The Revolution will be Improvised
Stories and insights about transforming systems

A report by Richard Vize for the Systems Leadership Steering Group
Introduction

Transforming services is hard. Organisations across the public, voluntary and private sectors are coming together to find new solutions to seemingly intractable problems by radically transforming their approach to services in their area. But whether they are tackling alcohol abuse or supporting people with dementia, their success is being determined by people and culture. The Revolution will be Improvised draws on insights from 25 multi-agency programmes around the country to discuss how people break or make collaboration and service transformation, and what we can learn from their experiences. The following is based on real world experiences of those 25 places.

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Local Vision – systems change through a different type of leadership

Systems Leadership is a way of working that shares the burden of leadership to achieve large-scale change across communities. It goes beyond organisational boundaries and extends across staff at all levels, professions and sectors. It involves people using services, and carers, in the design and delivery of those services. Systems Leadership recognises that leadership is not vested in people solely through their authority or position; so it involves sharing leadership with others, coming together on the basis of a shared ambition and working together towards solutions.

Systems Leadership goes beyond traditional joint working, it’s about leading together, bringing in the whole range of energies, ideas, talents and expertise the system has to offer. It is particularly suited to the issues we currently face – rethinking services to put the user at the centre, tackling the underlying causes of complex social and clinical problems, and integrating services to improve quality and value for money.

The Local Vision initiative has been set up to support the development of Systems Leadership. It brings together local and national government, the NHS, social care, public health, the voluntary sector, user-led groups, the private sector and leadership specialists*. Everyone involved in the project has one shared purpose: to improve services by removing barriers between sectors and organisations.

Local Vision has supported 25 programmes, each of which looks to create change in a difficult or ‘breakthrough’ issue; to develop Systems Leadership at a local level; to create new ways of working in support of delivering integrated services; and to achieve measurable improvements in health, care and wellbeing.

Each Local Vision programme is supported by an experienced ‘enabler’ to help the leaders in each project come together and deliver a successful outcome. This report is based on their feedback.

Local Vision is demonstrating that, while the rewards of success are great, in some places the organisational leaders involved have had difficulty in taking on board the implications of Systems Leadership being for the many rather than the few.

Evidence from across the 25 sites has suggested that leaders, in the broadest sense, have yet to fully appreciate how difficult transformation is and the skills, perspectives and attitudes required to make it happen. The skills which made people successful in leading their own organisations are not necessarily what they need to lead across systems with others.

*For a list of Steering group members please appendix c.

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At the start – lots of energy, less direction

Whole system schemes are often marked by energy and enthusiasm in the early stages. Goals at this point can be quite abstract – more of a vision and aspiration than concrete objectives. It takes time for teams to focus on what they really want to achieve and to begin to think about how they should do it, how the project will be managed and where and what style of leadership is needed.

At the launch a wide variety of people may be engaged, but that doesn’t mean they are unified around a coherent or common set of objectives. Different groups will only have a vague understanding of what has brought other partners on board, the values they hold and the pressures they face.

“There was strong leadership commitment, but no plan about how to go forward. The organisations didn’t know each other very well, or understand each other.”

“Lots of project plans and meetings but no clarity about their vision, what success would look like, principles of engagement.”

“There has always been lots of energy and passionate people; the hard bit has been focusing.”

With a sense of energy and urgency, it’s easy to plunge into the practical ‘engineering’ issues of project design and process without spending enough time exploring the cultural tensions and different ways of working that need to be understood and addressed for a multi-agency project to work. If differences are left unrecognised or unresolved, and a shared narrative isn’t developed about what the project is trying to achieve and the values on which it is based, serious problems will emerge as it develops.

“There has been a lack of a clear narrative about the plan because of a tension about whether different parts of the organisation have bought in. This tension has led to confusion and frustration at the front-line in terms of delivery.”

With every public service under pressure, and with many public servants taking on broader responsibilities, one of the biggest challenges is for leaders to look outwards and into the future – beyond the bounds of their traditional roles, organisation and short-term difficulties – to find long-term solutions to complicated problems.

“The hospital was facing significant internal priorities and regulatory pressure, so it was preoccupied with survival to the extent that engaging this key partner was difficult.”

Leaders also have to look inward, and face up to how existing priorities, relationships and ways of working will need to be changed to achieve the wider goal. Faced with constant political and media scrutiny it can seem difficult to have an open and honest conversation about what needs to change, but without it, progress will be hard to achieve.

“It’s very difficult to engage in critical discussion about change. Alternative views to those delivered by senior leaders can often be heard as problematic. The [behaviour of the leadership] is the key system change issue.”
What’s our procedure for innovation?

One of the skills which marks out leaders with an aptitude for transformation is the ability to work outside formal structures – building networks and coalitions of support and creating opportunities rather than working through formal channels.

But while the Local Vision programme and numerous other studies reinforce the message that it is relationships, not structures, that deliver success, there is a strong tendency to throw programme boards, sign-off procedures and reporting-back processes – the things that people are familiar and comfortable with – in the way of innovation, initiative and progress.

When public sector organisations start working together, they instinctively worry about governance – what is our remit, what powers do we have to make decisions, to whom are we accountable? The pressure to be seen to be acting legally and openly means leaders baulk at making decisions quickly and independently.

While governance is necessary, it can be slow and obstructive. A recognition that relationships matter more than structures is often weak.

“There is a real tension between those who want to experiment and have things evolve, and those who want everything planned and ordered. We are struggling to create a culture in which both are valued; what is necessary ambiguity for some is tiresome confusion for others.”

Relationships, trust, commitment, energy and initiative drive projects forward. Formal structures need to be slim, agile and focussed on the win for service users. So agreeing the ends empowers people to act to achieve them.

Fluent in different languages

One of the most striking features of the health reforms is that local government and the health service are more connected than at any time since the NHS was created in 1948. But while the right people are now talking, the conversations are often tough.

The priorities and language are different. To some in the NHS, councils are characterised as short-term and driven by political advantage rather than rational analysis. To some in local government, the NHS can be caricatured as unaccountable, politically naive and out of touch with communities.

“There are known difficulties in the relationships between health, public health and local government. There is evidence of a lack of political nous in health partners, and the underlying tension of reducing budgets is not encouraging collaborative working. While there is talk of joint working and integration, there is also continuing evidence of tribal, silo thinking and behaviour.”

“The differences between the health and local government cultures remain very great and are not well understood.”

Local government is increasingly recognising that clinical evidence is part of the DNA of the NHS: “Health finds it very hard to engage unless there is clear evidence of why they should and a clear timetable for action.”

While the majority of Directors of Public Health have adapted rapidly and successfully to the politically and locally focused culture of local government, some are still struggling.

“The struggle for public health to find a way into local government culture, and the challenge for local government to expand its role to include a public health approach, has been significant. It got played out as an issue for individuals, but I think that was an easy, scapegoating response to an issue of culture and system change.”

“Public health had developed its own department in the council with little thought about relationships with other commissioners, particularly in adult social care.”

The findings from a number of the 25 programmes suggest that the role of public health director can be a major catalyst for change, because it is not seen as being directly part of either health or social care. Many of the directors had become central figures in the work, trusted across the board.
The hurdles (continued)

Joined at the top

The emphasis on leadership when it comes to whole systems transformation can give the misleading impression that once the people at the top have agreed to work together, rapid progress will follow. In reality, effective collaboration requires leadership at every level, and just as much effort will need to be put into bringing those teams together as it was to getting the chief executives in a room. Systems Leadership requires changes in everyday behaviours across the partner organisations and at all levels, from clinicians and managers to volunteers and politicians. It’s the changes in personal behaviour that drive changes in culture.

“Leadership in systems change is not simply a matter of agreement between the half-dozen chief executives, it’s more like throwing a pebble in a pool – as the ripples move outwards there is work to be done at each level. I’m beginning to think the critical mass for leadership is around 100 people, not ten.”

A soup not a salad

Coordinating existing services more effectively is not transformation. True service transformation is about rethinking services from a systems perspective with the user at the centre, not knitting together existing, flawed ways of working.

“In a complex system there is a danger of continuing to maintain functional boundaries for each professional group, and simply combining them into a shared process like parts of a computer.”

Unite around my position

Systems thinking is difficult. As one of the Local Vision enablers said: “We are trying to change deeply fixed patterns of activity; this is incredibly hard to do successfully.” The experience shows that some organisational leaders may focus on the interests of their organisation rather than the whole system. In particular, some can be slow to recognise the need to develop and communicate a shared sense of purpose with other leaders, some of whom may well be rivals at other times.

Some try to take over collaborative projects to run them on their own terms.

“There are tensions over ownership which suggests that the notion of shared ownership is still not embedded in the culture.”

But even where people are willing to work together there is a risk of thinking that their organisations are collaborating effectively even though the evidence shows they are not.

“I met the key organisational leads separately and realised they were not really talking. They are pretty good as individual leaders but are not leading the system.”

It’s a system, not a poker game

While the Better Care Fund aims to bring health and local government together, in some areas it is breeding distrust; some in the NHS fear it is bailing out social care while some in local government fear being treated as part of the patient discharge service. This is causing some councils and trusts to withhold information for fear of being “outranoured”.

“Having a conversation about the Better Care Fund has been the toughest part of the project. They are now sharing information about their base line spend and priorities but that was not easy to broker.”

Don’t kid yourself

Experience shows that leaders have a habit of kidding themselves that the culture and values of their organisations are just as they say they are. This is a bad place to start when collaboration requires trust, openness, honesty and self-awareness.

“Hard push is the change model of choice. This sits at odds with the organisation’s values and the expressed objectives of the chief executive and senior staff. There is a clear difference between espoused values and actual practice.”

Being made aware that you’re not quite the leader you thought is unlikely to be a welcome message. Careful preparation will be required to communicate this difficult truth.

“There is still some work to do in preparing senior leaders to ‘hear’ what is being communicated rather than ignore or punish it.”

What exactly did we agree?

The energy and commitment which typifies many whole systems projects can encourage organisations to pitch in with ideas without first establishing a shared set of values and goals and an understanding of each other’s priorities, language and culture. Confusion will follow.

To take one example: “It became evident that [the project] meant different things for different members of the health and wellbeing board.”

Without firm foundations, different parts of the system can all too easily make different assumptions about what has been agreed. Such misunderstandings can quickly mutate into deeper problems such as feeling mistrustful or let down.

“[It was necessary to] suspend focus on solution and task in order to develop relationships across the system and achieve a better shared understanding of the problem.”

The blame game

When bringing people and organisations together to develop new ways of working, the only certainty is that something will appear to be going wrong. If that degenerates into apportioning blame, the project is all but doomed. Participants need to understand that problems are a necessary part of finding the best way to work. One person described trying to create a sense that it was “okay, indeed expected, for things to go wrong in the early stages and that this was part of the human experience of trying to run new systems”.

“A major role for me has been to help generate an understanding that systems pressures are not ‘failing’ or ‘things going wrong’ but the inevitable result of system change – and that treating each setback as learning and approaching it with curiosity can make them a positive.”

No time for strategy

Financial stress is everywhere. In such circumstances long term projects with uncertain outcomes and minimal prospect of cashable savings can feel like a distraction at best, and harmful to the short-term financial position at worse. As one participant put it: “We have under-estimated the gap between shared long-term goals and conflicting short-term aims and priorities… This is creating real tensions.”

It is crucial that Systems Leaders keep focused on the needs of service users, and appreciate that while integration may not release cashable savings it improves the experience of each individual, providing them with a dignified and personalised service.

Great – we’ve got a consensus

With all the difficulties of bringing people together and trying to agree a way forward, reaching a consensus can feel like progress. But integrated working is not about finding a consensus, it’s about finding solutions. Consensus can all too easily mean brushing difficult issues aside and focusing on the easy bits, but integration means working through the difficult issues, not ignoring them. It is in getting to grips with the tough stuff that underlying problems will be unearthed and solutions developed.

“It is important to explore and be curious about differences and problems, rather than try to impose a consensus. The process of inquiry enabled partners to feel heard and to develop a way of accommodating tensions rather than trying to explain them away. The partnership is learning to manage the different priorities and pressures and not to impose the priorities of any one partner.”

“Working together is about a great deal more than compromise – it is having tough conversations to secure agreement on delivering shared objectives which are focused on service users, not the needs of organisations or staff.”
It's all about the users
Getting the relationships between the people providing the service sorted out is an essential precursor to the most important relationship of all, which is of course with the service users. Staff involved in whole systems transformation who take time to develop shared values and aims and an understanding of each other’s priorities are well placed to then create an environment in which service users are engaged and empowered.

“There has been renewed and inspirational engagement with the community, particularly from the commissioners, with a shift in emphasis from ‘telling’ to ‘asking’.”

“There is a refreshed and reinforced recognition among senior health and wellbeing board members of the value of direct and sustained community engagement.”

“It is important not to assume staff already have the skills to engage with service users. For example, front-line staff who have been working in a culture of transactional relationships will need to develop a new approach and the confidence to take on a much more complex, but ultimately more rewarding, task.

“Many group members had felt concerned about speaking with the community directly. The original idea had been to commission a social marketing agency to research the views of the communities.”

You’re working on that too?
People involved in Local Vision projects have been surprised to find out how much disconnected but relevant work other organisations were already doing. It has exposed just how little local bodies talk to each other. One person commented: “People didn’t know what others were doing that could help them with their job.”

It’s not project management
Some Local Vision programmes found out the hard way that standard project management techniques are the wrong approach to collaborative working. As one enabler said: “The tension between adaptive change and conventional project management is an important one – and one that we should be paying attention to.”

Relationships
The progress of many projects has been helped by the emergence of people who see the importance of relationships in building foundations for success, and are prepared to put time and effort into making them work.

“The director of public health shows good instincts – asking good questions and focusing on relationships and energy in the system.”

“Leadership has moved from being directive and controlling to a more collaborative approach, demonstrated by the dual leadership by the directors of public health and adult social services.”

Strong, trusting relationships will not be built in formal meetings. The different parties need to get together in ways which allow them to have conversations rather than negotiations, where listening and understanding are just as important as talking. One person described the need “to create comfortable and safe spaces in which people could tell each other about their concerns and worries without any sense of blame or acrimony”.

Fresh thinking
The dynamics created by working together generate fresh perspectives on causes and solutions, while the growth of trust and confidence coupled with a greater spread of skills encourages innovation and openness.

Sometimes difficulties have to be confronted and argued out. Such meetings can be tough, but if handled well they can achieve a breakthrough. Having an independent facilitator can help. For example, it can help share understanding of the pressures experienced by one of the partners.

Light bulb moments
Light bulb moments (continued)

“When the first real argument over money happened, I was able to help leaders see that this was not evidence of relationships breaking down, but proof that relationships were so strong that it was possible to speak honestly and frankly – which was far better than the alternatives.”

“The health and wellbeing board has learned to collaborate better on key issues and has enjoyed it. The energy was high when telling the individual patient stories and building the way forward based on them. They enjoyed being freed from Committee mode and working together.”

Joined-up thinking

A constant message in discussions about public service reform is the need for people to think about systems rather than just their own organisation. Systems thinking is difficult at any time, but when each organisation faces serious financial risks it is especially hard to ask leaders to take actions which may compromise – at least in the short term – their own organisation’s interests. It will also entail some players recognising that they need to let go of the hierarchical authority and building the way forward based on their position.

“The notion of “systems leadership” was very new and understanding about the implications of systems leadership in relation to organisational and personal leadership was limited.”

Recognising that system leadership is a big challenge and there will be difficulties and setbacks will at least help everyone to know what to expect.

“The intention has been to embed ideas about systems leadership across the system rather than just focusing on senior organisational leaders in positions of hierarchical authority. The plan [emphasised] the importance of ‘leadership in a system’ as opposed to ‘system leaders’.”

One of the key leaps of understanding made by systems leaders is how modest concessions by individual organisations can liberate huge potential for the system as a whole. Adversarial ‘winning’ becomes a sign of immaturity, while strength is demonstrated by collaboration.

“There are big differences still in language and approach but some conversations really help to bring about a greater appreciation of different perspectives and an ability to work through to a genuinely more shared approach. There have been quite a few penny dropping moments.”

We’re getting good at this

A great deal of feedback from Local Vision has highlighted growing sophistication in the way leaders have approach their work. People have become increasingly aware of how different participants react in particular situations, why that might be, and how they can be supported when they find the going difficult.

“When some GPs began to unpick progress and respond in negative ways, we were able to think creatively about how to respond, and create a collaborative leadership response – understanding where the GPs were coming from and recognising that they would come on board at different speeds.”

Keeping up the energy

One of the riskiest moments for a whole system transformation project is when everyone thinks it’s going well. There is a tendency to assume the difficult issues have been resolved, that the direction has been set and the progress so far is irreversible – all in all a good moment to go back to the day job. The most successful Local Vision projects have been re-evaluating, reassessing and reinvigorating their work.

“Even though there was agreement about narrative and purpose at the beginning, it was important once the project was up and running for system leaders to work together to review this, both to learn from what was happening and to create a renewed sense of vision and galvanising commitment.”

The 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
- 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.
Appendix A

These are the Local Vision projects. Each one represents both a policy or service challenge and a complex System Leadership challenge.

Calderdale
Increasing the percentage of school age children participating in strenuous physical activity or sports.

West Cheshire
Developing multi-agency response to social isolation.

Wirral
Improving access to affordable, healthy food and encouraging positive local attitudes towards food.

Coventry
Relating levels of physical activity.

Birmingham
Reducing demand on public services using big data.

Dudley
Minimising service dependency, cutting A&E and residential/nursing home admissions and improving community based interventions.

Gloucestershire
Improving multi-agency response to social isolation.

South Gloucestershire
Improving local urgent care system using resident insight to co-design.

Bristol
Ensuring the city’s economic growth is accessible to all its communities.

Wiltshire
Creating a multi-agency 24/7 response for those with urgent care needs.

Cornwall
Encouraging access to healthier, affordable and fresh food across the community of Cornwall.

Dorset, Bournemouth and Poole
Creating elements aware high streets.

Plymouth
Facing alcohol abuse and drinking culture.

Leeds
Reducing high levels of ill health among those who are unemployed.

York
Extending life and disability-free life expectancy and reducing the gap in health inequalities.

Wakefield
Developing an integrated model of care.

Nottingham City and Nottinghamshire
Improving mental health outcomes through early identification and treatment.

Central Bedfordshire
Improving outcomes for older residents through a more integrated, preventative approach.

Suffolk
Eliminating the risk of female genital mutilation (FGM) faced by girls and young women growing up in Hackney.

Luton
Addressing variation in general practice.

Merton
Creating a joint approach to integrated health and social care for people with two or more serious long-term conditions; putting users at the centre.

Lambeth & Southwark
Integrating care pathways.

Kent
Further developing an approach to integrated commissioning.

Wakefield
Developing an integrated model of care.

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Improving mental health outcomes through early identification and treatment.

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Appendix B – Enablers

We would like to record our thanks to the enablers who have been, and continue to be, at the heart of this vital work:

John Atkinson
Robin Douglas
Joyce Redfearn

Jill Barrow
Sue Goss
Phil Swann

David Bolger
Matt Gott
Paul Tarplett

Jo Cleary
Ruth Kennedy
Allison Trimbile

Mari Davis
Chris Lawrence Pietroni
Holly Wheeler

John Deffenbaugh
Diane Neale

Allison Trimble

Holly Wheeler

John Wilderspin, Managing Director, NHS Central Southern Commissioning Support Unit

Appendix C – Systems Leadership Steering Group members

The Systems Leadership – Local Vision programme has been based on collaborative working across a wide range of stakeholders who have come together around the shared vision of transforming services through leadership development and new ways of working.

Systems Leadership Steering Group members include:
Association of Directors of Adult Social Services
Association of Directors of Public Health
Department of Health
Leadership Centre
Local Government Association
NHS Confederation
NHS England
NHS Leadership Academy
Public Health England
Social Care Institute for Excellence
The National Skills Academy for Social Care
Think Local Act Personal
Virtual Staff College

…and is chaired by:
Martin Reeves, Chief Executive, Coventry City Council, and
John Wilderspin, Managing Director, NHS Central Southern Commissioning Support Unit

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