

OHSEL ICS Clinical and Professional Leadership: Governing Body Clinical Leads

26 February 2021
Synthesis Pack

Introduction

On Friday 26 February 2021, the OHSEL ICS Governing Body Clinical Leads 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. Discuss and improve the plans for developing clinical and professional system leadership.
2. Focus on developing plans for engagement, including who needs to be involved in the next phase of this strategy and development support work.
3. Discuss elements relating to inspiration and governance, gathering views and providing insight for the project.

Our ambition - setting the context

By April we want to be in a position to describe our shared vision/ambition for clinical and professional system leadership for the ICS 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:

Set up of Covid 'hot hubs' required sharing working models across the Boroughs. It brought Primary Care teams across the patch together and share learning. It was an example of excellent collaborative working.

The SEL Integrated Meds Opt Committee has been running since 2013 and consists of GPs, Pharmacists and Consultants from each Trust. It works because it is underpinned by relationship building and shared learning.

Agile and rapid response from Primary Care leadership in the delivery of the Covid vaccination effort. People were mobilised quickly and worked to their strengths.

Working towards a shared goal at the ICS workshops where clinical leaders came up with three priorities - diagnostics, rapid response and out of hospital care. It felt very relevant and achievable, with maximum potential to make a difference to the population and relieve pressure on the system.

Virtual Covid response adapting technology to allow long-Covid remote monitoring meaning people are supported at home, despite ongoing respiratory problems. Additionally this enabled us to set up virtual Covid wards.

Section 1: Engagement

After this, we reflected on the group of clinical and professional system leaders involved across SE London. We asked **who needs to be 'bought in'** to this development process in order for it to be successful?

Who needs to be 'bought in'?

The group identified colleagues from across SE London 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. Local Care Partnerships are important as we need to have the breadth of responsibility. A group that is reflected of the population so the population feels like they can trust them.
- **Patient Groups** to bring the voice of our population and services users to the centre of this work.
- **Respected clinical leaders** from across the system as they can influence and promote the work.
- **Balanced views from across the system**. We need to find a way to bring together the huge players in the system (such as GSTT and Kings) together with smaller units to ensure we get balanced view. There are emergent collaborations of clinicians and and those working in the community who we still need to engage.

‘Walking in their shoes’ approach to system-wide clinical and professional leadership

We then spent some time discussing the ‘**walking in their shoes**’ approach to system-wide clinical and professional leadership. ‘Walking in their shoes’ approaches strive to support leaders across a system to understand one another’s perspectives. This resonated with much of the group, with the majority seeing it as a valuable approach.

Concerns

The group identified and discussed the following concerns around the effectiveness of a ‘walking in their shoes’ approach to system-wide clinical and professional leadership in south east London.

- **Support needed from organisations** - similar schemes have previously fallen apart due to scheduling and lack of commitment. The responsibility to sustain these initiatives falls to organisations to support learning exchange and improved understanding.
- **Support from the system** - approaches such as this require time and headspace, support is needed from leadership across the system to allow people to take time from the day job.
- **Time** - many recognised that a day is not sufficient to fully understand other’s experiences across the system. Cultural integration takes time this should be the first part of integration, not the last.

We then asked the group to consider ‘who is not currently in the most senior clinical or professional system leadership roles, but best exemplify the values we want to see in our future leaders’?

Who is not currently in the senior clinical or professional leadership group whom we should engage?

The group suggested the following whom exemplify the values they want to see in future SEL system leaders.

- **Broader clinical and professional perspectives** such as nurses, particularly mental health nurses, and social workers who are often not involved in these conversations but have a strong understanding of issues across the system.
- **Voluntary sector workers** we want to involve those who can bring community voice and social value to the table. VCSE representatives bring the voice of local communities to healthcare and set the standards of values we should be seeking in future leaders. Additionally community leaders are embedded within our population and bring insights into the challenges in their community.
- **Experiences from other sectors**, those in private and entrepreneurial sectors may be able to share a different perspective, it would be particularly interesting to hear from younger people who have taken another direction.

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 flourish** - regardless of sector. Below is a selection of key themes.

Best support to leaders

Relationships

- Some of the best examples of successful relationships that have enabled leaders to flourish are those developed within projects, where an experienced and less experienced leader have been put together and go on to deliver something.
- Additionally informal and accidental relationship building between have had important personal value.
- Although 1-2-1 structured mentoring from experienced leaders can also be valuable, it works even better when an authentic relationship is established.

Trust

- There has to be trust from senior leaders giving those working across the system freedom to determine how best to do their jobs. We know trust leads to empowerment and willingness to take responsibility.
- We should also positively encourage leaders to develop their teams and individuals to be the best they can be. Despite living in a virtual world we need to make time for catch-ups.

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:

Too many people

- Having too many people involved can “create chaos” and lead to ineffective decision making and a lack of progress.
- We risk creating a group think mentality slowing down or preventing progress.

Ineffective meeting process

- An ill managed agenda where there is too much to get through and never enough time.
- We need to avoid sending long papers that people are expected to read.
- All virtual meetings take their toll, when we can there needs to be some face to face.

Ignoring diversity and perspective

- Ignoring diverse voices and keeping them away from ICS senior professional leadership groups.
- Having a large group of people who are institutionalised, detached from the ground, not tolerant to different opinions.

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 south east London.

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

- 1. Insights from elsewhere:** it is essential for leaders to learn from perspectives outside of their traditional bubble to inform where priorities for the system are, crucially hearing voices from citizens and people with lived experience. Many stressed that south east London does not need to 'recreate the wheel' and the importance of learning from how others have achieved successful system-wide clinical and professional leadership.
- 2. Information** - leaders will need access to data, evidence and high-quality analytics so they can develop a deep understanding of the population needs, areas of unwarranted variation, challenges and issues being faced in their place.
- 3. Protected time** - particularly formal system-wide leadership roles require protected time and space.
- 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.

Section 5: Final reflections

To close, we asked each group member to share **one piece of advice** they would give us in taking this work forward.

Here are a selection of responses.

When you come across ambition support it, enable it, encourage it.

Listen hard, and show us what people have said at the end. No “done deals” in the process.

Broaden the conversation - move beyond clinical and go further.

Take enough time to gather a diverse range of views and experience.

Don't just talk to us, talk to those who work with us.

Engage the right people from the outset to create shared ownership, take people on the journey with us.

Set up developmental workshops with all SMT for clinical leadership development, then do the same across the ICS with partners.

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