# Systems leadership – enhancing the role of social care

Systems leadership has been described as:

*...leadership across organisational and geopolitical boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, often without direct managerial control.*

(Ghate et al, 2013)

Systems leaders have been described as:

*Seeing the wider system, not just from their own perspective; fostering reflection and more generative conversations; shifting from reactive problem-solving to co-creating the future.*

(Senge et al, 2015)

## Key points

Systems leadership is being promoted by bodies such as the Care Quality Commission (2018) and the Local Government Association (2018) as an enabler of integrated care and better coordination of the planning of services for communities.

It involves an ability to develop constructive relationships with colleagues across systems, and judging success through impacts on people and communities. Systems leadership seeks to achieve a shared vision through:

> - involving local communities
> - better collaboration between partners across the system
> - shared learning.

  (Timmins, 2015)

Behaviours commonly associated with system leadership include:

> - being comfortable with diversity and uncertainty
> - a facilitative rather than directive style of influence
> - embracing values of positive difference and equality
> - accountability to local people and communities.

  (Ghate et al., 2013; Fillingham & Weir, 2014; LGA, 2018)

Systems leadership shares many similarities with existing forms of leadership and there is little formal research evidence that clearly supports the positive impact of a systems leadership model. However, without the ability and willingness of leaders to work collectively for the benefit of local communities, the long-standing and growing challenges relating to social care and health will continue. Therefore, the need for the attitudes, values and behaviours associated with systems leadership will continue.

## Introduction

Over the past decade there has been an emphasis in health and social care policy in England on achieving integrated care (National Audit Office, 2018). This reflects the increasing expectation of people who access support, and their families, that services should be coordinated around them – through shared decision-making and better communication between professionals involved in their care (National Voices, 2013). Integration is also necessary to help services respond to increasing demands related to ageing populations, more people experiencing multiple long-term conditions, and people with disabilities living longer (Miller et al., 2016).

The drive to better integration of health and social care services reflects a similar aspiration within the rest of the United Kingdom and across Europe, North America and Australasia (Miller, 2019). Challenges to better integration include a lack of shared objectives, clashes in professional cultures, insufficient resources, and incompatible information systems (Cameron et al., 2014).

One of the facilitators to achieve integrated care promoted by English policy is 'systems leadership' (for example, NHS England, 2015). This resource will set out what is meant by such leadership and reflect on what it practically means for adult social care leaders.

## What is systems leadership?

Systems leadership is about improving social good through joined-up working across multiple systems (Lewis, Ghate & Welbourn, 2013). It is seen as a model of leadership that seeks to achieve a shared vision through:

> > involving local communities
> > better collaboration between partners across the system
> > innovation in delivering shared learning.

It is a model in which leadership is understood to be required at all levels and is viewed as the responsibility of *teams*, not individuals (Timmins, 2015).

Whilst the focus of this briefing is adult social care and health services, systems leadership has also been highlighted in relation to other areas of the public sector. In particular, there has been interest within children's services, reflecting the need for better joint working across education, social care, child health and other sectors (Ghate et al, 2013). Beyond the UK, systems leadership has been raised in relation to the corporate responsibilities of private business and to help civic and global organisations address major and long-standing challenges (Senge et al., 2015).

Whilst there is no one definition, there are common elements:

### The challenge of systems leadership
Many issues faced by societies today have no obvious solution, are ongoing and will require responses by multiple stakeholders. These are sometimes called 'wicked issues' (Rittel & Webber, 1973). Furthermore, the context is becoming more complex due to rapid innovations related to new technologies and communications, increasing globalisation, and emerging social movements that challenge existing hierarchies.

### The nature of system leadership
Single, heroic leaders will be unable to address such problems as they will not individually have sufficient resources or command the necessary authority. Furthermore, solutions to these challenges are unclear at present and require innovative thinking. A collaborative approach is therefore required which brings together new partnerships and encourages leadership at all levels.

### The aims of systems leadership
Rather than focusing on the reputation, performance or profit of their own organisation or stakeholder group, systems leaders seek to achieve goals of collective interest that benefit wider society and the common good.

### The sacrifice of systems leadership
Achieving shared goals may not always be in the sole interest of individual organisations. It may require leaders to share resources, use personal influence and improve performance for others – not just those within their own organisations.

(Ghate et al., 2013; Fillingham & Weir, 2014; Timmins, 2015; Bolden et al, 2020)

It is worth noting that, whilst such leadership has become prominent in recent years, the concept builds on well-established schools of thought. This includes *system thinking* (understanding of the connections between different elements of a system is more important than the elements themselves) (Mingers & White, 2010) and *complex adaptive systems* (i.e. such connections often seem dynamic and uncertain, but broad patterns are discernible) (Plsek & Greenhalgh, 2001).

## What has led to the interest in systems leadership?

Leadership can be thought of as an important facilitator of better quality services through creating a common vision, facilitating a supportive environment for change, and motivating practitioners to commit their skills, expertise and energy. In the past, the success of leaders was assessed principally on the performance measures associated with their individual organisations, their ability to complete the legal duties for which they were primarily responsible, and the financial health of their agencies (Welbourn et al., 2012).

The emphasis on competition between social care providers (and following the *Health & Social Care Act 2012* between NHS providers) further encouraged senior leaders to focus on their own organisations and responsibilities.

> *Currently, people working within systems are not always incentivised to work together...Organisations answer to their own organisational objectives, commissioners and regulators. Leaders are judged on their success in terms of individual organisation performance measures, not outcomes for people cared for by a system.*
> (Care Quality Commission, 2018)

As people and populations require integrated care, this silo approach to designing and delivering social care and health can be problematic. Concerns about capacity and individual performance can lead to organisations being protectionist over their resources rather than seeking joined up solutions that would provide a better experience, improved productivity and more preventative support (Ham and Alderwick, 2015). The government has introduced a series of national initiatives and requirements to encourage senior leaders to work more collaboratively in the interest of their local populations. These include:

> - Legal duties on the main statutory bodies such as local authorities, Clinical Commissioning Groups and NHS Foundation Trusts.
> - National funding streams such as the Better Care Fund that require pooling of money between health and social care.
> - Programmes to pilot new approaches to collaboration.
> - Governance arrangements to oversee local partnership strategies (see Table 1 on the next page).

These expectations for more integrated care are reflected in the *Care Act 2014*, for example through personalised care and support planning, safeguarding practice, and transition to adult services.

**Table 1: Current governance arrangements to encourage systems leadership for integrated care**

| Arrangements | Overview |
|---|---|
| **Health and Wellbeing Boards** | Health and Wellbeing Boards have been a statutory requirement (*Health & Social Care Act 2012*) for upper tier and unitary local authorities since 2013. They are responsible for developing health and wellbeing strategies for their area and for encouraging health and social care services to achieve integrated care. There is a core membership specified within the Act (section 194) - including elected members, senior local authority managers, healthwatch and health care commissioners.<br><br>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144020/General-health-and-wellbeing-board-duties-and-powers.pdf |
| **Sustainability and Transformation Partnerships (STPs)** | STPs were announced in planning guidance.<br><br>This requires NHS organisations and local authorities within a 'geographic footprint' to develop 'place-based plans' for the transformation of health and social care. Footprints vary in size of population between 3,000,000 and 2,800,000 and often relate to acute hospital services. STPs were to be led by a 'named individual' who was seen locally to 'command' the support of senior colleagues (including clinicians) and national bodies.<br><br>www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf |
| **Integrated Care Systems (ICS)** | The update on the NHS *Five Year Forward View* in 2017 - www.england.nhs.uk/five-year-forward-view - introduced the option for well-performing STPs to evolve into ICSs. These have greater decision-making over commissioning of health care services, autonomy over the deployment of national transformation funding and a 'one stop' regulatory relationship with NHS national bodies. The NHS *Long Term Plan* (2019) - www.longtermplan.nhs.uk - subsequently set the expectation that all STPs would become ICSs by April 2021. |

While such initiatives can require senior leaders to come together and work on key tasks, they do not always result in the necessary behavioural changes and developments in practice required within organisations. Assessments of integrated care by bodies such as the Local Government Association (2016), Care Quality Commission (2018), King's Fund (Ham & Alderwick, 2015) and the National Audit Office (2018) have repeatedly highlighted variation between local areas regarding the engagement of senior leaders within social care and health.

These reports emphasise that good relationships and positive commitment by leaders will enable better joint working not only at a strategic level, but also at the levels of operational management and practitioners. Such collaborative leadership behaviour is now commonly being denoted by the term 'systems leadership'.

> *Effective system leadership requires collaborative, inclusive governance arrangements across all agencies in a place – it is not enough to be a coalition of the willing, or of like-minded sections of the system. It is vital that every part of the local system is engaged.*
> (LGA, 2016)

> *Effective leadership creates the right conditions for transformation... capable, confident and collaborative system leaders who understand how partner organisations operate and can work effectively across the whole place to address common challenges.*
> (LGA, 2018)

This emphasis in policy is contained within the expectations of the leadership frameworks in the following table. These reflect the need for people in senior roles to have a responsibility towards their local systems, not only their individual organisations and professions, and to involve people with lived experience.

**Table 2: Systems leadership in social care**

| Leadership framework | Systems leadership responsibility |
|---|---|
| **National Skills Academy for Social Care** <br> **www.nsasocialcare.co.uk** | *...leadership actions that are co-operative and collaborative, distributing power to where it has greatest benefit....building strong links with other sectors and people in the community, to make sure that bridges are in place between adult social care, health and housing in particular, so that people are not at risk of falling between the gaps.* <br> (National Skills Academy, 2013) |
| **British Association for Social Workers** | *...enable the organisation and wider system to support citizens raising their own challenges and finding solutions to inequality, social injustice and rights violations...* <br> (BASW, 2018) |
| **Royal College of Occupational Therapists (RCOT)** | *Lead and influence the political and economic climate, locally, nationally and internationally, which impacts on service delivery...with capacity to work across traditional services and professional boundaries.* <br> (RCOT, 2017) |

## What does systems leadership involve?

This section describes a number of studies that have sought to articulate the competences and behaviours of systems leadership. These build on previous research and thinking about contemporary leadership and the experience of those who have worked in such roles. All these studies emphasise that systems leadership involves:

> an ability to develop constructive relationships with colleagues across systems

> being comfortable with diversity and uncertainty

> facilitative rather than directive styles of influence

> a focus on values of diversity and equality

> judging success through impacts on individuals and communities rather than organisational performance.

*Six dimensions of system leaders*
Researchers at the Cass Business School and Colebrooke Centre for Evidence and Implementation were commissioned by the Virtual Staff College in 2012 to study systems leadership in practice through literature review, interviews with systems leaders, case studies within England and international examples. They distilled their learning into six dimensions of system leadership which leaders may find helpful to reflect on in relation to their own practice:

**Ways of feeling**
System leaders are driven by a strong set of personal core values based around the need to improve wellbeing and address inequalities.

**Ways of perceiving**
System leaders seek to understand the bigger picture through listening to diverse voices and being open to challenge of their assumptions. This requires emotional engagement as well as intellectual effort.

**Ways of thinking**
Due to the complexity underlying major issues, systems leaders have to seek out new sources of information, and then be able to consider, analyse and respond to the insights these produce.

**Ways of relating**
Personal relationships and the ability to engage with others through respect and empathy is core to systems leadership. This is about honesty and openness facilitating an authentic reflection of common values and the development of trust.

**Ways of doing**
The emphasis for systems leaders is not on 'doing' themselves but, rather, facilitating others to feel encouraged, supported and trusted to take action. This includes supporting others to think more creatively about how to use existing resources and developing a convincing narrative that engages those across different sectors.

**Ways of being**
Systems leaders demonstrate an overall way of behaving that demonstrates personal characteristics such as bravery and risk-taking, personal resilience, and being willing to patiently take the long view.

*Knowledge and Skills Framework for systems leadership*

The King's Fund worked with the Advancing Quality Alliance to develop the competence of systems leaders within the northwest of England. They developed a knowledge and skills framework and self assessment for system leadership, which is adapted in the table below. This has been used to enable local health and social care systems to assess readiness for integrated care approaches, and provide a focus for planned actions and progress measures (Fillingham & Weir, 2014).

| | |
|---|---|
| **Technical know-how**: | Service design |
| | Governance arrangements |
| | Innovative contracting and financial mechanisms |
| | Technological 'savvy' |
| **Improvement knowhow**: | Systems thinking |
| | Improvement science |
| | Large-scale change |
| **Personal effectiveness**: | Interpersonal skills and behaviours |
| | Coaching ability |
| | A visionary and participative style |

*Leadership skills for integrated health and care systems*

In Toronto, Canada, an integrated care system, through community-based programmes for people with complex health and social care needs, has been developed. Working with the University of Toronto, local organisations reflected on the leadership skills this had required:

**Framing and re-framing issues**
Using communication to influence how others see an issue and focusing attention on particular aspects of the issue to bring clarity and agreement to complex or ambiguous situations.

**Taking the perspective of others**
Seeking an accurate understanding of the thoughts, feelings, motivations and intentions of current and potential partners, and using this information to build a 'safe space' for partners to be open and collaborative.

**Focusing on people and carers**
Ensuring care delivery is responsive to what is most important to people with lived experience and their carers, rather than providers and organisations.

**Systems thinking**
Analysing situations and problems by focusing on the linkages and interactions between different components of the system, rather than focusing on components or events in isolation.

**Sharing power**
Enabling colleagues to think and behave in autonomous ways, and to control and take credit for work and decision-making.

**Reflective learning**
Thinking about and analysing the work that has been done (or is being done) to identify factors affecting success, and embracing failure as an opportunity to learn and improve.

(Evans et al., 2016)

**Table 3: Leadership approaches which underpin systems leadership**

| Approach | Underlying principles | Learning for systems leadership |
|---|---|---|
| **Adaptive leadership** (for example, Heifetz et al., 2009) | Leadership generates new solutions in response to the changing needs of an organisation. Seeks problem-solving through encouraging experimentation, enabling new discoveries, and facilitating diversity of voices and perspectives. | Leadership encourages change through innovation and learning. |
| **Integrative (or collaborative) leadership** (for example, Crosby & Bryson, 2010) | Leaders bring together people, groups and organisations across sector boundaries to work together to address complex problems and achieve a common outcome. | Leadership as a collective effort. |
| **Collective (or distributed) leadership** (for example, Gronn, 2002) | Leaders distribute and allocate leadership power wherever expertise, capability and motivation sit to best respond to challenge or opportunity. Leaders treat all with respect, care and compassion, and show a willingness to follow as well as lead. | Leadership comes from across levels and roles. |
| **Lateral (or boundary spanning) leadership** (for example, Williams, 2011) | Leadership connects across organisational and sector boundaries to engage with those who also see a need for change. Leaders emphasise achieving change through networking, reflection and shared action to disrupt the status quo. | Leaders build social movements to achieve momentum for change. |

Development of systems leaders requires a combination of:

> *formal learning* regarding theories, technicalities and understanding of other agencies
> *reflective learning* on practical experiences, through learning sets and coaching
> *informal learning* through spending time with those working in different roles and sectors.
(Ghate et al., 2013; Miller et al., 2014)

Studies highlight that people who undertake such development require a supportive environment to apply their learning (Bolden et al., 2020). Central to this is what they observe and experience from more senior leaders – if there is a continued emphasis on traditional approaches to performance measurement based on organisational interests, it is unlikely that systems leadership will be realised (Fillingham & Weir, 2014).

## Examples of system leadership
*Local Area Coordination in Thurrock*

Local area coordination seeks more personalised support through changing the initial conversations service providers have with people who are experiencing difficulties and building on the resources within local communities. Embedding this approach is often challenging due to existing cultures and traditional processes. Thurrock introduced local area coordination in 2012 as part of a larger transformation of adult social care and it is now available to all residents in the borough. Systems leadership has played a key role in its successful implementation. Senior managers from adult social care sought from the outset to engage with other stakeholders - including housing, mental health, fire and rescue, public health and the police. This was on the basis that people could be seeking support from multiple services and would need a joined-up response from more than social care. They recognised that the benefits of local area coordination would be wider than those measured through social care performance frameworks, but saw this wider return on investment as being worthwhile.

Devolved innovation was encouraged through coordinators having the freedom to work flexibly with other agencies and prioritise what they found to be important within their areas. Coordinators spent time listening to the people who sought their support and talked with other services. They therefore acted as 'micro-system leaders'.

Evaluations were commissioned to provide insights about what was going well and what could be improved. External bodies, including the national network and academic researchers, were encouraged to provide constructive challenge to support further learning.

Communities were central to selection of their local coordinator and the voluntary sector represented on the strategic group. Building on the success of local area coordination and other initiatives, Thurrock Council is now working with the Clinical Commissioning Group and other health organisations to pilot further strengths-based innovations in a single locality. The emergent learning will inform transformation across the borough as a whole.

> *It's a distributive leadership model. So, allowing decision-making at the lowest possible point and giving people the permission and the support to make decisions, but also to get things wrong sometimes.*
> Local authority manager in Thurrock

### Wigan Deal

Wigan faced a reduction in its budget of 40 per cent over ten years due to cuts to central government grants. Rather than simply withdrawing services to reduce demand, the council sought to change their relationship with local people. Drawing on learning from transformation programmes by social innovators such as Nesta, they introduced asset-based approaches within social care, public health and wider local authority services. These were based on an explicit set of principles regarding the respective contributions of services, people and communities – 'The Wigan Deal'.

There was encouragement for practitioners to:

> - innovate
> - be proud in their work
> - take responsibility for improving things for local people.

Strategy *emerged*, rather than being meticulously specified, and much was based on learning from practitioners spending time with communities to observe and understand what was important to them.

Investment was made in the voluntary sector to build their capacity for delivering support and to strengthen their ability to influence strategic developments. This did not mean that tough decisions were avoided, or that there was always consensus about what was introduced. Significant concerns were raised about the reduction in the numbers of day centres, and in replacing social work posts with social care officers. Forums to bring together stakeholders at neighbourhood and strategic levels sought to address difficult problems and provide opportunity for future visioning.

Wigan highlights many aspects connected with systems leadership – an emphasis on:

> - values
> - openness to new possibilities
> - different voices being heard
> - readiness to reflect and learn
> - strategy emerging through taking up opportunities and responding to current challenges.
> (Naylor & Wellings, 2019)

Further examples of systems leadership in practice can be found here:

www.leadershipforchange.org.uk/the-revolution-will-be-improvised

www.thinklocalactpersonal.org.uk/_assets/News/The_Revolution_will_be_Improvised_Part_II.pdf

# What are the debates regarding systems leadership?

## Debate 1: How much evidence is there to support systems leadership?

Evaluations of local programmes and reviews undertaken by national bodies such as the Care Quality Commission suggest that systems leadership behaviours are an important catalyst for more integrated care. A lack of such leadership has been found in areas experiencing difficulty with integration (CQC, 2018), and reflections on transformation programmes highlight systems leadership as an important factor (Vize, 2014).

However, there is little formal empirical evidence regarding systems leadership as a discrete intervention and its impact in comparison to 'traditional' leadership styles. Such research would be complicated to undertake due to the similarity with the leadership approaches highlighted earlier and the interaction of systems leadership with other contributory factors. Without such evidence, though, there is a risk that the case for systems leadership is seen as anecdotal.

## Debate 2: What impact can local systems leadership have in the current national context?

A consistent message from studies and commentators is that, whilst systems leaders can make some progress locally through demonstrating such behaviour, their ability to generate sustained change may be hampered by the national context (Miller et al., 2016; Vize, 2017). This includes performance monitoring, regulatory requirements, legal duties, continued austerity and workforce challenges.

It's hoped that developments such as Integrated Care Systems and regional devolution will provide greater autonomy over such issues and enable systems leaders to create supportive environments. Many nationally imposed barriers to more flexible and coordinated approaches remain, despite national programmes to improve these such as the Integrated Care and Support Pioneers (Erens et al., 2017).

## Debate 3: Does systems leadership still depend on heroes?

Many reports regarding systems leadership emphasise the exceptional nature of the task and the high demands placed on those in senior positions who undertake such responsibilities (Timmins, 2019). This results in a major challenge to find people with the confidence, skills and capacity to accept and maintain such responsibilities. For example, there is considerable turnover amongst those who lead integrated care systems, and it is notable that many of those in such roles are coming to the end of their careers (Timmins, 2019).

Therefore, whilst they are different types of 'hero' to the 'fearless, forceful and uncompromising' leaders of the past, they are still portrayed as being exceptional in their abilities (and indeed may well be unusual amongst public leaders in their ability to work successfully across sectorial boundaries) (Ghate et al., 2013; Timmins, 2019).

## Debate 4: Is systems leadership about the senior leaders, or the whole system?

The emphasis on the unique abilities of senior leaders also questions the devolved nature of systems leadership and the centrality of encouraging those from different backgrounds and roles to have influence. There are arguably few examples of people with lived experience of social care, and/or from excluded communities, mentioned as system leaders. This does not mean that such distributed leadership never happens, or that senior leaders do not see it as important. It does highlight, though, that without attention and resourcing there is risk that traditional unequal power dynamics could continue.

## Conclusion

Systems leadership has emerged as part of the national policy drive towards integrated care for people and their families, and better coordination in the planning of support for populations. There is little research evidence that clearly supports its impact as a discrete intervention and its distinctiveness is questionable through its similarity with existing forms of leadership.

Traditional forms of leadership and governance however have, arguably, not responded to the complex and changing issues faced by social care and related sectors. National reviews and evaluations of integrated care programmes do highlight enablers related to such leadership. These include:

> The willingness and ability of senior leaders to focus on the needs of a local system as a whole.

> Encouragement and support for those in less senior positions to learn through local innovation and responsible risk-taking.

> Generating commitment for change through clear and convincing articulation of vision and purpose.

> The engagement as equals of those with lived experience and community knowledge in strategic planning and service design.

It is clear that, without leadership that can inspire and facilitate social and health care providers and commissioners to work outside their professional and organisational interests, the challenges to achieving integrated care will not be overcome. Therefore, the attitudes, values and behaviours associated with systems leadership will be needed for the long-term.

## Self-assessment for leaders in social care in relation to systems leadership

| Systems leadership elements | Self-assessment (1: not at all     5: fully) | | | | | Actions I will take... |
|---|---|---|---|---|---|---|
| Understanding the responsibilities, priorities and pressures of colleagues and people in the local system(s) in which I work. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | |
| Demonstrating systems leadership behaviours in my interaction with colleagues within my organisation. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | |
| Encouraging and supporting leadership from people with lived experience and less heard communities. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | |
| Moving beyond the interests of my organisation to focus on wider benefits for local people. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | |
| Using new forms of technology and social media to engage others in developing and implementing a common vision. | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | |

## Further reading

**Centre for Leadership in Health & Social Care**
This inter-disciplinary centre of excellence at the University of Birmingham in teaching, development, research and thinking in leadership has systems leadership as one of its key themes.
www.birmingham.ac.uk/research/health-and-social-care-leadership/index.aspx

**The King's Fund**
An independent charity working to improve health and care in England, the King's Fund has been central to the emphasis on systems leadership in current policy. Their website contains reports, blogs and videos from leading thinkers.
www.kingsfund.org.uk/topics/system-leadership

**Social Care Institute for Excellence (SCIE)**
Drawing on an evidence review and interviews with systems leaders, SCIE undertook a study to understand how they are working in a system-wide way across organisational boundaries, and the leadership skills and qualities they require. The report has accompanying webinars and accessible films:
www.scie.org.uk/integrated-care/leadership/systems

SCIE has also produced useful resources on measuring impact in integrated systems:
www.scie.org.uk/integrated-care/better-care/guides/measure-impact/tools

**Systems leadership research**
The Staff College commissioned The Colebrooke Centre, in collaboration with the Cass Business School, to carry out the first major UK study of systems leadership for public services. Outputs include a synthesis paper, a literature review and four international papers:
www.thestaffcollege.uk/staff-college-research/systems-leadership-research

# References

Bolden, R., Gulati, A., & Edwards, G. (2020). Mobilizing change in public services: Insights from a systems leadership development intervention. *International Journal of Public Administration*, 43(1), 26-36.

British Association for Social Workers (2018). *Professional Capabilities Framework: Strategic Social Workers.*
www.basw.co.uk/professional-development/professional-capabilities-framework-pcf/the-pcf

Cameron, A., Lart, R., Bostock, L., & Coomber, C. (2014). Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature. *Health & social care in the community*, 22(3), 225-233.

Care Act (2014).
www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care Quality Commission (2018). *Beyond Barriers. How older people move between health and social care in England.*
www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

Crosby, B. C., & Bryson, J. M. (2010). Integrative leadership and the creation and maintenance of cross-sector collaborations. *The Leadership Quarterly*, 21(2), 211-230.

Erens, B., Wistow, G., Mounier-Jack, S., Douglas, N., Manacorda, T., Durand, M. A., & Mays, N. (2017). Early findings from the evaluation of the Integrated Care and Support Pioneers in England. *Journal of Integrated Care.*

Evans, J. M., Daub, S., Goldhar, J., Wojtak, A., & Purbhoo, D. (2016). Leading integrated health and social care systems: Perspectives from research and practice. *Healthc Qy*, 18(4), 30-35.

Fillingham, D. & Weir, B. (2014). *System leadership: Lessons and learning from AQuA's Integrated Care Discovery Communities.*
www.kingsfund.org.uk/publications/system-leadership

Ghate, D., Lewis, J., & Welbourn, D. (2013). *Systems Leadership: Exceptional leadership for exceptional times. Synthesis Paper.*
www.virtualstaffcollege.co.uk/wp-content/uploads/VSC_Synthesis_exec_complete.pdf

Gronn, P. (2002). Distributed leadership as a unit of analysis. *The leadership quarterly*, 13(4), 423-451.

Ham, C. & Alderwick, H. (2015). *Place-based systems of care: A way forward for the NHS in England.*
www.kingsfund.org.uk/publications/place-based-systems-care

Health & Social Care Act (2012).
www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm

Heifetz, R. A., Heifetz, R., Grashow, A., & Linsky, M. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world.* Harvard Business Press.

Lewis, J., Ghate, D., & Welbourn, D. (2013). Systems Leadership: exceptional leadership for exceptional times – Source paper 2 – The views of system leaders. *Virtual Staff College*, 1-38.

Local Government Association (2016). *Stepping up to the place: The key to successful health and care integration.*
www.local.gov.uk/stepping-place-key-successful-health-and-care-integration

Local Government Association (2018). *Shifting the centre of gravity: Making place-based, person-centred health and care a reality.*
www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality

Miller, R., Combes, G., Brown, H., & Harwood, A. (2014). Interprofessional workplace learning: a catalyst for strategic change? *Journal of interprofessional care*, 28(3), 186-193.

Miller, R., Brown, H. & Mangan, C. (2016) *Integrated Care in Action: A practical guide for health, social care and housing support.* London: Jessica Kingsley.

Miller, R. (2019) *Social Work & Integrated Care,* Oxford: Routledge.

Mingers, J., & White, L. (2010). A review of the recent contribution of systems thinking to operational research and management science. *European journal of operational research, 207*(3), 1147-1161.

National Audit Office (2018). *The health and social care interface.* https://www.nao.org.uk/report/the-health-and-social-care-interface

National Skills Academy for Social Care (2013). *Leadership starts with me. The why, what and how of leadership in adult social care.* www.adass.org.uk/AdassMedia/stories/Workforce_Development/NSASC_LeadershipStartsWithMeSpring13.pdf

National Voices (2013). *Narrative for Person Centred and Coordinated Care.* www.nationalvoices.org.uk/publications/our-publications/narrative-person-centred-coordinated-care

Naylor, C. & Wellings, D. (2019). A citizen-led approach to health and care: Lessons from the Wigan Deal. www.kingsfund.org.uk/publications/wigan-deal

NHSE (2015). *Delivering the Forward View: NHS Planning Guidance.* www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

Plsek, P. E., & Greenhalgh, T. (2001). The challenge of complexity in health care. *Bmj, 323*(7313), 625-628.

Rittel, H. W., & Webber, M. M. (1973). Dilemmas in a general theory of planning. *Policy sciences, 4*(2), 155-169.

Royal College of Occupational Therapists (2017). *The Career Development Framework: Guiding Principles for Occupational Therapy.* www.rcot.co.uk/sites/default/files/CAREER_FRAMEWORK.pdf

SCIE (2018). *Leadership in integrated care systems: Report prepared for the NHS Leadership Academy.* www.scie.org.uk/integrated-care/leadership/systems

Senge, P., Hamilton, H. & Kania, J. (2015). *The Dawn of System Leadership.* https://ssir.org/articles/entry/the_dawn_of_system_leadership

Timmins, N. (2019). *Leading for integrated care 'If you think competition is hard, you should try collaboration'.* www.kingsfund.org.uk/sites/default/files/2019-11/leading-for-integrated-care.pdf

Timmins, N. (2015). *The practice of system leadership: Being comfortable with chaos.* www.kingsfund.org.uk/sites/default/files/field/field_publication_file/System-leadership-Kings-Fund-May-2015.pdf

Vize, R. (2014). *The Revolution will be Improvised.* http://leadershipforchange.org.uk/wp-content/uploads/Revolution-will-be-improvised-publication-v31.pdf

Vize, R. (2017). *Swimming together or sinking alone.* https://ihm.org.uk/wp-content/uploads/2017/01/FULL-REPORT.pdf

Welbourn, D., Warwick, R., Carnall, C. & Fathers, D. (2012). Leadership of whole systems. http://eprints.chi.ac.uk/1231

Williams, P. (2011). The life and times of the boundary spanner. *Journal of Integrated Care*, 19, 3, 26-33.

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