Leadership for Health and Well-Being
Programme – Review of current provision

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Summary

This report was commissioned by the Leadership for Health and Well-Being Programme Advisory Group in order to inform the future development of leadership and improvement programmes for health improvement and reducing health inequalities in South Central. It was felt that it was necessary to understand more about the current provision for capacity-building for leadership, service improvement and partnership working in different parts of the public sector and the third sector, both nationally and locally, before proceeding to design and recruit to the planned programme. It was also evident that public sector reforms were in the process of introducing significant and influential guidance, much of which has been published very recently, and it would be important to understand the new policy context to ensure that any programmes delivered over the next few years were clearly orientated to meeting future needs.

The contributions of all those who informed this report are greatly appreciated. It is of course incomplete, given the timing and the complexity of the task, and suggestions for filling any omissions, or correcting any errors would be gratefully received.

The report outlines the policy context and what is known about provision of support for leadership, quality improvement and partnership governance nationally, regionally and locally, for the sectors separately. It is recognised that presenting this information in sector silos is somewhat contrary to the spirit of collaborative working otherwise espoused by the programme, but it seems the simplest way to outline a complex picture, and to demonstrate the potential synergies. Sections address the NHS, local government, the fire and rescue services and the third sector. Finally some practical considerations and suggestions arising from discussions are presented.

The recommendations are to:

1. Continue planning the programme for delivery in 08-09. Consider changing the title of the programme to the Leadership and quality improvement for health and well-being programme
2. Expand the advisory group to include representatives from national and local providers who have offered support, and any others suggested to assist with planning the programme. Arrange meeting of expanded group in May 2008.
3. Plan to launch the Leadership and quality improvement for health and well-being programme in September 2008 to run until July 2009, with six bimonthly development days and associated skills development workshops.
4. Design and deliver the programme in collaboration with potential partners. In order to achieve this develop appropriate agreements as necessary according to SFIs for: programme management, leadership development, quality improvement, and partnership governance support, ensuring that the mix of providers represents both local government and NHS sectors.
5. Jointly badge the programme with partners as a pilot, and connect with other national public health leadership programmes to share learning.
6. Engage with partners and R&D managers from NESC to design evaluation of the programme in at the outset.
Introduction

NHS Education South Central is part of the South Central Strategic Health Authority of the NHS, comprising the two former deaneries of Oxford and Wessex, as well as workforce development. As part of its plans for the training, education and development of the practitioner and wider public health workforce, work has been undertaken in 2007-08 to develop a cross-sectoral programme to increase leadership capability for health improvement. Initial plans were based on the successful evidence-based model, Leadership for Health Improvement Programme, developed in the Yorkshire & Humber and North East Regions between Jan 2006 and Feb 2007, which built on the earlier work of the NHS Modernisation Agency on Improvement Leadership. The programme provided a multi-agency improvement leadership development programme for those who play key leadership roles in support of local health improvement. It was created in response to Delivering Choosing Health and Commissioning a Patient Led NHS. A summary of the programme framework (Hannaway, Hunter & Plsek, 2006)\(^1\) based on combining excellence in the three domains of ‘successful health improvement systems’, ‘successful leadership’ and ‘successful improvement leadership’ is at Fig. 1. Target audiences for this programme were those with responsibility for leading health improvement from local authorities, police, PCTs, SHAs, acute hospital trusts, Government Regional Office, Public Health Observatory, Health Protection Agency, private industry, Sport England, NICE, etc. The aim was to create a cadre of exceptional leaders of health improvement to facilitate local rethinking of whole system public health and to build networks between individuals and organisations. Improvement science techniques were taught to enable participants to test ideas, translate learning into practical actions between the sessions and to bring back their reflections to the next session. The programme was externally evaluated by Northumbria University.

Following the formation of a Programme Advisory Group in 2007 (Appendix A) and further consideration of the design of a similar programme to be run in the South Central area in 2008, it was decided to investigate further the potential for a similar programme in the area. This would take into account the recent changes in policy context, and the local provision of training and development programmes for leadership, quality improvement and partnership working skills in different sectors. It was also considered important to assess the perceived need for such a programme for chief executives and directors to ensure that it would both fill a gap in provision and be attractive to potential participants.

This report summarises the findings from this review conducted between Dec 07 – Feb 08, which included a range of meetings, telephone conversations and web searches. All those informants who kindly contributed information and advice are listed in Appendix B.

The report considers recent relevant policies and guidance, primarily in the NHS and local government sectors, specific national initiatives for leadership development and quality improvement, and local programmes and courses. For the purposes of clarity only this is initially presented by sector. Practical advice and suggestions given for the design of the programme are also presented, with recommendations for taking the work forward into 08-09.

Current Status

National Health Service

The Commissioning framework for health and well-being, was published for consultation in March 2007. The framework is designed to enable commissioners to achieve a shift towards services that are personal, sensitive to individual need and that maintain independence and dignity, in addition to a significant strategic reorientation towards promoting health and well-being. This emphasises increased current investment to reduce future ill health costs, and a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities. The policies that underpin these aims are described in Choosing Health, in the White Paper Our health, our care, our say and in Every Child Matters and the Wanless reviews. All these documents placed a strong emphasis on closer working between health and local government. A core theme is partnership between communities and their commissioners, and partnership at the local level between health, particularly Primary Care Trusts (PCTs) and practice based commissioners, and local government, the third sector and other partners. This reinforces and starts to implement the direction set out in the Local Government White Paper Strong and prosperous communities, which proposed greater collaboration between health and local government through a health and well-being partnership. This has been consolidated in the Local Government and Public Involvement in Health Act (2007). The commissioning framework states that it is the responsibility of local commissioners to ensure that they and their teams have, or develop, the necessary skills to commission for health and well-being through developing leadership capability.

The framework outlines eight steps to effective commissioning for health and well-being:

- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence of work, health and wellbeing
- Developing incentives for commissioning for health and wellbeing
- Making it happen: local accountability
- Making it happen: capability and leadership

These are underpinned by competencies that have been described as World class commissioning. The competencies are the knowledge, skills, behaviours and characteristics that will provide the capabilities for effective commissioning, in order to deliver better health and well-being for all. World class commissioning competencies for PCTs are to:

- Locally lead the NHS
- Work collaboratively with community partners
- Engage with the public and patients
- Collaborate with clinicians to inform strategy, service design and resource utilisation
- Manage knowledge and assess current and future needs
- Identify and prioritise investment requirements and opportunities
- Influence provision to meet demand and secure outcomes
- Drive continuous improvement in quality and outcomes through innovation
- Deploy procurement skills that ensure providers have appropriate contracts
- Manage the local health system
- Make sound financial investments
Successful Health Improvement Systems...

- Promote and protect the population’s health and well-being
- Develop health programmes and services and reduce inequalities
- Proactively build on surveillance and assessment of the populations health & well-being
- Systematically implement evidence based practice
- Create seamless-working across boundaries for the benefit of communities and staff
- Earn and retain the confidence of politicians and the public
- Prioritise and focus on the key issues and leverage points in the health improvement system
- Continuously increase capacity to deliver the health improvement agenda (e.g. through training and development)
- Engage operational staff and others in actively delivering health improvement
- Develop organisational cultures that are receptive and positive environments for change.

A Successful Leader...

- Communicates clear (shared) vision, direction and roles
- Strategically influences and engages others
- Challenges thinking and encourages flexibility and innovation
- Drives for results and improvement
- Builds leadership skills in others
- Practices political astuteness
- Displays self-awareness and emotional intelligence
- Builds relationships and works collaboratively
- Nurtures a culture in which leadership can be developed and enabled
- Demonstrates mastery of management skills
- Ethically manages self, people and resources
- Commits with passion to values and mission

A Successful Improvement Leader...

- Sees whole systems and any counter-intuitive linkages within them.
- Brings in the experiences and voice of individuals the community & staff. Seeks to create new evidence and to translate evidence into practice
- Exposes processes to mapping, analysis and redesign.
- Encourages flexible, innovative rethinking of processes and systems.
- Sets up measurement to demonstrate impact and gain insight into variation
- Develops quality and risk management within an evaluation culture
- Works constructively with the human dimension (psychology) of change
- Sustains past improvement & drives for continuous improvement
- Spreads improvement ideas and knowledge widely and quickly
Specifically the *NHS Worldclass Commissioning competencies* guidance states that world class commissioners will also display ‘visionary leadership’ which is transformational not transactional, and that they will ‘draw legitimacy from being seen to be engaged with communities, with service providers and with partner agencies’ to draw up complementary and coherent commissioning plans. A collaborative programme is running across the nine PCTs in South Central to take forward the development of WCC, with a focus on health improvement through targeting commissioning improvement on stroke and diabetes disease management.

The world class commissioning competencies emphasise the role of Joint Strategic Needs Assessments (JSNA) in driving the long term commissioning strategies of PCTs and their collaborative work with community partners. The duty to undertake JSNA is set out in Section 116 of the *Local Government and Public Involvement in Health Act (2007)*, and described in the draft statutory guidance *Creating Strong, Safe and Prosperous Communities*, (currently out for consultation). The duty, which relates to upper tier and unitary authorities and PCTs, will commence on 1st April 2008. The statutory guidance emphasises that JSNA should be taken into account by the local authority and its partners in preparing the Sustainable Community Strategy (SCS), as part of a strengthened commitment to local priorities. The SCS should set out a vision for the area and identify the priorities that need to be addressed. The issues identified by JSNA will inform the priorities and targets set by the Local Area Agreement, the delivery agreement for the Sustainable Community Strategy. JSNA will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

The Leadership Development Team in the South Central SHA is running a Senior Leadership programme currently aimed at NHS Executive Directors. There will be four week-long modules per year, and the programme will provide mentors, coaching and learning sets. The SHA also supports service improvement in PCTs and Trusts, with a current emphasis on clinical service improvement. The role of the Service Improvement Team is to provide strategic direction to work in PCTs and Trusts, and they run occasional master classes on key skills. Currently they are piloting a Strategic Improvement Model with the NHS Institute for Innovation and Improvement in four organisations. This could be a useful model to explore for its potential for use to improve health. An important issue for the future will be to develop the connections between leadership development, world-class commissioning and public health; and to combine the technical public health skills in determining future health needs of local communities and influencing the commissioning agenda, with the leadership behaviours and strategies necessary to deliver the required results.

In February 2008 the first *Health Strategy for South East England* was launched to improve the health and well-being of all people living and working in the SE, and to reduce inequalities in health. The strategy is not just about the delivery of health and social care services but is targeted ‘at those organisations and groups in the public, private, and voluntary and community sectors in the SE with a role to play in improving health and well-being and reducing inequalities’.

Nationally a range of leadership programmes for public health professionals have been commissioned by DH, and their future direction has been recently reviewed (Oct 2007). The recommendations include adopting a two-pronged leadership development model, firstly personal public health leadership skill development delivered nationally, and secondly organisational public health leadership development geared towards the regional level. In respect of this approach the recommendations include reviewing and learning from the
planned South Central SHA leadership for health improvement programme described in this review.


_Our health, our care, our say_, White Paper, DH (2006)

_Local Government and Public Involvement in Health Act (2007)

_Commissioning framework for health and well-being_, DH, (Mar 2007),


_NHS World class commissioning competencies_, DH, (Dec 2007)


_Acquilla S (Oct 2007) Report for the Department of Health Scoping Public Health Leadership Development_


2. Local Government

The Local Government White Paper _Strong and Prosperous Communities_ set out the new role for local authorities as strategic leaders of their area. It confirmed the Local Strategic Partnership as the overarching strategic partnership, and the production of a delivery plan for the Sustainable Community Strategy in the Local Area Agreement. The duty to work together with other bodies to promote health and well-being was also outlined. In accordance with these changes the simplification of the performance assessment framework, and the introduction of the joint Comprehensive Area Assessment (CAA) was announced. The new local performance framework is seen as a landmark in working towards greater partnership working between health bodies and local authorities and will require ‘strong local leadership across the NHS and local government, working together to build a coherent shared vision for each local area’. The CAA, ‘a co-ordinated, proportionate, risk-based regime of assessment and inspection’, will replace the CPA and most other rolling programmes of inspection and assessment from April 2009.

_Strong and prosperous communities_ advocated a stronger role for local authorities as leaders and place-shapers. The implementation plan recognises the need to ensure strong and effective partnership working, supported by clear and effective leadership from local authorities. In order to support this the government intends to develop a coordinated ‘improvement and intervention framework’ supported by a new National Improvement Strategy. The Annex to the plan illustrates how the public sector reform agenda is articulated in terms of ‘place’, from neighbourhood to region, describing the four key interacting processes necessary to bring this about. The component of strengthened local leadership and place shaping emphasises the criticality of strong local leadership by endorsing:

- more visible and accountable leadership in local communities;
- the bringing together of services to meet individual (and often complex) needs;
- community attention and action on vital issues concerning the public realm and the delivery of a sustainable economic future.

The Leadership Centre for Local Government has developed ten _Principles of Place_ which provide a framework for thinking about what place-shaping means for local authorities:
• Places vary
• Places have some needs in common
• Places have history
• Places in places matter
• Places are multi-layered

• Places are personal
• Places can empower
• Places can divide
• Places need vision and leadership
• Places need powers to change things

The following are the key attributes for local leaders to rise to the challenge of place-shaping, which include both strategic and community leadership:

• Steering not rowing
• Commissioning and co-commissioning
• Influence not command and control
• Convening (and being convened)
• Thinking and acting long-term

• Coping with complexity
• Listening and engaging
• Community mediation
• Vision and storytelling
• Strategic and community leadership

**Annex – public sector reform: the place dimension**
A MORI poll for the Leadership Centre of Chief Executives and council leaders in 2005 revealed 'a healthy appetite for leadership development'. Findings included concerns about developing local partnerships with stakeholders and leadership development. 91% of respondents thought that members needed to improve leadership capacity and skills, and 85% thought the same was needed for officers. The report stated that 'Effective leadership...allows a locality to identify its needs and route a map to move forward. And continual improvement requires strong and effective leadership'. More recently the Joseph Rowntree Foundation has produced a report of research into the role ward councillors should play in community leadership and strategic decision-making, Ward councillors and community leadership: a future perspective. Major future roles for councillors include being an effective community leader, understanding the complexity of local government and services provided by others to work in partnership for service transformation, and being a place-shaper, a local figurehead and role model. Councillors identified that they needed further support in learning and developing new skills to undertake these roles.

It has been suggested that there is a need to develop a common set of leadership characteristics and developmental and HR tools that can help foster a ‘single public service leadership cadre,’ identifying the need for common approaches to leadership at a local area level. Increasingly, there is a recognition that the issue of building leadership runs right across different parts of the public sector and beyond. While it is right to highlight the unique significance of the political leadership role in the context of local government, there is undoubtedly a core of leadership qualities that prevail in every sector that need to be developed and nurtured.

To that end, through active participation in the Cabinet Office sponsored Public Sector Leadership Consortium, the Local Government Leadership Centre proposes an eight-point manifesto for leadership in local government:

1. It’s about leadership, not just leaders  
2. Leadership is of the place, not just the organisation  
3. Respect difference  
4. Leading means telling a story  
5. Leading requires ‘reading’  
6. Members and officers travel together  
7. Politics matter  
8. People learn more from experience than from being told

The organisational boundaries over which managerial leaders need to be able to operate go far wider to include the business and the voluntary and community sectors. The joint CBI/LGA statement on economic growth Making ‘place shaping’ a reality emphasises the leadership role of local government in promoting economic development and local prosperity and the need to improve public and private sector engagement.

Despite the track record of consistent improvement, there is a recognition by IDeA / LGA that ‘at the moment councils find the existing improvement architecture too complex. They find it hard to negotiate the range of improvement bodies and there is too wide a range of uncoordinated government initiatives’. The new Improvement Strategy should clarify these relationships and avoid duplication. Regional and local Improvement Partnerships will become the vehicle for coordinating capacity-building/improvement support. In particular one of the future challenges that will need to be addressed is the development of a locality approach to improvement coordinating capacity-building and support to address needs across local partners. ‘Improvement support that is joined up across partners should be more efficient and help to tackle cross-cutting issues.’ As part of these reforms the Leadership Centre announced in Feb 2008 that it will join the LGA and alongside the continuation of top level leadership development, they will work ‘with local strategic
partnerships across sectors to help grasp a potentially huge service, efficiency and local democracy prize’.

Locally the South East Improvement and Efficiency Partnership (SEIEP) was formed from the merger of the SECE and the regional improvement partnership in 2007, to deliver and co-ordinate projects across the region. Given the scale and complexity of the SE region funding was largely devolved to the sub-regional level. In South Central, there are three sub-regional Improvement Partnerships, Milton Keynes, Oxfordshire and Buckinghamshire (MKOB), Hampshire and IOW, and the Berkshire Performance Improvement Programme.

- MKOB’s current projects include leadership development for middle managers, change management and partnership performance management.
- Hampshire and IOW are running a project to reduce sickness absence and improve staff productivity through increased well-being, and are planning leadership development work.
- Berkshire has an improvement programme for teams from its six local authorities to support sustainable performance improvements.

Support for partnership development for LSPs is also provided through Progress through Partnership (PtP), a regional partnership under the SEIEP, which is a peer-led capacity-building programme for the southeast, delivered by SEE and Shared Intelligence, which has given it independence from regional and central government and strengthened the peer-led approach.

The programme offers support to LSP practitioners and partners to help them understand the opportunities that effective partnerships can offer and to build their expertise to make the best use of them. The focus for the coming year will include engaging senior partners and members and scoping the potential for a ‘leaders’ network’. There are six pilots in the region commissioned through SEIEP and delivered by PWC aimed at improving performance management of LSPs through the LAA and engaging partners at the top tier of the LSP.

Nationally the IDeA run leadership development for members, and some joint programmes for health and social care. They are also piloting an initiative to develop leadership capacity in health inequality work by bringing groups of up to twenty leaders from across sectors in a locality together to focus on local health inequalities and the development of an action plan.

A recent detailed assessment of local government improvement and its future prospects for the IDeA, Getting better all the time?, challenges the current models for service improvement and their fit for the future role of local government. Amongst other changes the need to tackle complex, cross-cutting issues, and to develop capacities to work effectively across organisational boundaries to achieve well-being, has increased. They state that ‘the underlying models of improvement need to change’ to encompass more learning from within, shared learning and transformational change acting at a whole system level.

_Vibrant Local Leadership_, ODPM (2005)
_Leading localities: local area agreements_. LGA, (2005)
_The politics of place_. Leadership Centre for Local Government (undated)
_Living Leadership_. Leadership Centre for Local Government (undated)
_Chief Executives and Leaders; what you really think_. Leadership Centre for Local Government (undated)
_Making ‘place shaping’ a reality: joint CBI/LGA statement on economic growth_. CBI / LGA, (Dec 2006)
3. Fire and Rescue Services (FRS)

A consultation paper Leadership and Development in the Fire and Rescue Service, published in 2005, proposed the introduction of a transformational leadership model and a framework for leadership learning and development. A summary of responses was published in 2007. The requirement for continuous improvement in standards and a move away from strong, command based models of leadership requires competent leaders with a new and flexible blend of skills. The focus on leadership development has led to a new Leadership Model and Framework for the FRS, Aspire.

A national Centre for Leadership has been established to take the modernisation agenda forward. The Aspire model is underpinned by the FRS core values which link to transformational models of leadership, guide behaviours and influence leadership actions and results. Opportunities for leadership development are available at strategic, middle manager and supervisory levels.

The SE Fire Improvement Partnership, also a regional partner under SEIEP, was formed in Jan 2006 and is made up of the 9 FRS in the SE, funded by DCLG and LGA through Capacity Building Funds. SEFIP welcomes the National Improvement and Efficiency Strategy for 2008-11, published in Dec 2007 to assist the delivery of ‘excellent Local Area Agreements’. They aim to ‘ensure that fire can also contribute fully to LAAs in their areas through innovative capacity building development products and partnership building techniques.’

The FRS are also participants in the Public Services Leadership Consortium which was formed in 2005 to bring together a number of key leadership academies across public services to drive cross-service collaboration and coherence on leadership. They have produced an evaluation framework to evaluate the impact of leadership development.
4. The third and private sectors

The Improvement Foundation (IF) is a not-for-profit organisation that runs quality improvement programmes nationally. There is a regional centre for the south based in Milton Keynes which covers South Central. While many of its programmes are aimed at health service clinicians, they also run programmes for the education sector and others. The national Leadership for Quality Improvement Programme is in its fourth year, and is heavily oversubscribed. Its aims include developing leadership capacity for service improvement, and it is now a cross-sectoral programme. Previous participants have included staff from the South Central SHA area. The Healthy Communities Collaborative engages community members and public sector workers to address health and well-being issues using quality improvement techniques. A number of projects have been run around the country, on for example preventing injuries in the elderly, and healthy eating, but there are none in South Central. The IF also run a Quality Improvement Skills Programme for small multidisciplinary teams to learn the skills for improving service quality. In addition an Advanced Commissioning course is underway for those working in an NHS or joint NHS and social care commissioning role. The current course includes representatives from most PCTs in South Central. This course is accredited at postgraduate certificate level by the University of Teeside, as are some of the other IF programmes.
The NCVO has Leadership Services that provide directories of leadership development, email groups and Regional Leadership Forums. These are run in conjunction with the Third Sector Learning Centre. This is a project within the UK Workforce Hub to support workers in the third sector. It aims to promote and to ensure easier access to leadership development. It is encouraging and supporting a national network of Leadership Champions and has published *Learning to lead: ten ways to develop your leadership skills* specifically for the sector. In the SE Region the generic infrastructure organisation for their work is RAISE, Regional Action and Involvement SE. One of their innovative projects has been the Creative Leadership Project at the University of Southampton, which with funding from SEEDA has provided opportunities for over 400 participants from the voluntary and community sector to learn more about leadership, however its continued funding from 2007 appears not to be secure.

Common Purpose is a company with a long experience in delivering a range of leadership programmes, most of which encourage leaders and potential leaders to look beyond boundaries and develop partnerships with leaders in other sectors. They retain an independent perspective rather than promote any particular policy imperatives. Amongst their programmes which are available nationally are two day Profile sessions providing briefing on local areas to foster new relationships and cross-sector connections. In 2008 sessions are being run in South Central in Portsmouth, Oxfordshire and Milton Keynes.

Common Purpose  [www.commonpurpose.org.uk](http://www.commonpurpose.org.uk)
National Council for Voluntary Organisations  [www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)
Regional Action and Involvement South East  [www.raise-networks.org.uk](http://www.raise-networks.org.uk)
The Improvement Foundation  [www.improvementfoundation.org](http://www.improvementfoundation.org)
Third Sector Leadership Centre  [www.thirdsectorleadership.org.uk](http://www.thirdsectorleadership.org.uk)

### Practical considerations regarding programme design

Discussions with informants yielded a number of constructive offers of time and advice to support programme planning, and to help make connections with local government leaders, LSPs etc. There was an overriding sense that the proposed programme would complement rather than duplicate current local government and NHS leadership, improvement and partnership development programmes. It was clear that the programme will have the potential to bring together various strands of current capacity-building and to develop a new approach to leadership and quality improvement in order to meet the future needs of leadership for health and well-being that will be required for the foremost agendas of ‘place-shaping’ and world class commissioning. A pilot approach could inform all future leadership development, the focus of which should be aimed at securing health improvement.

There was general agreement to the potential for piloting a programme in the South Central area with national bodies collaborating, and to share learning with other national programmes. Specific offers of support for collaboration were made from the IDeA Healthy Communities Programme for advice, and potential co-sponsorship of the leadership strand for piloting; and from the Improvement Foundation, for a collaborative pilot project, and access to facilitators, trainers and their bank of external speakers. The SHA also offered access to facilitators for leadership, service improvement and learning sets etc.

Advice was also provided on practical considerations. Should the programme start in June or September for example? It was felt that June might be possible for a launch event but there might be a loss of momentum over the summer. Specifically it was commented that senior
managers would need a minimum of four months notice before the first meeting date for
diary planning. Before recruitment commences it is essential to be clear about the outcomes
of the programme, making sure the context is relevant and participants understand what
they will gain from participating ie what are the Unique Selling Points? The content should be
thoroughly planned before launching the programme. The programme should not be limited
to chief executives partly because this could be seen as too exclusive, but also pragmatically
as they might well have difficulty with commitment to the whole programme. It should be
offered to director and assistant director levels, but the advice was given not to open out too
far to ‘future leaders’ as levels of take-up will always include some movement downwards.
Elected members and non-executive directors as well as senior managers should be invited,
including those from hospital and foundation trusts, and it should also aim to influence
Overview & Scrutiny panel members.

The proposed schedule of six bimonthly meetings run as masterclasses on particular
elements, drawing on an expert and local examples was acceptable. Participants could
bring a project with them and mentoring support, possibly across sectors, could be provided.
The potential for ‘buddying’ across sectors on projects was also noted. The programme
should be structured around the personal qualities needed to deliver the outcomes, and the
timing of meetings could be organised to have an influence on planning cycles. In terms of
content the focus should be on leadership skills for spread and sustainability, and leadership
for change. This should be linked to leadership qualities as defined in different sectors.
There would be potential for testing existing quality improvement skills used in the SHA on
public health, and the applicability of the Strategic Improvement Model pilot (with NHS
Institute for Innovation and Improvement) to health improvement, for example. The emphasis
should be on combining public health skills, quality improvement and leadership skills, and it
might be useful to badge the programme as ‘leadership for quality improvement for health
and well-being’. It was also noted that developing skills in partnership governance is
important, and while there is a current concentration on developing LSPs at executive level,
more effective partnership governance is needed to improve the efficiency of other
partnerships too.

Directors of Public Health spoken to offered to help with targeting recruitment, and with
‘hosting’ meetings in their locality and showcasing local projects. It was strongly
recommended that venues should be selected that are accessible by train, and where
possible to use locally owned / run facilities rather than large hotel chains so that the
financial resource gets ploughed back into the local economy.

Conclusions

This brief review has shown that there is a need and a willingness to join up the key
congruent priorities of ‘place-shaping’ and world class commissioning. Currently however,
the infrastructure in different sectors for support for leadership development and quality
improvement is proliferated and largely running in parallel tracks. There appear to be many
opportunities for capacity-building but none currently bring together health and well-being as
an outcome with leadership development and skills in quality improvement, with a focus on
the future joined up agenda. Despite the imperative of skills in partnership working
underlying this, few initiatives focus directly on the requirement for leadership for partnership
working.
Recommendations

We have an opportunity in South Central to develop a truly collaborative programme, for which there is considerable enthusiasm and support. A programme that links all sectors locally, with national improvement and development partners and their regional delivery arms in the south. In order to achieve this exciting goal the following recommendations are made for consideration by all current and potential partners in this initiative.

1. Continue planning the programme for delivery in 08-09. Consider changing the title of the programme to the Leadership and quality improvement for health and well-being programme

2. Expand the advisory group to include representatives from national and local providers who have offered support, and any others suggested to assist with planning the programme. Arrange meeting of expanded group in May 2008.

3. Plan to launch the Leadership and quality improvement for health and well-being programme in September 2008 to run until July 2009, with six bimonthly development days and associated skills development workshops.

4. Design and deliver the programme in collaboration with potential partners. In order to achieve this develop appropriate agreements as necessary according to SFIs for: programme management, leadership development, quality improvement, and partnership governance support, ensuring that the mix of providers represents both local government and NHS sectors.

5. Jointly badge the programme with partners as a pilot, and connect with other national public health leadership programmes to share learning.

6. Engage with partners and R&D managers from NESC to include design of the evaluation of the programme at the outset.
Appendix A
Programme Advisory Group

John Acres, Specialist Training Programme Director, NESC South
Merrill Bate, Deputy Head of Leadership Development, S Central SHA
Jean Bradlow, Director of Public Health, Hampshire PCT
Joanna Chapman-Andrews, Public Health Development, NESC
Barry Deller, ACTVaR Director
Nick Goulder, Director, HIOW LGA
Catherine Hannaway, Network Programme Manager, APHO
Geoff Howesgo, Director of HR, Hampshire Fire & Rescue Service
Peter Johnson, Progress through Partnerships Programme Manager
Quentin Sandifer, Asst RDPH & Medical Director, SE Coast SHA
Dave Shields, Health & Well-Being Strategy Manager, Southampton City Council
Viv Speller, Director, Health Development Consulting Ltd
Premila Webster, Specialist Training Programme Director, NESC North

Appendix B
Informants

The following kindly provided information and advice to inform this report.

Merrill Bate, Deputy Head of Leadership Development, S Central SHA
Paul Edmonson-Jones, Director of Public Health, Portsmouth PCT
Steve Fairman, Head of Service Improvement, S Central SHA
Michaela Firth, Assistant Director, Improvement Foundation
Nick Goulder, Director, HIOW LGA
Rachel Greenham, MKOB Programme Co-ordinator, Oxfordshire County Council
Nick Hicks, Chief Executive, Milton Keynes PCT
Sue Johnson, Head of Healthy Communities, IDeA
Meera Kulkani, Executive Director of Improvement Programmes, Improvement Foundation
Melanie Lawless, Director of Policy, Improvement Foundation
Vanda Leary, Improvement Director, HIOW LGA
Nicola Priest, Service Improvement, S Central SHA
Richard Tyndall, Director, Berkshire Procurement and Shared Services Unit