



University of the
West of England

The Difference that Makes the Difference

**Final evaluation of the first place-based programmes
for Systems Leadership: Local Vision**



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1. Executive summary

1. This report outlines findings from Phase 2 of the evaluation of *Systems Leadership: Local Vision*, conducted by Bristol Leadership Centre on behalf of the Systems Leadership Centre Steering Group. It is the third in a series of reports capturing the learning and outcomes of the first cohort of Local Vision projects.
2. In this report we focus on the outcomes and effects of Local Vision projects in different localities and consider how local context enables or constrains the potential for sustainable change. This analysis is based on case studies, interviews and secondary data.
3. Overall, the findings suggest that Local Vision has had a positive impact within each of the areas investigated, complementing existing initiatives and catalysing change and engagement amongst partners and communities.
4. There is good evidence of Local Vision projects raising awareness of systems leadership amongst stakeholders in different localities – in particular in relation to thinking systemically, working collaboratively, engaging with service users, and fostering shared leadership.
5. Likewise, there is good evidence that Local Vision has been regarded as a success in most localities, producing benefits and value for a diversity of stakeholders, such as influencing strategy, generating income and opportunities, engaging professionals, and improving services and client outcomes.
6. Whilst, in many cases it is still a little too early to determine the legacy and any lasting change arising from Local Vision, there is good evidence of its ability to catalyse change, influence new ways of working, and build commitment and momentum in relation to ‘wicked’ issues.
7. The case studies conducted during this phase of the evaluation enable the identification of a number of trends across projects that suggest some important ingredients of effective systems leadership interventions. These include start-up conditions (including the nature of the problem/challenge, level of intervention, prior experience of systems working, and imperative for change); local context (including alignment with other initiatives, project ownership, dedicated project support, and senior-level organisational and political engagement); process (including choice of Enabler, engagement with local communities, memorandum of understanding, King’s Fund learning network, and scale and timing of projects); and planning for sustainability (including project leadership, Enabler exit conditions, roll-out, and evaluating outcomes).
8. Alongside the collection and analysis of evidence from Local Vision project partners and Enablers, the evaluation also collated and analysed a wide range of independent metrics on localities and the nature and scale of the ‘wicked’ issues that projects were tackling. Whilst these analyses did not reveal many insights into the Local Vision projects themselves, they do illuminate the challenges of benchmarking complex change interventions, and highlight the potential value of data as a leadership tool for galvanising action in complex and contested environments.
9. The report concludes with a summary of key outcomes and recommendations for future activity on Local Vision and related systems leadership initiatives. The evidence from this evaluation suggests that Local Vision can be regarded as a successful initiative that has succeeded in developing and embedding learning about systems leadership and change in the majority of localities where it has operated. As a place-based intervention,

supported by skilled 'Enablers', Local Vision has successfully catalysed collaboration between multiple stakeholders to address shared challenges.

10. The evaluation findings prove testament to the skill and tenacity of the Local Vision Enablers, project partners and the Leadership Centre (who coordinated and supported the initiative on behalf of the Systems Leadership Steering Group) in brokering relationships, facilitating difficult conversations and (re)connecting diverse communities to a shared sense of purpose. In most localities, there are now people committed to thinking systemically, working collaboratively, engaging with service users, and fostering shared leadership that will continue to have an impact for many years to come.

2. Introduction

This report outlines findings from Phase 2 of the evaluation of *Systems Leadership: Local Vision*, conducted by Bristol Leadership Centre (BLC)¹ on behalf of the Systems Leadership Steering Group². It is the third in a series of reports capturing the learning and outcomes of the first cohort of Local Vision projects³. Previous reports include:

- *The Revolution will be Improvised*, Vize 2014 – <http://tiny.cc/LV1>
- *Reframing, Realignment & Relationships*, BLC, 2015 - <http://tiny.cc/LVinterim>

Each of these reports gives important insights into the processes, context and outcomes of Local Vision (LV), as summarised in Appendix 1.

In this report we focus on the outcomes and effects of Local Vision projects⁴ in different localities and consider how local context enables or constrains the potential for sustainable change. This analysis is based on case studies, interviews and secondary data, as explained in the next section.

The specified aims of Local Vision were as follows⁵:

1. To assist in the development of local solutions to a local ‘wicked’/intractable issue through leadership development;
2. To ensure that the leadership learning is left in place to allow it to be used for other issues;
3. To draw together lessons and learning about leadership behaviours and development that will help resolve future wicked issues.

Overall the findings suggest that Local Vision has had a positive impact within each of the areas investigated, complementing existing initiatives and catalysing change and engagement amongst partners and communities. There is good evidence of the Local Vision process supporting the development of local solutions to ‘wicked’⁶ issues, assisting in the processes of problem identification, diagnosis and framing, partnership building and leadership development. Likewise, there is good evidence that Local Vision has triggered important learning in each area (particularly around systems thinking and shared leadership) that has been embraced by key partners and applied to other issues. Furthermore there is emerging evidence in several locations that Local Vision has positively impacted upon leadership practices and behaviours, which in turn is beginning to impact positively on service provision and client outcomes.

This report focuses on project findings and their implications for future cohorts of Local Vision. The next chapter gives an outline of the evaluation process and is followed by a series of five findings chapters each reporting on certain aspects of the evaluation. The final chapter presents conclusions and a summary of key findings. For more on the concept of systems leadership and the Local Vision approach please refer to the other reports in this series.

¹ A glossary of abbreviations and key terms is given in Section 10.

² A consortium of local and national government, NHS, social care, public health, voluntary sector and private sector members who support the development of systems leadership in UK public services.

³ A further report, that captures the outcomes of a workshop on 3rd June 2015 has also been compiled but is not reported here as it did not focus on evaluation of the LV programme per se.

⁴ Please note that whilst we refer to these as ‘projects’ most should be considered as ongoing initiatives, without a clearly defined start or end point.

⁵ Source: <http://leadershipforchange.org.uk/systems-leadership-local-vision/>, accessed January 2015.

⁶ A ‘wicked’ problem is complex and intractable, with no obvious solution.

3. Evaluation process

3.1. Aims and objectives

In November 2014 Bristol Leadership Centre at the University of the West of England was commissioned by the Leadership Centre⁷ (on behalf of the Systems Leadership Steering Group) to conduct an independent evaluation of the first cohort of *Systems Leadership: Local Vision*⁸.

The primary purpose of the evaluation was to support learning and development of the Local Vision approach, illuminating impact (or progress towards impact) and areas for development/improvement.

The project aims were as follows:

1. Examine how *Local Vision* has raised awareness of systems leadership in individual places, and among stakeholders, including service users;
2. Identify criteria for success and perceived benefits, anticipated value and impact from differing stakeholder perspectives;
3. Gather evidence through a variety of routes to identify and map impacts (anticipated or not) and to gauge sustainability of any service transformation at a local systems level, through to service users;
4. Identify any emerging patterns to help inform understanding of the ingredients of effective systems leadership interventions.

The evaluation was designed in two phases, as outlined below. This report sets out findings for Phase 2 and explores programme outcomes in specific localities.

3.2. Methodology

This evaluation used a mixed methods approach, split into two phases as follows.

Phase 1 (November 2014 – April 2015)

Phase 1 involved getting a broad overview of the Local Vision programme, its approach and preliminary findings - data sources included:

- analysis of academic literature and applied research;
- qualitative in-depth exploratory interviews with members of the Systems Leadership Steering Group, Enablers, and local stakeholders;
- analyses of key documentation, such as contracting with Enablers and localities and national policy documents;
- survey data from the last 3 years.

Findings from this Phase informed the development of a framework to test and explore the processes and impacts of Local Vision (see Section 3.3) and are presented in the Interim evaluation report - <http://tiny.cc/LVinterim>.

⁷ Formerly the Leadership Centre for Local Government – see <http://www.localleadership.gov.uk>

⁸ For further details see <http://www.localleadership.gov.uk/place/localvision/>

Phase 2 (May – September 2015)

Phase 2 involved compiling case studies of Local Vision projects in different localities in order to explore programme impacts from a range of stakeholder perspectives. 10 cohort 1 projects and two cohort 2 projects were selected for follow-up case studies, as indicated below⁹:

- In-depth case studies: Bournemouth, Dorset & Poole (BDP); Plymouth; Wiltshire; Solihull (cohort 2)
- Mid-level case studies: Gloucestershire, Hackney and Dudley
- Mini-case studies: Birmingham; Kent; West Cheshire; Wirral; Blackpool (cohort 2)

Cases were chosen to include a range of geographical locations, project type/focus and LV Enabler. Selection of cases was done in close consultation with the Leadership Centre.

In each case a variety of sources were used, including:

- Interviews with key stakeholders: 5 or more for in-depth cases, 3-4 for mid-level cases, and primarily the LV Enabler for level 1 cases
- Online survey: questionnaire responses from project partners collected by the Leadership Centre as part of its monitoring process
- Online survey: questionnaire responses from project partners and Enablers collected between January and July 2015 by the UWE evaluation team
- Memorandum of understanding (MOU): developed with the LV Enabler after initial project scoping and outlining project aims and key outcomes
- Project reports/documents: reports on project progress compiled by Enablers and/or project partners (where available)
- Project updates: verbal updates at King's Fund events, Enabler workshops and partnership board meetings (where available)
- Area statistics: data collected for each area to shed light on key metrics (where available and applicable)

In total, 23 MOUs, 62 interviews, 4 site-visits and 49 surveys were analysed for this phase of the research. For a detailed breakdown of the data see Appendix 3¹⁰.

3.3. Analysis and interpretation

As a systems-based evaluation we have endeavoured to take the wider context into account, along with a thematic approach to the analysis, exploring the role of factors shaping outcomes at national as well as local level. To this end we explored the potential of descriptive statistics to indicate any pattern or factors that might inform our interpretation of the narrative case findings. Further details on this approach are provided in Chapter 8 and Appendix 4.

Narrative cases were constructed from available evidence to give a sense of how projects developed and evolved, including start up conditions, organisational and political context, key partners and stakeholders, the role played by LV Enablers, project outcomes and

⁹ Appendix 2 gives a summary of Local Vision locations and projects.

¹⁰ We greatly appreciate the participation of LV Enablers and local stakeholders in this evaluation. In order to preserve respondent confidentiality we have not named individuals, although in Appendix 3 we provide a description of the variety of interviewees in terms of their organisational positions.

experiences, data and metrics. In addition, summary templates were created for each case, based on an extended version of the framework developed for the Interim Report, as illustrated in Figure 3.1 below.

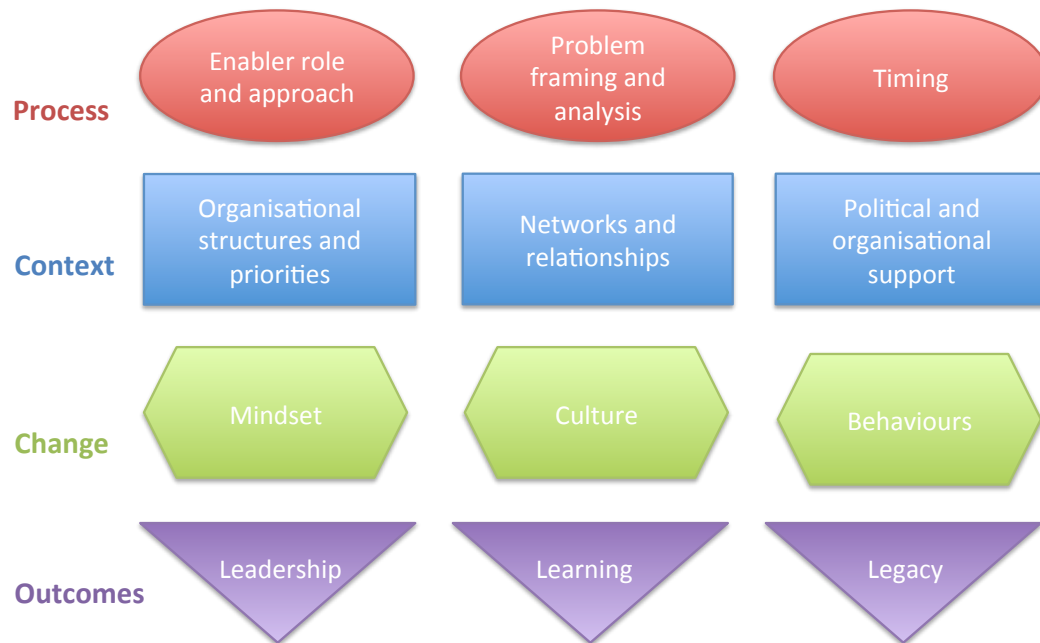


Figure 3.1 – Data analysis framework for case studies (adapted from BLC, 2015)

Overall, an inductive approach was taken to the analysis in which members of the research team immersed themselves in the available evidence in order to identify patterns and trends that were then developed through an iterative process of engaging with the data, refining of categories and verifying interpretations and findings with the wider evaluation group.

The following chapters present findings, organised in relation to the four key evaluation questions as outlined in section 3.1. A fifth question, ‘what role can data analytics play in making sense of projects and their impacts’ is also considered.

4. To what extent has Local Vision raised awareness of systems leadership amongst stakeholders in different localities?

Local Vision was positioned as an opportunity for people in localities to learn about systems leadership and to apply this learning to a specific ‘wicked’ issue. Evidence of both incremental and transformative learning and development was captured in interviews with key stakeholders in each locality and clearly continues to have an enduring effect on how many participants go about their work.

4.1. Thinking systemically

A foundational aspect of systems leadership is the ability to think systemically – of taking a broader view on issues that enables recognition of the interconnections between services, providers and outcomes. In each case site there was strong evidence of the Local Vision project facilitating a shift in awareness of partners that gave them a deeper appreciation of the systemic nature of challenges and the need for a collaborative response, as illustrated in the vignette below.

Case Vignette: Wirral

The Wirral Local Vision project sought to enhance the local food system in order to create a ‘healthier, fairer, happier Wirral’. It was initiated by the Public Health team at Wirral Council and brought together a broad partnership of residents, food businesses, community organisations, local government and health institutions. A systems perspective is essential to tackling such complex issues and the support provided by the LV Enabler has been incredibly valuable in developing an understanding of, and commitment to, systems thinking amongst key partners.

“Our Enabler has talked often about this being about connecting little bonfires into a beacon. This insight has made me think about the challenge not just as a problem for us to solve but as enabling the system to solve the problem itself.”

“People are really engaging with the different way of doing things. Systems leadership has already been identified as an approach the locality would like to take towards crime and health.”

For further details see: <http://tiny.cc/BetterFoodWirral>

Whilst, in theory, systems thinking may be rather straight forward, in practice it can be very challenging. Partners greatly valued the support of the Enabler in helping to bring together key partners in order to develop a shared understanding of issues, as illustrated below.

“It’s a real struggle for public health people to get our heads around [a systems] approach as it seems so opposite to what we do. Having [the Enabler] explain it really helped us to understand it properly.” LV Project Partner, Hackney

“[The Enabler] helped us understand the system better and therefore begin to appreciate why it wasn’t as we wanted. This insight allowed us to make suggestions/recommendations to the safeguarding board.” LV Project Partner, Hackney

“Systems leadership wasn’t rocket science. What it did through the external support of an ‘LV Enabler’ was give us time to reflect and learn; to challenge the ‘way we do it’ and to try some different ways of thinking, being and acting while in a safe space.” LV Project Partner, Cornwall (cited in local project report - <http://tiny.cc/LVCornwall>)

In several cases, participants also commented on the value added by the King's Fund learning network days and the ability this gave to go deeper into the theory and practice of systems leadership. As a direct consequence, participants from at least one locality have gone on to further study in this area.

An important finding of the Phase 2 evaluation is evidence of how a systems approach has been cascaded amongst partners in some localities. In Plymouth, for example, a systems approach has been adopted by senior leaders and applied across the board; in Gloucestershire it has been applied to areas including diabetes and dementia and in the Wirral it has been applied to areas including crime and health. This demonstrates the potential systemic effect of Local Vision and the ability to transfer learning and behaviours to a range of 'wicked' issues.

4.2. Working collaboratively

The development of a systems perspective has encouraged participants to work more collaboratively with partners from other organisations and sectors in order to address shared problems and challenges, as illustrated below.

"We are engaging with organisations that we have not had a relationship with before. The richness of these relationships has also improved as has the reach." LV Project Partner, Wirral

"We've reflected on how important the relationships are and this makes a difference at every level and are the key to success." LV Project Partner, BDP

"We have a strong history of partnership working in West Cheshire as demonstrated through our involvement in the whole place community budget programme. I believe that this programme has extended these principles by allowing us to work with important third sector providers such as Age UK to address these issues in partnership with important providers." LV Project Partner, West Cheshire

In many cases the LV Enabler played a key role in fostering collaboration through bringing together key stakeholders, many of whom rarely met or engaged with one another beforehand, and facilitating difficult conversations where necessary.

"The Enabler was able to point out the behaviours we were demonstrating and the language we were using which was really helpful, for example saying 'what I am observing at this point is this...'" LV Project Partner, Dudley

Many LV participants made reference to the changing nature of conversations and the development of a broader shared narrative that multiple stakeholders could engage with, as indicated below.

"[Local Vision] helped us have honest discussions and created a safe environment for us to negotiate." LV Project Partner, Dudley

"[Local Vision] helped to begin to shape a shared narrative about FGM [female genital mutilation] locally that hadn't existed as individual agencies appeared to have their own." LV Project Partner, Hackney

"What LV has enabled us to do is that we went back to the values. For example, we did a timeline of people who had worked in Solihull and lived here, there were people who had been here 30 years, so there was so much civic pride. So tapping into those values, and getting people to see that if we worked together how much better we could be. So that enabled a lot to happen." LV Project Partner, Solihull

An important outcome of Local Vision in many locations, linked to the theme of working collaboratively, was the development of trust and mutual understanding between partners, as illustrated in the following quote and vignette.

“I got more understanding of the pressures other people, in other organisations, were under and what this means in terms of their actions and why they can’t deliver on things. Before if they did not deliver, I thought it was about disinterest. But now there is better trust and understanding.” LV Project Partner, Wiltshire

Case Vignette: Bournemouth, Dorset & Poole (1)

In Bournemouth, Dorset & Poole (BDP) the Local Vision project was used to support the integration of health and social care across three local authorities. This was a complex, high-level strategic initiative that involved bringing together a diverse range of stakeholders, many of whom saw themselves as competitors in other areas of service provision and funding. Whilst Local Vision was only a small part of the overall initiative, the support provided by the Enabler played a key role in building a sense of cohesion across projects and of building mutual awareness and appreciation of the challenges facing different partners.

“Local Vision got everyone into the room and pushed people into honest conversations and at the end there was some kind of consensus around what needed to be done. Not everyone was whole hearted. But it is in everyone’s interests to see what they can get, personal and organisational towards a common goal.”

“We have learned about each other’s organisations and pressures which has helped identify ways of working together. We realise we need more focus on outcomes now. It is difficult to hold ourselves to account, both individual and collective and we need to capitalize on that now alongside making greater use of evidence and real working together.”

For further details see: <https://www.dorsetforyou.com/better-together>

4.3. Engaging with service users

Although not all of the Local Vision projects focussed on increasing user engagement in the development and provision of services, in most cases the idea of co-production and community engagement was introduced and had an important impact on engaging partners across boundaries.

“[The Enabler] has brought perspective, really putting the patient at the centre.” LV Project Partner, Dudley

“We used the ‘PRUB’ model, to help validate whether what we do (Projects) and the Results they achieve (typically the services we offer) are Used by people in a way that delivers the Benefits (or outcomes) we are hoping for. Along with the case studies developed by one of our teams, these were a really engaging and powerful way of getting leaders to think about why we are all here and for keeping a strong user focus.” LV Project Partner, Wiltshire

Whilst it was not possible to speak directly with service users during the evaluation, there was strong evidence in several localities of Local Vision partners building close associations with community-based organisations in order to better engage with service users, as illustrated in the following vignette from Hackney.

Case Vignette: Hackney

During the Hackney Local Vision project a local charity, the Hawa Trust, which provides support to victims of FGM (female genital mutilation) in the area was identified and engaged. The charity founder, an FGM survivor and local citizen herself, had been working for several years with little or no organisational or financial support. Through involvement in the LV partnership the Hawa Trust has grown in size and now organises regular coffee mornings, school visits, parent evenings, and educates primary school teachers and parents on the dangers of FGM. In June 2015 it was awarded a Public Health Community Grant of £7910 by Hackney Council to further raise awareness of the physical, emotional and legal issues around FGM, involving parents, girls, women, men and community leaders such as imams and pastors.

“While FGM’s a national issue, it’s in these individual households where there’s a real taboo about discussing it... The more Hawa is talking about it, the more other people are talking about it or facing up to the fact that they don’t want to talk about it... The Hawa Trust is putting FGM on the diaspora agenda in Hackney.” Kristine Wellington, Head of Safeguarding, Children and Families at Hackney CVS (cited in Hackney Citizen, 9 January, 2015)

For further details see: <http://bit.ly/1suprev>

Community engagement formed an important part of the Local Vision intervention in a number of areas, including Hackney, Gloucestershire, Cornwall, Dudley and Wirral was cited as having a transformative impact upon partners. Several people spoke of ‘light bulb’ moments when they recognised the value of taking a user perspective on issues and the importance of engaging local communities in the co-production of services.

“The light bulb moment was when all the players realised they were not doing anything collectively to prevent the risk to girls of being subject to FGM. It has been this holding up of the mirror and asking partners why they care; what they are doing; what they think others are doing; what they think they could do. And once they realise the number of girls at risk and that they thought everyone else was doing something there is no going back and people genuinely want to do something.” LV Enabler

“It is about collaborating with equal partners for the benefits of our population. It is also about trying to trigger that intrinsic drive in people to motivate themselves rather than being done by services. It is rewarding to work with like-minded people.” LV Project Partner, Gloucestershire

“I thought that I was the system, but now I realise that I am only part of a much wider system. We need to learn to work much better together and then listen to what communities want from us so that we can deliver together.” LV Project Partner, Gloucestershire

4.4. Fostering shared leadership

Underpinning all of the outcomes outlined above is the development of a shared, inclusive approach to leadership in which people at all levels are encouraged and empowered to lead from where they are in the system. In Wiltshire, for example, Local Vision was used to develop leadership capacity within the system to assist in implementation of the Better Care Plan, as illustrated in the following vignette.

Case Vignette: Wiltshire

The Better Care Plan (BCP), financed by the Better Care Fund (BCF), sets out a strategy for the implementation of an integrated approach to health and social care to better meet the needs of patients and communities. Local Vision was used to support the system leadership provided by individuals and leadership groups, including the Joint Commissioning Board (JCB) and the Health and Wellbeing Board (HWBB).

Much of the Enabler time was spent facilitating learning and discussion amongst partners around systems thinking and leadership. When engaging with clinicians this was often linked to practical challenges such as reducing the number of Delayed Transfers of Care and preparing for 24/7 service provision. Concepts such as 'wicked issues' and 'emergent learning' were introduced to help provide a shared language for stakeholders across the system and to develop a shared sense of purpose. The '100 Days Challenge' was framed as an opportunity for experimentation and shared learning in a 'safe fail' environment.

"Local Vision supported us in thinking through Systems Leadership implications throughout our work. It helped us in trying to unpick the differences between project management approaches, more direct management styles against people who have tendencies to work through relationships and partnerships. The two approaches can sometimes seem polarised, but we have learnt that some approaches are better suited to different circumstances."

"There are good examples of people of all levels being involved e.g. in development of integrated teams, homefirst pathways, and the discharge process change. The commissioning of 'cohorted' intermediate care beds to 9 nursing homes and the subsequent engagement of those homes together with intermediate care services is another excellent example."

"The 100 day challenge busted the myths and proved change can happen quickly."

The recruitment of a dedicated team to support the integration agenda, headed up by a senior-level director jointly appointed by the CCG and Council, added credibility, influence and a systemic-perspective. Evidence indicates a growing willingness and ability of partners to engage in systems leadership and a second cohort LV project was funded to help build on this success and to deepen the learning and impact by working with the voluntary care sector in local communities.

For further details see: <http://www.wiltshire.gov.uk/socialcare-better-care-plan.pdf>

Associated with this opening up of leadership, there is evidence of individuals in many locations developing an enhanced sense of commitment and responsibility to actively influencing and shaping projects and outcomes within their locality. In Plymouth, for example, the City Council has relinquished some of its control over budgets and their allocations to enable the development of joint commissioning from shared budgets between the council and Clinical Commissioning Group (CCG), and have started a move towards cooperative commissioning with community partners.

The shift towards more inclusive and democratic forms of leadership, however, is not without its challenges. People in both local authorities and health providers spoke of it being 'counter-cultural' and appreciated the support of Enablers in aiding the transition.

"The culture of the Local Authority was one of successful project management – being very clear about aims and objectives, governance, delegation and reporting back to a board. The kind of 'messy and complex' work involved in system leadership was counter-cultural to them." LV Enabler

“I think one of the biggest impacts they've had [Enablers] was in a couple of workshops they ran with the operational managers and team leaders in making them understand that they had to change and why they had to change. I was not on those two workshops, but I've heard from lots of people that you could actually see the penny dropping and light bulb moments. [One Enabler] in particular was challenging people when they were saying 'Well this is what we do anyway' and that approach was actually being challenged, and people started to get what it was we were trying to do. I think it might not have happened without them... the biggest change has been people understanding why we want to change...” LV Project Partner, Solihull

“The six sessions with the Enabler were worthwhile and needed given the challenges. There's been a development of the relationships here. We want to move forward but we have to make sure we are in it together. We are now in the process of re-establishing the partnership. There's a common goal and we support working together. As a partner, I just want the system to work! In retrospect Local Vision was good value for money. We wouldn't be revisiting the work of the partnership otherwise. There was good momentum as a result.” LV Project Partner, BDP

As a consequence of developing a more inclusive view of leadership, partners in a number of areas commented on how this has empowered people to take greater responsibility and ownership for their contribution and enhanced ownership and buy-in from others who play a key role in supporting and sustaining action.

“People have been given confidence to act outside of their normal roles, identified others they could be working with on different things they didn't know before, shown people possibilities.” LV Enabler

“The real outcome of Local Vision was about taking collective responsibility and accountability for our progress.” LV Project Partner, BDP

Whilst there is evidence in these quotes of impacting on the development of shared leadership within projects and communities, there is also recognition of the need for continued support to maintain momentum. Projects may benefit from continued support in sustaining this level of shared leadership, especially when it is 'counter-cultural'. In Plymouth, the systems leadership approach proved so popular that the City Council has invested in a senior-level leadership development programme based on these principles.

5. What are the criteria for success, perceived benefits, anticipated value and impact from different stakeholder perspectives?

Many of the points in the previous section also apply to this question. Here we will focus specifically on how Local Vision has led to tangible changes and improvements within localities. In most cases, however, Local Vision did not operate alone and outcomes were the consequence of concerted effort across a number of initiatives. We will consider the role of LV Enablers in ‘knitting’ together opportunities and, where possible, identify the distinctive contribution that Local Vision made to projects.

5.1. Influencing strategy

All of the Local Vision projects studied during this evaluation were focussed on addressing an issue of strategic significance within localities. The nature of these challenges ranged from addressing specific issues, such as obesity, alcohol abuse, FGM or dementia, to supporting the integration of health and social care budgets and provision.

The Plymouth project is a good example of where Local Vision supported the implementation of a strategic initiative that brought together a wide range of partners to address a shared issue, as outlined in the vignette below.

Case Vignette: Plymouth (1)

In Plymouth the Local Vision project supported the implementation of the city’s Strategic Alcohol Plan. This was a wicked issue that had been recognised as a priority for some time, but where previous attempts had failed to have a lasting impact.

Initially, the LV Enabler supported the Health and Well Being Board (HWBB) as a whole, and also worked with individuals on a one-to-one basis. She encouraged partners to examine how they worked together and to debate what they really wanted to achieve from this work. She supported individuals involved with implementation of the plan and helped establish ‘peer consulting groups’ to represent the different levels within the City.

Plymouth’s Strategic Alcohol Plan was published in July 2013 and set out a clear direction in each of four domains (Treat, Protect, Prevent, and Enforce and Control), plus a number of cross-cutting themes. It also set out the outcomes expected from implementation of the strategy, including: reduced alcohol-related hospital admissions, reduced levels of harmful drinking, reduced alcohol-related violence, reduced alcohol-related anti-social behaviour, and reduced numbers of children affected by parental alcohol misuse.

In the two years since the publication of the plan, leads for each of its domains have been identified and are now members of the Alcohol Programme Board, chaired by the new Director of Public Health (DPH). The City regularly monitors specific data indicators to assess the success of the Alcohol Plan in achieving its outcomes. Although it is probably too early to expect positive movement in many of the indicators, there are some early signs of success.

It is clear that the degree of personal priority that the new DPH has given to the strategy is an element in its success. However, there are other signs that the work of the Alcohol Programme Board and the emphasis on system leadership and a whole system approach has had significant and positive impacts.

For further details see: <http://www.plymouth.gov.uk/alcohol>

Bournemouth, Dorset & Poole, Kent and Wiltshire are also examples of projects that brought together stakeholders at a strategic level to support the integration of health and social care. In each case, projects engaged with both senior organisational and political leaders to influence strategic outcomes.

Whilst strategic outcomes are hard to measure, both Plymouth and Bournemouth, Dorset & Poole provide convincing evidence of having a significant positive impact on local policy and strategy.

5.2. Generating income and opportunities

For most localities Local Vision is just one of a number of inter-related initiatives linked to strategic development and transformation. There is strong evidence from around half of the in-depth case studies of Local Vision being used to leverage additional funding and development opportunities within the locality.

“Going through the process, the discussions around the Better Care Fund, creating the positive relationships that we have has laid the foundations that have meant we were able to make a successful bid for Vanguard funding...this will help reinforce the vision and direction.” LV Project Partner, Dudley

“We also used our local findings and learning to inform our approach under our successful BrightLife Programme to tackle social isolation. This programme has drawn down £5.2m to address social isolation from 2015-2020.” LV Project Partner, West Cheshire

The Bournemouth, Dorset & Poole project offered an opportunity to support the leadership and relationship-building aspects of a major strategic initiative supported through the Better Care Fund and Transformation funding, as illustrated in the following vignette.

Case Vignette: Bournemouth, Dorset & Poole (2)

In Bournemouth, Dorset & Poole Local Vision was used to support a number of large strategic projects around the integration of health and social care across three local authorities, including the Transformation Challenge Fund and Better Care Fund. Local Vision offered an alternative platform for engaging partners and, in particular, developing a sense of shared purpose and leadership.

Local Vision funding of £27k was agreed in November 2013 through to spring of 2014 to address group leadership development and to support tackling of the challenges the newly formed partnership was facing. Local Vision, despite representing a very small proportion of the total funding available to the partnership, occurred at a timely moment, just as eight CEOs had arrived together in the room with a highly challenging agenda and the appointment of a skilled systems leader as Programme Director.

The memorandum of understanding (MOU) agreed for Local Vision stipulated that systems leadership would be demonstrated through the ability of the Sponsor Board to “make high level decisions with respect to the vision, the guiding principles, ensuring operational activity and with demonstrable behaviours to support the core values or openness, honesty, ability to listen, empathise and ability to think and express differently, build authentic relationships and form guiding coalitions”.

The MOU further articulated that the sponsor group will make change happen through strategic decision making, removing barriers to change and focusing on key outcomes including ownership of agreed principles and ways of working, together with political engagement and ownership of the transformation work, shared resources and greater co-

ordination.

The package of support from Local Vision included one to one coaching for partner members, as well as cross partnership activity to develop new styles and ways of working in business meetings. The linkage with the King's Fund was also recognised as useful in co-ordinating a shared policy direction with the involvement of Acute Hospital leaders.

"We've done more in the last 6 months than in 6 years! All of the changes going on are about bringing systems together. We've succeeded in bringing in cash. Locality teams are moving into place and we are pulling together IT through Dorset Digital. It's a glass half full. How many of us could have named each other round the table and have a discussion rather than a row in picking up the phone?! You're either in for the long haul or the short wins. It has built some pretty good foundations in moving forward."

"The partnership was successful with the highest allocation of £750k and then levered in matched funding of £1m for commissioners to oversee the Better Together Programme. The Better Care Fund came along and in one way it was a help, but in other ways it constrained. In total though, the partnership achieved a pooled budget of £60m. There were 4 areas that got pooled budgets including Manchester. We came in the next tranche. From a leadership point of view the question is what do we want to achieve together? Our partner principles are agreed: its customer before agency! It's easy to say and difficult to do. As a Chief Operating Officer with accountabilities that's a real tension. But it has allowed us to move forward and do some difficult things. The Leadership aspect (Local Vision) has been one of the most important strands."

For further details see: <https://www.dorsetforyou.com/article/411954/About-Better-Together>

As the Bournemouth, Dorset & Poole vignette shows, despite the obvious benefits of securing additional funding and resource, on occasion this can cause complications and distract from project aims. This has particularly been the case for Local Vision projects associated with the Better Care Fund (BCF), which has extensive metrics and reporting requirements.

"We've been distracted by national form filling and templates with the Better Care Fund and complex funding mechanisms of national government." LV Project Partner, BDP

"The Better Care Fund is a pain in the neck. In reality will that do the transformation work? No. Joint investment is key and we need to work out what we need to do. Joint commissioning has met twice and we are just starting." LV Project Partner, BDP

5.3. Engaging professionals

A major challenge to effective partnership working is the tendency of organisations and professional groups to work in silos. The reasons for silo-working are not only structural – in terms of working for particular organisations and/or in a particular physical location – but also strongly influenced by issues to do with professional identity and development.

In a number of cases there was evidence of Local Vision having been successful in engaging clinicians who, whilst an essential part of the health and social care landscape, are notoriously difficult to engage in initiatives such as this.

“One of the light bulb moments for example was the nurse teams came together as they did not spend the time on getting to know each other and building relationship. Some of those skills to be able to think about the importance of team building of giving people time to get to know each other, this is something that we have pulled out from this. Planning stuff, giving time for change.” LV Project Partner, Solihull

Case Vignette: Gloucestershire

The Gloucestershire LV project focussed on tackling intergenerational obesity in three local communities. Rather than commissioning an external agency to conduct a user needs analysis, the Enablers encouraged partners from the Health and Well Being Board and Clinical Commissioning Group to pair up with local representatives and spend a day visiting a least one community. For several people this was a wake-up call that enabled a far better understanding of the causes of obesity and of the need to engage local partners in developing sustainable solutions, such as improving the availability of healthy food and developing transport routes that encourage exercise. A GP participating in this project said “it was humbling to go into communities and see the problem from their perspective – It opened my mind” and has since applied this learning to both his clinical work, and role on bodies such as the Clinical Commissioning Group, to issues including dementia and diabetes.

“I bring this to everything I do.” LV Project Partner, Gloucestershire

For further details see: <http://bit.ly/1JSBjgl>

All of the Local Vision projects we researched required at least some engagement with clinical partners yet, in most cases, these were under-represented in comparison to other groups such as management, local authority and third sector. In some cases, however, good progress was made in terms of engaging clinicians that are likely to have a lasting impact beyond the project.

“The changing role of GPs and clinical leadership is important in the 5 Year Forward review. Where does that take us? I’m not sure we’ve understood the implications for leadership...a lot of people don’t understand the concept of what giving up control means.” LV Project Partner, BDP

“Collaborative leadership built on trust that we all want to deliver on a shared vision. I think all professionals working across health and social care are going to need to think very differently in the new world and systems leadership does provide an insight about how we all need to work together.” LV Project Partner, Gloucestershire

One of the outcomes of the collaborative, systems leadership approach advocated by Local Vision has been the development of multi-disciplinary teams and improved working relationships between partners, as illustrated in the Dudley vignette below.

Case Vignette: Dudley

Following Local Vision, Dudley now has in place GP led Multi-Disciplinary Teams (MDTs) comprising the GP (Key Coordinator of care), community nurses, mental health link workers, a practice based pharmacist and a social care link worker. Following a proposal made by Dudley Council for Voluntary Service (CVS) to join this team in each of the 5 localities and to deliver a service that would enable them to play a more active role in integrated care, they now deliver “Integrated Plus”, commissioned by the Clinical Commissioning Group.

For further details see: <http://integratedplusblog.com>

5.4. Improving services and client outcomes

All Local Vision projects were focussed on complex, wicked issues where changes are likely to take time and are difficult to attribute to a single intervention. Furthermore, for those aimed at high-level integration initiatives it is unlikely that this will lead to measurable changes in services in the short term.

Despite this, a number of sites have identified changes and have metrics in place, as illustrated in the Plymouth vignette below.

Case Vignette: Plymouth (2)

In Plymouth measurable impacts include reduction in alcohol-related hospital admissions, reduce the strength campaign, resolving internal policy conflicts, alliance of providers for complex needs, increase in resources for alcohol services, and joint commissioning for complex needs (City Council and Devon CCG). Whilst these outcomes cannot be attributed solely to Local Vision, it is likely to have played a part.

“We have been able to reduce the numbers of children going into foster care as a result of parents having alcohol problems. We have been able to identify the numbers of children who would otherwise have been taken into care because of their parents’ alcohol consumption. We worked with those parents and as a result the children were not taken into care.”

“We have worked on hospital liaison – an alcohol hospital liaison worker who worked with Derriford to reduce the frequency of admission of ‘revolving door’ patients. We introduced a role where they work directly at Derriford – key individuals that we know, where a package of care can reduce crises for these patients and therefore reduce readmissions. We have evidence of the effectiveness of this – based on named individual patients rather than more global statistics.” (Note: this started in 2009, long before the alcohol strategy)

“We started the ‘reduce the strength’ campaign, which wouldn’t have been as successful without this ‘whole systems approach’ and wouldn’t have had the support that we had from the City Council and with the support of the police and others. A multi-faceted approach has persuaded retailers in areas where there is particular deprivation to stop selling super-strength lager in single cans. Retailers get on board – especially when there is evidence that stopping selling single cans doesn’t have a detrimental impact on business. When you sell single cans of lager which have more than the adult daily recommended units of alcohol at a price of less than a bottle of water.”

For further details see: <http://www.plymouth.gov.uk/alcohol>

In Wiltshire there is good evidence of how Local Vision has contributed towards a reduction in Delayed Transfers of Care and the number of non-elective A&E admissions. Elsewhere, such as Dudley, anecdotal evidence suggests that GPs have noticed in some surgeries that since this support has been offered some of their “frequent visitors” are using services less, including GP and ambulance services. After a slow initial three months referrals to Link Officers have grown steadily to the extent that response times are now being re-visited.

“In the last four months referrals have sky rocketed.” LV Project Partner, Dudley

The Hackney vignette in section 4.3 gives further illustration of the potential impact of projects such as these on local communities.

6. What are the longer-term impacts of Local Vision and how sustainable are changes over time?

In most cases Local Vision projects lasted around 6 -12 months. This is a short duration for projects with such bold ambitions and for fully engaging the diversity of partners required to mobilise systems wide change. Despite this, there was evidence in many sites of change being initiated that, over time, would lead to positive outcomes for places, organisations and citizens.

6.1. Catalysing change

The focus of Local Vision on leadership and facilitating change has been significant within many localities. In most cases partners were already working together on shared issues and Local Vision acted as a booster – re-engaging and re-energising partners around a shared purpose.

“Local Vision gave it a bit more energy. It was a combination of the value of process and incentive that helped. We’ve been doing this for 2 years now and there is still much to be done... The challenges are not insignificant and the systems keep changing. There are huge pressures on resources and competing priorities.” LV Project Partner, BDP

“Local Vision has helped us understand and articulate what those challenges mean to us and entail. We are aligned to where we want to get to (vision) but it has helped us to work together in a more neutral way, both in terms of a facilitated way, but also in terms of us going to London to the King’s Fund as this has helped us think about what we need to work on.” LV Project Partner, Solihull

“I think I was in danger of losing my focus by being distracted by personalities and agendas. This has helped me regain my focus and determination on improving outcomes for elderly frail people.” LV Project Partner, Bedfordshire

Local Vision has contributed to the development of a cadre of leaders who collectively see and understand what systems leadership means in practice. They have the potential to be catalysts of change but are grappling with huge challenges. Whilst mindsets and language may have shifted, substantial persistence and resilience will be necessary to overcome systemic barriers such as funding, reward and recognition and silo-based working.

[Local Vision has] “Raised awareness of system leadership with key players. It’s also brought professionals and politicians together and helped them make connections which will have a broader impact than this project – been interesting that people didn’t know what others were doing that could help them with their job. Generally there’s a feeling of enthusiasm that we can do something useful here and we’ve made a start by building some good relationships.” LV Project Partner, Calderdale

6.2. Developing new ways of working

Whilst Local Vision may have acted as the boost or catalyst, with Enablers confronting partners with the realities of their context and the need for new ways of working, long term change requires new ways of working to be embraced and embedded within local systems. Evidence of support for change is illustrated in the following quotes.

“My bosses are keen for me to work with our wider team on using the Public Narrative approach to systems leadership... So participation in the Local Vision programme has had a lasting impact, I’m continuing to use it for other purposes and

in other places - helped by the fact there is such an appetite for it.” LV Project Partner, Hackney

“So the CCG went into a clinical services review after the launch. It is very testing for the whole partnership. There is a real challenge in achieving this without cost shunting. I don’t think we’d have made such progress without the work (of Local Vision). We are all still making a contribution and working to mainstream what we are doing.” LV Project Partner, BDP

Although a shift in mindset and approach is significant, this really needs to be integrated into structures and processes in order to have a lasting impact. There was evidence in several cases of where Local Vision supported the development of partnerships and groups that would endure and have effect long after the Local Vision project itself had finished.

“Our integrated locality teams are an outcome of the Local Vision work together with the Better Together and Health and Well Being Board. There are now 13 localities engaged in new discussions and good work around health and social care. Ground work, shared vision and relationships are key. Now we have co-ordinators to deal with admissions and readmissions and if proven, they will continue. It’s all a build, a layering thing. The pressure of time though is greater than it has ever been!” LV Project Partner, BDP

“We are developing an alliance model amongst 8 providers, which should be much better. Plymouth Community health, hostels, Harbour, Salvation Army, all of the churches. We can have a vision of what our clients actually need. Let’s look at it in a very different way. Getting the energy and changing the culture. There is that sense of joining up and wanting to use the finite resources we have to the best of our ability.” LV Project Partner, Plymouth

In Wiltshire, the appointment of a team to support the integration agenda and implementation of the Better Care Plan made a considerable difference to the ability to make progress. This team linked in well with officers across the system to ensure ongoing progress and alignment and was led by a dedicated senior manager, jointly appointed by the CCG and the Council, which greatly facilitated making connections to the bigger picture, mediating between different views, and unblocking barriers to change.

At the heart of the systemic and inclusive approach to leadership championed through Local Vision is a fundamental change in the nature of relationships.

“This is about shifting power and to do this will require those who aspire to provide leadership to relinquish some control and divert some of their energy into helping develop leadership capacity across the system - one of the key challenges is to find the balance between this more fluid, clumsy approach, and the 'need' of different parts of the system to feel safe and in control.” LV Project Partner, Gloucestershire

“The sociology of our relationship we have is stronger, more coherent. We have done some very good work on the ground to improve services for patients.” LV Project Partner, BDP

There is also good evidence of where partners have managed to develop improved data sharing across the system, which is often a necessary precursor (or frequent barrier) to effective inter-organisational collaboration.

“Some people have got better at sharing information across integrated teams. That’s really big. Hopefully it will have impact on the patient further down the line. It’s hard to measure but we are still in the process of it. It’s those conversations where we ask 'well why do we do it like this?' It’s brought some of that stuff to life, which we may

have known, but did not follow on changing, but now because of Local Vision it's got such a spotlight on it." LV Project Partner, Solihull

"The data was hidden as much as the issue itself. But looking at the data (or lack of it) created impetus for action." LV Enabler

6.3. Building commitment and momentum

Local Vision has impacted on how diverse groups within projects are able to build commitment and momentum for change in their localities. Particularly interesting is how this was often achieved by working through blocks such as unintended outcomes, recognising individuals' limitations and professional sensibilities. This is evidenced by the following quotes from evaluation participants:

"I found just being involved with the [Local Vision project] completely transformative. I thought [our Enabler] was tremendous." LV Project Partner, Plymouth

"Once the partners have realised they need to act they have bent over backwards to look at what they might do. There was a genuine willingness to learn and work together. Not caught up in professional sensitivities. Public services at their best and showing they care – usually the reason they came into public services in the first place." LV Project Partner, Hackney

"I've learned about some of the unintended consequences (and waste/lost opportunity) of some of the work we have done; we've learned that a very local approach is required and that some of our broad-brush activity fails to meet the very specific needs of our communities... I've been inspired by the energy, resourcefulness and innovation within the communities. Reduced my arrogance and opened my mind; it has involved a more facilitative and respectful leadership approach." LV Project Partner, Gloucestershire

Local Vision has also brought increased attention and raised the profile of key agenda items.

"What we have done as a result of the partnership is created a foundation, brought funding in, collaborated at local level and achieved joint forecasting for health and social care needs with joint posts created to take this forward." LV Project Partner, BDP

"Now that it's come from primary care via their community group, to the ICASS board, several groups have said that in the last few months that this is the key priority and we are looking at this project as being the basic building block that we can put lots of other things on. So in terms of selling the vision, that has been quite a big change recently. Whereas we had lots of projects on the go and this was one of many, this has now been identified as a key priority." LV Project Partner, Solihull

Whilst Local Vision projects were selected to address issues of real significance in localities, in most cases the aim was for Local Vision to use them as a platform for learning about systems working and shared leadership. To this extent, the commitment to working systematically and leading inclusively described in sections 4.1 and 4.2 also gives strong evidence to support the commitment and motivation fuelled by Local Vision.

6.4. Monitoring performance

A key aspect of this evaluation involved exploring the role of data and metrics in supporting the leadership of change as well as considering its potential in evidencing impact. As will be evident from this report, despite a strong qualitative argument in support of the impact of Local Vision, securing objective measures of outcomes is challenging.

There is indeed some evidence to suggest that the relatively low level of scrutiny against measurable performance targets was one of the things that made Local Vision funding attractive, in that it enabled projects to be creative and to take risks.

“There was no performance management on this, no vast sums of money involved – we could use this to test something out.” LV Project Partner, Plymouth

“And so we tried a whole range of things and gave basic communications development skills and structuring for interdependent growth, not hierarchy. They allowed us to experiment with things that didn’t quite fly.” LV Enabler

The complex, emergent and systemic nature of Local Vision projects makes attribution of causal relationships challenging if not impossible. Indication of progress is perhaps most achievable for those projects targeted at direct improvements in patient services, yet outcomes can be hard to interpret.

Plymouth, for example, has developed its approach to using metrics through a ‘Dashboard’, which now serves as a benchmark for further systems change. This was not, however, in place at the point when Local Vision was initiated and so trends cannot easily be ascertained. Some evidence of impact attributed, at least in part to Local Vision is given in the vignette in section 5.4 and a more detailed data profile for Plymouth in Appendix 4.

In Hackney, data relevant to the identification, recording and reporting of women who had been subject to female genital mutilation (FGM) and therefore whose daughters may be at risk of FGM was seen as crucial. A realisation that data was not being shared between agencies galvanised action, and was construed as part of the leadership armoury in helping to ‘hold up the mirror’ and make apparent what had previously been invisible, piecing together parts of the jigsaw to try to see the scale of the problem and the potential number of girls at risk of FGM and the support needed by women who had been subject to FGM. It became apparent to key stakeholders in Hackney that the issue of data was not just about pooling numbers from across different stakeholders, but actually reflected the deeply challenging business of systems leadership in trying to navigate, negotiate access and knit together data sources from very different institutional perspectives. Indeed as the Enabler noted, working with data proved to be “as much about building relationships and trust as anything else”. Public Health was seen as crucial in convening the system, connecting data held across the system and making sense collectively of the picture it gave. The Chair of the Health and Well-Being Board, a local councillor also played a critical role in challenging the status quo, getting underneath the presenting data and connecting with campaign activists.

High-level integration projects provide further challenge when it comes to monitoring, even though there may be awareness amongst stakeholders of the valuable role that data can play in gaining political and organisational support and investment, as illustrated in the following comments from Bournemouth, Dorset & Poole.

“We need to ask about our metrics. There’s a significant amount yet to be done. We had some contact with Cabinet Office two weeks ago and they asked us why have your non-discharges doubled? There are a number of reasons why it has got more difficult.” LV Project Partner, BDP

“Yes we’ve been challenged on metrics. Our performance has not improved. Metrics are difficult and we do need to do that work.” LV Project Partner, BDP

Further work is needed in this area and could include increased intervention and advice on using and reacting to metrics in these sorts of complex environments and projects. For further consideration of this issue please see Chapter 8.

7. Are there any emerging patterns to help inform understanding of the ingredients of effective systems leadership interventions?

The evidence presented in the preceding sections provides good support for the value and impact of Local Vision projects in localities. Whilst there is insufficient space to go into a detailed analysis of the processes through which projects had impact, in this section we identify some of the key ingredients that support and/or inhibit the likely effectiveness of Local Vision in different locations. This is based on analysis of projects against the framework developed in the interim evaluation (see Figure 3.1 in this report) and includes consideration of factors such as: start up conditions, context, process, and planning for sustainability.

7.1. Start-up conditions

There were some recognisable similarities and differences between the initiation of Local Vision projects in different localities that may well have an impact on how projects proceeded.

1. **Nature of problem/challenge:** Local Vision projects tended to build greater momentum where they had a distinct focus on a wicked issue that several stakeholders recognised they were unable to address on their own. Whilst problem framing and diagnosis was a key aspect of the work of Enablers it appears to be easier to develop and promote a compelling shared narrative that partners can buy into when it can be seen to lead to tangible benefits for service users and communities.

“If we did it again, we would try and pin it down a bit more. To focus it; give it a strategic lead across all the partners. The lack of focus has meant that it’s been difficult to identify the impact, however, this has been more about how we have approached it rather than the project itself.” LV Project Partner, Wiltshire

2. **Level of intervention:** Whilst Local Vision projects generally engaged with people at a number of levels in the system, some were targeted at high-level strategic issues whilst others took more of a community focus. The evidence suggests that it is easier to identify how community-based interventions lead to measurable service improvements. Although high-level interventions have the potential to trigger systemic change they are likely to take longer to generate outcomes, will be influenced by local and national policy, and are difficult to distinguish from related and emerging initiatives.

“It started with a very specific focus on improving services for the frail and elderly, where it moved to, was a better care fund work was essentially the shell that would at some stage provide better services, so I became attached to the work of a fairly large group of people from voluntary sector from the CCG and from the local authority who were trying to make sense of the better care fund bid at that point.” LV Enabler

3. **Prior experience of systems working:** In most places, at least several partners had prior experience of working on systems-based projects and, fairly often someone in the area had previously worked with the LV Enabler. These relationships proved very valuable in getting projects up and running quickly and developing mutual understanding.

“The foundational work of Local Vision has clearly made an impact, enabling the Better Together Partnership to work together more effectively as a result. The Partnership has led in a highly strategic way, successfully leveraging in significant funding in the context of an agenda of integration of services and devolution. Politically astute and ‘systems’

savvy the Partnership understood at the outset the importance of relational work and the potential power of systems leadership to effect lasting impact.” LV Enabler

4. **Imperative or ‘burning platform’ for change:** In many cases Local Vision focussed on an issue that had been recognised as a strategic imperative. Frequently previous attempts had failed or lost momentum and Local Vision helped catalyse action. Where a range of partners identified a clear need for action this enhanced the building of partnership, collaborative ways of working and shared leadership.

“A crisis can help e.g. the work in London, where it was very sticky, lots of dissatisfaction, so we talked and got down to brass tacks and realised that actually there was complete crisis of identity and we don’t know who we are and it became too much of challenge, so then we reconfigured the day... Our challenge is to surface this and then work with it.” LV Enabler

“Data created the urgency to take action as it showed us the potential risk; that we weren’t talking to each other; we cared but didn’t realise the connections.” LV Enabler

7.2. Local context

The nature of the local environment varied in terms of senior organisational support, political engagement and community involvement. These and other factors proved important in terms of Local Vision processes and outcomes.

1. **Alignment with other initiatives:** Local Vision frequently ran alongside other projects and initiatives in regions, such as the Better Care Fund (BCF), NHS England Integrated Care and Support, Pioneer programme, etc. These provided a platform for additional funding and systems-based working and, in many cases complemented Local Vision activities. In the case of Pioneers, Vanguard and *Leadership for Change* that took a similar place-based approach to transformation, change there was generally a good fit and this was beneficial to Local Vision impact. In some cases BCF was also beneficial although it was also reported to distract from project aims on occasion.

“Whilst we were all in the middle of Better Together along came the Better Care Fund – it was a bit of a distraction to be honest because we were developing our own priorities and it cut across some of these. We had to take an eye off the local agenda and fill in all these bits of paper.” LV Project Partner, BDP

“I think our work would have benefited from being aligned more to the other work that was taking place regarding integration. As the BCF deadlines and requirements were published at short notice, capacity was moved somewhat away from this programme.” LV Project Partner, West Cheshire

“Now that the BCF has been submitted, it is harder to carve out time to support second stage implementation. It is happening, but slower and takes more effort to progress.” LV Enabler

2. **Project ownership:** There were also differences between projects in terms of whether the project lead was situated in a local authority, health provider or charity. In several projects, for example, the lead was taken by Public Health and occurred around the time at which Public Health was transferring from the NHS to the local authority. In such cases (e.g. Gloucestershire) Local Vision gave an opportunity for Public Health to experiment with new ways of working and may have added credibility and legitimacy to their role in the wider health and social care infrastructure. In several other projects, the lead was taken by a partnership body such as the Health and Wellbeing Board (HWBB) or Clinical Commissioning Group (CCG) which supported partnership working and

boundary spanning but, which may carry risks given the potential of government policy and restructuring.

“The biggest aspect and challenge is to get the delivery people on board. At the start, the CEOs were on board.” LV Project Partner, BDP

3. **Dedicated project support:** Depending on where projects were led, and the broader organisational infrastructure, there were varying degrees of administrative and management support for initiatives. In Gloucestershire, for example, whilst there was a dedicated project manager who could liaise with partners and assist in creating opportunities for Enabler engagement, it was recognised that this was time-consuming work and that greater administrative support for organising meetings, etc. would have been greatly beneficial.

“Would have secured more admin/-project support- very admin-heavy project; otherwise would have done the same again. Investing in a year would have changed the whole nature of the work enabling a more considered approach.” LV Project Partner, Gloucestershire

“The project lead changed as project not delivering outputs the steering group could appreciate. There was not a dedicated lead but added on to the work of the two leads. We had a management trainee doing admin to begin with which was excellent but when they moved on, no dedicated admin time. Time and support given by councillors and directors. External support from facilitators variable in value.” LV Project Partner, Suffolk

4. **Senior-level organisational and political engagement:** Systems change requires engagement and commitment from all levels. Whilst some Local Vision projects had the involvement of senior level leaders from the outset (e.g. Coventry, Bournemouth, Dorset & Poole, Kent and Plymouth) others had to spend time building these relationships and securing high-level support. Where senior level support was not present from the outset, Enablers often played an important role in engaging organisational and political support. This, however, took time and meant that in such cases the Local Vision funding came to an end just as momentum was beginning to be created.

“Elected members have been very important in this. If they do not think that this is the way to go, it can’t happen. The work of the Health and Well Being Board showed that the elected members did buy in to this new way of looking at things, and this has permeated throughout the City. The political leadership is absolutely critical. They want to see if there is a different way through this difficult situation. We could do it the old way, but this way we can keep the user at the heart of it – not losing sight of this for a moment, and improve services. The best way through this is the new approach.” LV Project Partner, Plymouth

7.3. Process

Local Vision is a place-based intervention to enhance the capacity for systems leadership in localities. Some of the lessons from the evaluation in terms of the key aspects of the Local Vision initiative that have most impact are outlined below.

1. **Choice of Enabler:** Across the board participants spoke extremely highly of the Local Vision Enabler(s) they had been allocated for their project. For many the Enabler provided an important role model of facilitative, shared leadership. Enablers were appreciated for their ability to facilitate difficult discussions between partners and to ‘hold up a mirror’. As experienced practitioners with a track record in the area, in many cases the Enabler was known to at least one of the key stakeholders and this proved helpful in terms of opening doors and building credibility. There were differences,

however, between how Enablers worked in areas – sometimes with just one person for the whole Local Vision project, at other times a pair of Enablers leading the project and, other times one Enabler leading but others coming in at a key point in the process, and finally, where the Enabler changed during the project. There is insufficient evidence to suggest which of these modes of working is most effective and, in any case, based on our understanding of systems leadership it is likely that there is no single best way. A key point however, is the importance of carefully matching Enablers to localities and of enabling flexibility in how they work.

“You need a facilitator of quality. The gravitas was really important. You can’t just get someone who is a practitioner in another field. You need someone battle-hardened, the scars and the skills to work across difficult agendas. Our Enabler has got us into not blaming or criticising each other. It can be quite easy to pick on the weakest partners.”
LV Project Partner, BDP

“Generally very positive - particularly about the difficult conversations, the constructive challenge and the objectivity brought by our Enablers.” LV Project Partner, Bedfordshire

“The Enabler brings independence. There’s a lot of hidden agenda, underlying pressures, for example hospitals don’t see partners doing their bit and so it shifts focus. There is something crucial in working with that tension, saying why wouldn’t you do this? And why can’t you work together?” LV Project Partner, BDP

- 2. Engagement with local communities:** In several Local Vision projects Enablers created opportunities for participants to engage directly with community partners. Where this happened, it often served as a trigger for learning and reflection, enabling participants to re-engage with a sense of purpose and responsibility that, on occasion had diminished through day-to-day processes that created a separation between service providers and service users. People referred to ‘light bulb’ and ‘penny dropping’ moments when they gained a new understanding of issues from a user perspective. In bringing very specific local examples to light Local Vision enabled participants to gain an appreciation of both the barriers to change and the potential energising effects of systems leadership.

“The role of the Enabler is reconnecting people with their source of motivation, collectively to have shared purpose. Our presence gives them permission. We come with the badge of being part of the national programme, so it gives legitimacy, which in turn creates space for some leeway. We ride that tension – people on the ground are expecting these outcomes and we have people like [the CEO] who manage that tension, and are real advocates and believers of this kind of systems leadership and so riding these, it will become more important as the pressures to deliver increase. So it’s a door opener.” LV Enabler

- 3. Memorandum of Understanding:** LV Enablers spent considerable time and effort working with partners at the beginning of projects to ensure a shared understanding of the problem to be tackled, the intended outcomes and commitment from partners to collaboration and engagement. The Memorandum of Understanding (MOU) was a written document that captured these details and served as a useful yardstick against which to monitor project outcomes. This was a valuable part of the process and, in several cases had a positive impact on moving forwards with a shared agenda¹¹.

¹¹ It should be noted that the LV application and selection process, conducted by the Leadership Centre along with local stakeholders, was an important part of the problem articulation and analysis phase itself and is likely to have had a positive impact on the engagement of senior organisational and political leaders and the successful deployment of LV Enablers.

“The MOU further articulated that the sponsor group will make change happen through strategic decision making, removing barriers to change and focusing on key outcomes including ownership of agreed principles and ways of working, together with political engagement and ownership of the transformation work, shared resources and greater co-ordination.” LV Enabler

- 4. King’s Fund learning network:** Whilst Local Vision was established as a place-based intervention in which learning was facilitated by an experienced Enabler, this was complemented by a series of one-day learning network events hosted by the King’s Fund. These events gave people the opportunity to meet and engage both with people from their own project, as well as from other projects, and also offered the opportunity to hear from speakers on issues related to systems leadership and change. The evidence suggests that these events have proved a useful complement in some cases, although the limited capacity for attendance, and the difficulty of people getting to events mean they have not always been as well attended as they could have been.

“Some of the Learning Days organised by the King’s Fund were useful and interesting and provided a bit of profile for what we are doing, plus an opportunity to learn from others.” LV Project Partner, Wiltshire

“The learning networks are valuable in sharing best practice and giving time to think about tricky issues.” LV Project Partner, Wiltshire

“My view is that Local Vision work with the King’s Fund has not been so effective because there isn’t a coherent cohort. The people from each place tended to be very senior and not very engaged... and it could have done with more structured learning. Compare that to the Leadership for Change programme which perhaps has too much input and not enough enabling.” LV Enabler

- 5. Scale and timing of projects:** Local Vision projects aim to achieve a great deal in a relatively short period of time, with limited resource and investment. Whilst this may help in creating a sense of urgency, evaluation findings suggest that projects would often benefit from greater lead time, a longer period of engagement with Enablers and more extensive administrative and project support. There are several first cohort LV projects (such as Plymouth) that have secured funding for follow-on projects and, in most cases this would appear to be essential in order to achieve their aims and objectives. In considering future investment in Local Vision, and similar initiatives, it would be worth considering how project scale and timing can be optimised to ensure the best possible outcome.

“One of the challenges for the work is that it’s too small. It’s a real tension. The speed of expectations are unrealistic. We are forced into playing that game and could fail with unrealistic expectations.” LV Enabler

“System change takes a considerable amount of time and we have a great deal to learn about our partners before fully integrated working to maximum population benefit can be achieved.” LV Project Partner, Nottingham

“It’s been difficult to generate pace. The key people are very stretched, having multiple important projects to manage.” LV Enabler

“Siloed working still exists, and there are so many competing calls on time that it is sometimes difficult to prioritise it.” LV Project Partner, Bedfordshire

“I think it merits more time allocation. It is important to build trust and relationships locally that could be structured into emerging areas of work.” LV Project Partner, West Cheshire

7.4. Planning for sustainability

Many of the points outlined above, and in previous sections, relate to the potential long-term impact and legacy of Local Vision projects. Additional factors identified during the evaluation that merit further consideration include: project leadership, Enabler exit conditions, roll-out and evaluating outcomes.

1. **Project leadership:** The evaluation evidence suggests that a complex blend of leadership is required to support projects such as these. For example, senior-level support within partner organisations is highly beneficial in terms of securing project initiation and continuation, ensuring that the issue is given strategic priority and legitimising the time that people need to spend working on it. Political support is also valuable, particularly in terms of addressing community concerns and linking local and national agendas. Project leadership is also important, and benefits from people with a sufficient level of seniority and credibility in the eyes of key stakeholder to initiate engagement with the LV Enabler and facilitate collaboration and partnership working. LV Enablers also play an important leadership role in bridging and connecting stakeholders and facilitating difficult conversations. Clinicians and professionals within bodies such as the Clinical Commissioning Group can also play a significant role in modelling participative and inclusive ways of working and community members can be important in mobilising local engagement and change. Together these contributions combine to give a unique 'leadership configuration' within projects which may be weakened significantly by the absence of any particular element.

"The Better Together Sponsor Board made a critical appointment early on in its appointment of the Programme Director - a senior manager seconded from one of the Local Authorities with an understanding and passion for system's leadership. The Director was an alumni of an early regional programme to develop systems leadership capability funded jointly by health and social care. He played a crucial role in spotting opportunity to create strategic funding synergy and in recognising and understanding the relational work that was needed to take the partnership forward through the work of Local Vision." LV Enabler

"If you boil it down, how important are local politics? Unless we have a political mandate to move forward in seismic ways, we won't be able to achieve. It is not just about engagement and agreement, but advocacy as well. Our politicians are very proud of what we are doing and are using this as a platform at national level to discuss our success with MPs." LV Project Partner, BDP

"The impact has been considerable – it could be argued that Merton had good relationships and would have made progress without support – but at key moment they needed help with design and strategy and support to a network of key leaders was really important in keeping things on track." LV Enabler

2. **Enabler exit conditions:** Whilst Enablers play a pivotal role in the Local Vision approach, it is important that they do not become indispensable to projects. The evaluation demonstrated that many Enablers begin planning and preparing for their exit from the very beginning of the project. The evaluation indicated that a number of projects lost momentum once the Enabler left and, in several cases, localities funded some additional days in order to enable a smooth transition. Enablers reported that their exit was made easier where there were people in the locality, with an ability and remit for systems leadership, who could take on responsibility for ensuring that the project, or at least a broader systems approach, endured beyond the end of Local Vision funding.

“This isn’t just a project - it’s a beginning. It’s what happens afterwards that’s key... sometimes I wonder if I am deluded that the role of the Enabler is that important.” LV Enabler

“We did not realize for some time that it was about the alcohol strategy. If you were not connected with the HWB you didn’t know. As a result, as a group we spent more time trying to work out what it was all about than we did figuring out how a systems leadership approach might be used to implement an alcohol strategy. By the time we got going it did turn around a bit. It just took a while to get connected.” LV Project Partner, Plymouth

3. **Roll-out:** There is also a challenge about scaling-up and rolling-out projects more widely. There is a limited population that LV Enablers can work with directly, yet a systems approach highlights the need for wide-ranging engagement with people at all levels in the system. Where Local Vision projects are scaled-up this is almost always where they are linked to a strategic priority and further funding.

“Up till now we have focused on where we can gain easy wins. The challenge is now to look at more contentious areas. We need to test where we have passive dissent. We are now looking into the unknown at commissioning relationships for locality teams and “we don’t know what that looks like yet.” LV Project Partner, BDP

“We are a large group of commissioners. We have moved from three to two. I’ve learned about the significant gulfs in culture and I am familiar with the leadership agenda. Though the Enabler did it well, I don’t think we could address the culture via this (Local Vision) alone. It needs to be continuous and focused with accountability. Unless there is real challenge there can be drift. The process though helps us see examples of what’s happening in other parts of the system!” LV Project Partner, BDP

“The energy in the city at the moment is good. I have this real sense of opportunity that things can be delivered out of silos, we can break down organisational boundaries, we can look at what the people who use our services actually need, to be able to deliver collaboratively.” LV Project Partner, Plymouth

“This has been an excellent programme and I am convinced that the benefits will be long term and applied to many situations.” LV Project Partner, Bedfordshire

4. **Evaluating outcomes:** A further key question for projects when considering long-term viability and sustainability is how they evaluate outcomes. This report has captured learning from Local Vision as a whole but each case is so different and complex most merit their own individual evaluation in order to assess progress against project aims, over time. The following quotes from two different participants in West Cheshire indicate how differently the same initiative can be perceived by different stakeholders. Any evaluation and monitoring of outcomes needs to take account of this diversity of views, to capture a range of metrics to try to make sense of progress, and to recognise that findings are always likely to be multi-faceted and contested.

“More about a curve of change rather than a “Big Bang”. Focus and understand what has been achieved, easier to address any duplication utilise inclusive design coproduction to solve problems enabling knitting together rather than direct service provision.” LV Project Partner, West Cheshire

“Lifting the aspiration/ vision of local leaders to understand context issues and the place and scale required to redesign and implement not so much rewiring the public and voluntary sector house as knock it down and build another!” LV Project Partner, West Cheshire

8. What role can data analytics play in making sense of projects and their impacts?

Overall, the use of data and metrics at the outset for benchmarking was patchy and inconsistent across Local Vision projects, suggesting a lack of awareness of the potential value of data in supporting the leading of change across systems¹².

Realist approaches to evaluation (e.g. Pawson and Tilley, 1997) consider the role of context to be central to understanding impact with the implication that what may work in one set of circumstances may not easily transfer to another. However, the complexity literature (e.g. Stacey, 2012) and indeed some scientific perspectives (e.g. Logan, 2010) suggest that attempts to predict the future or pin down the causal chain to any outcomes of such an intervention as Local Vision are fruitless since their inherent complex characteristics are those of constant self-organising change, emergence and inter-connectedness. Robert Logan (2010) puts it this way:

“Emergence is the phenomena whereby new, unexpected structures arise out of the self-organization of the components of a complex non-linear system. The novel structures or behaviours that arise cannot be predicted from nor derived from the structures or behaviours of the components of the complex system. The key factor in the emergence of emergence (pardon the pun) is the interactions of the components of the system and not just the properties of the individual components...” (p. 320)

Given the complex nature of systems leadership and Local Vision, which is fundamentally about human interaction, we initially explored the potential of statistical data descriptors (population demographics, deprivation indicators and revenue spend) for the localities for Local Vision for any patterns or factors that might inform our interpretation of the qualitative findings derived from stakeholders.

At the very least these descriptors offer some insight into the nature of the distribution and take-up of Local Vision funding and activity, which shows under-representation in London Borough’s (only 9% compared to 18-19% elsewhere).

	County Council	London Borough Council	Metropolitan Borough Council	English unitary authority	Total
Local authority not within a Local Vision area	22	29	29	42	122
Local Vision area	5	3	7	10	25

Table 8.1 – Distribution of Local Vision Projects

Overall we concluded that the value of this descriptive data was limited since there are obvious difficulties with complex and overlapping boundaries taking Clinical Commissioning Group’s into account for example, no obvious or significant patterns of distinctive differences and no linkage or causality can be attributed to Local Vision. However, for any future considerations, there may be merit in considering the use of multivariate analysis of these factors to take into account the potential mix and interplay that may not be apparent from our initial exploration.

¹² Paul Plesk gives a useful illustration of the importance of using data and metrics alongside story and ‘heart’ to persuade, challenge and ‘hold up the mirror’ when leading large scale change in his Masterclass on behalf of UWE, URL: <http://bit.ly/1EEiddN>

We also considered the role of data or 'metrics' as a tool in benchmarking progress towards outcomes as well as facilitating integrated working for systems leadership. We have explored the role of benchmarking in Plymouth which was included as an in-depth case study and because the focus of problem solving was relatively tangible with key aspects captured using metrics provided by the locality or publicly available to our evaluation. (A summary of descriptors and metrics, for Plymouth are given in Appendix 4).

However, whilst this analysis may prove useful in illuminating the complexity of the issues being addressed and help raise fundamental questions around the nature of the problems, it does not 'prove' outcomes have been achieved. This is because we cannot assume that any Local Vision intervention has led directly to any outcome since we are looking at this question through the lens of complexity and emergence. Indeed some Enablers felt strongly that the 'real work' was often around developing and enabling systems leadership rather than tackling the 'problem per se' and that the problem merely provided a means to galvanise focus and collective action.

We can perhaps however use this data to consider possible patterns or early indications of trends and consider whether components of the systems interacting together (including Local Vision) may be creating or adding to, emergent outcomes; and indeed to recognise that some of these 'outcomes' may be unanticipated or indeed unwanted. This kind of data can in our view be the best kind of data since if used as the basis for learning lends itself to challenging problem solving approaches.

A good example of this point was observed in Hackney with the agenda of FGM. The role of data, or indeed, its absence, helped galvanise stakeholders into action. It was consciously used as a tool by the Enabler in order to help piece the parts of the systems jigsaw together. As a picture, previously hidden, began to emerge through the use of data, partners recognised the need to develop data systems that were that were inter-connected. This was not about benchmarking impact in the early stages of the LV work, but about putting in place the tools to enable the partnership to come together and do its work. And this was not experienced as easy work:

"It's the struggle to get hold of data for most agencies: it's the struggle to connect different pieces of data; the struggle for systems to share data." LV Enabler

The issue of unintended consequences when tackling complex interconnected problems is well documented, particularly when target setting (often at national level) skews the focus of decision-making, action and creates the need to account for 'progress' rather than learning (for example Chapman, 2004 and Department of Health, 2013). Indeed in Hackney, the initial experience of partnership working focusing on systems to capture incidence of FGM resulted in an apparent increase of incidents. If this was used as a measure of impact, it would clearly be false since it reflected increased activity of partners to capture the picture rather than necessarily any real change in the actual number of incidents.

In Bournemouth, Dorset & Poole the partnership has been honest and explicit in its difficulties in tackling benchmarking for integrated working. And these are not just related to IT systems. Stakeholders cited national political pressure for 'results' a reality that has to be considered alongside the many other challenges in creating collective action. Stakeholders here recognise the importance of metrics for benchmarking and as a leadership tool that can play a significant part in creating further leverage and challenge. The key difficulty it would seem here is a lack of 'know how' and perhaps the sheer weight of the 'messiness' of the problems and associated data.

9. Conclusions

Overall the evidence from this evaluation suggests that Local Vision can be regarded as a successful initiative that has succeeded in developing and embedding learning about systems leadership and change in each locality where it has operated. As a place-based intervention, supported by skilled 'Enablers', Local Vision has successfully catalysed collaboration between multiple stakeholders to address shared challenges. Local Vision is an ambitious initiative and has not shied away from tackling complex, contested, intractable, 'wicked' problems where success is not guaranteed and where, on occasion, previous initiatives have failed.

The evaluation findings prove testament to the skill and tenacity of the LV Enablers and project partners and the Leadership Centre (who coordinated and supported the initiative on behalf of the Systems Leadership Steering Group) in brokering relationships, facilitating difficult conversations and (re)connecting diverse communities to a shared sense of purpose. In many cases, greater outcomes could have been achieved through on-going support and investment beyond the 6-12 months over which projects were funded, yet in most cases there was good evidence for an enduring legacy, through the ways in which Local Vision has supported a shift in mindset, culture and behaviour, towards a more systemic and collaborative approach to leadership and change.

In many cases, Local Vision has encouraged professionals in a wide range of organisations and roles to take a more user-centric perspective on the design and delivery of services, engaging with local community members and building a shared sense of ownership. Elsewhere, Local Vision has supported senior-level leaders in developing and implementing local strategies for addressing issues such as alcohol abuse, care for the elderly, and diet/healthy eating.

For a fairly modest initiative, within limited funding and resources, Local Vision has had substantial impact and has provided an important complement to other initiatives, such as the Better Care Fund, by focussing on the cultural and leadership aspects of change.

In most localities, there are now people committed to thinking systemically, working collaboratively, engaging with service users, and fostering shared leadership that will continue to have an impact for many years to come – not least through the role that many of these individuals play at local level through their membership of Clinical Commissioning Groups, Health and Well Being Boards, etc.

Whilst the complex and contested nature of issues addressed, and the interconnection with local and national context, makes it difficult, and indeed inappropriate to try to quantify the effect of Local Vision¹³ qualitative indicators from a variety of sources, combined with quantitative indicators where available suggest, as the title of this report implies, that Local Vision may well be 'the difference that makes the difference' – playing a key role in the wider ecosystem of systems change and transformation.

To summarise the key impacts of Local Vision, identified through this evaluation, and their implications for further work and investment we highlight 12 key points below.

1. *Thinking systemically* – there is evidence from the evaluation that suggests that there has been an increase in awareness of the need to build partnerships and a deeper appreciation of the systemic nature of complex and 'wicked' challenges. There is also

¹³ Indeed, to do this would require a more elaborate evaluation methodology that permitted comparison between localities where Local Vision was either present or absent.

evidence in various projects of an increased ability to engage relevant professional groups.

2. *The role of the Enabler* – evidence is provided by the evaluation that highlights the importance of Enablers in fostering collaboration, building capacity and enabling change. Whilst good progress has been made within each locality, in many cases both Enablers and project partners would have benefitted from more time to work together.
3. *Community focus* – in several cases the evaluation has demonstrated increased engagement with community-based organisations, which has in turn led to a greater ability to address local needs. Community and voluntary organisations can play an important role in identifying and supporting the needs of citizens and the support provided through Local Vision has been beneficial in raising both their profile and capacity.
4. *Taking a user perspective* – described in places as a ‘light bulb moment’, the evaluation highlights the value of interventions that enable service providers to see things from a user perspective, and how this can lead to enhanced awareness and understanding of issues and potential barriers to change.
5. *Shared leadership* – the evaluation shows an increase in, and impact of, shared leadership within and around projects in various localities. Furthermore, there is evidence that this has led to a greater sense of empowerment, responsibility and ownership within projects. There is also evidence that this momentum will need support as localities move forward in addressing their ‘wicked’ issues and that further development and support through systems leadership initiatives such as Local Vision would be beneficial.
6. *Influencing strategy* – the evaluation shows evidence of participants feeling more confident and better equipped to influence strategy and evidence in some localities of enduring influence through the role LV Enablers have played in supporting strategic change initiatives.
7. *Generating income and opportunities* – there is evidence from the evaluation that suggests that several projects used Local Vision as a platform for bidding for further initiatives and funding. Whilst in most cases this was beneficial to partners and localities it can, on occasion, distract from original project aims or lead to the emergence of new strategic priorities.
8. *Improving services and client outcomes* – given the relatively short duration of Local Vision projects and their ambitious aims and objectives, in most cases it is difficult to assess impact on services and client outcomes (indeed many projects did not set out to directly impact service provision). There is, however, convincing anecdotal evidence along with quantitative and qualitative indicators, to suggest improvements in some areas, although a more rigorous approach to identifying and assessing outcomes may be required in order to identify causal relationships (see point 10).
9. *Catalysing change* – as indicated above, Local Vision rarely operated in isolation; supporting and complementing other local and national initiatives. To this extent, Local Vision may be best regarded as a catalyst, which accelerates or enhances changes that may already have been on-going, or which may have produced similar outcomes over time. Local Vision was often described as a catalyst, re-engaging or re-energising partners around a shared purpose.
10. *Using data as a tool for benchmarking, monitoring and leadership* – overall, the evaluation identified limited use of data analytics and monitoring within Local Vision

projects. A number of Local Vision projects did however recognise the significance of this agenda but were not able to achieve the implementation of means for benchmarking in the timeframe of Local Vision. In other words, there was recognition of the challenging nature of benchmarking complex change interventions. Whilst, in other cases a lack of focus on data analytics and monitoring was cited as one of the things that made Local Vision an attractive opportunity. Overall we do feel that more could be made of data in supporting the facilitation of change. The aim here is not so much to legitimise the investment (although this can obviously be important) but to make better use of existing and emerging evidence to help improve the focus of interventions, a spirit of enquiry and support the development of effective and enduring partnerships that address individual, organisational and partnership objectives. We suggest that this would be a useful area to consider investing in for future interventions.

11. *A longitudinal perspective* – the evaluation highlights the ways in which aims and objectives are identified, refined and adapted over the course of Local Vision projects. In order to appreciate and assess the mechanisms through which initiatives such as Local Vision operate it is important to take a longitudinal perspective. The current evaluation, by necessity, was largely retrospective in looking back at projects, many of which had occurred quite some time ago, which had since transitioned into new initiatives and/or ways of working. In future we suggest that projects would benefit from longitudinal evaluation (where data is captured on an on-going basis throughout the intervention) that is better placed to capture and interpret changes over time and to identify cause-effect relationships.
12. *Recognising the importance of context* – Chapter 7 identifies a number of factors (including start-up conditions, local context, LV process, and planning for sustainability) that appear to support or inhibit effective engagement with Local Vision. We suggest that these are considered when determining which projects to support in further cohorts of Local Vision and/or related initiatives. Further details are provided within the report.

It has been a pleasure and a privilege evaluating Local Vision and we hope that the insights within this report can play a role themselves in supporting and facilitating future systems leadership interventions, through this and/or similar initiatives.

10. Glossary of terms and abbreviations

Term	Description
BCF	Better Care Fund
BCP	Better Care Plan
BDP	Bournemouth, Dorset & Poole
BLC	Bristol Leadership Centre
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
DPH	Director of Public Health
FGM	Female genital mutilation
GP	General Practitioner
H&SC	Health and social care
HWBB	Health and Well Being Board
IT	Information Technology
JCB	Joint Commissioning Board
LA	Local authority
LV	Local Vision
MOU	Memorandum of understanding
NHS	National Health Service
PH	Public Health
SL	Systems leadership
UWE	The University of the West of England

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12. Appendix 1 – Summary of findings from previous Local Vision evaluations

12.1. Building Blocks for Success

A number of key messages have emerged repeatedly from the Local Vision programme about what makes collaboration a success:

- Service users, not organisations and services, must be at the centre. This is constantly claimed and rarely delivered – but when it is the case, the results are transformational
- Systems need to recognise that co-producing services with users is hard. It is a different way of working, and needs skills and strategy to make it happen
- Leaders need to see themselves as part of the collective leadership of the system, as well as a leader of their own organisation. Organisational success must not come at the expense of the system as a whole
- Collaborative skills are now essential for success in the public sector. Organisations should make the ability to collaborate a key requirement for employment, development and promotion at every level. The skills include: working across organisational boundaries; operating in networks without clear rules; instinctively making connections; building shared values and trust; drawing on a wide range of perspectives and resources across systems; and building coalitions of support
- Systems leaders – notably NHS England, Monitor, Public Health England and the Local Government Association – need to live the values of collaboration, not pay lip service to it. This means, for example, developing shared goals around the Better Care Fund
- Leaders must hold themselves to account via their organisations and each other for modelling the behaviours they expect of others, and for the organisational and systems outcomes to which they aspire
- Decision-makers must be comfortable working outside formal structures – getting things done depends on relationships, trust and commitment, not boards and minutes
- Organisations and staff need to think and act strategically – the squeeze on resources makes long term thinking imperative. The greater the short term pressures, more important strategic thinking becomes
- Leaders must identify and remove organisational, cultural and bureaucratic barriers which stop their staff collaborating
- Talk of service transformation and integration needs to be rooted in honesty about what organisations and systems need to do to make collaborative, citizen-focussed services a reality.

Source: *The Revolution will be Improvised*, Vize, 2014, p. 12

12.2. Summary and Conclusions from Phase 1 Evaluation

The **national context** in which *Local Vision* takes place is one of concern about the financial sustainability of current models of health and social care, and the extent to which they meet the changing needs of communities. The trend towards integration of services is linked to both of these priorities, and a key feature of government policy in the run up to, and following the General Election in May 2015. Together, these factors present a need to re-evaluate established approaches to the provision of health and social care and shape the environment in which *Systems Leadership: Local Vision* is implemented.

The **Systems Leadership** approach advocated as a response to this wider context is a perspective, informed by an emerging body of theory, practice and development, that views leadership as distributed, complex and adaptive. This approach focuses on leadership across boundaries and in response to wicked and intractable problems/challenges where traditional hierarchical approaches are likely to be of limited effect.

The **Local Vision** programme itself takes a problem-based approach, in which a skilled 'Enabler' is appointed to work alongside project partners to address a specific challenge in a particular locality. Interim evaluation findings highlight the importance of project process and context and the nature of the change process. Significant facilitators/barriers include senior level organisational and political support, timing, relationship development, and changes in culture and mindset. It would seem that start-up conditions have an important impact on project progress and outcomes.

Key **outcomes** of the *Local Vision* programme are framed in terms of leadership, learning and legacy (the potential for ongoing and sustainable change). Each of these factors will be strongly influenced by the wider context and framing of the programme (as indicated earlier) and hence require a systemic approach, informed by a complexity perspective on organisations and change.

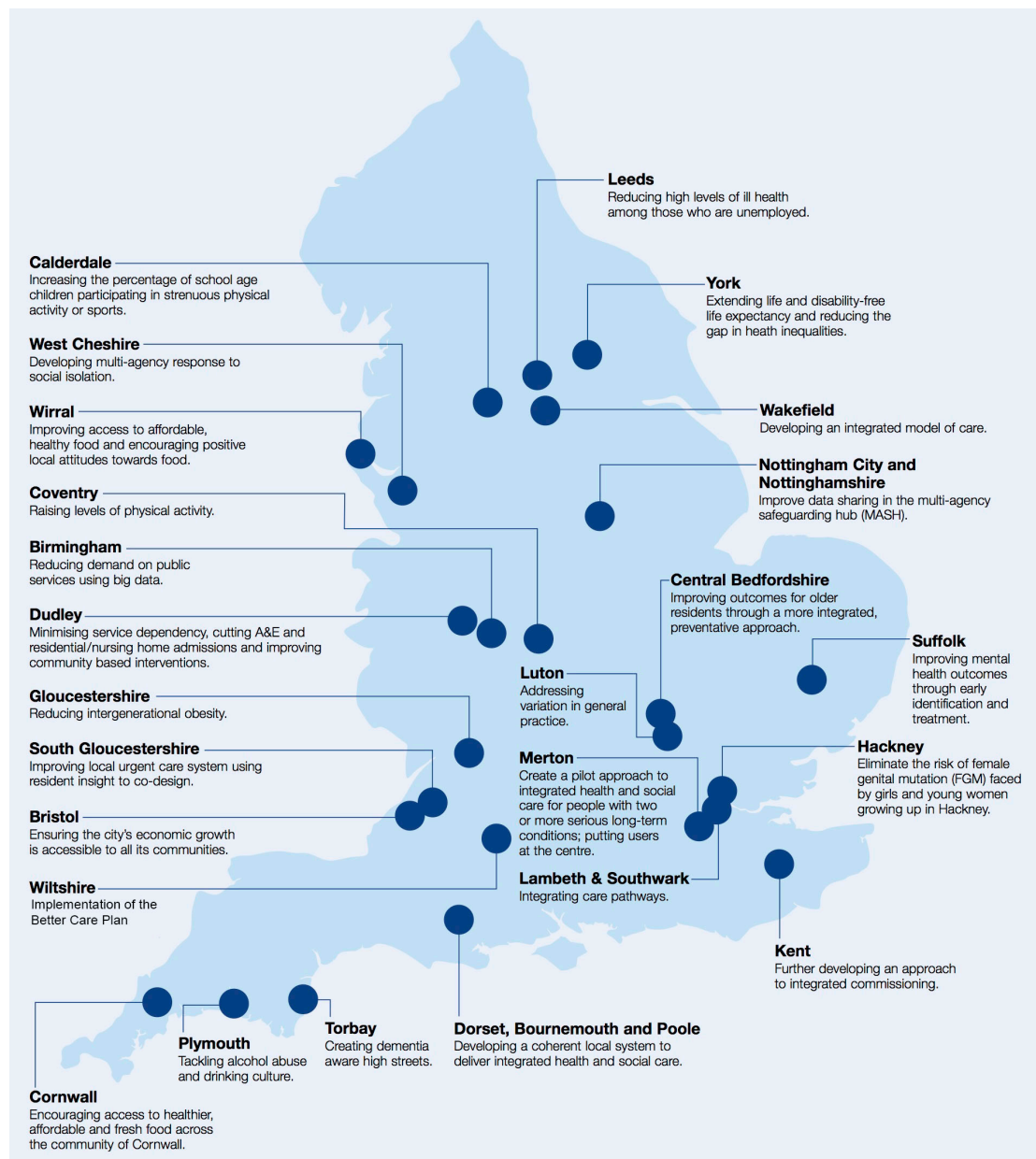
Phase 1 of the *Local Vision* evaluation provides promising insights into the potential for this programme act as a significant catalyst for systems-wide change. There are, however, a number of important assumptions and caveats underlying the initiative that merit careful analysis if we are to gain a richer understanding of how, when, where and why an Enabler-based approach to systems change is effective and additional factors that may influence the potential and effects of a systems leadership approach. Table 1 summarises the key insights of this interim evaluation on enablers, outcomes and challenges.

Interim findings suggest that the mix of facilitation, support and role modelling demonstrated by Enablers can clearly act as a significant catalyst for systems change in localities. However, it is less clear at this stage the extent to which change is sustained once the Enabler leaves the project, what additional support/input is required alongside the contribution of the Enabler, and how to ensure the best fit between Enabler and project. Whilst many have pointed to how problems were now better understood, it is still too early to draw conclusions with regards to the impact of *Local Vision* on the development of better services and service outcomes. There also appears to be limited attempts within localities to identify and capture robust measures of success. However, there was emergent evidence of transformational changes to mindset, culture and behaviour arising from a realisation of the potential for collective leadership as part of a wider system and accompanying intent for new ways of working. This has catalysed changes in the way services are understood and led to an increase in co-production of services in some localities.

Adapted from: *Reframing, Realignment and Relationships*, BLC, 2015, p. 38-40

13. Appendix 2 – Local Vision Projects and Case Studies

13.1. Map of Cohort 1 Projects



Source: Vize (2014) - <http://tiny.cc/LV1>

13.2. Summary of Phase 2 evaluation case studies

Location	Project focus	Level of analysis*
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Cohort 1

Bournemouth, Dorset & Poole (BDP)	Developing a coherent local system to deliver integrated health and social care	3
Plymouth	Tackling alcohol abuse and drinking culture	3
Wiltshire	Implementation of the Better Care Plan	3
Gloucestershire	Reducing intergenerational obesity	2
Hackney	Eliminate the risk of female genital mutilation (FGM) faced by girls and young women growing up in Hackney	2
Dudley	Minimising service dependency, cutting A&E and residential/nursing home admissions and improving community-based interventions	2
Kent	Further developing an approach to integrated commissioning	1
West Cheshire	Developing multi-agency response to social isolation	1
Wirral	Improving access to affordable, healthy food and encouraging positive local attitudes towards food	1
Birmingham	Reducing demand on public service using big data	1

Cohort 2

Solihull	Supporting the development and implementation of integrated care and support in Solihull (ICASS) programme.	3
Blackpool	Supporting the development of early years/ the healthy child programme. Developing a shared understanding of local children's needs and critical barriers faced in Blackpool.	1

* Level 1 = mini-case study; Level 2 = mid-level case; Level 3 = in-depth case study.

Appendix 3- Qualitative data used for this evaluation

Pre-existing data used (collected by the Leadership Centre)

Data	Number completed
Survey Monkey (Nov 2013)	38
Interview (Feb 2014)	11
MOU (March 2014)	23

Data collected by UWE during phase 1:

Data	
UWE Survey (2015)	11 surveys completed
UWE interviews phase 1	
Localities interviewed	Plymouth
	Kent
	Bournemouth, Dorset & Poole
	Hackney
	Wiltshire
	West Cheshire
	Wirral
	Dudley
	Birmingham
Total number of participants interviewed in Phase 1	14

Data collected by UWE during phase 2:

Localities studied	Number of interviews	Site visits
Plymouth	9	✓
Bournemouth, Dorset & Poole	5	✓
Hackney	4	
Wiltshire	8	✓
Dudley	2	
Solihull	5	✓
Gloucestershire	4	
Total number of interviews in Phase 2	37	

Participant profile:

The UWE evaluation team interviewed 51 people who were involved with the Local Vision projects. The participants predominately consisted of senior organisational managers with directors of public health, (other examples) interviewed. However, the team did also interview frontline workers, such as nurses, doctors and social workers. Overall the UWE evaluation team engaged with a variety of key stakeholders with various organisational roles and positions this diversity enhanced the richness of the data allowing for a comprehension overview of the system.

14. Appendix 4 - Local Vision Data Profiles

Local Vision projects are about improving the ways in which local public services are managed and delivered. As such they are projects about the process of public service management with the longer-term aim of producing better substantive outcomes for people living in those local authority areas. However it is noticeable that many of the Local Vision projects are focussing on a common agenda around health and social care – these are ‘wicked issues’ in the language of local government because improving the health and social care of a population extends beyond the power of individual local authorities to deliver. The aim of the descriptive area profile is to offer up a context through which to understand the types of substantive problems faced by Local Vision teams.

The local vision area profile will touch upon:

- The organisational context for local authorities in the Local Vision area concentrating on the arrangement of local government and the local delivery groups of the National Health Service.
- The general health and social care context for the Local Vision area focussing on long term health issues and using proxies such as the age profile of the population to assess the similarities of a health and social care context with England overall.
- Resourcing of public services providing by local government (revenue spending);
- Where possible specific indicators are used to relate the problem identified by the Local Visions team to the context of England overall.

The geography of joined up working in local government is complicated. For example there are two parallel systems of local government across England: a two-tier system of shires and districts outside of the main metropolitan/urban areas; and a unitary system of local authority in the mainly (but not exclusively) urban areas. The 25 local vision areas cover the four main ‘types’ of local authority in England and the distribution of local vision areas matches that of England as a whole albeit that London Boroughs are slightly un-represented (see Table 15.1) and other forms of English unitary authority are slightly over-represented. Four of the Local Vision areas are ones that have been re-organised in the most recent review of local government arrangements (from 2009). Equally being within a county council context would imply the need to work with the district tier of local government in England even if the competences of health and social care are not those of district authorities.

Number of local authority areas:		"two tier"	"unitary system"			TOTALS
		English County Council	English Unitary Authority	English Metropolitan Borough	London Borough	
In a Local Vision area		4	12	7	3	26
Not in a Local Vision area		23	44	29	30	126
Totals		27	56	36	33	152
in a Local Vision area	Single CCG	1	11	5	3	20
	Multiple CCG	3	1	2	0	6
not in a Local Vision area	Single CCG	4	38	24	29	95
	Multiple CCG	19	6	5	1	31
Totals		27	56	36	33	152

Table 15.1: local government context for local vision areas

Given the general theme of health and social care, it is also important to consider how the geography of local government sits with the local geography of the localised National Health Service. Since 2013, the local tier of the health service is made up of 211 local Care Commissioning Groups (CCGs). The 25 Local Vision partnerships represent a similar pattern of overlap to English local authority areas overall in that around a quarter of Local Vision areas are covered by more than one CCG whilst in three quarters of cases the local vision areas are covered by a single CCG.

Table 15.2 outlines the key indicators that have been selected for these profiles. The data covers a range of data that might reasonably (and quickly) outline the health and social care needs for an area. On these indicators it is clear that the 25 local vision areas are on average similar to the upper tier local authority areas that are not included in the programme. Local Vision areas have a tendency to have a smaller proportion of people living in the most disadvantaged neighbourhoods on the health score (from the Index of Multiple Deprivation) and tend to be areas that spend slightly more per capita on social services and slightly less on Education than the other 122 upper tier local authority areas in England.

	Not a Local Vision area	Local Vision area	Logic of inclusion	Data source
Proportion of usual resident population living in rural location, 2011	18.4%	18.3%	cost of providing services	Census of Population, 2011
Proportion of population aged 0 to 14 years, 2013	17.7%	17.7%	indicator of general health/ likelihood of morbidity	mid-year estimate of population (nomis)
Proportion of population aged 15 to 39 years, 2013	32.4%	33.3%		
Proportion of population aged 40 to 64 years, 2013	32.5%	31.7%		
Proportion of population aged 65 to 74 years, 2013	9.4%	9.3%		
Proportion of population aged 75 years and over, 2013	8.0%	8.0%		
Proportion of population with either bad or very bad self-reported health, 2011	5.6%	5.5%	indicator of general health/ likelihood of morbidity	Census of Population, 2011
Standardised proportion of men with LTHI that is very limiting per 1000 men	79.5	78.3	indicator of health issues required health/ social care	Census of Population, 2011
Standardised proportion of women with LTHI that is very limiting per 1000 women	93.5	91.8		
Equivalent full time workers for unpaid caring per 1000 head of population, 2011	87.8	88.6	indicator of care provided outside of system	Census of Population, 2011
Proportion of population living in an output area in the 10% most deprived on the health domain indicator	10.6%	7.8%	indicator of dis-advantage	Index of Multiple Deprivation 2010
Proportion of population living in an output area in the 10% most deprived on IMD2010 overall	21.8%	24.2%		
Revenue Outturn Summary (RS): 2013-14 data on: Education services (per capita real £s, 2010 baseline) all tiers	£609.2	£584.3	resources available to local govmt	CLG statistics
Revenue Outturn Summary (RS): 2013-14 data on: Children Social Care (per capita real £s, 2010 baseline) all tiers	£113.6	£123.7		
Revenue Outturn Summary (RS): 2013-14 data on: Adult Social Care (per capita real £s, 2010 baseline) all tiers	£244.1	£247.1		
Revenue Outturn Summary (RS): 2013-14 data on: Public Health (per capita £s, 2010 baseline) all tiers	£41.6	£42.4		
Revenue Outturn Summary (RS): 2013-14 data on: Central services (per capita real £s, 2010 baseline) all tiers	£45.7	£37.8		
Revenue Outturn Summary (RS): 2013-14 data on: Total service expenditure (per capita real £s, 2010 baseline) all tiers	£1,287.0	£1,267.9		

Table 15.2: key indicators within localities

14.1. Local Vision “substantive problems” to be tackled

Reviewing the statements of the local vision problems, the local visions might be grouped under the following “substantive” issue headings:

- Managing demand for social care services (for older patients in particular but for vulnerable groups in general)
- Improving mental health outcomes
- Reducing levels of obesity (in child and adult populations)
- Reducing problematic alcohol consumption
- Tackling variability in the provision of primary and urgent care services
- Improving health outcomes for people out of the labour market
- Tackling social isolation and facilitating a good environment for people registered with dementia
- Health outcomes by ethnic group

Given the scope and nature of the project, it is not possible to provide a detailed analysis of the substantive issue underpinning the issues identified above. However some idea can be gained from a handful of indicators related to five of these eight general themes. The selected indicators are outlined in Table 15.3.

Substantive outcome area	Potential indicator/indicator set
Managing demand within the social care-health care system	<ul style="list-style-type: none"> • Average number of delayed transfers of care on a particular day taken over the year per 100,000 population for 2013/14 • Emergency admissions for acute conditions that should not usually require hospital admission - Indirectly standardised rate per 100,000 population, 2013/14
Reducing levels of obesity (in child and adult populations)/increasing activity	<ul style="list-style-type: none"> • Annual average % of Year 6 children who are recorded as overweight (including obese), 2011/12-2013/14 • Number of in-patient admissions where obesity is either a primary/secondary cause for admission • Percentage of adults saying they participate in sport 2010/12 (survey-based estimate)
Reducing problematic alcohol consumption	<ul style="list-style-type: none"> • Admitted to hospital episodes with alcohol-related conditions (Broad): Persons, all ages (2012/13) • Alcohol-specific mortality: Men, all ages (2010 - 2012) • Alcohol-specific mortality: Women, all ages (2010 - 2012)
Improving health outcomes for people out of the labour market	<ul style="list-style-type: none"> • Employment rate of population aged 16-74 with a long term limiting health issue, 2011 • Employment rate of population aged 16-74 without a long term limiting health issue, 2011
Tackling social isolation and dealing with dementia as a long term health issue	<ul style="list-style-type: none"> • number of single person households per 10,000 households where head of household is of pensionable age, 2011 • Proportion of patients recorded on dementia register

Table 15.3 – Outcomes and indicators

14.2. Data Profile: Plymouth

The issue identified by the Local Vision team in Plymouth related to tackling alcohol abuse and drinking culture that might be associated both with a university town and a naval port.

Plymouth is a unitary authority located in the South West of England with a population of 259,000 (2013 mid-year estimate). Plymouth has been a unitary authority since the mid 1990s. In terms of the local organisation of the health service, the Local Vision area is located within a single clinical commissioning group (CCG), which is shared with the neighbouring County of Devon. The population of Plymouth account for about 30% of the CCG area (for North, East and West Devon).

The Unitary Authority area has no rural areas albeit that it is surrounded by rural Devon. As both a naval dockyard and a university city, the area has a relatively youthful population (aged 15 to 39 years old). The proportion of older people 65 years and over is similar both to the national average and the average for English unitary authorities.

Whereas the age profile alone would suggest a relatively healthy population, Table 15.4 indicates the kind of health problems that the Plymouth population experiences. The age standardised incidences of long term health issues are 10% higher than for England as a whole. However the unpaid reserve of carers is relatively high relative to its population size. The city experiences a high level of general deprivation with around 30% of the population living in a neighbourhood identified as one of the 10% most disadvantaged in England. Some 10% of the population live in a neighbourhood identified as experiencing health-related disadvantage.

	Plymouth	England (population weighted average)	Average UA council areas in England (population weighted)
Proportion of population with either bad or very bad self-reported health, 2011	6.5%	5.6%	5.6%
standardised proportion of men with LTHI that is very limiting per 1000 men	93.6	79.2	78.2
standardised proportion of women with LTHI that is very limiting per 1000 women	105.6	93.1	91.7
number of unpaid carers as a full time equivalent workforce, 2011	96.5	88.0	88.7
Proportion of population living in an output area in the 10% most deprived on the health domain indicator	9.4%	9.9%	10.2%
Proportion of population living in an output area in the 10% most deprived on IMD2010 overall	27.0%	19.3%	19.3%

Table 15.4 - Health and social care profile of Local Vision area

The table below sets out three indicators of alcohol-related health. Whereas standardised mortality rates from alcohol-related conditions is about average for men and slightly lower than average for women, the rates of hospital admissions with alcohol related conditions is relatively high in Plymouth in comparison with the average for English unitary authorities.

Thus within the sedentary population the incidence of alcohol related mortality might be expected to rise. Clearly these figures do not touch upon the incidence of alcohol abuse amongst the mobile communities of military personnel and university students.

	Plymouth	England (population weighted average)	Average UA council areas in England (population weighted)
Alcohol-specific mortality: number of standardised DSR rate per 100,000 males, all ages (2010 - 2012)	20.1	19.7	21.8
Alcohol-specific mortality: number of standardised DSR rate per 100,000 females, all ages (2010 - 2012)	7.4	9.6	10.2
Admitted to hospital episodes with alcohol-related conditions (Broad): standardised DSR rate per 100,000 Persons, all ages (2012/13)	2103.0	1849.3	1899.0

Table 15.5: Indicators on health issues related to alcohol

Local government spending in Plymouth is similar to the average for English unitary authorities with the exceptions of public health and education where less money is allocated per capita. Given the issues for Plymouth in relation to alcohol, these figures are potentially interesting since they give a rough indication of overall priorities.

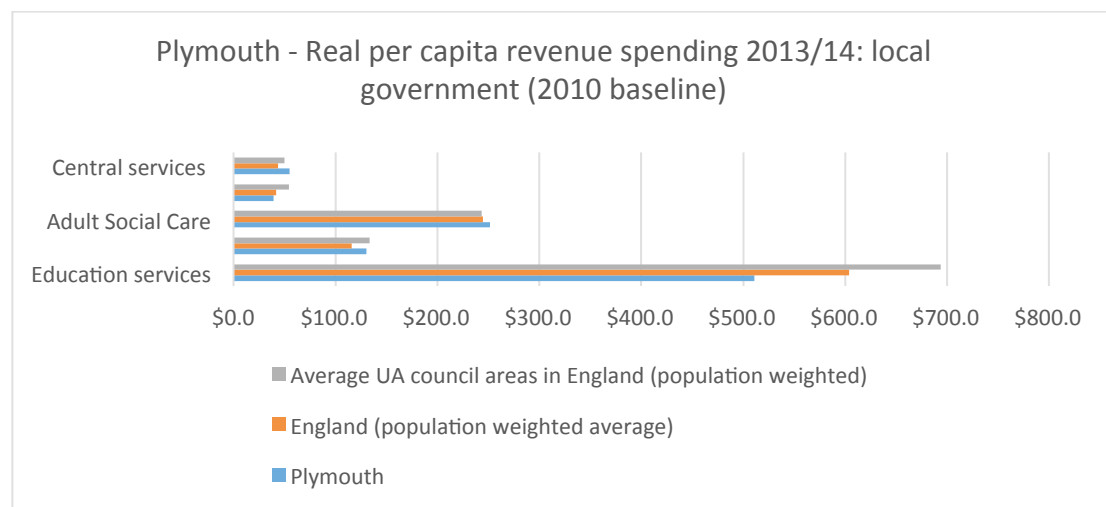


Figure 15.1

Plymouth has made significant progress in its use of metrics for benchmarking with a 'dashboard'. However, this has only recently been produced (2014) and therefore we do not have any directly comparable data to capture any trends since Local Vision was initiated in 2012. We have however extracted data from pre-existing data sets in an attempt to address this. The graphs below provide a simple snapshot into Hospital stays for alcohol related harm. However the data cannot describe trends or prevalence across specific populations and different drinking typologies.

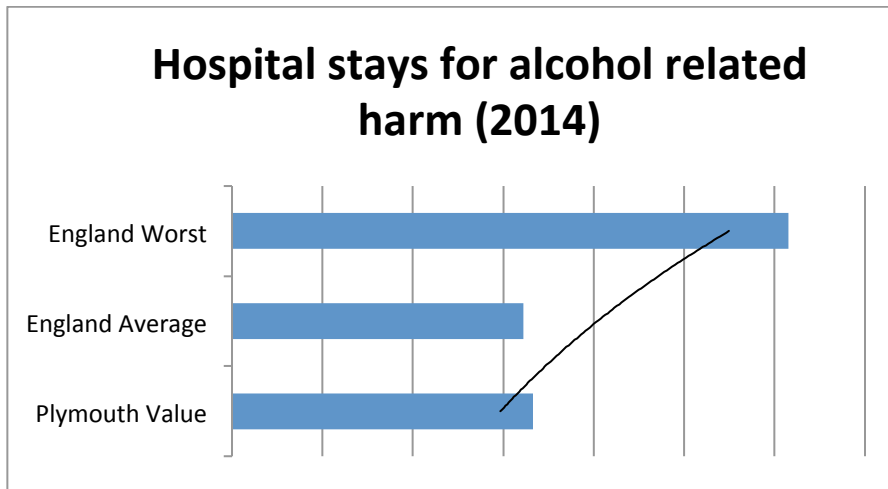


Figure 15.2 - Source: Plymouth health profile 2014¹⁴

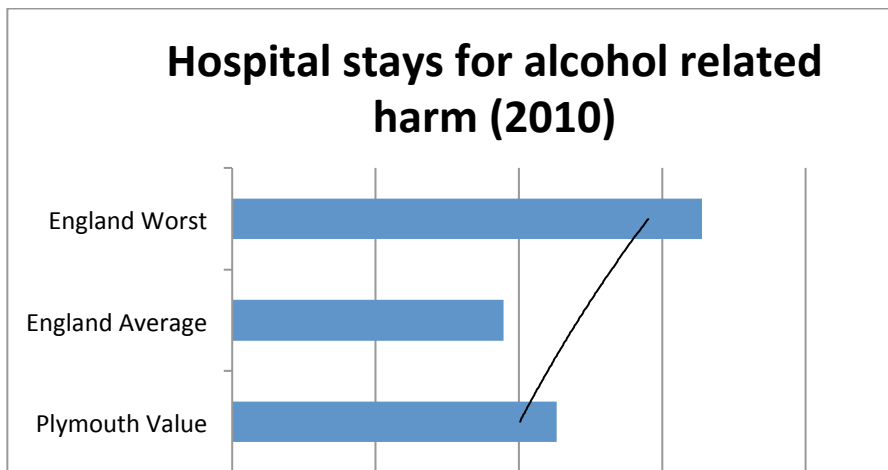


Figure 15.3 - Source: Plymouth health profile 2010¹⁵

In observing trend lines (the line of best fit on the graphs) a subtle difference can be noted with Plymouth appearing to have become more aligned with the England Average. However due to a variation in the methodologies of data collection across the data sets, we are unable to draw any firm conclusions. However, the type and range of data being collected by the Plymouth partnership is significant and bodes well for a longer-term evaluation of collective action and learning.

¹⁴ Source: <http://www.apho.org.uk/resource/view.aspx?RID=142335>

¹⁵ Source: <http://www.apho.org.uk/resource/view.aspx?RID=92178>