

The practice of collaborative leadership

Across health and care services

Overview

- The health needs of the population are changing, and many people need more co-ordinated care across primary, community, social and hospital services. More co-ordinated care requires organisations and staff to collaborate well across organisational and professional boundaries.
- This report draws on interview and survey data from senior leaders working in integrated care boards, NHS providers, local government and the voluntary, community and social enterprise sector, and shares insights and evidence about how to collaborate well.
- The research shows health and care leaders at all levels have a critical role in modelling and rewarding collaborative behaviours but this is insufficient on its own. Leaders also need to pay attention to six leadership practices if they want to build a stronger collaborative ethos.
- This style of working is hard especially in a resource-constrained environment. We recommend leaders give greater attention to designing more participatory processes and developing the collaborative skills of other groups of staff.
- Given the pace of change and disruption needed to solve many of the problems facing our health and care system, we recommend leaders extend the practice of collaborative leadership to work with a broader range of local organisations as well as local communities.

Why we did this work

In England, integrated care systems (ICSs) aim to realise collaborative working across health and care services, but this will require staff to employ different behaviours, skills and practices both in and outside their own organisations. Effective working across organisations means adopting new practices to navigate challenges such as conflicting organisational goals, competing institutional norms and rules, and any perceived loss of power or resource.

Learning to collaborate well is possible but few people working in health and care organisations have ever received substantial development in this area. Government policies over the past 50 years have focused on the structures and governance arrangements rather than the behaviours, skills and processes. This report shares the learning and insights from health and care leaders about what nurtures more effective collaborative working. The report combines three data sources:

- contemporaneous notes collected while the authors worked with various leadership groups over the past decade
- data from interviews with 15 senior leaders working in ICBs, NHS providers and local government
- data from a short online survey with 53 health and care leaders.

The report shares insights and evidence about how to collaborate well to build a stronger collaborative ethos across health and care services.

What is collaborative leadership?

Collaborative leadership is grounded in the belief that a shared model of leadership is more creative and effective than a leader or group of staff working alone. Sometimes leaders will adopt a collaborative leadership approach when working with their peers; in other instances, a leader focuses on creating the conditions that mean others can collaborate well.

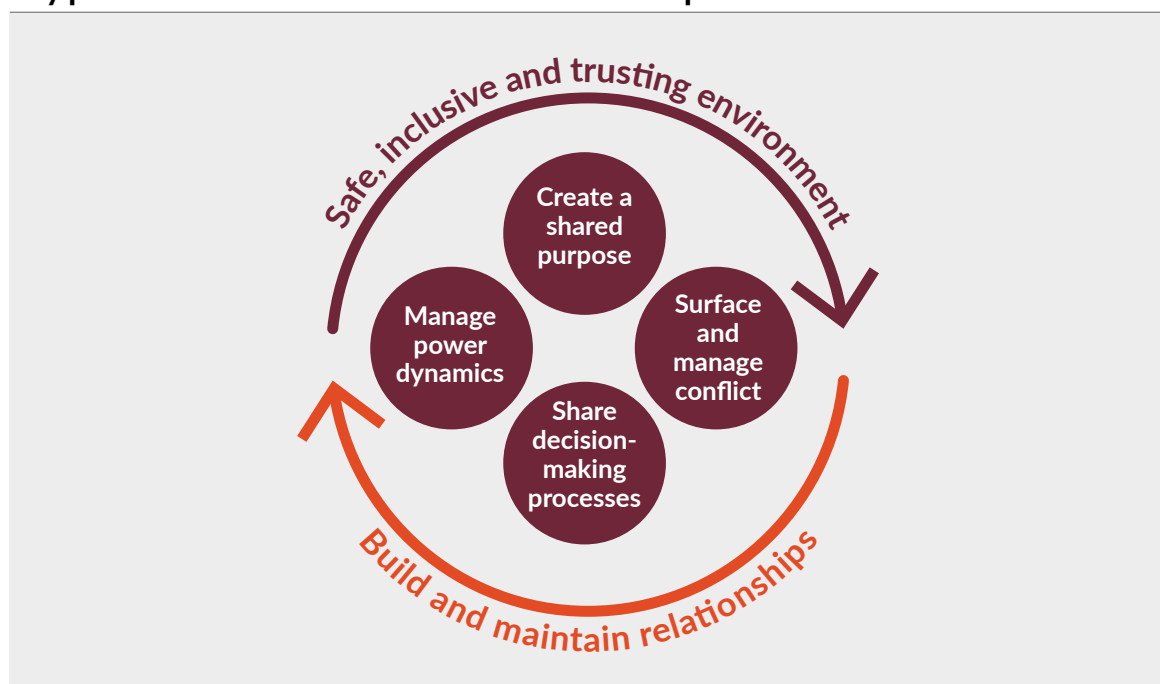
A true collaboration values difference and prevents any one organisation or group from dominating. This may be difficult to achieve in health care systems that have traditionally valued some organisations or professional groups above others but if done well collaboration will promote staff engagement and accelerate service transformations that will benefit patients, staff and communities.

What we found

Health and care staff are beginning to successfully work collaboratively across organisational and professional boundaries. However, after many years of government policies promoting organisational independence in the NHS, the switch to working together is proving challenging even within the new organising framework of an ICS.

Our research shows health and care leaders at all levels have a critical role in modelling and rewarding collaborative behaviours but this is insufficient on its own, attention also needs to be given to six key leadership practices

Key practices for effective collaborative leadership



The six leadership practices are:

- **creating a safe, inclusive and trusting environment in which everyone can contribute fully** – leaders need to look at problems from perspectives beyond their own. This means leaders need to be open and trusting, to connect with others and create different spaces in which people feel safe to contribute and be heard; to listen to and value others' contributions and ensure others do the same.
- **building healthy relationships** – this requires sustained effort but adopting a more relational way of working based on humility, respect and trust strengthens connections between organisations and individuals leading to increased staff engagement and more co-ordinated services.

- **developing a shared purpose and shared group identity.** It is important to clearly set out the shared purpose around why organisations or/and professional groups are working together and create a shared group identity to promote engagement across the collaboration and to address any power differentials (see below).
- **actively managing any power dynamics** – so no organisation or professional group dominates. Introducing processes that create a more open and participatory environment can also be useful to enable individuals to think differently.
- **surfacing and managing any conflict** – in collaborations you are working with different views and ideas, sometimes these will turn into conflict. It is important to approach any conflict with an open and curious mind, rather than turning away from it.
- **developing shared decision-making processes** – designing transparent processes that enable all key organisations or groups to contribute to a decision produces a range of benefits, although it takes longer. Benefits include greater ownership over the decisions adopted and strengthening trust across a collaborating group.

Where next?

Given the pace of change and disruption needed to solve many of the problems facing our health and care system, The King's Fund recommends health and care leaders extend the practise of collaborative leadership more widely with working more closely with local organisations, people and communities.

This more 'civic' style of collaborative leadership will give health and care leaders a key role in mobilising local assets and communities. This approach will place less emphasis on producing plans and give more attention to demonstrating the values and behaviours associated with shared stewardship.

The full report, The practice of collaborative leadership, is available at www.kingsfund.org.uk/publications/practice-collaborative-leadership.

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