

# Developing Clinical and Care Professional System Leadership capacity and capability

## Part 2 of 2: Infrastructure and capability

*August 2021*



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# 1. Background & Purpose

# Our vision to develop a vibrant community of systems leaders in the interests of our patients and population

We want to enable an environment where clinical and care professional system leadership in south east London is a rewarding, positive and joyful experience.

We want to support 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 sets out the proposal for how we can develop a central function responsible for building and supporting the development of the community of systems leaders across south east London in the interests of our workforce, patients and population.

This proposal has been developed to:

- Deliver on our ICS System Development Plan commitments on supporting clinical and care professional system leadership
- Respond to the NHSEI Design Framework for ICS development including on Clinical and Care Professional Leadership (See Annex 1)
- Honour the engagement and feedback of over 120 clinical and care professional leaders who have helped to co-design these proposals
- Provide support and training to leaders through the changes to governance for clinical and care professional leadership in the emergent ICS
- Support and build upon the existing wealth of clinical and care professional leadership development activity across south east London.

We are using a provisional title of the “South East London Systems Leadership Academy” however we intend to revisit this and further co-develop the name and identity with the broader community of SEL system leaders.

This pack sets out the vision, identity, proposed initial programmes for the SEL Systems Leadership Academy as well a plan for implementation based on our learnings from other systems.

# Process of development: A programme of intense engagement over four months to 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
- Community development, using label of a 'Systems Leadership Academy'

### Connected issues

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

# Why do we need a SEL Systems Leadership Academy (1)?



**Capability building and talent management for south-east London.** We need to build and sustain capability and capacity in systems leadership if we are to succeed as an ICS and fully serve the specific health and care needs and aspirations of our people and communities. We need to invest in developing south-east London systems leaders for and by south-east London.



**Our learning from other systems and NHSEI** show that building capability, opportunity and motivation of this kind cannot be sustained on its own. A dedicated function is necessary to support this level of transformation via coordinated learning, innovation and community development aligned with and designed for the local system (See Annex 2).



**To convene and coordinate an array of existing resources and initiatives for greatest effect.** We undertook an extensive mapping of existing leadership development resources and initiatives across south-east London. By creating a capability to convene, coordinate, promote and invest in these programmes we can get significantly more cross system value for all our people.

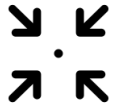


**To fill an identified gap in systems leadership development.** Based on our mapping, the knowledge, skills and capabilities we will require our people to demonstrate, if we are to succeed together, are not currently provided or supported in our system in any deliberate or scalable way comparable to what we have seen in other, exemplar, systems. This is a significant risk.

# Why do we need a SEL Systems Leadership Academy (2)?



**A shared space and identity.** While we will always have multiple identities relating to the part of the system we work in, we also want our people to start to identify as a leader in the south east London system. Creating a shared 'space' for leaders to come together physically and psychologically that is deliberately SEL will facilitate new ways of convening, thinking and acting that will be required for us to perform in ways that are both 'club and country'. We need a St George's Park for our systems leaders.



**Relevance and respect of participants and partners.** The NHS Leadership Academy highlighted that a central function for leadership development inside a system provides reassurance to partners and participants that programmes and offers are designed for and aligned to the culture, structures and needs of that system. We can offer support that is immediately relevant and respected.



**The quadruple aim - investing in our people.** Our engagement with over 120 clinical and care professional leaders confirmed there is a need for and an ask of the ICS, to invest in the identification, development and support of our leaders across the system if they are to be able to respond to what we are asking of them. This is our offer to support our ask. In so doing we anticipate an renewed commitment in south-east London, reflected in retention and our ICS gaining a reputation as a great place to work and lead



**Increasing the speed of trust (and change).** At its heart, integration is about strengthening collaboration, looking beyond our professional, organisational, geographical silos for opportunities to improve care quality and outcomes for local people. The SEL Academy will specifically take an approach to development that builds relationships and enables improvements in care pathways, new ways of working and a more collaborative culture. Our shared commitment to investing in such a space sends a signal itself.

# What else would an 'Academy' give us that we don't have?

- ▶ **An inclusive systems 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 systems leaders that is and feels truly 'south-east London', 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 COVID
- ▶ **A shared 'learning by doing' capability** where we can bring new ideas and old problems and address them through innovation and learning challenges
- ▶ A shared place where our leaders can **convene, share and build on learning** about successful systems improvement during COVID across our system
- ▶ A manifestation of our **commitment to working in new, shared and innovative ways.**



## 2. SEL Systems Leadership Academy

# Meeting our system leadership development need: SEL Systems Leadership Academy to focus on 3 core areas

## **South East London Systems Leadership Academy**

The Academy will exist to develop systems leaders in every part of our health and care system, supporting them to work across organisational and professional boundaries, share learning and expertise, access learning and development support and to make a difference to the health and wellbeing of local people and communities in south east London.

It will work with partners and existing resources including training hubs, professional networks, academic and provider organisations, Local Authorities and AHSNs among others to achieve this.

### **Leadership**

Delivering applied leadership learning & development programmes to empower, innovative current and new system leaders.

### **Innovation**

Encouraging and supporting a culture of leadership for innovation and improvement

### **Community**

Developing a supporting community of system leaders which is inclusive, diverse and connected.

# Mapping the need for SEL systems leadership development: four initial cohorts of leaders

In the early stages designing this workstream we undertook a mapping of clinical and care professional systems leadership and development opportunities across south east London. This can be found [here](#).

The mapping demonstrated the wealth of activity across the system and provides a new basis of understanding what is offered at place, organisation and system level as well as by professional group. We can now look at whether any of these could be promoted, supported or extended with ICS support to create a more systemic offer.

The mapping also confirmed that there is a significant gap in and appetite for the provision of cross-system and systems leadership development support supported by the ICS.

We also scoped the four groups of leaders that would most benefit from systems leadership support and how the SEL Academy could best provide opportunities.

Description of leader	Key features of role	System development need
Clinical and care professional leaders entering ICS leadership roles	To be overall clinical & care professional voice at system level. To link in with clinical leads across system	Soon to be stepping into ICS leadership roles - must be supported in transition to lead in the best way possible.
Clinical and care professional leaders already working across pathways and transformation and improvement programmes	Work with others at SEL level to understand and develop pathways and service transformation based on best practice	Support to think more systematically and collaboratively and learn from current experiences.
Clinical and care professional 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 systems ways of thinking, working and learning.
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

# Meeting our system leadership development need: Six initial programmes around the three core areas

These programmes are based on the work strands recommended by SEL system leaders in our first phase of engagement and priority groups for system leadership development identified in the mapping.

## Leadership

Systems leadership development curriculum

Network for SEL next generation system leaders

## Innovation

SEL 'Challenge fund': Support for system improvement projects

'Innovation in SEL System Leadership' conference

## Community

'Walking in each others shoes' applied peer learning programme

Community of Practice for SEL system leaders

# Meeting our system leadership development need: Leadership programmes

Core Area: Leadership		
Programme	Detail	Target groups
<b>System leadership development curriculum - modular, mixed methods and applied approaches</b>	<p>There is a clear and urgent need to support individuals currently in or moving into system leadership roles in the emergent ICS to ensure they can work to their full potential. These roles will require new ways of working and will require leadership that is systematic and collaborative by instinct.</p> <p>Our work studying similar Academies in Frimley, Wales and New Zealand suggest an initial number of core programmes - one shorter, intense programme for existing leaders and one longer more developmental programme for new/emerging leaders. These supplemented by a modular curriculum of supportive interventions available to a wider cohort including interactive workshops, inspiration sessions and seminars.</p> <p>At the heart of all the Academy's work must be a commitment to development and support that is both <i>"relational and applied"</i> - 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</p>	<p>Systems leaders holding or entering ICS leadership roles</p> <p>System leaders based in organisations and boroughs and leaders working across pathways and transformation programmes</p>
<b>Managed network for next generation systems leaders</b>	<p>Our engagement demonstrated the need, to identify, engage and develop early career leaders, and staff on the ground to be part of current and future systems leadership in SEL.</p> <p>This requires a clear and supported programme of work over the next year to reflect the importance of and our commitment to supporting and ambitions for systems leadership for our clinical and care professional workforce in service of our population.</p>	<p>Frontline clinicians &amp; care professionals, managers and other disciplines interested in becoming systems leaders of the future</p>

# Meeting our system leadership development need: Innovation programmes

Core Area: Innovation		
Programme	Detail	Target groups
<b>SEL Challenge Fund: Support for priority system improvement projects</b>	<p>There is a wide variety of effective clinically led innovation and improvement projects happening across south east London at local levels. We are also currently exploring funding opportunities with the NHS London Leadership Academy to support innovation and leading for system change.</p> <p>Linking the Challenge Fund with the proposed 'Walking in each other's shoes' applied peer learning programme would provide an enhanced focus and system and wide benefits by creating practical opportunities to share learning, improve understanding and demonstrate the practical application of collaborative leadership skills and capabilities.</p>	All system leadership groups
<b>'Innovation in SEL system leadership' conference</b>	<p>We recommend bringing together leaders and health and care partners from across SEL for a conference to design the clinical vision for south east London, identify priority areas and develop a clinical strategy for the next five to ten years.</p> <p>In the aftermath of Covid, many leaders have expressed the wish to come together as a community to shape the strategy for the ICS and how it will deliver the best possible care and health outcomes for patients.</p>	All system leadership groups - both C&CPL and managerial & executive

# Meeting our system leadership development need: Community programmes

Core Area: Community		
Programme	Detail	Target groups
<b>‘Walking in each others shoes’ applied peer learning programme</b>	<p>We recommend introducing a 'Walking in their shoes' model of applied peer to peer learning to support leaders across the system to understand one another’s perspectives and share learning. Such approaches have had huge success in other systems such as Wessex and Canterbury where they supported a programme of applied learning, with peers working on identified systems problem throughout.</p> <p>This programme should be designed to support an ‘applied learning’ approach - active shadowing that ensures time spent is situated in impactful work and teams enabling connections across pathways and areas of work that relevant to leaders day-to-day. This will support connections across multiple dimensions: place, organisation, sector and profession.</p>	<p>Clinical and care professional leaders working across pathways and transformation programmes</p> <p>Clinical and care professional leaders based in organisations and boroughs</p>
<b>Community of Practice and inspiration for SEL system leaders</b>	<p>Across the programme to date there has been a positive reaction to our inspiration workshops. Now is a good opportunity to further develop relationships and sustain the enthusiasm for how we inspire and develop C&amp;CP system leaders and connect and share learning and expertise among health and care partners working across the system. We would seek to build on existing and develop new Professional Networks including drawing in professionals from Dentistry and Optometry (not yet engaged in this work) to reflect future potential for delegated commissioning powers in these areas from NHSEI as well as Community Pharmacists and AHPs to reflect the fundamental role they will play in the future delivery of care.</p> <p>We recommend extending these inspiration sessions to deliberately provide opportunities for C&amp;CP system leaders to engage with managerial and executive leaders across south-east London.</p>	<p>All leadership groups - both C&amp;CPL and managerial &amp; executive.</p>

## 3. Learning and Evaluation



# Designing for success: Our learnings so far

Based on our conversations with other systems academy initiatives, we have learned the following:

## Setting up

- **Executive, Professional and Partner sponsorship** is key in getting things off the ground and sustaining impact
- **Be aspirational** - 'south east London can't be crossed with a small step'. That means we not only should but must strive to establish ourselves as an exemplar, modelling on the best and investing appropriately
- **Find the white space - whatever we do should be additive.** Identify and support what the current system and associated leadership development activity provides and focus on the gaps or where the 'system' can add something valuable.
- **Anchor what we want and need** most for our system and therefore from the Academy. The Academy must be of and for our system and our people.
- **Focus our investment and our people on the priority problems & opportunities of the moment.** Short term: what work will be done on these problems? Long term: where is there measurable change to be had?
- **Be clear on what supporters, partners, participants and our populations will see and experience.** How can we quickly demonstrate value?

## The offer

- **A mixed methods approach** that equips our people to lead with 'head (knowing/thinking), hand (testing/doing) and heart (feeling/believing)'
- **Key features** - Structured curriculum supplemented by more experiential, social and modular offers. Innovation component
- **Key design principles** - build relationships via applied learning to real system problems
- **Respected and high profile faculty.**
- **Deep partnerships** with local academic, innovation and professional bodies across sectors is vital
- **Providing the glue to a connected community** of leaders outside of more traditional developmental offers
- **Technology** can be an enabler to provide access and support at scale

# Imagining success...and how we might measure it

While we are not yet asking the ICS Exec to commit to any investment, we have begun to consider how we might describe success and how we might wish to measure it. Some things that should be different if the 'Academy' was established successfully:

## Capability and confidence

Clinical and care professionals leaders who have had academy support can report greater degrees of confidence and capability in systems thinking and leadership.

We have an identified and confident future community of systems leaders who feel prepared to take on formal and informal leadership roles.

VSCE and Patient & Public experts by experience who have helped co-design our learning programmes can report confidence in our approach to systems 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 in the communities we serve.

## Connectivity and commitment

Using Social Network Analysis we have demonstrated a broadening and deepening of professional relationships and knowledge among our systems 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 Boards on same.

Academy learning programmes are contributing to resolving shared problems through applied peer learning - participants reporting back to our Boards on same.

## 4. Forward Schedule

# Next steps: Focused further engagement

Our work to date with our community of clinical and care professional leaders and other systems has made it clear that there is an urgent need and moral imperative to ensure our system leaders are supported and have access to leadership development if they are to be expected to work and lead in the new ways we are asking of them. We recommend progressing the development of the SEL Systems Leadership Academy at pace to meet this need.

## Next steps for this work:

- **Finish our rapid learning** from how similar initiatives have been established and operationalised elsewhere to inform first steps and codify the process for standing up the Academy (Frimley, Dragons Heart, Canterbury, Kings Fund)
- **Identify what support** will be needed to stand up the academy (inc. roles, administrative, delivery funding, need identification at borough/place, comms and engagement)
- **Engaging wider community of leaders** through identifying key stakeholders and bringing wider perspectives across the system together for a workshop to agree vision, scope and initial programmes for the SEL Systems Leadership Academy
- **Formal design proposal for investment to the ICS Executive at end of September.**

# Annex A

## Responding to the NHSEI Design Framework

# NHSEI ICS Design framework - strength testing our proposals

In June 2021, NHSEI published the first version of the [ICS Design Framework](#), which sets out future ambitions for ICS' including describing the features of an effective model for clinical and professional leadership. We contributed to the the guidance on clinical and professional leadership in some detail and our proposed approach has been informed by this document and responds to it in full, so that any investment can be made with confidence in regard to national support and any future assurance processes.

## All ICSs should develop a model of distributed clinical and care professional leadership where there should be...

1	Effective structures and communication mechanisms to connect clinical and care professional leaders at each level of the system. (C&CP leaders) are fully involved as key decision-makers, with a central role in setting and implementing ICS strategy. They should reflect the learning and experience gained from CCG clinical leadership, building out from this to reflect the rich diversity of clinical and care professions across the wider ICS partnership, including health, social care and the VCSE sectors, embedding an inclusive model of leadership at every level of the system.	6	These arrangements should support and enhance those of the organisations within the ICS footprint, which are responsible for the professional and clinical leadership of their people and services.
2	A culture which systematically embraces shared learning, supporting its clinical and care professional leaders to collaborate and innovate with a wide range of partners, including patients and local communities	7	We encourage systems to consider how they could use a peer review approach to support their development in this area, buddying with other systems to undertake their assessment and develop subsequent plans.
3	Protected time, resource support and infrastructure for clinical and care professional leaders to carry out their system leadership roles	8	For the NHS ICS body, the clinical roles on the Board, described in the 'Governance and management arrangements' section, are a minimum expectation, ensuring executive-level professional leadership of the organisation. Individuals in these roles are expected to ensure leaders from across clinical and care professions are involved and invested in the purpose and work of the ICS.
4	Clearly defined and visible support for clinical and care profession leaders, including support to develop the leadership skills required to work effectively across organisational and professional boundaries	9	The ICS NHS board will be expected to sign off a model and improvement plan for clinical and care professional leadership that demonstrates how this will be achieved, and to ensure that the five guiding principles described above are reflected in its governance and leadership arrangements.
5	Transparent approaches to identifying and recruiting leaders, which promote equity of opportunity and a professionally and demographically diverse talent pipeline which reflects that community it serves.		

## Annex B

# Why we need an academy - lessons from others

# Three critical conditions our Academy can help ensure

The conversations we have had with domestic and international leaders such as the Kings Fund, Canterbury in New Zealand, Greater Manchester and the Accountable Care Learning Collaborative in the USA confirmed that, for any high performing healthcare system, three fundamental conditions must exist if clinical and care professional system leaders are to succeed - irrespective of any Governance we put in place. These are also reflected in the [NHSEI guidance for ICSs on supporting clinical and care professional system leadership](#) (see Annex 1). A shared, system-wide capability can help us ensure these three critical conditions exist and prevail.



1. **Capability.** Those clinical and care professionals whom we ask to lead across the system must be supported to develop the capabilities they need to succeed. *Our proposed south-east London Systems Leadership Academy can respond to this need.*
2. **Opportunity.** Even with the right skills, knowledge, behaviours and structures, if our system leaders do not have the protected time to do what we are asking them to do they cannot be expected to succeed. *The most important investment we must make is in protected time and funded roles. Our Academy can create focused and applied opportunities to learn and develop systems leadership practice.*
3. **Motivation.** We need to encourage, recognise and reward the system leadership behaviours we need from our clinicians and care professionals. Creating a permissive environment that is empowering, and ensures that they have the autonomy and agency to act. *We can do this by protecting time, funding roles, modelling desired ways of working, investing in exemplar projects and programmes and providing opportunities for personal and professional growth via our Systems Leadership Academy.*