Developing People Improving Care

The Conditions: In Brief

Leaders equipped to develop high quality local health and care systems in partnership

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condition 1 condition 2 condition 3 condition 4 condition 5
Developing People Improving Care was created by the thirteen organisations that form the National Improvement and Leadership Development Board. Every month the operational leads for Developing People Improving Care from those thirteen organisations meet as an implementation group, which drives our approach to the framework, and ensures greater alignment between our work.
Introduction

This short guide is the first in a series of five which aims to provide more information to those with a deeper interest in any of the five conditions that underpin Developing People Improving Care. This first guide relates to Condition One of the framework ‘Leaders equipped to develop high quality local health and care systems in partnership’.

In 2016 the organisations that sponsor Developing People Improving Care recognised this condition as being crucial to achieving the continuous improvement in care for people, population health and value for money, that the framework strives for.

Developing People Improving Care is founded on the principle that systems will not succeed without compassionate and inclusive leaders who have knowledge of improvement methodologies and how to use them. The framework sets out a series of actions to ensure that this is the case, with many of these actions on the way to being achieved.
Developing People Improving Care  
Together.

Developing People Improving Care is the national framework to develop leadership and improvement capability throughout the health and care system. It seeks to create the right conditions to equip and encourage all staff and organisations involved in NHS funded activity to continually improve their local health and care systems.

The change we want to see:

• Behavioural change from the centre, with oversight bodies modelling compassionate and inclusive leadership

• Enhanced systems leadership capacity throughout the NHS

• Improvement skills for all staff

• Compassionate, inclusive leadership delivered by staff at all levels

• The right numbers of diverse, appropriately developed people to fill current and future senior management vacancies.
Why this is important

Evidence and experience from high performing health and care systems shows that having these capabilities enables teams to continuously improve population health, patient care, and value for money. Developing these capabilities and giving people the time and support required to see them succeed is vital if the healthcare system is to meet the challenges it faces.

The three pledges

The oversight bodies that are part of Developing People Improving Care recognise that our behaviour and approach to how we do our jobs directly affects the time and space that those on the frontline have to focus on leadership and quality improvement.

Because of this, we made three pledges in Developing People Improving Care:

1. We will model in all our dealings with the service and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continuous improvement cultures.

2. We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.

3. We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the service with one voice.
Condition One: Leaders equipped to develop high quality local health and care systems in partnership

The task of improving local health and care systems requires senior system leaders to bring together a wide range of stakeholders, including patient leaders, to agree aims and plan changes. Skills that equip them for the task include communication, collaboration, staff engagement, conflict management, holding challenging conversations about complex issues, and improvement methods including measurement for improvement.

Another skill critical to making joint decisions is the ability to pull together and interpret information from a health and care system, including the information on outcomes that shows the impact of changes. This information requirement puts a premium on knowing how to measure outcomes. Systems leaders are also looking for advice on how to integrate governance for this new collective responsibility and shared leadership.

To help them develop these skills and build trusting and stable relationships, system leaders need opportunities to train with leaders from different professions, sectors, levels and places. Local and national providers of leadership development need to tailor their support to meet the critical development needs system leaders face in a coherent and co-ordinated, ‘place-based’ approach. To speed the improvement of local health and care systems there is also an urgent need to support and champion existing Organisational Development (OD) teams across primary and secondary health and social care and to develop their capacity and capability.
#improvingtogether

**Support development of system leadership capability and capacity**

<table>
<thead>
<tr>
<th>System leaders and leadership teams</th>
<th>All organisations across primary and secondary health and care</th>
<th>Colleagues across primary and secondary care and commissioning</th>
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<tbody>
<tr>
<td>Know about and can access coherent and co-ordinated place-based support for developing their system leadership skills</td>
<td>Have good enough OD capability to enable effective team and inter-team working within and between organisations across health and care systems</td>
<td>Are building trusting relationships that progress changes planned in their respective STPs</td>
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## ACTION

**Develop and implement strategies for leadership and talent development**

- Leadership and talent development and planning become **core strategic activities** for all organisations and local health and care systems

- **All organisations understand why** they should make leadership and talent development and planning core strategic activities, and are supported in developing high quality strategies
Case Studies

Case study one: Building confidence in social care managers

Registered Manager Network, Coventry

A new network for managers in social care is providing space for Registered Managers to share their experiences and find mutual support, building confidence and skills.

“\[I know that the role of the Registered Manager can be isolating... I wanted to make sure that the network was a success so that other managers could access the sort of support that I was looking for.\]

— Laura Hambridge
Chair, Coventry Registered Manager Network

Working in social care can be extremely rewarding, but the Registered Manager role is a demanding one. Dealing with difficult and distressing cases without the support from colleagues can take its toll.

That is why in May 2017 Coventry became the latest town to launch a network for Registered Managers – the latest in a growing number of networks around the country (currently 150 across England), facilitated by Skills for Care.

Network Chair Laura Hambridge helped establish the network because of her own experiences in the role. “I know that the role of the Registered Manager can be isolating,” she explains. “You can often feel alone, particularly if you are working for a small company, with a single
location. I wanted to make sure that the network was a success so that other managers could access the sort of support that I was looking for.”

For Laura, the chance to share experiences is invaluable: “It’s a great place to come and have another Registered Manager to speak to away from the office.” Managers receive support and reassurance in a setting that is confidential – crucial because of the sensitive nature of their roles.

The network has already hosted events on a broad range of topics, including staff retention, development for new managers, Deprivation of Liberty Safeguards and local initiatives to combat pressure ulcers and infection. They have made links with other local bodies, including the local authority safeguarding team.

Members find that networks are very different from the other sorts of meetings they attend, because of the breadth of topics on the agenda (set by the managers themselves). They provide a useful opportunity to stay up to date but crucially, says Laura, “it helps you to realise that you’re not alone.”

As a result of these changes, there has been a 61% decrease in the number of falls and a 57% decrease in hospital admissions.
Case study two: Building public health leadership skills

University of Birmingham

Public health plays a crucial role in the health of our society, but its leaders operate in increasingly complex environments. A new course is helping leaders face these challenges through a new specialist programme.

For the public health leaders of today, work often takes place in environments that are complex, volatile, uncertain and ambiguous. They need to be skilled at building relationships across whole systems of public service provision, and able to operate effectively in a dynamic political landscape.

The 21st Century Public Servant Leadership Programme at The University of Birmingham 2017–2020 is designed to equip leaders to develop high quality local health and care systems. The course was developed jointly by the university’s Health Services Management Centre, the Institute of Local Government Studies, the Medical School Public Health faculty and Public Health England.

Aimed at aspiring directors of public health, each cohort includes up to 30 people from across the UK and a variety of work settings. Following a rigorous competitive process, successful candidates attend seminars, experiential labs, skills-based workshops, learning sets and coaching conversations throughout the nine months of the programme.

The programme supports participants to find ways of working successfully as a director of public health in the 21st century. It shows them how to apply the principles of systems leadership to their work, build a connected learning community, and develop the behaviours, skills and knowledge of effective systems leaders.
The programme is evaluated at each stage to assess what the participants have learned and how far they have applied it to their work practice.

**By the end of the programme participants gain:**

- greater self-awareness about their strengths and skills as leaders
- understanding of individual areas for improvement
- the wherewithal and intention to fill development gaps
- an understanding of how to build and sustain system-wide strategic partnerships and collaborate to deliver health improvements in, and for, local communities.

Participants will have made progress on the challenges they brought to the programme and greater confidence in their ability to lead within health and care systems. Ultimately the aim is for many to fulfil their ambitions at director level and to continue making a difference in the communities they serve.

There are plans in the longer term to follow up with participants, sponsors and alumni to evaluate the impact of the programme on goals at individual, organisational and system levels.
Where can I find out more?

Resources

Care Quality Commission
www.cqc.org.uk

Department of Health

Health Education England
hee.nhs.uk

Local Government Association
www.local.gov.uk

National Institute for Health and Care Excellence (NICE)
www.nice.org.uk

NHS Clinical Commissioners
www.nhscc.org

NHS Confederation
www.nhsconfed.org

NHS England
www.england.nhs.uk

NHS England – Improvement Hub
www.england.nhs.uk/improvement-hub

NHS Improvement
improvement.nhs.uk

NHS Improvement – Developing People Improving Care
improvement.nhs.uk/resources/developing-people-improving-care

NHS Improvement – Improvement Hub
improvement.nhs.uk/improvement-hub
NHS Leadership Academy
www.leadershipacademy.nhs.uk

NHS Leadership Academy – Resources
www.leadershipacademy.nhs.uk/resources

NHS Leadership Academy – Aspire Together
www.leadershipacademy.nhs.uk/aspiretogether

NHS Leadership Academy – Systems Leadership
www.leadershipacademy.nhs.uk/about/systems-leadership

NHS Providers
nhsproviders.org

Public Health England
www.gov.uk/government/organisations/public-health-england

Skills for Care
www.skillsforcare.org.uk/Home.aspx
Overall aim of the framework

Continuous improvement in care for people, population health and value for money

The five conditions (primary drivers)

Leaders equipped to develop high quality local health and care systems in partnership

Compassionate, inclusive and effective leaders at all levels

Knowledge of improvement methods and how to use them at all levels

Support systems for learning at local, regional and national levels

Enabling, supportive and aligned regulation and oversight
### Secondary drivers

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<th><strong>A joint ambition: clear aims for health and healthcare</strong></th>
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<td><strong>Positive relationships and trust in place at all levels</strong></td>
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<td><strong>Governance structures to enable local decision-making</strong></td>
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- Knowledge and practice of compassionate, inclusive high impact leadership behaviours
- Development and support for all staff
- A system and approaches for attracting, identifying and deploying the right people into the right jobs
- Leadership for improvement in practice
- Applied training in improvement methods (from micro-systems to system transformation)
- Partnering with staff, patients and communities for improvement
- Improvement and support systems in organisations
- Data systems to support improvement
- Systems and networks for sharing improvement work locally, regionally and nationally
- National bodies working effectively together
- Local systems and providers in control of, and accountable for, driving improvement
- Helpful interventions and support offers from the national bodies to local systems