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Will place-based leadership be the right remedy for health and social care?

Rob Worrall and Darren Leech

ABSTRACT

This article argues that developing more sustainable and effective local health and social care systems by taking a place based approach requires a new model for leadership development. Leaders will now be required to share power, contradicting a preceding social policy that emphasised competition – policy now places greater emphasis on collaboration and a ‘systems approach’. Leaders in this new environment will need to build mutual respect and trusting relationships in order to address complex issues – rather than thinking they can be managed from one organisation’s perspective. This will require conscious development and an understanding of the cultural tensions involved. Place-based leadership development across health and social care systems offers leaders an opportunity to work on themselves, together, and it is this collective journey of discovery that creates the necessary leadership capability development as social capital, enabling place based public value to be achieved.

Key words:

health and social care ■ systems ■ place based leadership ■ leadership development ■ sustainability and transformation partnerships ■ competition ■ collaboration

The political winds of change once again present a challenge to the leadership and culture of health and social care organisations across England. The turn of the century saw social policy espousing the virtues of competition between provider organisations (Le Grand, 2007). This was seen as a mechanism to reduce cost and increase quality (Patton, 2006). In community health and care sectors, there has also been a significant level of tendering and contracting activity, driven by policy with similar ambitions (Ham and Alderwick, 2015). This meant that healthcare leaders needed to develop a harder commercial mindset and skillset, to ward off competition and to ensure the survival and growth of their organisation (Leech and Matthews, 2008). Research showed that levels of collaboration and partnership in many areas of the country had fallen, while a culture of commercial leadership had gradually emerged in boardrooms, clinical departments of hospitals and health and care organisations (Leech, 2008; Leech et al, 2011).

More recently, policy seems to have stepped away from its competition model (NHS England, 2014), changing emphasis toward a more integrated and collaborative approach (Gilbert, 2016). This change has led to the recent addition of ‘system leadership’ to the often-baffling lexicon of health and social care (Timmins, 2015). This era now challenges leaders and their organisations to collaborate in harmony, focusing on a common purpose.

Together, they are tasked with planning and providing health and social care services for a geographical area – in what are known as Sustainability and Transformation Partnerships (STPs). STPs ‘footprints’ (NHS England, 2016) often cut across traditional local administrative, organisational and cultural boundaries

combining a number of health and social care agencies that may not have previously worked together. While the focus of the STPs on the needs of a specific population makes sense, the potential clashes between different leaders, organisations and cultures is challenging. Such difficulties will be exacerbated by the health and social care sector being subject to decades of policy that developed a leadership and management ethos centred on competition, with the distinct sector based leadership development models to compliment it (NHS Leadership Academy, 2013; Skills for Care, 2014). Thus, the 'system leadership' challenge is a big hill to climb, as tensions between roles, accountability and responsibility will become more acute as STPs are implemented.

What is place-based leadership?

Place in terms of human geography, highlights the bonds that form between humans in geographical locations (Collinge et al, 2010); and in political geography where, in particular a 'sense of place' signifies the personal and emotional attachment people have to a place, sometimes expressed as rootedness or place identity (Agnew, 2011). Moreover, in environmental psychology, the meaning of 'place' is discussed in terms of:

- Person: a sense of self-identity and socialisation processes
- Place: physical and geographical aspects
- Process: how group and individuals relate to place (Elmes et al, 2012).

However, it is only recently that there has been a growing interest in the significance of place in relation to the social aspect which reflects an understanding of the significance of place in relation to economic and social development (Collinge and Gibney, 2010a; b; Collinge et al, 2011) particularly in relation to cities and regions (Gibney et al, 2009).

This has led to a shift in mindset away from the traditional view that geographic localities need to be managed towards a progress perspective where they can be re-shaped through managerial, political and community leadership (Lyons, 2007; Hambleton 2009; 2011; Grint and Holt; 2011). Here, place is often combined with an action word such as 'place-making', 'place shaping' (Lyons, 2007), 'place-planning' or 'place-based leadership' (Hambleton, 2009; 2011; 2013; Hambleton and Maddock, 2010). Moreover, developing a unique, collective and differentiated place identity was also seen as significant in terms of reinstalling civic pride in hitherto neglected areas (Amin, 2008).

Public service leadership then, plays a crucial role in 'harnessing resources by developing more collaborative and localised delivery structures' and a 'greater focus on early intervention and prevention' (Worrall, 2015: 1) to reduce dependency on the state (Lyons; 2007; Foster et al, 2011; Haslam et al, 2011). Such approaches need to consider the specificities of the local population and the environment in which people live, work and spend their leisure time. This means understanding differences between localities, rather than trying to impose a common process for identification of priorities and means of delivery for all areas and populations. This difference is best expressed as a taking a 'place-based approach' to public service provision.

Effective place-based leadership does not just happen overnight – there is a need to ensure that there is an effective programme of capability development at both the individual leader and collective leadership levels. In practice, this has involved cross-sector groups of senior or emerging leaders embarking on a

shared learning journey sharing knowledge, developing relationships and building leadership capability across a territorial area (Local Government Improvement Department, 2011a; b). Such initiatives have two elements: firstly, 'building knowledge and a deep understanding of the problems and issues faced by a place' (Worrall, 2015) balancing the use of data and evidence with engagement. Secondly, 'identifying the type of leadership needed to build relationships and create effective collaboration to address the issues that have been identified' (Office for Public Management, 2009) and moreover, 'the means to building this capability is known as place-based leadership development' (Worrall, 2014).

The STPs collaboration policy

The STPs represent an attempt to combine the provision of health and social care. However, for such transformations to work, it means going beyond structures, systems and processes and involves transformative learning for the leaders involved (Taylor and Cranton, 2012; Phillipi, 2010) because it is 'people (that) change lives' and 'the deep value qualities of an appropriate relationship that have the power to transform' (Wilkinson and Applebee, 1999; Robinson, 2011). Implementation for STPs cannot be a 'one size fits all approach' as it involves 'moving from a centre-periphery model of social policy development and diffusion to one of social learning across diverse groups and through networks as the source of new policy ideas and 'innovation zones' (Hambleton, 2011). It is not an easy route and involves leaders collectively addressing areas of tension and conflict within self, between self and others, organisations and wider place, to enable a collective approach to addressing intransigent 'wicked' social problems.

We believe that collectively transitioning from Zones of Uncomfortable Debate (ZOUds) where 'different approaches, values and priorities collide' (Hambleton, 2013) to innovation zones that enable more radical service re-design to meet changing health and social care needs requires a facilitated, structured and challenging process of place-based leadership development. ZOUds are areas of discussion that are often avoided because they involve tensions between people that are not normally addressed to avoid discomfort.

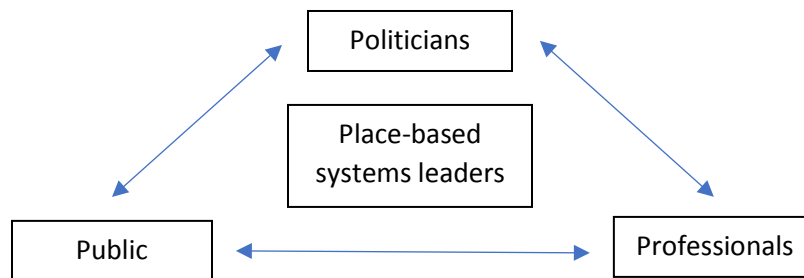
The challenges and implications

To give systems leaders sufficient headroom to create and operate in a collaborative and integrated health and social care environment, a number of key factors will be needed:

- Significant devolution of resources, and with it, accountability for decision making when it comes to access and standards for health and care services
- A clear geographical boundary with arrangements for specialist services included
- An increased sense of connection between local decision makers and the public
- A collaboration of local health and social care organisations through the integration of people and purpose with the associated enabling policy to remove competitive tensions or community dynamics that have, or currently, impede real collaboration
- A new amalgamated model of leadership and leadership development across health and social care sectors.

These key factors present the public, politicians and health and social care professionals with significant challenges on a scale not seen since the inception of the NHS in 1948 (Rivett, 1998). Each of these critical groups (Leech, 2008) will be required to adapt to a 'new world' where the contract with and between each, is re-written. This task is a shared responsibility, facilitated by 'place-based systems leaders'. This conceptual model is shown in Figure 1.

Figure 1. Shared responsibility for effective health and social care



Future developments

This model can be used as the basis for mapping out the constituent challenges facing 'place-based' system leaders and the likely implications. However, we also believe that these place-based system leaders need developmental support in working through individual and collective tensions in relation to their multiple roles in relation to self, other, organisation and wider place.

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Table 1
An emerging model for place based leadership development
<p>Cluster I – ownership and direction</p> <p>1a Degrees of dependence The extent to which the sustainability of a collaborative is dependent/independent from its commissioner/founder/facilitator</p> <p>1b Direction The extent to which dominant founders have a negative or positive influence on a collaborative’s direction</p>
<p>Cluster II – purpose and identity</p> <p>2a Purpose The challenge of balancing a focus in individual participants’ development with wider development for the common good</p> <p>2b Identity The tension between the collaborative being – as a think-tank and influencer and doing – taking direction action for improvement</p> <p>3a Effectiveness and transparency The tension between being selective to ensure effectiveness and having an open and transparent selection process</p> <p>3b Representativeness and accountability The degree to which collaborative participants are and should be representative and accountable to wider place</p>
<p>Cluster III – process and experience</p> <p>4 Differentiated place Tension between traditional hierarchical siloed management and the ambiguous and shared boundaries responsibilities of leading across complex, messy and multiple places</p> <p>5 Re-humanising place The more rational, logical and controlled approach to development counterbalanced by a more emotionally connected, visceral and human response</p> <p>6 Influencing and being influenced The extent to which people experience the collaborative as a means of influencing the external world or that they themselves are influenced by it</p> <p>7 Where and who enacts leadership The extent to which the collaboratives are about the enactment of leadership development or have a direct role in the enactment of leadership itself</p>
<p>Cluster IV – outcomes</p> <p>8 Creating value How value is defined and created through relational connections, difference and from intangible outcomes creating the conditions for more tangible ones</p> <p>9 Collaborative disadvantage The more critical and negative outcomes and impact of the collaborative</p>
Source: Worrall (2015:86)

