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NHS England

OFFICIAL

How to... lead and manage Better Care implementation

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The Better Care Fund

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The South Tyneside *Local Vision* programme

Contents

The guide is intended to be of practical use to members of Health and Wellbeing Boards (HWBs) in all of the membership categories: councils, clinical commissioning groups (CCGs), local Healthwatch and voluntary sector members, representatives of NHS England who sit on HWBs, and additional non-statutory members.

These are difficult times.

The strains under which health, care and other public services are operating have increased dramatically in recent years, and there is no easy solution that will wave away the demographic and financial pressures that we face. The ADASS Annual Survey estimates that over £3.5bn has been taken out of local authority adult social care funding between 2010 and 2014 (March 2014); and the NHS Five Year Forward View forecasts a £30bn funding gap by 2020 if current models are adhered to (October 2014). So keeping on with traditional ways of working, and delivering public services, is no longer sustainable. Even if this were not the case, traditional services are no longer suitable for, or necessarily wanted by, people who are living longer and looking for services that are much more integrated around their daily lives.

The Better Care Fund has been set up to enable local authorities, local health services and other stakeholders to come together to develop, and implement new approaches to service delivery, based on a much more integrated approach. The implementation of Better Care will support the delivery of safe and effective services in the here and now, and underpin a planning process to bring these services together over the longer term. We know from experience that changing systems, and cultures, and behaviours, along the lines that Better Care looks to do, is hard. We also know that a key success factor in making change on this scale is strong, shared and collaborative leadership, focused on outcomes that matter to people.

This leadership needs to be found both within organisations, and between them – across organisational, sector and geographical boundaries. So this guidance is partly about **Organisational Leadership** – the strong programme management, the need for consistent and regular communication and the clarity of leadership across clinical and social care issues that you will need. But it goes beyond the organisation, as you will need to, and into **Systems Leadership.**

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

This guidance brings together learning, from research and from practice in places around the country, about leadership, at both organisational and systems levels, and how it can help you in making your Better Care plans a reality. It's not a step-by-step instruction manual: the issues that you face will be specific to your place, and so the leadership you apply will depend on your own circumstances. We understand that 'how to' guides are not effective without a more direct interaction that frames any guide in the right context. People react to hearing and seeing people and stories.

> *I'm committed to ensuring that NHS England plays its part in shared system leadership...it's not a few heroic individuals...it's a different type of leadership and a more nuanced range of management skills and behaviours.*
>
> *- Simon Stevens, speech to King's Fund Annual Leadership Summit, November 2014*

These guides need to be complemented by a range of implementation support tools such as workshops and online learning. We have provided checklists that can be used as a prompts amongst other models, tools and techniques for leadership at all levels that everyone will be able to use in some form. They focus on the most common areas but might not be specific enough or include every aspect of your individual programme.

At the very least, the tools should provide you with food for thought. We know from the evidence we already have from places that these approaches to leadership can effect and sustain large-scale change within and across organisations, sectors and systems, and we believe that everyone should have them in their armoury.

Many Better Care plans will aim to tackle issues that are complex.

Complex issues have multiple causes and no single solution. There may be no widely accepted certainty about what needs to be done, and you can't simply do what you've done before, because this is new territory. There may be no clear relationship between cause and effect, with anything you do having knock-on effects, sometimes unforeseen and unintended. So trade-offs are likely to be necessary, and questions and reflection will be more important than jumping to conclusions.

At the same time, at the start of any large-scale or whole-system change project, there is likely to be a lot of energy and enthusiasm for getting going.

There is a tendency to harness this energy and urgency by plunging straight into the practical 'engineering' issues of project design and process, or by seeing the issues purely in management terms, and setting up myriad programmes and workstreams accordingly. **Please resist this temptation.** The first, and best, thing is to do some hard thinking, individually or with colleagues, about the kinds of issues you're facing and the best tools to use to address them.

These issues should include the cultural tensions and different ways of working that need to be understood and addressed for a multi-agency project to work. If you miss this stage out, and differences are left unrecognised or unresolved, you won't develop a shared narrative about what you're trying to achieve, and you'll get nowhere fast.

> *Some problems are so complex that you have to be highly intelligent and well-informed just to be undecided about them.*
>
> *- Laurence J Peter, author of "The Peter Principle"*

> *Lots of project plans and meetings but no clarity about their vision, what success would look like, principles of engagement.*

> *There has been a lack of clear narrative about the plan because of a tension about whether different parts of the organisation have bought in. This tension has led to confusion and frustration at the front line in terms of delivery.*

Things to watch out for

Over the past two years, there has been a national Systems Leadership programme including a research programme into what makes for good Systems Leadership; the development of joint leadership development programmes open to people across sectors, and place-based support to some 40 integration and population health projects across the country. Initial findings and learning from the research and the place-based projects have already been published, in the **VSC Synthesis Report** and the publication, **The Revolution will be Improvised**.

Much of the learning – how to build robust relationships; engaging with others; having a willingness to take risks; and other factors - has significant implications for OD and HR. Other things to watch out for include:

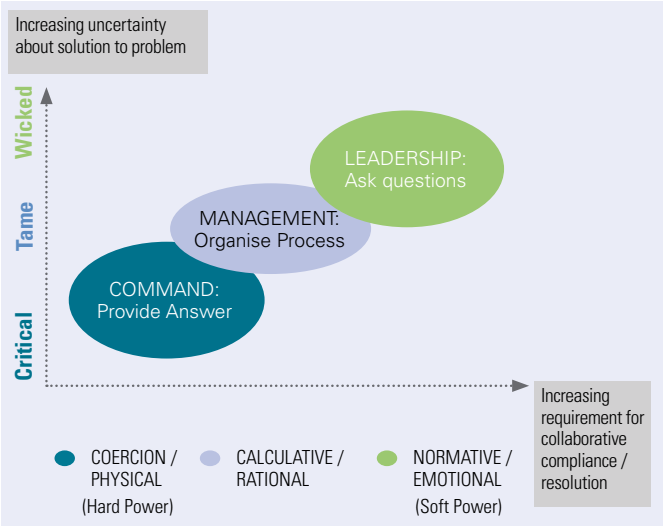
- Having lots of different people involved, without a shared clarity on what they are involved in
- Lack of understanding of the pressures faced by other partner organisations
- No shared narrative meaning that differences can be left unrecognised or unresolved
- Lack of focus on long-term solutions beyond bounds of traditional roles
- Difficulty of having open and honest conversation about what needs to change in the face of constant political and media scrutiny.

Drawing on tools to help you tackle complexity

There are lots of different models and toolkits to help you work out what is a complex issue that requires leadership, and what is a more simple issue that can be left to good programme management. There are two particularly useful models.

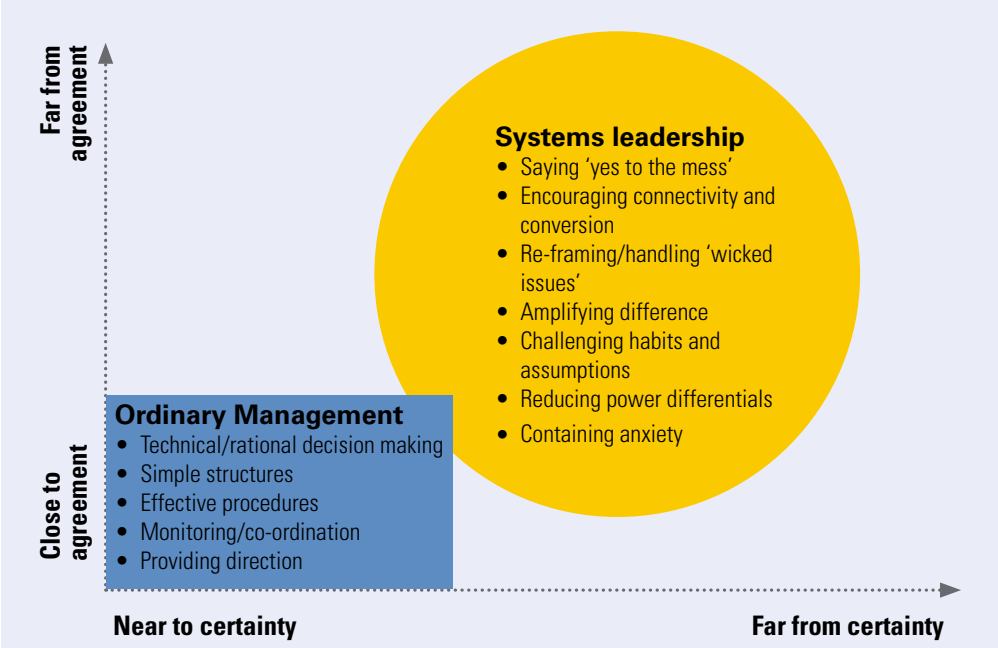
The first has been developed by Keith Grint, and divides issues into whether they are Tame, Critical or Wicked. Tame issues are relatively straightforward. They can be complicated, but they are about known and familiar situations, where you can use established methods that are already proven to work. Tame issues can be managed. Critical issues are like crises, where there is little time for decision-making and action, someone needs to take command, and there is virtually no uncertainty about what needs to be done. Wicked issues, on the other hand, are complex and not familiar; there are no tried and tested methods, and they can't be solved, only progressed. They need long-term, collaborative leadership to make progress.

So the trick here is not to try and manage your way out of a complex or wicked issue, or to give it to a Programme Manager to make the best of it.



Keith Grint's model of Critical, Tame and Wicked Issues

Further reading: Keith Grint, Wicked Problems and Clumsy Solutions: the Role of Leadership. Originally published in Clinical Leader, Volume I Number II, December 2008, ISSN 1757-3424, BAMM Publications



Model as derived from Ralph Stacey

Another useful model, which follows the same idea, is derived from the work of Ralph Stacey and his Agreement and Certainty Matrix. A simplified version of it is the 'blue box/yellow circle' model. The 'blue box' is where you put issues where you have a high degree of agreement and certainty about what to do – again, this is where management comes in. The 'yellow circle' is where you put issues that are more uncertain and diffuse, and you need to work differently.

Further reading: Stacey RD: Strategic Management and Organisational Dynamics: the Challenge of Complexity. 3rd Ed. Harlow: Prentice Hall, 2002

Managing complex, organisational change that cuts across organisational boundaries is difficult.

However, there are certain factors that can make the difference between success and failure. These factors are not new. In fact, they've been consistently identified over the last 30 years in numerous reports from very different organisations such as the Harvard Business Review (HBR), the National Audit Office (NAO) and the Office for Government & Commerce (OGC). The 'top tips' form the structure of this guide:

Chapter 02	**Systems leadership and organisational leadership throughout the programme**
Chapter 03	**Leaders who can build their teams with the right set of skills and empower them to deliver**
Chapter 04	**Programme management that engages with and influences the vision, combined with effective governance that provides structured oversight to overcome barriers to success**
Chapter 05	**Strong transition management to close the gap when moving towards the new vision**
Chapter 06	**A good understanding of key stakeholders, regular engagement and consultation throughout the process, as well as CEO-level support from partner organisations. Listen, listen, listen!**
Chapter 07	**Leadership is about more than "being brave"**

Case study: North West Surrey (NWS)

NWS has launched an Integrated Care Programme to address the challenges faced by older people with complex health and social care needs.

They are developing a new primary care-led "Locality Hub" model of care for frailty that will focus not only on providing swift reactive medical and care interventions to complex frail patients, but also on the provision of pro-active wellbeing services. These will promote greater independence, improved quality of life and support for social isolation.

The programme has established **strong sponsorship at all levels**. An **integrated Strategic Change Board oversees programme delivery,** while an **integrated Core Design Group with senior level representation from primary care, community care, social care, the local acute trust, and mental health, oversees the design**.

Strong CCG leadership has been critical in progressing this work by bringing the necessary people together. The Core Design Group has been meeting after-hours every two weeks to drive out the clinical model of care, and work has now started on detailed operational planning.

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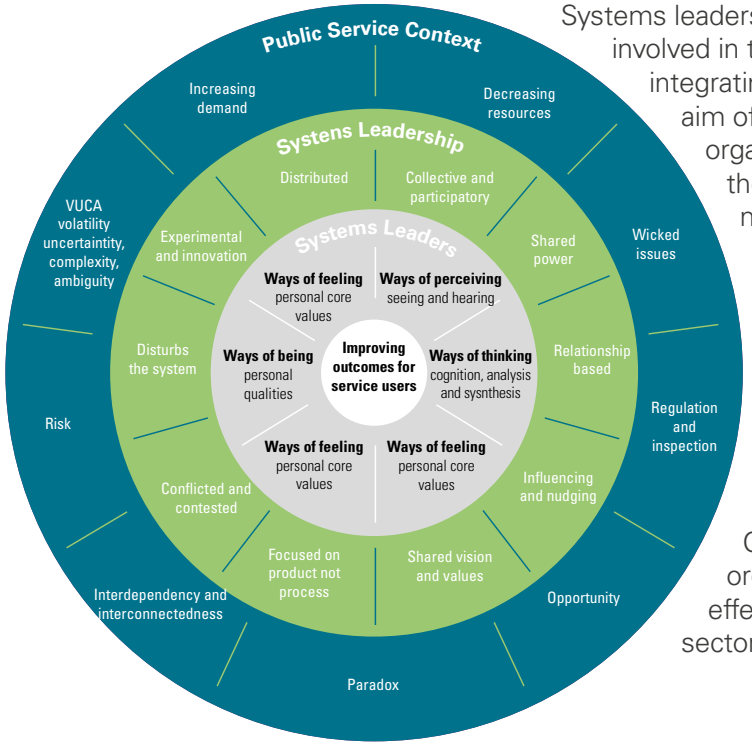
A number of factors will enable leadership to flourish in a successful Better Care programme:

Leadership factors checklist

- ☐ **Common vision or ambition:** willingness to cede organisational goals
- ☐ Focus on **place-based initiatives and outcomes**
- ☐ **Strong/honest relationships;** accountability; allow for different views
- ☐ Combination of **political and organisational commitment**
- ☐ Role authority not sole source of legitimacy: **influence, not power**
- ☐ People **tolerate risk** and **accept multiple potential pathways.**

Systems leadership is about how you lead across boundaries

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



Systems leadership is particularly relevant for people involved in the delivery of health and care services, and in integrating complex services around individuals. The aim of systems leadership is to transcend individual organisational interests and work together on the basis of a shared ambition, with a view to making progress towards better health and wellbeing outcomes across a population. It's a practical, grounded approach to integrated working.

This is not to portray systems leadership as some kind of silver bullet or magic wand. It is emphatically not going to solve your problems for you. But it is an approach to working that we believe everyone involved in OD and HR should have in their own, and their organisation's armoury. We know it can work in effecting change within and across organisations, sectors and systems.

Figure 1: Public service context systems leadership and systems leaders - an integrated model

> *Whole system transformational change will only occur if we have the right leadership in place. We have found it invaluable to have [Systems Leadership] mentoring/ coaching support for the senior leadership team….Through the Pioneer programme we have had an experienced programme enabler who brings board members together to reflect, share and challenge – we know that if we want to shift the workforce to a new ethos and culture, we need to start at the top.*
>
> *- Clare Henderson, Integrated Care Programme Director, London Borough of Islington*

> *Establishing good relationships is fundamental to joint working and should not be underestimated; listening to others, trust, openness all need to be nurtured.*
>
> *- Cheshire Local Vision project: Developing multi-agency response to social isolation.*

A core set of shared values sit at the heart of systems leadership

Systems leadership goes beyond partnership or collaboration, because it's not just about retaining your own power and authority whilst working with others. Because of the complexity of the issues involved, systems leadership recognises that leadership is not vested solely in people because of their job titles or authority, and works on the basis that leadership and influence are distributed. It therefore involves being willing to cede leadership to others if they're in the best position to provide it, and to come together not on the basis of a single pre-identified solution, but on the basis of a wider shared ambition or purpose, for example for a group of service users. Systems leadership welcomes partial, clumsy or emergent solutions, and supports experimentation, working with uncertainty and adapting as you go along.

Systems leadership behaviours therefore include:

- focusing on outcomes and results rather than processes
- basing the work on strong but honest relationships
- allowing for experimentation – and therefore allowing for risk
- being willing to genuinely listen to others and see their point of view
- being able to adapt, going with 'good enough' solutions and building on them rather than waiting until you have the perfect service/ solution.

At the heart of systems leadership in practice are shared values and intentions to improve outcomes for service users. This core is surrounded by a complex if interrelated dimensions. Although they overlap, these dimensions can be categorised as:

1. Personal core value (ways of feeling)
2. Observations, 'hearing' and perceptions (ways of perceiving)
3. Cognition, analysis, synthesis (ways of thinking)
4. Participatory style (ways of relating)
5. Behaviours and actions (ways of doing)
6. Personal qualities (an overarching way of being that forms the essence of both professional and personal style and approach)

Above all, and despite systems leadership aptitude being put into practice by a means of professional styles and behaviours, systems leadership was described as a mind set, or a way of thinking about and approaching the leadership role, rather than a set of technical skills or competencies.

To read more about systems leadership, **Click here to view publication.**

When recruiting system leaders it is important to consider the following skill mix:

- ✓ *Willingness to align around a shared purpose or ambition*
- ✓ *Able to build engagement/ relationships and really listen*
- ✓ *Preference for outcomes over processes*
- ✓ *Not being bound up with role and with a willingness to take risks*
- ✓ *Able to work reasonably well with conflict and uncertainty*
- ✓ *Having a strong commitment to a service in a particular place*

Leadership qualities at all levels are considered in the Adult Social Care Leadership Qualities Framework. ***Click here to view publication.***

Good practice in leading Better Care implementation shows that 5 essential and different roles are required to be successful. Neglecting any of these will, at some stage in the change process, imperil the desired outcomes.

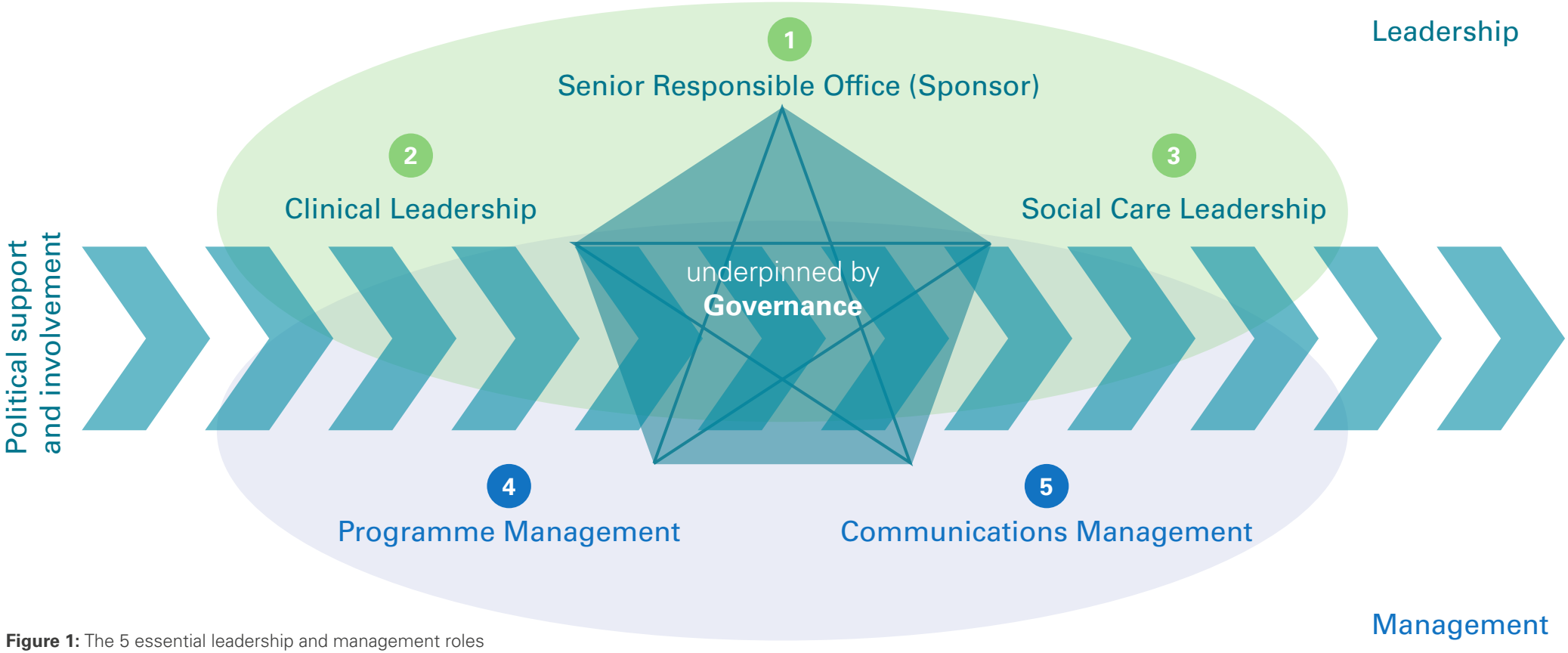


Figure 1: The 5 essential leadership and management roles

Investment in establishing these 5 roles is critical to effective delivery

Clinical Lead

'Owns' the vision, objectives and outcomes from a clinical perspective. Ensures clinical designs reflect best practice and are clinically safe.

- Liaises with local clinicians to ensure buy-in and support
- Works in close collaboration with Care Lead – ideally co-located
- Requires respect from fellow clinicians and sufficient time commitment to be effective
- Must be committed to delivering person-centred care underpinned by service design
- Must have good communication skills, with the ability to build effective relationships, influence, persuade and negotiate with others
- Should recognise the very different clinical skills necessary to develop Better Care
- Able to use and interpret quantitative and qualitative data to draw conclusions and inform evidence based decision making.

Senior Responsible Owner (Sponsor)

Provides strong, visible leadership and strategic direction. Champions executive approval for the programme. Ideally the CEO of a CCG, Local Authority or Acute Trust.

- Builds senior relationships and trust across organisation boundaries
- Removes obstacles, arbitrates conflict, and mediates negotiations
- Acts as a focal point for decisions (beyond PM's scope of authority)
- Defines the programme management process with PM
- Approves scope and objectives, schedule and resources, roles and responsibilities
- Provides support for obtaining timely resources
- Supports, coaches, and mentors PM.

Social Care Lead

'Owns' the vision, objectives and outcomes from a social care perspective. Ensures designs reflect best practice and align with council procedures and protocols.

- Liaises with social care colleagues to ensure buy-in and support
- Works in close collaboration with Clinical Lead – ideally co-located
- Requires respect from fellow colleagues and sufficient time commitment to be effective
- Must be committed to delivering person-centred care underpinned by service design
- Must have good communication skills, with the ability to build effective relationships, influence, persuade and negotiate with others
- Should recognise the very different skills necessary to develop Better Care
- Able to use and interpret quantitative and qualitative data to draw conclusions and inform evidence based decision making.

Programme Manager (PM)

Good programme management is more 'art' than 'science'. Choose someone who is experienced in large programme delivery and transformational change – a good one is worth their weight in gold and will cost a small % of the total spend.

- Must fully understand the purpose of Better Care in terms of the narrative to develop better outcomes and must be able to articulate it as the reason for actions
- Responsible for successful delivery (on behalf of the SRO)
- Responsible for the overall integrity and coherence of the programme
- Develops and maintains the programme environment to support each individual project within it - often through an effective Programme Management Office (PMO)
- Supports project co-ordination, management of inter-dependencies, oversight of risks and issues and co-ordination of new capabilities to enable effective change and realisation of projected benefits
- **Should be full-time.** The role is crucial for creating and maintaining focus, enthusiasm and momentum.

Communications Manager

As many of the proposed changes are complex and have a direct impact on vested interests and the general public, an experienced communications manager will be essential to engaging and aligning teams and organisations.

- Owns all internal and external programme communications and ensures that all other senior managers know and own the narrative
- Develops and owns the communications and engagement strategy and approach
- Establishes and manages communication channels and messages beyond the boundaries of the programme (including other programmes related to integrated care and organisations at local, regional and national level where required)
- Should be well connected with other communications leads in the integrated care field and encourage collaboration where possible
- Leads on media handling including proactively placing good news stories, dealing with enquiries and producing media releases.

Leadership role Management Role

Successful leadership of change always includes 4 key components…

… these are: **visible** and **resilient leaders** who inspire a **sense of purpose**, who have the key facts and **a grip on the key information**.

This section focuses on the attributes of leadership that need to be embedded in successful teams. This is not only aimed at system leaders but is applicable to anyone in a leading position. The NHS has its own change model which can be very effective if followed to achieve large scale complex change such as Better Care transformation. **Click here to view publication.**

Improving the likelihood of success

It might seem obvious, but many change programmes fail because it is not clear who the leaders are. The challenge, for the system-wide transformation that Better Care is seeking, is that there will be leaders across many organisations. Better Care teams should set out the decision making process and agree clearly how leaders are signing off decisions and committing resources.

Lessons learnt from across health and care indicate that leaders will have different strengths and attributes, but need to show a set of certain consistent behaviours:

1. Visibility of leaders

Most change fails during the transition from old to new. One crucial factor is that staff in an organisation need to 'keep believing' that the change will improve lives of service users. The leader's role should not be underestimated in giving staff the confidence to continue.

- ✓ Ensure your role and responsibilities are clear and explicitly shared
- ✓ Communicate the Better Care vision widely and regularly across partners and with the population
- ✓ Show that by pursuing Better Care other objectives are achieved as a by-product
- ✓ Personalise the Better Care work, so it resonates with all audiences (including staff and citizens).

> *Better Care will require leaders to focus above all on users, to innovate and to manage the consequential risks.*
>
> *- Lord Michael Bichard, Chair of the Social Care Institute for Excellence (SCIE)*

2. Resilience of leaders

- ✓ Be prepared to take and explain difficult decisions. We know that many of the Better Care plans require decisions to be made that can have short-term impact on some of your organisations. Great leadership will be resilient and find a way through this conundrum to achieve the longer term prize of Better Care. **Click here to view publication**
- ✓ Working in an integrated way across many organisations has been a challenge for health and care systems. Leaders need to work hard to build trust and a common purpose for Better Care. One successful way to achieve this is by focussing on an area that resonates across organisations. The improvement of outcomes for frail and elderly is a good example. The key message from successful systems is that leaders need to be persistent to keep driving forward the vision for service transformation. Organisations where the leadership is seen to have moved onto new priorities will quickly lose impetus.

3. Leaders inspiring shared purpose **(Click here to view publication)**

Doing all of the following will help to build a coalition of people from across many organisations who have the shared goal of Better Care for their population:

- ✓ Be seen to live the values of health and care. Act as a role model for people across your local system
- ✓ Maximise the contribution of the teams to improve the quality of the Better Care work. Spread the workload across people who are already stretched
- ✓ Demonstrate the importance of Better Care to you within your organisation and across the local health and care system. This is often overlooked and the role of the leader is to constantly remind people of the Better Care goals to improve population health and wellbeing.

4. Having a grip of the key information

Select a small number of measures that arise from your Better Care plan as an acid test of whether progress is being made. Most boards can understand how well their organisation is performing with very few measures. The leadership role is to keep the organisation focused on them whilst driving all parties forwards towards making Better Care a reality.

Better Care Fund metrics (% variance)	Year 2014/15			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Delayed transfer of care from hospital per 100,000 (average per month)	3%	3%	2%	-5%
Permanent admissions of older people (aged 65 & over) to residential	4%	1%	2%	1%
Proportion of older people (65 & over) who were still at home 91 days	5%	1%	3%	2%
Avoidable emergency admissions per 100,000 population (composite measure)	3%	3%	2%	2%

Figure 3: Example dashboard for tracking key indicators.

How can you check your leadership impact?

Leaders should make active use of coaching and peer to peer support to reflect and help improve their performance. In addition, tools are available that can you help you gain insight into the impact of your leadership style (Example: 360 tool provided by the NHS Leadership Academy). **Click here to view publication**

There are a range of change models available, including models on systems leadership.

Click below to view publications:

- **Publication 1**
- **Publication 2**

In my experience it is important to think about:

- *outcomes for patients, carers and populations, not targets*
- *cultures not structures*
- *place not organisation*
- *delegation not transfer of functions and*
- *clinical and professional engagement.*

- Andrew Cozens CBE, former Strategic Adviser, Children Adults and Health Services for the Improvement and Development Agency for local government, and President of the Association of Directors of Social Services (ADSS) in 2003/04

Light bulb moments

The Revolution will be Improvised: stories and insights about transforming systems, Leadership Centre

Click on image to view publication.

Leadership checklist

- ☐ The **governance** for sign off **and resourcing is clear**
- ☐ A **strong narrative** led by the leadership team is available
- ☐ The NHS Change Model or another model is **used to manage the transformation** of Better Care implementation
- ☐ The **personal approach** by the leader is demonstrated by **visible actions**. How much of the weekly diary is devoted to Better Care?
- ☐ **Tough decisions** are made and communicated in a timely way
- ☐ The **leadership team** across the organisations of the system is viewed as a **coalition of shared goals** for Better Care
- ☐ A **360** has been undertaken to encourage learning
- ☐ **Better Care remains high up the agenda** after the first flush of enthusiasm
- ☐ **Individual organisational goals are aligned** with Better Care to demonstrate that one can help achieve the other.

Good programme management is not PMO

Whilst an effective and efficient PMO is important to the smooth running of a programme, it is not the only or even the main aspect of a well run programme. Indeed, when an overly process-focused PMO takes over, it risks undermining the credibility of Better Care. It is vital that the PMO, as with all other leaders, emphasises that the purpose of Better Care is to achieve outcomes for real people. A good programme shouldn't produce reams of detailed status reports that no one ever reads, or obscure risk logs that gather dust on a shared drive. Instead the PMO should provide the programme with the concise and focused information it needs to understand progress against schedule and budgets, and to recognise and manage the risks and issues that might stop the programme from reaching the goals that will develop Better Care for real service users.

Good programme management engages with and influences the vision

Good programme management is about **understanding and contributing to a vision** and then **building and organising a committed, skilled team to deliver specific objectives that will realise that vision.** A well managed programme will have a constant dialogue with system leadership over its objectives, priorities and progress. In a highly constrained world, there will be difficult decisions to be made over priorities, and trade-offs will have to be made between time, cost, scope and quality. Scarce high quality resources will have to be found and brought on board. Issues will crop up with disaffected stakeholders or around funding availability. Risks around information availability or financial incentives will have to be actively managed.

Good programme managers are hard to find – but are essential to success

All this requires a **senior and experienced individual** that understands the programme vision and plays an active role in shaping the programme to deliver the vision. This person needs to be **credible amongst system, clinical and care leadership**, able to quickly build a good knowledge of the main content issues, and understand the difference between administrating and managing a programme. The programme manager understands and shapes the content of the programme rather than being a mere administrator of the plan. They have a meaningful dialogue with the SRO and clinical and social care leads in shaping the programme, actively build a team that can deliver the programme and work closely with the communications lead to craft and deliver the story of the programme.

The Local Vision programme in South Tyneside describes what effective programme management has meant for them:

- *Achieving a shared purpose and clear vision has been key to getting so many people involved in so many sectors. Achieving this has taken time with many iterations of the vision and challenges of "we do this already" and "it will never work" but the time invested in this has led to a greater clarity and commitment.*
- *The thorough way we approached planning at the beginning is now starting to result in benefits. Because our programme was an iterative process based on testing things and learning from them, without a solid framework we would have struggled to keep on track.*

Programme management checklist

Objectives and rationale

- ☐ **Specific objectives** have been set for projects within the overall programme, rather than vague aspirations. *e.g. A jointly funded, jointly operational, community based continuing healthcare assessment team will be in place by June 2015*
- ☐ The objectives for individual projects **clearly underpin the overall programme vision and will realise that vision for service users**
- ☐ The **rationale, business case and benefits** of each project are clear, be they financial, clinical or patient experience. *e.g. we are doing this because it will…*
- ☐ The **costs of implementing** each project are clear, and so are the ongoing operational costs
- ☐ The objectives and rationale are **well communicated and understood** by key stakeholders across organisations.

Prioritisation and resourcing

- ☐ Projects are **clearly prioritised according to a sound logic** that is understood and accepted by key stakeholders. There are only a **small number of priorities** at any one time
- ☐ Each prioritised project is **properly resourced** with a team that has the **skills and time availability** to get the job done – people are dedicated full time where they need to be.

Structuring the programme

- ☐ The programme and sub-project **organisation structures are clear**. Wherever possible, direct control is given to the programme manager, for people across all organisations involved in delivering the programme.

Managing the plan, reporting issues and risks

- ☐ There is a **meaningful milestone plan**, at a suitable summary level, that the governance group understands and influences
- ☐ The plan covers **all elements needed to deliver** *(IT, estates, workforce etc.)*
- ☐ PMO reporting is **concise and to-the-point**, and directs stakeholders towards understanding and tackling the issues that stand in the way of progress
- ☐ Issues and risks **reflect reality** and are discussed and **properly tackled** by the programme board.

Good governance provides structured oversight to overcome barriers to success

Good governance, in a Better Care programme context, creates **structured programme oversight** that brings together all relevant organisations in a focused, collaborative way to support the collective overcoming of barriers to success.

An effective Better Care governance setup will have **suitably representative, senior, accountable membership,** that through a shared vision are empowered to make decisions / recommendations on behalf of their constituent organisations. This should include service user representation. They will meet regularly, have a strong focus and purpose, and be closely plugged into the information they need in order to unblock barriers to success and hold the programme leaders and delivery team to account.

Please note the upcoming operationalisation guidance will set out requirements around reporting etc. for 2015/16.

Please also reference the following: Making an impact through good governance: A practical guide for health and wellbeing boards. **Click here to access publication**

Case study: North West London (NWL)

The NWL Whole Systems Integrated Care programme has incorporated 'lay partners' (service users and carers from across the population in NWL) into every layer of its programme governance structure to ensure co-production is embedded throughout.

"The cornerstone of the co-design process was the set of working groups that we held across five modules to address the central questions of integrated care design for North West London. We established a working group for each module which consisted of an equal partnership between lay partners, clinicians, commissioners and care professionals to co-design the future of integrated care. Throughout this programme, we have focused on the importance of incorporating both the professional expertise of the clinicians and care professionals and the holistic lived experiences of the lay partners. There was lay partner representation on each one of the module working groups, and we have worked as equal partners throughout the programme."

North West London Whole Systems Integrated Care Toolkit. **Click here to view publication.**

Programme governance structure (co-design phase)

Figure 3: Example programme governance structure that embeds co-production with service users

For more information please contact:
NWLWholesystems@nw.london.nhs.uk

Governance checklist

- ☐ The culture is **positive, inclusive and transparent**. It is receptive to engagement and open to information sharing
- ☐ **All relevant organisations are represented**. Commissioner, provider, health, social care, voluntary and third sector. Governance meetings are **well attended**
- ☐ Representatives are **sufficiently senior** and represent the view of their organisations. They are **empowered to make decisions**, subject to statutory ratification
- ☐ Terms of references are clear and **set out powers of decision making** and recommendations
- ☐ The decision making process is **clear and consistent**, describes how conflicts can be escalated or resolved and is **followed in practice**
- ☐ **Real risks and issues are being discussed and resolved** within the governance forum
- ☐ **Governance arrangements are aligned** to other related programmes e.g. CCG activities.

Successful large scale transformation requires a focus on effective transition planning

When large scale change succeeds, it is often because the transition between the old and new vision has been really well managed. The evidence to support this is compelling and yet it is often the area that is ignored by leaders. Evidence suggests using a model will bring structure and rigour to the transition and increase chances of success.

The experience of successful transition planning suggests the following areas need to be paid attention by leaders:

- ✓ **Leaders need to be visible throughout the change** and nowhere is this more important than during the crucial transition between old and new
- ✓ Successful transition starts with **clarity on the transformation's objectives and a detailed timetable of actions** that leaders have signed up to
- ✓ Different organisations and individuals will have **a range of incentives to participate and engage**. Leaders need to understand these and tailor conversations to suit different motivations
- ✓ Better Care will often mean a shift of emphasis and resource away from secondary care towards a community or place of residence. The transition may need to include **double running costs** that are realistic and reflect that 'the referral tap' is rarely turned off instantly
- ✓ **Early and regular wins** are vital to maintain momentum and confidence that the transition is being managed well towards better care. Communicating this is a key role for the Better Care leadership. This should also include **clarity around the benefits realisation** that the entire transformation is aiming to deliver
- ✓ The transition is the period when momentum and progress can slow down. Building **clear timescales for delivery** across the transition period is important to maintain progress
- ✓ Experience suggests that people are more comfortable in the planning rather than the execution phase. Leaders will wish to weigh up the benefits of the thoroughness of planning versus the **need for speed to build momentum**
- ✓ **Engagement with stakeholders and a relentless focus on communicating the vision** are core elements of successful transition
- ✓ Making the changes stick is a significant challenge if leadership attention 'wanders' onto new priorities. Successful transition does not confuse people with new targets/priorities but instead **maintains the focus on the original vision**. This is itself a major challenge for many leaders.

> *We have learnt from the past when relationships have been allowed to drift, or they have been neglected in some way, that they have put a halt on developing integrated services – we learnt from that and so we spend a long time meeting, discussing, encouraging and breaking down those barriers.*
>
> *- Dr. Derek Thomson, Medical Director, Northumbria Healthcare NHS Foundation Trust, describes the experience of integrating care in Northumberland and North Tyneside – (Kings Fund) Contact: derek.thomson@northumbria-healthcare.nhs.uk*

Successful transition planning checklist

- ☐ The NHS Change Model (or similar) provides a **structure to the transformation**
- ☐ The transition plan is **part of the overall plan**
- ☐ Good governance is in place. An approach to **resource sign off and decision making** is agreed to support a smooth transition
- ☐ The transition phase includes sufficient amount of **small wins** to maintain momentum
- ☐ **Communication and engagement** activities have been developed to help counter the predictable 'dip' in support
- ☐ Diaries have been organised to ensure that **leaders are visible** across the Better Care sites
- ☐ Organisation **skills are mapped** to the new requirements
- ☐ The **gap is being closed** to ensure that the transition succeeds
- ☐ A **training needs assessment** has been conducted to check whether new skills are required as result of job changes
- ☐ **Support** is provided for a new capability
- ☐ A **detailed cutover plan** (day by day or hour by hour) has been developed
- ☐ Different **possible approaches have been assessed** e.g. big bang versus phased cutover - one is simple but high risk, one is more complex and protracted but potentially lower risk
- ☐ Dress rehearsals or **dry runs** are created where possible
- ☐ **Low risk ways of 'opening' a new service** on a trial or pilot bases have been considered.

Strong engagement and communication is vital for the successful delivery of Better Care

Evidence shows that inadequate engagement and communications are a major cause of failure in transformation processes. Service users, carers and staff have growing expectations of being involved in the change process and help to ensure new approaches are well informed and sustainable.

1. Create a narrative for coordinated care

As you will know creating coordinated care is hard. Begin by establishing a story which explains how we get to the future based **on improving experience and outcomes for service users and carers.** This will combine national and local strategic priorities with a clear voice for service users and what they need. The aim is to build a shared narrative which explains why coordination matters. Start by defining the outcomes that you are trying to achieve in partnership with service users. Good narratives tell a clear story of why the change is required, what will have to change and what improved outcomes will arise by when.

To develop a strong narrative:

- ✓ Include service users and carers as experts by experience. Draw on powerful, stories and insights. Since the success or failure of your project will be judged on the experience of joined up care in your locality, **transformation plans should be built on the experience of local people.** This will also help to build a brand for local integration to encourage sign up and commitment **Click here to view publication**
- ✓ Articulate what "better care" and "integration" actually mean in practice. Build commitment across the partnership with individuals using 'I will' statements to clearly set out what they will **do differently to achieve the vision.** This could include high level commitments from system leaders **Click here to view publication**
- ✓ Make your statement tangible by **integrating agreed performance metrics.** Ensure your objectives are realistic and agreed with service users, carers and patients
- ✓ Ensure there is **clear alignment between messaging** on Better Care and other associated initiatives, such as the Care Act, personalisation etc
- ✓ Be realistic and honest with stakeholders – **do not overpromise what can be delivered** and recognise the boundaries of the project.

> *"By 2018 we want to improved outcomes for Kent's 1.5 million population through an integrated system that is sustainable for the future and crosses the boundaries between primary, community, hospital and social care with services working together, along with voluntary organisations and other independent sector organisations."*
>
> *- Vision for the Kent Better Care Fund*
> ***Click here to view publication***
>
> **Contact:** jo.frazer@kent.gov.uk,
> Programme Manager, Health and Social Care Integration

> *"It is important to create a compelling story which everyone at all levels across the economy can associate with and take themselves back to when they are facing a challenging situation to remind themselves that this is why we are on this journey."*
>
> *- Cheshire Local Vision project: Developing multi-agency response to social isolation*

2. Use a common language

Create and share a clear and common language that will be used in all communications. Everyone involved in delivering the programme should adopt this shared language and use it to disseminate messages. Ensure this is aligned - both across the health and care system and with other associated integrated care initiatives.

Revisit the narrative frequently to help ensure that people adopt the shared language and test it on service users and staff. Opportunities could include partnership meetings, multi-disciplinary teams, community engagement events, team meetings and training sessions.

- ✓ Use joint and clear branding of all information
- ✓ Avoid organisational references and jargon.

3. Develop clear measures of success

Communication strategies need to identify clear outcomes and measures to track performance. Understanding the impact of different engagement activities will help you refine your approach and focus on the most effective techniques.

Frameworks like logic models or theory of change process maps can help plot the logical links between your main communication and engagement activities, their immediate outputs and the short, medium and long term outcomes. **Click here to view publication.**

4. Understand your stakeholders

- ✓ Develop a clear map of all different internal and external stakeholders who need to be involved and agree this with the leadership team
- ✓ Explore and surface the core motivators for different stakeholders, understand what their position is towards Better Care and develop approaches which address different stakeholders issues and concerns
- ✓ Ensure you map and understand seldom heard groups. **Click here to view publication**
- ✓ Remember that everyone has a communication role, including service users. Map out the different ways in which stakeholders interact (including interaction with service users) to identify good opportunities to communicate messages. Identify champions from across the health economy that can play a communication role.

5. Equip people with the right communication skills

- ✓ Offer training and support to communication champions (including service users)
- ✓ Include communication training in existing training and development programmes including staff induction
- ✓ Include communication related objectives in appraisal processes
- ✓ For more information on how to develop an effective communications plan please refer to Communications Planning for the Better Care Fund (available on request from the BCF Taskforce bettercarefund@dh.gsi.gov.uk).

6. Engage the local population

There is evidence that demonstrates the benefits of involving service users in the change journey. Engagement can help to identify and remove barriers, communicate messages to a wider audience, as well as scrutinise and challenge the process of implementation.

Steps to take include:

- ✓ Ensure people who use services, patients and carers are represented on Project / Programme Boards. Ensure these are accessible – including building in time to support where required (e.g. for people with learning disabilities, sensory impairments etc.)
- ✓ Ensure that services users, carers and families take an equal role alongside other partners in decision making
- ✓ Co-develop and co-produce communication plans and engagement strategies with service users, carers and families **Click here to view publication**
- ✓ Ensure plans and communication tools are reviewed by service users. Observe communication activities, measure success (where possible) and provide feedback to the Project / Programme Board
- ✓ Create opportunities for feedback from partners, service users, carers and communications champions. Routinely monitor feedback and review narrative, engagement and communication plans.

7. Engage politicians

Understanding how to create a public narrative that works to secure buy-in and support from local politicians is essential, and it is worth making sure you consider the following:

- ✓ If providing information and advice to enable a complex decision, try to provide genuine options with associated risks and implications
- ✓ Provide the right type and amount of information for what the politician wants to do (make a decision, scrutinise the executive, deal with a ward resident's query) – ask and don't just assume
- ✓ Show understanding and respect for politicians' very different world, e.g. ask questions about what issues are arising at ward level, show you see issues from their vantage points
- ✓ Be sure to have members' confidence that your input is politically neutral – word travels fast otherwise
- ✓ Show a readiness to use politicians' personal knowledge and expertise – they have lives outside politics!
- ✓ Never let an agreed deadline go by without response – if there's a delivery problem, explain what can be done by when (the politician may need to let others know what's happening).

> *Amanda knows that she can receive 24/7 access to community health services and preventative services through her GP or by contacting the local single point of access. She knows that if the worst should happen and an ambulance is called they will have immediate access to her care plan through her online record. A record of what she wants to happen has been discussed with her by her care co-ordinator, so Amanda has confidence that she is in charge of her support team. Amanda's family know they can receive an update on her condition when they need it as they've been given access to her care plan. All services that Amanda comes in to contact with are focused on treating her – a person and not just her condition – she feels confident in the quality of services she's receiving.*
>
> *The Kent Better Care Fund: Bring care closer to home – health and social care in Kent by 2018*
>
> Contact: Jo.Frazer@kent.gov.uk,
> Programme Manager, Health and Social Care Integration

8. Deliver effective communication and engagement

Effective communication and engagement seeks to **change hearts and minds and build trust.** Presentations should be delivered **jointly by leaders from the health, care and the community sector** – including service users, carers and patients. Communications need to look and feel joined. Leaders in this role should:

- ✓ Refer to the same narrative, and use the agreed common language
- ✓ Agree answers to frequently asked questions. Provide joint contact points for questions and answers e.g. on websites and e-bulletins.
- ✓ Use case studies and examples that accentuate joint working: This is Albert, Nottinghamshire Better Care Fund. **Click here to view publication**
- ✓ Co-produce and co-deliver the communications and engagement plan with people who use services and patient representatives, utilising a broad range of methods and approaches. **Click here to view publication**
- ✓ Agree roles and responsibilites to ensure consistent and comprehensive comms and engagement
- ✓ Involve governors from both sides of health and care, e.g. elected members and Chairs of the CCG
- ✓ Think creatively which communication formats or channels can be used to reach a wide audience and maximise engagement. See examples below: **Click here to view publication**

Key success factors for My Life, A Full Life programme in the Isle of Wight

- People who use care and support need to be made aware of the programme
- Targeting and marketing the narrative is essential to success
- Engagement and a clear communications strategy is needed at the earliest possible stage

For more information please contact MLAFL@iow.gov.uk

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www.mylifeafulllife.com

Figure 4: Example of how to creatively communicate the programme vision From My Life, A Full Life programme in the Isle of Wight. **Click on image to view publication.**

Effective engagement and communications strategies can draw on the following tools:

- ☐ **Simple tailored messages**: *e.g. Five things that every councillor should know about integration.* **Click here to view publication**
- ☐ **Visual Aids:** *e.g. North Manchester Integrated Neighbourhood Care Team diagram.* **Click here to view publication**
- ☐ **Video and animation:** *e.g. Maggie and Rose's Story – Joining up care in Islington.* **Click here to view publication**
- ☐ **Stories and personal accounts to demonstrate how people lives will be changed**: *e.g. Your stories, Better Care Birmingham.* **Click here to view publication**
- ☐ **On-line dialogue platforms**: *e.g. Birmingham Better Care (birminghambettercare.com); Health and Social Care West Midlands* (www.hscwm.org.uk)
- ☐ **Posters and reminders:** *e.g. Celebrate an 85 Birthday at Home display, Portsmouth.***Click here to view publication**
- ☐ **Existing channels**: *e.g. correspondence with current service users, review meetings etc.*

At different stages, most people leading transformations of practice in health and care (including those working on implementing Better Care) will have to lead bravely.

However, even more important than bravery, is the capacity to **plan and sequence change in a way to diminish the times that leaders have to be brave**. Talk to any successful leader about bravery and risk taking and they will assure you that the main aim of leadership is to diminish risk to manageable proportions. Good leaders don't seek out situations to demonstrate their bravery - on the contrary, they construct processes and alliances that limit the number of times that bravery is called upon.

This guide describes how to plan to diminish risk, manage conflict and gain broad agreement for what you are doing.

But even if you and your fellow leaders do this well, there will be moments when you will have to go a bit more out on a limb to make a breakthrough in the sequence of change.

Firstly, try not to do this on your own. We have a set of historical myths about great leaders being individuals. And these myths make all of us, as individuals, feel a bit inadequate because we don't seem to be as brave or as powerful as individual leaders who have 'the real thing'. But by and large great individual leaders (think of your heroines and heroes) did not lead as individuals. Someone took the notes of the meeting, someone stood at the back of the room and made a face when the leader was going too far and someone stepped up to the mark after the brave leader and said "…and this is how we are going to do it".

So if it looks as if there is a moment coming up when only leadership bravery will do, talk about it to people you trust. Check with them that indeed this is such a moment. Talk through how you are going to play it. Ask for people's help in backing you up and taking it forward. Don't think about bravery on your own and don't do it on your own.

Secondly, if the changes to create Better Care are going to have any traction in changing social care and NHS practice with service users **you will be need to work to a narrative that will drive this forward**. The role of the narrative is to repurpose this complex set of changes by continually focussing the aim of this process "stuff" to create better care for real service users. To make an impact in creating Better Care this narrative will need to start and finish with the purpose of the change being about radically improving care for service users.

"We have a set of historical myths about great leaders being individuals. And these myths make all of us, as individuals, feel a bit inadequate because we don't seem to be as brave or as powerful as individual leaders who have 'the real thing."

> *Change in the NHS and social care must not need heroines and heroes. It should need ordinary leaders doing a good leadership job well.*

The need for bravery is almost certain to take place in the midst of an important bureaucratic change that is at some distance from the service users who currently have such fragmented care. For example, the creation of new financial processes for the whole social care and NHS care system will cause a lot of anxiety for many Directors of Finance.

There will be moments when a lot of the status quo will go through very real anxiety and gather together to forbid change.

w, the situation would demand that leaders who are in favour of change would have to be brave about a new model of finance.

However, the point of your bravery is NOT to create a new model of finance but to create better care for people who are currently receiving fragmented and uncoordinated care.

Never be afraid to repurpose what you are trying to achieve by shining a spotlight on the compelling case for change that is at the core of Better Care. You are leading change, not because you are interested in changing processes for their own sake, but because you need to lead these processes to create better care for real people.

It is important to start and finish these moments of brave leadership by **clearly driving the change for Better Care outcomes**. Only then it will ensure that the challenges of the most bureaucratic conflict to achieve better care for real people is brought to the discussion. That is leadership.

Thirdly, being brave is not an end in itself. It is a part of the process of leading change. Often brave leadership will break a logjam and change will flow. It will have worked. But it will have worked by stepping into a form of change leadership which will be difficult to maintain all the time. **Leading change to create better care needs to become ordinary, rather than very special.** So if brave leadership has moved things forward, revert as quickly as possible to the everyday leadership of change and don't dwell on the really brave moments (ok, do so - but privately).

On the other hand, sometimes brave leadership hasn't worked. You have been brave, but at that moment the coalition against change was too big and entrenched. That doesn't mean that what you were trying to achieve was wrong or that being brave was wrong. It does mean however, that you need to approach the problem you were trying to move at a different time and place and probably in a different way.

Change in health and care must not need heroines and heroes. It should need ordinary leaders doing a good leadership job well. That will need some bravery but not every minute of every day – it is too wearing and above all, you need to maintain resilience and energy.

By Paul Corrigan

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Leadership in practice: the Torbay story (Page 7)

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Strong engagement and communication is vital for the successful delivery of Better Care (Page 18)

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Only through effective engagement will the breadth of partners feel ownership of Better Care (Page 19)

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Communication requires drawing on resource with the right skills (Page 20)

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Leaders play a key role in the successful implementation of an engagement strategy (Page 21)

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