."

And in Dudley, having the Enabler on hand "helped us have honest discussions and created a safe environment for us to negotiate."

So having an individual in an Enabler role, who can take a neutral stance and create the conditions for an honest conversation, can be invaluable in supporting people to work together and to keep going through tough times.

[5] David Bolger and Holly Wheeler, the Enablers working in Gloucestershire.

Broaden connections: link the system to itself

One of the great strengths of systems working is the way in which it broadens connections across a place, 'linking the system to itself'. For example, in the Calderdale *Local Vision* programme, Paul Tarplett, in his role as Enabler, linked teachers with local charities in the area, such as *Upbeat* and *Eureka*, that were involved in promoting levels of physical activity. He also encouraged the Director of Public Health, Paul Butcher, to make lasting connections between head teachers and the Health and Wellbeing Board.

In Paul Butcher's view:

"It was clear that public health needed to build relationships with individual head teachers, and not rely on the established routes. We identified the need to use the operating and authorising environment more effectively; how we were linking with governors and what was on their agenda; how we could use local councillors as governors, and the staff we employed in the authority who acted as parent governors. These were all untapped resources to influence the authorising of the work."

Elsewhere, in Plymouth, the local authority saw that:

"The Systems Leadership pilot has helped to develop relationships across the Council and Clinical Commissioning Group to enable the work on integration to be developed."

Here, Systems Leadership approaches have made even more links and 'gone viral', permeating other parts of the council, including education. For example, in a Plymouth school that faced a wide range of problems affecting levels of attainment and pupil turnover, a whole systems approach was implemented: as in other areas, it enabled partner organisations from across the city to consider the underlying causes and issues, and take time to come to a shared understanding, rather than rushing to solutions.

Stories and narrative are powerful ways to influence others (i.e. it's not all about the role)

Public Narrative is a leadership practice that helps us develop powerful stories, motivating others to join us in action. *Local Vision* and *Leadership for Change* programme participants have found this to be an invaluable technique, particularly in the absence of any formal authority. It also helps with working with citizens and service users to craft, and then convey, a clear and consistent message.

In Solihull, Enablers Chris Lawrence-Pietroni and Mari Davis helped the *Leadership for Change* programme team use public narrative to promote their vision for Solihull under the brand *Solihull Together for Better Lives*. Having a common narrative, throughout the team's community interactions, has enabled them to expand integrated care and social services across communities, and across the local economy.

Similarly, Tina Hickson from the Croydon *Leadership for Change* team, and her fellow team member, Dwynwen Stepien, proved they could use narrative and stories to be effective leaders without operating at the most senior level, by using Systems Leadership approaches to gain support for a new children's services strategy at all levels of the council (including the Leader and with Cabinet Members) and the local health economy.

Working on early intervention, Tina drew on her own working class background in Peckham to reinforce the message that the issue wasn't about money or departments, it was about children and young families. Tina also noted that when crafting a narrative, you couldn't just state it once and hope that it stuck. "You have to go into it with huge determination. If you don't you can't carry people along."

Give power away: the more you give away, the more control you have

At the heart of a systemic and inclusive approach to leadership, as championed through *Local Vision* and *Leadership for Change*, is a fundamental change in the nature of relationships. Sometimes, public service leaders need to recognise that colleagues in other parts of the system are in a better position to lead on certain initiatives. As a participant in the Gloucestershire *Local Vision* programme described it:

"This is about shifting power and to do this will require those who aspire to provide leadership to relinquish some control and divert some of their energy into helping develop leadership capacity across the system."

This willingness to shift power was exemplified by the public health team involved in the Torbay *Local Vision* programme. They devolved power to the frontline by working with Healthwatch to support a local person living with dementia, who had created a 'Purple Angel' scheme to raise awareness and understanding of dementia within the local community. This approach was unconventional, but it demonstrated the influence that a local voluntary sector organisation that has credibility with users can wield.

The scheme creator said:

"I have seen many of these initiatives come and go, but I think involving someone who has dementia, and asking them for their views and thoughts is the way to go."

He and his team of volunteers visited local businesses and services, explaining how to recognise and care for customers with dementia. Healthwatch then broadened the campaign by taking it to care homes, and they have worked together to produce a guide for staff who provide care and support to people with dementia.

The registered manager of one local facility, the Three Corners Nursing Home said:

"The talk and training has had a huge impact on my staff. They have all commented on the fact they are now looking at the people they are supporting who have dementia in a completely different light. It's been brilliant."

Paradoxically, when people did manage to shift or broaden power, they ended up feeling they had more control and obtained better outcomes. In the words of a participant in the Dorset, Bournemouth & Poole *Local Vision* project:

"the sociology of our relationships is stronger and more coherent. We have done some very good work on the ground to improve services for patients."

"

Our Enabler has talked often about this being about connecting little bonfires into a beacon. This insight has made [us] think about the challenge not just as a problem for us to solve but as enabling the system to solve the problem itself."

Outcomes in places

This is by no means an exhaustive list, but it does illustrate some of the positive outcomes from the Systems Leadership work in particular places.

In Wiltshire, Systems Leadership has contributed to the public, private, voluntary and not-for-profit sectors coming together to integrate health and social care, leading to a reduction in delayed transfers of care and the number of non-elective A&E admissions.

In Plymouth, an emphasis on prevention around alcohol abuse has had measurable impact, including a reduction in alcohol-related hospital admissions, providers coming together in an alliance to support people with complex health and social care needs, joint commissioning for complex needs, and fewer children going into foster care as a result of parents having alcohol problems.

In Calderdale, the *Local Vision* programme is starting to have an impact on the proportion of young people engaged in sports. The Health and Wellbeing Board have worked closely with the community, training girls in a number of schools in research methods so that they could then use interviews and focus groups within their own schools and youth groups to find out what would help or hinder activity. The aim has been to build a social movement around this, and create an engagement programme that has broad ownership within the community and can therefore act as a basis for real change.

In Dudley, a programme to improve community-based interventions in health and social care has led to demonstrable increases in people using local Link Officers rather than GP and ambulance services, together with the introduction of a 'rapid response unit' in primary care and a stronger role for local befrienders – part of the voluntary sector that is now recognised as a key partner in the joint integration team.

In Solihull, the Clinical Commissioning Group has worked in partnership with the local authority to lead a new integration initiative, *Solihull Together for Better Lives*, which has resulted in more joined-up services for people living with dementia and with mental health issues.

In Cheshire West and Chester, they identified around a dozen separate cohorts of people and have developed tailored, community-led approaches to tackling isolation that they would not have done had they gone down their original route. Part of the work has centred on improving the built environment, including streets and public spaces, so that they were more attractive and people feel safer in going out to meet others. The new approaches also actively involved many different sections of the community, including four local housing associations, schools, local businesses and faith groups, and are designed to build community links and resilience alongside reducing social isolation and loneliness. The work has fed into larger regional programmes supported through the National Lottery.

In Cornwall and on The Wirral, the *Local Vision* programmes revolved around creating better health and wellbeing outcomes through food, and to reduce food poverty (use of food banks in Birkenhead had increased by 47% over 4 months from 9000 to over 13000, for example). Outcomes have included cookery classes in food banks and community groups to help people cook and eat well on a minimal budget; more food networks, building better networks between local farmers and local consumers, so there is more use of surplus food and less waste; more community cafes; and developing a skills-based food curriculum for schools. A local housing association has also played an active role in the Cornwall programme, with housing officers based in food banks to provide easier access to advice for local people.

Building blocks for success

A number of key messages are apparent, with some re-enforcing those identified in Part 1 of '*The Revolution will be Improvised*' and some new ones emerging as the work in places develops:

- Citizens and service users must be at the heart of any systems change. It's about co-creation, not consultation on a given blueprint. And it's important not to lose sight of this when politics and conflicting priorities are prevalent.

- Systems Leadership is about collective endeavour and shared purpose. So it's about working offline, 'below the radar' and having conversations that lead to real work.

- Getting the right people in the room so that the system is adequately represented is vital in any systems intervention. By definition, this includes citizens, service users and their carers.

- When you do have the right people in the room, remember that the role of leadership in complex systems is to ask questions, not to provide pat answers. Use the multiple perspectives and collective intelligence that you have.

- Resist the urge to jump to instant, technical or off-the-shelf solutions, or to rush into the pilot stage. It's much better to focus on building relationships, trust and shared understanding of underlying issues.

- Use small, contained 'safe-fail' experiments, based in the context of the here and now, to test out ideas.

- You need to build the evidence base for taking a long-term view – be prepared for things to take time, keep your nerve, adapt as situations change and keep the momentum going.

- Be ready to work with partial, clumsy or emergent solutions.

- Systems Leadership enables you to share leadership responsibility. As a consequence, you can support other people across a system to achieve greater things than they would have been able to do on their own.

- So whatever your role or level, a key reason to use systems approaches is that they can make you a better leader.

- And if you're an Enabler, have a clear exit strategy so that momentum isn't lost when the work comes to an end. Being an Enabler means that you need to create the right conditions for places to do the work themselves, not just do it for them.

New Stories

1

Multi Agency Safeguarding Hub
Nottinghamshire *Local Vision* Programme

In Nottinghamshire, where the first part of the *Local Vision* programme was centred on the formation of a Multi-Agency Safeguarding Hub (MASH), there were clear tensions between different parts of the system.

The MASH involved partners from the NHS, the police, the fire service, the probation service, education and adult and children's social care. Although there was a real commitment to joint working, performance deteriorated in the initial months because of bottlenecks, and the agencies found ways to blame each other. Process was clunky, information sharing was difficult, and colleagues often had difficulty understanding each other, even if they worked in the same room.

What we did

The team built a 'systems map' that showed the system was creating feedback loops and making their problems worse. Through practical exercises, using realistic case examples to 'think out loud' so each member of the team could understand how other agencies saw things, we learnt that people often look at problems very differently. For example, we realised that the police and children's social workers look at different risk factors in domestic violence incidents, and interpret urgent need differently. Data sharing was also identified as an issue, with health and the County Council having different approaches to information governance. For the police, their biggest frustration was that sharing information with colleagues in Nottingham City was even harder than sharing it with other forces. Finding solutions and improvements to these problems, which the team could implement themselves, helped to build their confidence.

It was clear that each agency had different ideas about the purpose of the MASH, and the next stage was to bring the 'system leaders' – the most senior managers from each organisation – together to develop a shared narrative and agreed purpose. This required them to actively engage, not just passively receive papers or attend meetings. The conversation about the different 'purposes' of the MASH created a real consensus about what mattered the most.

A key role for Enabler Sue Goss was to create comfortable and safe spaces in which people could tell each other about their concerns and worries, without blame or acrimony. It was important to be curious about differences and problems, rather than try to impose a consensus. The process of inquiry enabled partners to feel heard and develop a way of accommodating tensions, rather than trying to explain them away.

Reflecting on her role, Sue identified the following key elements:

- Just observing is a very important part of the work – instead of getting caught up and reacting.

- You need to take time to diagnose what's really happening – most people can only see part of the system. Observing yourself and how you are behaving is also really helpful.

- The role is about helping others to see things – working informally through listening and creating relationships as much as through formal processes/governance.

Improvements in systems working

The staff running the MASH now have a high degree of confidence in their ability to join up individual pieces of information and identify children at risk. They are sharing information **"better, earlier and more appropriately"**. Key to their approach is that information is used to **"work out joint solutions"** rather than being **"lobbed over the fence"**.

A different type of Leadership being exercised

Problems during the early stages of the MASH were overcome by the team **"problem solving and making things up on the hoof"**. The team was allowed to develop its own solutions without senior staff intervening, despite concerns that a serious case could be missed. Senior staff said:

"Holding our nerve through difficult times was the biggest challenge of our careers".

New Stories

Tackling Alcohol Abuse
Plymouth *Local Vision* Programme

2

The Plymouth Health and Wellbeing Board identified the 'wicked issue' of alcohol abuse in the city as the lens through which to learn more about Systems Leadership approaches. It was becoming apparent that a joined up approach across all agencies was required to address a number of 'wicked issues' and, as progress had not been made against the alcohol strategy, the issue was seen as a good place to start.

In an attempt to forge closer links between public sector agencies, a local police Superintendent was seconded to the council. This strengthened the partnership between the police and the council, not only on the issue of alcohol, but also by developing new ways of working with communities and collaborative enforcement as a whole. This closer working enabled all agencies to begin talking about the underlying causes of 'wicked issues' and not just focus on the symptoms.

System tensions
The new systemic way of working was championed by a number of colleagues across the organisational hierarchy. However, in the very early stages, many expressed frustrations about colleagues across the system that were resistant to change, and wanted to hold on to already established hierarchies. It was felt that those colleagues used Systems Leadership as a catchphrase, but did not take the time to fully understand it.

Systems Leadership
One *Local Vision* participant said:

"We have not yet reached the tipping point where systems behaviours will start to become the norm, but there are a number of individuals across the public sector system in Plymouth who are engaged with and hungry to develop some of these approaches."

Participants also talked about working with systems tensions, contradictions and dilemmas, and turning these into a resource for change, rather than a political tool or a hidden issue.
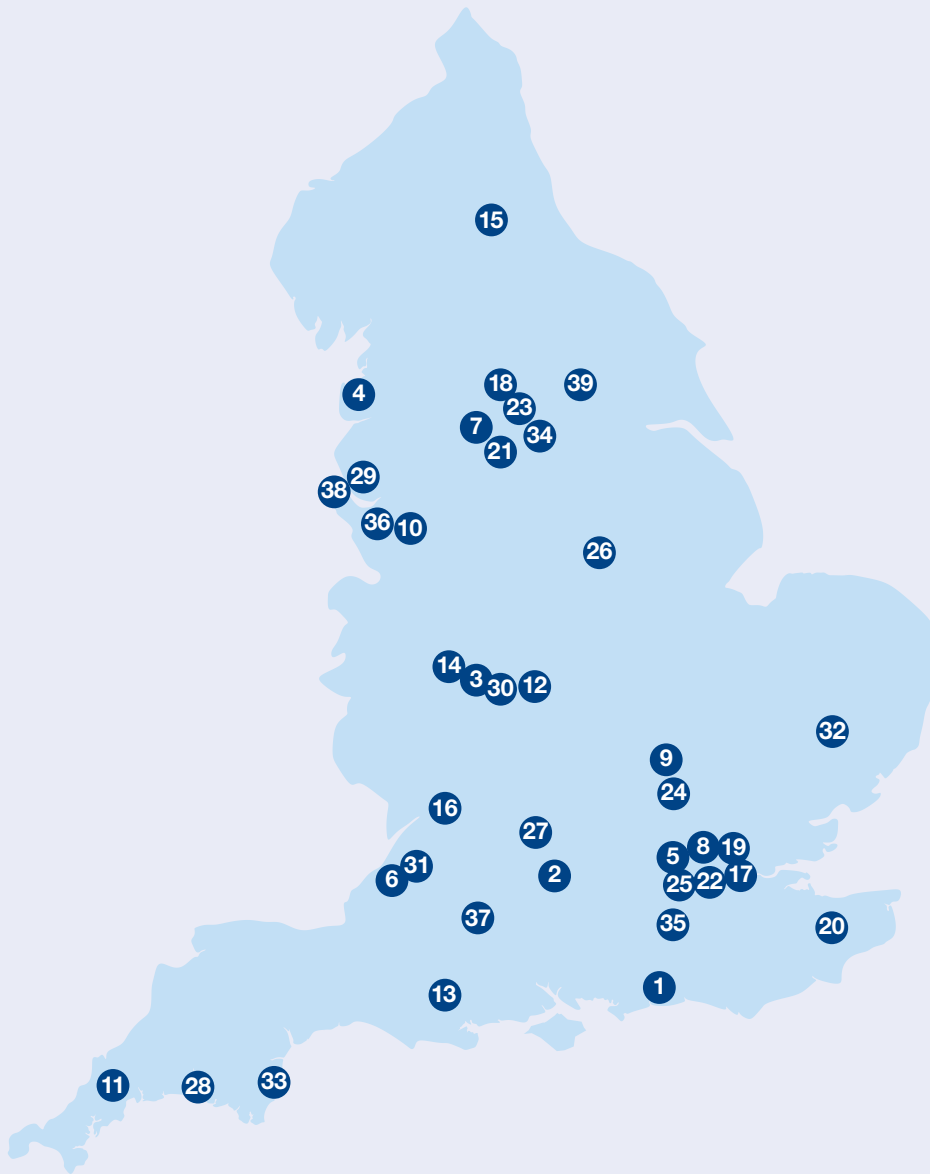
Local Vision
The involvement of *Local Vision* was seen as being critical in bringing agencies together with a new understanding and an increased ambition, which has led to the creation of a £460 million pooled commissioning budget.

For one participant, the work **"gave time to reflect on how we had got to where we were, with a good partnership but still working in isolation. This helped us to see how our activity could be connected and we started to see it as a system. We also learned about systems and problem solving"**.

One senior officer described approvingly how *Local Vision's* emphasis on thinking through how they were going to work **"made our heads hurt, but had a profound effect on our thinking for the future"**.

Appendix A

Map of *Local Vision, Leadership for Change* and Integration Pioneer places around the country.

17 **Hackney** - Eliminate the risk of female genital mutation (FGM) faced by girls and young women growing up in Hackney.

18 **Harrogate** - Facilitate local agencies coming together to deliver more cohesive, joined up and unified local services.

19 **Islington** - Health-led system change to boost employment among those with a health condition or disability.

20 **Kent** - Further developing an approach to integrated commissioning.

21 **Kirklees** - To create an outcome based, prevention focussed health and social care system.

22 **Lambeth & Southwark** - Integrating care pathways.

23 **Leeds** - Reducing high levels of ill health among those who are unemployed.

24 **Luton** - Addressing variation in general practice.

25 **Merton** - Create a pilot approach to integrated health and social care for people with two or more serious long-term conditions; putting users at the centre.

26 **Nottingham City and Nottinghamshire** - Improve data sharing in the multi-agency safeguarding hub (MASH).

27 **Oxfordshire** - Developing integrated local teams, supporting older people to remain well within their communities.

28 **Plymouth** - Tackling alcohol abuse and drinking culture.

29 **Sefton** - Using a community based approach to integrate health and social care.

30 **Solihull** - Improve the effectiveness of services through the Integrated Care and Support in Solihull Programme.

31 **South Gloucestershire** - Improving local urgent care system using resident insight to co-design.

32 **Suffolk** - Improving mental health outcomes through early identification and treatment.

33 **Torbay** - Creating dementia aware high streets.

34 **Wakefield** - Developing an integrated model of care.

35 **Waverley** - Creating and stimulating a caring system in Waverley.

36 **West Cheshire** - Developing multi-agency response to social isolation.

37 **Wiltshire** - Creating a multi-agency 24/7 response for those with urgent care needs.

38 **Wirral** - Improving access to affordable, healthy food and encouraging positive local attitudes towards food.

39 **York** - Extending life and disability-free life expectancy and reducing the gap in heath inequalities.

Key to projects in places

1 **Adur & Worthing** - Taking community based approaches to mental health and wellbeing.

2 **Berkshire West** - Strengthen collaborative working to improve service delivery.

3 **Birmingham** - Reducing demand on public services using big data.

4 **Blackpool** - Transform outcomes for 0-3s and their parents over the next 10 years.

5 **Brent** - Galvanising a wider response to better support people living with dementia.

6 **Bristol** - Ensuring the city's economic growth is accessible to all its communities.

7 **Calderdale** - Increasing the percentage of school age children participating in strenuous physical activity or sports.

8 **Camden** - Improve health and wellbeing outcomes through cross-agency leadership.

9 **Central Bedfordshire** - Improving outcomes for older residents through a more integrated, preventative approach.

10 **Cheshire West and Chester** - Address local issues of social isolation.

11 **Cornwall** - Encouraging access to healthier, affordable and fresh food across the community of Cornwall.

12 **Coventry** - Raising levels of physical activity.

13 **Dorset, Bournemouth and Poole** - Developing a coherent local system to deliver integrated health and social care.

14 **Dudley** - Minimising service dependency, cutting A&E and residential/nursing home admissions and improving community based interventions.

15 **Durham** - Tackling childhood obesity across County Durham.

16 **Gloucestershire** - Reducing intergenerational obesity.

Leadership for Change Participants

Better Start Blackpool, Birmingham, Bristol, Cambridgeshire, Croydon, Darlington, Devon, Ealing, East Riding of Yorkshire, Imperial College Healthcare, Liverpool, Medway, NHS England, North Staffs, North West London, Norwich, Pennine Lancashire Health, Public Health England, Solihull, Somerset, Southend, Staffordshire, Telford and Wrekin, Torbay, Wales, Warwickshire, Warrington.

Appendix B

Enablers and Leadership for Change Coaches

We would like to record our thanks to the Enablers and Leadership for Change Coaches who have been, and continue to be, at the heart of this vital work.

John Atkinson
Jill Barrow
David Bolger
Lesley Campbell
Jo Cleary
John Deffenbaugh
David White
Bernie Brooks
Matt Gott

Ruth Kennedy
Chris Lawrence-Pietroni
David Love
Julia Morrison
Robin Douglas
David Brooks
Liz Goold
Diane Neale
Joyce Redfearn

Phil Swann
Paul Tarplett
Allison Trimble
Holly Wheeler
Mari Davis
Sue Goss
Myron Rogers

Appendix C
Systems Leadership Steering Group Members

The Systems Leadership – *Local Vision* **and the** *Leadership for Change* **programmes have been based on collaborative working across a wide range of stakeholders, with the shared vision of transforming services through leadership development and new ways of working. These stakeholders include members of The System Leadership Steering Group who come together to oversee the national programme.**

Systems Leadership Steering Group members include:

Association of Directors of Adult Social Services
Association of Directors of Public Health
Birmingham Community Healthcare
Department of Health
Leadership Centre
Local Government Association
Monitor
National Skills Academy for Social Care and Skills for Care
NHS Confederation
NHS England
NHS IQ
NHS Leadership Academy
Public Health England
Social Care Institute for Excellence
Think Local Act Personal
Virtual Staff College

…and the Group is chaired by:

Systems Leadership Steering Group Members, Marin Reeves, Chief Executive, Coventry City Council and John Wilderspin, National Implementation Director, Improvement and Leadership Development, NHS England.

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