OHSEL ICS Clinical and Professional Leadership: London Clinical Advisory Group

3 March 2021
Synthesis Pack

KALEIDOSCOPE
Health and Care

Our Healthier South East London
Integrated Care System

Introduction

On Wednesday 3 March 2021, the London Clinical Advisory Group (LCAG) met for a workshop to discuss the next phase in the project to develop clinical and professional system leadership for the ICS in SEL.

The objectives of the session were to:

1. Provide the LCAG with an overview of the work commissioned in SEL on supporting system wide clinical and professional leadership in the context of ICS development.
2. Tap into pan-London and regional expertise to inform OHSEL ICS clinical and professional system leadership approach.
3. Share learnings from south east London work to date on engagement, inspiration and governance to inform any similar work other ICS' are doing in their patches.
4. Identify opportunities to share learning on developing and supporting clinical and professional system leadership across London.

Our ambition - setting the context

Our ambition at OHSEL ICS is that by April we want to be in a position to describe our shared vision/ambition for clinical and professional system leadership and its role within the governance of the ICS.

But beyond that – how we will ensure that system leadership is supported, so that the ~100 days a week we currently spend on clinical and professional system leadership time in SEL is impactful, and helps us energise our transformation and improvement plans for SEL as a health and care system.

This will enable us to identify the support we need for system leadership for the coming year to ensure that we are ready for any organisational or legislative changes emerging as a result of the current consultation on ICSs by 2022.

Agenda

The agenda was organised around the 3 work-streams for the planned programme of work over the next 3 months:

1. **Engagement** - Who needs to be part of this work? What opportunities does this programme present to leaders? What is working well now, and why? What is inhibiting, or reducing the impact, of system leadership? What do you need to maximise the time in system wide leadership?
2. **Inspiration** - What does world class leadership look like? How can we draw upon inspiration and ideas outside of healthcare to generate ideas for what the future of clinical and professional system leadership for SEL could be?
3. **Governance** - While we don't want to be constrained by traditional ideas around governance, how can we develop a structure which fulfills our obligations and keeps us focused and grounded?

Where is clinical and professional system leadership done well?

We started the session asking the group to reflect on where you have seen clinical and professional system leadership be most effective. When was it and what made it work? Below are a selection of responses:

Removing silos and pursuing collaboration, not just within clinical leadership, but the interplay between clinical and executive leadership to drive and execute change.

Recent Oxygen crisis and resilience work across London bringing clinical leadership, management and technical skills together for decision making and unblocking barriers to practice.

Clinical Networks, several networks were set up as a response to the first Covid wave; jointly led by acute and primary care or community clinicians. This ensures end to end pathway focus; central support team which provides analytics and project management is crucial.

System Clinical leadership driving the Covid response across London over the past 12 months. Good because there was shared learning, peer challenge, collective goals and mutual respect.

Establishment of Clinical advisory group across London which has been both a rock on which to be grounded and a springboard to other work.

KALEIDOSCOPE Health and Care

Our Healthier South East London Integrated Care System

Section 1: Engagement

After this, we asked the group to reflect clinical and professional leadership in each of their systems across London. We asked **who needs to be 'bought in'** to our development process south east London for it to be successful?

Who needs to be 'bought in'?

The group identified colleagues from across London as examples of who should ideally be engaged with this development process and how we could best engage them:

- **Take a broad approach that reflects our population**, including PCN CDs, acute Trust CDs, social services and social leaders, the voluntary sector. We need a range of people involved ensuring we can represent and understand all important issues.
- **Wider system colleagues** such as GPs as members of smaller organisations; also not to forget that clinical leadership does not just mean doctors, but also AHPs, nurses and wider professionals.
- **Patient Groups** to bring the voice of our population and services users to the centre of this work. In crisis patient perspective can often be left behind, so it's important we slow down and ensure we gather the breadth of views.
- **Those who can provide a support network for clinicians** to give them capacity to lead, this includes having good data to build from.

We then asked the group to consider who they would most like to learn from? Also which topics they would be most keen to share work and challenges?

Who could we learn from? What areas of work and challenges would you like to share?

The group suggested the following groups they would like to learn from, and topics they would like to explore.

- **Each other,** there is a rich and high level of skill within LCAG and this group of clinical leaders. However, we must provide environments that are psychologically safe for us to share and learn from each other.
- **Look internationally,** global examples can provide interesting and innovative approaches to creating truly integrated systems.
- **Not just the local population** but also our entire London population so we must be able to join together. This could involve looking at public health reports for our areas to bring a wider perspective and provide a more integrated approach on what is needed across London.
- **Public health perspective -** Kevin Fenton is a leading voice for the pan-London perspective and it would be interesting to understand the data he uses and how he uses it working with the system exec team.
- **Organisations or services outside of health**, these can provide interesting insights into how lots of different bodies work within a system, for example, much of what we know about safety is from airlines and military.

Section 2: Inspiration

In the next part of the session we asked the group to individually reflect on the best support they had seen to **support leaders to flourish -** regardless of sector. Below is a selection of key themes.

Best support to leaders

Relationships

- Informal peer support is important but hard to do in a structured way, especially when people are busy.
- Improved collaboration during the pandemic has led to improved trust across system partners and meetings have provided a safe space to talk about concerns.
- Creating time for informal relationship building is hard in the virtual world- how do we make the opportunity for what used to be 'going out for a sparkling water ' after work?
- DHL's "Connected for Excellence" programme is a good example of effective leadership support- it recognises the impact of relationships and potential isolation for individuals working in a digital world. It is a significant programme for learning and sharing techniques, including compassion and empathy.

Coaching and development

- Personal development coaching can be very effective for developing personal agency and empowerment. Private organisations, for example, have systematic approaches to supporting individuals with personal coaching. Also Kingston hospital has a Qi programme which trains and supports clinicians to lead change in organisations.
- Increase in demand for coaching from colleagues on the register of coaches.
- It's about implementing learning into practice and making sure that any learnings, knowledge or development is applied on day to day basis.

Section 3: Governance

We then we asked the group to consider how we could create an approach to governance which would be **as ineffective as possible.**

'Anti-governance'

The group shared that the most ineffective approach to governance would include:

Lack of recognition or respect for individuals

- Micro management of colleagues.
- Not giving credit to others where or when it's due.
- Decisions only being made by one or two people rather than a wider group.

Ineffective meeting process

- Having meetings late in the evening or very early in the morning put people off.
- We need to avoid sending long papers that people are expected to read.
- People need enough space to think and rushed into decision making.
- Only having meetings every quarter, or less, slows down progress.

Isolated structure

- Having totally separate clinical and executive committees and decision-making structures
- Spending too much time and being too governed by structure, rather than focusing on culture.

Section 4: Support

In the last part of the session as we asked the group which of the supporting factors for clinical and professional leadership were the **most important for supporting** effective system-wide leadership in London.

The group agreed that each of the factors are important to providing effective system leadership, but the key is a combination of support across all areas to create a shared purpose and vision. The top five selected support factors were:

1. **Information** - leaders will need access to data, evidence, high-quality analytics and insight so they can develop a deep understanding of the population needs, areas of unwarranted variation, and challenges being faced in their place.
2. **Protected time** - which is required for true clinical engagement. Also particularly formal system-wide leadership roles require protected time and space.
3. **Insights from elsewhere**: leaders need to learn from perspectives outside their traditional bubble to inform where priorities for the system are, crucially hearing voices from citizens and people with lived experience.
4. **Mentoring and sharing learning** - there needs to be encouragement, resource and senior sponsorship with the permission to try and fail or fly. We need to ensure knowledge sharing across the system.
5. **Clear purpose and motivation** - to lead effectively, leaders need to be intrinsically motivated and connected to a high purpose.

We then asked each group member to share **one piece of advice** they would you give us in taking this work forward. Below are a selection of responses

Ensure clarity about a common purpose

Make the time to build trusting relationships

Pick the best ideas and concepts from your neighbours

Be inclusive, imaginative and brave

Please keep sharing your lessons

Constantly re-evaluate and stay focused

Have honest conversations which address and make open previous areas of difficulty and look to solution

We then asked each group member what their **ask would be of south-east London** as this work develops, alongside what support regional and national colleagues can offer?

Here are a selection of responses:

By working as a bigger system ie London and beyond to really support the equitable care offer and share across systems

Proper investment in both support and development in clinical leadership talent, so its effectiveness can be maximised

Work with you

Share your learning and journey

Looking at what's our role in making this go further- who's the next generation and how do we look at the diversity of our leadership group

Connect with other ICS's

KALEIDOSCOPE Health and Care

Our Healthier South East London Integrated Care System

Thank you

Thank you for such constructive input to the session - we really appreciate it. If you have any further questions contact Chloe at chloe@kscopehealth.org.uk

KALEIDOSCOPE
Health and Care

Our Healthier
South East Lond
Integrated Care System