Developing and leading ICSs

Good Governance Institute and
Coventry University

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The Good Governance Institute (GGI) exists to help create a fairer, better world. Our part in this is to support those who run the organisations that can and do shape our world.

As part of this, we are dedicated to researching, writing about and sharing information on best practice in governance.

Our focus has developed from our early beginnings in healthcare into other sectors such as higher education, the third sector, commercial organisations, housing associations, the arts, sports and professional bodies etc. and we are increasingly building our work internationally too.

Coventry University is a forward-looking, modern university with a proud tradition as a provider of high-quality education and a focus on applied research.

The University places emphasis on research that makes a tangible difference to the way we live. It operates 15 research centres and, in recent times has become well known for delivering research that makes a significant contribution to a number of global challenges including Sustainable Agriculture, an Aging Society, Low Carbon Vehicles, Integrated Transport and Logistics, Low Impact Building, Digital Media and Human Security.

In the 2008 Research Assessment Exercise, almost two-thirds of the University's submitted research was rated as international, internationally excellent, or world-leading standard.

Introduction

This short briefing paper summarises the key discussion points that arose from a panel discussion hosted by GGI and Coventry University on 17 November 2021. The event focused on the leadership and workforce challenges associated with the development of Integrated Care Systems (ICSs) with three seminal speakers framing the conversation for a live audience.

Professor Andrew Corbett-Nolan, Chief Executive of GGI, set the scene, taking attendees through the progress to date with regards to the establishment of ICSs around the country before outlining what he perceived as the key outstanding challenges before the delayed July 2022 'go-live' date.

Following this, Sir Ciaran Devane, Chair of the Irish Health Service Executive and the Director of the Centre for Trust, Peace and Social Relations at Coventry University, highlighted some of the many lessons that can be learned from the Irish experience of integrating health and social care at scale.

Finally, Professor Jenna Ward, Academic Dean for the Faculty of Business and Law at Coventry University, discussed the topic of emotional labour as a leadership skill and the importance of recognising it as such in the context of organisational effectiveness.

The session was then opened up to the audience. Littered throughout this paper are some of their comments. We hope that this will prove a useful retelling for those working in and leading ICSs.

Setting the scene: the leadership challenge for developing ICSs

Professor Andrew Corbett-Nolan, Chief Executive, GGI

"When you look back on this period, it won't be so much seen as the development of ICSs and systems, it will be more about service transformation being driven by providers collaborating together in some form of networks."

The health and social care sector in England is in a pivotal moment. Years of gradual reform will reach their head on 1 July 2022 when Integrated Care Systems (ICSs) are granted statutory form. These changes have been a long-time coming, finally rolling back the Lansley reforms of the early 2010s and cementing partnership and collaboration between organisations as the bedrock of an effective health and social care sector.

Whilst these changes are broadly perceived as positive, it is acknowledged that the journey to this point has not been without its challenges, severely testing leadership teams and health and social care staff who have also been heroically responding to the Covid-19 pandemic. That we have reached this moment at all is a testament to the tireless work that has taken place in particularly trying circumstances.

There remains, however, a significant amount still to do. As Andrew Corbett-Nolan set out, "*plans need to be developed that deal with the backlog as well as improving population health. Key decisions need to be made, relationships need building with local authorities and other partners, governance arrangements need to be put in place, assurance responsibilities must be assumed on behalf of NHSE, executive teams need to be assembled, partnerships need developing and much more besides.*" It is unsurprising therefore that the ICS go-live dates were recently pushed back from April to July 2022, with the HSJ speculating that some ICS may require yet further time to ensure that the leadership and governance can appropriately and adequately be established.

It is against this backdrop that Andrew Corbett-Nolan, Chief Executive of the Good Governance Institute, began the event by setting out what he perceived as the pivotal leadership challenges for system leaders over the next few months.

At this point, most ICSs have appointed their Chairs and Chief Executives with the remaining few expected to be announced shortly. Andrew argued that the success of any ICS will be contingent on the effectiveness of the vital relationship between these 'two-at-the-top'. He encouraged them "*to think about priorities rather than obsess with strategy and to think about influence rather than positional authority, and set the way they work up on that basis.*"

In particular, Andrew argued that ICSs should consider investing in development support for nascent ICBs. Highlighting that there will be great variety in the strength of relationships on this body and significant history between partners in each patch, Andrew suggested that setting expectations early will be vital to *"building trust and credibility"* within the leadership team. The 'two-at-the-top' will need to act with emotional intelligence and also effectively exert their influence early if the various partisan parts of the ICS are to be effectively managed and coordinated. This includes engaging with clinicians and wider staff where it will be crucial that leadership teams *"understand their [clinician] mindset and their motivations over a period of time what they're trying to achieve and work with that because ICSs are pretty idiosyncratic."*

Following this, Andrew identified three practical things which ICS leadership teams should be focusing on in the first 100 days.

1.   Get the fundamentals in place for April

Perhaps most obviously, Andrew argued that ICSs needed to ensure that they have the right governance and leadership teams in place for April. He pointed out that "recently, it has been harder [for Boards] to hold the line between management and governance" with the result being that *"as people [have been]…appointed into positions and as some of the central guidance has come out, many of those very lean structures we saw at the very beginning [of the process] are morphing more into collectivist ones and the size of the ICS boards for some…are growing up and up and up."*

Whilst it is vital that all relevant bodies have a voice within the ICS, it is important that the ICB does not become so unwieldy as to be ineffective. Getting the structural governance right, Andrew argued, will provide the foundation for ICSs future success. With regards to this, two particular points were made:

I.   Firstly, it was acknowledged that *"there is a real disparity between all partners in how much they can physically contribute towards this system development and this set-up"* and, as such alternative ways of ensuring involvement and engagement must be struck with partners, with much of this being achieved through the governance.
II.   And, secondly that work is required to with partner organisations for them to feel that their voice is heard and represented around the ICB. As one attendee put it, *"there's also the cultural side. I just feel we're a very long way off from primary care feeling like a representative from an acute trust is really representing their interests on an ICB."*

Reflecting this, Andrew identified a few key areas that leadership teams should focus on in the near-term to help engender buy-in to the ICS:

•   Developing and agreeing an executive team structure and recruiting the right people to these roles (thinking about the kind of leadership and skills they require in a system context).
•   Sorting out the financial aspects - delegation to place, payment mechanisms, financial envelopes, and objectives and accountabilities around these.
•   Ensuring the MOU and other governance fundamentals are fit for purpose and account for how provider collaboratives and primary care will operate and the systems relationship with them.

Without these fundamentals in place, the ICS will not have the base upon which to deliver for local populations.

2.   Develop the relationship between the 'two-at-the-top'

Secondly, and as highlighted earlier, Andrew emphasised the importance of the relationship between the 'two-at-the top' as central to the success of any ICS. Whilst many Chairs and Chief Executives will already know each other well, others will have only worked indirectly with each other or not at all. Furthermore, no matter the baseline, all ICSs will be completely new organisations established in a new context and, as such, these relationships will need to be recalibrated, or formed, with that in mind. In particular, Andrew argued that there would be value in focusing development energy on honing the skills of system leaders in the following areas:

•   Compassionate leadership
•   Influencing
•   Relationship building

Focused Board development and coaching may help some ICSs in this area.

3.   Cultivating the right culture

"It's all about managing the people."

Thirdly, Andrew argued that system leaders will need to work hard to cultivate the right culture within the developing ICSs. Staff have been on a long journey to get to this point, with much work taking place concurrently with the global Covid-19 pandemic. Many staff are understandably close to burning out and will need support over the coming months. As on attendee put it *"everyone is working flat out and I think we may still drop a few balls."*

Reflecting this, Andrew encouraged system leaders to think about what traits they will need to display in order to be successful. In particular, these include inclusive, compassionate and collaborative leadership.

The importance of *"galvanising the same old suspects…and also…understand[ing] the catalysers and agents who are not the [usual] players, so those not on the board,"* was also underscored. It is these individuals who will be able to land decisions with the wider staffing groups and it is important that as many as possible are signed up to the local vision for health and social care. This will require system leaders to be visible to and engage with staff and stakeholders as much as possible and in a way which may be unfamiliar to some or take them out of their comfort zone.

Finally, Andrew argued that, given this it makes sense for ICSs to build their executive teams around these values and behaviours. And look to proactively develop similar skills amongst wider staff as much as possible. Some key questions that ICS leaders must be able to answer include

- What kind of culture does your ICS need to succeed?
- What will be your key values?
- What role can you as a top two play in shaping this culture from the start?
- How can you create and develop your board around this culture?
- How can you ensure your board exhibits the necessary skills and behaviours?

As Andrew concluded, *"the tone you set from the beginning - how you engage partners, build culture, develop relationships, the governance you put in place, hone skills, understand partners and the communities you serve - will be of the utmost importance to the success of the ICS."*

Emotional Labour as a Leadership Skill

Professor Jenna Ward, Academic Dean of the Faculty of Business and Law, Coventry University and Director of the Art of Management and Organisation

In her presentation, Professor Jenna Ward, took attendees through the importance of emotional labour as a leadership skill. Explaining that emotional labour is the ability to understand and manage the "emotions of both self and others" in order to help "manage tensions, relationships, influence and build trust" and develop "high performing teams and emotional resilience," Professor Ward proceeded to illustrate how both leadership theories and leadership itself are not only "complex and varied" but acknowledge the importance of humans' "ability to influence the way others feel, manage meaning, be perceived as authentic and be transformational" in complex, multi-faceted contexts. "Without a concerted effort to manage your own emotions as a leader, [this] cannot or does not happen by happenstance." This is echoed by Iszatt-White (2013) who explored the concept of leadership as emotional and compassionate labour, underscoring the importance of generating a positive and facilitative emotional environment to achieve leadership success.

The construct of emotional labour as discussed by Professor Ward is highly relevant to the significant transformational shift to ICSs, and helps frame many aspects highlighted by Andrew Corbett-Nolan during the debate. In particular, managing relationships and exerting influence (as opposed to positional power) being "at the heart" of how ICSs are taking shape, with the need to recognise from the beginning, how individual players (within the boards), catalysers and agents (i.e. those responsible for local economic regeneration, universities, significant employers) are going to be "partisan" and "well-versed in avoiding accountability where, in reality, most of the change is going to take place." Devising and maintaining direct relationships with and between these individuals as the agents of change, establishing and gaining understanding and acceptance of the "tone, narrative and mindset" and creating trust and credibility by communicating both the "expectations of the change and speed of change" from the very beginning was therefore emphasised to help manage tensions, reduce anxieties and achieve alignment. Indeed, Professor Ward emphasised that emotions will not be excisable from these ICS contexts or processes but instead will "characterise and inform" them.

The term emotional labour was coined in 1983 by Arlie Hochschild, an American sociologist, in her seminal text, The Managed Heart, who undertook a comparative analysis of gender work conducted in the 1970s at Delta Airlines. With female cabin crew being paid to demonstrate empathetic emotional labour by willing themselves to smile to provoke positive feelings within customers. Whilst male debt collectors were paid to intimidate debtors into paying up. Equally, as posited by a member of the audience during the debate, management within the health and care sector have often been required to express feelings they do not always possess, namely sympathy. Whilst Hochschild's research has helped make explicit the fact that emotional regulation occurs within organisations daily based on the demands placed upon employees, it also poses the question how much labour power leaders during the transition and management of ICSs may be able to invest in the emotional labour process when being constantly overcome with extreme uncertainty and anxiety around ICSs themselves. This can further impact leader's felt authenticity and the perceived authenticity of the leader by the followers.

The prodigious amount of uncertainty remaining around ICSs, how they are going to be different and who will be in the ICBs on top of the COVID-19 pandemic and existing pressures around finance, delivery, performance and recovery across the health and care sector was acknowledged by several attendees during the debate. Whilst this then relates to Professor Ward's emphasise on the importance of understanding your own emotions to then recognise the impact on one's self and decision-making ability to help manage the current ambiguous environment, she also linked this to the dark side of emotional labour. As explained by Professor Ward, this is about understanding that the complexity of emotion that exists within organisations impacts individuals. With work environments that are emotionally disturbing and exhausting yet require 'discordant' forms of emotional labour such as surface acting and emotional dissonance can take its toll on individuals, leading to burnout and emotional exhaustion. Professor Ward went onto explain that as leaders there is therefore a duty of care to acknowledge just how emotionally demanding these leadership roles are, particularly within complex multi-stakeholder organisations such as ICSs.

Regardless of being on the front line in direct care settings, or managing the support infrastructure, Professor Ward highlighted the importance of putting the complexity of emotional delivery at the centre of decision-making and of governance structures to prevent the risk of system failures and individual burnout, both palpable and relevant during the significant transformational shift to ICSs.

The debate went on to recognise that the disparity between all ICS partners in how much they can physically contribute towards system development and the implementation of ICSs will be difficult to manage through diverse cultures, perspectives, capabilities, tensions and measurement systems. There will also be no "one size fits all gateway" as explained by Andrew Corbett-Nolan, with each ICS being idiosyncratic, composed of 50-100 individuals with different mindsets and motivations. To help achieve success within these very complex dynamic relationships, there will be a need to understand all ICS members personalities, motivations and life narratives which relates to Professor Ward's focus on what you as leaders can offer emotionally rather than physically and taking pride in expressing emotions appropriately through empathy and emotional engagement to facilitate performance and better understand others. This could then help forge the bonds to build trust and collaboration to facilitate open discussion around the issue's partners can all support despite coming from these different perspectives, the ideas partners do not necessarily agree on, and devise how existing contradictory evaluation mechanisms between partners can be tackled. Indeed, a member of the audience also spoke about how managing their own and others emotional labour when chairing meetings helped support discussion by predicting which members would be intent to speak and managing relationships between members with different demographic characteristics.

Professor Ward's discussion helped demonstrate the performance of emotional labour as fundamental in increasing the likelihood of success in this new ICS environment. As leaders in multi-faceted, complex, multi-stakeholder care systems, Professor Ward challenged attendees to reflect on the emotions that characterise their leadership, their decision-making and therefore their organisation. Encouraging the audience to question whether their emotional arena is one they can be proud of, can celebrate and be confident that it delivers positive population-based health outcomes. As well as being willing and able to challenge those normative, implicit rules that define their emotional arenas by managing the performance of their own emotions in order to influence others.

The experience of the Irish Health Service Executive

Sir Ciaran Devane, Chair of the Health Service Executive & Executive Director of the Centre for Trust, Peace and Social Relations and Associate Pro-Vice-Chancellor for International Relations at Coventry University.

The final presentation was given by Sir Ciaran Devane who discussed his experience of leading the Irish Health Service Executive and the learning from this that can be applied to the development of ICSs in England.

Sir Ciaran began by describing how the Irish Health Service, governed by the Health Service Executive is organised. In particular, Sir Ciaran drew attention to the fact that the Health Service Executive controls the budget for both health and social care. This, he argued, made it *"a very different beast"* to English health and social care and meant that, in comparison, all of the parts *"were working to a single playbook."* Whereas in England, cultural challenges as well as differing funding models have meant that it has frequently proven difficult to effectively integrate health and social care, in Ireland, Sir Ciaran pointed out that, *"if you don't have stepdown and you don't have social care in place, well, guess what, we [the Health Service Executive] are accountable for buying that. So, we can make decisions like buying six million extra hours of homecare so that people do not get stuck in hospital and they get moved out."*

Sir Ciaran also argued that *"health is a proportionately bigger part of the story in Ireland than it is in England"* and *"therefore a huge part of the news cycle."* Because of this, *"the political engagement in healthcare feels very different to the political engagement with healthcare here [in England]."* To illustrate this point, Sir Ciaran argued that "one of the consequences of that is that the Taoiseach and the Tánaiste, the prime minister and deputy prime minister, are [both] former health ministers." In the UK, you need to go back to Neville Chamberlain for the last time a Secretary of State for Health had progressed to Prime Minister and, as we know, it is incredibly difficult to reach cross-party consensus on issues pertaining to health and social care in the UK impacting on the effectiveness of reforms.

Despite these differences, Sir Ciaran highlighted how, on both sides of the pond, *"there's been a lot of really fantastic examples of collaborative working through COVID and great partnerships and relationships that have been built that people want to keep hold of"* and how doing so would encourage greater collaboration and help to successfully deliver ICSs. Indeed, Sir Ciaran suggested that relationships, strengthened through the pandemic, would be central to driving integration, helping leaders to make joined up decisions in the best interests of the public. As Sir Ciaran put it *"we have to get over some of the boundary issues and say that the real problem we need to fix is over here. We will need to take resources from some unlikely places and we will all live with that. So, it's not I'm going to protect my nursing workforce because I'm going to need them."*

To finish, Sir Ciaran raised the spectre of several wicked issues universally affecting health and social care systems. The first of these pertains to the health and social care workforce. Sir Ciaran argued that money alone is unlikely to be enough to solve this issue highlighting how despite the Irish Health Service Executive seeing a 25% increase in its budget over the previous two years, there simply is not the staff available to fully support the health and social care system. This is an issue that those working in the English health service will recognise. The Royal College of Nursing, for example, have reported that there are 38,000 nursing vacancies in England alone and, as a consequence of Brexit and the pandemic, we are much less able to rely on foreign staff to plug this gap. There are no quick or simple fixes to the workforce issue but it is one which will require the focus of ICSs. Secondly and finally, Sir Ciaran emphasised the need, as Andrew did before him, for relationship building within ICSs concluding that *"it works really well as long as you can get that collaboration right,"* and it is about *"recognising that it's all driven by human beings and they're all different."*

Recommendations

1. Get the governance fundamentals in place for April.

2. Develop the relationship between the 'two-at-the-top'.

3. Cultivate the right culture within the ICS from the outset.

4. Exert emotional intelligence to influence others and the way they feel

5. Understand the dark side of emotional labour and the duty of care to acknowledge how emotionally demanding leadership roles are, particularly within complex multi-stakeholder organisations.

6. Ensure that lessons and good practice from other health and social care systems are reflected upon and where sensible adopted.