COLLABORATIVE LEADERSHIP WITHIN YOUR LOCAL HEALTH ECONOMY

CHAIR

Sam Jones, director, new care models, NHS England

SPEAKERS

Belinda Weir, senior fellow, Health Services Management Centre, University of Birmingham
Jim Potter, chair, Salford Royal NHS Foundation Trust
Tracy Taylor, chief executive, Birmingham Community Healthcare Trust
Jane Milligan, accountable officer at Tower Hamlets CCG

Tracy Taylor

- Taylor highlighted that system leadership is not easy, from either an organisational perspective or a personal perspective in terms of behaviours. Her trust is involved in so many different services lines, therefore collaboration and integration had to be part of the leadership’s DNA, otherwise service users would suffer, especially as 80% of care provided by the trust was within patients’ homes.
- It is important for leaders to have a clear appreciation of what other partners contributed and for honesty around which partners would be best to deliver certain aspects of care.
- Leaders need to be aware of the day to day impact of socio economic factors on the health of the populations they serve and to ensure that conversations are brought back to the service user at all times. Regardless of the seniority of leaders, they need to be able to talk collaboratively about their work and how it benefits the population.
- She felt that more attention was needed on how partners as system leadership teamed up, and for recognition to be given to them as a team within themselves.

Jim Potter

- Potter explained that Salford had been considering new models of care since 1999. The community care vanguard programme in the area was operating on the basis of improving care for patients and linking in to other services.
- The second vanguard in Salford involves the hospital trust working with Wrightington, Wigan and Leigh NHS FT, with some services migrating to Salford, therefore consideration had to be given to divesting services elsewhere to make sure certain areas were not losing out.
- Potter felt that it was important for the leadership, including board members, to be regularly out on wards.
- A lot of collaborative work would be easier with legislative change and avoiding the need to “dance around” FT models to develop better services, Potter suggested.

Jane Milligan

- Consistency and a shared vision were key to successful leadership according to Milligan. As a commissioner, Tower Hamlets focus was on the population and place rather than institutions.
- It was important for a commissioning perspective to be consistently maintained, rather than a contracting perspective. Commissioning could be used as an enabler to bring together key people, acting as a coordinator, not necessarily a lead.
- Building trust and relationships was about having difficult conversations about the risks and applying systems thinking to complex problems. Recognition was needed that “wicked issues” can’t be solved by one
organisation and need a different view with a coordinated organisational response. Tower Hamlets have developed a tool to help organisations come together with systems leadership challenges to help them decide where to prioritise.

- More investment was needed in leadership and in building leaders at all levels in system, particularly on developing people capable of boundary spanning.

**Belinda Weir**

- Weir highlighted that many current payment mechanisms don’t lend themselves to collaboration, therefore a lot of time is spent working round them. She felt that a different way of performance regulation was needed. Very blunt commissioning tools were often used, even where they were thought to be inappropriate, due to regulation. Value for money should be taken into account.
- Weir highlighted that it was difficult to measure the performance of partnerships as culture was the most important element. A mechanism was needed to capture this as measurements show progress, and keep people engaged.

**Audience discussion**

- Mental health and disability services were raised by an audience member as lacking a voice in accountable care discussions. The panel highlighted that other sectors could learn from mental health given that the sector has always had to engage with a range of partners not only in the health sector, but also spanning housing and criminal justice. Therefore the sector holds a wealth of knowledge of how to act as a broker to bring people together with a shared in.
- It was recognised that collaborative leadership was difficult due to the fear of failure in terms of financial challenges and inspection. Weir suggested that failure needed to be managed to prevent it becoming distracting. It should be acknowledged and then collective solutions considered. Potter felt that the accountability framework had to be correct, with staff appraisal systems based on values and behaviours therefore “setting staff up to succeed not fail”. Difficulties should not affect the standards and values an organisation chose to promote.
- It was noted that tight finances dampened opportunities and innovation.
- The panel was asked what they thought were the right personal qualities that system leaders should possess
  - There was no blueprint Weir stated. The required qualities were all contextual to particular situations however some qualities would always help more effective work and systems leadership: bravery, courage to fail and take risks, resilience, self awareness and a “hybrid ability” to move at pace towards a clear aim, bringing your people with you whilst also going with people.
  - Potter felt that the ability to collaborate with commissioners and local government was a key quality. Whilst in past years leaders had been encouraged to be competitive, now there was a change of tone and a need for more collaboration.
  - Jones added that from her experience review vanguard applications, one of the most striking aspects had been the leadership and collaborative leadership demonstrated.