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How might leadership roles evolve in integrated health and care systems?

Report for the NHS Leadership Academy

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About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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Introduction

Thames Valley and Wessex Leadership Academy (now part of NHS South East Leadership Academy) commissioned the Social Care Institute for Excellence (SCIE) to undertake this research to further expand the understanding of the evolving roles of collaborative leaders across health and care systems. This research will inform the further development of multi-professional, collaborative leadership models across the NHS and targeted programmes of support. This report is based on a short review of recent literature on system leadership in integrated care systems and sustainable transformation partnerships (STPs), findings from interviews with senior system leaders, and a roundtable with a mix of national policy-makers, planners and leaders working in local health and care systems. It builds on work which SCIE undertook in 2018 on system leadership in **integrated care systems** and **place-based leadership development**. Quotes from these leaders are presented throughout the report along with case studies.

The context for this research is the publication of the NHS Long Term Plan which set out a new vision and delivery plan for the NHS, at the heart of which was a commitment that every area become an integrated care system (ICS) by 2021. ICSs seek to bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care and make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

The Long Term plan also set out an ambitious aim to develop great leadership at all levels in the NHS and do more to nurture the next generation of leaders by more systematically identifying, developing and supporting those with the capability and ambition to reach the most senior levels of the service.

Further to the Long Term Plan, NHS England and NHS Improvement also published the **Interim People Plan**, which commits the NHS, in collaboration with its partners, to system leadership as the defining way in which local health and care is led.

This has now been followed by **We are the NHS: People Plan 2020/21**, which states:

> *'We must do more to foster systems-based, cross-sector, multi-professional leadership, centred around place-based healthcare that integrates care and improves population health. This is not just a plan for secondary and tertiary care: we need to foster this leadership culture in all elements of NHS-funded care, in the community, in all our providers and commissioners, and with all our partners in social care, the voluntary and independent sectors.'*

In February this year, the Government published a White Paper – **Integration and Innovation: working together to improve health and social care for all** – which builds on the Long Term Plan's goals on integrating care around the person. The White Paper will place ICSs on a statutory footing through both an `NHS ICS board' (though this will also include representatives from local authorities) and an ICS

health and care partnership. The ICS NHS body will be responsible for the day-to-day running of the ICS, NHS planning and allocation decisions. The partnership will bring together the NHS, local government and wider partners such as those in the voluntary sector to address the health, social care and public health needs of their system. The issues explored in this paper about systems leadership and new roles remain prescient to these new policy developments.

This research was conducted between November 2019 and March 2020, and was therefore completed just before the outbreak of COVID-19. To explore how leadership had adapted to the crisis within local health and care systems, NHS South East Leadership Academy asked SCIE to undertake a further case study to explore how leaders had responded within a specific local area and what COVID-19 might mean for future leadership roles. This involved interviews with four senior leaders in Hertfordshire and West Essex STP which were conducted between May and July 2020. This case study is presented as a standalone appendix at the end of this report.

Key questions of this research

- How will leadership roles and priorities evolve as a consequence of the NHS Long Term Plan?
- What factors act as enablers and barriers to how leadership roles must evolve?
- What skills, capabilities and behaviours will system leaders of the future require?
- What will support system leaders need in the future to fulfil these new roles?
- What are the key features of successful system leadership development programmes?
- How can the NHS Leadership Academy best support ICS systems to develop and support system leaders?



Key messages

- The NHS Long Term Plan (LTP) and the recently published health and social care White Paper – Integration and Innovation: working together to improve health and social care for all - that system leaders push forward a transformation agenda at a tremendous scale and pace that can feel overwhelming. It requires taking a long-term view to planning and prioritising certain areas at any one time.
- The LTP asks leaders to prioritise the interests of the wider system over those of any individual organisation, focus on prevention and health population management, and to think differently about how to address the wider determinants of health. Leaders must foster a significant cultural change if they are to succeed in all the above.
- Leaders must also contend with an LTP that places conflicting demands on them to deliver transformation whilst meeting a set of targets not necessarily aligned to a programme of change. The LTP also falls short in mapping out how to effectively engage with and develop valuable roles for local authorities and in addressing the severe workforce challenges facing health and social care.
- System leadership roles and governance structures need to continually evolve, but must do so in a way that is specific to individual systems and places.
- Effective system leadership can be facilitated or hindered by a number of interconnecting factors, particularly in relation to cultures, structures and approach, which can be grouped under the following five domains:
  - Clarity
  - Innovation and learning
  - Representative and balanced leadership
  - Connectivity and relationships
  - Resources and finances
- Effective system leadership relies on a composite set of capabilities, skills and behaviours. These include:
  - Leading through influence and empowerment, not hierarchy
  - Being politically astute
  - Having a flexible approach to how one works with the ‘rules’
  - Being able to think outside the box
  - Being able to build and communicate a clear narrative
  - The ability to live with ambiguity
  - Being able to hold and manage multiple strategies

  - The ability to make things happen
  - Being able to think ahead and plan for long-term objectives
  - The ability to cede power and resources
  - Having tenacity, courage and resilience
  - The ability to build strong relationships and understand the importance of networking and the psychology of change
  - The ability to understand one's self
- Leaders told us that the following factors are important when supporting and developing system leaders:
  - Identifying future leaders early on
  - Having a varied menu of support and development programmes on offer
  - Focusing on system leadership rather than organisational leadership
  - Identifying and supporting leaders at all levels, not just the most senior
- Leaders identified several key features of successful leadership development programmes, including the need for offers to be locally owned and developed, and involving leaders from across a range of different sectors
- Leaders emphasised the important role they felt the NHS Leadership Academy could play in supporting locally developed system leadership programmes.

NHS Long Term Plan and the implications for system leadership

Conflicting views about the Long Term Plan (LTP) emerged from this research we conducted with system leaders. Some leaders suggested that the LTP articulates **a healthy demand on taking a greater interest in the whole system, as well as focusing on prevention and health population management,** rather than just treating individual people. Others were concerned that the LTP falls short on the key issues – with **not enough emphasis being placed on the role of local authorities or the wider determinants of health**. However, there was general consensus that the messages within the LTP signal a reassuring continuity from the centre and build upon the rational and objectives of STPs/ICSs. Finally, those we spoke to argued that the plan places **conflicting demands on leaders to deliver transformation whilst meeting a set of targets not necessarily aligned to a programme of change.**

> *'The challenge for leaders is to continue to deliver transformational change at the same time of delivering the not insignificant performance demands of the Long Term Plan – because the plan is so focused on targets and performance, rather than on transformational change.'*
>
> ***Chief executive, NHS trust***

Leaders identified a number of significant implications of the Long Term Plan for system leadership:

- **Leaders must take the long view.** The plan demands change at scale and at pace but leaders emphasised the importance of remembering that it is a ten-year plan, and consequently not everything should or could happen simultaneously.
- **Subsequently – there is a need to prioritise.** The Long Term Plan places too many demands on local systems and therefore leaders need to be able to prioritise a few areas at a time. Leaders suggested that prioritising certain areas that can be addressed quickly to demonstrate impact might be helpful.
- **There is no single answer to achieve the Long Term Plan's objectives.** Leaders must take on a multifaceted approach to address current challenges and reach the plan's objectives.
- **Leadership roles need to be more system focused** rather than organisationally tied**.** This means leaders must put aside the interests of any one individual organisation and focus on how the system can achieve the best outcomes of the overall population. It is imperative that system leaders become comfortable with working across the system, developing relationships across multiple organisations and sectors, and creating plans that involve the blending of traditional boundaries and partnerships. However, they must also deal with the challenge that they continue to be regulated against an old framework that asks them to put the interests of their individual organisations first.

- **A significant cultural change is needed.** For integrated care to become a reality, leaders need to change the mindset of whole organisations and sectors. This will require co-developing a common vision and priorities.
- **There must be a shift in focus to overall population health** rather than just on the individual health of each patient. It will require a considerable cultural change and leaders will need to embed the idea of supporting better health of whole population into all roles – not just clinical roles.
- **Leaders must think and work differently to address the wider determinants of health.** The traditional approaches to addressing and supporting population health have not worked so leaders must encourage dialogue with as many stakeholders as possible about new innovative approaches that are also more community led.

Limitations of the Long Term Plan

Whilst recognising the demands that the LTP places on leaders, those with spoke with also cited a number of limitations with the plan that they felt made it more difficult to achieve a more collaborative approach to public health management.

- **The plan is not ambitious enough.** Some leaders felt that that the LTP failed to bring new and innovative ideas to the table and it was therefore not forward thinking enough. Leaders shared concerns that the plan continued to reflect a siloed mentality embedded in national central government thinking.

  'I am unimpressed by the Long Term Plan. It is not ambitious and there is nothing in the plan that is not being done already somewhere in the country. I think it worries me because it is not focusing on what needs to happen next – where is the creativity?'

- **The current financial architecture and reporting requirements of the NHS are not yet aligned to the priorities of the LTP**, and population health management in particular.

  'As we move into population-based strategies for ICSs, all the national templates and returns are still based against old top-down models and use blunt hospital-centric activity counting mechanisms. That doesn't help tell the transformational story we are trying to achieve.'

- **The LTP does not have a clear accountability and assurance system in place.** Leaders told us that it was currently difficult to understand which individual organisations will be held accountable for many of the metrics set out in the LTP. Some suggested that system leaders needed to put an accountability framework in place to address this.

  'The key performance indicators in the Long Term Plan - well there is quite a lot of them where it would be difficult to understand which individual organisations will be held accountable. For example, the metrics around

public health or early diagnosis of cancer – there are so many different organisations that need to be involved in that – so it could be easy for chief executives of hospitals to say that's not my area" or "I'm doing what I can, it's the other organisations that need to step up". So as leaders of the system we need to ask - how can we put an accountability framework in place to help us hold people to account?'

- **The LTP has an overdetailed prescription of what 'good' looks like across many areas** which is not conducive with bottom-up co-designed place-based leadership. For example, leaders mentioned that the plan's over prescription of what should be delivered in relation to mental health services does not allow for a place-based approach to integrating mental health into population health-improvement strategies.
- **Gaps exist in the LTP around social care and the role of local authorities.** Alongside this, there is no equivalent long-term plan or national workforce strategy for social care.
- Some leaders are concerned that **the LTP does not include a sufficiently coherent and integrated long-term approach to address the sector's workforce challenges**. Leaders cited the need to consider factors such as economic development, affordable homes, targeting workforces from other sectors forecast to see job losses (such as retail), 'grow your own' strategies, supporting and mobilising local communities to volunteer, or capital investment to halt the heavy reliance on a low-wage, low-skill, high-turnover workforce.

  'I think in many ways it is placing the wrong demands on leaders – it is missing out on the key issues – like the role of local authorities, the wider determinants of health, and the terrible workforce shortages we have – and instead focuses on the things we can count. Leaders will be rewarded for bean counting instead of transformational change.'

Integral leadership roles emerging

This research found that it was critical that leadership roles and governance structures continue to emerge and evolve. In fact, having roles and structures that are iterative has proved to be extremely important across many systems. These changes feel more like a continuation of an evolution already very much in progress. Leaders told us that it has been helpful when there is flexibility for roles and structures to develop alongside new relationships across organisations and sectors. For the NHS Confederation (2019), giving local areas the power to shape their own structures in ways that reflect local circumstances is an important facet in building effective system leadership. Leaders emphasised that the changes to roles need to be real, and reflect new thinking. Different job titles alone would not be sufficient.

> *'We've always got to keep evolving and developing new roles and change structures – for every hill we get over there will be another hill – that is the nature of integrated working. There is so much stuff we need to do – so I have stopped saying we'll ever be done – because every time there is more to do.'*
>
> ***Director, NHS trust***

> *'Every three months or so we have to renew the governance structure as we've managed to integrate another function or another board or another thing, it is just the nature of the work.'*
>
> ***Chair, integrated care system***

Leaders stressed that new roles and governance structures that are created will and should reflect local circumstances, and will therefore be specific to individual systems and places. There are no models or specific roles that would necessarily be right for every system. There have been some common developments, such as the formation of Integrated Care Partnership boards at place level. Exactly who is on the board can vary widely, but membership generally includes local commissioning, primary care representatives, local authority members and voluntary sector representatives. Independent providers are less likely to be involved.

Some system leadership roles have become full time. Leaders discussed the advantages and disadvantages of whether leadership roles are full time or part time. For example, having a full time ICS lead executive can be important as it adds additional essential capacity to the role. However, the drawback can be that with full-time leadership roles, the sense can be created that the system is something separate rather than constituted of the organisations that are part of it.

Below we outline some of the new emerging roles that leaders spoke about. It is important to emphasise that no one proposed that these roles would or should emerge across all systems.

- **More substantive ICS executive lead roles.** Leaders spoke about ICS executive lead roles that were beginning to have clearer system-wide responsibilities. Examples were also given of where ICS leads were now being supported by a clinical lead and a finance lead, which gave them more time and space to focus

on their key priorities and responsibilities. It also works well when the ICS lead has a background that generates credibility and therefore influence within the system. Currently they do not have formal accountability or authority.

'All systems have an appointed leader, an executive lead. I think what works best in terms of background of the executive lead is about where credibility lies in the system – so who can the whole system coalesce behind? Often these people are those who have had roles in the system for a long time so carry credibility in the system. So I think it is right that so far systems have been able to go where the energy is – so ICSs can choose leads that can create more energy and be held as credible.'

Chief executive, NHS trust

- **Independent chairs.** ICSs are increasingly appointing independent chairs. They are taking a lead role in building relationships across the system and building a shared vision. Some systems have appointed council members as the independent chair – with the aim of becoming more democratically accountable for change, sustainability and deliverability.
- **Joint roles between the NHS and the local authority.** Leaders cited an increase in having joint digital, estate and workforce roles within the ICS executive team, as well as having joint children, mental health and learning disability posts. Leaders spoke about how joint roles reduce duplication and support the 'working together' agenda. Joint roles were also seen as helpful in shifting away from the commissioner/ provider split. Many saw it as an obvious step in the journey towards consolidating the public sector estate.

  'We've evolved and have created a number of joint roles between the NHS and the local authority. We are moving towards single public sector commissioning – with delivery being geographic – and geographic accountability for money, quality and performance – which is a very different model than it has been previously.'

  Chair, integrated care system

- **Chief executives for each 'place'** rather than chief executives for each acute trust, who form part of the senior leadership team of the ICS. Some systems spoke about having **Integrated Care Partnership directors** that also sit within the ICS executive leadership team.
- **Overall system finance lead for the ICS – taking a coordinating role around system finance and joint use of resources.** The system finance lead takes a system-wide view of the finances across the whole ICS. They collect, analyse and report on financial data from across the whole system and support the individual finance leads across the system to work together.
- **Having an ICS assurance team – with finance, performance and quality directors –** to help ICSs who are increasingly feeling like they are being asked to take on an assurance role alongside their focus on transformational change.

- **Having only one commissioning officer and one accountable officer** for each place or ICS. Leaders also spoke about the need to scale back commissioning roles going forward.
- **An overall lead on urgent and emergency care across the system** – to support a more collective and coordinated approach.

  'I lead on emergency care across the whole ICS – so while individual organisations are still responsible for their own elements – and our providers are responsible for individual requirements – we now also have a system focus. So we work out as a system what we are trying to do – making sure we have the right capacity and the right people and the right skills. But we also have a transformational programme across the ICS for improvements on urgent care. That's a bit of change for us – traditionally we have not worked so collectively.'

  Clinical chair, CCG

- **Leaders focusing on how to sustainably embed technologies.** Leadership roles that enable the introduction of new technologies by ensuring clinical behaviour is changed in the use of technology.

  'We often introduce technology without changing the culture of how people will use the technology – so for example we have had GP records accessible in hospital A&E for about five years now – but they are not being used. Why? Because of the culture in hospitals is that it is too difficult to log on. So we need to be thoughtful about digital solutions – that they are used and embedded in the clinical culture of our colleagues. So leadership roles need to also evolve to focus on and ensure that clinical behaviour is changed in the use of technology – don't just introduce the technologies on their own.'

  Director, NHS trust

- **Leadership around managing and developing the workforce.** Leaders argued that there is a real gap nationally and locally around the workforce and people plan, with the NHS having stripped its HR capacity over many years.
- **Lead roles that are responsible and capable of running transformational programmes across the system.** Leaders were concerned that the current focus was on system leadership and that the need for leadership roles that focus on transformation, organisational development, and system-wide programmes are being overlooked**.**
- **Roles for data scientists are needed at the system level –** who know what data to collect and how to collect it in order to develop a clear understanding of what is going on across the entire system.
- **Leadership at the sub-system/ micro-climate level has been relatively less examined.** There is a need to focus on pulling together clinical leadership at the ICP or sub system level. Leaders need to know how to work collaboratively with all the different relevant parties (PCN, county council, social care, voluntary and third sector, mental health services).

Case study: How new roles and forums are supporting collaborative working in Croydon

Croydon has worked hard over the last few years to improve collaborative working across the borough to improve its local health and care system. It recognised that there was a need to develop a range of roles and forums that would help it move towards a system-wide approach, to enable organisations across different sectors to work together to effectively address the needs of their population.

Croydon established a partnership called the One Croydon Alliance that brings it together with the CCG, the GP Collaborative, several health and foundation trusts and Age UK Croydon. This is a place-based system within the South West London Sustainability and Transformation Partnership. All the partners signed up to an alliance agreement, committing to shared approaches and principles for transforming local health and care provision. One Croydon Alliance has seen the formation of several joint forums and roles:

- A transformation board made up of chief executives and clinicians across the organisations
- A delivery board which holds to account partners
- A Cost and Quality Oversight Board (CQOB) to monitor progress on cost-improvement programmes and quality, innovation, productivity and prevention
- A shared Programme Management Office (PMO), facilitated by an 'open-book' approach between partners, which produces a weekly pack of KPIs for the CQOB
- A finance committee to ensure collaboration
- Several joint roles across relevant organisations, including:
  - a chief pharmacist between the CCG and a trust
  - a chief nurse for the whole partnership
  - a joint chief executive and place-based leader for health
  - a joint chief financial officer
  - a joint director of strategy and transformation

'Within the alliance, we can now do essential planning together – building, not dividing, relationships between our providers and commissioners. Overall, I am immensely proud of how people have got to grips with the issues and challenges facing our population, recognising the organisational interdependencies and putting collaboration at the heart of the solution.'

Matthew Kershaw – Chief Executive, Croydon Health Services NHS Trust and place-based leader for health

Key factors that can act as enablers or barriers to how leadership roles must evolve

Given the implications of the Long Term Plan and the shift towards systems working, greater collaboration and a focus on overall population health, we asked leaders what key factors act as enablers or barriers for system leadership. This section sets out a number of factors, identified by leaders we spoke to, that either facilitate or hinder effective system leaders – particularly in light of how leadership roles need to evolve and the changes they need to enable. Many of these factors relate to current issues or developments that leaders identified as already taking place in the sector, particularly around culture and leadership approach. Other factors relate to gaps that have been identified and that need to be addressed urgently, or enabling factors that leaders would like to see transpire. The factors fall under five key themes – clarity, innovation and learning, representative and balanced leadership, connectivity and relationships, and resources and finances.

Clarity

Enablers

- Having a clear and agreed-upon understanding of what different leadership roles entail, particularly in relation to system leadership. This includes a clear description of the responsibilities and objectives, as well as the skills and characteristics required to effectively fulfil the role. These descriptions must be set out clearly in the job specification. Leaders wanted a commitment from across the system (a role for ICSs perhaps) that going forward, job specifications would be written to reflect the principles of system-based working and leadership. Leaders emphasised that only after mapping out the necessary skills and qualities that system leaders will need can the right support be developed and provided for leaders.

  'We need to understand what those roles are and describe the qualities needed. That would be helpful for those roles. This is necessary in order to develop the pipeline of individuals ready to take on those future leadership roles.'

  Director, adult social care, local authority

- **System leaders having a clear narrative around their vision and purpose.** It is important for leadership boards (ICSs and ICPs) to have clarity of purpose and well-defined objectives. This should be centred around a shift from solely focusing on treating illnesses, to one that focuses on wider population health, and from organisational objectives to system-wide objectives. This narrative must be communicated directly and concisely to all staff across the relevant organisations within an ICS.

- **A clear understanding on what should be done at the system level and what should be done at the place level.** System leaders need to work with stakeholders across the system to develop consensus and clearly define the areas of work that are best addressed at system level, place level and neighbourhood level.

- **Working on and demonstrating quick wins alongside spending time setting up governance structures.** Developing the architecture and governance arrangements of STPs/ICSs is time intensive and requires significant resources. A lot of time is spent talking about governance and reviewing and changing arrangements – which is necessary – but can result in very little transformational work getting done to begin with. It is important to look for initial quick wins or to continue work that was already in progress. New governance arrangements can lead to losing momentum that was there prior to the new governance structures. It is important to widely disseminate evidence of these quick wins and clearly demonstrate progress.

Barriers

- **Not having the time and capacity to undertake system work in addition to one's day job.** This was directly related to the previous point about job specifications. Leaders struggled to find the time to do systems work because it is not often officially specified as being part of their job. This issue is only compounded for staff further down the chain. Leaders need to create the right culture that gives people permission to work on system transformation work whilst still being accountable to their statutory organisation. This will involve developing a sense of system perspective for every leadership role (and perhaps all roles) – where it is part of one's day job – not an added bonus. As mentioned above, leaders must be intentional in creating that space – being prescriptive within job descriptions in terms of what that will look like.

  'We might have to be prescriptive – give actual time and days they can spend on system stuff. So far we have been very ambiguous – we have got to be intentional in creating that space for system work and being prescriptive in terms of what that looks like.'

  Chair, sustainability and transformation partnership

- **Not having clear definitions for integrated care, place and system –** that are agreed upon and understood in the same way across the relevant sectors (e.g. local authorities, health, third sector and communities).

  'There is a tension about the misuse of the word 'place' by the NHS - for local authorities 'place' is about the infrastructure, housing, growth, jobs and the leisure offer – but for the NHS – their version of 'place' is not quite the same, so trying to interpret what 'place' means to one another has also been an interesting challenge.'

  Director, adult social care, local authority

- **Lack of system (ICS) statutory status; clear lines of accountability; and a full understanding of system objectives and remit**. Leaders can find it challenging that the system's remit is not clearly defined in law and that system work often involves having to be accountable to multiple line managers that can add further complexity.

- **Recruitment challenges due to lack of clarity on job stability and misconceptions around what system leadership jobs entail.** The continuous changes taking place within the NHS can discourage potential candidates from applying for system leadership roles. People worry that the role may cease to exist as soon as they start. Negative perceptions of what system leadership entails also create challenges. System leadership roles are not always seen as being particularly productive or producing substantial or tangible outcomes. Furthermore, there is no clear career pathway for some leadership roles (clinical leadership roles in particular). More work must be done to shape a clear message that shows the value and impact of system leadership roles.

  'There is a suspicion that leadership is not a proper job in general practice – there are questions around what are the outcomes. People are suspicious that you just sit around in meetings all day long and that nothing changes as a consequence.'

  Director, NHS trust

Innovation and learning

Enablers

- **Maintaining the right balance between innovation and delivery.** Leaders argued that organisations and systems where there is found to be most progress tend to be those where the permission for staff at all levels to try new things is embedded within the culture. This enables people to use what they learn from leadership development programmes and to experiment with new ways of working. Leaders must encourage a less risk-averse culture that gives people the space to try things even when there is a chance it may not yield the desired results. A value must be placed on the opportunity to learn no matter the outcome. For integrated care and systems working to succeed, the space for innovation and failure is necessary.

  'Great things happen in the tension zone between delivery and innovation. That is where you get creativity, as long as you create safe environments for those conversations to happen.'

- **Identifying useful new roles for colleagues whose current roles are threatened by changes.** Leaders recognised that many roles might be threatened or phased out as all the transformation work takes place. There is a need to therefore identify new roles that might be required in this evolving system-wide architecture and support colleagues who may find their current roles threatened to explore these new opportunities and learn new useful skills. This is particularly imperative when thinking about the system transformational work needed – because those who see changes as a threat to their role will not support or enable change.

  'A lot of people have spent the last 20 years doing something they have been told to do and now they are being told to do it no more – I can see how that feels like an existential threat to them personally that is unlikely to make you a big fan of the change. And what we haven't done is offer them a new useful role that they could do in the future. We need to draw attention to the skills that we really need

going forward. There is work to be done, it is just a different kind of work – so support those in old world roles to look at opportunities for new roles in the new world.'

Chief executive, NHS trust

Barriers

- **Not focusing on the adoption and roll-out of digital innovations.** Digital technologies have an important role to play in system transformational work. However, this will require building up the appropriate skill set within digital transformation leadership teams – including a nuanced understanding that introducing new technology requires changing cultures and behaviours. Leaders spoke about how many digital developments end up not being used because not enough focus was paid to the pathways and behaviours that needed to change to be able to use the digital innovations effectively.

  'Leadership roles need to evolve to focus on and ensure that clinical behaviour is changed in relation to the use of technology – don't just introduce the technologies on their own.'

  Chief executive, NHS trust

Representative and balanced leadership

Enablers

- **Wide sector representation**. Leaders told us it was important to ensure that the individuals who take up system leadership roles (at ICS and ICP level) represent different sectors, including health, local government and the voluntary sector. This can lead to **a wider sense of ownership over the change agenda –** and a wider reach in terms of valuable stakeholders who can be brought on board.

  'It was important to get that wider sense of ownership, because that means broader engagement. By bringing in other colleagues (from other sectors into leadership roles) that have different perspectives on place and on the 'possible', and with their different experiences, we could discuss the changes with so many more varied groups of colleagues – and give reassurances in a way I couldn't have done alone.'

  Director, adult social care, local authority

- **Joint roles shared between the NHS and local authorities and more broadly having leaders that have the capacity to work across organisational boundaries.** This enables strong connecting relationships between individuals playing key leading roles across different parts of the system. Joint roles are also a good way to address overlaps between these organisations and reduce duplication.

- **Adopting a triangular approach to leadership roles.** Having the following three elements represented by leadership roles was cited as being incredibly important:

  - executive function (directors of finance or leadership etc.)

  - lay function (bringing accountability and the external perspective)
  - clinical function (which traditionally has always been represented by doctors but should extend further).

- **Drawing the right balance between place and the wider system.** System leaders must allow for individual direction and strategy at place level alongside an overall aligned vision for the whole system. This necessitates recognising and being comfortable that a bottom-up approach will be messier than a top-down approach. Connected to this is ensuring that the right balance is struck between focusing on developing the best structures for wider system leadership – and creating micro-climates with strong leadership at place level or for different work streams.

  'The presence of senior leadership groups in and of itself is not enough to make significantly innovative things happen – you also need to create mini micro-climates for the people who actually do the job. People become too obsessed with the governance structures of how senior leaders all come together – and they forget about how to translate that into something that is actionable on the ground.'

  Chair, integrated care system

- **Leadership roles attracting colleagues from mental health and community settings.** Leaders suggested that colleagues from a mental health and community sector background are well placed to take up system leadership roles. They are well versed in having to work and build relationships and networks across organisations and sectors – and therefore have a lot more experience in systems working. They are therefore an integral resource to tap into and should be encouraged to apply for system leadership roles.

- **Public Health playing a greater role.** If the ambitions of the Long Term Plan are to be achieved and to reflect the emphasis being made on population health management and prevention, Public Health England needs to be expanded and given greater prominence and visibility.

Barriers

- **The top-down approach within the NHS is at odds with a place-based focus.** The NHS tends to operate as a national, corporate entity – with the centre directing strategy. This does not align itself well with place-led working. Leaders say that there is a disconnect between national and regional priorities and locally driven plans. Whilst leaders acknowledged that the direction of travel appears to be moving towards more local freedom, they also accepted that reverting to a top-down approach can happen quickly when things get difficult. Therefore, there is a need to stay vigilant and for leadership roles to support and reflect the right balance between place (and neighbourhoods) and system.

  'I think that is a tension – between needing to have a single ICS operating plan and that plan having to incorporate all the different 'place' plans. When an ICS is required to produce one overall plan when there are [several] places – it is quite

difficult to get your aspects of place and your challenges into that format. Maybe that will come with time, as ICSs take a firmer hold, hopefully there will be less of that directive control that comes from the centre and maybe some more relaxation and preparedness for each place to do things a bit differently.'

- **Profile of system leaders**:
  - **Narrow sector background**: Leaders talked about the narrow and specific sector/organisational background of many leaders – who tend to come from the NHS or local authorities – and can tend to view the system through the lens of their past organisation and experiences.
  - **Insufficient clinical representation:** The lack of sufficient and wider clinical representation in system leadership, beyond doctors. For example, general practice, pharmaceutical or nursing representation is lacking.
  - **A lack of diversity** in certain leadership roles, for example system leadership roles within general practice do not seem to attract female applicants.
  - **The balance between NHS and local authority leaders within an ICS:** ICS members from local authorities can feel outnumbered by colleagues from NHS organisations. In many places, the role local authorities have played in STPs/ ICSs has not always felt equal or meaningful. Where local authorities have been part of a much more equal partnership with the NHS – with local government leadership embedded at the heart of the ICS leadership – it has been incredibly powerful and valuable.

'So in the ICS the table is full of health partners. The chief executive officers of the councils are there at the table but nevertheless they are very significantly outnumbered by their health partners. We haven't seen the secondment of any council staff into those senior roles at the ICS yet.'

Director, adult social care, local authority

- **The lack of voluntary, community and private sector representation in system leadership and governance structures:**
  - **Local politicians** are critical but often overlooked by systems leaders. Leaders suggested that behind the most successful systems leaders, are usually well-engaged and supportive politicians.
  - **Voluntary and community sector engagement** is variable across systems. Whilst there is a common understanding that engagement with this group is critical, systems can find it challenging to involve them in their work. There are not many examples where the NHS uses its weight and capabilities to train leaders within the community or third sector. Leaders we spoke to felt that the NHS was missing out by not supporting and utilising leadership potential in these sectors. ICPs are beginning to engage more effectively with the voluntary sector, however there is still room for improvement. Leaders spoke about finding it challenging to know which individuals or bodies from the voluntary

sector to invite to the 'table', as it is a very diverse and populated sector with no clearly defined representatives.

  - **Private sector (particularly independent providers):** Leaders thought it was necessary for system leadership to engage with the private sector as it is a key stakeholder in the provision of health and social care. However, they felt there is still a lot of resistance to such engagement and that the NHS has not tapped into the resources and expertise available. Leaders also recognised the need to be careful about how such engagement takes place and who to engage with. There is a need for a more nuanced set of principles that can guide further engagement, dialogue and collaborative working with the private sector.

- **Widely constituted leadership boards.** Leaders did note that the drawback of leadership boards being widely constituted is that they can become large and unwieldy and consequently they can become difficult forums for decision-making. Having a smaller system leadership executive board for decision-making, with other boards underneath this for particular areas or themes can be more effective.

Connectivity and relationships

Enablers

- **Making decisions in the interest of the whole system and the capacity to work across organisational boundaries**. Leaders must constantly be working to break down organisational barriers and create a model of collaborative leadership that seeks views from those beyond the 'room'. Leaders must focus on building relationships and finding solutions with all relevant stakeholders. To do so leaders need to fully understand the context and logic of system work. Leaders must be supported to develop the confidence to talk about system-wide working and harness the language around system working fully.
- **Frequent face-to-face meetings.** Leaders talked about the importance of **how** relationships are developed. It is imperative to invest the necessary time and energy into forming meaningful relations with colleagues across different organisations and have regularly scheduled face-to-face meetings. Creating safe spaces to air difficult histories amongst stakeholders was also cited as being incredibly important.
- **Transparency and sharing of information.** Leaders talked about the need for an open-book approach to information across a system, working together to understand the individual positions of constituent organisations and the overall system context to develop appropriate and relevant strategies and plans.
- **Having a strong support system around leaders.** Leaders emphasised how powerful having a range of networks are in making system leaders feel supported. This not only involves the supportive roles around system leaders within the infrastructure of the ICS or ICP, but also the support system leaders have in their constituent organisations (particularly when someone steps up from their current role in an organisation to carry out a lead role within an ICS or ICP). Leaders

spoke in particular about the importance of opportunities to cultivate networks on the back of leadership development programmes.

'I think you need support around you and to feel that people have your back – it is important in a system like this. You need to earn the trust and respect of your colleagues and peers to then enable you to handle the ambiguity.'

Chief executive, NHS trust

- **Narratives must be co-developed and owned by as many stakeholders and organisations as possible.** Whilst having a clear narrative is crucial, leaders must focus on ensuring all relevant parties are engaged and included in developing the 'system' narrative. A narrative may also evolve and be iterative. But leaders talked about how if one builds agreement and consensus around narratives by jointly developing and owning it with others, and filter the narrative through the lens of place, then the narrative still has continuity and legitimacy.

Barriers

- **Reconciling organisational sovereignty and lines of accountability with system priorities and system working.** Accountability and statutory arrangements have not evolved alongside the development of STPs/ICSs, and they still sit with organisations. Conflict can often arise between an organisation's priorities and system priorities. System leaders need to create the right culture that allows people to operate in the system transformational space whilst also being accountable to their own statutory organisation. Leaders must develop a narrative where doing both are seen as complementary activities rather than competing ones that are in tension with one another.
- Local authorities work in a profoundly different way to the NHS, and have different pressures and working cultures. These differences can cause tensions that system leaders must address, including:
  - The NHS, being a national mandated service, continues to operate with a corporate entity at the centre directing strategy, while local authorities work in a more independent way.
  - Governance structures differ between the two with local authorities having elected members and ICSs appointing their members. Local authorities also hold all their meetings in public. Consequently, local authorities do not always see ICSs are being transparent and accountable.
  - Local authorities have been working on a prevention and wider population health agenda for a long time. However, leaders we spoke to reflected that there can be a tendency for the NHS to act as if it has discovered this agenda itself and that rather than collaborate with local authorities on a joint agenda, it is trying to own and drive it itself. This can be further exacerbated by differences in opinion on what the approach on prevention should be, and the fact that the Long Term Plan does not appropriately focus on social care.
- **Individual places and local communities identifying with the ICS footprint:** There are often very different 'places' under one ICS banner which may all have

very separate identities. Work must be done to get everyone to understand the benefits of working alongside or within this new larger footprint that many 'places' may not have identified with before.

Resources and finances

Barriers

- **To develop the right ICS governance structures and roles, significant resources and funding are required**. Unfortunately, these are limited. Different systems have taken different approaches to resourcing system leadership roles and governance structures, such as accessing available transformational funding or having individual organisations within a system contribute money or personnel to support the roles. However, the lack of sufficient resources can prevent systems from putting the right governance structures and roles in place.
- **The majority of systems are facing significant financial and operational pressures**. Short-term pressures can take system leaders away from the long-term transformational care work needed.

'It can be harder to look at the long view when you are constantly firefighting in the here and now.'

Chief executive, NHS trust

The role of regulators

Leaders spoke about the important role that regulators must play in enabling system leaders to carry out their role effectively. Oversight and assurance continue to take place at the level of individual organisations, and often runs counter to the ethos of system working. There are encouraging examples where ICSs are beginning to have direct conversations with regulators and discussing system-wide solutions to emerging issues, rather than multiple bilateral conversations taking place between individual organisations and regulators. Some leaders also talked about regulators needing to step up and regulate 'system performance' so that ICSs can focus on transformation and improvement.

'It is very hard to remain focused on the system-wide priorities if you are constantly being pulled back to organisational priorities by the regulators, whether that is CQC or NHS EI.'

'We have got to make sure that what we all talk about when we say integration is the same thing, and our regulators need to reflect that new way of working. It is no good to have an integrated system when each organisation is still held to account for its own financial bottom line – otherwise that will always be the priority of the boards of individual organisations. We all have to be held accountable for the same thing.'

Capabilities, skills and behaviours that are needed to ensure leaders are able to deliver on the NHS Long Term Plan's priorities

A key theme to emerge from our research was that the core skills, capabilities and behaviours that system leaders now require are very different from what leadership roles demanded in the past. A number of essential capabilities, skills and behaviours were identified by those we spoke to and outlined below.

> *'Traditional leadership attributes are shifting. For any leadership role – the attributes that are needed are feeling different.'*

- **Leading through influence and empowerment, not hierarchy.** System leaders do not have formal powers and accountability and therefore rely on a different kind of authority. Leaders must be able to negotiate and encourage people to reach consensus. They must be able to understand other people's perspectives and motivations and use that information to enlist their support and cooperation. They need to know how to influence people who they do not manage, and how to negotiate with people who can walk out of the room. Furthermore, leaders should empower colleagues and partners – supporting them to become active participants in transformational change.

> *'These roles do not have formal powers and accountability. What this means is that it takes a lot of work to build relationships, have conversations, bring people along with you rather than directing them – so it is about building coalitions of the willing.'*
>
> ***Chair, integrated care system***

- **Politically astute.** Leaders must have a good understanding of the relationship between health and local authorities, health and social care, and health and regulatory and national bodies. Each one is complex and full of subtle yet significant dimensions that leaders must understand and master.
- **A flexible approach to how one works within the 'rules'.** Leaders are being asked to change their ways of working and operate in a different way, whilst still having to be held accountable to old frameworks. Consequently, it can feel like one is failing to prioritise interests in the way that the rules, legislation and regulations continue to ask for. Leaders must therefore be comfortable and ready to work around the existing rules, not fully ignore or break them.
- **Leaders must be able to think outside the box,** beyond the specified limits of their role, organisation, sector, or geography. Leaders must be prepared to work beyond their statutory responsibilities and obligations. They must be agile and continually switch between performance work and transformation work. They must be thoughtful and curious about how different parts of the system work and connect together. Leaders must try to think independently.

'The more that people can think beyond their immediate role, whatever level that is, into the wider context the better. That requires maturity and thoughtfulness and imagination really – to put yourself in other people's shoes and be curious about the world that exists beyond your immediate horizons, beyond your job or organisation or sector.'

- **Leaders need to be able to build and communicate a clear narrative.** They must be able to promote this narrative and align everyone behind a single vision. Leaders need to know how to talk to different audiences and understand what language to use to connect with a particular audience.
- **The ability to live with ambiguity.** Leaders work in an ever-evolving context and must navigate mixed messaged from the centre. In particular, leaders have to be comfortable with the transitional nature of current governance arrangements, as governance structures and leadership roles continue to evolve.
- **Leaders must be able to hold and manage multiple strategies at any one time** and feel comfortable having to multitask and deal with complexity.
- **Leaders must have the ability to make things happen**, while being reflective and mindful of the intended and unintended consequences of decisions made and actions taken. They must be confident and proactive, and focus on doing things as well as talking about things.
- **Leaders must be able to think ahead, and continually plan to meet long-term objectives,** whilst simultaneously having to address short-term problems**.** They must have skills for strategising and prioritising so as not to spend all their time focusing on the immediate issues.

'We need to understand what is happening to population health – and the demands we need to meet in five or 10 years. And we need people who are interested in finding this out – what will be needed down the road – not just managing today's problems.'

Chair, integrated care system

- **Ability to cede power and resources.** The NHS Long Term Plan demands that leaders start to concede things for the wider good. That can sometimes be detrimental to the interests of their own organisation and to how their performance might continue to be evaluated. The ability to cede power and resources (and to understand the need for this) can be a difficult psychological barrier to overcome. Leaders require humility, a lack of ego and a willingness to take risks, in order to be willing to switch from having power over people to sharing power with people.
- Leaders will be held to account for quality and performance (which is now much more target driven) whilst still driving forward transformational work. **Leaders will therefore need to be tenacious, courageous and resilient**, especially when not hitting their targets, to hold their nerve and carry on with the transformational work needed. This involves self-awareness and developing good support frameworks around oneself.

- **Leaders with good people skills.** Leaders need to be good at building strong relationships based on trust and mutual respect. To do so, they need compassion and empathy and the ability to understand different perspectives. Similarly, leaders need to value politeness, consideration and patience, as well as the careful use of language. Furthermore, they need soft skills such as:
  - networking
  - understanding group dynamics
  - understanding the psychology of change.
- **Leaders need to have a good understanding of themselves.** It is important to be able to self-analyse and understand one's own strengths and weaknesses, and subsequently recognise who to bring in to complement one's skills and attributes.

Supporting and developing system leaders

We asked leaders what they felt could be done to better support and develop systems leaders. Leaders suggested that it was important to focus on succession planning and **identify future leaders early on** in order to help develop the pipeline and provide early support. Setting protected time aside for leaders to continue their learning and development on an ongoing basis was seen as important, alongside an understanding that **leadership development was an ongoing journey** and not a one-off 'programme' to take part in. Having a **varied menu of support and leadership development programmes on offer** was imperative to suit different learning styles and preferences.

Leaders highlighted the importance of peer-to-peer support, coaching and mentoring in particular, to focus on areas such as reflection, understanding different perspectives and managing emotional health and wellbeing (once again stressing the need for a variety of approaches to all these mechanisms). However, leaders emphasised that whatever format leadership development or support took, it must **focus on system leadership rather than organisational leadership**. Furthermore, to enable change effectively, leaders need to develop skills around transformation and programme management.

Leaders we spoke to also placed a strong emphasis on the need to **identify and provide support to leaders at all levels,** something which both the NHS Confederation (2019) and The King's Fund (2019) call for**.** Many we spoke to felt that leadership development and support programmes tended to focus solely on the most senior leaders and often missed out on middle management and team leaders. All leaders throughout an organisation's hierarchy need to have a system-wider perspective to help embed system-wide working and change the culture of an organisation throughout.

> *'The focus and support have to be not just on grassroots or very senior levels. You cannot forget people in the middle – they do the majority of the work, and can block and unpick everything. So you need to support them.'*
>
> ***Director, adult social care, local authority***

Case study: Role of NHS Leadership Academy

Leaders felt it was important not to have competition between local leadership development programmes and programmes run by national bodies and talked about the need for a supportive and collaborative relationship. They emphasised the important roles they felt the NHS Leadership Academy could play in supporting locally developed system leadership programmes:

- **Empowerment role:** nurture and encourage systems to take ownership over their own leadership programmes.

  'Our experience is that our local NHS Leadership Academy has been very supportive of us. I think they should be encouraging other systems to take ownership of their leadership programmes and in doing so they would be empowering local systems to be energised. Co-designing your interventions locally is so powerful when you are all doing it together. So the national NHS Leadership Academy team should encourage local teams to be in that mindset of encouraging the delivery of local offers to develop future leaders and improvement.'

- **Guidance role:** provide expertise, resources and direction to local systems running their own development programmes. In particular, help ensure system leadership programmes are focusing on system leadership rather than on organisational leadership, and not on leadership alone but on leadership that leads to improvement.

  'We must remember the improvement part in the vision – it is not just leadership programmes but leadership with a clear path towards improvement. And that is a space for the NHS Leadership Academy – to stand in with its experience and knowledge to nurture local systems to develop their own placed-based interventions and programmes that include a focus on improvement.'

- **Evaluation and quality assurance role:** help assess whether local programmes are successful and are providing a return on investment. Help local development programmes set up effective evaluation processes.

- **Mapping and signposting role:** focus on tracking what development programmes exist within each system and help signpost and connect what is already in place. Take on an oversight role to ensure programmes and support models are reinforcing one another – not at odds with one another.

  'There is a role for the NHS Leadership Academy to collate the [system leadership development] offers that are out there – and to join up the offers – keeping an eye on who is doing what. To make sure everyone can take advantage and things are being set up where appropriate.'

- **Contribute to ICSs:** Be more actively involved in STP/ICS's spaces – and contribute to ongoing conversations and live problem-solving.

  'More visibility of NHS Leadership Academies in STPs and ICSs would be helpful. I know everyone has a shrinking workforce so this might not be possible, but more visibility and being part of the conversations would be useful, so they could address problems and think about how they can support and help as issues arise.

So be in the room more – at the moment they feel very distant and not really a part of things.'

- The NHS Leadership Academy could play a role in **bringing different bodies together that focus on leadership development across other sectors**. For example, coordinating with organisations like the LGA and ADASS on how to bring leaders together across the sectors through training and development and consequently better support the integration agenda.

Leaders focused in particular on what they felt were the **key features of successful system leadership development programmes:**

- Leadership development offers must be sensitive to the needs of the local system – rather than a one-size-fits-all offer. Locally-owned and developed programmes were therefore favoured. Some leaders spoke about the importance of an ICS having a separate academy that focuses on development initiatives that are aligned with ICS ambitions.
- Development programmes that **involve staff from different sectors** (health, social care, local government, police, education etc.). Having locally-developed programmes that cut across these sectors contributes towards breaking down barriers between organisations and sectors rather than exacerbating silo working. Leaders were concerned that different sectors still tend to have their own siloed national development programmes.

  'The NHS is the biggest public sector employer in the country so the message is that we should be stepping into that wider public sector leadership space. We are the fifth biggest employer in the world so I think that it has been powerful to bring people together. If it is not us then who to discuss issues that cut across all the sectors – education, police, health, voluntary sector, fire services etc.'

  Chief executive, NHS trust

- Creating forums where leaders across different systems who carry out similar roles and functions can come together to **share learning, experiences and ideas**.
- Leadership development programmes that **work with an entire team or invite several participants from a particular system** work well because it leads to learning becoming more embedded within the organisations or systems that participants return to.
- **A problem-solving approach** to leadership development programmes was seen as incredibly effective. Leadership development programmes that include a practical element where participants are applying their learning to practical challenges better equip participants to implement their learning in their own job. Leadership development programmes that take **a place-based approach and focus on addressing issues particular to the local system or geographic area** are particularly effective and create more sustainable results.

  'We are currently running a [leadership training] programme for leaders. They work on a project that is relevant to their geography and there is action learning and the setting up of networks. It includes fire and police officers, librarians, any roles that are relevant to the problem that needs fixing in that geography.'

  Director, NHS trust

- Leaders who design the system leadership development programmes should also be directly involved in the governance and leadership teams of the ICS. This ensures that programmes are designed to **align with ICS ambitions and strategic direction**.
- Leadership development programmes that are **designed to empower leaders at all levels** and encourage them to feel like they have agency and can contribute effectively towards the changes that need to happen to enable more integrated working.
- Leadership development programmes that focus on innovation and improvement and **encourage participants to try new ways of doing things** and to become less risk averse within their own local systems.
- Leadership development programmes that **continually evolve and improve** in response to learning from each cohort. Leaders also spoke about the need to become more sophisticated and systematic in collecting data from innovative leadership development programmes to evidence impact and secure further funding to expand and roll out similar programmes.

Case study: The Surrey 500

Surrey Heartlands Integrated Care System (ICS) has an academy that adopts and spreads innovation and best practice. It focuses on working beyond organisational boundaries to find solutions in areas such as culture, leadership, data and innovation, that will improve outcomes in health and social care. The academy has been working with the Surrey Heartlands Workforce Action Board to develop a new system leadership programme called the Surrey 500.

- 500 leaders come together and go through the system leadership training at the same time.
- 100 leaders from each of the four integrated care partnerships take part plus 100 leaders that work across the whole Surrey Heartlands ICS.
- They all work on a project in the areas of transformational change or system delivery that address an issue that is relevant to their geography or place.
- A wide range of leaders take part from a range of different sectors, including fire, police and librarians.
- The training also involves a one-day simulation (role playing) where participants are asked to put themselves in someone else's shoes.
- Feedback from participants has been positive and it is helping people understand the roles, perspectives, and challenges of other professionals working in other teams, organisations, or sectors.
- The course is breaking down organisational barriers and leading to more positive interactions and ways of working together.

'The feedback is that people often do not understand what other people do and they don't all use the same language to describe the same things and even if they are using the same language it can mean different things. This programme is helping with that - and people spend a day in other people's shoes – and that is really helpful and powerful. People really enjoy it and it is a fun way of understanding other roles. There is a real sense that they are beginning to understand other parts of the system.'

Role of the NHS Leadership Academy

Leaders felt it was important not to have competition between local leadership development programmes and programmes run by national bodies, and talked about the need for a supportive and collaborative relationship. They emphasised the important roles they felt the NHS Leadership Academy could play in supporting locally-developed system leadership programmes:

Empowerment role

To nurture and encourage systems to take ownership over their own leadership programmes.

NHS Leadership Academy's response

With the establishment of seven regional Leadership and Lifelong Learning (Local Leadership Academies) teams, the architecture is in place to work alongside ICSs to support locally-developed system leadership programmes, many of which have been co-designed with and receive funding from the NHS Leadership Academies (Frimley 2020; Surrey 500; Leaders in Greater Manchester). The aim is to learn from these programmes and build the evidence base around what interventions create the changes in behaviours needed to drive collaboration. The learning from these local programmes has supported the NHS Leadership Academy to develop a national Leading for System Change programme, which focuses on supporting a system to address a place-based challenge where national and local Leadership Academy colleagues work with a system to identify the challenge and agree the delivery approach. This programme is currently being piloted in systems where no locally-developed system leadership programme exists.

Guidance role

To provide expertise, resources and direction to local systems running their own development programmes. In particular help ensure system leadership programmes are focusing on system leadership rather than on organisational leadership, and not on leadership alone – but on leadership that leads to improvement.

NHS Leadership Academy's response

Each Local Leadership Academy (Leadership and Lifelong Learning regional team) invests regional funding in supporting system leadership development programmes and other development interventions such as coaching, expert facilitation and action learning sets. This funding is offered with consultancy support from the Local Leadership Academy to co-design system leadership approaches with specific roles in the Local Leadership Academy dedicated to system leadership practice and expertise.

Case study: Frimley Leadership and Improvement Academy

The Frimley Academy was launched in May 2018 following the success of its flagship 20/20 Leadership Programme, a programme that has now been replicated across many other ICSs. The Frimley Academy is an excellent example of how locally-owned and developed leadership programmes can work well. The Academy aims to encourage and cultivate leaders that can work across traditional organisational boundaries and influence change for improvement. It also ensures it is aligned with and feeding into the ICS priorities – and is directly accountable to the Frimley Health and Care ICS Board. The Academy understands the need to have a wide and varied menu of leadership development offers. A number of programmes on offer are outlined below.

- **20/20 Leadership Programme:** a 12-month leadership programme that focuses on cross-organisational collaboration. The programme brings together clinicians and managers from a range of sectors, including health, social care, local authorities, education, police, fire department, and the army. Participants develop leadership skills (such as interpersonal skills, influencing and engagement, collaborative leadership values and trust and change management) in the context of placed-based learning. The programme consists of workshops, coaching, mentorship and presentations.

  'Creating a culture that is inclusive and that cuts across hierarchy is quite powerful. I think that it has been powerful to bring people together, and if it is not us then who to discuss issues that cut across all the sectors – education, police, health, voluntary sector, fire services etc.'

- **Wavelength:** a digital enabler programme that develops leaders that want to connect with the power of digital for better healthcare for the whole population. The programme consists of one residential and three one-day modules.

- **Walking in each other's shoes**: a programme that works with clinicians across primary and secondary care. Clinicians are invited to spend a day in another's environment in order to understand the challenges and discuss ideas about improvement. The expectation is that a deeper understanding of perspectives and roles will lead to improved working relationships that will influence patient care.

- The Academy also develops resources (around areas like business planning and finances) to help support leaders with ideas of improvement.

The Academy has initially been focused on leadership development but going forward it wants to concentrate on 'leadership for improvement' and how it can scale up its offer to a wider range of professionals.

'We are now looking at how we can develop a sustainable improvement model that allows everyone to feel that their ideas can come to fruition, to make people feel heard and feel empowered wherever they are in the system – to innovate and come up with improvements.'

Evaluation and quality assurance role

To help assess whether local programmes are successful and are providing a return on investment. Help local development programmes set up effective evaluation processes.

NHS Leadership Academy's response

The NHS Leadership Academy has a robust evaluation framework which is rolled out nationally across the seven regions and national team. This framework has been used to evaluate a number of local ICS leadership development programmes (such as the Frimley 2020 programme and the Leaders in Greater Manchester programme) in addition to funding case studies into these programmes to support scaling of good practice and to build the evidence base around what works to create cohesive system leadership. See **Place-based leadership development programmes** (SCIE, 2019)

Mapping and signposting role

To focus on tracking what development programmes exist within each system and help signpost and connect what is already in place. Take on an oversight role to ensure programmes and support models are reinforcing one another – not at odds with one another.

> *'There is a role for the NHS Leadership Academy to collate the [system leadership development] offers that are out there – and to join up the offers – keeping an eye on who is doing what. To make sure everyone can take advantage and things are being set up where appropriate.'*
>
> ***Chief executive, NHS trust***

NHS Leadership Academy's response

Local Leadership Academies recognise that this has not been as effective and that there have been challenges arising from different teams within NHS England and NHS Improvement offering system leadership programmes without line of sight or alignment across these various offers. This is being addressed now to ensure that offers are complementary and specifically address different system leadership challenges such as addressing health inequalities or tackling place-based challenges.

Contribute to ICSs

Be more actively involved in STP/ICS's spaces – and contribute to ongoing conversations and live problem solving.

> *'More visibility of NHS Leadership Academies in STPs and ICSs would be helpful. I know everyone has a shrinking workforce so this might not be possible, but more visibility and being part of the conversations would be useful, so they could address problems and think about how they can support and help as issues arise. So be in the room more – at the moment they feel very distant and not really a part of things.'*
>
> ***Chair, integrated care system***

NHS Leadership Academy's Response

Each Local Leadership Academy now has a dedicated system leadership team albeit a small team, and resources are challenging as ICSs evolve and require greater levels of dedicated leadership development support.

A convenor

The NHS Leadership Academy could play a role in **bringing different bodies together that focus on leadership development across other sectors**. For example, coordinating with organisations like the LGA and ADASS on how to bring leaders together across the sectors through training and development and consequently better support the integration agenda.

NHS Leadership Academy's Response

The NHS Leadership Academy has created a national system leadership network including colleagues from the LGA and other NHS England and NHS Improvement and arm's length bodies colleagues who work in developing system leadership and transformation. This network aims to resolve challenges in aligning support offers to systems and to model the collaborative working that ICSs are asked to do. The work NHS Leadership Academy does with SCIE is an example of working in partnership in service of supporting system leaders and acknowledging that the expertise in this field exists across many organisations.

References

Charles, A., & et al. (2018). *A year of integrated care systems: reviewing the journey so far*. London: The King's Fund.

Frimley Health and Care. (2019). *System Operating Plan 2019 20*. Frimley: Frimley Health and Care.

Institute of Public Care. (2018). *Stepping up to the place. Part B: evidence review*. Oxford: Institute of Public Care.

The King's Fund. (2019) Leading for integrated care: 'If you think competition is hard, you should try collaboration'. London: The King's Fund.

NHS Confederation. (2018). Letting local systems lead: how the long-term plan could deliver a more sustainable NHS. London: NHS Confederation.

NHS Confederation. (2019) Defining the role of integrated care systems in workforce development: a consultation. London: NHS Confederation.

NHS, England. (2019). Designing integrated care systems (ICSs) in England. London: NHS England.

NHS England. (2018). Mechanisms for collaboration across health and care systems. London: NHS England.

NHS England. (2019a). The NHS Long Term Plan. London: NHS England.

NHS England. (2019b). The NHS Long Term Plan – a summary. London: NHS England.

Rachael Loftus, & Ian Holmes. (2019). *Development of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care*: West Yorkshire and Harrogate Health and Care Partnership.

Social Care Institute for Excellence. (2018). Leadership in integrated care systems. In (pp. 28). London: Social Care Institute for Excellence.

West Yorkshire and Harrogate Health & Care Partnership. (2018a). *Engagement and consultation mapping*. Wakefield: West Yorkshire and Harrogate Health & Care Partnership.

West Yorkshire and Harrogate Health & Care Partnership. (2018b). *Memorandum of Understanding*: West Yorkshire and Harrogate Health & Care Partnership.

Appendix 1: System leadership and COVID – Case study of practice

Introduction

Having completed this research project on the evolving roles of system leadership just prior to the COVID-19 pandemic, Thames Valley and Wessex NHS Leadership Academy and SCIE decided to develop a short case study to complement the main report findings. This case study begins to explore the impact of the COVID-19 pandemic on the priorities, challenges and behaviours of system leaders. This is not a comprehensive review and the objective of this case study is to start an important conversation about the impact of COVID-19 on system leadership. This case study involved four interviews with a range of system leaders across the Hertfordshire and West Essex Integrated Care System (ICS). The interviews explored the following:

- The challenging factors for effective system leadership during the COVID-19 pandemic
- The enabling factors for effective system leadership during the COVID-19 pandemic
- The behaviours of system leaders highlighted as being most beneficial during the COVID-19 pandemic
- The positive impact COVID-19 has had on the development of multi-professional, collaborative leadership models and the journey towards integrated care
- The support and development needs of system leaders that have been accentuated by the COVID-19 pandemic
- And essential next steps for system leaders following the COVID-19 pandemic.

Participants

- Dr Jane Halpin, Joint Chief Executive Officer, Herts & West Essex ICS & CCGs
- Iain MacBeath, Strategic Director Health and Wellbeing, Bradford Council
- Christine Allen, Chief Executive, West Hertfordshire Hospitals NHS Trust
- Lance McCarthy, Chief Executive Officer, Princess Alexandra NHS Trust

Challenges

System leaders were asked to reflect on the key challenges for system leadership posed by the COVID-19 pandemic. The following challenges were identified:

- **Guidance and advice from the government and NHS England in relation to COVID-19 has often been belated, contradictory, and not always aligned with the reality on the ground for health and social care organisations**.
- As the COVID-19 pandemic escalated and statutory emergency Local Resilience Forum (LRF) meetings under the Civil Contingencies Act 2004 were called, it led to the **ICS being initially split.** This is because ICS boundaries do not always align with LRF boundaries. **The pandemic also led to regular Integrated Care Partnership (ICP) and ICS meetings being temporarily paused, not least because of the need to attend regular LRF meetings to address the COVID-19 pandemic**. This meant that the different ‘Places’ within the ICS were not actively coordinating their response to COVID-19

from the start. System leaders highlighted the need to acknowledge and address the differences in how ICS boundaries have been drawn in relation to other boundaries and the implications of this during an emergency.

- **Not all ICPs within the ICS experienced COVID-19 in the same way.** For example, some areas were more rural, while others were home to several commuter towns. This led to crucial differences in how COVID-19 spread. It could feel difficult and lonely for system leaders at Place level when not all areas within an ICS were facing the same challenges or needing to prioritise the same issues.
- Due to COVID-19, health and care organisations swiftly implemented a formal **command and control structure to manage the response to COVID-19**. System leaders acknowledged that it could be challenging to adapt one's leadership style in order to comply with the command and control structure, whilst also trying to maintain a collaborative leadership approach.
- Health and social care staff are at increased risk of mental health problems with dealing with the challenges of the COVID-19 pandemic. **System leaders have had to focus on proactively protecting the mental health and wellbeing of their staff**, whilst also having to address their own mental health needs.
- COVID-19 has inevitably **put on hold many of the programmes of work that the ICS and ICPs had on**. Momentum has been lost and it will take time and effort to restart this work.
- **The ICPs and the ICS had spent a lot of time gaining a good understanding of the finances across the ICS**. A lot of work had been carried out to achieve financial balance across the system. COVID-19 has inevitably disrupted the financial balance that had been achieved – and system leaders will have to start this challenging process again.
- COVID-19 has highlighted **the fragmented nature of the social care sector**. System leaders reflected on how local authorities have limited influence on the care market and do not have existing relationships with all care homes. This created challenges for system leaders when trying to respond effectively to Covid-19.
- System leaders will now have to deal with the backlog of activity that has built up during COVID-19. System leaders want to ensure that the pressure to deal with the backlog of activity does not result in each organisation returning to a siloed approach and focusing only on their own individual priorities.

Enablers

The following factors were identified as playing a key role in facilitating effective system leadership during the COVID-19 pandemic, particularly in light of the need to act decisively and quickly:

- **Having invested a lot of time and effort into developing strong relationships with partners at the ICP and the ICS level prior to COVID-19 proved to be crucial when trying to respond effectively to the pandemic**. The COVID-19 pandemic tested those relationships, but system leaders agreed that those relationships had not only survived but had strengthened under the pressure. Existing governance frameworks in place across each ICP and the ICS enabled partnerships to discuss relevant issues and make difficult collective decisions swiftly. They also allowed partnerships to ensure their COVID-19

plans were in alignment and complementary. Strong and trusting relationships also allowed for difficult decisions to be made quickly, often before guidance and directives had come from the centre. Furthermore, system leaders at ICP level came together to help collect, interpret and disseminate national guidance in a clear and systematic way.

'The changes in the health and care act came in after the first of our patients began to move, so yes social care was directed to help, but our part of the system was already working up plans because we had trust and belief in what each other were saying so we knew we had to act now.'

System leader from the Hertfordshire and West Essex Integrated Care System

- Turnover of leaders within the Hertfordshire and West Sussex ICS is low and many system leaders have been in their role for over 10 years. **Stable leadership** has contributed towards the development of a partnership based on trust and transparency, which in turn has had an impact on the behaviours of system leaders during COVID-19. System leaders have not held back from offering unconditional mutual support.

'Bit of a phenomenon in Hertfordshire… the chief executives and senior managers, we have all been around for quite a long time, more than 10 years. That is really unusual in systems. So we know each other very well… We all know everyone is doing their best and performing as well as they can… with leaders that are transparent and open, we fall over ourselves to help. Underlying everything is trust and transparency. If that breaks down then other behaviours breaks down.'

System leader from the Hertfordshire and West Essex Integrated Care System

- In particular, system leaders highlighted **the importance of having longstanding positive and trusted relationships with county councils.** It allowed systems to 'go off script' and make important collective decisions across health and social care, particularly when national guidance was only just emerging or not always helpful. Examples were given such as: creating a central system hub to collect and distribute PPE; redeploying staff to areas where they were really needed; and identifying empty wards that could be used as 'quarantine' areas for patients rather than discharging them straight into care homes. This was also supported by the fact that many social care colleagues were already successfully integrated into health organisations.
- System leaders we spoke to reflected on the tendency for senior managers to deal with a crisis by trying to do other people's jobs. However, system leaders across the Hertfordshire and West Sussex ICS were careful not to make this mistake and on the whole **focused on supporting their colleagues to carry out their own jobs as effectively as possible**. This was seen as a key factor in what worked well and facilitated effective system leadership.
- Overall, system leaders said that across the system **partners were more willing than ever to offer and provide help without expecting anything in return**. Similarly, partners were finding it much easier to ask for help. Alongside this, the sharing of resources (such as staff and PPE) occurred freely and willingly, with no arduous negotiations required.

Behaviours and capabilities

Having explored in the main report how the core skills, capabilities and behaviours that system leaders now require are very different from what leadership roles demanded in the past, this case study probed into what behaviours and capabilities had emerged as most integral amongst system leaders when responding to the COVID-19 pandemic. A number of essential capabilities, skills and behaviours were identified by those we spoke to and are outlined below:

- System leaders have had to support huge numbers of staff who have had to deal with stressful and sometimes traumatic experiences during this pandemic. This has further emphasised the need for system leaders to focus on how to support staff mental health and wellbeing and quickly develop new supportive initiatives. Senior leaders we spoke to reflected on how this new emphasis now takes centre stage amongst all the different ICP and ICS workstreams. Alongside this, leaders have had to recognise their own stress triggers and identify when they might need to take a break. **This has required leaders to be empathetic, resilient, thoughtful and calm.**

  'It has been important for leaders to understand what keeps them going, understand their triggers, how to recharge their own batteries, and recognise when you need a time out and a rest – and to know when to stand in for others.'

  System leader from the Hertfordshire and West Essex Integrated Care System

- System leaders we spoke to feel that **COVID-19 has further emphasised the importance of collaborative leadership**. Many of the decisions and actions taken required strong relationships built on trust, and open and transparent dialogue. System leaders have needed to facilitate conversations, encourage compromise, build bridges, and ensure that all the voices were being heard around the table.

- System leaders have had to make decisions and plan for unfamiliar situations that most did not have any prior experience in. They had had to be willing to lead, make difficult decisions and try different approaches without necessarily knowing what the right thing to do would be. They have had to do all this in a context where they know they will be held accountable for every decision they have made. They have had to be honest about what they do not know, and constantly draw others into the conversation to pool expertise and knowledge. **This necessitates a brave and humble approach to leadership.**

  'Being able to voice uncertainty without fear of losing leadership credibility has been important [for system leaders]. Some find that hard, particularly those with a more authoritarian style. Their self-worth is tied up with having to know the right answer. But in reality for these situations, no one knows the answers but you have to give it a shot.'

  System leader from the Hertfordshire and West Essex Integrated Care System

- COVID-19 has necessitated that system leaders, at many different levels, **be more open minded and understanding** of the pressures that colleagues and partner organisations might be facing. The pandemic has led to an increase in kindness and compassion amongst colleagues. This has made leaders more willing to listen to other people's concerns and more likely to support the agendas of their colleagues across the system. Some of the system leaders we spoke to felt that those who were more naturally empathetic found leadership tasks during COVID-19 easier.

'COVID allowed us to recognise and be open to all the pressures that everyone is under a little bit more... There was an increased level of kindness and support for each other as individuals and for their roles in their individual organisations. And that enabled people to think slightly differently – because if you are thinking positively about someone or concerned about them or you are trying to work with them to reduce their anxieties, you are more likely to listen to what their concerns are and more likely to recognise their massive pressures to deliver a service… and you are much more likely to support their agenda as well as your own agenda.'

System leader from the Hertfordshire and West Essex Integrated Care System

- System leaders noted that during the COVID-19 pandemic colleagues have appeared **more comfortable and willing to challenge negative behaviours.** The pandemic has contributed towards embedding a working culture that allows for transparent and open conversations that will now call out damaging leadership styles. System leaders said it was now easier to initiate those difficult conversations and to respectfully challenge colleagues about their behaviours and push them to work more collaboratively.

Positive impact

System leaders highlighted the positive impact that COVID-19 has had on the development of multi-professional, collaborative leadership models and the journey towards integrated care:

- **COVID-19 has accelerated the journey that systems were already on towards integrated care and collaborative leadership models**. The pandemic strengthened and hastened the development of partnerships at ICP and ICS level. This has been due to the almost immediate and necessary increase in the sharing of plans, resources and staff. System leaders talked about how COVID-19 gave everyone a clear common purpose, as well as a common enemy, behind which they all rallied. Partnerships suddenly had very immediate and concrete priorities that they had to mobilise around and respond to. It enabled system leaders to collectively focus, in order to make decisions on a daily basis.
- **COVID-19 required partnerships to work in radically different ways, as well as make changes incredibly quickly.** System leaders reflected on how the pandemic had shown partnerships that working differently and making changes quickly is in fact feasible. It forced partnerships to be brave and 'get on with it' because it was not possible to 'procrastinate' or 'put things off'. System leaders said that the pandemic also evidenced that patients and staff can adapt to new ways of working.

'[COVID-19] has probably pushed us forward – because with this crisis it has become necessary to do something different to keep our patients safe.'

System leader from the Hertfordshire and West Essex Integrated Care System

- System leaders spoke about the impact COVID-19 has had on **the perceptions and use of technologies.** For example, one hospital has drastically revised up their yearly targets for the percentage of outpatient remote consultations. COVID-19 had led to large investments in technology and an increase in time spent on training staff to use these technologies. It has also opened up the space to meaningfully discuss the roles of new technologies going forward. The pandemic has also led to **increased levels of information sharing**, with for example different parts of a system now having new access

to different portals. System leaders hope that partners better understand the benefits of increased information sharing.

- System leaders reflected on how COVID-19 has led to **new partnerships being formed**, particularly with the private/independent sector. It has also highlighted partners that are missing around the ICP and ICS table, such as elected councillors and community leaders. The pandemic has also brought partners who were previously in the background to the fore, and the hope is that going forward these partners will play a much bigger role in the journey towards integrated care. This includes housing, public health directors, and the voluntary and community sector. It has also strengthened the partnerships with district and county councils, particularly around discharging patients from hospitals and around joint commissioning. Regular meetings have been set up with country and district councils (due to the incident and control processes that are enacted in emergencies), and the decision has been made by the Hertfordshire and West Essex ICS to continue with these meetings even after the pandemic is over. The spaces will be adapted so that ongoing important issues can be discussed collaboratively.

- A key priority during the pandemic was to create as much capacity in the system as possible, which led to **health and social care sectors having to think about how they could work together in more streamlined ways**, and how they could share resources, information and staff most effectively. The extra COVID-19 funding that the NHS received also gave health and social care partners an opportunity to focus on finding solutions that made the most clinical sense and were in the best interest of the populations they are there to serve. It took away a lot of the administrative and financial barriers that often stand in the way of collaborative working arrangements between health and social care. System leaders reflected on how conversations were less transactional, and felt more like collaboration than negotiation. Whilst they understand that financial pressures will not disappear, they are keen for partnerships not to *'drift back to that more transactional arrangement, and to talk about risk and gain share in a different way.'* (System leader from the Hertfordshire and West Essex Integrated Care System).

  '[COVID-19] reduced all the traditional barriers that are in place across NHS and social care... Organisational financial positions and objectives all get in the way and you all end up trying to do the same thing but all in very slightly different ways. But COVID allowed us to say let's forget about all those competing priorities, we absolutely have one fundamental single common purpose, and that really enabled everyone to work differently together.'

  System leader from the Hertfordshire and West Essex Integrated Care System

- Overall, system leaders felt that COVID-19 has moved the system forward into an arena where more partners genuinely understand that the population is best served by all organisations working together, with a collaborative approach to commissioning and the development of policies and strategies. Interviewees also noted that system leaders were more confident and willing to pushback, in a sensible manner, against directives from statutory organisation boards that would oppose system-wide objectives. There is a greater sense of freedom amongst system leaders to support system priorities, even when it goes against organisational priorities.

  'The absolute key lesson [from COVID-19] for our system has been that recognition that we are all here to serve the population and although we happen to be employed by

different organisations to do that, our service to them is fundamentally better if we link it up, as supposed to offering a fragmented piece-meal journey, where we allow the confines of organisational boundaries define the offer.'

System leader from the Hertfordshire and West Essex Integrated Care System

Supporting and developing system leaders

We asked interviewees what areas they felt system leaders required better support and development in, particularly in light of COVID-19. System leaders agreed with the findings in the main report – about the need for a varied menu of support and leadership development programmes, as well as the need for development programmes to identify the next cohort of leaders, in order to prepare them to take the reins in the future. System leaders highlighted certain areas where they felt support and development for system leaders would be beneficial:

- System leadership development would benefit from a focus on the importance of trying to understand the differing perspectives, objectives, experiences, and pressures that other leaders within the system might be facing. The ability to be able to stand in other people's shoes was seen as an incredibly important element of any system leader's tool kit. Development programmes that bring colleagues across organisational boundaries together, particularly from organisations in conflict with one another, to identify common objectives and understand the different contexts, were seen as crucial.
- Leadership development programmes should f**ocus on the importance of trust when building relationships.** A deeper understanding amongst system leaders is required around the definition of trust and how one goes about building trust.

  'I'm a big fan of trust and how important it is for any relationship... you get a lot of stuff done through trust. There is not enough focus on trust itself… We need to have more overt conversations as senior leaders across an ICS, where everyone has different priorities, about what trust is, how you build trust, and the importance of it… By focusing on the trust element it will create more open and honest dialogue which will ultimately drive the changes for the benefit of patients.'

  System leader from the Hertfordshire and West Essex Integrated Care System

- Leadership development programmes should **upskill system leaders in how to prioritise, effectively define and clearly articulate system priorities**. Furthermore, it is important for senior leaders to know how to encourage collective development and ownership of those priorities across the system partnership.
- These case study interviews further emphasised **the importance of a problem-solving approach to leadership development programmes** that brings colleagues together from different sectors and organisations within the ICS or ICP in order to address a common issue. In fact, it was suggested that having leaders across a partnership come together to find solutions to common problems (such as COVID-19) would be a more effective learning process than formal development leadership courses. Having external facilitators support this process was seen as helpful, and one interviewee cited the external support provided by NHS England to help STPs become ICSs in the 'accelerator areas' as a prime example.

- Leadership development programmes should focus on ensuring system leaders understand how to **identify and support their own mental health needs as well as those of their colleagues**.

Next steps

- System leaders within their own organisations, as well as at ICS and ICP level, are beginning to **take stock and reflect on the lessons learnt during COVID-19**. It is important to think about how to capitalise on the positives and ensure they are embedded and maintained (such as the speed at which changes took place, the effective new ways of working, and the accelerated pace of collaborative working).

  'We have started to take the learning [from the COVID pandemic]… and we have a weekly senior management meeting now rather than a fortnightly one now that is looking at what have we learnt, what can we do differently, how can we maintain the energy and the drive, and the speed of change, and the support for each other and that level of kindness – into the future.'

  System leader from the Hertfordshire and West Essex Integrated Care System

- System leaders see COVID-19 as **an opportunity for the ICS and ICPs to review their priorities.** Leaders felt that currently partnerships were trying to focus on too many priorities, and there was a need to hone in on the most important ones. Furthermore, this is a chance to clarify what each priority really means and to clearly articulate the objectives. This opportunity for reflection could also be a chance to be braver and more ambitious going forward.

  'We will look at all our programmes going forward – and say in light of COVID – is that programme fit for purpose, do we need to adapt it – or scrap it and start again. Perhaps with some areas we can be more ambitious.'

  System leader from the Hertfordshire and West Essex Integrated Care System

- Concerns were noted about the **implications of COVID-19 for the nationally-led direction of ICPs and ICS going forward**. System leaders worried that the national focus would be to push for ICSs to become regulatory or statutory organisations, which in turn might side-line ICPs. The system leaders we spoke to from the Hertfordshire and West Essex ICS acknowledged that every system might be different – but that for them ICPs have been the integral vehicle for the transformational changes that has occurred. The role of the ICS is very much seen as a community of practice that is there to support ICPs. The hope is that there will not be a nationally-driven initiative that hinders the development of ICPs.

- System leaders hoped that going forward, COVID-19 will lead to a **greater focus on prevention and support for staff wellbeing. Furthermore, they mentioned the importance of creating development opportunities** for many members of staff who have had to take on roles outside the scope of their current job remit during the COVID-19 pandemic. Many staff have proved themselves very capable of carrying out a range of different roles and should be given the opportunity to explore and develop in areas they have consequently found an interest and ability in.

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About this report

This report produced by the Social Care Institute for Excellence (SCIE) is a result of the research commissioned by the Thames Valley and Wessex Leadership Academy (now NHS South East Leadership Academy, part of the People Directorate, NHS England and NHS Improvement) to help us to understand the evolving roles of leaders across local health and care systems, which new roles may emerge over time, and what knowledge, skills and support leaders will need in the future.

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