

Leadership in Human Learning Systems

Human Learning Systems (HLS) is the new approach to designing, managing and improving public services that centres learning, relationships and collaboration, instead of targets, competition and control. **We've been exploring what kind of leadership is needed for HLS – and it's clear that a new approach to public services requires a new kind of leadership.**

Just to be clear, we aren't talking about management here. When we talk about leadership (for HLS and otherwise), we mean the practice of mobilising people and systems towards shared goals and good outcomes. Leadership is an activity; anyone can be a leader, from any position in the system. When we want to refer to leaders with positional authority, we'll call them senior or formal leaders.

We've seen that formal leaders have important work to do to ensure that an HLS approach can be embedded and spread, not just siloed to a particular piece of work or team. But they must also continually reflect on when they can devolve authority or make space for those closer to the work to lead. **This is complex leadership work, arguably more difficult than traditional command and control – but far more rewarding and joyful when it works.**

We've seen that formal leaders and others in their organisations support the implementation of HLS where they work by leading with values, prioritising relationships and care, being comfortable with discomfort, and allowing for disruption of the system in order to change it.

Conceptualising leadership

We can learn a lot about leadership from the 70+ HLS case studies. We focused on 18 that more explicitly highlighted the leadership implications of HLS and brought to life some of the people and the practices of mobilising change in the HLS community. We've taken notice of how people involved in leading HLS work talk about their role, their work and their relationships.

When it comes to how these people conceptualise leadership, we've noticed in the examples that they often lean one of two ways. Some people see good leadership as rooted more in the self and their *haltung* – or personal ethos and values. They use these as the foundation for building strong and trusting relationships with their colleagues and collaborators, as the key to better services. They might describe this as “relational leadership”.

Or, people lean more in the direction of understanding the purpose of leadership to be about ensuring the health of the system, disrupting traditional hierarchies and power dynamics, convening system actors for collaboration, and challenging competitive cultures. For these leaders, good leadership looks more like “servant

leadership”, where their own interests are put in service of the collective. Another way of describing it is as “collaborative leadership”, “distributed leadership” or “systems leadership”, where leadership is a shared activity.

This distinction mirrors differences in the wider leadership literature, however what’s interesting from our study is the degree of commonality in **leadership beliefs, practices and behaviours that sit behind both of these ways of understanding leadership.**

Leading with values

Leadership is an ethical practice. **It involves bringing our whole selves to the work, putting our humanity at the heart of everything we do;** showing up with head, heart *and* hands, as human beings with experiences, emotions, values, flaws *and* a determination to act.

We’ve heard that this kind of leadership involves humility – putting expertise aside and being open to learning from others. At the same time, it means being anchored in strong values and principles and commitment to making things better for people. As Mike Crowther from the Blackpool-based charity Empowerment discovered, a big dissonance between our values and how we lead can lead to personal crisis:

“I recognised so much of my unhappiness was based on the tension I had been living with for years. This was the fact that I was leading in a way that was actually utterly against my own values, which somehow I had managed to bury. Being a leader had become a miserable experience...”

As leaders it’s important to bring and hold on to strong values and ethics, but it’s also important to listen to what matters to others too, as we begin to negotiate and work with others. If we do this, it provides strong foundations for working through complexity. This is what the senior leaders of the Thurrock Integrated Care Alliance and Integrated Care and Wellbeing model have experienced:

“The theory of change workshops that senior leaders went through collectively where we agreed our key values and principles...was fundamental to ensuring strong foundations for the success of the work. When there are difficulties, tensions, or differences of opinion, having agreed values shared between partners has provided a very useful reference point that we can refer back to and hold each other to account against.”

Prioritising relationships and care

Leadership is about us. **It has to do with relationships – because we can't make systemic change alone.** For the formal leaders and managers from the VCSE, NHS and Local Authorities involved in Healthy Communities Together in Gloucestershire, changing the way they show up to talk to each other has been fundamental:

“This work isn't about showing up to a meeting, sharing your update then carrying on to the next one. When we're in HCT, over time, we are there as our whole selves and we begin to see the value this brings to our work. We notice this because in the beginning we weren't; we were the representatives of our respective organisations and sectors.”

Leadership here is not about positional hierarchies but about relational co-creation, where team members are viewed as equal and valuable contributors based on their personal insights and the relationships they hold in their communities.

This is true whether we are talking about relationships between formal leaders or relationships across hierarchy and boundaries. For the senior leaders of Thurrock's Integrated Care Alliance and Integrated Care and Wellbeing model, investing deeply in their relationships has been essential to the success of the approach:

“Continuous investment in long term trusting relationships between system partners at a senior level is absolutely critical. This allows organisations to take risks and share sovereignty and risk.”

Forming trusting relationships across power differentials with those most disempowered requires time, patience and humility, and a deep understanding of past and ongoing traumas and the depth of distrust people can have for services that have let them down time and again. For the team leading the Brent Care Journeys systems change collaboration with care experienced young people, this was a hard lesson, learned repeatedly:

“In an often challenging but also exciting environment, the best mitigation to difficulty was care. Unity and wellbeing for the team was a central leadership priority which radiated out from the centre to each layer of the ecology around the project, developing over time as a key pillar which we articulated as ‘tough love’.”

Being comfortable with discomfort

Leadership in the context of **complexity requires continual curiosity and an acceptance of not having the answers**. Systems change is emergent and unpredictable and constantly happening so leaders need to have a reflexive learning approach in how they approach change and in their work with others.

This is **at odds with traditional notions of leadership**, where advancement comes with experience and expertise, and you are supposed to hold all the answers and tell people what to do. Central to the practice of leadership for HLS is self-reflection and continual, cyclical learning for improvement. Some call this “adaptive leadership”.

For the team at NHS Highland who led the Self Directed Support Self-Evaluation and Co-Production in the Scottish Highlands, there was an understanding that improving the provision of Self-Directed Support was not going to be a technical fix and that **they needed to really understand the culture and practice of SDS rather than measure its performance**.

“We didn’t come to this with something that we had predefined. We were open for learning, so we knew that we were involved in a process that we didn’t know the end of. We used an appreciative inquiry approach but did not prescribe what was going to be discovered and how we would then use that learning. We hadn’t pre-categorised that in any way, shape or form, so we had taken a leap of faith. This was probably one of the most exciting aspects of this work. In the past we’ve tried to fix things as leadership groups.”

This is a big culture change in settings where there isn’t a culture of everyday learning. The work of leadership here is to foster that culture, give permission to teams to take time for reflection and model the practice of not knowing and being curious. Again, NHS Highland has understood this:

“The strong message from leaders was the biggest enabler to the HLS approach. They were instrumental in supporting the mindset shift away from traditional performance and improvement towards systems thinking, and their unwavering belief in the insights of practitioners was what made this work so rich.”

This leadership practice is not primarily about specific methods, although we saw

in the examples of practice many routines and rituals for learning: innovation nests, prototypes, co-design labs, reflective supervision, appreciative inquiry.

Using methods and rituals can help to break habits and change cultures.

Sally Kendrick, formerly of Plymouth City Council, shared that they set up a cycle of continual improvement as part of their Family Hubs work:

“I’m one of those people who in the past jumped from ‘I know what needs to be done’ to ‘I’m gonna go straight into action’. And that seems to be a problem within the whole system. Bringing in a cycle of learning has allowed us...to really stop and take our time, to model curiosity.”

They used an adapted version of the Kolb four-stage learning cycle of experience. The first steps are about hearing a person’s story before starting to act. People telling their own stories can be transformative for others in challenging their assumptions. For Sally, putting in place the culture and processes for practitioners to hear the stories is vital:

“We can describe the trap of working quickly as being like a fairground ride which is spinning round so fast that people are pinned against the sides by the centrifugal force – working on their own and doing things in survival/auto-pilot mode. Our aim is to slow things down so that people can come back into the centre, find a place of curiosity together rather than be led by trauma, anxiety or feel overwhelmed, and, from that place of curiosity, make sense of the situation together and take the right kind of action that is more likely to be effective. Reflective supervision is key to making this approach work.”

We have also heard that **learning has to happen with those who have experience of the things we want to change**. This isn’t just about holding engagement events or surveys; it goes deeper. It’s about creating lived experience roles that have equal status in the team and as professionals being willing to be challenged on an ongoing basis and feel uncomfortable.

The Mental Health & Wellbeing in Primary Care & Community Settings project board included members of the Fife Voluntary Action Lived Experience Team on an equal (paid basis) when they embarked on a redesign of community mental health services for Fife.

“Having Lived Experience Team Facilitators has made a huge impact on this project – on the conversations that happen within the project team, on the questions asked through engagement, on the language used and how we collectively frame things, and on the spaces we create for co-production internally and in our engagement activities. Co-production is all about addressing power imbalances in the rooms where decisions are made, and I think having paid lived experience roles has been a key part of this. I think that it makes a meaningful, material, and tangible statement about the value of lived experience in this work to have paid lived experience roles.”

There is no doubt that working in this way is challenging to many of our received notions of leadership, and that **there is a lot of unlearning to do**. Diana Hekerem from Health Improvement Scotland has found that it is important to spend time helping formal leaders to change their approach:

“...[they need to understand] not only how learning is a better driver for improvement, but also that their role has to be active. It is not simply about giving permission, but requires active problem solving – clearing barriers and creating ‘air cover’.”

Disrupting the system to change it

Leadership for HLS requires crossing boundaries. **It’s about understanding and innovating in the systems we work in and working outside of organisational limits to create better outcomes**. Leaders at all levels need to better understand the systems creating the outcomes we care about and support others to do the same, enabling new ways of working together.

We need to work across organisational and sectoral boundaries, amplifying marginalised voices and negotiating through differences. **This often involves disrupting and redistributing power for greater equity**. People express this work in different ways. Some call it being a system steward. Others, a system diplomat or convenor. We can see that these roles are all forms of leadership which **focus on improving the health of a system to make best use of collective resources**. This can look like facilitating collaboration and changing governance structures and processes.

So leadership for HLS requires **being highly reflective and taking a deliberate approach to using power**. This was at the heart of the Brent Care journeys work:

“Emboldened by our pillar to redistribute power we facilitated collaborative experiences between these stakeholders which disrupted and inverted power and authority. Effort was invested here so that systems could learn together on account of working in a flatter structure where *all* routes to and types of expertise (learned and lived) were of equal value.”

Understanding the system and innovating needs to happen across a system, in many directions: within teams and between organisations, rather than in a simply vertical way. **We can’t know which intervention will make the most difference when it comes to systems change, so we need to create opportunities for anyone to lead change.** This has been a key learning for Thurrock Integrated Care Alliance:

“Distributed leadership is key...The strategy sets out high level principles and strategic actions, but no one person can have adequate oversight of a system as complex as health, care, housing, and wellbeing to have all the answers. Our focus has been on self-management, empowerment and permission giving to staff to take the concepts set out in the strategy, build on them, and innovate.”

In Gateshead, a group of people are working across a whole place, trying to build new infrastructure to distribute funding and support community power. This has involved creating new asset flows and new governance mechanisms. The purpose is “to build power and capacity at the heart of Gateshead communities.” Something they’ve grappled with continually is **how to really redistribute power and decision-making and create new leadership roles and opportunities:**

“There was a lot of explicit work to do around ‘power’ in order to create a permission space. We both had to figure out how power worked in this new and unusual configuration we’d built and confront the issue of how one individual can have more power than others and not be ‘the boss’. This included having explicit conversations about it, designing different organising structures and building clarity around who gets to make what decisions, how and why.”

Leadership for HLS is not just about changing ourselves, it’s about changing our governing structures and processes for organisations and systems to support the new practices we want to enable. It’s about changing the rules of the game. Diana Hekerem (NHS Healthcare Improvement Scotland), whose work is about improving the quality of care for people of Scotland and finding out what quality means for people, explains this:

“The good stuff’s in the dull stuff. How you do data and measurement, how you do your commissioning, your governance, your finance, is as important as how you do your learning. They all have to have people at the heart. They all have to have rigor but that rigor isn’t assuring yourself of false targets. That rigor is making sure that you are taking that learning that is happening...how does that change the business of the organisation?”

Thurrock’s formal leaders looked at how to change their structures to enable more integrated working across organisations, for example by making joint appointments of senior leaders with direct responsibility for staff across multiple organisations. They also **had to navigate the wider governance structures they are part of and push back** where these have been antithetical to the HLS approach:

“There has been some tension between the Thurrock Alliance and the wider NHS Integrated Care Board...Periodic tensions have arisen when the ICB has attempted to impose ‘one size fits all’ transactional or functional models of care in silos that it has developed. This was particularly true at the start of the programme. We have managed this tension through development of an MOU with the ICB that defines responsibilities at ICB system level, alliance level, and locality level. As part of this, we agreed the key principle of ‘Subsidiarity’ with the ICB.”

HLS as a leadership tool

Finally, although we’ve been talking about leadership for HLS, we have heard how **HLS itself can be a useful tool of leadership**, and not just for people in senior roles. People have been thinking like this for some time without the shared language for explaining and advocating – itself a leadership act.

The language and ideas behind HLS help to expose fault lines in the current system, **making different feel possible, creating alternative cultures**. Not everyone leading change in this way finds the language helpful; some have seen it as a barrier – another bit of unnecessary jargon. But for many of us, being part of a movement with a name, evidence base and practical examples gives us legitimacy and credibility in the systems change work we are trying to lead.

HLS gives us permission to learn, innovate, and take a relational approach. More specifically, as we saw in the case studies, **it gives people cover so that they can do things differently**.

For Mike in Blackpool, hearing about HLS was a **‘eureka moment,’ a joyous recognition that there was a movement gathering around a set of ideas and principles which were absolutely centred on the actual reality of our lives**.

“The last remnants of the tension...how the New Public Management ethos had influenced me, had drained away. Here was a way to be really great charity without having to behave in a way that went against our instincts, our *haltung*!”

Sally in Plymouth has had to facilitate partnership approaches across different sectors and communities, and **the HLS approach has given her a framework that can support a way to communicate this and develop the right conditions for learning and building local support.**

In Thurrock, **a huge amount of preparatory work was undertaken with all system partners to co-produce and agree the new approach.** The Exec Director leading the change process ran multiple sessions on HLS to gain understanding and buy in. These were aimed at different audiences including senior managers, front line teams, managers, and elected members.

In Gateshead, having the language of HLS has been “a useful shorthand for placing the work in a very particular context that appeals to like-minded people. The fact that the approach is an HLS one has enabled us to skip some of the preamble in terms of explaining to others what we are doing and where we want to go next.”

Let’s return to where we started. Leadership for HLS looks different to each practitioner, dependent on our positionality, our challenge and our context. But we have seen that it requires a conscious and intentional commitment to recognising and using power ethically, building trusting relationships, creating the conditions for learning and continuous improvement, and leading across boundaries so that systems work better for people, especially for those at the sharp end.

Leaders are human. As much as we need leaders that can help systems to be better, we also need systems that can help leaders be better. HLS can help us get there.

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