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# Promises, pitfalls and processes of collaborative leadership

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# What is leadership?



“A process whereby an individual influences a group of individuals to achieve a common goal”



# Leadership ↔ Culture

“The most important determinant of the development and maintenance of an organisation’s culture is current and future leadership. Every interaction by every leader at every level shapes the emerging culture of an organisation.”

[West et al 2014](#)

“Leadership will be needed throughout organisations to implement the review’s recommendations successfully, especially to help move from a command-and-control culture encouraging compliance, to a learning and adapting culture.”

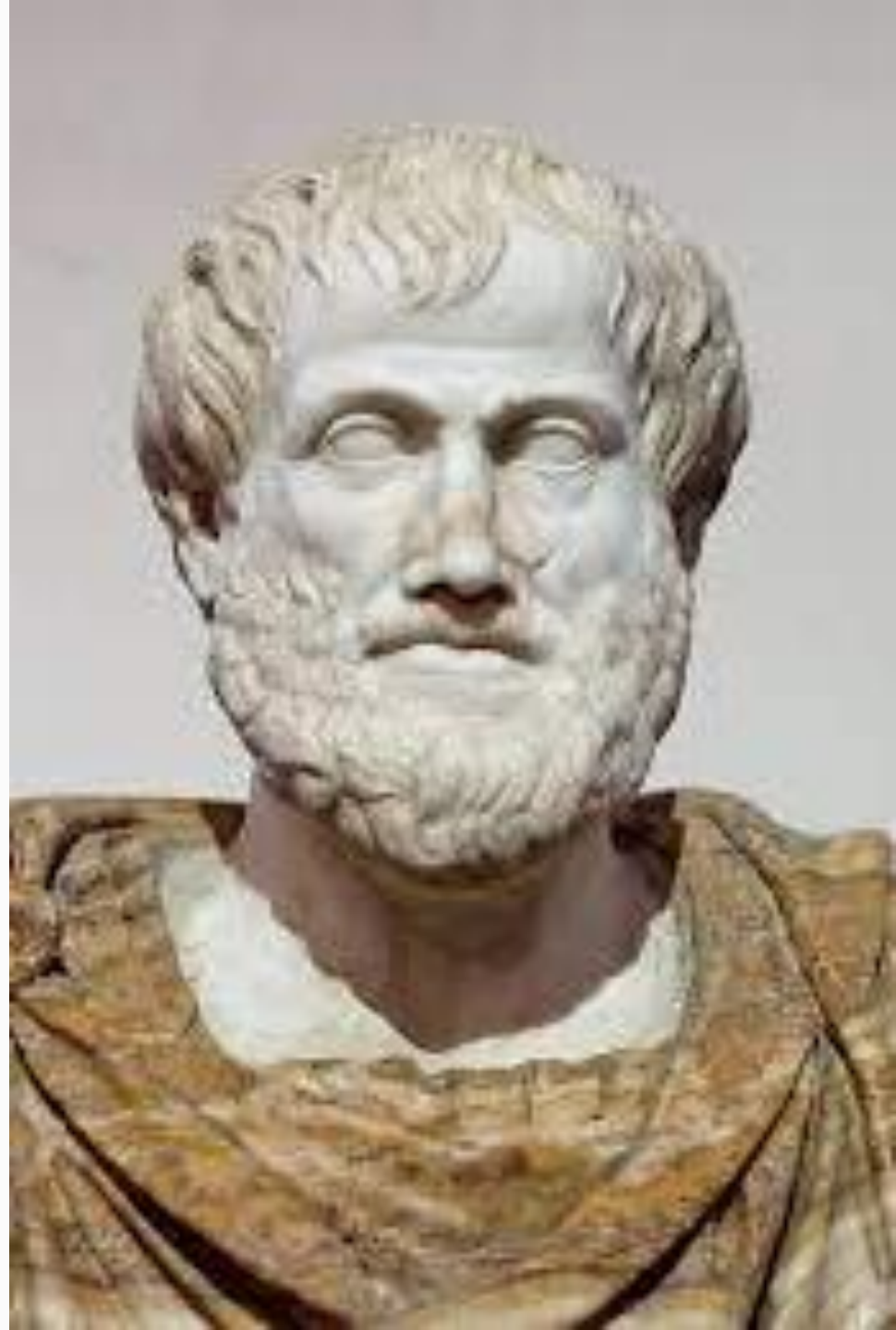
[Munro Review 2011](#)



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He who cannot  
be a good  
follower cannot  
be a good  
leader

Aristotle





“Integrated care require **new forms of collaborative leadership** that help to bring together multiple stakeholders through an effective policy dialogue. Indeed, what is required is **transformational leadership** that goes beyond understanding how to bring together stakeholders with competing views and mind-sets, but which **pro-actively communicates the goals and values** of the strategy and seeks to mobilize others through a **more emotional involvement** in the need for change.”



# WHO 2015



## Beyond barriers

How older people move  
between health and social  
care in England

JULY 2018



“Senior leaders report a culture where **organisations prioritise their own goals** over the whole system’s shared responsibility to people using health and social care services. We heard about **tensions in organisations** and across health and social care, influenced by system pressures and accountability against **performance measures**, such as delayed transfers of care. This behaviour **hinders joint working**.

Where we have seen that leaders in systems have an **understanding and appreciation** of each other’s roles and responsibilities, this has helped to build relationships and improve outcomes for people.”





# However leadership is not a ....



Is leadership of integrated care  
different?



## No....

Core leadership skills are essentially similar

Challenges from external environment

Professional, public & political stakeholders

Existing power structures & inequalities

Resistance to change & anxiety of transition

## Yes....

– Even greater level of complexity

– No established rules or protocols

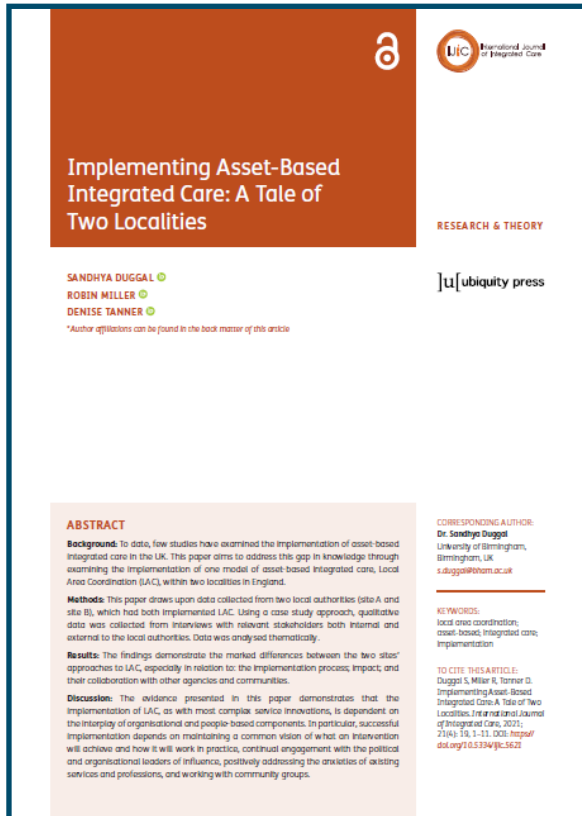
– Lack of traditional authority & levers

– Sacrificing of self-interests

– Loss of identity & career opportunities



# More than ‘those at the top’...



Duggal et al 2021

- ❑ **Senior leaders** set the vision, allocate resources, provide organisational legitimacy, influence political leaders, engage partners
- ❑ **Service leaders** translate into practical steps, encourage creativity by teams, educate new senior leaders, embed in quality process
- ❑ **Practice / team leaders** are entrepreneurial in their community engagement, encourage and challenge practitioners
- ❑ **Citizen leaders** shape the approach, challenge the outcomes, and lobby for sustained interest and resources



# Leadership is core to MDT's



## Multidisciplinary teams: Integrating care in places and neighbourhoods

Multidisciplinary teams (MDTs) are central to achieving the vision of Integrated Care Systems (ICSs) as they are a structured forum in which practitioners from across health and social care can come together around the needs of individuals and communities. MDTs need to have a clear role and purpose, be well led and organised, have sufficient diversity of professions and disciplines, and be supported by an enabling infrastructure. MDTs must be pro-active in how they engage individuals and families in their discussions and decision making. MDTs should also connect with other services and teams in their neighbourhoods and place.

### MDTs and integrated care

Integrated care requires professionals and practitioners from across different sectors to work together around the needs of people, their families and their communities. Not working together results in a poor experience of care, a wasting of resources, and can lead to individuals suffering harm or being exposed to abuse.

Teams which bring together the relevant professionals and practitioners can be an effective means to encourage better co-ordination of their work. MDTs have long been deployed within services

for individuals with complex needs such as young people who have offended; people diagnosed with cancer; people with severe mental health issues; and people who are at risk of abuse or neglect. In more recent times, they are also being deployed for more diverse populations, such as those within a community at high risk of poor health and social outcomes, people being discharged from hospital, and older people living in residential care homes.

### Common elements of MDTs include:

- An identified manager and/or practice leader who facilitates the work of the whole team.
- A single process to access the team with joint meetings to share insights and concerns.
- Shared electronic record of all contacts, assessments and interventions of team members with an individual and their family.
- A key worker system through which care for those with complex support packages is coordinated by a named team member.
- Diversity of professions and disciplines, including those from the Voluntary & Community Sector (VCS).

**"Integrated care requires professionals and practitioners from across different sectors to work together around the needs of people, their families and their communities."**

## What enables MDTs to work effectively?

The case studies demonstrate that local areas have been able to use MDTs to overcome many of the ongoing challenges to integrated care through adopting innovative and flexible approaches. Building on their experience, and insights from wider research, the following factors can be identified as increasing the effectiveness of MDTs.

**Clear purpose:** MDTs need a defined role which is supported by team members. Their responsibilities must require interaction across professional and disciplinary boundaries.

**Institutional support:** MDTs benefit from public endorsement from local leaders of their place and neighbourhoods to provide legitimacy and wider recognition within the system. Practical support with digital infrastructure, shared records and integrated performance systems are also important enablers.

**Team leadership:** Leaders should generally be facilitative in their approach to encourage different contributions within the team but be ready to be more directional when necessary. An awareness of inter-professional dynamics and a willingness to challenge poor collaborative practice are important competences for team leaders.

**Collaborative spaces:** MDTs need supportive physical and/or virtual environments and dedicated time for their members to reflect on how the team is operating. These improve communication and strengthen constructive discussion between team members.

**Person centred:** There is a danger that teams become too inwardly focused on their own functioning. This can lead to people and their families feeling more, not less excluded, from discussions about their care. MDTs therefore need to ensure good communication with individuals about what is being discussed and genuine opportunities for them to contribute to decision-making.

**Role diversity:** The blend of professions and practitioners must reflect the needs of the population concerned. Processes to engage other specialist practitioners in MDT discussions when relevant will support more holistic working.



**Outward-looking:** MDTs need to engage with other teams and services in their local neighbourhood and place. This will enable more coordinated care and help the wider system to better understand the role and skills of the MDTs.

**Evidence focused:** Teams require timely and accurate evidence of their shared impact. Structured opportunities for teams to reflect on this evidence will strengthen their effectiveness.





“There is a lack of practical guidance about how to lead within integrated care. Throughout the evidence, there were general statements of the important activities that leaders do in leading integrated care, yet there was little explanation about how leaders undertook these activities, their reasoning of what the best approach would be, the trade-offs made, and the challenges encountered.”





International Journal  
of Integrated Care


# What does Success Look Like for Leaders of Integrated Health and Social Care Systems? a Realist Review


RESEARCH AND THEORY


**u[ubiquity press**


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## ABSTRACT

**Introduction:** Health and social care services in England are moving towards greater integration, yet little is known about how leadership of integrated care teams and systems can be supported and improved. This realist review explores what works about the leadership of integrated care teams and systems, for whom, in what circumstances and why.

**Methods:** A realist synthesis approach was undertaken in 2020 to explore English language literature on the leadership of integrated care teams and systems, complemented by ongoing stakeholder consultation.

**Results:** Evidence was identified for seven potentially important components of leadership in integrated care teams and systems: ‘inspiring intent to work together’; ‘creating the conditions’; ‘balancing multiple perspectives’; ‘working with power’; ‘taking a wider view’; ‘a commitment to learning and development’ and ‘clarifying complexity’.

**Discussion:** Research into the leadership of integrated care teams and systems is limited, with ideas often reverting to existing framings of leadership, where teams and organisations are less complex. Research also often focuses on the importance of who the leader is rather than what they do.

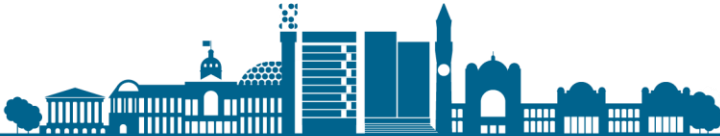
**Conclusion:** This review has generated new perspectives on the leadership of integrated care teams and systems that can be built upon, developed, and tested further.

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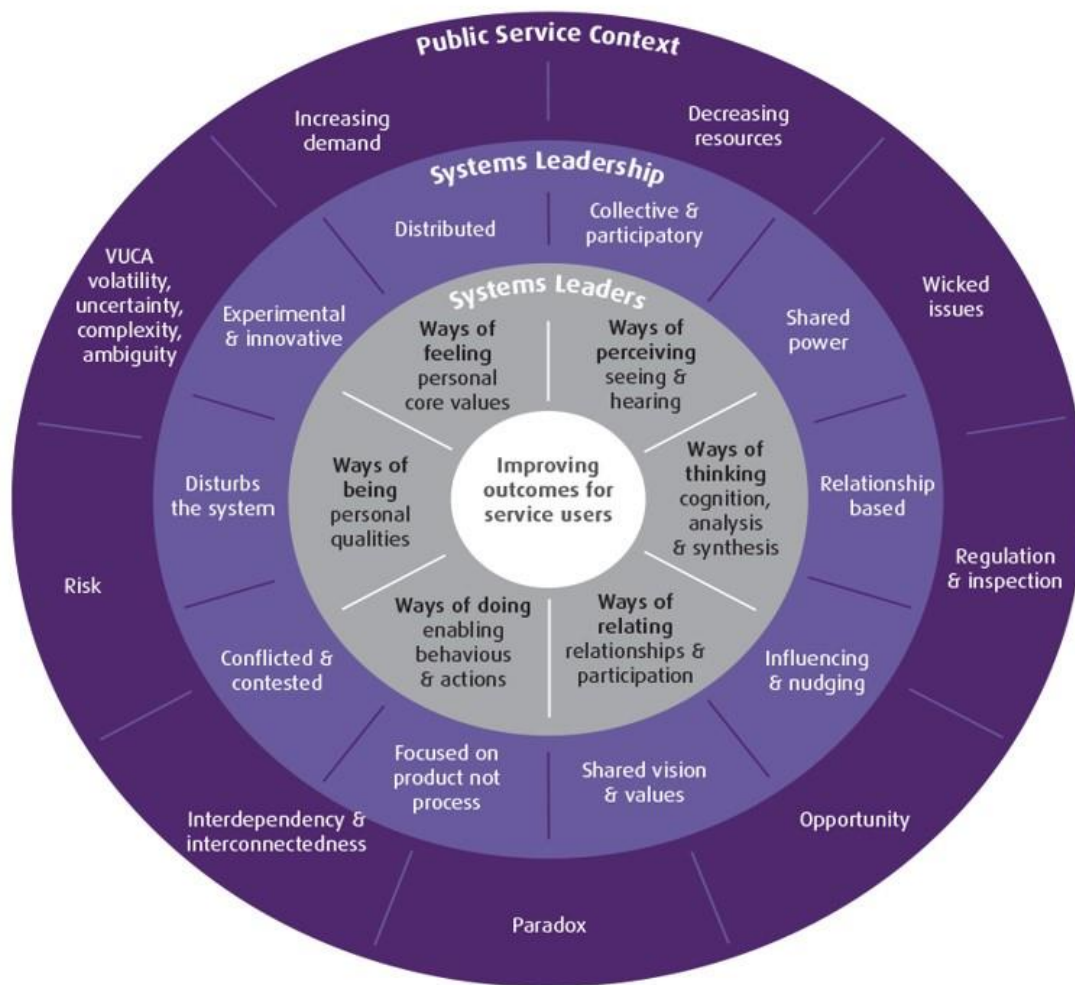
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# Reflective development is key

- ❑ Build on approaches to single profession / organisational leadership development
- ❑ Learn from interprofessional education (IPE)
- ❑ Not one-off but on-going process based on review and reflection
- ❑ Ideally develop *teams* and *partnerships* not just *individuals*





### **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.

Approach	Underlying principles	Learning for systems leadership
<b>Adaptive leadership</b> (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.
<b>Integrative (or collaborative) leadership</b> (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.
<b>Collective (or distributed) leadership</b> (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.
<b>Lateral (or boundary spanning) leadership</b> (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.



# Adaptive Leadership



- ❑ Get on the balcony
- ❑ Identify the challenge
- ❑ Regulate distress
- ❑ Maintain attention
- ❑ Give the work back to the people





## TECHNICAL

**Clear solution and implementation process is known**

**Expertise can be applied**

**Current range skills and practices are sufficient**

**Action needed by management**

## ADAPTIVE

**Problem definition and solution not clear or contested**

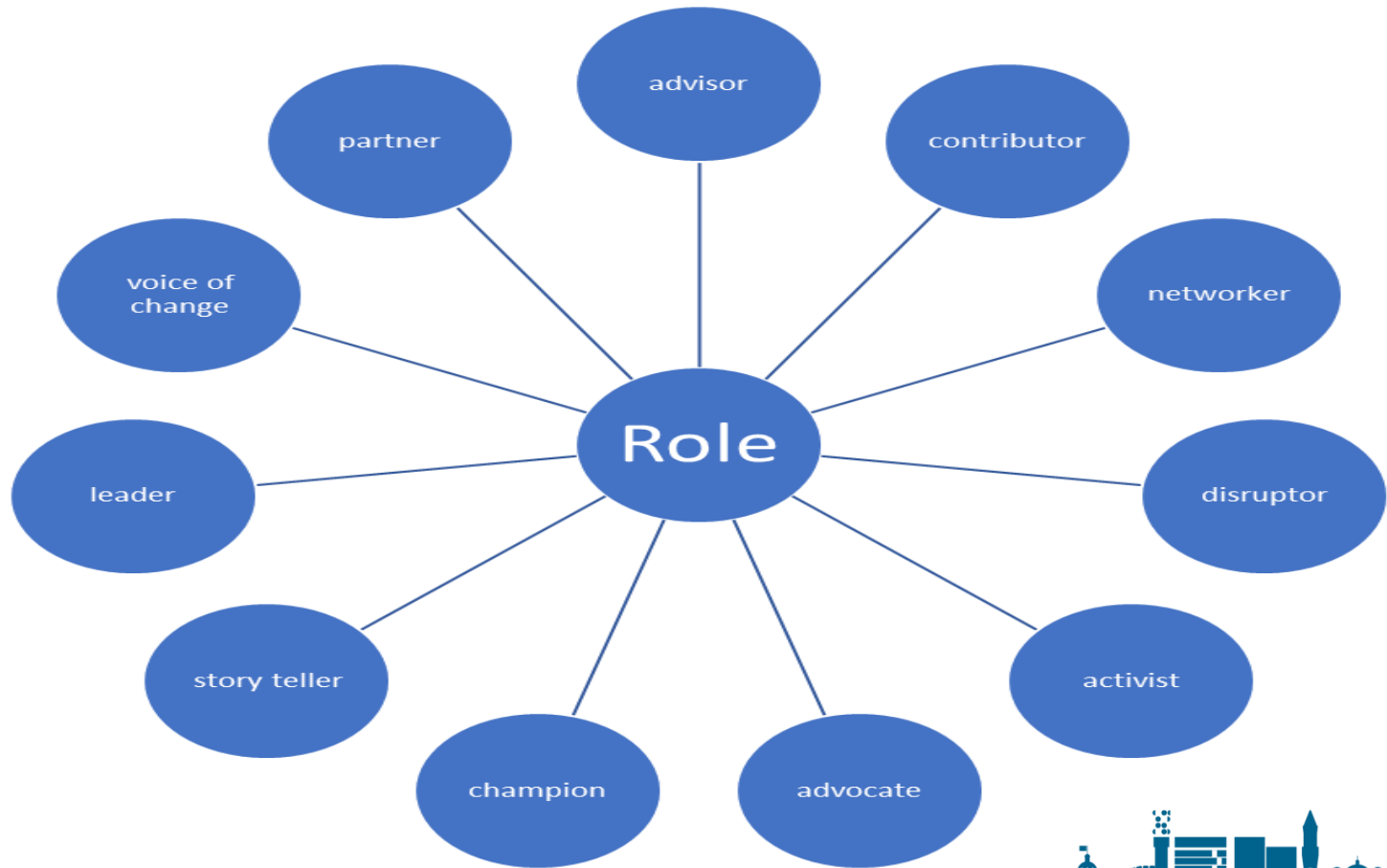
**Technical fixes are not available**

**Changes in values, beliefs and/or behaviour required**

**Action needed by multiple stakeholders**



# Don't forget the citizens



## ENABLERS

- Investing in people over the long term
- Paid opportunities and meeting of associated costs
- Personal commitment of influential clinicians & leaders
- Legal duties to involve people in decision making
- Creating supportive systems & infrastructure
- Shared learning opportunities and improvement processes

## Citizen leadership

## BARRIERS

- Valuing professional opinions more highly
- Tokenistic opportunities which 'tick the box'
- Only engaging with those seen as 'safe' participants
- Practical exclusion of marginalised communities
- People's changing health & circumstances
- New senior leaders changing for the sake of it



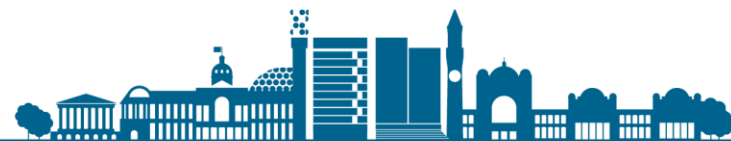
# To conclude...

- ❑ Good leadership is essential for good collaboration
- ❑ Collaborative leadership is more complex but builds on skills and knowledge of existing leadership practice
- ❑ Hoping that gifted leaders emerge is not sufficient – thought, planning, and sustained investment are required
- ❑ Succession planning is rarely done but is vital to avoid dependency on one or two individuals
- ❑ Leadership (and followership) has to be developed across the system, including with communities
- ❑ Development should be reflective, inter-professional / sectorial, and on-going
- ❑ More evidence of the ‘nuts and bolts’ of collaborative leadership is required



# Helpful Resources

- ❑ Overview of the enablers and barriers of Multi-Disciplinary Teams with current best practice examples: [Multidisciplinary teams: Integrating care in places and neighbourhoods](#)
- ❑ Research article exploring management of integrated care: [Miller, R. and Stein, K.V. \(2020\). The Odyssey of integration: is management its Achilles' heel?, International Journal of Integrated Care, 20\(1\).](#)
- ❑ Realist review of leadership within integrated care systems: [Sims, M. S., Fletcher, S., Brearley, M. S., Ross, F., Manthorpe, J., & Harris, R. \(2021\). What does success look like for leaders of integrated health and social care systems? A realist review. International Journal of Integrated Care, 21\(4\).](#)
- ❑ Analysis of recent developments of integrated care In England: [Miller, R., Glasby, J., & Dickinson, H. \(2021\). Integrated Health and Social Care in England: Ten Years On. International Journal of Integrated Care.](#)





# Share your reflections, critiques and alternative ideas ....



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