# SYSTEM LEADERSHIP – SELF ASSESSMENT

## PURPOSE

Further to the discussion paper on system leadership put forward to the Executive in September, this paper provides a proposal to support activity against the work stream of System Leadership, which is an element of the Public Service Reform Strategy to which the Executive have ownership.

## Members of the Executive are asked to support the activity set out.

## BACKGROUND

As part of the Year 1 activity we are looking to the Executive to shape the value and behaviours required of public service organisations in Chorley, establishing foundations for the progression of the Culture and Workforce work stream in future years. Through understanding of the Advancing Quality Assurance (AQuA) – System Integration Framework, developed for the Health organisations, there is an opportunity to perform a self-assessment to benchmark the current position of the Public Service Reform Partnership.

## PROPOSAL

Using the assessment framework that has been developed by AQuA (Appendix A), and adjusted to reflect the wider partnership of the Executive, we are proposing that members score against a number of domains to provide a benchmark position. From this we would look to re-assess in six months time, and against any low score areas we would consider further activity required, to enable us to improve how we deliver services on an integrated approach.

## DOMAINS

There are eight domains to score against, and for each one there are factors to consider.

## 1. Leadership

Do we have Leaders with the right 'system' skill set? Leaders who have a strong belief in integration?

## 2. Governance

Do we have a shared vision and objectives? An agreement to work together?

## 3. Culture

Do we have a vision of what we want the culture to look like?

## 4. Resident Engagement

Do we have a clear idea as to what outcomes we hope to achieve through engaging with residents?

## 5. Financial and Contractual mechanisms

Do we have knowledge of the different financial and contractual mechanism we could adopt? Do we need them at this stage of the programme?

## 6. Information and IT



Do we have an understanding of data needs?

#### 7. Workforce

Do we have all relevant work areas included? An understanding of current workforce capacity and capability?

#### 8. Service Model Design

Do we have an understanding of the outcomes we would expect to see as a result of integration?

There are levels to then rate against from giving a commitment, to having a domain embedded and sustainable for the future.

#### RECOMMENDATION

The recommendation is that the Executive members consider the framework, and make an assessment against each domain, and provide scores to the PMO ahead of the next Executive.

Relevant development activity will be proposed, taking into account suggestions from Executive members on what could be done better, taken as a good practice.

#### Members of the Executive are asked to support the activity set out.

#### Appendix A

## System Integration Framework Assessment

Individual Assessment Chart

Domain	Your	1	2	3	4	5
Leader 11	Score	Commitment	Enabling	Implementation	Embedding	Sustainable Delivery
Leadership		Senior leaders have agreed to work on system integration and be personally engaged in leading integration activity.	There is consensus amongst senior leaders about the scale and scope of system integration with shared objectives and commitment to use resources differently to improve population level outcomes.	Senior leaders are highly visible and act as positive role models, meeting service users, carers and front line staff and giving a single consistent message about the purpose and aims of integration in order to win hearts and minds.	Senior leaders continuously build networks based on relationships with partners and wider stakeholders and build clinical and managerial capability to work effectively within organisations and across pathways.	Senior leaders address gaps or major problems relating to integration together, celebrate shared success and drive continuous quality improvement to achieve a shared purpose, vision and narrative, design a new system architecture and role model and coach desired behaviours.
Governance		All partners have agreed about how to establish an infrastructure to integrate teams, structures and processes to achieve a shared purpose.	All partners are clear about, and committed to, what they will jointly achieve through integration, programme governance has been agreed. System governance structures are still embryonic.	Shared accountability for performance and joint governance structure is in place between partner organisations including a programme management structure accountable to a shared board.	Choice, competition and contestability in the context of integration have been considered and addressed and governance arrangements allow for this.	Joint governance has proved effective in accounting to stakeholders for improvements in quality and in resolving or averting major problems that could compromise one or more integration partner(s).
Culture		There is agreement to work together across partner organisations, including commissioners, all health and social care providers and the voluntary sector to create an enabling culture to support the delivery of integrated services.	All organisations are starting to describe common goals and see the need to work together and support cultural change through organisational development.	All partners are clear about, and committed to, what they will jointly achieve through integration and joint communications.	Integration partners are building trust and commitment in the local community and the voice of all partners has equal weight and value.	All staff are familiar with, and demonstrate, the shared values, and commitment to the vision across the organisations participating in system integration. The concept of "Our Resident" e.g. Mrs Smith is embedded in the culture.
Resident engagement		All partners agree to actively engage service users in co-designing services to meet their needs.	Residents needs and values have been sought and built into integration plans.	Residents are partners in redesign and central to redesign.	Feedback mechanisms for residents are built into integrated services, with appropriate changes being made as a result of this feedback.	Feedback mechanisms indicate significant, sustained improvement in service coordination and experience.
Financial and contractual mechanisms		There is agreement to develop joint financial and contractual mechanisms to support the delivery of integrated services.	Integration partners agree the set-up investment costs, including dedicated programme management	Financial levers and incentives are developed to address barriers to large scale integration. Shared outcomes and joint performance measures are developed and being implemented across partner organisations	New contractual models, financial levers and incentives to deliver system integration and services closer to home are in place. Structures are in place to support financial governance across partner organisations	Budgets and finance processes have been aligned across integrated services by all partners in a way that continually promotes the benefits of integrated working. Return on investment benefits are realised
Information & IT		All partners agree to share information to support integrated services, planning, delivery and evaluation.	Risk stratified has been undertaken and information about who would most benefit from service co- ordination is shared and acted upon. Analysis has taken a population focus to enable a 100% population focus	IT workarounds have been developed to support integrated working e.g. shared records and decision support, performance and outcome measures. Information sharing is information governance and Caldicott 2 compliant	Information and IT backroom functions are fully integrated between all partner organisations and provide information to continuously assess quality and outcomes	Fully integrated health and social records are accessible by residents and staff involved. There is a "full disclosure" culture between partners enabled by innovative IT solutions
Workforce		All partners agree to develop their workforce to support new models of integrated services.	Workforce planning is developed to support new models of service provision. Education and training is planned to develop a workforce with the skills and values to deliver integrated services, organised around the needs of residents.	New roles and integrated service structures are being developed. Staff share records and are being co-located, making the best use of the combined real estate across partners	The integrated workforce accesses and uses guidelines to standardise, coordinate, deliver best practice and reduce unwarranted variations or gaps in provision. Workforce redesign supports integration with new roles/ responsibilities.	Multi specialty generalist and specialist groups of health, social care professionals, statutory services and VCFS are accountable for delivering integrated services and demonstrate improved outcomes for their defined population. Shared values creates a single team ethos and continuity of provision.
Service Model Design		There is agreement to improve service co- ordination as part of a system level plan to develop new services and models of provision.	There is agreement about the scale, scope and pace of the integration work, including mapping all community assets, including the estate. The target service user population is clearly identified and risk stratified, and integrated service specifications state the aims and outcomes of service redesign of each strata.	New service models are being designed and tested which make the best use of all available resources and community assets to deliver improved quality and costs. The consequence of integration on other parts of the system has been assessed and a contingency plan developed to avoid unintended consequences	Incentives and mechanisms are in place across integration partners. Services are aligned and guidelines/ pathways have been implemented and embedded.	A systematic programme of economy system level service redesign is well established and resourced by integration partners through the shared governance process

Name:

Organisation: