Our Healthier South East London
Integrated Care System

NHS

# Developing our System Leadership capability to improve health and care across south-east London

*November 2021*

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# Where we've come from: A programme of intense engagement over eight months to refine our vision and co-design our approach

## 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
- **Build a vibrant community of capable system leaders through a 'System Leadership Collaborative'**

**Connected issues**
- Integration with executive and managerial leadership
- Patient & public involvement
- Data, digital and information

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# **Our vision:** to develop a vibrant community of system leaders in the interests of our patients, population and workforce

**We want to enable an environment where system leadership in south east London is an impactful, rewarding and joyful experience.**

We want to support our leaders to work across boundaries and help them to develop, learn and thrive - putting their expertise at the centre of how decisions are made and enacted across the system in the interests of our patients and population.

We believe there is an urgent practical need and moral imperative to support our leaders to work and lead in the new, more collaborative and systemic ways we are asking and need of them.

**This pack builds on our 2 previous papers to the ICS Exec** for how we can develop a shared central resource responsible for building and supporting the development of a community of system leaders across south east London in the interests of our patients, population and workforce.

It sets our development across this programme over the past 10 weeks, including further development of our vision and identity, operational design and design and implementation of the programmes and areas of work.

Previously we have used a provisional title of an 'Academy' to describe this work. However following a broad range of discussions, we are using a new name of the **'SEL System Leadership Collaborative'.**

**This proposal has been developed to:**

- Deliver on our ICS System Development Plan commitments to support system leadership
- Honour the engagement and feedback of over 150 system leaders who have helped to co-design this
- Provide support and training to leaders through changes to governance for system leadership in the
- Support and build upon the existing wealth of place, profession, sector or organisational leadership development activity across south east London.

**This proposal does not:**

- Intend to replace any of the huge and vital amount of leadership development work existing across organisations, professions and at place in SEL.

# Setting this project in the context of wider ICS development

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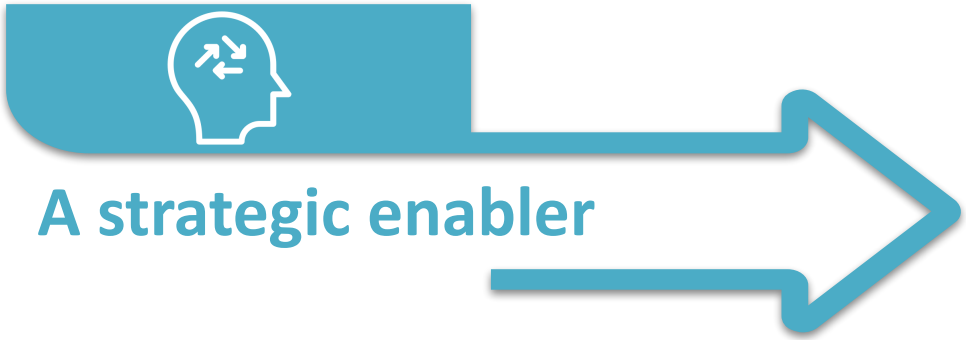

## A strategic enabler

This Collaborative supports a number of our SDP work areas and commitments. In particular: 'Clinical and professional leadership'; 'Supporting our workforce'; 'Supporting innovation and improvement' and 'Developing our ways of working'. Further, it has been designed to respond to the NHSEI Design Framework expectations for clinical and care professional leadership though our ambition takes us beyond that cohort of leaders only.

## Complements capacity building

This project is complementary to and interdependent with the proposal for funding to build clinical and care professional capacity for our system. Investing in that capacity without building the associated capabilities in system leadership will limit the effectiveness of that commitment. Similarly, investment in new technology, infrastructure or data capabilities will risk being sub-optimal if we do not have enough sufficiently skilled and motivated system leaders to leverage these investments effectively - able to work in new, collaborative ways across boundaries, without traditional forms of authority.

## People development

The Collaborative is aligned with and supports SEL's People Function development in a number of the domains. In particular 'Valuing and supporting leadership at all levels', 'Leading workforce transformation and new ways of working' and 'Supporting health and wellbeing of all staff'. Through this shared resource, we can build and sustain capability and capacity in system leadership for and by south east London.

# Progress highlights from the past 10 weeks

**Partnerships & Engagement**

Established an **expert Advisory Group (see Annex A) including system leadership experts from across south east London and beyond** to advise on the strategic elements for the Collaborative including: our identity and narrative, operating model, programme design for the Leadership Programme, Innovation and Community areas and benefits measuring.

Convened a workshop with our community of 60+ SEL system leaders to **define the skills, knowledge and behaviours that our system and population need** from a south east London system leader. We also **agreed the design principles and areas of focus for a successful system leadership community.**

**Operational design**

In consultation with the Advisory Group, we **further developed the operational aspects of how the Collaborative will work** to maximise our impact and support the ambitions of our ICS. These include, our areas of work, our audiences, our modes of operation and levels of organisation and ways of working.

We have continued to develop the content and concept of the programmes and initiatives that we agreed in our last proposal to the ICS Executive. We have also **defined how we will work with and for the system to create, commission and collaborate** on the delivery of these programmes and initiatives.

**Identity and Content**

With our community of system leaders, **we have developed a set of high level characteristics that define what it means to be a south east London system leader**. These will be further iterated and refined with continued engagement. Ultimately these competencies will be our foundations to best support our leaders and achieve our ambition as an ICS to improve health and care for our population.

We have continued to engage all our partners on how we can **develop an identity** for this resource that reflects the ambition of what we are trying to achieve. Based on a broad range of discussions we are provisionally using a new name of the **SEL System Leadership Collaborative.**

# **What** is the SEL System Leadership Collaborative?

- **An inclusive, ambitious system leadership resource** to bring together leaders across organisational and professional boundaries in all parts of our system to learn together including clinicians and care professionals, operational and executive leads, and representatives from other sectors
- **A 'safe space'** and function for current and future system leaders that is truly 'south-east London'. It will be aligned with but distinct from our individual places, organisations and professional groups
- A vehicle to **harness and foster the exciting connections** built between leaders across our system through our response to COVID. We know that community is a key contributor to workforce morale and wellbeing.
- **A shared 'learning by doing' capability** where we can bring new ideas and old (or new) problems facing our system and address them through leadership, innovation and community challenges
- An inspiring place where our leaders can **convene, share and build on learning** about practical and scalable successful system improvement across our system and further build their leadership skills capability
- A manifestation of our Partnerships' **commitment to working in new, shared and innovative ways**. It can symbolise our courage in making a shared investment as well as being an engine for courageous leaders.

# **Why** do we need a System Leadership Collaborative?

**There is currently no provision for cross-boundary system leadership development in south-east London.** If we are to succeed as an ICS we need to invest together in this capability.

The SEL System Leadership Collaborative will exist to develop and support system leadership in every part of our ICS. It will support them to think and work across place, organisational and professional boundaries, share expertise and develop the required system leadership skills and capabilities through learning that is applied to the real work of care in south east London.

In doing so, we can ensure they have the capability as well as the capacity to help us achieve our shared objective - to improve the health and wellbeing of local people and communities in south east London.

**To fill an identified gap in system leadership development.**

**Urgent system leadership capability building and talent management for SEL.**

**Our learning from other systems nationally and internationally and NHSE/I.**

**To support an array of existing resources and initiatives for greatest effect.**

**A shared, fresh space and identity to help our leaders shape the 'SEL way'.**

**Relevance and respect of the offer – applied learning rooted in our system.**

**The quadruple aim - investing in our people. Our offer in return for our ask.**

**Increasing the speed of trust (and therefore change).**

# **Who** are the system leaders we need? Five emerging characteristics co-designed by 60+ SEL leaders from across our system

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We have an emerging set of characteristics that start to define what it means to be an impactful, confident and thriving south east London system leader. **These have been developed through an initial workshop with over 60 members of our growing community of SEL system leaders, including representatives from all sectors and disciplines in health and care. The characteristics are in the words of our community members (**with input from our Advisory Group), **and align with academic research and national guidance**. Through the next phase of work we will develop these into a set of competencies and behaviours which we will use to inform our leadership, innovation and community programmes. An early iteration of these can be found in **Annex E, slide 36**

# **What?** Three areas of work to support the leaders we need

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All the System Leadership Collaborative's activity will be structured around three areas of focus: **Leadership Programmes, Innovation and Community**.

We will work in concert toward a clear shared aim - increasing south-east London's system leadership capacity and capability so we can improve the health and wellbeing of the people and communities of south east London.

We will *create, commission and collaborate* with partners in each of these areas to establish a comprehensive development approach. Each area will have their own dedicated resource and programmes of work.

# **What?** Three areas of work by target audience and scale

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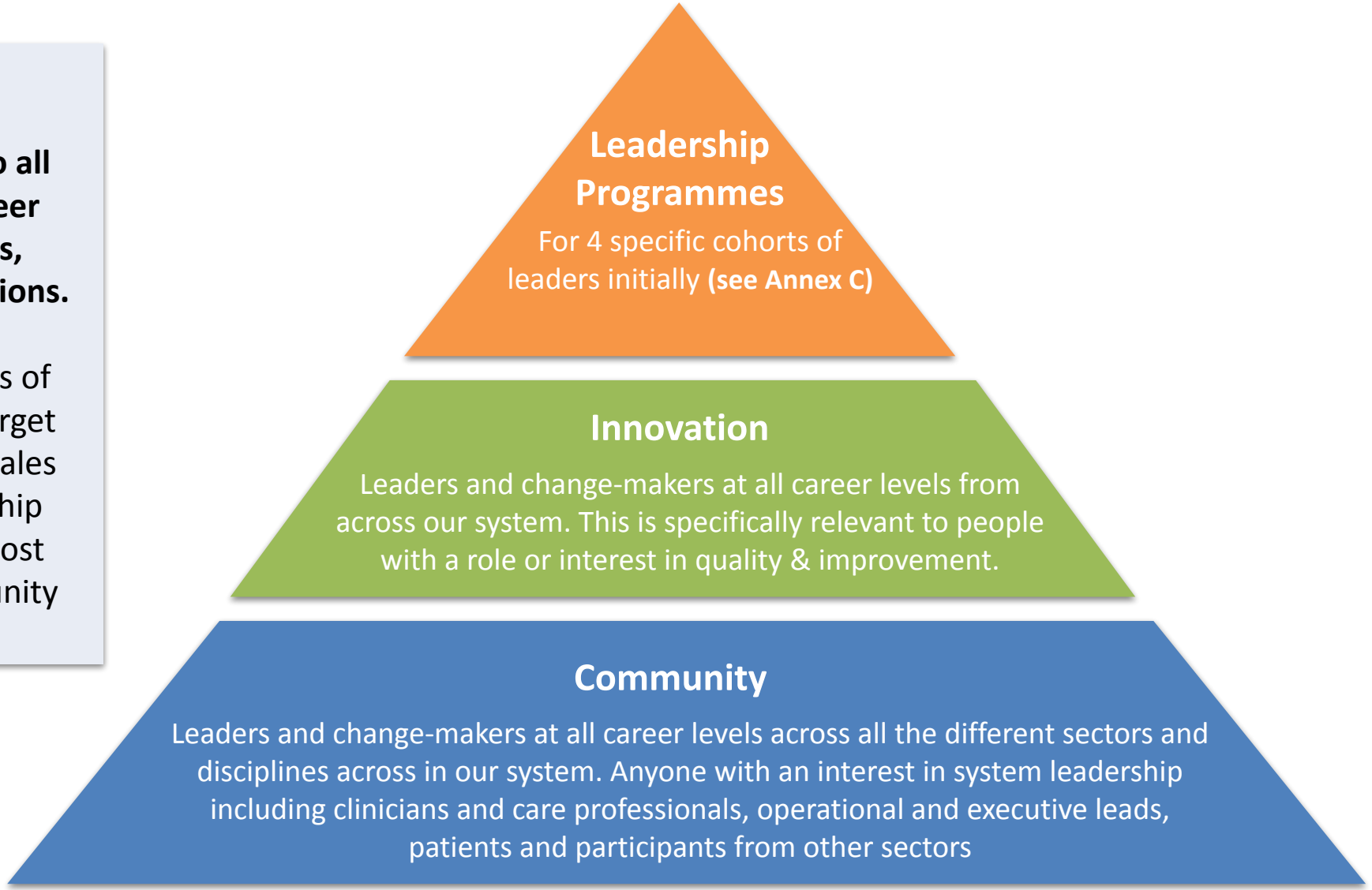
**The System Leadership Collaborative will be an inclusive resource open to all system leaders at any career level across places, sectors, professions and organisations.**

However, each of the areas of work will have different target audiences and different scales of reach, with the Leadership Programmes having the most targeted scale and community the largest.



# **How?** Create, commission and collaborate

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**The System Leadership Collaborative will work in three ways with and for partners across our system to maximise impact and achieve our shared objective - to build system leadership capacity and capability so we can improve the health and wellbeing of the people and communities of south-east London. We will employ applied and immersive approaches to developing system leaders as laid out in Annex C, Slide 19.**

**How can the Collaborative work *with and for our* system to improve system leadership capacity and capability?**

**Create.** Leading the design and, where appropriate, delivery of *new* system leadership, community and innovation programmes and initiatives where no existing provision or capacity exists in south-east London.

**Commission.** Commission others to deliver programmes and initiatives relating to the Leadership, Innovation and Community areas where specific expertise and/or additional capacity is needed. All specifications will be designed to serve the specific needs of south-east London system leaders, our services and our patients.

**Collaborate**. Work with national and local partners to maximise every existing asset and opportunity to develop system leaders for south-east London. This would include capacity and capability building among OD and Learning teams across our system so we can deliver at scale with a golden thread; convening our learning networks and communities for scaled up effect; licencing and coordinating roll out of relevant national programmes; consolidating existing resources to improve effectiveness.

# **How?** Setting up and funding the Collaborative as an working entity

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## Strategic

Will need a capability to set and maintain the vision, direction and purpose of the System Leadership Collaborative as a resource of and for the ICS. Will design programmes of work that will equip leaders to support the ICS's strategic system objectives, responding flexibly to need and maintaining clear links to related ICS programmes of work and Governance structures, especially linked to talent, workforce, transformation and quality.

## Operational

Will need an operational hub to ensure the Collaborative operates effectively. This hub will manage natural hygiene factors required to maintain a functioning 'organisation' such as maintaining an online presence and robust Governance. However, most fundamentally it will be required to ensure the Collaborative *creates, commissions and collaborates* with partners effectively so that all investment is maximised in the interests of system leadership development. It will have responsibility for coordinating all activity and benefits tracking.

## People

Will require a broad and flexible 'faculty' to support and work with the core Collaborative organisation to develop and deliver all it's activity at scale, with consistency, across and with our system. This will include high quality system leadership experts to support learning and development programmes, community events and innovation initiatives.

These three capabilities have been identified through our engagement with other similar bodies. We plan to return to the ICS Exec seeking support for these three capabilities once a more detailed operating model has been developed.

# **Leadership Programmes:** initially commissioning 2 programmes to support our 4 identified system leadership cohorts

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**In our last proposal we agreed the four cohorts of leaders that would most benefit from system leadership development programmes at this time.**

- Clinical and care professionals entering appointed/paid for ICS leadership roles for the first time
- Senior system leaders already working across pathways and transformation and improvement programmes
- System leaders based in PCNs, across Boroughs and throughout organisations
- Frontline clinicians & care professionals.

**We are now proposing to design two initial programmes to support the developmental needs across these cohorts.** One programme is to support leaders entering ICS roles and the other is to identify and engaged early career leaders to enable succession planning.

| | |
|---|---|
| **SEL System leadership courses: short *and* long programme** | Two developmental programmes for leaders entering ICS roles focusing on system thinking and design, collective leadership and supporting new ways of working. There will be one shorter, intense course and a longer more developmental programme |
| **Managed network for next generation system leaders** | A managed network to identify, engage and develop early career leaders, and staff on the ground to be part of a future cohort of system leadership in and for our system. |

**The Collaborative will seek to commission external partners to deliver and support these initiatives.** More detail can be found in Annex C.

We plan to return to the ICS Exec seeking support for these programmes once a specification has been developed.

We will also seek to collaborate with national and local partners to maximise and support new and ongoing opportunities to develop system leaders. A mapping of emerging and ongoing initiatives undertaken with our Advisory Group, led by Sarah Morgan, can be found in Annex C.

# Specific programmes to support Innovation and Improvement

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**Our innovation offer will focus on creating the conditions to enable a systemic approach to innovation and improvement across SEL.** This offer will be built around the development of four contributors to innovation:

**Culture:** The conditions for innovation and improvement that will make our system more porous to good ideas. This includes the clarity of purpose, which we know is a key driver for innovation at scale. Learning the lessons from COVID, how do we galvanise our people around our biggest collective problems?
**Capability:** The skills and capabilities we need to develop to support innovation and improvement in day-to-day context
**Capacity:** The resources and capacity to enable effective sharing, spread and scale of good ideas across boundaries
**Community:** Creating a cross-system community of leaders that acts as an engine and exemplar for what we are trying to achieve more broadly.

**We are proposing four initial programmes to create these conditions**

## Culture: A short SEL innovation diagnostic

A short diagnostic piece to determine what being an innovation-driven system means for south east London. We would seek to understand the different approaches and major opportunities and challenges to a culture of innovation and improvement in our system. We will draw upon existing insights such as the King's Fund Innovation & Improvement Capacity and Capability Audit and the work of partners like the Billions Institute to clarify what is working, what is getting in the way and how the ICS can help.

## Capability: Innovation capability development programme

A development programme for a targeted cohort of leaders to developing skills on 'Spread and Scale' and 'Social Entrepreneurship' that we know support innovative systems. This would focus on collaborative and immersive learning with a practical focus on our biggest collective problems. We would seek to establish formal partnerships to deliver this work with organisations such as the Billions Institute and those specialising in social entrepreneurship. This would run alongside and in alignment with the Leadership Programmes.

## Capacity: Spread and scale catalyst

Create a specific Innovation capability and capacity building catalyst within the Collaborative that has expertise in scaling up and supporting innovation and improvement initiatives. The spread and scale catalyst would be responsible for creating resources that are easy to access and offering specialised skills and ideas in how to make change happen. System leaders would be able to draw on this function to help share, scale and adopt their or others innovations.

## Community: Innovation specific Community activity

Building on outcomes from the above projects and, drawing on work by NESTA, HIN and others we want to engage and support the skills and opportunities for innovation across our system. Working with our emerging community of SEL system leaders through a 'SEL Innovation Challenge series'. Running alongside and in alignment to our other community programmes, the Challenge series may include challenge prizes, 'hackathon' problem solving events, public and social labs. At the centre of this will be an SEL Innovation Conference' in Spring 2022.

**The Collaborative will seek to commission external partners to deliver and support the diagnostic.**

**The Innovation training programme would be commissioned by establishing formal innovation partnerships**

**The Spread and Scale Hub and challenge series will be delivered through the Collaborative's create and collaborate functions,** using its operational hub to coordinate and to work with partners to maximise existing opportunities.

We plan to return to the ICS Exec seeking support for these programmes once a specification has been developed.

# **Community programmes:** commissioning two programmes to create a vibrant, joyful and rewarding community of SEL System Leaders

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Our community offer is based on input from over 150 colleagues from across SEL, 60 of whom came together to co-design an initial identity for the community on 21 October 2021.

**We are proposing to design two initiatives to launch the community based on this emerging identity.** These initiatives will form a winter of **nourishment** - connecting us with colleagues and stories that can inspire us - and **iteration** - developing our community and refining our characteristics of an impactful confident, thriving system leader.

**Discovery workshops**

A series of discovery workshops to explore topics through different system leadership lenses, drawing on inspiring examples of system leadership from across the UK and further afield

**'Walking in their shoes' peer-to-peer programme**

Connecting community members across places, organisations, sectors and professions in a structured peer-to-peer programme to understand one another's perspectives, reflect and learn about what system leadership means and looks like in different contexts

**The Collaborative will seek to commission an external partner to deliver and support these initiatives.** More detail can be found in Annex E.

We plan to return to the ICS Exec seeking support for these programmes once a specification has been developed.

These initiatives will create a bank of insights that can inform future community learning activities and refine our emerging characteristics of what makes an impactful, confident, thriving south-east London system leader. Through the next phase of work we will develop these into a set of competencies and behaviours which we will use to inform our leadership, innovation and community programmes.

# **Forward Schedule and questions** for the ICS Executive

**We plan to return to the ICS Executive with a developed proposal for the governance, funding and staffing model for the System Leadership Collaborative and how this will sit within ICS architecture next month.**

**Our next steps to deliver this include:**

- Liaise with ICS colleagues to develop a Governance, staffing and funding model
- Liaise with Governance and HR to ensure alignment and shared opportunities between this and our clinical and care professional capacity piece
- Begin to develop an online space and presence for the Collaborative, working with Comms colleagues to make sure this is integrated with ICS brand
- Leadership Programmes: develop specification for 2 new System leadership programmes
- Innovation: meeting with key advisory group members and SEL partners to develop innovation and improvement work area
- Community: develop and begin to deliver a programme of community engagement

## Key questions for the ICS Executive to consider

- Does our operational design provide a useful framework for how the Collaborative will run?
- Are you happy for us to continue to develop specifications for the proposed programmes in each of our work areas?
- Are you clear on the areas where we will be coming back to the executive to ask for funding and resource?
- What further detail would the ICS Exec need to commit to investing in resources to launch the Collaborative?

# Indicative timetable for further development

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| Area | Actions required | Due By | NOV | | | | DECEMBER | | | | JANUARY | | | | | FEBRUARY | | | | MARCH | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 8 | 15 | 22 | 29 | 6 | 13 | 20 | 27 | 3 | 10 | 17 | 24 | 31 | 7 | 14 | 21 | 28 | 7 | 14 | 21 | 28 |
| **Establish 'SEL System Leadership Collaborative' for developing capability** | ***Share latest proposal with ICS Exec*** | ***10-Nov-2021 – Complete*** | | | | | | | | | | | | | | | | | | | | | |
| | Liaise with WoW summit outcomes to identify any leadership support needs | | | | | | | | | | | | | | | | | | | | | | |
| | Develop Governance, funding and staffing model within ICS architecture | ***End Nov*** | | | | | | | | | | | | | | | | | | | | | |
| | Liaise with Governance and HR to to ensure alignment and shared opportunities between capacity piece | ***End Nov*** | | | | | | | | | | | | | | | | | | | | | |
| | Determine online space and presence for the Collaborative working with Comms colleagues | | | | | | | | | | | | | | | | | | | | | | |
| | **Programme Specific** | | | | | | | | | | | | | | | | | | | | | | |
| | **Leadership:** Develop specification for 2 new System leadership programmes | **End Nov** | | | | | | | | | | | | | | | | | | | | | |
| | **Leadership:** Convene OD and L&D leads in partners across SEL to explore collaboration and capacity building | **End Nov** | | | | | | | | | | | | | | | | | | | | | |
| | **Innovation:** Meeting with key advisory group members and SEL partners to develop innovation work area | **Mid Nov** | | | | | | | | | | | | | | | | | | | | | |
| | **Community:** Develop and begin to deliver programme of community engagement | **March 2022** | | | | | | | | | | | | | | | | | | | | | |

# Appendices

# Appendix A
# Advisory group and partnerships

# We are using an expert Advisory Group and partnership working to inspire and enable

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Through our Advisory Group we have begun to broker relationships and partnerships to support the work of the Collaborative, both within south east London and beyond. We will continue to develop these relationships and foster new ones to ensure we have a range of partners who both support us strategically and deliver activity. In the next phase we will begin exploring how to develop these relationships more formally alongside engaging with a wider range of partners and assets across our system to develop these proposals still further e.g. King's Business School, the HIN, OD and Learning teams in partner organisations including care providers and local authorities and our Training Hubs

**Our Advisory Group** includes experts from across south east London, the UK and across the world.

**Dr Rachna Chowla** - Joint Director of Clinical Strategy KHP, GP Albion Street Group Practice
**Prof Anne Greenough** - Director of Education and Training KHP
**Jenni Jones** - Principal Lead, Project Lift
**Dr Jonathan Gray** - Director of Improvement and Innovation Cardiff and Vale UHB, SRO Dragon's Heart Hospital
**Junaid Bajwa** - Chief Medical Scientist, Microsoft
**Ben Collins** - Director of System Development SEL ICS
**Dr Jonty Heaversedge** - Chair, NHS SEL CCG
**Mike Wilson -** Executive Director, Pembroke House
**Sarah Morgan** - Director of SEL ICS Workforce Programme and Director of Organisational Development, GSTT
**Funmi Onamusi** - Director of Equality, Diversity and Inclusion KCH
**Radhika Bynon** - Portfolio Manager GSTF
**David Bradley** - Chief Executive SLaM
**Dr Ian Abbs** – Chief Executive Guy's and St Thomas'
**David Meates** - Former Chief Executive of Canterbury and West Coast District Health Boards, New Zealand
**Tom Brown** - Executive Director of Community Services, Lewisham
**Andy Ratcliffe** - Executive Director IoUH
**Radhika Bynon** - Portfolio Manager IoUH
**Rowena Estwick** - Diversity, Equity and Inclusion Strategy and Operations Manager, IoUH

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Canterbury
District Health Board
Te Poari Hauora ō Waitaha

KING'S HEALTH PARTNERS

Pembroke House

Impact on Urban Health

# Appendix B
# Success measures

# **So what?** Imagining success...and how we might measure it

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*These metrics capture how we would measure the overall success and performance of the Collaborative. All of the programmes we deliver and commission will also have their own metrics. We have tested these with our Advisory Group who have confirmed their support for this set at this time.*

| | |
|---|---|
| **Capability and confidence (building our talent)** | System leaders who have had collaborative support can report greater degrees of confidence and capability in system thinking and leadership. |
| | We have an identified and confident future community of system leaders who feel prepared to take on formal and informal leadership roles. Over time, 'Alumni' of programmes are evident in senior leadership positions. |
| | VSCE and Patient & Public experts by experience who have helped co-design our programmes can report confidence in our approach to system leadership development. |
| | We can respond confidently to any NHSEI oversight in relation to how we have responded to the ICS Design framework re how we support Clinical and Care professional leadership. |
| **Inclusion and diversity** | We have a community of leaders, including those in formal/appointed roles who better represent the diversity of the population of professionals who work in health and care in south-east london and the communities we serve. |
| **Connectivity and commitment** | Using Social Network Analysis we have demonstrated a broadening and deepening of professional relationships across boundaries and knowledge among our system leaders. |
| | Our leaders report an increased sense of belonging and commitment to the work of the ICS and their levels of engagement as leaders therein. |
| **Contribution** | Demonstrable identification, adoption and scaling up of notable practice and proven innovations across the system - Academy cohorts reporting back to our various Governance bodies and Boards on same. |
| | Academy learning programmes are contributing to resolving shared problems through applied peer learning - participants reporting back to our Boards on same. |

**Improved experience of care for the people and communities of south-east London**

# Appendix C
# Leadership Programmes further detail

# Leadership Programmes: four initial cohorts of leaders

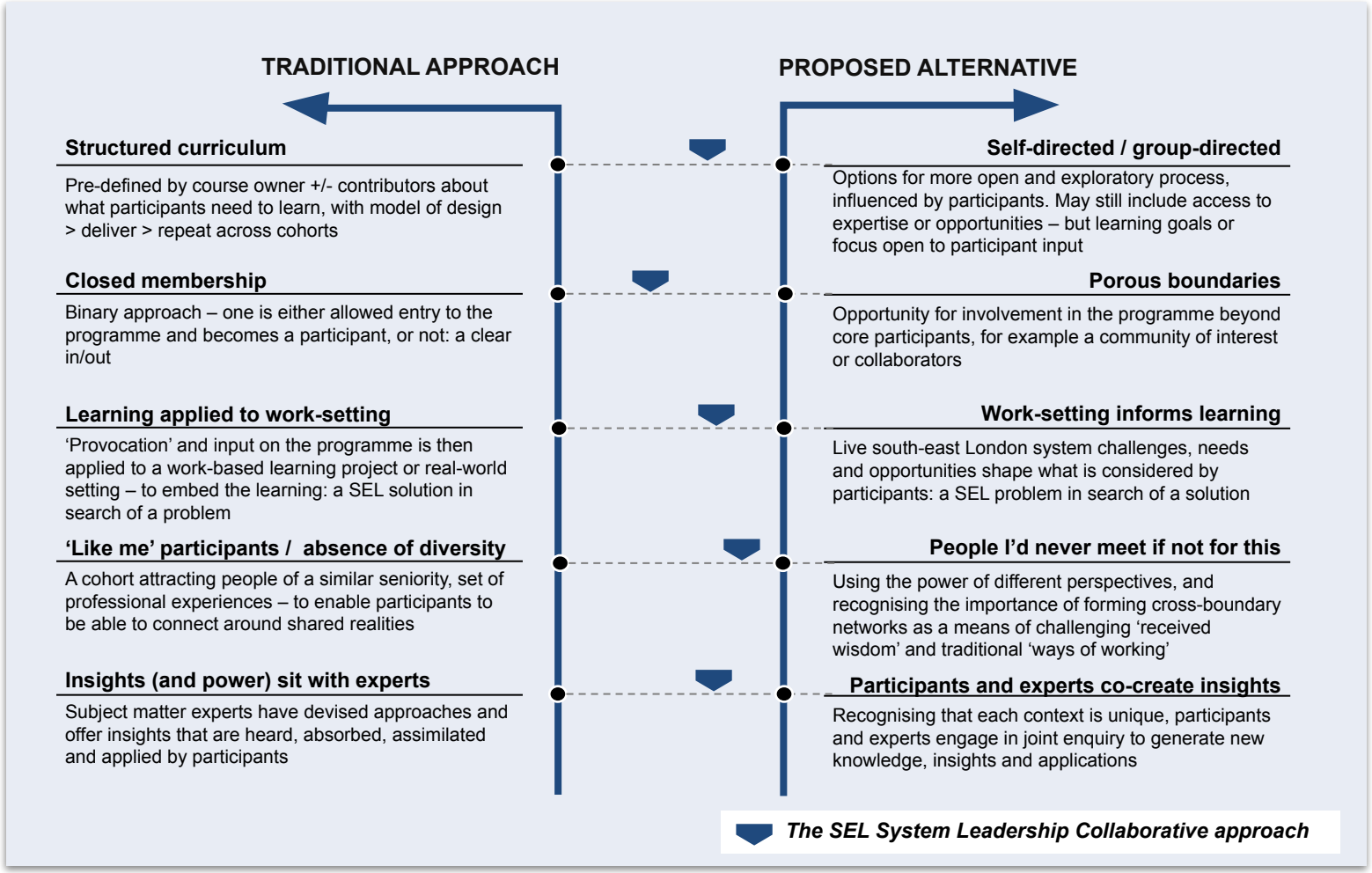
**In our last proposal we agreed the four cohorts of leaders that would most benefit from system leadership support. All activity that is delivered and commissioned in the Leadership Programmes area will initially be targeted at these four groups.**

| Cohort | Description of leader | Key features of role | System development need |
|---|---|---|---|
| 1 | Clinical and care professionals entering appointed/paid for ICS leadership roles for the first time | To act as a credible clinical & care professional leader at system level. To link in with clinical and executive leads across system to deliver programmes of improvement and transformation | Soon to be stepping into ICS leadership roles for the first time - must be supported in transition to lead in the best way possible. |
| 2 | System leaders already working across pathways and transformation and improvement programmes | Work with others at system level to design and develop pathways and service transformation based on best practice | Support to think more systematically and collaboratively and learn from current experiences. |
| 3 | System leaders based in PCNs, across Boroughs and throughout organisations | Leading good delivery of care and outcomes in their organisations/ boroughs | Ways of working new system will be different - support needed in system ways of thinking, working and learning. |
| 4 | Frontline clinicians & care professionals | Experience of service delivery and opportunities for improvements in care quality | Future system leaders - not currently in formal system leadership roles and need development |

# **Approach:** applied and experiential learning and development programmes

Learning from leadership programmes like CLIMB (Dragon's Heart Institute), Project Lift (NHS Scotland) and international programmes like Cantebury (NZ) or Intermountain (USA) we will seek to take a social model and experiential approach approach to system leadership programmes.

At the heart of all programmes will be a commitment to immersive experiences, bringing participants together around real-life south-east London challenges and ensuring exposure to ideas, partners and sectors beyond health.



# Initial leadership programmes: Mapping activity and delivery (1/3)

| Programme | Description | Mechanism for delivery (see slide 11 for options) | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **SEL System leadership: short course**<br><br>**SEL System leadership: long course** | Two developmental programmes for leaders entering ICS roles focusing on system thinking, design and collective leadership and supporting new ways of working that are systematic and collaborative by instinct. The programme take an approach that is immersive, relational and applied - taking our people out of their 'day to day', bringing them together across boundaries to connect through learning organised around real system opportunities and problems.<br><br>There will be one shorter, intense course and a longer more developmental programme. | **Commission**: The Collaborative would seek to commission an external partner with expertise in delivering high-quality and world-class system leadership development programmes. | To be recruited<br><br>External partner to be recruited by Dec 2021. Courses to begin Spring 2022. | **For the short intensive course**: Senior/Executive system leaders in existing ICS leadership roles<br><br>**For the longer developmental programme**: System leaders (including clinical and care professionals) entering ICS leadership roles. This would start at around 30 individuals with an expectation of two programmes per year. |
| **Managed network for next generation system leaders** | A managed network to identify, engage and develop early career leaders, and staff on the ground to be part of current and future system leadership in SEL. | **Create & Collaborate:** The Collaborative will create and operate the network working collaboratively with partners across the system to identify participants and support a programme of SEL system leadership experiences | Work to start in November post ICS Executive approval with external partner support to be agreed for period post November | Early career executive, clinical and care professional system leaders based in PCNs, across Boroughs and throughout organisations. Potential to reach into training colleges and postgraduate education. |

# Initial leadership programmes: Mapping activity and delivery (2/3)

| Programme | Description | Mechanism for delivery* | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **Leading for System Change: Mental health system leadership programme** | A system leadership development programme with the NHSEI LLLA to develop new models of care and ways of working across the mental health pathway. The programme will include a cross section of leaders working in mental health and will focus around the wicked issue (currently being scoped) | **Collaborate:** **TBD how we will work together** | •NHS London Lifelong Learning Academy<br>•Community Mental Health Transformation Steering Group<br>•Scoping Nov – December<br>•Delivery from January 2022 | Specific mental health cohort – clinical and care professionals from a cross section of voluntary sector, social care, primary and secondary care working in mental health |
| **Developing Primary Care Leadership in South East London** | Make a full Contribution to the ICS by developing a model of Primary Care Leadership (how decisions are made, how direction is determined) that makes a meaningful and impactful contribution to the Integrated Care System's purpose (leading up and out).<br>Vehicle: Organisational Development workshops.<br><br>Develop PC Leaders so that they can work effectively as a leadership community, developing a networked model of leadership for Primary Care that brings the collective resources, commitment, and intelligence of PC in SEL together to secure high quality primary care services for the people of South East London (leading in and across)<br>Vehicle: Leadership Programme. | **Commission** | •London Southbank University led by Professor Becky Malby<br>•Delivery from September 2021 | PCN Clinical Directors |

* See slide 11 for options 

# Initial leadership programmes: Mapping activity and delivery (3/3)

| Programme | Description | Mechanism for delivery* | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **System leadership development for the Clinical Networks in the APC** | As part of the scoping exercise for system leadership development needs, clinical network leaders identified a need for system leadership development. Many do not hold formal clinical leadership roles within their organisations and would welcome support to develop their skills in collaborating to solve challenges and deliver new models of care across the system. There is also a need to support the clinical networks to develop into high performing, multi-professional, inter-organisational network teams.<br><br>**Benefit** Developing as a team will enable the networks to build effective working relationship much faster as well as learning and growing together. | **Commission**<br>To be scoped with the APC Clinical Director | •Scoping November 2021<br>•Delivery February – June 2022 | Identified Acute Provider Collaborative network teams |
| **Lambeth Population Health programme - NHS LLLA ACE** | Team coaching for the Multiple Long Term Conditions multi-agency team to support the development of an operating model | **Commission** | •Funding from NHS London Lifelong Learning Academy and coach commissioned via GSTT coaching framework | MLTC multi-agency team in the Lambeth Population Health Programme |

* See slide 11 for options 

# **Measuring impact of leadership programmes:** applied and experienced

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**Impact measured: progress on problems identified for applied learning**

We want to ensure that the ways we measure the benefits and success are grounded in how learning programmes are contributing toward the problems we are trying to solve or opportunities we need to identify in our system.

We therefore want to develop the metrics as a product of our programmes, with the learnings from the leadership programmes delivering a major initiative to address real and wicked issues in our system. As a part of any programme the candidates will need to identify initiatives that include measurable deliverables that they are responsible for bringing to life.

**Impact measured: Quality and experience measures**

While the bulk of the benefits of the programmes will be established through the learning from initiatives chosen for use in the programmes (see left). We would also seek to apply a number of measures to ensure the quality of the programmes including traditional Kirkpatrick and 360 degree feedback measures. We need to understand, for example:

- Do candidates feel genuinely better equipped having gone through the programme to support the needs and ambitions of the ICS?
- Have we created impactful networks that last beyond the programme?
- Is the programme cohort representative of the different disciplines and sectors in our system?

# Appendix D
# Innovation Programmes further detail

# **What?** Understand and gather...scoping the contribution of the ICS

**Unlike the other two work areas - 'Leadership Programmes' and 'Community' - the area of innovation and improvement is a less clearly defined space. There are a range of innovative practices, initiatives and supporting resources - including the HIN, our community of quality leads and our emerging System Quality Board - operating in the system but in ways that are not as systemic or deliberate as we will need if we are to achieve our goals as an ICS.**

**As agreed in our System Development plan: "we need to further develop a set of core capabilities and supporting infrastructure, so we are better able to deliver transformation and spread effective new care models".**

In our SDP we identified 5 key areas of focus including Population Health, Community based services and Care for deprived groups. We also identified 5 priorities for developing our supporting capabilities and infrastructure including a common language on improvement and innovation and finding new ways to bring our people together to support improvement that spans services.

| Key areas for innovation and improvement | |
|---|---|
| Population health and primary care | New use of data and models for delivering population health and team-based primary care |
| Community based services | Combining staff to create more holistic community based services and new mental health services |
| Care for deprived groups | Developing new approaches to improve access and tailor care for the most deprived groups. |
| Collaborative improvement | Collaboration at greater scale to identify variation and implement improvement across health services |
| Cross system redesign | Collaboration across sectors to join up care pathways and make better use of resources. |

**Priorities for our capabilities and infrastructure**

- Improving our data systems to identify variation and opportunities for improvement, including in how parts of the system interacts with each other
- Developing our common language and methods for quality improvement
- Designing and embedding collaborative improvement approaches in particular in our provider collaboratives
- Developing arrangements to bring staff together and support improvement that spans our local services, mental health and hospital services.
- Refining our skills in engaging service users, communities and minority groups in redesign.

# **How?** Programmes to identify assets, ideas and activity, then bringing people together

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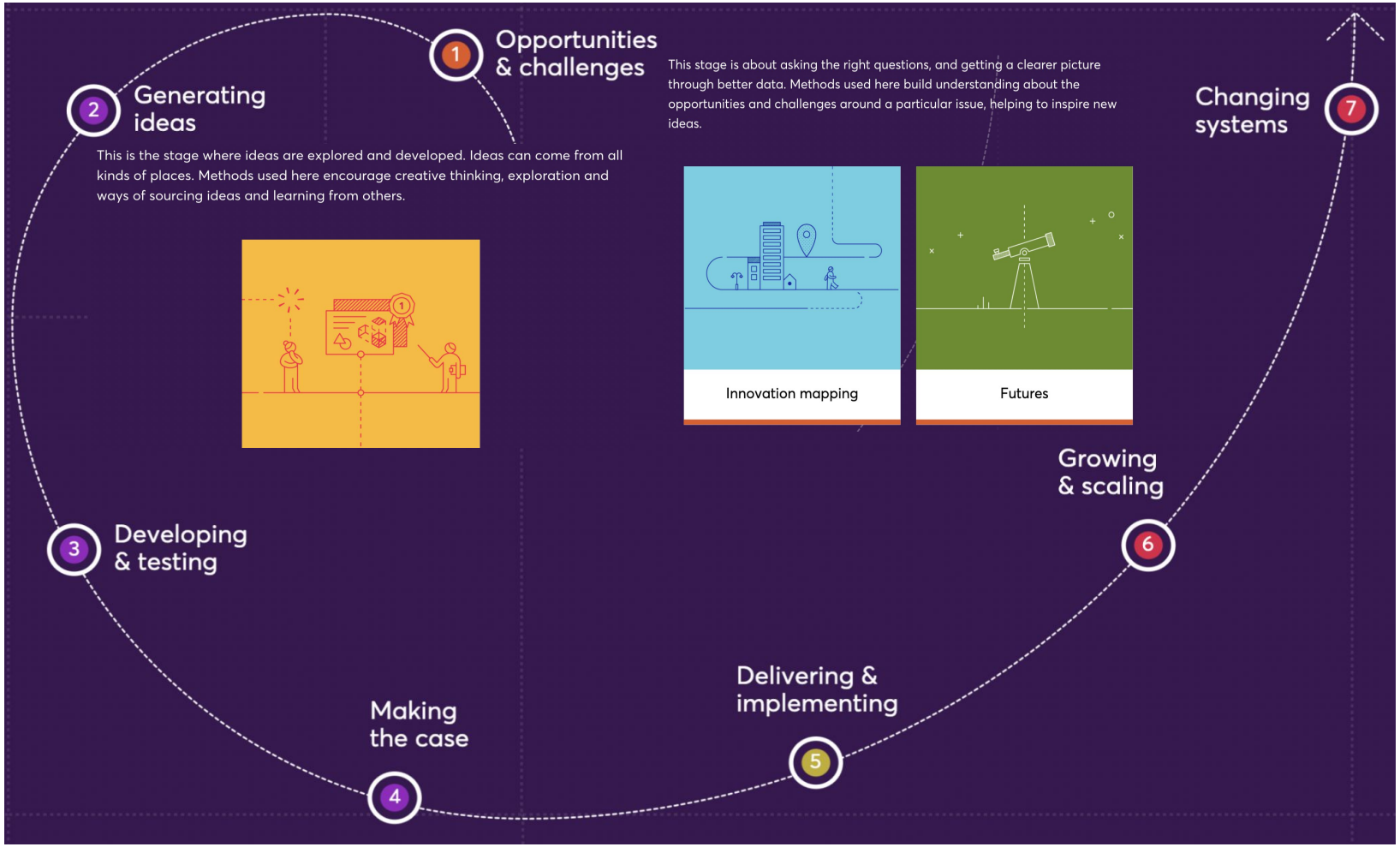
Using the NESTA 'Making innovation happen' lifecycle model, we propose that the Collaborative will start its contribution to this effort by leading on:

- Innovation and improvement mapping across SEL, building on our recent workshop with Quality leads from across our system and insights from Advisory Group members
- Bringing our people together to generate ideas on how the ICS can best practically contribute to our ambitions in this area.




***Making Innovation Happen lifecycle - NESTA***

# **Innovation programmes:** Mapping activity and delivery (1 of 2)

| Programme | Description | Mechanism for delivery (see slide 11 for options) | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **A short SEL innovation diagnostic** | A short diagnostic piece to determine what being an innovation-driven system means for south east London. We would seek to understand the different approaches and major opportunities and challenges to a culture of innovation and improvement in our system. We will draw upon existing insights such as the King's Fund Innovation & Improvement Capacity and Capability Audit and the work of partners like the Billions Institute to clarify what is working, what is getting in the way and how the ICS can help. | **Commission:** The Collaborative will commission an external partner to undertake this exercise in consultation with members of the Advisory Group, HIN and our Quality leads across the systems among others.<br><br>External partner to be recruited in by the end of 2021. | Work to start in November post ICS Executive approval with external partner support to be agreed for period post November | Specific set of system leaders in SEL who have a role in quality improvement and innovation |
| **Innovation capability development programme** | A development programme for a targeted cohort of leaders to developing skills on 'Spread and Scale' and 'Social Entrepreneurship' that we know support innovative systems. This would focus on collaborative and immersive learning with a practical focus on our biggest collective problems. We would seek to establish formal partnerships to deliver this work with organisations such as the Billions Institute and those specialising in social entrepreneurship. This would run alongside and in alignment with the Leadership Programmes. | **Commission:** The Innovation training programme would be commissioned by establishing formal innovation partnership with organisations with world class expertise in innovation, improvement and transformation | To be recruited<br><br>External partner to be recruited by Dec 2021.<br>Courses to begin Spring 2022. | Specific set of system leaders in SEL who have a role in quality improvement and innovation |

# **Innovation programmes:** Mapping activity and delivery (2 of 2)

| Programme | Description | Mechanism for delivery (see slide 11 for options) | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **Spread and scale catalyst** | Create a specific Innovation capability and capacity building catalyst within the Collaborative that has expertise in scaling up and supporting innovation and improvement initiatives. The spread and scale catalyst would be responsible for creating resources that are easy to access and offering specialised skills and ideas in how to make change happen. System leaders would be able to draw on this function to help share, scale and adopt their or others innovations. | **Create and collaborate:** The Collaborative will create and operate the Spread and scale catalyst working collaboratively with partners across the system to design and support the operation of the programme. | To be agreed on how to proceed | All system leadership colleagues with an interest, role or currently undertaking a initiative in quality, improvement and/or innovation. |
| **'Innovation and improvement in SEL system leadership' conference** | We recommend bringing together leaders and partners from across SEL and beyond for a conference to explore:<br>● What are the optimal conditions (drawn from research and exemplars) for a system-wide culture of innovation and improvement in pursuit of improved health outcomes to take hold in our system?<br>● How do we our common language and methods for quality improvement?<br>● What is currently working in south-east London? What assets can we build on?<br>● What is getting in the way?<br>● What future issues do we need to prepare for?<br>● How can the ICS, via the Collaborative, best help? | **Commission:** The Collaborative would seek to commission an external partner with expertise in delivering high-quality and inclusive events.<br><br>External partner to be recruited in by the end of 2021. Conference to be scheduled for Spring 2022. | To be recruited | All system leadership groups with a particular focus on colleagues with an interest or role in quality, improvement and/or innovation |

# **Innovation programmes:** Mapping activity and delivery (2 of 2)

| Programme | Description | Mechanism for delivery (see slide 11 for options) | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **SEL Innovation Challenge series: Support for priority system improvement projects** | Emerging from the mapping and conference the Collaborative will identify a number of mechanisms which have been agreed as most suitable to create the conditions in our system for effective and sustained innovation and improvement. Drawing on work by NESTA, HIN and others, these may include: challenge prizes, 'hackathon' problem solving events, public and social labs.<br><br>Using these we will design and run a series of 'SEL Innovation challenges' which will aim to address both:<br>● How can we better scale and spread existing or emerging improvements and innovations in our system?<br>● How can we encourage innovation and improvement to address a small number of priority issues we, as an ICS, agree demand priority attention? | **Create and collaborate:** The Collaborative will create and operate the Challenge series working collaboratively with partners across the system to design and support the operation of the programme.<br><br>**Commission:** The Collaborative will also explore the possibilities of commissions to or partnerships with organisations outside SEL like NESTA or the Billions Institute | To be agreed on how to proceed | All system leadership groups with a particular focus on colleagues with an interest or role in quality, improvement and/or innovation |

# Appendix E
# Community Programmes further detail

# **Community programmes:** Mapping activity and delivery

| Programme | Description | Mechanism for delivery (see slide 11 for options) | Partners & schedule | Cohorts |
|---|---|---|---|---|
| **Discovery workshops** | A series of discovery workshops to explore topics through different system leadership lenses, drawing on inspiring examples of system leadership from across the UK and further afield | **Commission:** The Collaborative would seek to commission an external partner with expertise in delivering high-quality and inclusive community events.<br><br>External partner to be recruited in Nov 2021. Sessions to begin before end of Nov 2021. | To be recruited | Anyone interested or involved in system leadership across south east London |
| **'Walking in their shoes' peer-to-peer programme** | A peer-to-peer programme that connects community members across places, organisations, sectors and professions to understand one another's perspectives and reflect and share learning about what system leadership means and looks like in different contexts. | **Commission:** The Collaborative would seek to commission an external partner with expertise in delivering high-quality and inclusive peer-to-peer learning programmes.<br><br>External partner to be recruited in Nov 2021. Sessions to begin Jan 2022. | To be recruited | Anyone interested or involved in system leadership across south east London |

# **Five emerging characteristics**: The behaviours beneath our five emerging characteristics co-designed by 60 SEL leaders

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## Building connections and trust

**SEL system leaders build connections and trust with colleagues and patients across traditional boundaries - developing strong networks and relationships that work in service of patients over organisations, places or professional groups.**

They are skilled in:

- understanding the different contexts, priorities and challenges of colleagues, organisations, groups, and structures across south east London and joining the dots between them
- bringing people together across traditional boundaries in ways that build trust and connection and uncover potential
- challenging and exploring tensions in ways that reveal hidden opportunities and deeper alignment

**Our community offer and initiatives will focus on refining and exploring what it means and looks like to be a confident, joyful south east London system leader.**

**It will be rooted in the five emerging characteristics, which are in the words of our community members, supported by our Advisory Group, and in alignment with academic research and national guidance.**

## Embracing challenge and difference

**SEL system leaders seek out and embrace different ideas, perspectives and challenges and are able to adapt and change course by continually learning from others around them.**

They are skilled in:

- maximising the potential of different ideas and points of view and changing course to take into account others' views
- leading with questions inside and out actively seeking out and responding to feedback at all levels
- noticing gaps in their knowledge, skills and experience and drawing on the strengths of others to improve their understanding
- taking risks and operating in uncertain, ambiguous and challenging environments

## Driving purposeful collaboration

**SEL system leaders encourage and test new ways to working together. They collaborate and learn from each other to achieve our collective ambition to improve the health and wellbeing of our population.**

They are skilled in:

- bringing people together to co-design purpose-driven strategies that everyone can understand, believe in and that can guide and inspire what matters and what work is done
- identifying opportunities to influence, collaborate and build partnerships across south east London to take a population health management approach
- empowering those around them and sharing power in ways that support others to thrive

## Catalysing and embedding innovation

**SEL system leaders catalyse and embed ways to test and share new ideas and approaches that improve how professionals and patients across south east London work together and the services they deliver.**

They are skilled in:

- fostering creativity and experimentation in their day-to-day work and creating safe spaces to 'fail well'
- providing constructive challenge to 'the way things have always been done'
- looking for and analysing patterns to identify analogous solutions from a broad range of sources across industries and professions

## Including and empowering others

**SEL system leaders listen with compassion to the needs, hopes and challenges of those they work with and serve. Then use this understanding to actively involve others in the decisions that affect their lives.**

They are skilled in:

- creating inclusive spaces that meaningfully involve the diverse people and communities we work with and serve in improving health and care
- listening with compassion, an open mind and heart, and in order to improve their understanding and inform their decisions
- looking for opportunities to 'pass the mic' and champion the contributions and impact of others

# **Measuring community impact:** three areas and seven indicators of success

We will measure the success of our community strand in three areas against seven indicators.

These indicators of success are based on the feedback from our emerging group of community members.

| | |
|---|---|
| **Positive impact across UK and internationally** | Contributing to a collective understanding of what good system leadership looks like in the UK and further afield |
| **Positive impact on health and care across south east London** | Leading to tangible outcomes that improve health and care for people across south east London |
| | Increased diversity of system leaders in south east London |
| | More collaborations working together with a shared purpose across health, social and community sectors and disciplines |
| **Positive impact on community members** | Community members enhance their system leadership skills in practice |
| | Community members able to make/rekindle connections, contribute meaningfully and be inspired to think differently |
| | South east London system leaders identify as feeling part of a joyful, rewarding and connected community |