PLACE-BASED LEADERSHIP: BOTH OPPORTUNITY AND CHALLENGE

Dr Darren Leech, director at NHS Elect, and **Dr Rob Worrall**, principal lecturer in external engagement at the University of Sunderland, analyse what it means to develop place-based leadership.

The often-baffling lexicon of NHS jargon has a new entry: 'place-based leadership.' What's the background to this new thinking and what opportunities and challenges might it present for leaders in healthcare?

What is it, and what's the background?

'Place,' when defined in terms of human geography, highlights the bonds formed between people in geographical locations.

In political geography, a 'sense of place' signifies a personal and/or emotional attachment – sometimes expressed as 'rootedness' or 'place identity.' Psychologically, we hear 'place' discussed in terms of:

- *Person*: a sense of self-identity and socialisation;
- *Place (environment)*: physical and geographical aspects;
- *Process*: how groups and individuals relate to a place.

But more recently, there has been a growing interest in the significance of 'place' in relation to:

- *Social*: reflecting the significance of place in relation to economic and social development, particularly in relation to communities, cities and regions.

Place-based leadership requires a shift in thinking, away from a traditional view that geographical localities need to be managed towards progress, where they can be reshaped through managerial, political and community leadership.

Why is this relevant to today's health and care sectors?

Sustainability and transformation partnerships (STPs) will need to consider the specificities of their local populations and the environment in which people live, work and spend their leisure time. Truly understanding and embracing differences between localities, rather than trying to impose a common process for identification of priorities and means of delivery for all areas and populations, is a break from traditional health and public service management.

This difference is best expressed as a taking a 'place-based approach' to public service provision. An effective place-based approach does not come about overnight – leadership development is key, for both individuals and collective system leaders.

In some areas, this development has involved cross-sector groups of senior or emerging leaders embarking on a learning journey – sharing knowledge, developing relationships and building leadership capability across a clearly-defined territorial area. Such initiatives have two common elements: firstly, "building knowledge and a deep understanding of the problems and issues faced by a place," balancing the use of data and evidence with engagement; and secondly, "identifying the type of leadership needed to build relationships and create effective collaboration to address the issues that have been identified." The means to building this capability is known as place-based leadership development.

Why does this present a leadership challenge?

Setting aside issues around resource devolution, accountability for decision-making and standards for health and care services, the legacy of the former 'compete' policy, as opposed to the current 'collaborate' mantra, will now require a conscious removal of overtly competitive tensions or community dynamics that impede real collaboration. This cultural challenge, often found in and across STP boundaries, is likely to present the greatest conundrum for new or aspiring health and care sector place-based leaders.

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