

Leading for Systems Change in the Leicester, Leicestershire & Rutland Integrated Care System

PROGRAMME OUTCOMES, LESSONS LEARNED &
RECOMMENDATIONS FOR ACTION

BELINDA WEIR & SIMON BIRD

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1. Programme Overview

The **Leading for Systems Change (L4SC)** programme was implemented in partnership between the NHSE Midlands People, Talent & Culture team and the Leicester, Leicestershire and Rutland Integrated Care Board (ICB) in late 2024 to support leadership development for integrated care and implementation of the Long-Term Conditions (LTC) pathway.

It aimed to strengthen cross-sector collaboration, develop systems-thinking capacity, and enable leaders to navigate complex adaptive systems in health and social care.

The programme comprised **six whole-system workshops (Nov 2024–Jun 2025)**, designed around principles of **living systems, adult learning, and reflective practice**, and drew on decades of leadership and organisational development experience.

Participants represented a wide range of roles across health, local authority, and community sectors.

The programme was designed, delivered and evaluated by faculty members and associates of the NHSE WTC Directorate with specific and significant expertise in working with complex adaptive systems.

2. Evaluation Approach

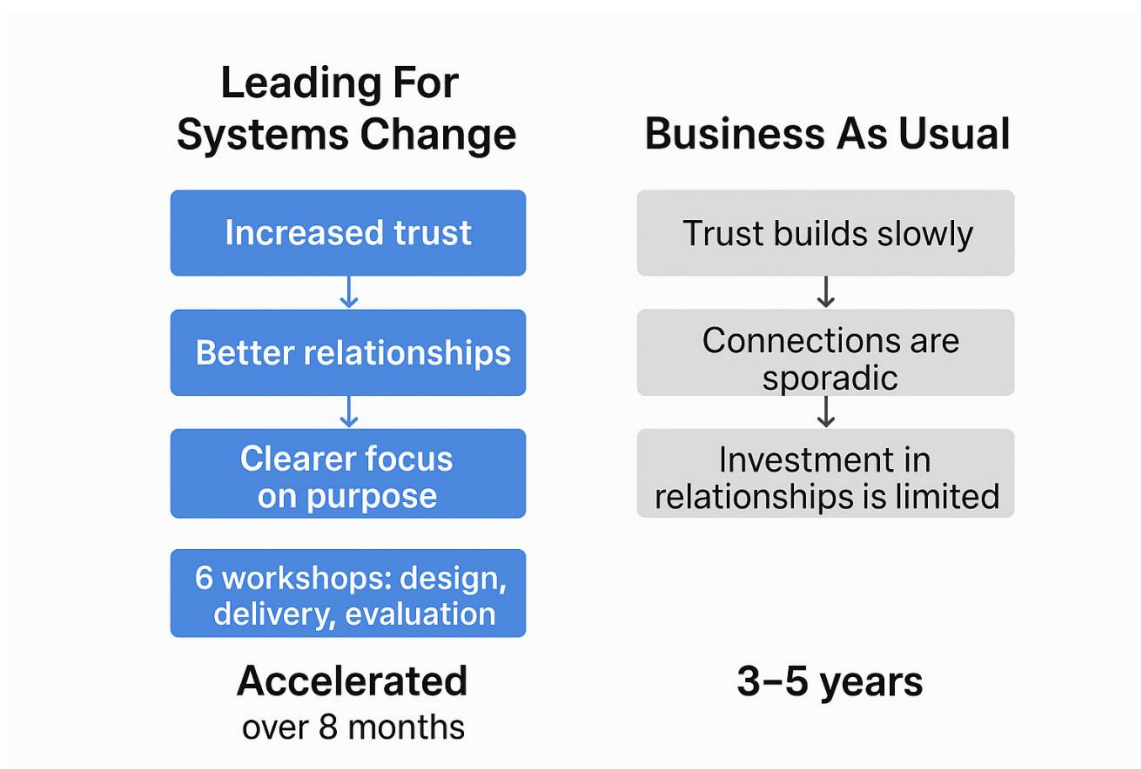
A **mixed-methods evaluation** was undertaken, drawing on:

- Post-workshop Menti surveys
- Online questionnaires (SurveyMonkey)
- Semi-structured interviews
- Attendance data and observational notes

The evaluation followed **Kirkpatrick's model**, assessing:

1. Reaction
2. Learning
3. Behaviour
4. Impact

Data triangulation and thematic analysis provided insights into both **process** (how participants engaged) and **content** (what was learned and applied).



3. Rationale, Outcomes and Impact (ROI)

At a time of immense pressure on everyone working in the health and care system, what is the rationale for taking people away from ‘the day job’ and into a room with up to 40 other people from across the system for a half day – not just once, but 6 times in 8 months?

The Leading for Systems Change offer was designed with a very specific remit: to create space, time and structure to accelerate collaborative processes that ordinarily, if they progress at all, would develop over years.

There is real urgency. The NHS 10 year plan, for example, aims to end the fragmentation of services by ensuring that different parts of the system (health, social care, etc.) work together more closely. Integrated Care Systems and Neighbourhood Teams are key elements of the plan. Despite widespread support for the aim, many services are still designed and delivered in siloes, constrained by organisational, professional and structural boundaries.

Unless attention is focused on creating the conditions in which collaboration can thrive, integration will at best be piecemeal and short-lived. The population needs change to be systemic and sustainable, and to be rapid.

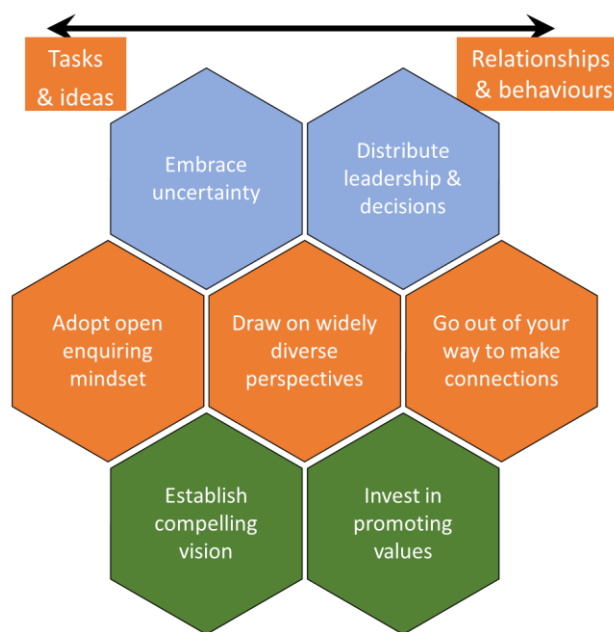
What are those conditions? Evidence gathered from many initiatives at system level in the UK and globally is consistent: integration and collaboration are founded on

trust, on strong relationships, on connected networks of people working at different levels in all parts of the system with a clear shared purpose. Those conditions give us the best chance of avoiding single points of failure, they enable the bridging of siloes (not to eradicate siloes which, after all, concentrate expertise and we need experts) and they expedite efficiency and impact through better targeting of effort and reduced duplication.

There is also good evidence about the challenges for individual leaders: courage, to step out of role, over boundaries, share power and data and manage the uncertainty which is all-prevalent for many; curiosity about the rest of the system and a willingness to connect and learn from different perspectives, and clarity around vision, values and purpose.

Effective leadership behaviours in complexity

• Source: Wellbourne and Fathers, 2011, Kings Fund



Leading for Systems Change is designed with these conditions in mind. The workshops are structured to provide bounded, safe spaces in which system colleagues work together, experiment and plan for system level change. Through experiential activities, working on real issues in real time, with frequent progress checks and updates, the programme accelerates a process of collaboration across the system that creates the potential for delivery of system aims within a rapid timescale.

In Leicester, Leicestershire & Rutland ICB the challenge, or wicked issue, leaders decided to work on was the development and implementation of the Long-Term Conditions Strategy (LTC). The programme sought to bring leaders from across the system together to work on an effective LTC strategy, with specific focus on weight management, cardio-renal disease and respiratory health.

In line with the factors we have identified that constitute essential conditions for collaborative systems work, what did we achieve?

- The programme generated better relationships and connections. Relationships with existing colleagues were strengthened; new relationships with hitherto unknown colleagues were forged.
- Trust was strengthened, along with greater alignment across organisational and professional boundaries, and willingness to accommodate different perspectives.
- The profile of long-term conditions as a system priority has been raised. Participants have the sense that senior leaders are listening and supportive, helped by inviting the CMO to speak to, and participate in, the workshops.
- Improvement in collaborative working. Respondents felt that the workshops accelerated an existing process of team collaboration which led to production of strong funding bids and case studies.
- Greater clarity around purpose. This is linked both to the LTC strategy as a whole and to the thematic strands of weight management, cardio-renal health and respiratory conditions.
- Processes became more efficient and targeted as a result of having a clearer focus on purpose.
- Language shifted over the months from “us and them” to “we and our”. Evidence shows how we frame the challenge is key: this was epitomised by a lightbulb moment in the final workshop when a question about “whose pathway is it anyway?” evidenced a shift in perspective.
- Stronger confidence in the validity of the messaging, to the Board and the wider system. Leaders felt they could share plans based on the real work of the system in the workshops.
- Skills development - people took and used some of the techniques and processes with their own teams. This means the likelihood of sustainable progress is enhanced.

The following sections take a deeper dive into the evaluation data. The question for the LLR system is of course how to continue and sustain the progress, using the model of collaboration to support further whole systems integration. The report makes some recommendations in the next section, summarised in section (6).

4. Key Findings

4.1 Participant Experience

- Participants consistently valued the **space to reflect, connect, and collaborate**
- Participants reported the **bespoke** offer, where facilitation was **flexible** and designed around real need and ambition, was highly valued.

“I’d thought it was probably an off-the-shelf offer...but (we discovered) that you could flex it to what we were trying to achieve.”

- The most cited benefits were **networking, relationship-building, and open dialogue** about shared challenges. New relationships were forged, across organisational and sectoral boundaries. Existing relationships were strengthened.
- The series provided **continuity and growing trust**, with a core group of participants attending all sessions. New participants joined even in the later sessions and there was evidence that even those who couldn’t attend had heard encouraging things about the programme.

“We’ve been congratulated for engaging with system partners by one of the Exec leaders...he’d never been but he’d heard about it from someone from his organisation who had.”

4.2 Shifts in Mindset and Practice

- Over time, participants moved from organisational to **system-level thinking** developing a coherent ‘voice’ and connection to purpose which was owned by the system, not just the ICB.
- Conversations evolved from exploring “*what is **my** role?*” to “*how can **we** enable collective action?*” suggesting a shift from individual perspective to collective, and an awareness of the potential for individual agency being used to support other actors with less power or visibility.
- There was an **increasing focus on patient and public voice**, which became integral to later sessions. The question of at what point to involve a wider constituency of stakeholders was debated throughout the programme. By the later sessions there was acceptance of the need to engage early and widely, though the ‘how’ remained unclear.

4.3 Challenges

- **Role clarity** was a persistent issue, indicating the need for clearer identification and communication of system responsibilities. Participants were invited to notice how introductions were made at each workshop – always role and organisation, never system function – which prompted discussions around ‘taking off the lanyard’.
- **Capacity and resources** to a certain extent constrained action beyond workshops, and there was a continued tension about where the system work should be hosted. Cheap or free venues were sought, highlighting the lack of resource for system, as opposed to specifically organisational, work. If systems working is going to deliver on its potential for transformation it must be resourced. Venues for systems work ideally are accessible, attractive and neutral or not identified with key actors. Food is important, so that participants are nourished and valued.

“Real systems transformation has the potential to deliver huge cost-savings and improved ways of working – there’s no point spoiling the ship for a ha’porth of tar (or a plate of sandwiches)

- **Programme management** is essential, but the extent of the coordination role was not fully appreciated by everyone at the outset. At the heart of this work is administration which creates the managed environment in which leaders can do the work of the system. Evidence is clear – communication across the system that is timely, transparent and visible is central to building momentum and creating a culture of system working. This means taking responsibility for communications to participants before and after workshops, booking venues, setting up rooms, keeping track of attendee responses, convening steering group meetings. We calculate on average this is the equivalent of a half-day management effort for each workshop.

“Meeting colleagues face to face, having real conversations, understanding each other’s challenges: these were the things people wanted most.” (from Menti summary)

5. Lessons Learned & Implications

What did the LfSC process teach us about how to develop collaboration and integrated ways of working? What did the system learn and what recommendations does the learning suggest for the system to continue to progress the LTC strategy?

5.1 Relationships Are the Unit of Change

Bringing diverse leaders together created the opportunity to build trust, shared purpose, and cross-boundary collaboration—key conditions for systems change. This was supported through workshop design and expert facilitation which blended systems theory with experiential learning (few who were there will forget the flocking exercise) and process facilitation for group work leading to action.

Going forward it will be important to widen the stakeholder group and in particular to think about involving less-visible and less-heard groups: patients, public health practitioners, housing providers, VCFSE leaders.

5.2 Learning Needs Protected Time and Space

Regular, reflective time in the workshops enabled leaders to internalise systems thinking and experiment with new behaviours, as trust was built and relationships strengthened. Systems change will not be achieved by ‘doing more of the same, only better’. System leaders are under enormous pressure. “*We’re just constantly in fire-fighting mode*”. Leaders therefore need time and space to explore and try out new ways of working, rapidly and with immediate feedback. Space needs to be bounded, simple rules agreed and adhered to, leadership distributed.

Consideration should be given to creating regular system meeting space. This can be virtual although experience suggests in-person meetings are more helpful, where people can learn together, talk over coffee, maintain the connections.

5.3 Workshops Are Accelerants for Building Trust & Connection

Over time, as people work together, share information and knowledge, build awareness and connection, relationships become stronger. Leaders who have known each other and worked alongside each other for many years are able to circumvent the ‘getting to know you’ element of building trust. They can act quickly and decisively, they can stand in for each other, they can accept what they are told without second-guessing. Case studies of effective collaboration at senior leadership level frequently share the characteristic of leaders who have known each other and worked together for many years. Health systems must develop trust and connection rapidly: facilitated, experiential workshops clearly can accelerate a process that might otherwise take years.

There are several techniques and methods which further accelerate this trust-building process. Lifelines for example (an activity which involves sharing stories about the events and people who have shaped your leadership) and learning sets are two of the most powerful methods. Cross-

sector learning sets for those who contributed to the LfSC programme would be a simple and effective tool to sustain the learning and the relationships.

5.4 Systems Leadership Requires “Unlearning” and Loss

Participants needed support to move beyond traditional hierarchical leadership models and embrace shared power, uncertainty, and co-creation. Systems change calls for leaders to let go of, and distribute, power and risk. Loss is inevitable and must be acknowledged. ‘What shall we stop doing?’ is an important question. Use of tools such as the Bridges Loss Analysis worksheet help with the process, which isn’t easy for anyone in a leadership role.

The risks and challenges are frequently underplayed. If the case for collaboration has been made, and people have the skills and knowledge to work in more integrated ways, why then is it taking so long? Part of the answer is that the future is uncertain, there is loss involved in letting go of identity and status, and accountability and reward systems still sit in siloed structures.

Sharing examples of collaboration is one way forward. The LLR system leaders should be encouraged to share the systems work they have been part of through conferences, papers and presentations. Learning sets, and co-coaching are highly-effective ways to support people through change and loss.

5.5 Systems Knowledge is a Catalyst for Change

One of the consequences of working with colleagues from across the system throughout the workshops was the development of greater awareness of how the system looks from different perspectives. This was encouraged through exercises such as Perspective Shifting, where participants were invited to step into someone else’s shoes, metaphorically, and describe how the LTC pathway looked from that vantage point. Opportunities to explore cultures, values and assumptions are essential and led one group to have a lightbulb moment in workshop 4 when they understood that the task was defined differently by almost everyone in the group, despite there being consensus about its importance.

Time is a factor of course, but initiatives that encourage people to explore their system – either through stepping into the unknown or inviting people into their space – have been shown to be effective drivers for developing the awareness of multiple perspectives that fuels system change. Randomised coffee trials (pioneered by NESTA), buddying, organisational raids are all low-cost techniques to achieve this.

5.6 Connecting Is An End In Itself

We encouraged participants to see connecting as a measurable goal that serves as both a proxy and a driver for systems working, with the question “How many people do you know by the end of the week that you didn’t know at the

beginning?” We are creatures of habit. On average we meet perhaps five new people a month: fewer with the increasing numbers of people working remotely. If connection is a fundamental building block of integrated systems working we must find ways to speed that up. Participants in the workshops will have met up to 160 new people over the 6 sessions – that is, around four times the average – and will have formed the habit of connecting.

In addition to forging strong relationships with high levels of trust, connecting is a behaviour which forms immediate and loose links – forming ‘weak ties’ is a behavioural attribute of highly effective system leaders . Being a systems connector creates the space for opportunistic discoveries which lead to step changes in systems transformation. Post-It Notes and Pencillin came about because of connections between seemingly random people and events.

5.7 Role Clarity Is Important

Ambiguity about roles in system transformation hinders progress and can lead to frustration. Courage is required, for leaders to step out of organisational, and into system, roles when those roles are not clearly-defined or rewarded and when, as noted earlier, such a shift entails loss and risk. This tension is amplified during times of organisational change. In response to the need for clarity around who does what in the system new roles are emerging: system convenor, system change agent, system coordinator. Developing a shared understanding of the different roles and functions involved in systems change is important and enables a move away from hierarchical power to power distributed by value-added.

System-focused roles - including connectors, convenors, architects, storyteller, coordinator - can be defined and taken up in ways that make clear the work leaders are doing on behalf of the system, which is almost always in addition to their organisational or professional role. Clinical leaders are often best-equipped to step into such roles and it’s important that they’re acknowledged and shared.

“(as a clinician) it’s in the nature of the job...I do days for the ICB, then clinical practice, then academic work...so I’m used to switching (between roles)...it needs to not be me on my own and it definitely wasn’t”.

5.8 The System is Broader Than Health & Social Care

Engagement evolved naturally during the programme so that there was a steadily growing range of organisations and roles involved in the workshop throughout. Nevertheless it proved challenging to **bring people in** who were not immediately connected to the development of a long-term conditions pathway, so whilst a

broader constituency across the health system engaged, there was no representation from housing, the business community, sport & leisure, and limited input from public health, the VCFSE and patients. Lukes' model of power suggests those who set the agenda and frame the discourse have huge power in health and care systems – reframing offers a way of shifting the balance of power to reflect what matters to communities.

There is a big difference between inviting representatives from the wider system to come to an ICB-convened workshop, and leaders going out to where people are, listening and partnering. Two of the workshops were hosted by the NSPCC in Leicester, creating an opportunity to open the conversation with the VCFSE. Where is the community? In NHS buildings, yes, but more often in leisure centres and supermarkets, temples and churches, care homes and colleges. The next phase of the LTC work could usefully incorporate more community-led work, modelling the shift from hospital to community.

5.9 *Think Local, Act Global?*

There is huge advantage in having external facilitation. External facilitators offer objective feedback and the insight derived from working with systems across the UK and beyond. Facilitators are not bound by the constraints of the system in terms of history and tradition, power and politics and nor are they personally invested in any outcome other than progress and improvement. On the other hand, some local awareness is valuable. Places do vary: what works in Leicester won't be the same as the solutions in Liverpool or Lyme Regis. So the most effective support teams blend external expertise and objectivity with local knowledge and connections.

The Lewis & Clark expedition of the early 1800s in America produced a series of lessons, many of which have relevance for our explorations into complex adaptive systems. Lesson 6 for example is “acquire local information & knowledge: the terrain was new to Lewis & Clark but not to the people who lived there; they used local cartographers where they could.” The LfSC team included an NHSE lead who knew the LLR system well – this proved invaluable.

5.10 *Ripple Effects Will Continue*

Cultural and behavioural shifts are gradual. Measuring impact six months post-programme will clearly provide a fuller picture of what has changed in the system. Some effects are notoriously challenging to evaluate – what would 'improved confidence in working on system-level issues' look and sound like? Even at this early stage there are signs of the ripples created by the programme: stronger teamwork focused on putting together a cross-system funding bid, a leader who

didn't attend the sessions commenting they had heard positive things from their direct reports and was intrigued, an attendee using some of the techniques and tools to develop collaboration amongst their local team.

6. Conclusions

There is clear evidence of a narrative shift in the LLR integrated health system to one of system working, collaboration and improvement which people are starting to share and looking for opportunities to talk about.

There are **new** and **strengthened relationships** and trust that cuts across organisational and professional boundaries. The ground has been laid and a way of working developed that has the potential to deliver tangible benefits for the LLR system and the people it serves.

Having a clear shared goal, a common purpose, proved essential and confusingly elusive. Whilst there was a clear goal at the outset it was a health-led, not a system purpose. Repeated work to define, refine and articulate the goal from the perspectives of different stakeholders meant that by the final workshop there was a much clearer and stronger system purpose.

The **L4SC programme** successfully fostered collaboration, reflection, and systems thinking among leaders in LLR. Participants described it as **energising, challenging, and transformative**, offering rare space to think beyond organisational silos.

While the programme achieved strong engagement and attitudinal shifts, further work is needed to **embed learning, clarify system roles, and translate relationships into sustained joint action**.

If supported through continued networking, clear governance, and embedded patient voice, L4SC could mark a **turning point in integrated leadership for health and care in LLR**.

“we speak with (more of) a coherent voice...we're more unified...but that hasn't (yet) translated into transformational change...”

7. Recommendations for Action

Theme	Recommendation	Purpose
Network Sustainability	Maintain and resource L4SC networks through light-touch facilitation or communities of practice.	Keep momentum and shared learning alive.
System Growth	Convene and resource system spaces: regular supported forums for system actors to congregate	Maintain connections and encourage the art of the possible
Role Clarity	Clearly articulate responsibilities and lines of accountability for system leaders.	Reduce confusion and enhance ownership.
Patient & Public Voice	Embed citizen participation into all system design and review processes.	Ground system change in lived experience.
Programme Governance	Establish a resourced, transparent communication plan between commissioner, provider, and participants.	Prevent mixed messaging and increase trust.
Leadership Support	Offer continued coaching, reflection spaces, and peer action learning sets post-programme.	Consolidate behavioural and mindset changes.
Evaluation & ROI	Conduct a follow-up study at 6–12 months to assess organisational and system-level impacts.	Demonstrate return on investment and guide future design.