Developing programme theories of leadership for integrated health and social care teams and systems: a realist synthesis

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Dedication: This project was originally conceived and developed with the late Professor Scott Reeves, who died unexpectedly in May 2018. Scott, a global research leader, was first and foremost a sociologist and ethnographer. He brought his sociological lens to the study of challenging problems of health and social care professional relationships, in their learning and their work. His original ideas and considerable expertise in interprofessional health-care research were instrumental in the formation of this study and the research team dedicate this project to his memory.

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Plain English summary

Programme theories of leadership

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Plain English summary

The organisation of health and social care in England is moving increasingly towards integrated models of working. Close collaboration is encouraged between the NHS, social care, local authorities and communities. However, we know little about how to develop integrated care teams and systems, including how to support their leaders. This review explored theories around the leadership of integrated care teams and systems to identify what works about their leadership, for whom and in what circumstances. It did this by examining both research literature and the experiences of key stakeholders in integrated care. We explored the literature on leading integrated teams and systems that we found in research databases and information sources, such as government reports and policy documents. Our stakeholder group, consisting of integrated service managers, researchers and patient/service user and carer representatives, was also closely consulted and they helped shape the overall findings.

We found 36 papers that were relevant to our research questions. These papers, along with the contributions of the stakeholder group, generated evidence for seven potentially important components of leadership in integrated care teams and systems, called 'mechanisms'. These seven were: 'inspiring intent to work together'; 'creating the conditions to work together'; 'balancing multiple perspectives'; 'working with power'; 'taking a wider view'; 'a commitment to learning and development' and 'clarifying complexity'. No research evidence was found for an eighth mechanism, 'fostering resilience', although our stakeholders felt that this was potentially an important, long-term component of leadership. We concluded that research into the leadership of integrated care teams and systems is limited and underdeveloped, with ideas often based on outdated assumptions. By making explicit some of these assumptions, this review has generated new perspectives, which can be built on, developed and tested further.

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