

# Developing Clinical and Care Professional system Leadership for south east London: Governance and Functions workshop

8 June 2021

# Contents of this insights pack

<b>Introduction</b>	<b><u><a href="#">3</a></u></b>
<b>Our work so far</b>	<b><u><a href="#">4</a></u></b>
<b>What do we mean by ‘functions’?</b>	<b><u><a href="#">7</a></u></b>
<b>Defining functions for south east London</b>	<b><u><a href="#">10</a></u></b>
<b>Getting the governance right</b>	<b><u><a href="#">13</a></u></b>
<b>Closing reflections and next steps</b>	<b><u><a href="#">14</a></u></b>
<b>Annex 1 - Summary of our work February - May 2021</b>	<b><u><a href="#">16</a></u></b>

# Introduction

On Tuesday 8th June 2021 colleagues from across south east London came together for a digital workshop. We were joined by around 40 clinical and care professional system leaders bringing perspectives from patients and public, multi-professional clinicians, local government, social care and across the ICS executive.

## **The objectives of the session were to:**

1. Discuss and agree, in the context of the transition to an ICS, the high-level functions which should be prioritised for clinical and care professional system leadership across south east London
2. Explore how we might organise ourselves to maximise the impact and influence of clinical and care professional system leadership on these functions.

This pack provides an overview of our discussions.

# Section 1: Our work so far - themes and principles

In February 2021 we began a programme of work to imagine what clinical and care professional system leadership could look like across south east London.

Three clear themes emerged which must underpin clinical and care professional systems leadership if we are to achieve our ambition to improve the health and experience of health and care for the population of south east London and make systems leadership a joyful, rewarding and impactful endeavour for our people:

- 1) There needs to be **clear purpose, focus and ambition**
- 2) It needs to be underpinned by a **culture of connection and learning**
- 3) It needs to be **inclusive, supportive and interdependent** with managerial and executive, public and patient leadership.

We then co-developed a set of 6 principles at a summit with system leaders which we agreed will guide all of the work going forward.

## 6 Core Principles

Clear and motivational strategy

Focused on impact

Structures to enable, not direct

Culture of learning

Diversity in all we do

Leadership support

# Our work so far: governance and ‘academy’ workstreams

Based on these findings we developed two sets of recommendations: **updating the governance model** in line with our vision and activities to develop a **community of clinical and care professional leaders** under the label of a system leadership ‘Academy’.

Within the **governance workstream** there are four strands of work. Using a ‘form follows function, follows purpose’ approach, this workshop focused on the first strand, **identifying the priority functions for clinical and care professional leadership within the ICS governance**.

For more information of the first phase of the programme see Annex 1.

## Updating ICS governance model to support vision

Agree purpose and functions within ICS governance

Establish enabling structures and ways of working

Confirm ICS roles to support functions and structures

Secure funding for roles, protected time and support

## Activities to build vibrant community of clinical and care professional leaders

Map existing SEL leadership development and support

‘Walking in each others shoes’ shadowing programme

Network for SEL next generation systems leaders

Support for system improvement and innovation projects

SEL clinical and care professional leaders conference

Relationship building via learning and inspiration events

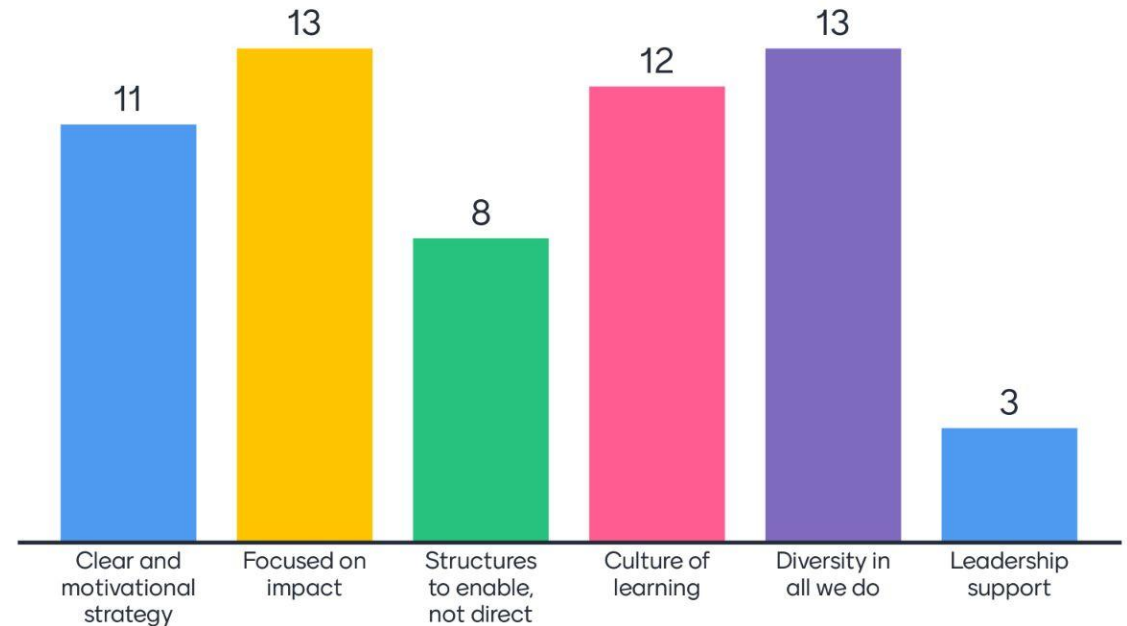
Further engagement with a broader set of leaders

# Using our principles to design our governance model

As all of our work is informed by the 6 principles for clinical and care professional leadership, we asked the group to reflect on which two principles are the most important in helping us to design our governance for clinical and care professional leadership.

‘Diversity in all we do’ and ‘Focused on Impact’ both came out on top, with ‘Culture of learning’ and ‘Clear and motivational strategy’ close behind.

This confirmed we need to chose functions where clinical and care professional leadership at a system level across south east London can have greatest impact (in addition to, not duplication of, existing leadership in place, Borough or organisations) and ensure that the leaders asked to support these functions represent the diversity of our workforce and population.



# Section 2: What do we mean by functions?

We then heard from Jonty Heaversedge, who explained what we mean by ‘functions’ in the context of the workshop and designing ICS governance that supports the best of C&CP system leadership

## What do we mean by functions?

- Our functions will define **what we principally need to focus and deliver on across the system** as a clinical and care professional community of leaders across south east London if we are to maximise our impact on serving our population
- Some of these functions will be prescribed, particularly as statutory responsibilities are set out for ICS, but **the prioritisation of others will need to be shaped by us**
- All of our functions as an ICS will need to be **delivered collaboratively** - hand in hand with executive and managerial colleagues, teams responsible for workforce and the public - and **MUST** compliment, not duplicate or detract from, responsibilities held by leaders in places, Boroughs and individual organisations
- We are starting with **defining our functions before our form**, drawing on approaches in Greater Manchester and South West London to help us do so
- After defining our functions, the next step will be to set out how the principles we’ve agreed, and the functions we need to deliver, feed into the **design of the infrastructure (i.e. our form) to support us** as a complex system to deliver collectively (and ensure that C&CP system leadership is inclusive, impactful and joyful).



# Learning from south west London

Next, we heard from Andrew Murray, Clinical Chair for south west London CCG, who explained the functions identified as priorities for C&CP system leadership in south west London (SWL).

## Functions in south west London

The current system-level functions in SWL have been built by the clinical leadership community over a few years, principally through their Clinical Senate. These include:

- **Setting clinical standards:** built on work setting acute clinical standards involving lots of collaboration with Medical Directors
- **Setting strategy and priorities for the system**
- **Service transformation:** focused around individual services and pathways and delivered through Clinical Networks with funded and supported posts.
- **Innovation and sharing of best practice and research (evolving towards a ‘think tank’ function):** building a culture where people can bring things to a group of senior clinical leaders, test ideas and share diverse and broad perspectives on things that are being worked up.
- **Developing and enabling clinical leadership:** supporting an intentionally multi-disciplinary approach.

## Intentional design to defining form and structures

Intentional design to deliver functions based on principles is important. Examples of this in south west London include:

- A rotating chair model for the Clinical Leadership Forum, to ensure that it is **better representative of the whole system** and that nurses and AHPs bring their insights and experiences
- **Creating the context to build relationships** that make system leadership possible, through the Clinical Leadership Group, whose success has been built on relationships formed through twice-weekly meetings throughout COVID-19.
- Ensuring the system is equipped to focus on end-to-end pathways by ensuring Clinical Networks **include the right balance of primary and secondary care** backgrounds.
- **Being able to adapt to your context and need**, through the deliberate identification of further priority areas in need of Clinical Networks, in addition to the 6 required surgical networks.
- **Ensuring people shape the structure in a way that works for them**, going with the flow and ensuring that nobody is fighting for power or control at a system level.



# What does this mean for south east London?

After this we shared insights from first phase of the programme from Greater Manchester and asked the group to reflect on the learnings from other systems and consider one thing should we take forward in developing our approach in south east London.

## Greater Manchester functions for clinical and care professional leadership

- **Service Development, Quality Improvement and integration** from population health to tertiary care
- Setting of **Standards and Outcomes**
- **Population Health Management** – shaping approaches to risk stratification and care model development
- **Leadership in research & evidence creation**, discovery and spread
- **Quality Assurance and Safety**
- **Professional leadership support and development.**

## What one thing should we take forward in developing our approach in south east London?

A **'can do' approach**, empowering rather than controlling

**Broad and diverse participation** including those who have a whole system view

Less 'control' - **intentional design** but **permissive** within that

**Broaden the specialties** beyond the classic network and agree about reflection on control and lead. It must be **vital vibrant and live**

**Shared design** over clinical areas of work.

Paired **primary and secondary care** leadership seems to have worked well - this gives opportunity for shared objectives and outcomes.

Joint **multi professional involvement** and leadership

End to end pathway and **include commissioning managers.**

# Section 3: Defining functions for south east London

Next we asked participants to share their views on the priority areas of work for clinical and care professional system leadership

Co-production should be our focus - and this might need some development for professionals to truly understand what this really means

The public should be setting priorities - what are they worried about?

**Collaboration and connection at all levels**

Co-production with the public, VCSE and health professionals who are not acute or primary care

Working with individuals and groups across the system to deliver services that work for everyone

Working together as a system to achieve more equitable outcomes for south east Londoners

We have a real opportunity as system to focus on shifting the social determinants

**Population health approach to tackling inequalities**

**What are the priority areas of work you feel need clinical and care professional system leadership and will have the most benefit of being led at a system level?**

Delivering system-wide quality and improvement that enhances the experience of the workforce

**Quality and improvement**

Think about 'how' through empowerment not command and control

End to end pathways so collaborating across system of care from the start

**End to end pathways**

Enabling system-wide collaboration to develop and transform end to end pathways

**Creating the right conditions for our workforce**

Quality and workforce being key drivers, within an enabling environment and reduced hierarchy

Creating conditions that empower colleagues across the system to reach their full potential and thrive

# A long-list of functions for south east London

We then introduced a long-list of potential functions for clinical and care professional leadership to be governed at system level

<b>Population health outcomes/inequalities</b>	The effective use of information to build a learning health and care system that allocates resources fairly and optimally and delivers better and more equitable outcomes for South East Londoners.
<b>Care pathway transformation/innovation</b>	The codesign of new models of care with care service commissioners, managers and service users that have a positive impact on clinical outcomes, cost reduction, patient satisfaction and teamwork and process outcomes.
<b>System-wide clinical strategy</b>	The setting out and clear communication of how the system will provide the best possible health and care outcomes for South East Londoners, working together with other systems to translate national priorities into the local context.
<b>Workforce resilience</b>	The creation of conditions that prioritise equality, diversity and inclusion, empower colleagues working across the system to reach their full potential and support their wellbeing, psychological safety, productivity, motivation and adaptability.
<b>Quality Assurance and Safety</b>	Continuous improvement of patient safety to meet statutory requirements and give confidence to Board, external regulators and the public.
<b>Patient and public engagement</b>	The active involvement in and championing of patient and public engagement to ensure that insights drawn from meaningful engagement inform work to improve and transform services across the system.
<b>Continuous improvement</b>	The systematic, sustainable and ongoing improvement of quality of care and outcomes for patients, underpinned by a clear methodology that reflects the complex nature of the system.
<b>Professional leadership support and professional development</b>	The development of continuous, collaborative and sustainable approaches that equip colleagues across the system with the knowledge, skills, perspectives and agency to deliver and improve systems of health care provision into the future.
<b>Leadership in research &amp; evidence creation, discovery and spread</b>	The creation of a culture of innovation that actively encourages research and evidence generation, advocates for data-driven improvement and creates opportunities to collaborate, test, capture and share learning across the system.
<b>Professional standards</b>	The development and implementation of agreed care standards and health and care outcomes that reflect both national requirements and local population needs and draw on the latest clinical and operational evidence.

# Which of these functions would have the most impact at system level?

Participants were then asked to **rank the functions based on which would have the most impact governed by clinical and care professional leadership at a system level.**

The voting revealed some clear priority functions, with **'Population health outcomes/inequalities'**, **'Care pathway transformation/innovation'** and **'System-wide clinical strategy'** coming out on top.

Through voting it became clear that some participants may have understood professional standards as relating to the performance management of individuals and as distinct from clinical standards, which may account for the low ranking of the function. We will consider renaming the function, **'Standards of care'**, to avoid future confusion.

The question of how we define 'system-level' was also raised, as a lot of leadership happens in places, boroughs and organisations. We noted that **understanding the locus of leadership across this spectrum will need to be a crucial part of the next phase** as we move into defining our form.



# Section 4: Getting the governance right

## Start from communities and places and work back

Start with the assumption that communities and place should have primacy and upward delegation happens when it is agreed that this is needed

## Take an 'enabling' approach

Enabling approach, not a tight top down structure. Need to keep this fluid and supportive, building a 'can do' community focusing on tackling inequalities to deliver best outcomes for our population

## Be clear, transparent and brave

Giving clear areas of responsibility and accountability

Open transparent decision making. Accountability.

Be brave and challenging regarding governance to really allow innovation to happen

## Agree clear priorities

Clinical leadership needs to have agreed priorities at system level shared by management/executive and permission and resource/support to deliver collaboratively

Reflecting on all the discussions so far, participants shared one fundamental thing we need to do to get our form, functions and supporting governance right. A number of common themes emerged, including:

## Prioritise diversity in all we do

Inclusive representation

Ensure diverse representation from different professional groups

## Build relationships and trust at every level

Focus on understanding what builds and what breaks down trust at a system level so we can ensure that moving forwards we are intentional even in our methodologies and process, to ensure at every stage we are building trust

# Section 5: Closing reflections and next steps.

To bring us to a close, Jonty spoke about the incredible willingness of everyone to contribute to this conversation and the key importance of this involvement as we continue to determine our approach in south east London.

He emphasised the importance of relationships and trust, which has come out repeatedly in all of our engagement so far, and in learning from others further afield.

Finally, he spoke about the need, as we begin to define some structure, not to mistake that structure for the mechanisms that we actually need to enable people to improve care and quality and to be empowered as clinicians. This will require strong relationships and trust above all else.

Having defined our principles, and begun to consider some potential functions for clinical and care professional system leadership for south east London, we now need to refine the functions and begin to **explore the form and structures** that will support our leaders to deliver on these. To do that we will:

- Feed insights from this workshop into the Co-design Governance Working Group (led by Jonty) weekly planning meetings
- Seek input to help identify where the balance of responsibility for each functions sits between place and system and executive and clinical and care professionals
- Aim to bring the whole group together in the next month to 6 weeks to gain feedback on final functions and potential form.
- Continue to keep this growing community of leaders informed on our work to develop clinical and care professional system leadership across south east London.

# Thank you for joining us

Please email [shane@kscopehealth.org.uk](mailto:shane@kscopehealth.org.uk) with any further questions or reflections



# Annex 1

## Summary of our work February - May 2021

# Programme of intense engagement over four months

## Workstreams



### Engagement

- Engaged 100+ leaders across SE London



### Inspiration

- Learnt from systems in UK, Europe and US



### Governance

- Reviewed current model in comparison to others

## Core themes

### Purpose, focus and ambition

- Start with the why
- Focused on areas of most system potential
- Chance to be world leaders

### Culture of connection and learning

- Permissive structures enabling connection
- Underpinned by psychological safety
- Convening for maximum impact

### Inclusion, support, and interdependence

- Need for diversity of leaders
- Leadership development and support
- Interdependence with executive leadership

## Implications

### Principles

- Set of six principles to guide future development

### Recommendations

- Updated governance model to support vision
- Community development, using label of a 'system leadership academy'

### Connected issues

- Issues to consider in parallel to leadership

# Three core themes from the research and engagement



## Purpose, focus and ambition

- **Start with the why:** Our approach must be underpinned by a clear, purposeful strategy which describes why the ICS exists and how it will improve patient outcomes.
- **Focus on areas of most system potential:** Meaningful system-wide leadership should be framed around key programmes of work that have a clear benefit of being addressed at system level.
- **Chance to be world leaders:** We must be ambitious in our approach learning from others to become world leaders.



## Culture of learning and connection

- **Permissive structures enabling connection:** It must be integrated into our formal system governance, while developing a inclusive community across all clinical and care professional levels.
- **Underpinned by psychological safety:** We must foster a culture of learning which is underpinned by psychological safety.
- **Convening for maximum impact:** The ICS should act as a convener and enabler for C&CP leaders. Aiming to empower locally rather than developing a new set of architecture.



## Inclusion, support and interdependence

- **Need for diversity of leaders:** Our approach must be inclusive and reflect the diversity of our system across care settings, place, professional groups and networks and our population.
- **Leadership development and support:** We must have a clear offer for support for system-wide C&CP leadership development including the skills, behaviours, tools and relationships required.
- **Interdependence with executive leadership:** The integration of C&CP with managerial leadership will result in better experiences of care for our population and increased joy at work for our leaders.

# Six principles to underpin future development



# Two sets of recommendations: governance and community



**Purpose, focus  
and ambition**



**Culture of learning  
and connection**



**Inclusion, support  
and  
interdependence**

**Updating ICS  
governance model  
to support vision**

Agree purpose and functions within ICS governance

Establish enabling structures and ways of working

Confirm ICS roles to support functions and structures

Secure funding for roles, protected time and support

**Activities to build  
vibrant community  
of clinical and care  
professional  
leaders**

Map existing SEL leadership development and support

'Walking in each others shoes' shadowing programme

Network for SEL next generation systems leaders

Support for system improvement and innovation projects

SEL clinical and care professional leaders conference

Relationship building via learning and inspiration events

Further engagement with a broader set of leaders