THE CHALLENGES AND LEARNING IN TRANSFORMING HEALTH AND SOCIAL CARE DURING 2016–2017

HSCP Chief Officer Report commissioned from Turning Tides by Healthcare Improvement Scotland's Improvement Hub (ihub)

August 2017

On behalf of Healthcare Improvement Scotland's Improvement Hub (ihub)

ACKNOWLEDGEMENTS

This report was commissioned by Healthcare Improvement Scotland's Improvement Hub (ihub). I would like to acknowledge those Chief Officers who gave up their time to participate in this survey and subsequent interviews.

As Peter Drucker states *"the greatest danger in times of turbulence is not the turbulence – it is to act with yesterday's logic"*. Our grateful thanks in helping the ihub to gather the knowledge needed to continue its journey of development; to be relevant to the challenges of today.

I hope the information contained in this report will also be helpful to policy colleagues, other national organisations and local partnerships in our joint endeavour to create a context that supports and enables the transformation of health and social care with the ultimate aim of improving the health and wellbeing of individuals in Scotland.

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EXECUTIVE SUMMARY

As part of the Memorandum of Understanding with Scottish Government and COSLA, the Improvement Hub (ihub) will produce an annual report each year. They were asked to include an analysis of the factors that have enabled and hindered the improvement/redesign of health and care services over the past 12 months.

An electronic questionnaire was issued to the 31 Health and Social Care Partnership (HSCP) Chief Officers.[1] As well as exploring their experience of the challenges and learning during this first year with the health and social care legislation, the survey also provided an opportunity to seek feedback from Chief Officers about their experience of the ihub.

Sixteen Chief Officers completed the questionnaire; a response rate of 52% and two Chief Officers participated in a telephone interview. The interviews were an opportunity to 'sense check' the findings from the questionnaire and drill down deeper into some of the themes.

The final stage involved presentation of the findings at the national HSCP Chief Officers' Group to 'sense check' the themes and test the veracity of the conclusions.

Chief Officers identified where progress had been made, such as in changing the shape of frontline health and social care services; engagement of those delivering services and in the strategic development of the partnerships.

In considering what has enabled progress, Chief Officers identified greater stability around the Integration Joint Board (IJB) budget; the attitudes, commitment and support of individuals involved in delivering services and the support they had received from partner organisations.

Funding constraints was seen to have hindered progress along with the complex governance arrangements, time and capacity issues and challenges around IT and facilities.

Looking in more detail at the challenges, Chief Officers' were asked to rate between 0-10 how challenging they have found the seven most frequently cited obstacles to transforming health and social care from the published literature (10 being the highest).

[1] For the purposes of this paper HSCP is used to encompass the 31 partnerships, recognising the 30 Integration Joint Boards and 1 lead agency as governance structures

All seven challenges had a mean of 5 and above but 'financial pressures' 'workforce issues' and 'capacity and capability in improvement and redesign' were rated highest in the survey. However, in conversation with Chief Officers at their national meeting it is apparent that relationships could be adversely affected when addressing the other challenges and perhaps should have been scored higher. There was also a view that the complexity of the governance arrangements should not be underplayed.

How these challenges are currently being addressed and what more could be done nationally to support HSCPs in their endeavours were also explored.

Twelve Chief Officers responded to the question on their experience of the ihub. Eight (66%) rated their experience as either satisfied or very satisfied and four gave a noncommittal response suggesting they had had less contact with the ihub. None rated any overall dissatisfaction. There were some positive messages and also some suggestions for how for the ihub could strengthen their approach.

In exploring the priority in relation to support from the ihub going forward, Chief Officers are clear that this needs to be practical in nature. They need 'on the ground' support and extra capacity in improvement and redesign. Intelligence about what works was also seen to be a priority. Indeed there was a clear message from Chief Officers that, in creating a new health and social care landscape, they and their teams are keen to share and learn from others who have already addressed these issues.

Finally Chief Officers shared their learning from the first year with the legislation. The key themes were the importance of distributed leadership and creating the right conditions; the personal investment needed to drive change in such complex environments and their learning around what works in leading innovation and improvement.

1. INTRODUCTION

As part of the Memorandum of Understanding with Scottish Government and COSLA, the Improvement Hub (ihub) is required to produce an annual report each year. As well as an impact analysis, the ihub was asked to include an analysis of the factors that have enabled and hindered the improvement/redesign of health and care services over the past 12 months. The ihub commissioned TurningTides to carry out a survey of Integration Joint Board Chief Officers to inform this part of the annual report.

The aims were to:

1. Explore the factors that have enabled and hindered progress in transforming the delivery of health and social care within Health and Social Care Partnerships (HSCP)* over the past 12 months
2. Identify the key challenges and learning from this foundational year from the perspective of the Chief Officers
3. Consider the implications for transforming health and social care going forward

*(*For the purposes of this paper HSCP is used to encompass the 31 partnerships, recognizing the 30 Integration Joint Boards and 1 lead agency as governance structures)*

1.1 Methods

An electronic questionnaire was designed and tested before being issued to all 31 Health and Social Care Partnership Chief Officers. As well as exploring what had gone well and what had enabled and hindered progress, Chief Officers were asked to rate seven frequently cited obstacles to transforming health and social care services from the published literature.[2][3][4][5] They were also asked what was already helping them to address the challenges and what national action or support might help further.

This survey also provided an opportunity to seek feedback from Chief Officers about their experience of the ihub. While acknowledging that the ihub is on a similar journey of development having only been established in 2016, Chief Officers were asked, where their HSCPs had received a service from the ihub, to rate their level of satisfaction. Finally, Chief Officers were invited to share their learning from this first year of working with the new Health and Social Care legislation.

Chief Officers were subsequently invited to participate in a semi-structured interview to explore further some of the emerging themes arising from the questionnaire.

The final stage involved presentation of the findings at the national HSCP Chief Officers' Group to 'sense check' the themes and test the veracity of the conclusions.

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[2] Audit Scotland (2015), Health and Social Care Integration, Audit Scotland, Edinburgh

[3] Nuffield Trust (2015), Health and Social Care Priorities for the Government 2015-20, Nuffield Trust, London

[4] The Scottish Parliament Information Centre (SPICe) (2012), Integration of Health and Social Care: International Comparisons, Scottish Parliament, Edinburgh

[5] The Kings Fund (2012), Transforming the Delivery of Health and Social Care, The Kings Fund, London

2. FINDINGS

Sixteen Chief Officers completed the questionnaire; a response rate of 52%. Two Chief Officers agreed to participate in interviews which were carried out by telephone. The interviews were an opportunity to drill down deeper into some of the emerging themes from the questionnaire. It should be noted that the survey focuses on the views of Chief Officers rather than those of the Integration Joint Board.

The next section summarises the responses and wherever possible the actual words of Chief Officers are used.

2.1 What has Gone Well?

In thinking about the service improvement/redesign needed to achieve the vision set out in the Health and Social Care Delivery plan, Chief Officers were asked what has gone well in the past 12 months. Three themes emerged from responses.

The first relates to progress in **changing the shape of frontline health and social care services**. Four Chief Officers mentioned progress with reducing delayed discharge e.g. "continued focus on early intervention and prevention, strong performance on reducing delayed discharge and supporting people home safely". Others referred to innovations they had implemented such as the development of the "Discharge to Assess pilot and integrated work on developing reablement".

Work in engaging GPs was also highlighted e.g. "creative solutions and strengthening partnerships with GPs to address GP crises locally" and "establishment of Wellbeing service and Mental Health Access Points… within GP practices and increase access to support".

The second theme related to the **engagement of those delivering services** in the business of integration and transforming services e.g. "continuing engagement with local communities on the strategic plan, the challenge of local service delivery and the redesign of services". One respondent described how using levers within their local systems enabled them to get staff on board:

"We have been able to secure our transformation funding to go toward innovation rather than the bottom line. As a result, we've been able to engage and involve teams across the patch in this work".

Progress on the integration of teams and services was mentioned, particularly in relation to frontline services e.g. we have generated a "culture of working openly together and recognising strengths in differences and diversity". Another added that people "on the ground are enthusiastic and keen to take forward integration of services" which has helped them to "identify opportunities for change".

The third theme was around progress in the **strategic development of the IJB and HSCP** such as in getting structures and governance arrangements in place e.g.

"Establishment of IJB, enthusiasm and engagement of all IJB members with the big strategic issues. Continuing engagement with local communities on the Strategic Plan, the challenge of local service delivery and the redesign of services".

2.2 What has Enabled Progress?

In considering what had enabled progress three themes were identified.

Support with funding was mentioned by several respondents such as "Scottish Government is ensuring stability of IJB budget". They added that "local and national opportunities to test change/new models of care" had been enabled "through small amounts of one-off funding being made available". However, according to one respondent, the additional funding could be "a double edged sword" in that they had "got the funding too early and (their) ability to spend while also constructing the IJB /HSCP was limited".

The attitudes, commitment and support of individuals involved in delivering services were seen to be fundamental to progress by several Chief Officers e.g. people are "committed to doing their best, despite limited resources and other challenges".

Corporate Support - the relationships with and support from health boards and councils were cited as enabling progress by a number of Chief Officers e.g. "support and empowered to get on with the job by both NHS and Council Chief Execs". One respondent flagged up the wider demographic and systemic issues that were acting as drivers for change and as such were bringing people together around a common purpose:

"Crises and challenges have created the sense of urgency and the willingness to think the unthinkable that allows us to tackle the wicked issues".

Building local capacity to make changes – "planning, change management and general management" - was also identified as a factor.

2.3 What has Hindered Progress?

Issues around **finance/budgets** were highlighted by several respondents. Some referred to lack of clarity such as in relation to "unscheduled care budgets" and "challenges around agreeing budgets for 16/17". One respondent raised an issue around the "failure to move to RAM/GAE funding formulae" which "penalises well established partnerships for previous good performance".

Historical issues around spending were also identified i.e. "large volume of legacy issues with insufficient budget to manage current pattern of spend". Finally one respondent cited the inherent tension in "the need to maintain financial governance at the same time as delivering transformational change".

Complex Systems and Governance Arrangements were referred to by several Chief Officers as frustrating and time consuming e.g.

"The complex governance of working within 3 organisations - IJB, NHS and Council has been incredibly frustrating and has slowed progress. Having to get approval for posts through two systems has meant in some cases us taking a year to go from IJB decision to recruitment".

The influence of complex systemic dynamics on behaviours was also highlighted e.g.

"Acceptance and awareness of the implications and complexity of integration across the system has taken time. This has led to behaviours continuing that are not consistent with new governance arrangements e.g. decisions continuing to be taken in accordance with old governance arrangements rather than acknowledging the IJBs responsibilities".

The pre-existing cultures in the different Health and Social Care partners were also cited e.g. the "NHS Corporate body focusses more on risks, problems, and what others can/should do rather than opportunities, assets and what it can contribute". Not everyone being seen to be pointing in the same direction could also impede progress as identified by one respondent "lack of corporate support from one partner and time required to gain mutual understanding around governance & accountability".

Time and capacity issues were also identified i.e. "time is the biggest challenge against the pressure of ongoing delivery". Getting the balance right for small partnerships was also flagged as an issue e.g. "balancing professional governance with the need for strong operational leadership in a small partnership".

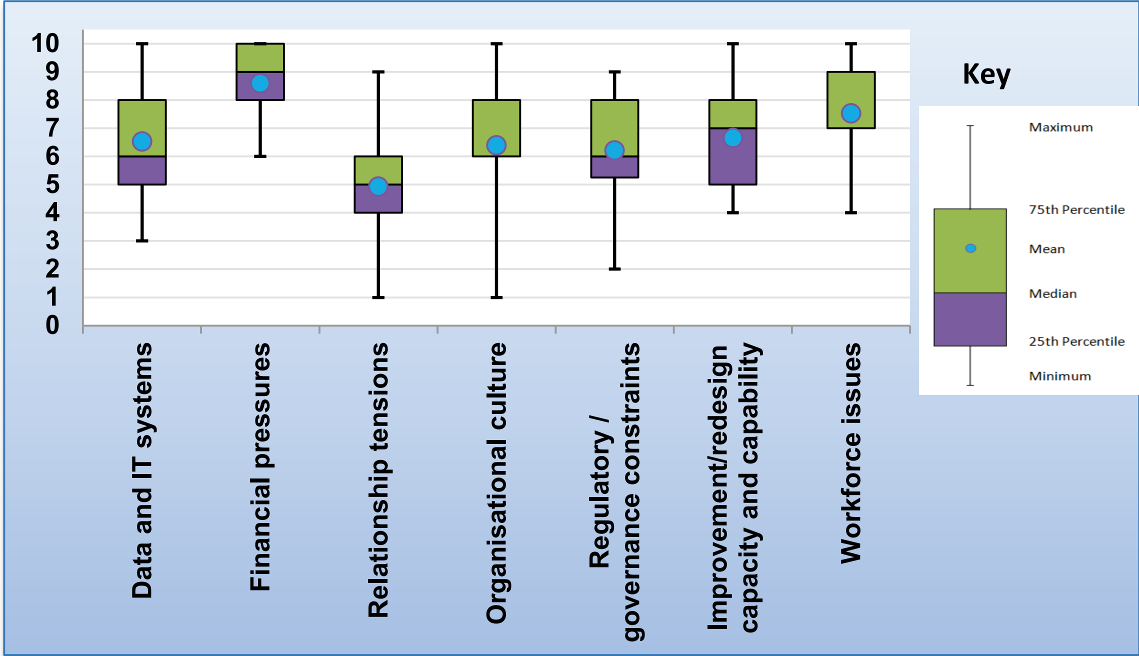
Finally, issues around **IT and facilities** were flagged up such as "information systems, information sharing and out of date data" and "accommodation/IT and system processes in HB and payroll software/hardware from NHS and Council.

2.4 Understanding the Challenges

Chief Officers' were asked to rate between 0-10 how challenging they have found the most frequently cited obstacles to transforming health and social care from the published literature. The Box and Whisker Plot in Fig 1 shows the mean, median and range of scores for each challenge.

All of the challenges had a mean of 5 and above but 'financial pressures' (mean: 8.6), 'workforce issues' (mean: 7) and 'capacity and capability in improvement and redesign' (mean: 6.7) were rated as the top three challenges facing Chief Officers. 'Organisational culture' and 'relationship tensions' saw the greatest spread of opinion.

Fig 1. Chief Officers' assessment of the frequently cited obstacles to transforming health & social care from the published literature



The interviewees concurred that the challenges resonated with their experience. Indeed they were seen as interlinked. Financial pressures point to a need to redesign but a lack of capacity and capability in service improvement can get in the way. Staffing pressures compound the situation.

"The lack of workforce is making the system very vulnerable. There's a sense we can redesign the whole system in order to work within the financial envelop but I'm not sure that's possible".

Reflecting with the Chief Officers at their national group, however, it is apparent that **relationship tensions** and the complex **governance arrangements** could in some circumstances be more challenging than the survey suggested. The interconnectedness of the challenges was again in evidence. For example the issues around agreeing the HSCP budget allocation can put a considerable strain on relationships between partners who are all facing significant financial pressures which ultimately have consequences on the services available to the populations they are responsible for.

Whilst recognising that in many cases these tensions are the consequence of systemic factors that all partners are equally struggling with, according to one Chief Officer some of the barriers are ideological e.g.

"There is still some cynicism within the partner organisations that questions the need for the Public Bodies Act - this influences "buy in" to strategic activity, and can present challenges in relationship building and committing to an agreed direction of travel"

2.5 How are these Challenges Currently being Addressed?

As well as rating how challenging they had found these frequently cited obstacles Chief Officers were asked to identify what was already helping to address them. A summary of responses is provided below under each challenge.

2.5.1 Financial pressures

A number of enablers were identified such as "Scottish Government support to HSCPS" but, as one respondent stressed; the financial pressures "can't be overstated. This is hugely challenging and in the context of all partners being under pressure it drives some less than helpful behaviours too". They added that they had been successful in "securing and putting in place" their own "CFO for the partnership which gives us a focus on our IJB financial strategy and creates a level of confidence in delivering our ambitions and priorities".

Others flagged up the growing clarity around budgets which was making things easier e.g. "NHS Budget allocation in 2017/18 (is) much more straightforward than previous year with clear decision making on delegation of budget including addressing the hole in prescribing".

Another said that the "increasing focus and openness of 'set aside' and 'hosted services' budgets is helping" but added that you "cannot get away from the fact that allocation of funding through NHS and Council makes things more complex".

There were also responses relating to how the work to transform services was relieving some of the pressures:

“We are seeing a positive impact of ‘doing the right thing’ prevention/early discharge from hospital and are seeing lower social care costs”.

Several Chief Officers were complimentary about the work of people delivering services in enabling progress e.g.

“HSCP front line staff (are) showing great determination to engage in improvement programmes which is helping to mitigate against significantly inadequate (overspent) health budgets”.

Finally, one respondent referred to “activity to improve understanding of budgets and budgetary control at service level”.

2.5.2 Workforce issues

While a number of enablers were highlighted there were equal numbers of references to the enormity of the challenge e.g. “cross sector working is our biggest success but working with 2 sets of everything, even measuring absence differently, is difficult”.

The challenges in recruiting GPs was referenced by three respondents e.g.

“Massive challenge across the board and no quick fix. If anything though this is the burning platform that's supporting all of us think radically as there are no easy things that we just need to do more of that will resolve this. We just aren't going to get more GPs or more DNs - we need to create new models and ways of working”.

Staff moving from a “professional silo approach to being more collaborative” was cited by one respondent and another referenced the “new roles emerging from innovation in voluntary sector that are more holistic”.

Practical measures were cited such as a workforce planner being “aligned to change programmes”. Another respondent referred to broadening the focus of workforce planning to include the “whole workforce” rather than limiting it to “the statutory sector in isolation of the external sectors”. The introduction of living wage was also identified as helping “to erode differentials between workers in the statutory sector and external providers”.

Finally, one Chief Officer highlighted that the “willingness of local teams and staff to adapt was helping to mitigate (the) emerging challenge around availability of (health and social care) workforce” but added that:

“National bodies are still creating a workforce for old models with old thinking, and just not adapting fast enough”.

2.5.3 Improvement/redesign capacity and capability

A number of respondents made reference to building local capacity and capability e.g. we’re taking a “systematic approach” and “strong focus on building improvement capability but capacity remains a challenge”. Another spoke about investing “to support change capacity”, but added that “this is difficult when service budgets are under real pressure”. A sentiment echoed by another respondent:

“We have so much to achieve and so much expectation to move at pace across a wide scope of change. Getting the right capacity in place in a timely way has been difficult but now we are seeing people come into the posts we've created, we're seeing progress”.

Another described how well the workforce was “responding to being 'freed up' to act and drive change”. They added that:

“Some staff groups have reported to the IJB that, in the last 8 months, they have felt 'liberated' and have been able to do more in that time than the last 5 years. A tremendous response from integrated teams when the right conditions are created”.

There was a view that “a major shift in rebalancing care is incredibly difficult in the current financial climate” and that “there is no capacity for building alternative services in the community prior to transferring monies from Acute Hospital Services”. This respondent added that “the Change Fund and the Integrated Care Fund provided this capacity in previous years but the squeeze on public finances generally has limited the longer term impact of these bridging funds”.

However, one respondent reflected that redesign in some respects had been easier to initiate where pressures for change already existed in the system.

“The increasing challenges for GPs has helped to promote a redesign of the wider primary care system-skill mix; wellbeing and mental health services.

2.5.4 Organisational culture

Several respondents referred to organisational development (OD) approaches that were helping to address the challenges in bringing different cultures together e.g. team building workshops focused on improvement" and "increased communication, data sharing, shared understanding and ownership". One respondent reflected on their work in establishing their own brand and culture as an organisation.

"We do our own induction and have established our own conference and events' programme and our staff recognition and award scheme. We've a robust OD plan in place and are working toward widespread single offices for locating our teams. It's a long term piece of work but critical to success or failure.

Another spoke about "co-production learning sets within joint teams and inverting normal management structures to shift decision making to front line". Finally one respondent referred to "external support drawn down from ihub".

2.5.5 Data and IT Systems

Six respondents (37%) highlighted how much they had valued the Local Intelligence Support Team (LIST) e.g. "the positive feature has undoubtedly been the significant involvement and contribution being made by LIST".

One respondent referred to "local IT support working to enable staff to be co-located and work agilely whilst still having full access to systems". However, they added that they still had to make "considerable work arounds to ensure staff in integrated teams have access to the right information".

Others spoke about preparatory work. For example one described how they had done "some early work in mapping and analysis" that they had found useful but added a caveat - "people and relationships first - Information and Tech systems next".

There was a reference to a "joint ICT Strategy Board" and another respondent reflected that they were starting from a good position due to "good legacy data"

2.5.6 Regulatory/Governance Constraints

As seen from earlier sections the complex governance arrangements has clearly been a significant challenge for Chief Officers. The lower numerical score may therefore reflect the progress that has been made in addressing the challenges.

Exploring this with interviewees it is apparent that there is a mixed picture across Scotland. Moreover, there was a view that it also depended upon how the legislation was interpreted. For example, an Integration Authority could feel hamstrung if the partners

were too rigid in the practical application of the legal terminology but less so if the framework was used more adaptively to create the optimal conditions for joint working.

"The HSCP and IJB are working hard at conveying messages around the 'spirit' of the legislation and what it means for citizens and the benefits that can be realised (seeking to counter corporate bodies being focused on risks, deficits and problems with having HSCPs and not remaining in control of everything)"

One survey respondent reflected on how their IJB "was beginning to mature" and "that governance structures were bedding in". They had been able to share "expertise/learning from the Council and NHS to support the IJB in a number of public body requirements". Another referred to how they had "established a central and joint business support function, which does go some way towards helping meet this challenge".

On the issue of duplication, one interviewee explained that they didn't see the need to duplicate necessarily "to seek permission" from the partners. It was more about "managing relationships and wanting to take people with you - it's not prohibiting; just very time consuming".

2.5.7 Inter-Professional/Organisational/Sector Relationship Tensions

There was a significant dispersal of views which points to a mixed picture across Scotland.

As one summed up "ultimately integration is all about relationships and we need to work at them constantly both internal and external". Indeed building strong relationships and trust were the most frequently cited factors in moving the transformation agenda forward. One Chief Officer described their approach:

"(We gave a) clear message from HSCP that each profession has a unique contribution to make and integration is not about creating a 'generic' workforce. Strong professional support is built into management structures to enable a confident and supported workforce".

Another referred to how they had "spent a lot of time early on in workshops and met with well over a thousand (staff)". They had done shadowing visits "from me as CO and the leadership team of the HSCP and are actively drawing in people at all levels in our transformation and change programme".

One respondent reflected that "there have been occasional tensions with all partners as is to expected, for example with NHS acute services in regard to the 'set-aside' budget

and strategic ownership of acute services, and with the 3rd sector regarding utilisation of Integrated Care Fund monies. However, such issues have been managed through strong partnership working in line with the principles of the legislation".

2.6 Other Challenges

Chief Officers were asked if they had experienced other challenges not in the list of frequently cited obstacles. Although there were some new challenges highlighted, most underlined the frustration related to the aforementioned seven 'frequently cited obstacles' such as in the governance arrangements i.e. "three-way accountability"; "too much scrutiny" and "cultural differences on risk". According to one Chief Officer some of the cultural issues are subtle.

"The understanding and approach to change management within the acute sector can be quite risk averse e.g. the need to be absolutely sure of the outcome before embarking on early steps of change...... change happens quite often as a response to a crisis (when something absolutely needs to happen)".

Organisational change issues were also highlighted such as "organisational resistance, health services are not yet integrated or a timeline agreed"; "lack of a sense of a shared destination" and "historical cultural issues in one of our hosted services".

Another added that the

"Significant and disproportionate amount of CO time spend on reporting/ scrutiny/ governance leaves very little/no time for pursuing the change agenda, developing staff, developing relationships with a range of stakeholders. This coupled with absence of appropriate funding to build primary and community capacity create a slow and often frustrating environment in which to work in".

More specific issues of (primary care) prescribing" and "GP engagement in some places" were also highlighted.

Finally one respondent summed up the wider system issues of managing the challenges:

"Expectation that we can do this at pace - it's never been done before and there's not a huge evidence base of what's going to work. We talk the language of being brave and trying things that are radical or which might work but we live in a reality that's less tolerant of both those things!"

2.7 Further Action or Support Nationally

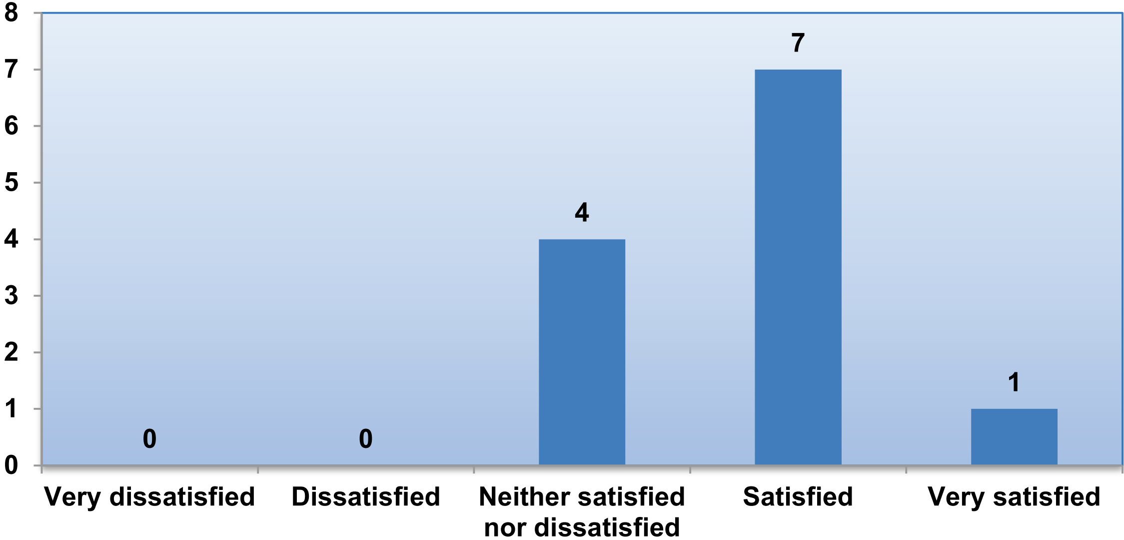
Chief Officers were asked what further action or support nationally would help them deliver the transformation agenda. Responses are given below in full.

- I think the power and authority has in reality remained with the constituent authorities both in terms of the money and the employees. There has been very limited real movement in this area in relinquishing any of this. If we are going to affect real change supported by organisations, the source of power will also need to shift
- Support to health care system in addition to that given to individual IJBs.
- Assistance to roll out good practice examples to scale
- Further guidance and support regarding strategic management and use of the 'set-aside' budget would be welcomed.
- More rapid sharing of national learning (good practice and also 'failures') to save repetition and lost time.
- Focus more on extrapolating the characteristics of success rather than trying to roll out service models.
- Locally based support from improvement organisations/more skilled capacity/capacity on the ground locally
- For the IJB to hold its own bank account.
- More timely data, user friendly analysis reports funding to deliver GMS contract sorted and funding flowing national media work on the plan, financial pressures and need for radical change
- Continued support on CLIP, improvement support and strategic commissioning
- Workforce challenges are our biggest issue, particularly GP recruitment/retention.

2.8 Support from the ihub

Chief Officers who had received a service from the ihub over the past year (e.g. improvement support, advice or facilitation) were asked to rate this experience. Twelve Chief Officers completed this question and, of these, eight (66%) rated their experience of the ihub as either satisfied or very satisfied. See Fig 2 below. None rated any overall dissatisfaction.

Fig 2. Level of satisfaction with the service provided by the ihub



2.8.1 Explaining the Ratings

In qualifying their rating one Chief Officer commented that they had had little contact with the ihub - "it's been hard to access - we don't have a clear menu of what's on offer and inevitably it's hard to get people to come and work where we are. Overall it's put us off looking for any support".

Another referred to having a "bit of rocky start but now the link is in place it's significantly better". One Chief Officer acknowledged that it is "early days for support" adding that they had had "some useful local conversations and that "some helpful national networks and events had been established".

Two respondents had clearly had a positive experience e.g. "helpful intervention in Mental Health". The other respondent was quite specific and complimentary about the support they had received.

"Positive work with ihub on a number initiatives including evaluation of Wellbeing Service, 8 Pillars dementia work etc. Support is vital for small partnership where such expertise is very scarce. Value learning opportunities in safe spaces and expertise that draws in best practice and supports evaluation".

Finally, one Chief Officer spoke about the focus of the ihub team being "still predominantly thinking and speaking NHS language and looking for NHS cultural indicators". They acknowledged that this was "understandable at this early point". However, added that "early progress on blending the team with a broader range of backgrounds would be advantageous".

Given that the Relationship Manager role between each HSCP and the ihub has only been introduced over the past year these findings appear realistic.

2.8.2 Drilling Deeper

The interviews provided an opportunity to drill a bit deeper. Interviewees were asked what the priority was for them in relation to support from the ihub.

In essence the support needed is practical in nature.

Ideally we need the ihub to help us with a very practical evidence base e.g. if we do 'A' across our patch it will lead to X and Y. Needs academic rigor on the evidence but it's not just a traditional literature review. It needs to be tangible and translatable e.g. if you come at it in this way you will reduce bed days by X and release X £.

As one interviewee explained, "improvement methodology is not my starting point but it will be for others". Instead, what they needed was "on the ground help for change in terms of extra capacity and a tried and tested route map, acknowledging that it has to be adapted to suit the context and promote local ownership".

More specifically there was seen to be a need for "extra capacity and consultancy support in relation to co-production and perhaps the ihub could "help us test that we're staying true to co-production practice".

Intelligence about what works was seen to be a priority e.g. in helping them "to access a network across all partnerships and beyond". Indeed there was a clear message that Chief Officers and their teams want to learn from others who have already addressed these issues.

"We don't want to be average in Scotland. We want to compare well internationally with access to 'breakthrough' thinking on some of these things".

2.9 Learning Points in Leading Service Improvement/redesign over the Past Year

Chief Officers were invited to share their learning from their experience of leading service improvement/redesign over the past year. Three themes emerged.

2.9.1 Leadership and creating the right conditions

The first theme relates to ways of leading and the importance of distributed leadership in community settings was identified by several respondents e.g.

"The creation of the ever widening leaders can come from any level in an organisation and is all the more positive for it"

Along similar lines one Chief Officer spoke about the need to "create the conditions for teams to act ….and provide a safe place for failure and learning", while another had found that "encouraging enquiring questions" was important but that you shouldn't "answer your own question; let teams develop this".

The "need to be visible" and "language is important" were reflections from two respondents. Another reflected on the importance of encouraging stakeholders to view the issues "through the lens of the citizen receiving services and support". On "getting it right", one Chief Officer reflected:

"When you bring multi professional teams and frontline staff together in the right environment with a common improvement goal and clear leadership magic happens".

2.9.2 The Personal Investment in Managing Change

There was frequent mention to learning relating to the complexities of managing change within health and social care settings. The need for courage, tenacity and resilience was identified by several chief Officers:

"This is a long term process with very short term expectations so it is vital to hold your nerve".

The need to "hold your nerve" was a phrase used by at least three respondents. As one explained, "courage is required to operate in uncertainty". They added that "it's difficult and it will take time but we're going in the right direction!"

Patience was identified as a vital quality e.g. the "implementation of structural changes around new models is the easy bit; culture is the challenge". Another added that they "constantly under estimate the time that it takes to deliver and get frustrated with pace".

The need to work together was identified by several e.g. "the complexities of the health care system cannot to be fully addressed by an HSCP on its own but requires real collaborative working". "Support from the IJB" was seen to be "critical" while another flagged up the need "to keep focus and not be diverted by energy sapping, distractions and obstacles".

The need to "prepare the ground well" was identified. But the reality of leading in complex systems was brought into sharp focus by one respondent who reflected on the challenges when there is "public (political) demand for things not to change".

On the human dynamics of change one Chief Officer reflected on the fact that it's important to remember that "opposition is often emotional and not logical". On a

positive note one Officer reflected that "people want to see our health and care system succeed.

"Communities want to be involved; employees want to be involved and staff are ready and motivated to change".

2.9.3 Innovation and Improvement

The final theme relates to learning in relation to leading innovation and improvement. One Chief Officer reflected that "working with voluntary sector has been very creative".

The "importance of creating space for reflection" was identified as was the need to "accept and share learning from other areas". However, there was a view that the "capacity to innovate often sits outwith the partnership".

One Chief Officer reflected that tests of change require robust evaluation with both data and experience, properly captured and analysed. The need to "focus on waste, harm and variation" was highlighted and another reflected on the importance of focusing on "people and communities not targets". Finally, as one Chief Officer observed:

"Truly transformative changes require the whole system to shift"

3. CONCLUSIONS

Views on acceptable survey response rates from which to draw credible conclusions vary in the academic literature. Suggestions range from 50-80% with the average from a study of 1670 surveys being 52.7%[6]. We therefore have to be judicious in drawing too firm a set of conclusions from a survey that yielded a 52% response rate.

However, the survey, augmented by the interviews and reflections at the Chief Officer's national group gives a flavour of the challenges and the learning from the first year of working with the legislation to transform health and social care. Overall, Chief Officers gave a remarkably balanced account of their experience in dealing with the challenges and their learning as a result.

All seven (frequently cited) challenges had a mean of 5 and above. 'Financial pressures' 'workforce issues' and 'capacity and capability in improvement and redesign' were rated as the most challenging in transforming health and social care in the survey.

However, in conversation with Chief Officers at their national meeting it is apparent that relationships could be adversely affected when tackling the other challenges and perhaps should have been scored higher. There was also a view that the complexity of the governance arrangements should not be understated either. The interplay of the challenges within the IJB space is influenced further by geography and demography.

As one Chief Officer reflected at their national meeting, there are 31 different experiences and as such the survey embraces a broad spectrum of opinion. Moreover, HSCPs sit within a rapidly evolving landscape and, although the survey was conducted less than two months earlier, some things will already be changing. The first year's findings should therefore be taken seriously but held lightly in such a dynamic context.

Some of the changes require the whole system to shift. Ergo, the ability to manage relationships horizontally across the boundaries as well as vertically from the board to the frontline is considered to be fundamental in a Chief Officer's skill set. It is this ability along with the personal resilience to hold steady in the face of the complexity that makes this such a singular group of leaders.

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[6] The Tavistock Institute (2009), Survey response rate levels and trends in organizational research, Available online http://journals.sagepub.com/doi/abs/10.1177/0018726708094863

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