

The South Manchester System Leadership Programme

Case Study





Case Summary

An energised, cross-sector movement of people committed to taking a collaborative, system leadership approach to working on the integration of local health and care services has taken root in South Manchester. A participant-led programme of activity focused on building relationships and developing system leadership has led to a proliferation of projects increasing the scale and pace of partnership working across the locality.

What was the challenge?

Manchester has some of the worst health and wellbeing outcomes in the country, with unsustainable levels of demand on the current health and care system. Services in the city have been found to be “fragmented, reactive and difficult to access” with a deficit of £373m estimated by 2020/21 if no further action is taken. In response to these challenges, the Manchester locality plan sets out a vision for an integrated health and care system, with a focus on more sustainable, cross-sector community-based services.

In the context of the national preventative agenda, regional devolution and city-wide transformation, South Manchester is undergoing rapid, large-scale changes at system, organisational and local levels. The scale of this change is understood to require a cultural shift towards a more collaborative ‘place-based’ way of working that empowers people to deliver services that meet the needs of the local population.

What were the opportunities?

In South Manchester, a “core group of interested stakeholders” from across public and third sector services came together to start exploring the opportunities for and challenges to delivering an integrated, community-based health and care system through collaborative working. Stakeholder mapping and a review of local health and care pathways highlighted that system-wide issues were still being addressed within organisational silos, with a failure to “tap into the range of resources in the community”. They concluded that a new form of collaborative system leadership was required that would foster a culture in which people felt empowered to act, share learning and work with others as part of wider, integrated networks. This form of leadership was understood to necessitate people to “rethink what it means to be a leader”:

“Leaders are everywhere and anyone can be a leader if they’re capable of working with others to create change”



What did they do?

In 2016, the University Hospital of South Manchester NHS Foundation Trust (UHSM) and Manchester Community Central (MACC) successfully led an application for a NHS North West Leadership Academy System Leadership Grant to fund the design and delivery of a system leadership programme for South Manchester. The programme proposal set out plans to deliver a series of interventions to develop system leadership skills and a system-focused mind-set. In particular, the project sought to help participants to build relationships and trust, exchange views and expertise, and start to work collaboratively. The overarching goal for the programme was the creation of a “sustainable network of diverse, self-selected teams to deliver a range of collaborative projects which share a locally agreed purpose for community health and social care integration and improvement in South Manchester”.

Taking a different approach

The programme not only aimed to support participants to develop an asset-based, collaborative style of leadership, but to enact this form of leadership in designing and delivering the programme of activities. To this end, the programme leads began by holding a workshop on the theme of ‘using system leadership to create change’ at which they invited participants to co-produce the future programme of activities:

“We decided that our role had to be about supporting and enabling others to recognise themselves as leaders who all had a role to play and who were all part of the solution [...] Everyone had a contribution to make, and the expertise, knowledge and experience of the person using services was as equal and as vital as the local GP, because we were looking at a new way of working where all of us had a small part of the overall solution”.

Individuals actively working on the local integration of health and care services were a key target audience, but the workshop was purposefully opened up to “anyone who was interested” including more “unusual partners” within the community. A non-hierarchical, inclusive approach was taken to support participants to work together and begin to share ownership of the programme. Over 90 people attended on the day at which they explored common frustrations with current leadership styles and ways of working, and began to develop ideas for the ongoing work:

“Overwhelmingly, they wanted spaces where they could come together to have a conversation without anyone telling them what to talk about. They wanted the opportunity to reflect on what their shared purpose was, and how they could work with others to create change”



A system leadership party

The participants agreed to pursue more informal ways of getting together that utilised community spaces with the next event set up as a “party”. This event successfully established a forum in which people felt able to contribute their ideas and build relationships with colleagues from across the system. Seeds were sown for a number of new system-wide ideas and collaborative initiatives that soon began to take root:

“People still tell us that they achieved more in those three hours in the community space than they had in the last six months of meetings combined. There was something special about having that space away from work that made people feel safer about making suggestions and putting themselves forward. What was even more special was that they got on with it and did everything that they suggested, without a single action plan, spreadsheet, monitoring form or feedback mechanism”.


Following on from the party, the programme participants agreed on a series of events building on the theme of system leadership that were delivered to over 200 people in total over the subsequent months. These events and activities included:

- Three additional ‘Using System Leadership to Create Change’ workshops
- Two ‘values-based leadership’ sessions
- An NHS Horizons session on ‘How to be a Change Agent’
- A “Brew and Biscuits” cross-sector matching scheme linking people up for visits and support
- Various networking and priority setting events and gatherings in pubs, coffee shops and community centres
- A Ted Talks Cinema Club
- A social media training workshop to support participation in the #sysleadershipmcr Twitter network

What outcomes were achieved?

Anyone can be a leader

After taking part in the programme, a number of participants reported an improved level of confidence in their individual leadership skills. This confidence was linked to recognising their own leadership behaviours as demonstrative of ‘system leadership’, helping them to validate themselves as leaders within organisational cultures that often ran counter to these ways of working:



“I can recognise that I have been taking a systems leadership approach through my whole career. It has helped me value this approach (rather than feeling like I'm working outside of the normal system) and recognise my attributes and skills in making connections and delivering successful work as a result of this way of working”

Feedback from participants reflected an increased sense of confidence in their ability to influence change across the system, bolstered by recognising the difference that small changes can make. Comments included greater confidence to “speak up” “take action”, “be assertive”, and to “try thing even if they fail” as well as reflecting improved resilience in leading within the uncertain, shifting and ambiguous spaces of system working.

Relationships and knowledge of the wider system


Another key outcome for individuals participating in the programme was an enhanced understanding of the complexity, breadth and diversity of the wider system, with the opportunity to meet previously unknown “supportive and influential leaders in the local area”. Learning more about the roles, responsibilities and ways of working in the voluntary sector was found to be particularly valuable, underpinning the development of new cross-sector relationships and initiatives. Becoming more attuned to the role of patients in transforming health and care services was also identified as an important learning outcome.

Twitter was found to be especially useful as a platform for nurturing cross-sector relationships, enabling greater patient participation, continuing conversations, building networks and providing a forum for sharing ideas and resources:

“Keeping in touch with people I’ve met at workshops on twitter is a genius idea as I’ve realised how this creates better working relationships with people and keeps them in touch easier and sharing idea and events together brings everyone together too”.

An energised, cross-sector community

The creation of a wider “support network” of people that share similar values was considered to be a crucial outcome of the system leadership programme. This network was credited with giving people the confidence to practise system leadership and generating an increase in energy, motivation and momentum for forging collaborative relationships. One of the programme leads described the emergence of a “willing coalition” based on a shared sense of community, vision and trust through which partnership working began to take shape:




“Changes are happening and people realise that the system leadership approach works linking people together and organisations. People actually help each other and work together as a team to help communities get better.”

What was the impact?

The programme is understood to have “galvanised and catalysed partnerships and projects”, increasing the innovative leadership capacity and capability in South Manchester and accelerating healthcare integration and transformation. Overall, over 100 discrete “place-based” projects are estimated to have come out of the system leadership work, some of which are described below:

- GPs, reablement workers, social workers, community therapists, practice managers and community nurses are working together to share clinical experience and discuss opportunities for devising new clinical care models for managing people with complex conditions.
- GP ‘transformation leads’ working within neighbourhoods have created “neighbourhood partnership” meetings to build relationships with wider stakeholders and develop new ways of working in line with the systems leadership approach. Priorities for improving service delivery have been collectively agreed, with an early project contributing to an increase in the uptake of flu jabs.
- A cross sector working group has been established to explore how to collectively solve transport issues impacting on people accessing health services.
- Staff involved in setting up new ‘care navigator’ roles within South Manchester have worked with people from health, social care and the voluntary and community sector (VCS) to establish a multidisciplinary team focused on improving communication across the system and identifying potential resources and schemes to which people can be referred.
- Care Navigators have joined community nurses and colleagues from the North West Ambulance Service, local befriending schemes and housing providers to explore issues of loneliness and isolation. Community nurses now attend home visits alongside neighbourhood health workers to open up conversations with people about engaging more with their local community.

- 
- Respiratory nurses and staff from Citizens Advice Manchester jointly visit patients about home heating assessments and the impact of cold, damp homes on conditions such as COPD.
 - Health, housing and community services have developed stronger links, with a number of projects now progressing that had previously been difficult to get off the ground. For example, health and housing organisations are now working in partnership to address hospital discharge issues.
 - A cross-sector 'Manchester Public Information Group' (MPIG) has been set up to look at how different information is used and shared. They are currently exploring technological solutions for sharing information and are updating a 'community information directory' to improve the information available to the public about organisations available to support people with disabilities.
 - Manchester University NHS Foundation Trust (MFT)ⁱ and VCS organisations are pursuing further collaborative work in key areas including integrated discharge, care navigation, frailty and older people support, and training programmes.
 - Services have reported new referrals from other attending providers on the programme, as well as an increase in referrals made by individuals. For example, the service lead for the Abdominal Aortic Aneurysm (AAA) screening service reported a significant increase in self-referral from the public following one of the system leadership community events.
 - The MFT Frailty Lead has built a relationship with the Greater Manchester Older Peoples Network, speaking at network events and mutually sharing insights and experiences. Her experience of the system leadership programme is now impacting on her practice:

“Learning from experts with regard to this approach and how to work across different systems and organisations together with meeting and learning how different organisations work has been instrumental in helping me to change my practice, improve the care my patients receive, and support other colleagues. I have made new and strong lasting partnerships across different sectors. ... As a result I have met so many new people developing strong links with the voluntary sector... and strong links with Greater Manchester’s Older Person Network, crucial for my medical field of Geriatrics”



Patient impact

For one patient, the system leadership programme has had a profound impact. Through the programme she has built relationships with people from across the health and care system, sharing her experiences as a patient and participant in the system leadership work at a range of different events. As a result of taking part in the programme she has also informed the re-drafting of integrated hospital discharge strategies and attended an 'Expert Patient Programme' training course on which she now volunteers as a tutor. She describes the impact of the programme as giving her a renewed sense of confidence in her everyday life. The system leadership approach has also influenced how she approaches her hospital appointments, seeing herself as part of a team of people working together to improve her health and wellbeing.

Next Steps

Sharing the learning

The success of the South Manchester Leadership Programme has been recognised at a local, regional and national level, with the programme 'leads' invited to present and publish their work in a variety of different forums. In this way, the programme is starting to influence a much wider audience about the system leadership approach.

Within the city, the South Manchester 'neighbourhood partnership' approach is influencing Manchester LCO's neighbourhood model and additional funding has been provided to share the learning and explore how to implement a systems leadership approach in Central and North Manchester.

News continues to spread about the system leadership work within South Manchester, with continuing demand for repeat delivery of some of the workshop sessions. There has been a growing number of people registering for the 'Brew and Biscuits' cross-sector matching scheme and a number of Ted Talks Cinema Club sessions are scheduled for the coming months. Informally, the programme leads and a core group of participants continue to meet up and the #sysleadershipmcr remains active on Twitter. A cross-sector focus group of engaged participants has also identified a number of suggestions for taking the work forward.

Sharing examples of how the programme has made a difference by helping leaders to develop the confidence to practise system leadership is considered particularly important. One of the programme leads described an ongoing "rhetoric gap" between the policy and practice of system leadership, and proposed that more needs to be done to help senior leaders "trust those who work for them, give others the floor and let them make a choice to work in a different way".



What were the lessons learnt?

Enabling others


From the outset, the programme leads modelled a distributed, collaborative form of leadership in their approach to running the events. In this way, they practised the kind of leadership style they were aiming to foster through their intervention and this 'role modelling' was considered vital to the success of the endeavour. The asset-based, co-productive ethos of the programme and the informal structure of the activities helped participants to feel safe to voice their opinions and test out new ideas. The use of community venues and social media also contributed to a more informal way of working that underpinned "a very real sharing of control". It was the shared ownership of the programme that empowered participants to see themselves as leaders, implement system leadership in their work and build relationships across organisational boundaries.

"They can see the tricky issues that are starting to emerge and feel safe enough to say that they don't have the answer alone. They bring together diverse groups of people who all have bits of the answer to find solutions together and they are making bonds and friendships that get stuff done. We need these real leaders in the system. They are the people that everyone knows, everyone trusts and that can bring people together, not through their authority, but through their vision and their ability to recognise a shared purpose or common cause"

The programme's approach of 'enabling others' has now created an energised, cross-sector community within South Manchester that is taking the system leadership work in a range of different directions. With the proliferation and progression of the networks and projects far outside the purview of the programme leads, the work could be considered to have successfully created a social 'movement'.

Dealing with discomfort

The programme leads described how "setting out without clear objectives and trusting people to do the right thing" was an "uncomfortable" and "scary" prospect at first, particularly as it went against more traditional models of leadership and programme management. Similarly, participants on the programme shared experiences of discomfort and difficulty in taking this kind of approach in their everyday work. A key point of learning was the importance of having "confidence in the process" and recognising that the discomfort of practising system leadership was a sign of bringing about change:



“Shifting the usual ways of working, sharing power and trying to create this kind of change in a system that has worked in a very hierarchical and siloed way for so long is hard. It’s really, really hard. If they fitted right in and agreed with everything that was said, they would have been the wrong people for that role, because without them and people like them, the conversation never changes. [...] It may feel uncomfortable, but recognising that you don’t have all the answers alone, feeling able to admit this and making sense of things with others instead of imposing your own view or interpretation is a strength, so don’t let it become a weakness.”

Progress at the pace of trust

A key finding from the programme was not only that the system leadership approach “works to affect change through the relationships it brings about”, but that “positive relationships and trust are preconditions for system working”. Reflecting back on the evolution of the programme, the time spent on exploring and understanding the diverse experiences, perspectives, values and cultures across the system was considered vital to fostering relationships based on trust, mutual understanding and shared purpose. Building on and harnessing people’s energy was also found to be an integral part of nurturing and strengthening the kind of relationships that could drive the work forward.

Tackling challenges

Committing to the principles of a distributed and collaborative form of leadership meant “allowing the leadership of the work to self-organise”. This flexibility was considered an important part of “facilitating and sustaining partner engagement” in the context of an ever-changing health and care landscape in which organisational and locality changes often diverted attention away from the system leadership work.

The importance of senior-level support, including “supportive line managers”, was highlighted as a vital factor in enabling the programme leads and participants to pursue a more ‘open’, collaborative, experimental and emergent form of leadership.

“I can still clearly remember telling my Chief Executive that we’d got the grant [...] but that we weren’t going to write a timeline, a plan or any outcome [...]. He could have told me that I was completely bonkers and that we don’t/can’t work in that way. Instead, he smiled and told me that he trusted me to get on with it if that’s what we felt was the right approach and if that’s what people were asking for”



Although the value of the system leadership approach is now being recognised more broadly at a senior level, there is a sense that more work is needed to embed this kind of leadership in a system that is structured around more traditional models of leadership and management.

Note: Quotes included in the text have been taken from grant proposals, evaluation reports, blogs and interviews with participants and programme leads.

ⁱ Manchester University NHS Foundation Trust (MFT) was formed on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).