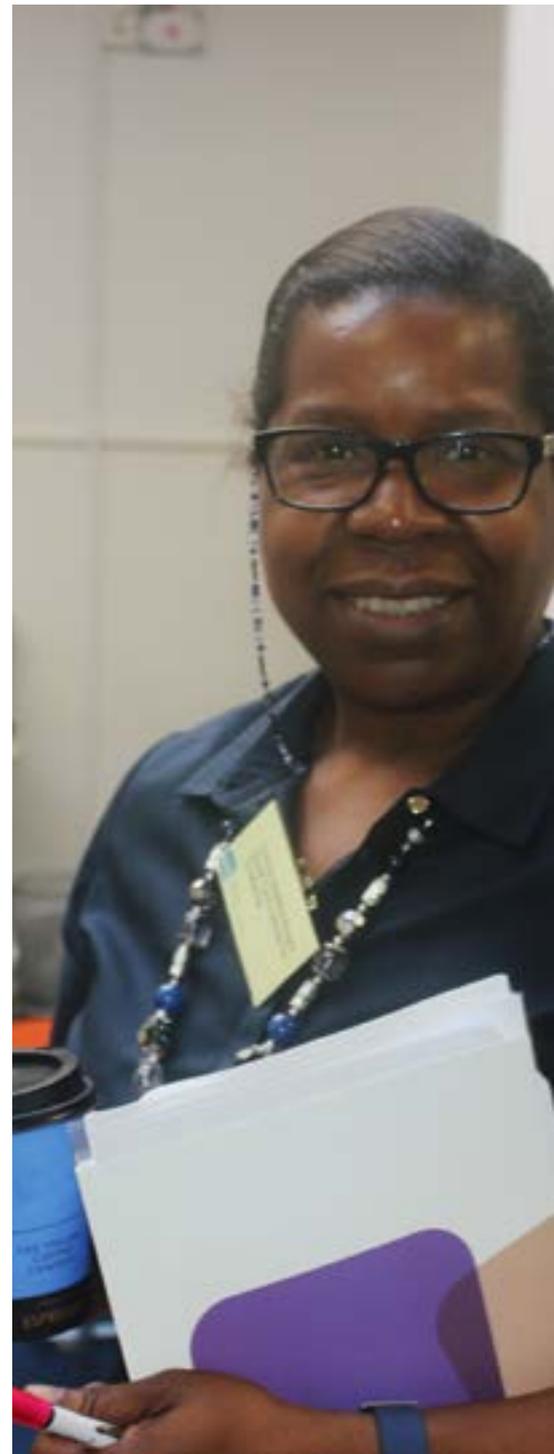


# Place-based leadership development programmes

This Highlights briefing is a case study commissioned by the NHS Leadership Academy of the impact of two innovative programmes which aim to develop systems leaders and place-based, collaborative forms of leadership: Frimley 2020 Leadership Programme and Leaders in Greater Manchester. The learning from the case study will inform the development of its national and local programmes to help leadership grow in integrated care systems (ICSs) and other systems-wide approaches in health and social care.

## Key messages

- The Frimley 2020 and LiGM programmes had positive impacts on participants, enhancing participants' skills, confidence and capabilities and encouraging a more outward-looking, place-based approach to leadership. It was less clear what the longer-term impacts of the programmes were on organisations and systems.
- The two programmes, with their focus on collaborative systems leadership and place-based action, strongly align to the plans in the NHS Long Term Plan to develop integrated care systems. Both programmes offer examples, tools and approaches that could be rolled out successfully to other ICSs and areas seeking to develop place-based, collaborative forms of leadership.
- Involving professionals from different organisations was seen to be a strength of both programmes, although participants felt that more could have been done to ensure the right mix of people took part.
- It is important that future programmes continue to, or develop further the opportunity to, offer places to a wide range of stakeholders, and importantly, make funding available for people who are not employed by the NHS, but who are working to improve health across the wider community.
- Whilst both programmes had a strong focus on local communities, participants felt that greater levels of co-production and citizen involvement were needed in future programmes.
- Participants welcomed the opportunity the programmes gave to provide people with a network of peers to connect with. Future place-based leadership programmes should set out plans for how they will encourage the development of peer networks, and how they will be sustained beyond the life of the programmes.





## Context

The [NHS Long Term Plan](#) sets out plans for every area in England to be covered by ICSs – collaborations between NHS organisations and partners to improve population health – by April 2021.

Leadership in this context will need to be both collaborative – with leaders leading across organisational and professional boundaries – but also focused on the distinct needs of local places and their populations.

[Research](#) by SCIE for the NHS Leadership Academy found that the leaders of the future will need to be adept systems leaders, skilled at:

- building strong relationships with other leaders, and often working with them informally to develop joint priorities and plans
- establishing governance structures which drive faster change, often going where the commitment and energy is strongest
- setting the overall outcomes and expectations on behaviours, but handing day-to-day decision-making to others
- understanding and leading cultural change
- building system-wide learning and evaluation frameworks
- fostering a learning culture across the whole system
- developing plans and delivering health and care that meet the unique circumstances and needs of the local places they serve – a place-based focus.

“Leadership in this context will need to be both collaborative – with leaders leading across organisational and professional boundaries – but also focused on the distinct needs of local places and their populations.”

# The Frimley 2020 Leadership Programme

## Introduction

The Frimley 2020 Leadership Programme ran in 2017 and 2018, and the 2019 cohort is currently under way. The programme is dynamic, with a slightly different emphasis each year. The description below pulls out the key themes that underpin the programme as a whole.

The 2020 Leadership Programme is part funded by the Thames Valley and Wessex NHS Leadership Academy to support the development of the Frimley Integrated Care System (ICS). Developing relevant leadership capabilities is seen as critical to delivering an effective ICS and the programme complements other collaborative work. The brochure for the 2018 programme says 'The system needs influential individuals who understand the needs of their local population and who will work across traditional boundaries to make change happen.'

## Programme drivers

This gives context to the purpose of the programme. An internal presentation early in 2017 refers to 'developing a network of leaders with the skills, relationships and motivations to work beyond their own area of interest'. The 2018 programme builds on the collaborative aspects by stressing that it 'brings together...clinicians and managers...from the clinical, social care and public health systems to help redesign and lead changes for a better future to our local communities'.

The experience of key system leaders is also an important driver, with two senior clinicians in Frimley drawing on their own knowledge of collaborative system leadership programmes to inspire and inform the programme. One interviewee referred to the importance of support from these senior clinicians, saying 'I was invited by [them] to apply, as I was moving into a more formal leadership role'.

The slogan for the programme articulates an implicit 'theory of change' as 'Developing the person, to improve the place, for the benefit of the whole population'.

## Programme design and delivery

The aim of developing collaborative, cross-boundary networks informed the design of the programme. A diverse group of 25–30 participants was recruited from across the health and social care system. To reinforce the place-based aspect of the programme, each participant identifies, as part of their application, a multiagency change challenge to work on. The 2018 brochure also notes that the programme is intended to 'create an environment of collaboration, trust and freedom, where [participants] can reflect... outside of the work environment'. These themes are articulated in the 2020 Principles which appear on many of the programme materials (See box below).

### Frimley 2020 Programme Principles

- Partnership working
- Courage to innovate
- Community voice
- Compelling story for change
- Adaptive leadership
- Values-based approach
- Alignment with frameworks
- A bias for action

The programme activity comprises one-day sessions, and two-day residential sessions over a calendar year. Participants also work on their identified change challenge and have a mentor throughout. Sessions take place in venues such as the Houses of Parliament and Microsoft's head office, accompanied by insights from a senior leader from that organisation. The early sessions comprise more traditional leadership development activity, including setting personal learning goals, reflecting on values, trust and organisational culture, followed by discussions on change, innovation, design thinking and network building. The later sessions include data and information about the local community, and visits to community venues, engagement with the local community and the voluntary sector as well as the opportunity to present and reflect on learning

from the leadership challenges. The programme makes available a small fund to enable local change. Participants are introduced to models, such as systems leadership, and building trust, and tools, such as resilience, mindfulness and approaching evaluation.

## Participant experience and impact

The 2018 brochure states how 2017 participants had gained confidence to listen and suggest new ideas, and made progress on their change challenges. Interviews with selected 2018 participants reinforced this message. They described:

- Valuing time and permission to think, and to benefit from different perspectives, such as those offered by the inspirational speakers. One interviewee said 'I always left fired up'.
- Learning new skills and approaches, such as coaching skills and story-telling approaches. One interviewee said 'I'm still using the tools as a resource – I go into the folder and see whether I can use any of the tools [to help manage change]'.
- Growing in confidence and belief in their ability to lead change. One interviewee said 'I realised that it's in your gift to make things different', while another said 'we have permission to make changes'.

The interviewees were putting into practice what they had experienced on the programme. For example, two interviewees said the story-telling session was useful in influencing, and they had used the technique in meetings. One person said 'I build time into my day to think now'.

In terms of the change challenges, the interviewees felt that the programme was a catalyst for change. The two projects might well have happened anyway, but they happened more quickly, and with a stronger network of support. One interviewee said 'It was in my head before. Now it's happening – it would have taken a lot longer. We had the right people around the table'.

# The Leaders in Greater Manchester Programme

## Introduction

The Leaders in Greater Manchester (LiGM) Programme is hosted by North West Employers and is a collaboration between the 10 Manchester local authorities, the Greater Manchester Combined Authority Mayor's office, and the North West NHS Leadership Academy. It has run in four cohorts since October 2016, with the most recent cohort completing in March 2019. Over time, the programme has developed, with the 2018/19 programme taking a more explicitly 'place-based' approach. The description below focuses on the 2018/19 programme.

The LiGM Programme is firmly located in the vision for Greater Manchester as 'one of the best places in the world to grow up, get on and grow old'. The Greater Manchester vision and objectives appear several times in presentations as the starting point for the programme. The scope of the programme is public services in Greater Manchester.

## Programme drivers

The purpose of the programme is explicitly linked to [Our People Our Place](#) – the Greater Manchester Strategy, encompassing public services in the 10 local authority areas and the Mayor of Greater Manchester.

## LiGM Programme summary

- LiGM brings together leaders from across all public services in Greater Manchester
- It is part of a programme of activities to support Greater Manchester leaders achieve the priorities in [Our People Our Place](#)
- Its success will be in helping leaders across all areas in Greater Manchester to learn from each other, share ideas, insights and change their leadership practice to provide more joined-up public services to improve the lives of people in Greater Manchester.

The programme is described as developing place-based leadership, intended to complement the leadership development that takes place in institutions, organisations and professions. The 2016 publication 'Get well soon: reimagining place-based health'<sup>1</sup> has also informed the programme, with references to the 'three shifts' that it outlines:

- From institutions to people and places
- From service silos to system outcomes

- Enabling change from national to local.

Additional programme drivers appear from time to time as developing capacity and skills in citizen engagement, and developing organisational development capacity across Greater Manchester.

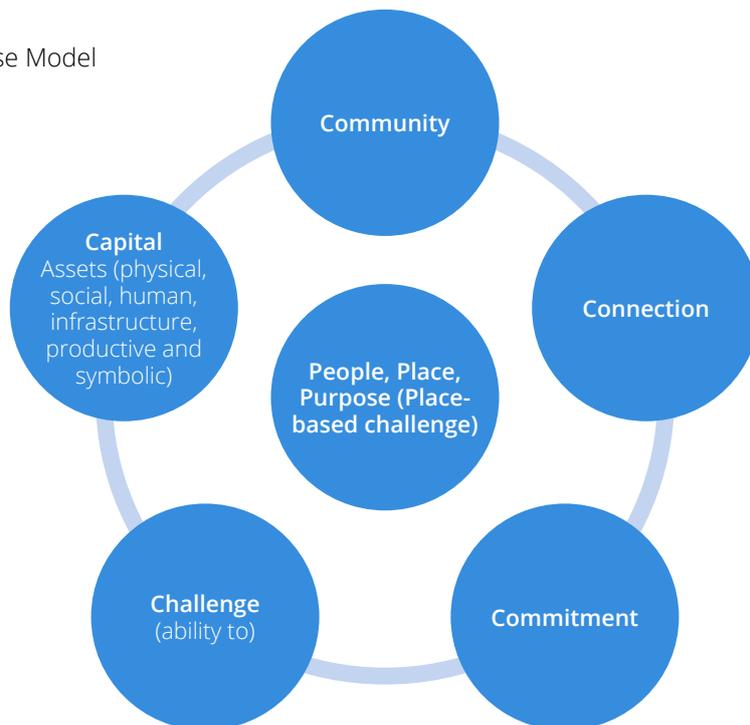
## Programme design and delivery

The programme design is explicitly multi-level. It is set out as:

- Individual learning – personal learning about working across and between organisations
- Place-based learning – working together with other leaders on a place-based challenge, and learning how to use the strengths of those living and working in the place to make lasting impact
- Greater Manchester level learning – building relationships and networks across Greater Manchester to achieve its strategy goals.

The model below shows how the programme designers linked the place-based challenge with the key attributes being developed on the programme.

Figure 1 The LiGM Purpose Model



<sup>1</sup>'Get well soon: reimagining place-based health' (New Local Government Network, 2016)

The place-based leadership challenge is central to the design of the programme. The topic is selected by the senior sponsor in the local authority, and the participants from each of the 10 local authority areas are recruited onto the programme because of their potential to contribute to the identified challenge. The cohort size is approximately 100 people, with more engaged in conversations and meetings in the 10 places. In addition to the programme facilitation team, each place team has two facilitators to support the work in the localities.

There are three 'programme days'. The first launches the programme, the second is described as a 'seek and share' day to receive some input on place-based leadership theory and connect common themes across the place-based challenges, and the last is a celebration and sharing event. These programme days are interspersed with four place-based days, of which the first is a diagnostic session. Participants are also expected to attend a Personal Transition and Change workshop, and additional workshops are offered, to be taken up in the light of the diagnostic session.

Models introduced across the programme include [Time to Think](#), the [Engage](#) psychometric tool, and personal approaches to change models drawn from NHS Institute for Innovation and Improvement guidance.<sup>2</sup> The locality facilitators also draw on a range of models and tools about trust, change, understanding self, and action planning, which are introduced as part of the first day in the locality as considered useful.

### Participant experience and impact

Feedback from the 2017/18 cohort and interviews with participants and facilitators in the 2018/19 cohort confirms the value of the programme in terms of personal development (individual level) and place-based learning. At an individual level, participants valued:

- Introduction to useful models – both Time to Think, and the story-telling training were reported as valuable more than once
- The opportunity to bring one's whole self to the programme, characterised as 'leaving your lanyard at the door'. One participant said 'I learnt about myself, was able to reflect on my values, and build relationships [with other participants] as people rather than as professionals'
- The opportunity to work with and learn from others across the sector.

The different locality teams took different approaches to the place-based challenge, with some focusing on developing relationships and learning together, and others on delivering the project.

One participant described how the programme would benefit both her own work and her place. She said 'it's helped us to build those relationships. Whenever I've got a problem or need to speak to somebody, I can pick up the phone. Because we had a group from different services, it's really good to have all those contacts, because they make a difference for people in our community'.

A facilitator of another group, which had focused more on the challenge, said that they had started to identify what needed to be done to make a real change for their identified client group. But they had focused less on the leadership development aspects – she said that a participant had said to her at the end of the programme 'I've only just realised this is about me'.

Both groups had commented that they would have benefited from more citizen/ beneficiary engagement in the place-based challenge group at an earlier stage.

The facilitators interviewed also offered comments on the 'Greater Manchester' level objective of the programme, with one commenting 'it makes Greater Manchester smaller' and another saying how much she valued being part of a Greater Manchester-wide network of facilitators who had been through the programme together. The (unpublished) interim evaluation of the 2018/19 programme also contained an insightful quote from a participant on the system-level challenge 'We are trying to be 21st century public servants in 19th century organisations. There's the constant struggle. Not only how do we change what the people are, but also how do we change organisations to allow people to be what they need to be?'



<sup>2</sup>[Managing the human dimensions of change' \(NHS Institute for Innovation and Improvement, 2005\)](#)



## Comparing the programmes

The two programmes have several features in common. They both:

- Are designed with multiple objectives in mind. Frimley's theme 'Developing the person, to improve the place, for the benefit of the population' echoes the LiGM multi-level approach, comprising individual, place-based and GM level learning. One interviewee said that she got out of it 'something for me, and something I could take back to the organisation'
- Mix conventional senior leadership programme aspects such as keynotes from organisational leaders, introduction of personal development models and frameworks, and time for peer discussion and reflection with a live project or initiative requiring collaboration across organisational boundaries
- Are dynamic, changing from year to year to reflect changing local priorities, such as digital transformation and engaging citizens in service design.

However, there are also a number of areas where the programmes are different.

Both programmes are rooted in their local distinctive contexts. In Frimley, the programme is about enabling the delivery and development of the integrated care system, the scope

of which is health, including public health, and care, largely social care for adults and older people. The leaders and the participants have backgrounds in clinical practice in primary and secondary care, in allied health professions, NHS and public health management, and in local authority social care. The change challenges focus on issues across this landscape, including more focused services for frail older people, better transfers from residential care to hospital, and swifter processes at the A&E front door.

In Greater Manchester, the programme is anchored in the Greater Manchester Strategy, which covers all public services. Leaders, facilitators and participants were drawn from a wider range of organisations, including adult social care, children's services, housing and strategy teams from the local authority, housing associations, the police force, probation and youth offending teams, and voluntary sector organisations, as well as those working in health services. The place-based challenges reflected the wider scope, including, for example, offender rehabilitation, early help for children and families and preventing homelessness, as well as those more linked to health and care such as reducing loneliness among older people and improving support for carers.

The place-based challenge also took a different form in the two programmes. In Frimley, individual participants were asked to identify a project related to their work which required collaboration across organisational boundaries. While participants looked at data and information about their place, and worked with other participants to gain perspectives, ideas and networks, they were in essence individual challenges. In Manchester, the place-based challenges were identified by a senior sponsor in the local authority and given to the participants, who were recruited because of their connection to the challenge. Additional participants were invited to the sessions held in localities. The place-based challenges therefore played a more influential role in the programme in Greater Manchester than in Frimley.

The two programmes also had some distinctive features – for example the Frimley programme included visits to 'inspiring venues', often accompanied by talks by high-profile leaders in that organisation. The Greater Manchester programme had as a secondary objective the building of a cadre of organisational development professionals who would continue to support leadership and management development across the Greater Manchester area as a whole.



## Comparing the programmes' impact

Both programmes had an impact that reflected the mixed and multi-level objectives, with participants saying that they had grown as leaders, learnt valuable skills and tools that they were using in their work, and had seen changes start to happen in their workplace or locality. Both groups of participants reported feeling more confident to lead change and developing a sense that they had the personal authority, agency and permission to take the initiative in leading local change. The Frimley participant who said 'I realised that it's in your gift to make things different', and the title of the LiGM closing event 'We are the people we have been waiting for' illustrate this point.

Less positively, neither programme was able to evidence whether the larger-scale objectives (at population or Greater Manchester level) had been met. It is not clear whether any of the programme evaluations that are being conducted will address this issue, or how it could be assessed effectively in such complex and dynamic local systems.

There were also differences. Frimley participants talked more about developing their personal confidence to lead change, and the impact that the programme had made on their personal working style. They described the programme as a catalyst for the change challenges, which would probably have happened anyway, if much more slowly. One interviewee said that she had already recommended the next programme to a colleague.

The LiGM participants talked more about the value of getting to know other professionals who worked in their locality, and the impact of 'leaving your lanyard at the door' and 'bringing your whole self to work'. For them the personal growth was framed as changing how they saw themselves and others in relation to their place.

“Both programmes had an impact that reflected the mixed and multi-level objectives, with participants saying that they had grown as leaders, learnt valuable skills and tools that they were using in their work, and had seen changes start to happen in their workplace or locality.”

## Issues for further consideration

Several issues arise from reviewing these two programmes alongside each other.

### The programme mix

Both programmes mixed traditional leadership development activity and a live place-based collaborative challenge, and participants clearly gained value from both. But the programmes might have greater impact if there was a clearer 'theory of change' articulating how the different inputs and components led to change for the individuals and the places, how they interacted with each other and how they created a coherent whole.

The consequence of this not being clear, was that participants were left to integrate the various programme aspects for themselves, with some finding that the aspects were in tension, or the timing of the inputs did not fit their local challenges. For example, in Greater Manchester some focused on delivering the challenge and only realised at the end that they could have used the programme for personal development, and others felt they had gained a lot of personal development but made little progress on the challenge.

A more explicit 'theory of change' might also help with evaluation of the programme. For example, it isn't clear in the Frimley programme in what way the visits to inspiring venues were expected to add value.

### The programme participants

The participants in the two programmes were selected in different ways, relating to the nature of the programme. But both approaches prompt some questions about who is and is not in the room.

- Participants and leaders in both programmes expressed a desire to hear the voices of patients, clients or citizens more directly. The Frimley programme presented data and information about patient health needs in the communities they were working in, and the GM programme reached beyond public services to voluntary sector and residents groups. Engaging 'experts by experience' as part of the programme may not be the solution, but this could be considered in the future.

- All of the participants interviewed had joined because someone had approached them personally. This is not a surprise, but it does raise some questions about whether those who are already part of professional networks are likely to be considered first for the programmes. It would be worth asking whether there are overlooked groups, such as Black, Asian and minority ethnic (BAME), remote or part-time leaders, who are inadvertently missing out. BAME representation is relatively high in these programmes but ease of access and inclusivity are issues that shouldn't be forgotten.

- There appeared to be little engagement of political leaders in either locality. In Greater Manchester, one participant reported that the Council Leader and Lead Member had attended a launch meeting. In a group discussion about a challenge that had involved surveying residents, a participant noted that ward councillors had been informed about the project, but had questioned whether the initiative would lead to any change. The participants noted that they would involve councillors at an earlier stage in future. Although political leaders are often thought of as part of the authorising environment for local action, they can also galvanise community resources in favour of change, and add reach that is not easily available to officers. Engagement with political leaders could be considered as part of future programmes, particularly where the issues in focus engage local authority responsibilities. The local MP for the Frimley system hosted the launch of the programme in the Houses of Parliament. However, it is fair to say that the Frimley 2020 programme board feels that there is more work to do regarding engaging with local councils.

### The genesis and scope of the place-based challenges

The two programmes had very different approaches to the place-based challenge, with Frimley asking participants to apply with individual challenges and Greater Manchester seeking out participants on the basis of a challenge identified by a senior local authority sponsor. One Frimley participant suggested that they would have benefited from more explanation about what the ICS was and did, to enable them to locate the project and the programme in context.

While the LiGM approach ensures the issue considered is of strategic significance to the place, both participants and leaders noted that the 'given' nature of the challenge resulted in variable commitment to it, and that sometimes the issue identified was too large in scope to be addressed by a new group in a nine-month programme.

### The wider impact (scale and population)

As noted above, although both programmes had ambitions to make an impact on the population or the whole place, it is not possible to identify whether this had happened. The leaders of the Frimley programme noted that this was an ambitious challenge, given that they were engaging 30 leaders in each programme, and they were looking for ways to scale. Although the GM programme involved larger numbers (100 participants) the geographical scope is much wider, and the question is still unanswered.



# Further information

## 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.

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## About the NHS Leadership Academy

The NHS Leadership Academy seeks to equip people with the skills for systems leadership and place-based leadership. We support this aim through a mix of core programmes and more localised menu of 'in place' interventions and funding. Now part of NHS England and NHS Improvement, the Leadership Academy aims to support the leadership and talent management requirements of the [NHS Long Term Plan](#), including the development of systems leaders and place-based approaches to working.

[www.leadershipacademy.nhs.uk/](http://www.leadershipacademy.nhs.uk/)



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**SCIE Highlights** briefings summarise key issues emerging from work by the Social Care Institute for Excellence for clients including local authorities, safeguarding boards, care and health providers and central government.