Unit 3 – How to lead beyond your role?

PCN LEADERSHIP DEVELOPMENT PROGRAMME

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The PCN Ethos – what is expected of us?

Stabilise general practice, including the GP partnership model

Solve the capacity gap and improve skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers

Become a proven platform for further local NHS investment

Dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices

Systematically deliver new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

PCN Ethos – How are we going to do it?

Owned and driven by teams

- Ensuring collective ownership of the change that needs to take place
- Developing a culture which is based on collaboration, integration and involves early partnership working across professions and organisations

Focused on improving care for local people

- Working on specific projects, aligned with local strategies, to change the way care is provided – as a means both to improve care and develop collaborative working
- Focused on population health needs

Backed by a clear sense of purpose

- Understanding where the PCN is trying to get to and why
- Understanding how this fits with wider system and partner organisations' goals, and the range of assets and partners available to help get there

PCN Ethos – What are the benefits?

- **Make a real difference for staff**, including:
  - more sustainable and satisfying roles for staff, and development of multi-professional teams;
  - reduced pressure on GPs by drawing on the skills of the wider team where these are the best fit, and enabling a more balanced workload
- **Build from what people know about communities and their wider population**, and understand and **build on existing neighbourhood working and community assets**
- **Reflect the priorities of local people**, including for example better urgent care access and digital services
- Provide more proactive, coordinated care and **improved outcomes** for patients and the wider population, better health and reductions in health inequalities;
- Focus **on prevention and anticipatory care** and maximise the difference we can make by encouraging different professional teams, independent contractors and organisations to work together;
- Promote and **support people to care for themselves** wherever appropriate;
- **Provide care as close to home as possible**, with networks and services based on natural geographies and population need rather than organisational boundaries;
- **Put in place joined up NHS care (for both physical and mental health) across primary care and other providers of NHS community care**, and remove the historic separation of these parts of the NHS;
- **Improve the link between primary care networks and secondary care/place-based care** with more clinically-appropriate secondary care in primary care settings;
- **Put in place joined up care with social care and the voluntary and community sector**, working with partners to plan and deliver personalised care and support;
- **Help systems to plan and discharge resources more effectively**, with primary care providers involved in decisions about how resources are used

Complex systems, simple rules

Flocking

- This activity requires movement!
- Choose two people from around the room
- When I say "go!" maintain equal distance between two people
- When they move, move to a new place of equal distance
- Stop when you find steady state

Complex systems, simple rules

Top tip

Establish some simple rules to guide behaviours

- **About leading:** *when you are not in charge, when you need to ask, when it's complex, when you have no money*
- **Systematic:** *i.e. not piecemeal, or divided into silos – based on shared ambitions*
- **Participative:** *involving many people's energies, ideas, talents, expertise.*
- **Emergent:** *allows partial-clumsy solutions; able to work with uncertainty…. Based on relationships and trust.*

Source: The Leadership Centre (2014)

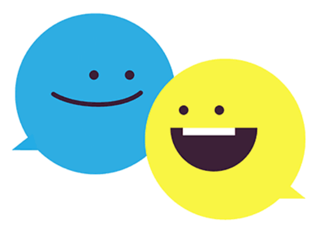
In other words… based on behaviours

Self-Activity 7: Leading complex systems – what is the reality across our PCN?

What is new and different across our PCN?

In your workbook, write down three new givens that are dictating the way we operate across our PCN going forward.

Leading complex systems – what is the reality across our PCN?



Understanding the needs of our place

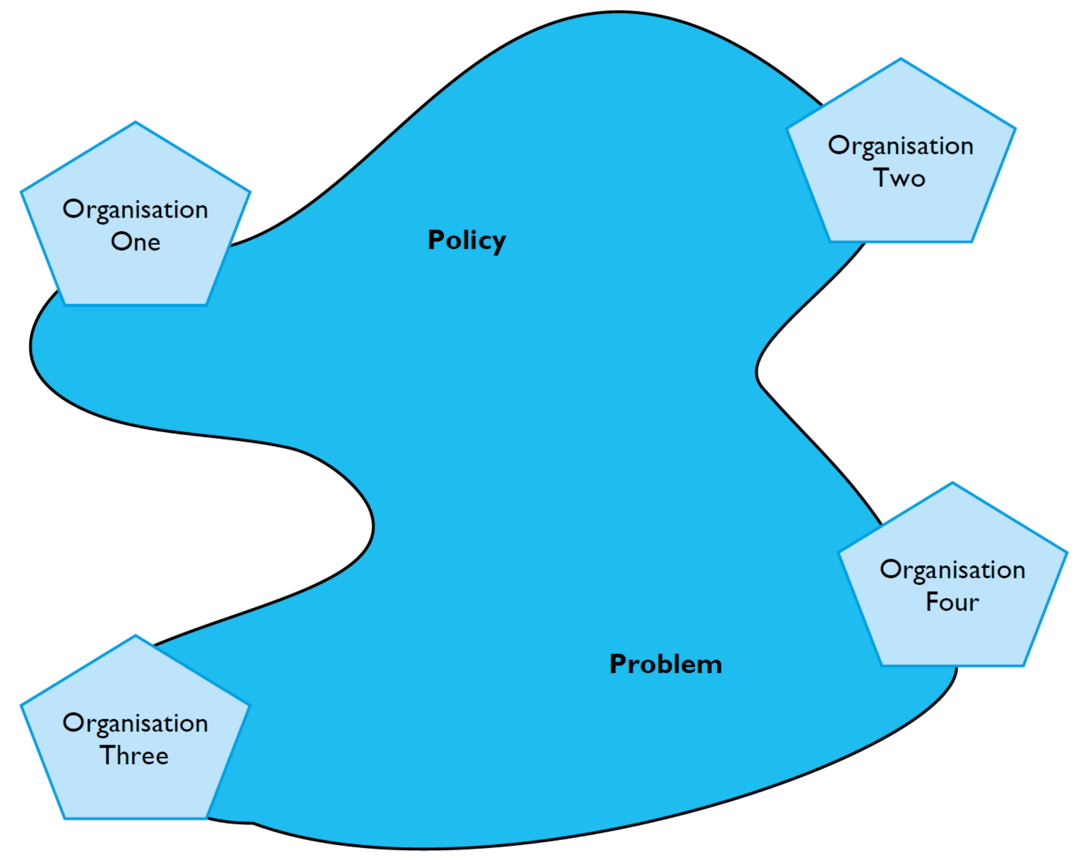
Understanding our PCN vision, outcomes and priorities

Understanding our new business model and way of working in across the place/system

Theory and Practice

The challenges we face are bigger than one organisation

Public sector organisations have to deal with the intractable (and wicked) problems that all societies face such as homelessness, child welfare, obesity or terrorism. These problems transcend the expertise and capability of any one organisation.



Benny Hijern (1992) *Illegitimate Democracy: A case for multi-organisational policy analysis*

Theory and Practice

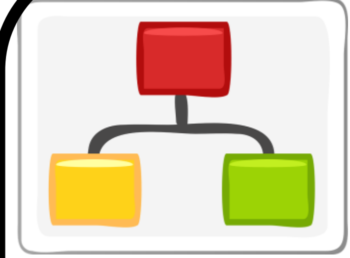
The need for more collaborative networks:

Neither markets nor hierarchies are effective at being the kind of collaborative structures that can fill the void. There is a need to mobilise public, private and third sector resources in new ways to meet 'place based' challenges.

Market: One night stand

Good for exchanges that are straight forward, require no transaction-specific investments.

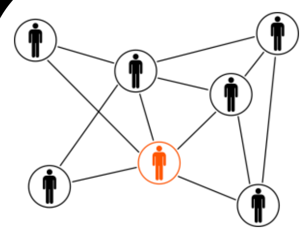
- A form of contractual, coordinating without integrating.
- Price is the invisible hand.
- It offers choice, flexibility, and opportunity, but it is bad at integrating provision.
- It can create competitive tensions



Hierarchy: Marriage

Good when the service can be clearly specified and the partner organisations are committed.

- A form of shared service arrangement that allows for a certain 'agreed' amount of integrating.
- Management is the invisible hand.
- Governance is more complicated and cultural barriers may hinder collaboration.
- Reliable but can be inflexible/interia



Network: Relationship

Good when the service requires active engagement from the players/teams to make it work.

- A form of collaborative networks that allow players to connect, work together with greater flexibility and autonomy
- Relationships and trust is the invisible hand.
- It offers innovation, new connections, flexibility and agility
- Its emergent, clumsy and difficult to micro manage

Walter Powell (1990) *Neither markets nor hierarchies: network forms of organisation*

It's all about collaborative leadership

Leading complex PCN Projects

WHAT TYPE OF PROBLEMS ARE WE TRYING TO ADDRESS BY WORKING ACROSS OUR PCN?

WHAT IS THE LEADERSHIP RESPONSE REQUIRED OF US TO ADDRESS THESE?

Leadership and Problem Solving

Increasing uncertainty about solution to problem

Wicked

Tame

Critical

Command
Provide answers

Management
Organise process

Leadership
Ask questions

Source: Adapted Keith Grint, 2005

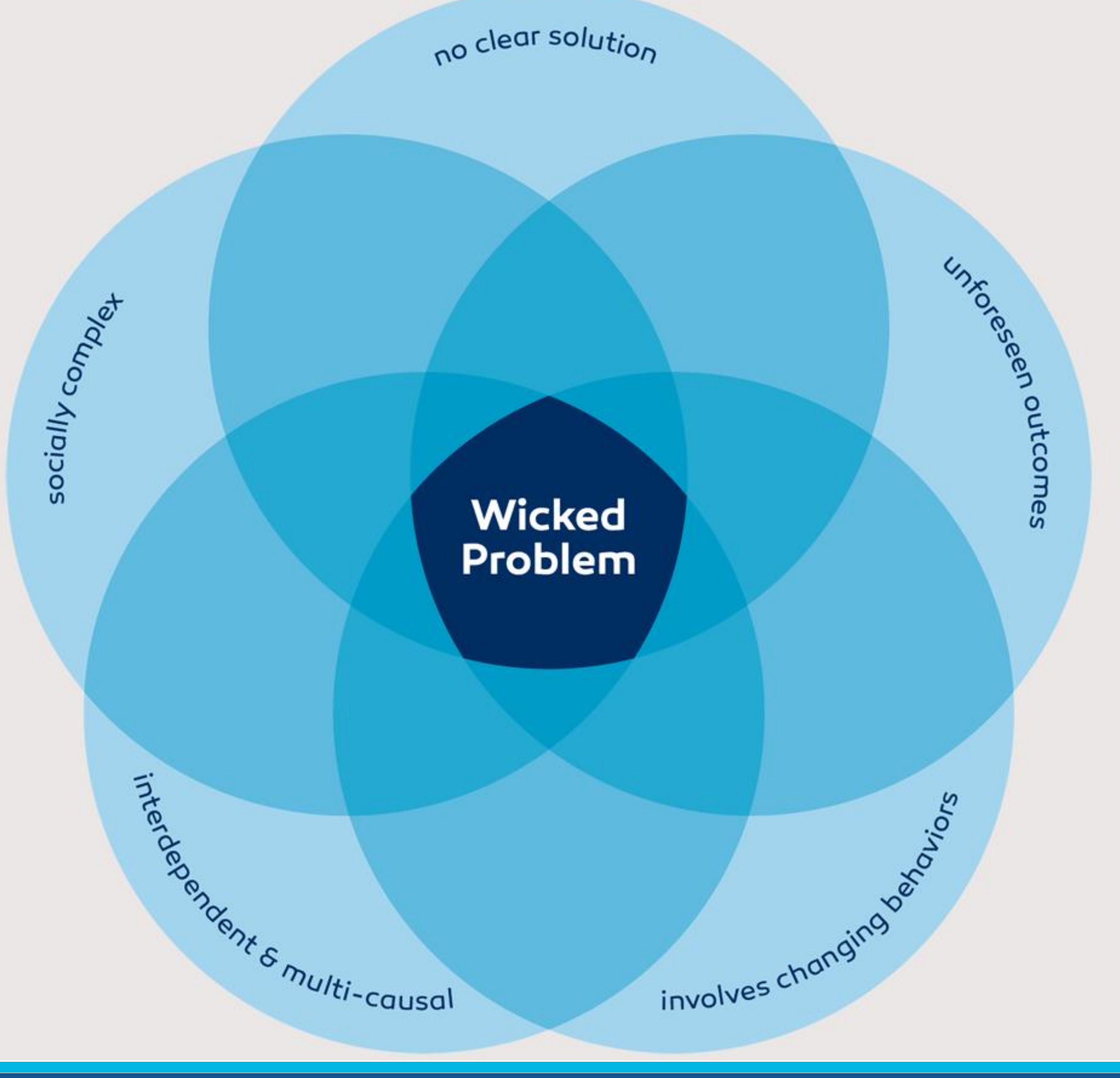
Self -Activity 8: What kind of problems are you trying to address across your PCN?

In your workbooks, think of the PCN Projects you are involved in.

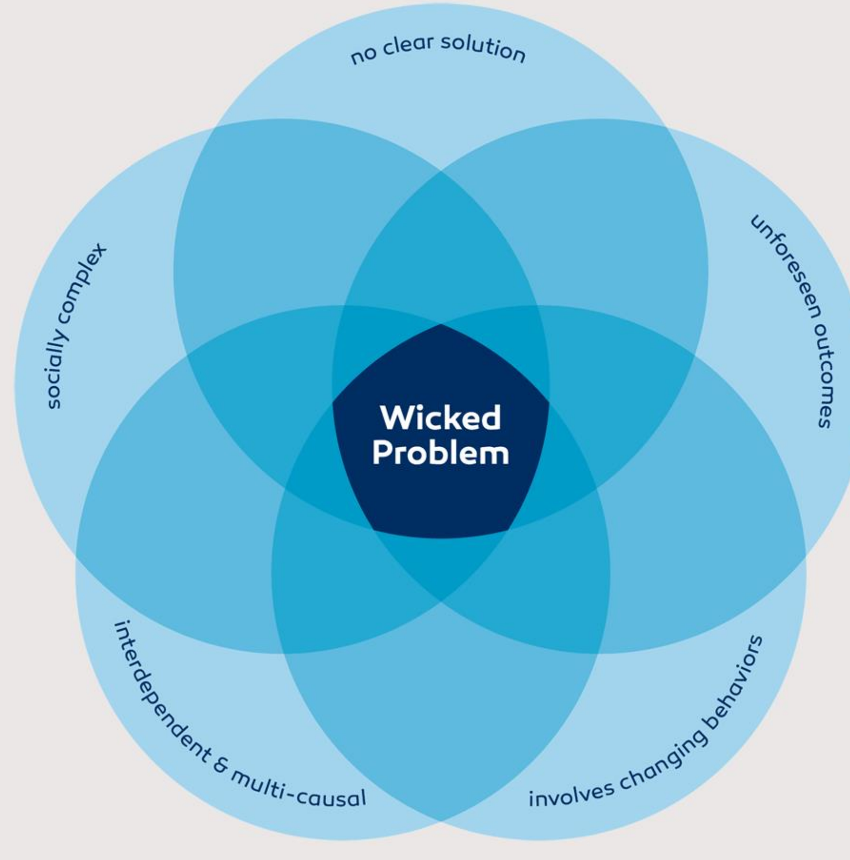
How would you define them using Grint Typology of Problems and how best might you adapt your leadership approach to address these?

Different problems require different types of leadership responses

- ***Is it CRITICAL*** *- threatens survival, needs decisive action. A command approach*
- ***Is it TAME*** *- causes known and can be tackled by applying existing knowledge. A management approach*
- ***Is it WICKED*** *- messy complex, intractable. Uncertainty about problem with only partial solutions which have unforeseen consequences. A collaborative approach*



What type of leadership is required for wicked issues?



- Need to **establish a common purpose** and shared goals across organisational boundaries, working towards developing shared narratives.
- **Trust building** and a sharing of any risks
- **Truth and transparency**
- Courage and **robust discussions.**
- New **mindsets** and new skill sets need developing
- **New talent spotted**
- **People at all levels** within organizations, partnerships and the community encouraged, empowered and coached to act.
- **Free flow of information**, reflection and the fostering of learning across the whole system allowing:
  - *new knowledge to be created*
  - *innovations to happen and*
  - *opportunities to act and focus resources spotted at earlier stages*

Leading health and social care issues

*Shift from individualistic hierarchical leaders, working primarily within and for a single team, to **collective leadership** that **creates compassionate and inclusive cultures**, **inspires commitment to create healthy communities, mobilises large-scale change across a geographical area, and engages local people and service users**.*

Paying attention to collective identity and shared purpose, and different approaches towards power and change.

Shift the focus from the leadership of teams and organisations to leading across networks and systems.

Collaboration across boundaries and sectors and a stronger role for primary care providers in leading the local health and care system.

Shift the focus from managing today's business to designing future services and leading change.

Lead significant programmes of service redesign and ensure a vision of improved ways of working is realised.