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Systems Leadership: Exceptional leadership for exceptional times

Source Paper 3:
UK leadership scenarios

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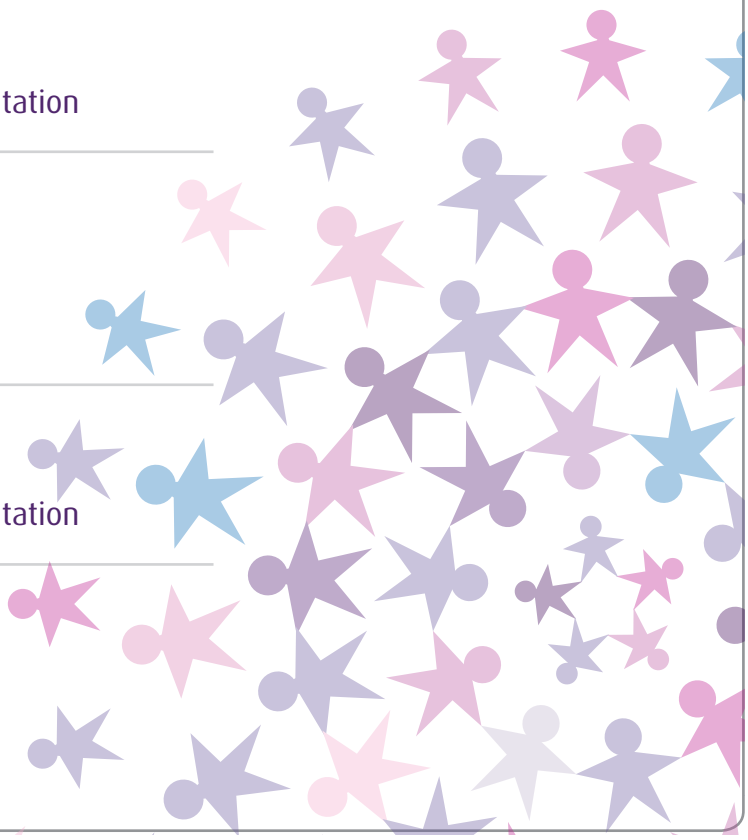

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1. Introduction

This paper forms part of research commissioned by the Virtual Staff College on systems leadership, undertaken in 2012- 2013 by the Colebrooke Centre for Evidence and Implementation with the Centre for Health Enterprise, Cass Business School, City University London.

It is one of a suite of supplementary papers ('Source Papers') and is intended to be read after, or in parallel with, the core Synthesis Paper Systems Leadership: Exceptional leadership for exceptional times (Ghate Lewis and Welbourn, 2013). It makes reference to, and is structured around, key constructs that are described and explained in the Synthesis Paper and thus is not intended to be read as a self-contained, stand-alone document. The tone is intentionally informal, and strongly grounded in the stories and verbatim comments of those we interviewed.

The overall programme of work for this research explored the meaning and practice of systems leadership and how it is emerging in both UK and international contexts. Source Papers available as part of the suite include a review of the published national and international literature on systems leadership (Source Paper 1: Literature review[1]), and strategic interviews with systems leaders about the nature and practice of systems leadership (Source Paper 2: Views of systems leaders[2]). The project is further complemented by four small scale international studies seeking insight into systems leadership in other jurisdictions (Source Papers 4a-d).

In this Source Paper, we describe three short case studies of systems leadership – 'leadership scenarios' which involved initiatives in multi-agency settings characterised by whole systems working. The scenarios were selected in collaboration with the project's Research Advisory Group and Co-Production Group (see Synthesis Paper for further details) and were selected to provide 'real world' illustrations of systems leadership in different settings and contexts. We carried out a documentary review followed by qualitative interviews by telephone with the key people involved particularly in the earlier stages of each initiative. These interviews were conducted very specifically through a lens focused on systems leadership, rather than the more typical focus of organisational or 'good practice' case studies. The interviews explored aspects of systems leadership which had emerged from the literature review and interviews with systems leaders (Source Papers 1 and 2) and looked in more detail at how systems leadership thinking and behaviours actually unfold and play out on the ground. The scenarios thus illuminate systems leadership – its potential, power and challenges, and how it is influenced by context.

The three scenarios are:

- Barnet Council's Troubled Families work
- The North West London Integrated Care Pilot
- Bradford Council's Total Place project

A summary of each is shown below, and the following chapters take each in turn and look at the background of, and ambition for, the initiative and how key aspects of systems leadership played out.

1 Welbourn, Ghate and Lewis (2013) Systems Leadership: Exceptional leadership for exceptional times. Source Paper 1: Literature review

2 Lewis, Welbourn and Ghate (2013) Systems Leadership: Exceptional leadership for exceptional times. Source Paper 2: The views of systems leaders

Leadership scenario 1 – Barnet's Troubled Families

This is a case study of an initiative within an outer London borough that began life in 2010, and is now part of a high-profile national programme funded in part by central government. The aim of the initiative is to create an integrated approach across multiple local agencies to working with families who are prolific and costly consumers of a wide range of local public services, including those associated with unemployment, crime and antisocial behaviour. The work, which aims to improve a range of outcomes for children, families and communities, is led by the Council, and is now based in a specialist Troubled Families division that co-ordinates a multi-agency team. Each team member holds a small number of cases and receives clinical supervision. Over time the initiative has included at least 13 separate divisions and agencies inside and outside the local authority across social care, police, youth justice, probation, housing and health.

Leadership scenario 2 – Northwest London Integrated Care Pilot

This case study focuses on a systems leadership initiative led by health in the newly created 'tri-borough' of Hammersmith and Fulham, Kensington and Chelsea and Westminster in central London. The pilot started in 2010 and is continuing. It targets elderly people over 75 and adults with diabetes and involves co-coordinating care by 95 GP practices, two local acute hospitals, community and mental health services, adult social services and key voluntary organisations. It has the aim of reducing emergency admissions to hospital, nursing or care homes by one patient each month per participating GP.

Leadership scenario 3 – Bradford Total Place Pilot

Bradford, a metropolitan district council in Yorkshire and Humber, was, during 2009-2010, one of 13 areas involved in the pilot of Total Place. Total Place was a Government sponsored programme exploring the total public budget spent in a community as a means of stimulating new ways for different public services to work more effectively together. By exposing gaps and overlaps between services, it was hoped to reduce total spending whilst continuing to improve outcomes. The programme was discontinued following the general election of 2010 and the subsequent change of government. Bradford chose three thematic areas of 'transition' for vulnerable groups: children leaving care; adult offenders leaving prison; and discharge from acute care of elderly people with mental health problems.

2. Leadership scenario 1: Barnet 'Troubled Families'

2.1 Introduction

This leadership scenario focused on the work of Barnet Council, in an area of policy focus that has become known recently as 'Troubled Families'. Barnet is the second largest borough in London with a population of over 332,000, located on the northern edge of London.

The scenario focuses on a locality-based initiative to co-ordinate cross-agency work in order to improve the lives of, and reduce the public costs associated with, families living in the community who have complex and multiple problems including antisocial and criminal behaviour and which result in high levels of service use over extended periods and across multiple generations. Although the origin of Barnet's work, as described in this scenario, dates back several years, all local authorities in England and Wales are now involved in similar work, funded as part of a national 'Troubled Families' initiative and directed by the Department for Communities and Local Government[3]. Led by Barnet Council, the local initiative has drawn in a large number of partners from within and outside the Council. Although widely viewed as successful in many respects, the scenario was also described by participants as *'work still in progress'*, rather than offered as a fully-realised exemplar of successful systems leadership.

It illustrates some particular aspects of systems leadership, including:

- The interface between intra-organisational and intra-systems leadership, and systems leadership across multiple organisations and systems
- The significance (and complexity) of constructing a unifying narrative that enables multiple partners to make sense of change and cohere around a single purpose or vision
- The role of personal commitment, personal risk and bravery, conflict in systems leadership and the difficulties of the task
- The importance and impact of the 'authorising environment' on the work of individual systems leaders, especially in respect of local and central politics
- The significance of inhibiting factors within the wider authorising environment, including the way in which different agencies and organisations budget, manage and control their access to resources

3 https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around

2.2 Methods

The case study drew on:

- key documents describing the background to the work and a brief review of the relevant local and national evaluation literature
- in-depth one to one interviews (by telephone and face to face) with five leaders (both officials and elected leaders) from within the Council working at different levels and in different parts of the council but all of whom have had some close involvement with the work from its earliest days:
    - The Director of Children's Services (DCS) in post during the formative period 2011-2012
    - The Assistant DCS during this period (AD)
    - The head of the project since 2009 and current Head of Family Support and Early Intervention (Project Lead)
    - The Chief Executive Officer and former Chief Finance Officer (CEO)
    - The elected Cabinet/Lead Member for Education, Children and Families (Lead Member)

2.3 History and key milestones

Barnet Council's work with what are now called Troubled Families has been in continuing evolution since 2009, during which time it has been part of three separate central government initiatives, including two significant new approaches to funding public services (pooled 'place-based' Community Budgets[4], and Payment by Results[5]).

The work formally started life in 2010 as a Family Intervention Project (FIP). FIPs were established by the previous central government and combined the provision of 'intensive family support' to families displaying anti-social behaviour with the threat of sanctions (such as eviction from social housing) for further infractions. Under the FIP model, a case or key worker would work intensively to coordinate a multi-agency response to families at threat of eviction for antisocial or nuisance behaviour in their local communities, with the aim of de-escalating the problem behaviour, supporting better parenting, and improving overall outcomes for children and young people. In Barnet, this work was led by a co-ordinator who then went on to lead the successive projects in this area of work over the coming years. Local in-house data from the Barnet FIP pilot showed improved outcomes in terms of quality of life for the 18 families involved (some of which had up to 19 agencies involved), and suggested that £1.4m in the costs of future service use had been avoided.

4 https://www.gov.uk/government/policies/giving-local-authorities-more-control-over-how-they-spend-public-money-in-their-area--2/supporting-pages/community-budgets

5 https://www.gov.uk/government/publications/the-troubled-families-programme-financial-framework

Outcomes for 2011 Intensive Family Focus Pilot Cohort 1 - 18 families	
Outcomes measured over twelve month period	Numbers
Children's names removed from the Child Protection Register	12 children
Children/young people back to school, college, training or employment	22 children
Significant reduction in offending or anti-social behaviour	13 families
Families where adults reduced substance misuse/re-engaged with drugs/alcohol treatment services	7 families
Adults supported back into education, work, training or employment, including apprenticeships (ETE)	12 adults
Housing stability: evictions avoided/rent arrears managed	7 families

Source: Barnet Council 2012 Family Focus Practitioners' Handbook, September 2012 (reproduced with permission)

Encouraged by this early evidence, the Chief Executive's Office decided in 2011 to lead a funding bid to the national Community Budgets Pilot (described by government as *"...a revolutionary funding strategy ...to let councils, boroughs or neighbourhoods team up with all public services in their patch to combine resources into a single locally coordinated 'pool and save' pot with greater local control of improved services for local people"* [6]). Barnet was one of 14 councils in the national pilot, and planned to use the funds to undertake further joint work along the lines of the FIP with their most difficult families, with the added dimension of using pooled funds from Children's Services, Police, Community Safety and the Department for Work and Pensions. The chosen focus for this work was families with four or more agencies involved and with 'multiple and complex needs', again using a model in which key workers held their own cases, supervised by a co-ordinator working across teams. This was the same co-ordinator who had led the previous FIP stage of the work.

This project became known locally in Barnet as the '**Top 100**' families project. It is this project rather than the FIP work, championed visibly and energetically by the council's political leadership, the Director of Children's Services, and other senior officials within the council, that is seen by interviewees as the 'true' early beginnings of the cross-systemic work by Barnet and the point at which the work became more complex, and started to require the kind of leadership that we would characterise as systems leadership. The aim was to identify one hundred families who were the most expensive consumers of local services by virtue of crime and antisocial behaviour, joblessness, and poor parenting, and work intensively with them to reduce their problems and hence their collective costs to the public purse. This therefore involved scaling up the previous work, working with larger numbers of families and pooling more funding from a wider range of agencies, together with the intention to calculate a return on investment for each contributing agency based on longer-term savings realised from the reduced need to support or intervene with the families.

6 https://www.gov.uk/government/news/14-areas-to-pioneer-scheme-to-pool-and-save-billions Accessed April 23rd 2013

During this period, two key milestone events were identified as having given momentum to this work:

First, **a corporate (within Local Authority) meeting of the financial and business scrutiny panel**, addressed by the Director of Children's Services, to gain corporate support for the ideas underpinning the Top 100 project. He painted a stark picture of the coming years. He described a '*perfect storm*' of:

1. increasing population demand for services:

2. the requirement to achieve an overall reduction in public spending in the region of 25% over the next 3 years, due to national reductions in public spending associated with the economic crisis

3. the impending withdrawal of the 'ringfence' around grants for early intervention and children's services and, in particular, concern about the budgets for child protection and children in need, and special educational needs, all required to meet statutory obligations but all badly overstretched and 'volatile'

4. a lack of confidence in the current social care approaches to contain and meet increasing needs effectively

Second, **the convening of a cross-agency meeting of the Children's Trust Board** [7], to gain cross-agency support for the Top 100 project, chaired by the Lead Member for Education, Children and Families (the local councillor elected by the community to be responsible for decision-making in the Borough, and also Chair of the Children's Trust), and attended by the Director for Children's Services. Senior budget-holders of local agencies, previously known to the Children's Trust, including senior officials from police, health, children's social care, adult social care, probation, housing, job centre plus, and local voluntary and community organisations were invited. From this group a new sub-group was formed and new champions of the work were created. At one of these meetings, illustrating how 'real world' examples can sharpen the focus, the DCS arranged for some of the families who were already being worked with to attend the group to talk about their experiences of local services, and how the new way of working seemed different and more positive in helping them achieve change. Several interviewees commented that this was a powerful encounter for the sub-group membership, *'compelling'* and persuasive, especially for some senior officers from other agencies, who in fact knew the particular families and individuals concerned (very well, in some cases), and had thought them beyond assistance.

From these beginnings the Top 100 Families project began to take shape, including, over the course of time, joint work across agencies to identify the families to be included, an agreement to develop data-sharing arrangements across agencies, and the commencement of a co-ordinated multi-agency case-working approach using shared cash and in-kind resources. Each of these operational matters raised challenges for systems leadership that are described in more detail below. The Top 100 Families project worked with 78 families in its first year.

Then in **April 2012** central government announced a national **Troubled Families Initiative**. The initiative targeted all local authorities in the country under *'a strict financial framework'* involving PbR (Payment by Results), and extended by central government in June 2013 to include families below the original threshold, still with a PbR model. Barnet Council's work was brought under this

7 Children's Trusts were set up in 2004 in the wake of the avoidable death of a child, Victoria Climbie, whose needs were overlooked despite the multiple services who had contact with her family. They consist of partnerships of local agencies who agree to meet regularly together to formulate joined-up plans for services to children and young people in their area. Although the statutory obligation on local agencies to participate and to produce a Children and Young People's Plan was removed by the incoming central government in late 2010, many local areas still choose to use Children's Trusts as key vehicles for local planning.

initiative, and its approach was influential in shaping national thinking. This latest incarnation of the work involved combining two local teams that had previously been separate ('Family Focus' and 'Intensive Family Focus'), thus bringing children's services workers previously used to working in the community on parenting support and early intervention into teams with social care staff used to case work with extremely high-risk families and troubled adolescents. Reconciling the different cultures and working practices and approaches of these teams was described as a clear systems leadership challenge, albeit within a single organisation and one that has yet to be entirely resolved.

2.4 Effectiveness

The FIPs national pilot was evaluated between 2007 and 2011[8] and reported that of families who completed an intervention, half had at least one positive outcome and, overall, there was a 50% reduction in involvement in crime and antisocial behaviour. For the national Troubled Families programme, although relatively new, government claims promising early results. The latest figures reported by DCLG[9] show over 66,000 families identified across all local authorities in England at March 2013, 35,000 families being worked with, and 1,675 families 'turned around' by December 2012, with an increase expected at the next reporting date in July 2013[10]. Barnet Council's local work is still being evaluated, by the voluntary organisation Action for Children. However, in-house evidence suggests, good results for families and promising estimates of the costs likely to be avoided to a range of agencies were the good results to endure in the longer term.

2.5 Systems leadership in action

'Burning platforms' and the 'burning ambitions'

Against the backdrop of a series of broadly enabling high profile central government initiatives, the work in Barnet was described as taking place in anticipation of the coming programme of austerity in response to the national and international economic crisis. Key players identified that the Council would need a 'strategic and logical response' – which had to be not just about cutting services, but reducing and preventing demand by intervening early. This was described to staff and potential partners in upbeat terms as *"...a one-time opportunity to make lasting changes to the way we deliver children's services"* because *"We (the Council) wanted to get out of this recession in good shape, across all public sector partners"*. These were the messages that were described as being *'hammered home'* at the key meetings described above, to press home the message to both corporate decision-makers and to other potential systems leaders in other agencies that there was an urgent need to work together. Thus there was both a **burning platform** and a **burning ambition** behind the work (in other words an urgent need coupled with a strong opportunity for improvement), which was framed by several interviewees as about being *'better, for less'* (that is, providing better services, and at lower cost to the public purse).

Complexity

This case study exemplifies well the challenges of systems leadership in **complex adaptive environments**. It drew in a wide range of local agencies. There were at least six partner agencies 'inside' the Council - children's social care, adult social care, the youth offending services, community safety, housing and Children's Centres, and at least seven 'outside' the Council - schools, health commissioners, mental health providers, GPs, health visiting, the police and probation. The work required partners to agree to share information in order to identify the families they would work with, allocate cases to teams and staff within the teams (each of whom would work with a small

8 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198144/DFE-RB174.pdf
9 Update figure supplied by the Troubled Families Unit, personal communication, 28th May 2013.
10 https://www.gov.uk/government/publications/troubled-families-programme-progress-by-december-2012

case load of not more than 5-7 families), provide an intensive and tailored package of support, and closely monitor progress and risks. Not all of the agencies were described as having been equally easy to engage, and separate approaches and different strategies were described by interviewees as having been required in order to engage the range of partners. For example, when working with health, GPs and health visitors were described a hardest to engage, and separate work relationship-building work had been undertaken with these groups: *"...we set up special training sessions for GPs: the DCS had to go out personally to do this"*.

For example, to engage as many partners as possible within the relevant agencies, it was described as important to show that a 'full range' of priorities were being addressed and that no important concerns or organisational agendas were being overlooked in the process. One interviewee noted: *"...they (partners and staff) came on board because I made it clear that we were serving three masters"* these were: 'true' troubled families as defined by the Troubled Families Initiative (ie, a narrowly defined, high cost group, familiar to the criminal justice partners); a wider group of families 'with multiple and complex needs' for the Community Budgets initiative, familiar to social care and health partners; and all families 'at risk' of escalation to higher need (ie, a wider group of 'Section 20' cases as defined by the Children Act, that would be 'classic cases' supported through early intervention and prevention work and would be the core populations familiar to local community-children's centres). In other words, the framing of the work had to embrace complexity and allow space for multiple agendas, in order to give all partners space to identify how collaboration in the joint endeavour could meet their own organisational priorities.

Another aspect of complexity is the inherent unpredictability of complex systems, and the concomitant risks and error that inevitably accompany innovation and experimentation. As one interviewee put it: *"You cannot predict absolutely everything. You need to create the experiences that you can learn from"*. In the context of this case study, this was illustrated by the occurrence of a specific incident, involving a confidential document that was shared in error. This illustrated that two key services were not working smoothly together and *'were divided'*, but the incident was used positively: *"It was hugely embarrassing – but critical incidents can force process – we were able to use that to go back and look at the factors underneath that (problem). The arrangements that we had put in place were not working and not being followed though – and we had not realised the severity of (the problem). We were able to go back and look at practice and relationships (in the light of this) and there is now a written protocol in place – much more stringent..."*

Building shared vision and strategic buy-in

Notwithstanding the need to embrace complexity, the work of effective systems leaders is sometimes described in terms of their ability to 'make sense' of change for others and provide a simple (though not simplistic) and clear narrative to orientate multiple partners towards a single collective goal or vision. Given the extensiveness of the partnership in Barnet, interviewees described this as still a *'work in progress'*, although much thought had clearly been given by key individuals to the communication of common purpose . In 2010, the 'Top 100' work was described as requiring *'a coalition of interest'* and following the key meeting described above, a decision was made to set up a sub-group of the existing Children's Trust Sub Board. Chaired by the Lead Member, but jointly championed by the DCS, this gave a strong unified message that the Council was giving this work high priority - politically, strategically, and operationally.

To galvanise support across the partnership, interviewees spoke of the importance of creating *"...a strong, clear narrative and then deploying it at every available opportunity, consistently"*. The narrative for the work was described as having two elements. Firstly, articulation of the problem: reducing resources combined with growing demand. Secondly, identification of the solution as requiring public sector partnership to achieve desired outcomes: the need to improve quality of life for communities affected by antisocial families; to improve the outcomes for such families

themselves; and to reduce the longer term costs associated with the families and youth creating a massive drain on local resources.

Showing the challenges of creating a unifying narrative, there was a feeling, however (and despite the apparent simplicity of this message), that some parts of this narrative had gained more credibility and 'buy-in' with children's services than in other agencies. There was little doubt that all partners shared the vision of improved outcomes in terms of quality of life for families and communities. In this sense, there was unity around the concept described as core to, or at the centre of, systems leadership: ie putting service users and communities at the heart of the endeavour. However, narrative centring on the pay-offs to agencies associated with resource savings was thought to be less compelling for some partners. This was described partly as reflecting the differential extent to which partner agencies could control resources internally. It was felt to be less meaningful to those agencies unable to exert tangible influence on local budgets, due either to their complex budgeting arrangements (e.g health) or to centralised resource control (e.g the police, where budgets are set centrally by the Metropolitan Police rather than local Borough Commanders in localities).

The model therefore had to be *'sold'* to each partner on a different basis, connecting with the priorities, the potential benefits and the language and culture of each organisation especially with regard to budgeting and resource control. In relation to models with a central aim to return 'cashable savings' to the system, the fact that savings realised by one agency may be created in another, led to genuine difficulties in constructing a clear, logic-based financial case for systems leadership that was equally persuasive for all partners. The clear implication was that whilst a 'cost effectiveness' argument may be one way of building the case for systems leadership, it may only carry partnerships some of the way along the road. It probably cannot be seen as a universally compelling and defining argument.

There was therefore some indication from this case study that strong systems leadership should not over-emphasise the development of a 'single narrative', no matter how compelling. The 'public value proposition' in practice and at local level as exemplified by this case study was necessarily more complex than a simple narrative allowed. In fact, *"...everyone has their own narrative"* and this may need to flex to accommodate the different practical realities that operate across system**.** Thus each system leader at the table will need to find his or her own most compelling narrative for achieving 'buy-in' and commitment within individual agencies.

Influencing and negotiating outside the sphere of control

Leaders in both operational and strategic roles noted that, over time **influence '**waxed and waned' in the course of the work. Interviewees also noted that influencing worked at multiple levels, relying on influencing other leaders in different parts of the system, in turn, to bring their own staff along with the effort. Operational staff - not leadership - were in fact seen as the key to practical change: *"[To get things done] you rely on goodwill and good working relationships at operational level"*.

Those systems leaders in operational leadership roles were strongly focused on the issues around influencing front-line staff, whom they saw as exposed to increased **personal risk** as a result of the new ways of working. **Trust,** earned by virtue of former reputation for integrity was seen as vital here (*"They [staff] have seen how I work: and they need to know that if they go into battle over something, you'll be there as well"*). Middle managers were seen as key here, and also described as the staff most likely to be concerned with the practical difficulties of operational changes.

However, systems leaders in strategic roles were mainly focused on influencing other strategic leads at their own level. When influencing others in different parts of the system, these interviewees noted that **prior relationships** were centrally important (*"...we already knew many of the partners from previous work and had good existing relationships of trust"*) but also noted that these (and much of the work done with them) could be lost if people moved post. In a climate of volatility

and turbulence, this may be problematic. For example, in the work to develop the partnership across agencies outside the direct control of the Council itself, a sympathetic senior officer in one critical agency moved on, subsequently to be replaced by another with less commitment to the joint work. This resulted in a weakening of the strength of relationships to support the work. The implication is that the strength of individual relationships is important, but not sufficient to retain momentum in a complex adaptive environment, and should not to be relied on as the only mechanism for influence.

Risk and conflict: organisational and personal

Operational-level leads were particularly sensitive to the risks of working and leading across systems where managerial control and control of information lay with others. Issues of **statutory risk** management (in relation to child safeguarding during case management) had loomed large at certain key points in the work, occasionally revealing lack of agreement (especially between social care workers and others) about the appropriate way to manage risk in specific cases. This had, in the fullness of time, been tackled strategically by developing a jointly agreed protocol delineating the responsibilities of each partner, which was felt to be working well, and also by a degree of separation of function (see below). A degree of tolerance of higher levels of risk than usual was reported as necessary to get the work started, and in order to work across different organisational cultures.

At the level of **institutional reputational risk** and **personal risk** to the careers and position of key protagonists, there was keen awareness that much was riding on the success of the work, both for Barnet's reputation as a Council (Barnet had been held up as an example of success in the national arena) and for key individuals within the group (*"...if it works, lots of people will take the credit. If it doesn't, then people will be looking at me"*). Related to this, a degree of **resilience** as well as **bravery** was described, hinging to a large degree on **personal confidence** that the chosen approach was going to be successful. This was seen as essential to the necessary personal **determination and drive t**o carry difficult projects over the longer term: *"If I didn't believe in the work I don't think anyone would believe in me (and) I would not have had the energy required for it....!"*) . When one interviewee was asked how he had achieved the support of sceptical others, *'force of personality'* was cited, and the importance of a combination of *"...knowing what I was talking about, having the evidence to back it up, marshalling the arguments, and being passionate"*.

Conflict, another key theme in the systems leadership literature had certainly surfaced at institutional, professional, and personal levels during the work in Barnet. At the institutional level, this was described by one interviewee as *"...a very 'British' conflict: the sort where everyone says 'yes' at the meeting, but then don't actually deliver"*. Data-sharing difficulties (described below) illustrated this dynamic and took a long time to resolve (and were described as still on-going at the time of interviews). At the professional level, senior leaders in different parts of the corporate structure talked frankly about conflicts that had surfaced as the work progressed around 'how far' and how radically the systems leadership change agenda was ready to develop, despite all parties sharing a commitment to the ultimate goal. Conflicts had also emerged around resources and the right to control them, and personal relationships between individuals had suffered as the disagreements deepened. Here, the solutions used by the leaders involved were to agree to compromise, in part brokered by another key individual who also had a deep commitment to the work; in part by giving ground. Thus, for example, one party agreed to relinquish control over a service in order to free up resources that could not be found elsewhere; another agreed to support an initiative that they did not whole-heartedly support; and at one point, one senior lead agreed to step back from the work to allow other leaders to pursue a particular course over which there was disagreement. All of these actions helped the work to continue in spite of differences over the methods. The case study clearly illustrated, therefore, that as the wider literature suggest, conflict is an anticipated and inherent element of systems change, and that effective systems leadership

involves willingness both to confront and acknowledge conflict, and to cede ground and allow different pathways to the ultimate goals, in order to enable the work to go forward:

"I wanted to have some 'proper' Systems Leadership – I wanted us to create a real pooled budget and have systems to support that properly – all across the partnership. But (internally within other parts of the Council) they were not willing to do this – they told me it was none of my business – they told me to back off. So I did – there is no use flogging a dead horse."

Supportive contextual factors: positive factors in the authorising environment

We noted in the Synthesis Paper that the concept of the 'authorising environment', as developed in Moore's work on the 'strategic triangle'[11] has much relevance when considering what helps or hinders systems leadership in practice. Systems leadership is facilitated when the surrounding context tolerates, permits or even encourages the kinds of values, or behaviours that characterise effective systems leadership practice.

Extremely strong and consistent **corporate** and **political support** within the Council were highlighted as critical factors in the success of the work in Barnet thus far. Several interviewees spoke, in particular, of the active support for the idea from the CEO's office (*'exemplary'*) , and *"...the strong support from our Lead Member"* (which was described as relatively unusual within the generally inhibiting context of local politics which were generally described as 'needing re-evaluation' in relation to their conduciveness to supporting genuine attempts at cross-systems leadership). The DCS was also described as having had *'a very clear vision'* that had been effectively communicated to, and had inspired, other colleagues. The level of political support and the partnership formed in particular between the Lead Member and the DCS seems to have been a very positive factor in this case study. Both spoke of working to persuade colleagues in their own spheres of influence to ensure that support from different quarters coalesced at the right moment. Each had, at times, made particular personal efforts to reach key individuals who needed to be persuaded to commit resources or other forms of support, and the importance of political 'back-up' and support seems to have been substantial. But as one leader noted: *"My own 'authorising environment' was strong: but to expand further, to get to the next level, you need to recognise the key features of others' authorising environments. On reflection, I wish I had thought more about this"*. This is, of course, one of the key challenges in systems leadership.

Another clear enabling and authorising factor was the **sequence of central government initiatives** (Community Budgets, Troubled Families), in relationship to which the central strategic team had shown considerable agility (or *'opportunism'* as one interviewee framed it). The 'meshing' and mutual reinforcement of local and central priorities had brought credibility and resources to underpin Barnet Council's effort, and central government backing was felt to have been especially useful in bringing some partners (for example, police and health) to the table, as they were, in effect, 'directed' to collaborate.

Inhibiting contextual factors: negative factors in the authorising environment

A key difficulty that slowed the progress of the work can be traced back to an aspect of the 'authorising environment': concerns about permissible levels and procedures for **information and data sharing**. Namely the ability to share personal data about families across multiple agencies is of course central to a 'troubled families' approach and was fundamental to the work Barnet Council was trying to lead. One interviewee noted that, despite agreement at senior levels within the

11 Moore, M. H. Public value as the focus of strategy. Australian Journal of Public Administration 53, 9 (1994; Moore, M. H. Creating Public value - strategic management in Government. (Harvard University Press: Cambridge, Massachusetts, 1995).

participating agencies to share data, there was considerable *'resistance'* to the practical attempts to agree the mechanisms for sharing at operational level. In the event, nineteen different information sharing protocols were developed described by one interviewee as *'quite frustrating'*, with work, benefits and employment partners described as the most intransigent in this respect. *"It requires a change in the law"* for some agencies, in the opinion of some. Case study interviewees now describe this issue as eased (partly as a result of having developed detailed protocols), but that they wished they had started on this earlier.

Some of the difficulties described earlier were associated, in some minds, with what was described as a '**lack of corporate spirit'** across public service professions, suggesting that the authorising environment of public service, to some extent, fosters (or at least, does not discourage) a degree of professional and organisational cultural separation. Even within agencies, there may still be a siloed approach to work and some senior leads feel that *"...lack of corporateness is hard-wired"*. The implication is that systems leadership work cannot operate across the system until internal goals are aligned. *"We need a new narrative for public service professionals who are not committed to a specific agency but to (a wider vision of) public service"*. In this case study, perhaps one of the key ways in which this played out was in relation to the difficulties of getting children's social care services to feel entirely comfortable with the new model and to embrace the value set necessary to work persistently with families, who were perhaps well-known to them, but deemed to have put themselves 'beyond help'. The solution in Barnet has been to *'work around it'* so that what is now the Troubled Families team works separately to the children's social care team, rather than closely together, as might be expected.

Central government's perceived failure to develop true localism was cited as a major inhibitor to 'true systems leadership' because, in the opinion of one senior lead, this **prevented genuine pooling of budgets** that gave control over resources to the partnership boards of local joint initiatives. This was not possible and, in the end, reduced the level of genuine shared governance and therefore genuine shared systems leadership. Thus, the amount of budget contributed by some partners to the joint effort was criticised by some interviewees as having been insufficient. Although stressing that local efforts to develop the cross-systems work had made substantial progress, one senior leader made a powerful case for the fundamentally inhibiting forces arising from *"...the Whitehall machine"* that (in spite of rhetoric to the contrary) prevents the full range of levers being used by local agencies when working together. Critical amongst these were the differing degrees of centralisation and complexity in the control held over resources and budgets by the range of local agencies that need to work together. As one person put it:

"(We) tried to tackle it financially at first – and that gives you a way in – but it doesn't get you anywhere (after that). It's a simple proposition – a logical (argument) that if we identify the main families who are costing us all so much, share budgets to do work with them and get the overall costs down, we'll all be better off – but organising that is a complete nightmare. Police budgeting in practice is managed by the Met at London-wide level, and so your average Borough Commander is not interested in getting into that game... So you immediately hit a brick wall and have to think again about how this stuff [systems leadership] works."

2.6 Outcomes and reflections

There was considerable pride in the development of the work in Barnet and a feeling that excellent progress had been made by the 'flagship' project that was showing positive outcomes for service users, and good indications of 'cost avoidance' if not yet hard, cashable savings. *"The principal has been won, and I think the model has been agreed"*. There were strong signs of systems leadership work operating at many levels, and clear evidence of a strong and effective culture of visible - and distributed - leadership where staff at all levels had played important roles in providing leadership to the work. Strong partnerships between those able to exert influence from their position in different places in different systems was also a feature of this case study, and deemed *'very, very important'* by some. Another interesting feature, that may be typical of successful systems leadership efforts, was the degree of 're-purposing' that occurred, whereby existing structures (such as the Children's Trust Board) and existing initiatives were adapted to meet the needs of the new systems change effort, thereby capitalising on existing resources and relationships to push through innovation faster. There was of course a degree of fortuitousness in the co-incidence of local and national policy priorities, but also definite agility in seizing the moment and *"...being in the right place at the right time"*.

However, nobody wanted to yet claim that that the work was entirely complete. As one person put it: *"We have not yet completely nailed it"* in terms of aspects the formula for effective systems leadership. There was a re-iteration of the point made in strategic interviews that true cross-systems leadership cannot happen if the foundations have not been laid first within constituent agencies or parts of the system. Thus, for any systems leader, the work starts with achieving buy-in and consistent understandings within one's own organisation (or own part of it), working through conflicts that may arise as a result. The work then continues on from there. Several interviewees noted that sustainability for systems-change lies not within the willingness of organisations to keep working at it, but from the lasting changes in the way that people think and do the work. A degree of *'working around'* the blockages can be successful, but longer term, systems change might require a new type of professional, oriented to work across rather than within particular services and systems, focused on 'public service' as a wider goal and by results achieved collectively.

Thus, as one interviewee commented, confirming the prior research, systems leadership across agencies is *"...not about organisations coming together or about crossing hard boundaries"* but about galvanising the spirit to work together, around a shared commitment and set of shared objectives. However, the agenda for different parties nevertheless may have differing underpinning narratives and rationales, reflecting the particular purposes and constraints of organisations and teams within them. This is hard and complex work:

"The definition of systems leadership as set out in [the research note] is spot-on – it's what it's all about: it's about systems and how you can create a narrative for those people involved in those systems, that they are going to buy into. It's about how you make the 'softer' side of those things work, behind the scenes as it were. And it is incredibly difficult."

3. Leadership scenario 2: North West London Integrated Care Pilot

3.1 Introduction

This leadership scenario illustrates the power of system leadership in action in the NW London triborough arrangement, enabling a highly diverse range of professionals to overcome traditional inter-professional barriers and gain new insight and trust as they unite behind a common purpose. Individuals are placed at the centre of shared decision-making, involving voluntary sector, local authority, and all parts of the NHS. User and staff surveys both record higher levels of satisfaction compared with those scored in traditional models. The pilot currently targets two groups within the 550,000 population: those over 75 and all-age adults living with diabetes. There are early signs that the combination of risk profiling and adoption of detailed care plans for the most vulnerable is reducing numbers of emergency hospital admissions amongst the target population. Early lessons learned from the initial pilot have informed the way in which a similar service has been shaped when extending to adjacent outer NW London boroughs. The new service model anticipated the direction of emerging policies for better integration between health and social care and has been developing in parallel with the structural reforms within the NHS.

Initial scoping conversations took place during 2010 and a transitional Integrated Management Board (IMB) was established in January 2011, leading to the pilot becoming operational in July 2011. An independent evaluation commenced data collection in September 2011 and, in May 2013, the Nuffield Trust published its findings on the first year's operation, having previously shared interim findings with the project team.

The Northwest London Integrated Care Pilot represents a new way of working across all the agencies involved in caring for those over 75 and all-age adults living with diabetes. The pilot serves these population groups in the three London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster. They are collectively known as the *'triborough'* because of a growing number of initiatives to co-operate and share resources, including joint appointments at executive level.

The pilot is overseen by an Interim Management Board in which all parties are involved, so that the IMB membership involves 48 people, led by an independent chair. Voting rights have been agreed on a weighted basis so that GPs have a 51% majority vote and each of the two acute hospitals has a 12.5% share. Although there is no direct patient representative input, both Age UK and Diabetes UK sit in the IMB with voting rights, not simply as observers. No occasion has arisen requiring the voting rights to be exercised.

The whole programme is united behind a simple, measurable and unequivocal statement – that improved care co-ordination should enable each GP involved in the pilot to reduce emergency hospitalisation by one patient per month. As the pilot has developed, interpretation of this powerful uniting statement has been adapted to make it more meaningful across the range of parties – so that it now embraces emergency admissions to nursing and care homes as well as acute hospitals.

Whole systems leadership has manifested at two distinct levels:

- strategically in mutual commitments to shared governance, common purpose and goals, joint decision making and collective development of improved models of care
- operationally in information sharing, risk stratification and regular multi-disciplinary group (MDG) meetings (and case conferences) at which individual care plans are developed and reviewed for the most vulnerable users of services.

Barriers to whole system working have been more successfully overcome at the strategic level than at the operational level with practical constraints such as resource availability being the main impediment. With continuing commitment, and as mutual understanding grows, the pilot is continuing to evolve to help reduce some of these practical barriers.

The case study illustrates a number of aspects of systems leadership:

- a strong uniting purpose that is focused on impact on service users
- adoption of user stories as a means of changing cultures and building momentum;
- a growing mutual respect and trust across multiple organisations and professions so that leaders are permitted to confront inappropriate behaviours, language and cultures and are able to view the system through the eyes of others
- willingness amongst the leaders to cede positions of power to remove obstacles preventing breakthrough to better and more sustainable solutions – the vision of the whole becoming grander than that of individuals or organisations
- the importance of both an authorising and enabling environment that is constantly seeking to learn and improve and navigate around obstacles to maintain progress towards the common purpose
- the recognition that systems leadership is more effective when there is a commitment to develop a mutual understanding of its concepts and leaders demonstrate this by adopting a common language relevant to systems leadership
- the building of an allegiance towards the system as well as the organisation, as the only way of meeting the needs of users.

3.2 Methods

The case study drew on:

- key documents from the programme team, describing the model, including prior engagement in a number of case study workshops, at which members of the pilot team had shared their experience with groups of senior leaders on executive development programme
- telephone interviews with four leaders involved in both the creation and implementation of the pilot
    - The independent chair of the Integrated Management Board
    - one of the GP co-directors of the service
    - The Managing Director from Imperial with responsibility for developing integrated care
    - the triborough representative on the IMB at the time of launch, who is now Chief Executive of the Community Services Trust.
- short follow-up interviews to address feedback on the first draft review
- the independent evaluation report, including confidential access to the interim report.

3.3 History

The pilot emerged from an initiative by Imperial College Healthcare NHS Trust to reduce emergency admissions by improved collaboration with community based services, but was very quickly transformed into a multi-agency programme driven by those GPs who elected to participate.

In 2007 Imperial College Healthcare was designated as one of five Academic Health Science Centres (AHSCs) in the UK with the specific goal to translate the excellence of both medical research and teaching into equivalent excellence of care operationally. The five AHSCs were expected to raise their performance to compete on merit with the best in the world exemplified by the Mayo Clinic and Johns Hopkins in the USA.

In 2010, they were openly challenged by NHS London that, against this mandate, it was insufficient to be content with achieving quality and excellence within their own specialist areas of acute care – they must demonstrate that they are able to create the equivalent excellence throughout the community they serve. This challenge needs to be understood in the context of the urgency of the need to transform the delivery of care away from standard hospital based models of care, given the threats to future sustainability of the NHS with the demographic and inflationary pressures, and the nature of the policy response and system reform.

Imperial responded to this challenge by attempting to define an approach to integrated care which they intended to own and lead. In practice, over a series of stages, they gradually ceded both leadership and ownership to the multi-organisational partnership that, in turn, evolved to the current form. Following a number of difficult and challenging conversations between all the parties involved locally in care delivery, a transition Integrated Management Board was established in January 2011.

As the scope of the initiative became clearer, the other major acute hospital in the catchment area (Chelsea and Westminster NHS Foundation Trust) joined the pilot to ensure that the service model focused on the patient, not the provider agencies. Mental health (Central and North West London Mental Health Trust) and community healthcare services (Central London Community Healthcare Trust) are also members of the pilot, along with adult social services from the three boroughs. The voluntary sector is actively involved, with local representation from both Diabetes UK and Age UK.

Of the 104 GP practices eligible, some 95 have engaged in the pilot, organised into 10 multi-disciplinary groups (MDGs), covering an eligible population of around 550,000. Each patient has an individual care plan prepared with them and relatives and carers where relevant. Unlike the traditionally fragmented care system, the care planning process considers each part of the whole care system and is supported by a risk profiling tool. Each MDG meets in case conference on a weekly basis to review high risk patients. These are led by the GPs and are attended by practitioners from each of the organisations and service areas.

Strong involvement from the local authorities at a strategic level has contributed significantly to the development of shared governance, common purpose and goals, joint decision making and collective development of improved models of care. Strong mutual commitment across all the organisations has established a sound infrastructure basis on which to build success. Those interviewed point to this infrastructure as a critical enabler for the pilot, counting these practical foundations as important factors in success, alongside a strong sense of systems leadership[12].

Operationally, the impact of the pilot has not been borne equally by all parties, and this has imposed some practical constraints on the extent to which progress has been made towards

12 it could be argued that without strong systems leadership, this infrastructure would not have been conceived nor implemented with the same level of mutual involvement and adoption, but the interviewees remonstrated a typical diffidence at this point.

genuine whole systems working. In particular, the time commitments required for all parties to engage regularly in MDGs has impacted disproportionately on social care staff, compared with those from the different NHS partners. In some MDGs, this constraint has been overcome and social care workers have been able to engage regularly, whereas others have not. This has led to variation between the MDGs. It is notable that where MDGs have overcome this difficulty, their contribution has been highly regarded, adding considerably to the creativity of solutions identified especially for those with more complex care needs.

A comprehensive independent evaluation has been undertaken jointly by the Nuffield Trust (strategic implementation, policy context and impact on service usage and costs) and by the faculty of Imperial College (quality of care, health outcomes, patient and professional experience). The evaluation report was published in May 2013.

The adjacent boroughs in outer Northwest London have subsequently adopted a similar approach, taking some lessons from this pilot. This development has been able to benefit from further progress with the NHS commissioning reform, so that they have been able to benefit from coterminosity across the different services. The programme board is much leaner, allowing a stronger focus on decision making, but playing a weaker role in engagement and accountability. Experience in the initial pilot has been used to ensure that resources enable fuller operational participation of social care in the MDGs.

3.4 Systems leadership in action

The 'burning platform'

Initial response to the approach from Imperial was very mixed, mostly perceived as a bid for further dominance by the Trust and a threat to the independence of other providers, including the GP practices who are predominantly independent Small to Medium Enterprise (SME) businesses.

These initial fears were offset by the recognition that the proposed focus of the initiative was right for patients. This alone generated a shared desire to find a way forward, enabling the different parties to persevere despite their fears and anxieties.

A combination of levers for change enabled the proposed shape to be changed to one that enhanced the common emphasis on the patient, reduced the perceived threat of dominance, provided some assurances about the continued independence of the individual players, shifted the locus of power and decision making and encouraged the development of mutual respect and trust between professionals, rather than between organisations. These levers included:

- co-funding of the initial developmental support arrangements
- development of governance arrangements that explicitly created a balanced division of power and responsibility and overseen by a respected independent chair
- strong facilitation and brokerage by an independent party with relevant experience, commitment to the solution
- a clear process that enabled momentum to be built and sustained relentlessly
- an inclusive approach that embraced the social dimensions necessary to build mutual commitments and strengthen shared values
- use of illustrative patient stories to demonstrate how the new approach would deliver an improved patient experience.

The crystallisation of everyone's aspiration into a simple and unequivocal declaration of purpose appears to be pivotal to the sustainability and resilience of the programme:

"...every GP to reduce emergency hospital admissions by one per month."

This is measurable, testable, unequivocal, simple to articulate meaningfully to each stakeholder group and very powerful as a uniting force. With time this statement was adapted to embrace its impact on community and social services, so that it no longer focused solely on acute hospitalisation.

One of the GP co-directors of the programme openly admits he engaged initially as a sceptical observer determined to manage the threat posed by this initiative, but had a *"lightbulb moment"*. He describes how both he and the hospital doctors trained medically alongside each other, but quickly learnt to treat them as enemies after entering practice. The ICP has regenerated the excitement of learning to work together again on behalf of patients.

Negotiating around differential costs and benefits

The initial proposal from the Primary Care Trust was to fund the entire programme by reducing their payment to Imperial, but this converged towards a cost/profit sharing scheme between partners, for redistribution of the predicted savings. This transition was a cause of tension and symptomatic of the initial organisational mistrust until it was resolved.

For the pilot phase, the NHS London Innovation Fund has provided some of the setup costs, paying towards the tendered consultancy support (McKinsey & Co), the information sharing tool that supports the risk profiling and some session payments for GPs' participation.

One of the prime reasons for less involvement of social care in the MDG care planning meetings is the disproportionate share of their resources required by these meetings. As the pilot has progressed, more care has been taken to recognise and plan for the right level of engagement.

Risk-taking

Each of the partners describes the process of moving forward as involving risk. Some of this perceived risk reflected the discomfort of progressing outside the traditionally accepted norms. Given the levels of uncertainty and turbulence caused by the NHS' restructuring, many individuals felt they were taking personal risks by breaking the mould at a time of such vulnerability.

What was right for the patients was not always right for the individual organisations, and Imperial in particular had to commit to a programme which would inevitably impact adversely on their long term income.

At an individual level, leaders have found that they have on occasions had the *"courage to let things run"* in the interests of the greater whole, rather than intervening early. This is especially bold (and potentially dangerous if mishaps occur) in the light of scrutiny and risk aversion following the publishing of the Francis report into failures at Mid Staffordshire hospitals[13].

Supportive contextual factors

The motivating drive for progress was the mutual understanding that this solution is right for patients.

This is underpinned by an acknowledgement that services cannot continue without change. All the partners recognised that the approach was consistent with the direction of Government policy. Some even predicted that solutions similar to this might be imposed on communities, seeing this

13 Francis, R. Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 Volume I Chaired by Robert Francis QC. I, (2009)

pilot as an opportunity to be respected as pioneers and the chance to determine their own way forward, potentially with the benefit of additional financial help. For them, failure to grasp this initiative may well leave them having to implement similar changes in the future with neither support, nor the freedom to choose how and what to implement.

There is good recognition that this is a systems leadership approach at work. Each of the parties is simultaneously acknowledged to be working within their own system(s), as well as working at the crossover between systems. The approach adopted by the IMB, and the level of mutual respect between professionals appears to have achieved a rapid shift in culture, breaking down historical barriers and enabling the different leaders to work increasingly effectively together. It is not yet clear whether this positive shift in culture is limited solely to the core team or whether it is impacting the culture within individual organisations.

Overall, there is an acknowledgement that systems leadership is only a part contributor to this success. Investing in the right tools, the infrastructure, the governance and better information sharing are all essential enablers for the success.

The success has also been helped by the evolution and development of a common language that includes a focus on whole systems thinking, complexity and leadership issues. The leaders have taken time to recognise that social dimensions are important in strengthening relationships, as well as the need to develop new processes and tasks.

Areas of tension and difficulty

Once the initial mistrust had been overcome, followed by the resolution of a balanced approach to finances, there have been few significant tensions within the programme to date that could not be resolved – sometimes by using the energy of the conflict to find better solutions.

The focusing of more personalised care around individuals, and the use of risk stratification to ensure that the most vulnerable individuals are identified both demand sharing of information across all the parties. Whilst a key aspect of the pilot focused on development of suitable tools to support this, it is not clear how widely the information sharing processes are adopted and maintained. The interim solution provided is difficult to use and involves some duplication of effort. Successful sharing of information can only be achieved at scale if the solutions are both easy to use, fit naturally within effective flow of work and give genuine value to the user. Evidence indicates that failure to achieve this not only prevents progress, but also acts to increase the barriers to future improvement.

There is still only partial recognition that the NHS and social care partners have very different roles in the delivery of care, and that this directly affects the level of contribution the different organisations can make to the new model of care. Each of the NHS organisations is directly involved in providing care, whereas the social care partners own discharge their responsibility by managing the supply chain, with their providers being mainly independent organisations commissioned on a specific service basis. For the case conferences and reviews at the MDG to function as effectively as possible, the social care representation needs to be able to draw on the providers, not just the commissioners. Equally, to achieve a stronger strategic alignment, the NHS should embrace the need for its commissioners to align with the social care representatives. Responding to this is part of the pilot's evolution, but it is likely that new NHS commissioning bodies locally will take some time to develop sufficient confidence and familiarity with their new roles to maintain current momentum on this difficult journey.

Continuing to maintain this momentum and enthusiasm over the long term could be a further source of growing tension, with the realisation that the solution needs to be constantly driven and

adapted. The recent history in the NHS of frequent change, often involving apparently arbitrary reversal of previous changes without a sense of continuing progress building is a concern, especially given the political context of reform. Moving from large scale pilot to a sustainable position, at the same time as responsibilities are changing and power is shifting to new Clinical Commissioning Groups, has caused some loss of momentum and refocus. Each of the four new CCGs is seeking to pull in a slightly different direction. Plans to expand scope both geographically and numbers of care pathways also challenge the scaleability of the current approach to governance that is inclusive.

As the services are developed beyond the pilot phase, there are potential additional tensions from the apparent conflict between integration and competition and the differing approach to market forces emerging from policy-makers and regulators. It is not clear how Monitor will review the impact of this way of working on Imperial in its bid to become a Foundation Trust, nor is it clear how competition law under the new Health and Social Care Act will be interpreted by the Office of Fair Trading and the Competition Authority. This pilot has demonstrated that effective integrated working can contribute to improved experience and quality for the patient group served, but it is achieved at the expense of reduced competition. It is too early to see where to strike the optimum balance between competition (that is perceived to foster continued innovation and quality improvement) and co-operation (that is perceived to improve the continuity of care and reduce the impact of fragmentation).

3.5 Outcomes and reflections

The independent evaluation led by the Nuffield Trust shows that the levels of both patient and professional satisfaction have improved significantly. Some reduction in emergency admissions appears to have been achieved, but against a significantly moving trend, it is too early to be clear on this. It is not yet evident whether there are financial benefits overall, and there is a risk in the current climate that too much weight and expectation might be given to the economic case compared with the gains in quality and experience for particularly vulnerable patient groups.

It is clear that the participants have had to work hard at making this whole system work, but this has been made possible by the clarity of the uniting forces and the commitment of everyone to a solution that is better for patients.

It is perhaps no coincidence that the core leaders have been engaged in their own leadership and coaching development alongside this programme and have therefore been both externally supported and internally reflective, perhaps subconsciously. Some of the progress can be attributed to developing the knowledge, understanding and language of systems thinking.

One of those interviewed described the essential ingredients of this programme as genuine collaboration at different levels, in order to yield the results:

- collaboration with the patient individually
- collaboration between services that they belong to
- collaboration between the organisations

This depth of understanding, that the programme requires different culture and approach at every level appears quite important to success, and demonstrates why it is important to allow 3-5 years for a change of this nature to be fully embedded.

One factor that appears to be quite important is that the systems leadership has involved the creation and reinforcement of a social movement, and the governance structures fortunately reflect the loose arrangements that underpin social movements rather than organisational formality. One

illustration of this is that the IMB has concentrated on defining the principles of how the partners will work together, developing joint understanding of vision, agreeing strategic plans, and holding each other to account for meeting their obligations. Beyond this it has not sought to be a decision making body, and has therefore not conflicted with the formal governance within each individual organisation. The collective progress has been made, because individual members have taken the agreed principles and broader perspective into account when ratifying decisions within their own organisations. Interestingly, the external evaluation is quite critical of this aspect and challenges the IMB to move to a smaller more executive body instead of being a large inclusive steering group. Responding to this recommendation is a potential source of ongoing tension, about the role and nature of the IMB.

The independent evaluation has been very complementary of the achievement, but critical of some of the detail about how this has been achieved. Some of the external comments have been seen as negative and energy sapping, and there is no doubt that this mirrors a culture of negativity experienced throughout the NHS – there is a tangible sense of delighting in demonstrating why new initiatives should be classed as failures. It is interesting to observe that it may be necessary to adopt new frameworks for evaluation when assessing solutions that are specifically developed to solve wicked problems in complex adaptive systems. The previous paragraph cites one example where these external pressures may inadvertently be acting to return to a more conventional hierarchical structure, rather than supporting what has worked about systems leadership.

4. Leadership scenario 3: Bradford Total Place

4.1 Introduction

This leadership scenario highlights the way in which new approaches to whole system working can deliver improved outcomes for those who have historically had poor experience of services. It describes the work of Bradford Total Place, one of 13 Total Place pilots run in 2009/10. Total Place was a Government sponsored programme with the aim of exploring the total public budget spent in a community as a means of stimulating new ways for different public services to work more effectively together. In particular, by exposing gaps and overlaps between services, it was hoped to reduce total spending whilst continuing to improve outcomes. Although the programme was curtailed early, those at the centre of the programme in Bradford describe the programme as a profound experience and much of this learning has formed an infrastructure on which subsequent programmes have been able to build. Arguably, at the time of the Total Place programme, it might be best described as a strong example of partnership working, rather than whole systems working, but the legacy that is evident in individuals has remained.

The scenario illustrates the following characteristics of whole systems leadership:

- a process of service redesign focused on direct user experience and involving all service agencies creates a substantial movement for change that is able to achieve better outcomes and provide evidence to debunk a number of myths
- the fresh insight and transformational approaches developed has been described as life-changing by some leaders
- learning to operate as whole systems leaders creates a sustainable change extending significantly beyond the pilot programme
- systems leadership has a disproportionately beneficial impact on a small number of users who are at the heart of multiple systems, confronted by complex and *'wicked'* problems
- solutions were found to these wicked problems because senior leaders were willing to engage personally at a deeper level, building stronger relationships and a greater understanding – system leadership depends on a richness of both information and skills in analysis/ synthesis
- leaders exhibited courage in adopting new approaches, and willingness to cede power to others
- despite the substantial progress, the pilot did not progress far enough to enable the inhibitions to budget pooling to be overcome.

The Total Place programme was relatively short lived, but intense. Individual leaders describe profound experiences that lead to sustained personal changes that can transcend specific initiatives. One leader described the Total Place programme as a *'life-changing experience'* both personal and professional, with a total commitment to a new, more inclusive way of working. *"I am not prepared to go back to the old way of working"*. Others described the transformational impact of the programme in similar terms. *"It was almost as if you had been converted." "It was like immersion – you'd either been through it or you hadn't."*

Attitudes, behaviours and relationships were different amongst those who had been involved in the service design workshops, exposed to the powerful narratives generated by service users, and involved in the intensity of the *'deep-dive'* process by which evidence was gathered and alternative, more effective solutions were developed from the perspective of service users, rather than providers.

It was also clear from the interviews that the problems faced by those making the greatest demands across services are wicked problems that cannot be addressed superficially or in separate service compartments. Leaders have to be committed to engaging deeply with the details, working intensively with other agencies, and listening attentively to the users' voices, with the uniting and primary purpose of achieving sustainable outcomes for individual users. The challenge for senior leaders is to model this behaviour for deep involvement in a small number of priorities at a time of growing workloads and widening portfolios that encourage superficial engagement.

The Total Place initiative began in 2009 as a Central Government initiative seeking to improve public services and reduce costs by taking a whole area approach. It recognises that traditional approaches in which each service area acts in relative isolation leads to gaps and duplication, and often a poor experience for service users who regularly cross the boundaries between services. The Total Place programme was championed from HM Treasury (HM_Treasury, 2010), with the economic imperative to reduce overall public service expenditure as the main driving force. Publicly, strong emphasis was also placed on the need to continue improving services, but the reporting and accountability framework for the programme made it clear that the imperative was to reduce spending.

Thirteen pilots were established, representing a diverse range of community profiles – geographically, economically and demographically. Each pilot area was supported to choose specific local priorities that could benefit from an alternative approach in which the different service agencies would commit to working together in new ways.

Bradford Council chose to focus on three distinct areas sharing the common theme of each being a point at which users transferred from one service domain into another. The potential to improve outcomes for individuals and the cost effectiveness of services is especially high in this area where lack of co-ordination is a traditional weakness. The three transition points chosen were:

- looked after children leaving care
- discharge from acute hospital services of elderly patients with mental health problems
- adult offenders leaving prison.

In each of these transition areas, the methodology involved a series of large scale intense workshops designed to establish a shared understanding of how the transition was experienced by service users. This process was always a revelation to the various provider agencies who had historically viewed the services only from their own perspective. As providers heard the distress caused by dysfunctional interfaces this experience was also profoundly emotional on occasions. Specific examples that emerged were used to challenge a number of myths, change priorities and create a more empathetic approach to users' needs.

Bradford had a tradition of strong partnership working before Total Place, but each of those interviewed described the experience of Total Place as moving beyond the limitations of conventional partnerships. One suggested that partnerships can become focused on the energy and effort required to feed the partnership entity, whereas Total Place became much more about ways of working, the feel of working together in the interests of creating a better place for the population they served, and especially the individuals who made the most complex demands on services.

The Total Place initiative was concluded prematurely by the Coalition government, and is widely perceived to have had limited impact for the resources committed to it. It was replaced by the Community Budget Programme and an emphasis specifically on Troubled Families. In contrast to this perception, those involved closely in the Bradford pilot describe a profound and persistent experience that continues to shape the nature of partnership working, continuing to reinforce the

belief that it is possible to change people's outcomes positively by listening to them and involving them as important partners.

4.2 Methods

The case study drew on:

- key documents from the programme team, describing the Total Place programme in Bradford
- telephone interviews with three leaders involved in the Total Place programme and subsequently in Community Budgets, representing different services within Bradford:
    - Partnership Directorate (now Policy, Programmes and Change), Bradford Metropolitan District Council
    - West Yorkshire Probation Service
    - Children's Services, Bradford Metropolitan District Council.
- published research papers evaluating Total Place, including the final programme report from HM Treasury.

4.3 History

The ideas for Total Place emerged from work in Cumbria supported by the Leadership Centre for Local Government, with the aims of reducing costs and introduce new ways of working through better collaboration across service areas. Following the selection of Bradford as the chosen pilot area within Yorkshire and the Humber region, scoping work was completed locally in April to June 2009 to ensure that the chosen themes were clearly in place during June, resourced to produce recommendations in Feb/March 2010 with sufficient confidence to influence the budget round for 2010.

The objectives set nationally for the pilots were (précised):

- identify transformational opportunities for innovation and collaboration with the power to achieve substantially improved outcomes
- identify cashable efficiencies within period
- identify incentives to support this and reduce barriers to collaboration;
- make specific recommendations and link these to changes required in the performance management frameworks.

During the lifetime of the project, the overwhelming priority appears to have been given to the financial benefits of the programme rather than the blueprint for transformation of services. Two outputs were specified:

- a mapping of public spending allowing linkage to outcomes, including a deep dive of detail in a specific themed area
- identification of barriers to collaboration that could deliver improved services at lower cost.

Although the programme reported positive savings and identified ways of reducing barriers to joint working, it was not continued by the Coalition Government, but replaced with the Community Budget programme focused specifically on the agenda for Troubled Families determined by Whitehall, rather than on the locally selected priorities originally intended. Bradford was able to benefit from this, because of the strong alignment between Troubled Families and the local priorities defined in Total Place.

4.4 Systems leadership in action

The 'burning platform'

For Whitehall, the main driver of the Total Place programme was to reduce overall public sector spending, preferably in an intelligent way that continued to support improvement in services. This imperative was also accompanied by a growing sense that localism was becoming an important ground for emerging policy. In itself, this also paved the way the for deflection of some of the most difficult decisions about budget cuts away from Whitehall onto local authorities who would then be responsible for managing the inevitable backlash – an important consideration approaching the UK's General Election in 2010.

The initiative was primed by this central need to make substantial budget reductions and the growing political realisation of the difficulties of achieving the scale of budget reductions if each department was allowed to defend its own preferred programmes. Through the Total Place programme, the responsibility for extracting greater value from the whole budget by working together in new ways across traditional boundaries was transferred to the local communities. This served two purposes:

- the opportunistic purpose of reducing the pain felt in central government, and a more honourable purpose of focusing key decisions around ways in which local departments could work more closely together to address priorities specific to that community. This inevitably led to a complex programme, in which each community set significantly different goals defined by their own local contextual priorities
- For Bradford, the local priorities were chosen around points of service transition as outlined in the introduction. Participants in the local programme report that Bradford already had a strong approach to working in partnership, but the specific process employed in Total Place reached a whole new level of commitment to partnerships, including a recognition that significantly improved outcomes could be achieved by concentrating not on the partnership mechanics, but on the impact that poorly aligned services were having on users.

In his final research report on the Total Place programme overall, published in July 2010 (Keith Grint, 2010), Grint notes that the result of mapping local expenditure across services draws attention to the considerable total sums spent on a small number of recipients. As these sums are dispersed across multiple services, there has been little historical visibility, or realisation that much of this funding is channelled into repairing rather than preventing social problems. In isolation, they are treated as tame rather than wicked problems and, therefore, attempts to fix them are unsuccessful. Traditional approaches have sought to impose generic solutions on these individuals with a very low probability of success. Grint points to the mistaken belief that the problems can be owned by the respective agencies involved – each of the agencies can only treat their share of the symptoms, without getting to the root problem. In contrast, Total Place is an attempt to place users/citizens involved at the centre, recognising that the real problem is experienced by the individuals concerned and only they can own its satisfactory resolution.

Negotiating around differential costs and benefits

The final report from the Bradford pilot (Bradford Metropolitan Council, 2010) identified the potential to achieve substantial savings from each of the three sub-theme areas. It concluded that public spending could be reduced by as much as £8.1bn by intervening with young people leaving care to prevent them falling into the life-long trap of becoming sustainable NEETs (Not in Employment, Education or Training). Reducing re-offending rates by supporting adults leaving prison could achieve a further £400m reduction whilst smoothing the transition for elderly with mental health problems could save at least £80m from the 4 most common reasons for readmission.

In each case, these savings are derived by implementing a care model that creates a shared responsibility across service areas for the life outcomes of the user, rather than individual outcomes within each service area. The process of working together at depth to map out the consequences for the individual has enabled the different services to contribute to a joined-up intervention designed to deal with the cause, rather than the symptoms. By moving the intervention upstream, it is often possible to prevent the emergence of much of the problem complexity faced by the service user.

Taking the example of young people leaving care to illustrate the points, the whole system view developed in the joint workshops showed clearly that raising the attainment levels of those in care would create savings against the Job Seekers' Allowance budget, reduce the long term unemployment costs throughout the system and generate additional tax revenues from future employment. Additional investment in training, housing, job development and support personnel would be required to achieve this change. Similar maps of potential improvements in outcomes, cost and benefit profiles are reported for the other strands.

Clearly, the one year programme could not validate this improvement practically. However, the work with individual young people at the transition point helped to identify ways of providing support that led to increased self-worth and motivation, in turn contributing to raising achievement levels. In particular, the process of engagement has created a changed understanding of priorities at a detailed level. One specific view that has been challenged is the policy expectation that young people should not be placed in bed and breakfast (B&B) accommodation. Bradford's few cases where youngsters were in B&B, was becoming a significant political issue for the Council, but it transpired that for some, the environment of living in a family home with the support and often encouragement of the owners could be significantly less daunting than being placed in a hostel which was much more impersonal and offered little encouragement. What mattered to the service users changed the views of both policy makers and support workers.

The programme appears to have been successful in identifying both financial and outcome benefits, and the relevant costs and resource requirements for implementing change. It is abundantly clear from those interviewed that the local successes have been achieved by building a compelling purpose – a golden thread – around the inspiration of achieving better outcomes for individuals.

However, practical progress on collaborating in the finances has made limited progress. There has been no willingness to pool budgets and in some cases distinct opposition to attempting this. Each service has continued to work within its own budgets. The extent to which this will inhibit progress is not clear, as there are specific examples illustrating how each service chooses to deploy its own budgets towards the greater cause, given the enduring inspiration of the shared commitment to making Bradford a better place, and to achieve that through by supporting better outcomes for individuals, especially those small numbers of complex cases in this study. So, for example, the probation service has invested in providing support in the golden 24 hours after discharge, even for those released who are not on licence, and for whom the probation service has no formal responsibility. This support breaks the trend of those released falling straight back into crime, helping them to find accommodation and reintegrating back into the community. Funding for this has been found within the discretionary elements of the community safety partnerships budget.

Risk-taking

There was clearly an appetite and willingness amongst the partnership to see Bradford in a different light and view it through others' perspectives. For some, this was interpreted as taking risks by putting other organisations' ahead of self-interest, but this was equally described as a willingness to cede power and authority to other partners for the greater good. Others talked more of boldness and courage to challenge each other, ensure matters were placed openly on the table and confronted in order to make progress.

Signs of willingness to take risks were often shared by those interviewed in the course of normal conversation about the services. So, for example, the probation service has learnt sufficiently from the experience of drawing offenders into service design, that one has been employed as part of the permanent team – a remarkable level of risk for a service traditionally associated with conservatism. In another example, the housing providers were commissioned to make provision for young people leaving care to be housed in decent accommodation alongside good neighbours, rather than the conventional view that inappropriately anticipated them being likely to be trouble makers and therefore housing them in more disadvantaged neighbourhoods. A key message from these illustrations is that it is necessary to break the stereotypes that hold people back, and in both these instances, it also means ignoring the pareto principle – the small numbers of special cases cannot be ignored in favour of the majority – in a world of complexity, it is those on the margin who will prove to be more significant over the long term (clearly demonstrated in the financial cases made by Bradford Council).

Supportive contextual factors

Grint describes the success of Total Place as resting in a balance between central forces, initiating a new authorising environment and local forces who built momentum as they took local ownership for behaving differently on priorities defined within their specific local context. The crucial central enabler came from an acknowledgement that the nature of this programme demanded an approach derived from complex adaptive systems. The Leadership Centre for Local Government played a critical role in facilitating this recognition and providing the appropriate language and relevant tools. Each of the 13 Total Place sites was supported by external consultants to capitalise on this.

Grint's review emphasises the systems nature of Total Place – drawing out that the programme emphasises the need to be clear about precisely what problem is being solved, establish a clear sense of purpose, and acknowledge that in this approach, the key answer does not lie in normal power relationships. But, perhaps the most important element of his conclusion, is that leadership is not vested in individuals and their characteristics, but in the context of time and place and the local knowledge, often tacit, within that community.

Areas of tension and difficulty

The scale of the workshops and the depth of detail they required made substantial demands on senior leaders, creating an environment in which there was a strong possibility of delegating ownership lower down the organisation, missing the opportunity for visionary change. This challenge was managed and the personal results of working differently were felt to be hugely rewarding.

The involvement of service users and the challenging nature of some of the stories created some difficult moments of mutual blame at the beginning of the process, but these were overcome by the strength of existing relationships – a real example of *'cooking the conflict'* to allow a greater sense of maturity and respect to emerge the other side.

By far the greatest sense of difficulty arose from the abrupt change of direction when the national political direction altered. This frustration was a combination of the way in which the change took place, and the abruptness with which the very promising direction was shifted. With the benefit of 3 years' elapsed time, and invited to reflect on the legacy of Total Place, all of those interviewed describe profoundly the way in which the programme was a transformation point for themselves personally, and for the way they continue to work in partnership to the greater benefit of the community.

4.5 Outcomes and reflections

The impact of the Total Place programme in Bradford appears almost as a paradox in its own right. It would be difficult to suggest that the programme reached a mature level of systems working that stretched beyond a very effective partnership – there was common purpose, reorientation of services around users rather than organisations, teams or professionals, and deepening of respect across the agencies and disciplines, but very little real pooling of resources or challenge to the accountability boundaries.

However, the individuals involved in the programme each describe the programme as offering a profound experience – even life changing – that has created a lasting legacy in behaviours and attitudes. These inspirational conversations describe a high order of systems thinking and systems leadership that continues to manifest in the programmes that have been built on the foundations created by Total Place. At times, these conversations have held a quality mirrored in the literature in which there is a spiritual dimension to genuine systems leadership.

The most profound learning from this study has been the role that place and time have played in energising and uniting teams in a way that neither partnerships nor individual organisations could aspire to.

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