



**London
South Bank
University**

EST 1892

Leading Local Health and Care Systems

A programme for Senior
Leaders in Health and
Care

Université 
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Leadership is becoming increasingly complex with a growing need to deal confidently with volatility, uncertainty, chaos and ambiguity"

Ghate et al 2013 p 4

Introduction

Across the world there is a reorientation from Global to Local. Whereas the scale that 'global' offers generates significant opportunities for wealth generation, it also comes with the disadvantages of the difficulty of creating meaningful work with and for local teams, and a widening gap between people and organisations. As corporates and countries have scaled up their decision-making (political and organizational), front-line people and communities have felt cut off from power. There is a re-orientation happening that generates local leadership of local systems, and in the health sector this is mirrored in the UK with the rise of Accountable Care Systems, in the USA with Accountable Care Organisations, in South Africa with Social Labs, in the Netherlands with Integrated Care Systems, and in all places a move from hierarchies as the dominant organizing model to the emergence of networks.

Transitions and Challenges

From	To
Individual	Population
Increase access	Reduce demand
Consumers	Partners
Hunch	Evidence based decision making
Top down	Self-managing teams
Hierarchies	Networks
Expert	Learning

The Context for Local Systems Leadership

In a review of the literature of leadership of high-performing health systems and systemic improvement and innovation networks, Mervyn and Amoo (2014) found that the quality of the leadership of the system was the most important variable in operating and sustaining the collaborative venture. Key issues for systems leadership were:

- The time needed for the participating organisations to learn and adapt to one another,
- The requirement for managers to relinquish aspects of their territory in service to a greater common purpose,
- The focus at an early stage in the collaboration on the plan for sustaining the capacities the collaboration creates,
- Enabling a professional culture of teamwork and
- Working with the public as partners.

These are the 'conditions' that foster successful systemic change.

Participation

This programme brings senior leaders from local accountable health systems together to undertake learning journeys to improve their local systems leadership practice. Participants will be ambitious for the future of the community they serve, hopeful about the capabilities of people locally, and sufficiently frustrated with the current situation to be willing to try something new / different. They will have authority to lead change across their accountable health and care system. They will develop their future focused leadership practice, being able to navigate complex partnerships, and lead through peer-based networks.

The participants learn in a collaborative leadership practice experience, that develops their leadership capability in leading through networks for systems change. This learning will be applied to local Grand Challenge during the programme and beyond.

Participants will come from local health systems in Canada, the UK, South Africa, the Netherlands and Sweden. They will be current leaders in their health and wellbeing system, from across all participating organisations (state and non-state) and/ or communities.

Potential participants - If you are interested in having power over people this is not the programme for you, but if you are interested in learning how to use power in service of getting locally beneficial work done then you will both enjoy and benefit from the programme.

Local Benefit

Participants come with a local Grand Challenge (wicked issues) that has been agreed with their local system as the focus for the programme; and commit to an evidence-based collaborative approach to change. It is expected that in addressing this Grand Challenge through the programme, participants will be working with local communities as partners to solve intractable problems, alongside institutional system partners, generating local system benefits as learning is applied as it happens, generating value for local people and institutions.

Our Approach to Developing Systems Leaders

Our knowledge and approach was first developed in the early 1990s at the Kings Fund Working Whole Systems programme¹.

Our practical focus is to generate your understanding, commitment and leadership practice in:

1. Generating value in systems – through clarity of purpose and congruent behaviours.
2. Leading collectively as peers – and knowing the best mode of working for the range of systems leadership challenges through the spectrum of tame to wicked.
3. Securing the relational conditions of openness, embracing diversity, evidence-based decision-making, questioning underlying assumptions, learning and distributed leadership.
4. Developing adaptive capability through systemic feedback, sense-making and creating the system-wide conditions for emergence.

¹ Theory includes: Complex adaptive systems theory (complexity science) as applied to social systems (Luhmann 1995); Critical, tame and 'wicked problems' (Grint 2010); Adaptive Leadership (Heifetz 1994); Public Value (Moore 1997); Emergence (Scharmer and Kaufer 2013)

The Programme Approach

The approach to this programme is one of individual and collective inquiry. Systems Leaders have a wealth of experience and knowledge which we harness during the programme in peer-based real-time learning.

Working on local systems leadership Grand Challenge, peers inquire into the systems leadership through Inquiry Learning Journeys to countries with particular experience and learning to offer.

This is a one-year programme.

We ask for at least 2 peer leaders from any local health system to participate. The focus of the programme is on local rather than national level systems.

There is one preparatory module (held in the UK) followed by 3 visits over the course of the programme, each taking 3 full days (briefing, visits, debrief).

All countries will host local participant experiences and as funding streams expand the travelling participant cohort will expand to include participants from all host countries.

Each visit focuses on one or two topics

1. UK briefing and debriefing the whole.
2. Johannesburg – working with diverse views and options; governance to secure shared decisions.
3. Netherlands – Evidence-based, using data; Securing the environment for Innovation.
4. Sweden – Working with the assets of communities; Leading as peers (managers and clinicians).
5. Canada – Leading in collaborative organisations and networks (optional).



Structure year 1 – 2019/20

Briefing workshop in the UK	Oct 10th – 11th 2019	2 days	UK
Immersion 1	Dec 3rd – 5th 2019	3 days	Johannesburg
Immersion 2	Feb 18th – 20th 2020	3 days	Netherlands
Immersion 3	Jun 2nd – 4th 2020	3 days	Sweden
Potential Immersion 4	Sep/Oct 2020		Canada

Pre-programme

Each team meets with the Programme Faculty to refine the local system Grand Challenge, which is the focus of the application of learning. This preparatory work ensures that the local health and care system has the best potential to generate impact from the programme as a whole.

Briefing workshop in the UK:

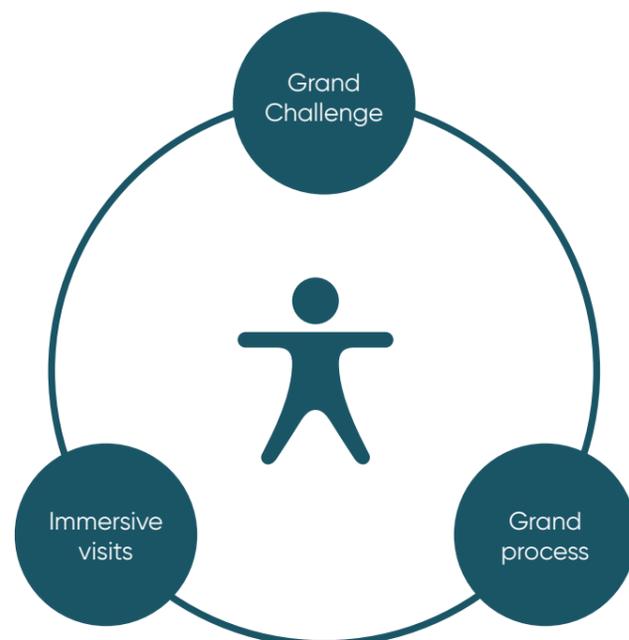
This has the following embedded:

- Time to develop the relationship to work as collaborative peers.
- Help the participants to become good inquirers together. Working on how to suspend assumptions, recognize own prejudices, and look for patterns and generators.
- Develop a collaborative approach to working on complex problems.
- Develop practices in learning together.

Immersion 1

The first workshop introduces the learning process that is repeated on every subsequent immersion.

In the immersion we are holding these dynamics:



The Immersion Programme Outline

Day 0	
Evening:	Arrival and re-connecting. Briefing on the context.
Day 1	
9am – 1pm:	Inquiry visits to local change/challenge, to learn and share. Everyone sees a different part of the system – travelling in 3s. Time slots during their visits where one takes balcony position. These visits are at the frontline.
2pm – 4.30pm:	Overview of the topic theory and practice. Provided by the local academic team.
5pm:	Debrief visits process in 3s (how did we work together) and refine for day 2.
7pm:	Evening dinner with guests from the system.
Day 2	
9am – 4pm:	Visits cont. Now the visits include people/ teams who set the conditions and lead the system. A whole day of visits.
5.30pm:	Final questions with host team and dinner.
Day 3	
9am – 1pm:	Debrief and application
2pm – 3pm:	Planning next visit
PM:	Depart.

Between Immersion weeks leaders are working on their local Grand Challenge applying the learning from the programme, bringing any dilemmas into the peer-learning community.

Immersion Example Case Study

Immersion 3

Karolinska Institutet, Stockholm, Sweden – June 2020

Working with the assets of communities – Leading as peers

Hosted by the Medical Management Centre (MMC), participants will be offered the opportunity to acquaint themselves with the centre's research on clinical leadership. The term is used to characterise people with a health professions background who have opted for a management career. There is some convincing evidence that clinical leaders contribute positively to the performance of their organisations, both in terms of finances and quality. One important advantage is that clinical leaders are well positioned to create professional engagement among their peers, i.e. to encourage clinicians to make an "active and positive contribution of doctors, within their normal working roles, to maintaining and enhancing the performance of the organisation". Key functions are to do "management through medicine", which means to show the links between professional decision-making and resource management, and to give clinicians the responsibility for leading process and quality improvement.

A site visit will be organised to the Karolinska University Hospital, which recently has introduced a "thematic organisation", bringing together different clinical specialties that contribute to the care of specific patient groups. Within themes, activities related to medical conditions are organised as "patient flows". Lead clinicians, called "patient flow captains", have the responsibility to organise the patient process, engage multiprofessional teams, and continuously improve the quality of process. During 2019 and 2020, MMC supports the leadership development of these PFCs. A number of PFCs will receive the participants, present their patient flows in the clinical settings, and share their experience of working as clinical leaders.

Combining these two components, the Stockholm immersion will stimulate the participants to compare clinical leadership theory and practice, and to reflect on how to use that experience to gain insights and strengthen their own capacity as leaders.

Prof M. Brommels

Partners

This programme is developed and offered by a partnership of London South Bank University, Health Systems Innovation Lab, Becky Malby Professor Health Systems Innovation

1. University of Montreal, Canada, Health Innovation Hub, Jean-Louis Denis, Professor Health System Design and Adaptation
2. Erasmus University, Netherlands, Professor Dr. Pauline Meurs, Professor of Health Care Management
3. Karolinska Institute, Sweden, Mats Brommels, Professor Emeritus, Founding Director, Medical Management Centre
4. Henley Business University, South Africa, Linda Buckley, Director of Executive Education
5. Stellenbosch University, South Africa, School of Public Leadership, Dr Kerrin Begg, Department Global Health, Faculty of Medicine and Health Science

The programme will be facilitated by:

1. Liz De Wet. Liz is an Associate at LSBU, and has a select portfolio of custom designed leadership and executive team interventions for the clients we partner with across Africa, North America, Europe and the Middle East.
2. Irwin Turbitt. An Associate at LSBU, and has expertise internationally on adaptive systems and complex change.
3. Prof Becky Malby, London South Bank University brings expertise on leading systems change, and an international reputation on leading networks.

Costs

Per participants costs £10,000 (not including flights, but this does include all visits, transport to visits, accommodation and subsistence).

Each site receives £12,000 for contribution (including organizing the visits, providing the learning venues, transport, evening dinner with speakers). This does not include the participants accommodation, breakfast, or evening meals outside those arranged by the host site).



References

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Heifetz, R. (1994). Leadership Without Easy Answers, Harvard University Press, Cambridge, Mass.

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Programme Partners and Facilitators

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Prof Becky Malby, Professor of Health Systems Innovation, London South Bank University, UK

Becky's early years in health services as a clinician and manager, was followed by a career in leading clinical and organisational change, first at The Kings Fund, then in national and international roles most recently as Professor in Health Systems Innovation at London South Bank University where she leads the Health Systems Innovation Lab, providing change management support to systems change work; leadership programmes for emerging leaders, network leaders and citizen leaders; the London Primary Care Quality Academies; and catalysing spread through our international network. She publishes on Networks, Coproduction and Quality Collaboratives. She has a track record in systems innovation, organisational change and leadership development in the UK and Internationally, and in leading networks.

Becky blogs at www.beckymalby.wordpress.com on coproduction, systems leadership, and innovation.

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Liz de Wet, Associate, LSBU

Liz de Wet offers an outstanding leadership development practice that specializes in the design and delivery of customized programmes, crafted to transform leadership practice for executives and their teams.

Through her 20 years of facilitation with senior and emerging leaders she has built a unique approach to executive learning, which is known to deliver profound impact. This authentic and expert reputation has Liz in demand with major corporations globally. Current client groups include Global Financial services, Health and Life Sciences enterprises, Retail businesses as well as public organisations.

A cornerstone of her impact is Liz's insight into the increasing demands placed on 21st century leaders especially the speed and complexity of business change and she is committed to reflecting the agility and responsiveness demanded of executives in her approach. Her model of practice involves rich connection with stakeholders to ensure each process is designed exactly to the evolving needs of clients in their particular business context.

Her passion is to build outstanding leadership practice through an innovative approach, which turns knowledge and insight into action. Her programmes offer an integrated experience to take clients to their personal leadership edge. Collaboration sits at the heart of the approach and to meet the wide spectrum of requirements of her client groups, Liz has forged key partnerships with institutions and leading practitioners in South Africa and internationally. Through these relationships and the practical experience of working with hundreds of executives, Liz continually accesses diverse thinking to offer to clients and contribute to the broader community of practice.

Her qualifications include MA (with Distinction) and BA Honours in Participatory Education both awarded with distinction by the University of Cape Town. She has also undertaken postgraduate studies in Systems Thinking for leadership and organizational development.

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Irwin Turbitt, Associate, LSBU

Irwin is the co-founder and director of the Kafka Brigade in the United Kingdom and Ireland and he is a founding member of the Glenree Sustainable Peace Network (GSPN) in Ireland. He has also worked as a senior public sector executive in the UK and Ireland. Irwin's research, teaching and advisory work focuses on the importance and challenges of exercising 'adaptive leadership' in order to make progress on 'wicked problems'.

He currently teaches in executive education programs co-developed and delivered by Harvard University, Oxford University, Warwick University and others. But Irwin's passion is for ideas in action, he believes that good ideas are necessary but knowing is not sufficient; doing something with that knowledge is both necessary and an obligation. Irwin's best work is about supporting and challenging people to cross the gap between knowing about an idea and using it in their practice to improve the lives of the people they are serving.

Irwin has many degrees and qualifications but considers the work he has done using that knowledge to be more important.

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Dr Kerrin Begg, Department Global Health, Faculty of Medicine and Health Science, School of Public Leadership, Stellenbosch University, South Africa

Kerrin attained her MBChB at the University of Cape Town in 1994, a Diploma in Child Health in 1996 and a Diploma in Obstetrics in 1997. She then completed her medical specialisation, obtaining a Fellowship in Public Health Medicine (CMSA) in 2002. Kerrin is a trained Depth Facilitator, an accredited Thomas PPA practitioner, as well as certified in

The Leadership Circle Profile™ and Culture Transformation Tools (CTT) from the Barrett Values Centre. Kerrin is currently Programme Co-ordinator and Module Convenor for the newly launched Postgraduate Diploma in Healthcare Management for the Faculty of Medicine and Health Sciences at Stellenbosch University. Kerrin is also a part-time lecturer at the University of Cape Town, Graduate School of Business in the field of Leadership and Health Management.

Kerrin is currently Activity Lead for the Quality Improvement and Data component of SUCCEED (Stellenbosch University Collaborative Capacity Enhancement through Engagement with Districts), which is a response to the Centres for Disease Control and Prevention (CDC) call for South African University-based technical assistance aimed at improving the quality and sustainability of HIV/AIDS and related services in South Africa under PEPFAR through targeted capacity strengthening.

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Linda Buckley, Director of Executive Education, Henley Business University, South Africa

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Qualifications:

Bachelors of Science (UCT) Higher Diploma in Education (UCT), Masters in Leadership (Henley Business School, UK). Experience; 25 years in higher education.

Linda has been involved in the education sphere since the late 80's – with a passion for people and their lifelong development. She started out her career as a secondary teacher and moved into online programme design and delivery in corporate companies whilst her children were young.

A life-changing opportunity arose in the 90's when Linda was invited to assist Archbishop Emeritus Desmond Tutu at the Truth and Reconciliation Commission – this paved the way for a most interesting departure from the education sector for a few years, supplementing her knowledge of politics and South Africa's troubled past. Learning about reconciliation and forgiveness first-hand was transformational.

Linda found her way back to education in the early 2000's with a role at the University of Cape Town's Graduate School of Business. She spent 12 productive years there, establishing three departments, culminating in the leading of a successful Exec Ed division.



Linda found herself looking for a new challenge in 2014 and has been the Head of Exec Ed at Henley Business School since then. She has been an active part of this rapidly expanding unit that now boasts over 40 key clients and runs in excess of 90 different programmes, with a current delegate population of over 2000 managers and executives. Henley's purpose keeps Linda coming back for more – 'We build the people who build the businesses that build Africa.'

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Prof Mats Brommels, Professor Emeritus, Founding Director, Medical Management Centre, Karolinska Institutet, Sweden

Mats is Chair of the Department of Learning, Informatics, Management and Ethics and Director, Medical Management Centre (MMC), Karolinska Institutet. Mats is a specialist in general internal medicine and in addition holds a qualification in medical administration awarded by the National Board of Health to Finnish medical specialists. Mats worked for the Finnish Hospital League; been responsible for classification issues

at the Finnish National Board of Health; and worked as chief medical administrator at a Finnish university hospital. Between 1988 and 1992 he was the Professor of Health Services Management at the Nordic School of Public Health, and was appointed Professor of Health Services Management at the University of Helsinki in 1991, serving in that position until 2010, as well as the Chair of the University's Department of Public Health (1997-2002), and as part-time Director of the Centre for Health Systems Analysis in Gothenburg, Sweden (2000-1).

Mats has served in a number of positions at national, Nordic and international level in the fields of public health and health services including Secretary of the Finnish Government Council for Higher Education's Health Sciences Section; a Medical Secretary and Advisor to the Patient Injury Board at the Finnish Ministry of Health and Social Affairs; Chairman of Folkhälsan, a large voluntary organisation that works to promote health among the Swedish-speaking population in Finland; Board Chairman of the Finnish Institute for Occupational Health; Board member & President of the European Health Management Association. From November 2001 to April 2002 Mats co-directed, appointed by the Finnish Government, a review of the need for structural changes in Finnish healthcare. Lead in 2002-2003 a Department of Social Affairs and Health task force to improve access to care in the Finnish healthcare system, resulting in a legislation requiring healthcare providers to guarantee access to services within defined time limits.

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Prof Jean Louis Denis, Professor Health Health System Design and Adaptation, University of Montreal, Health Innovation Hub, Canada

Jean-Louis Denis completed a PhD in Community Health (organization of health services) at the Université de Montréal and post-doctorate at the Faculty of Management, McGill University. He has been full professor at the École nationale d'administration publique (ENAP, 2010-2016). He is professor of health policy and management at the School of Public Health-Université de Montréal, a visiting professor at the Department of Management, King's College London, researcher at the Institut de recherche en santé publique (IRSPUM) at the Université de Montréal (since 1989) and senior scientist on health system and innovation at the Research Center of the CHUM (CRCHUM, since January 2017), Director of the Research Centre at Charles Lemoyne Hospital (CRHCLM, 2014-2016).

Jean-Louis Denis, PhD, FCAHS, MRSC, holds the Canada research chair (tier I) on Health System Design and Adaptation. In recognition for his academic contribution to the field of health policy and management, he was nominated member of the Academy of Social Sciences of the Royal Society of Canada in 2002 and fellow of the Canadian Academy of Health Sciences in 2009. His current research looks at integration of care and services, health care reforms and health system transformation, medical compensation and professional leadership and clinical governance. Recent papers have been published in Journal of Health Politics, Policy and Law, Organization Science, Academy of Management Annals, Milbank Quarterly, Administration and Society, Implementation Science and Journal of Public Administration Research and Theory. Since 2016, he is co-editor of The Palgrave Organizational Behaviour in Healthcare monograph series.



Professor Dr. Pauline Meurs, Professor of Health Care Management, Erasmus University, Netherlands

Pauline Meurs has been professor of healthcare management since January 2007 at Erasmus School for Health Policy & Management at Erasmus University Rotterdam.

Pauline Meurs stood at the cradle of various post-academic programmes for managers and professional leaders in healthcare.

These were brought together in 2003 under the flag of the Erasmus CMDz nowadays known as Erasmus Centre for Health Care Management.

In 1999 she chaired the Health Care Governance committee. The recommendations of this committee played an essential role in the drafting of the Care-wide Governance Code that was issued several years later by the branch organizations.

Pauline Meurs has been a member of the Scientific Council for Government Policy from 1998 to 2008.

From June 2007 to 2013 she was a member of the Dutch Senate (PvdA). She has been chair of ZonMw, the Dutch organization for health research and care innovation, (2007- 2014). Since September 2014 she is chair of the Council for Health and Society. Pauline Meurs is trained as a sociologist and organization expert at the Erasmus University Rotterdam.



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