

Clinical and care professional system leadership in south east London

Engagement programme report, April 2021

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Vibrant community of clinical and care professional leaders

Our vision for clinical and care professional leadership is for a vibrant community of leaders working across boundaries all over south east London, with clinical and professional expertise at the centre of how decisions are made across the system.

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

Between January to April 2021, we - Our Healthier South East London ICS - undertook a programme of work to better understand how we can meet this vision. Such leadership supports our ambition to offer better care and health outcomes for our local population, and ensure that those working to deliver care across our ICS partnership feel valued and proud to be working in south east London.

The work heard from over 100 leaders across a combination of interviews, digital workshops and a survey.

This pack sets out our findings and recommendations as to how south east London can continue to develop their approach to developing effective system-wide clinical and care professional leadership. This work was supported by Kaleidoscope Health and Care.

Programme of intense engagement over four months

Workstreams



Engagement

- Engaged 100+ leaders across SE London



Inspiration

- Learnt from systems in UK, Europe and US



Governance

- Reviewed current model in comparison to others

Core themes

Purpose, focus and ambition

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

Culture of connection and learning

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

Inclusion, support, and interdependence

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

Implications

Principles

- Set of six principles to guide future development

Recommendations

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

Connected issues

- Issues to consider in parallel to leadership

Three core themes from the research and engagement



Purpose, focus and ambition

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



Culture of learning and connection

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



Inclusion, support and interdependence

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

Six principles to underpin future development



Two sets of recommendations: governance and community



**Purpose, focus
and ambition**



**Culture of learning
and connection**



**Inclusion, support
and
interdependence**

**Updating ICS
governance model
to support vision**

Agree purpose and functions within ICS governance

Establish enabling structures and ways of working

Confirm ICS roles to support functions and structures

Secure funding for roles, protected time and support

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

Map existing SEL leadership development and support

'Walking in each others shoes' shadowing programme

Network for SEL next generation systems leaders

Support for system improvement and innovation projects

SEL clinical and care professional leaders conference

Relationship building via learning and inspiration events

Further engagement with a broader set of leaders

Establishing the “scaffolding” to build leadership for the future

We have learnt from our research that there is a need to **establish strong ‘scaffolding’** to support a sustained, efficient and more distributed approach to system leadership.

In line with the SEL ICS development ‘Ways of Working’ and ‘Systems Architecture’ workstreams, we propose building on the models of SWL and GM, and co-designing a version of these that work for SEL

Updating ICS governance model to support vision

Activities to build vibrant community of clinical and care professional leaders

Agree purpose and functions within ICS governance

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Using “Academy” as a label for community workstreams

We have learnt from other systems of the benefits of a clear identity for this community building work.

Propose creation of a single brand to encompass these workstreams - working title of “**SEL System Leadership Academy**”.

and
interdependence

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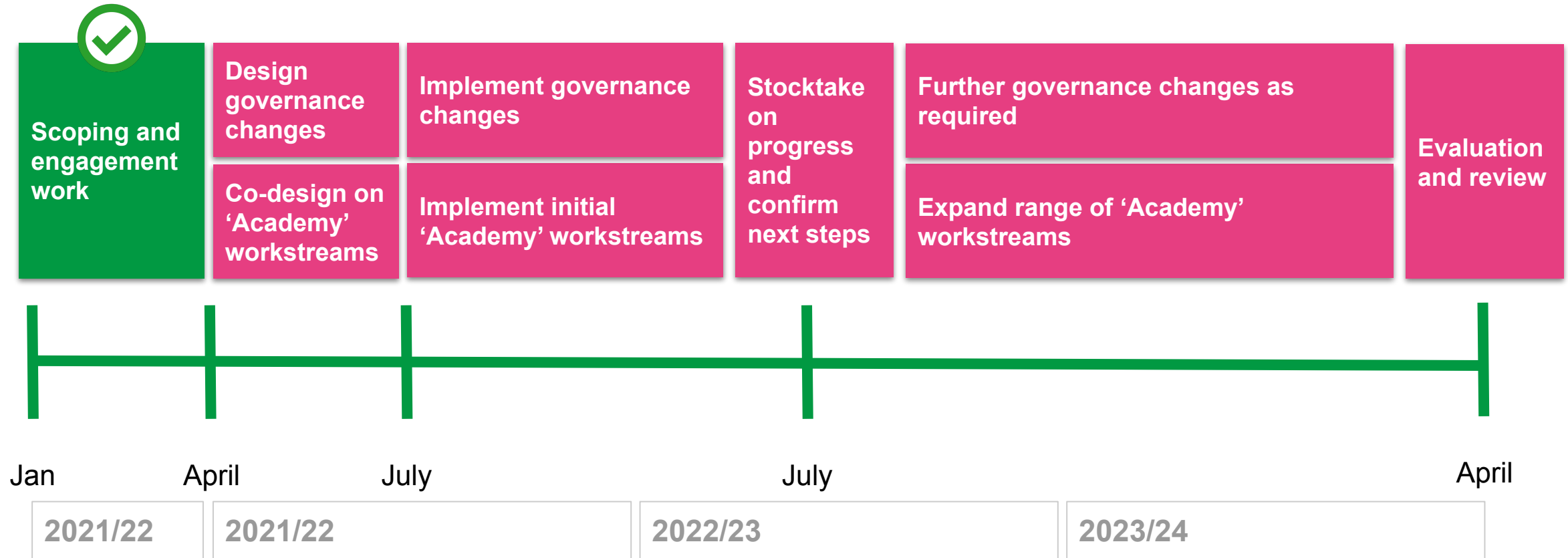
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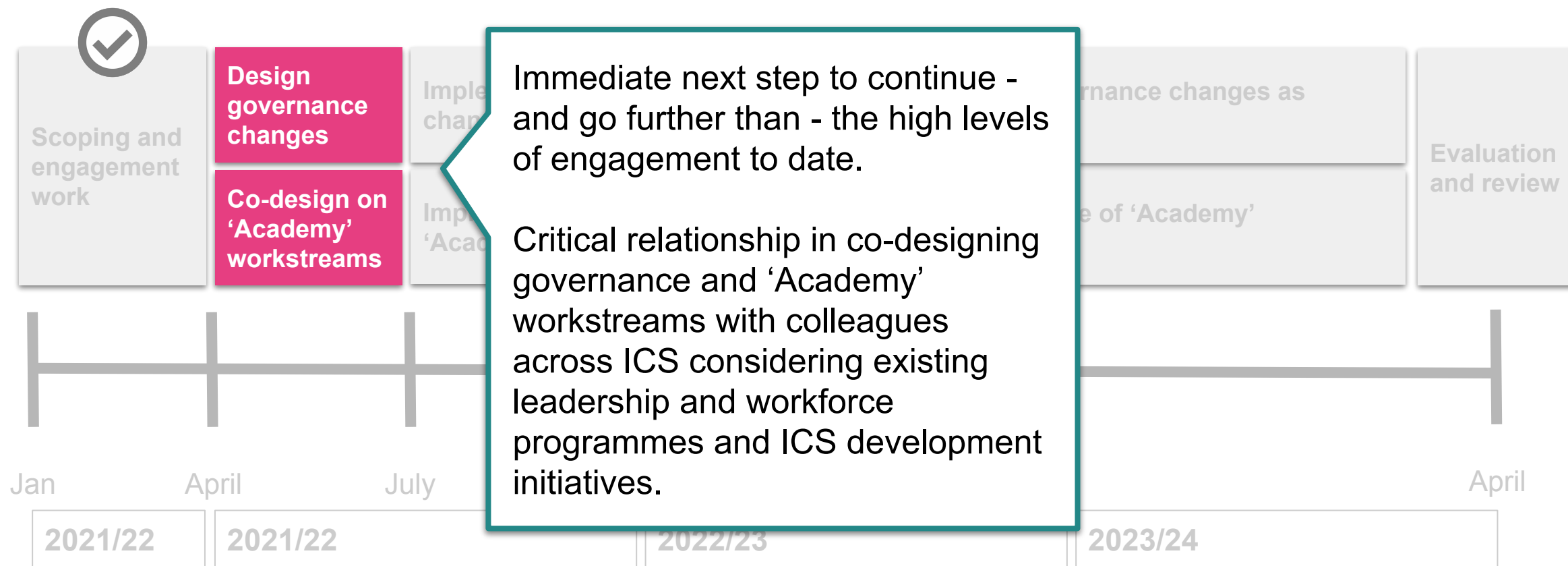
Map existing SEL leadership development and support

Further engagement with a broader set of leaders

Focused 3 months development to continue momentum



Using the next three months for further co-design



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Our approach focused on engagement and inspiration

Since we began this programme in February we have engaged with **100+ clinical and care professional leaders**.

Through a combination of interviews and workshops we have heard from health and care colleagues from across south east London in a **variety of system leadership roles** including: primary, community, acute, mental health, social care, pharmacy, nursing, HEE, academic partners and the ICS executive.



We held a series of **'inspiration' learning sessions** with national and international thought leaders and pioneers to learn what makes great clinical and professional system leadership and what this means for our approach in south east London.

These ranged from the Accountable Care Organisation Learning Collaborative and Duke Margolis Center for Health Policy in the USA, to approaches used in SW London, Dorset and Greater Manchester.

This culminated in a clinical and care professional leadership **summit** attended by over 50 health and care leaders working across the system, where we discussed key messages arising from the engagement programme so far and the next steps for developing clinical and care professional leadership in south east London.

It's essential to root leadership in a clear ICS purpose



Purpose, focus and ambition

Culture of learning and connection

Inclusion, support and interdependence

- **Start with the why:** Across our discussions many have stressed the importance of working together to produce a clear and purposeful strategy. Colleagues at the SEL CCG told us that they valued the ICS workshops where clinical leaders developed shared goals and key care priorities “It felt very relevant and achievable, with maximum potential to make a difference to the population and relieve pressure on the system.”
- **Focus on areas of most system potential:** Across our discussions many stressed the importance of developing structures based around key areas of work which give clinical and care professional leaders the mandate to lead system-wide service improvement and transformation projects. Many suggested adopting networks focused on particular care priorities and/ or specific task and finish groups. Other systems such as SW London and Manchester have approached this by developing a series of deliberately resourced and funded condition-specific networks and clear functions for clinical and care professional leadership within ICS governance e.g. systems leadership development and research
- **Chance to be world leaders:** Evidence shows the power of effective clinical and care professional leadership for high performing integrated systems. Learning from other systems we know no one has cracked this yet, but south east London should be aiming to exceed not just emulate others.

ICS can play a key role in enabling a community to grow

Purpose, focus
and ambition

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- **Permissive structures enabling connection:** Many agreed C&CP system leadership should be integrated into our formal system governance structures and networks. However, recognising the restrictions of representative governance, many emphasised the value of building relationships and working across organisational boundaries. We should focus on developing a culture and community of innovative, impactful and inclusive C&CP leadership across practice, place, borough and system levels for the long term
- **Underpinned by psychological safety:** Our conversations showed that developing a learning culture where people feel safe to contribute is key to enabling effective system working. There are many exciting examples where C&CP leaders, working interdependent with non-clinical leaders, are driving real systems change. Colleagues at Lambeth Together told us about their Alliance-wide response to significant pressures in inpatient beds. These examples should be identified, celebrated and scaled up.
- **Convening for maximum impact:** The ICS can have a more significant impact on the value of C&CP leadership by acting as a convener and enabler rather than a director. Bottom-up approaches, such as developing networks, and creating opportunities to convene and share learning can empower people to work more creatively across boundaries.

Diversity of leadership is critical for this to have impact

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- **Need for diversity of leaders:** Ensuring our approach is deliberately designed to be inclusive and reflect the diversity, breadth and depth of our system has been a resounding theme. We must bring together a broad range of professional groups so we can quickly move beyond the traditional medical model. In all our workshops, we discussed inspiring and encouraging early career leaders, and empowering staff on the ground.
- **Leadership development and support:** Across our discussions, we heard that a clear support offer is needed from the ICS in the capabilities, opportunities and motivations that are required when working effectively across organisational and professional boundaries. We have heard about excellent examples of leadership support frameworks taking place at local level including Bromley Healthcare's forum for AHPs.
- **Interdependence with executive leadership:** As we develop our governance and structures to ensure we have the most joined up ways of working and patients have the best experiences of care, C&CP leadership must be a part of (not apart from) executive governance. Evidence shows this a fundamental characteristic of significant positive system-wide improvement and transformation such as the reform of Stroke and Cancer services in London.

Leaders were energised by a long-term, exciting vision

We sought to understand the long term ambitions and vision for clinical and professional leadership across south east London. Leaders across the system agree with the long term vision of developing a vibrant community of leaders working across boundaries all over south-east London, with clinical and professional expertise - integrated with executive leadership - at the centre of how decisions are made across the system.

Our long-term vision

“What would make you proud?”

Tangible compassionate leadership that has improved outcomes for patients and people working in SEL.

“Where do we want to get to?”

Every system partner and leader knows what other parts of the system do, how they work and how all parts work to support each other with the patient in the centre.

“How do we want to be working?”

We transparently look at our agreed outcomes and are open about how successful we have been, assess why not and where we have gone wrong.

“What would success look like?”

We have made real change happen - involved other partners and prevented disease and lessened need for hospital beds.

With a first year focus to set the tone and agree priorities

Our vision for the next year

“What would make you proud?”

Not reverted to silo working - maintaining the good and developing relationships that were forged during the pandemic.

“Where do we want to get to?”

Initiate some development programmes to create some new leaders with confidence to take on leadership roles across professions.

“What would enable success?”

Resolved the tension between higher level command and control within the ICS and allowing local leadership to address local problems and formulate local solutions.

“What do we need to do?”

Identifying system priorities and key programmes, nurturing culture of learning from each other and demonstrate outcomes.

Our long-term vision

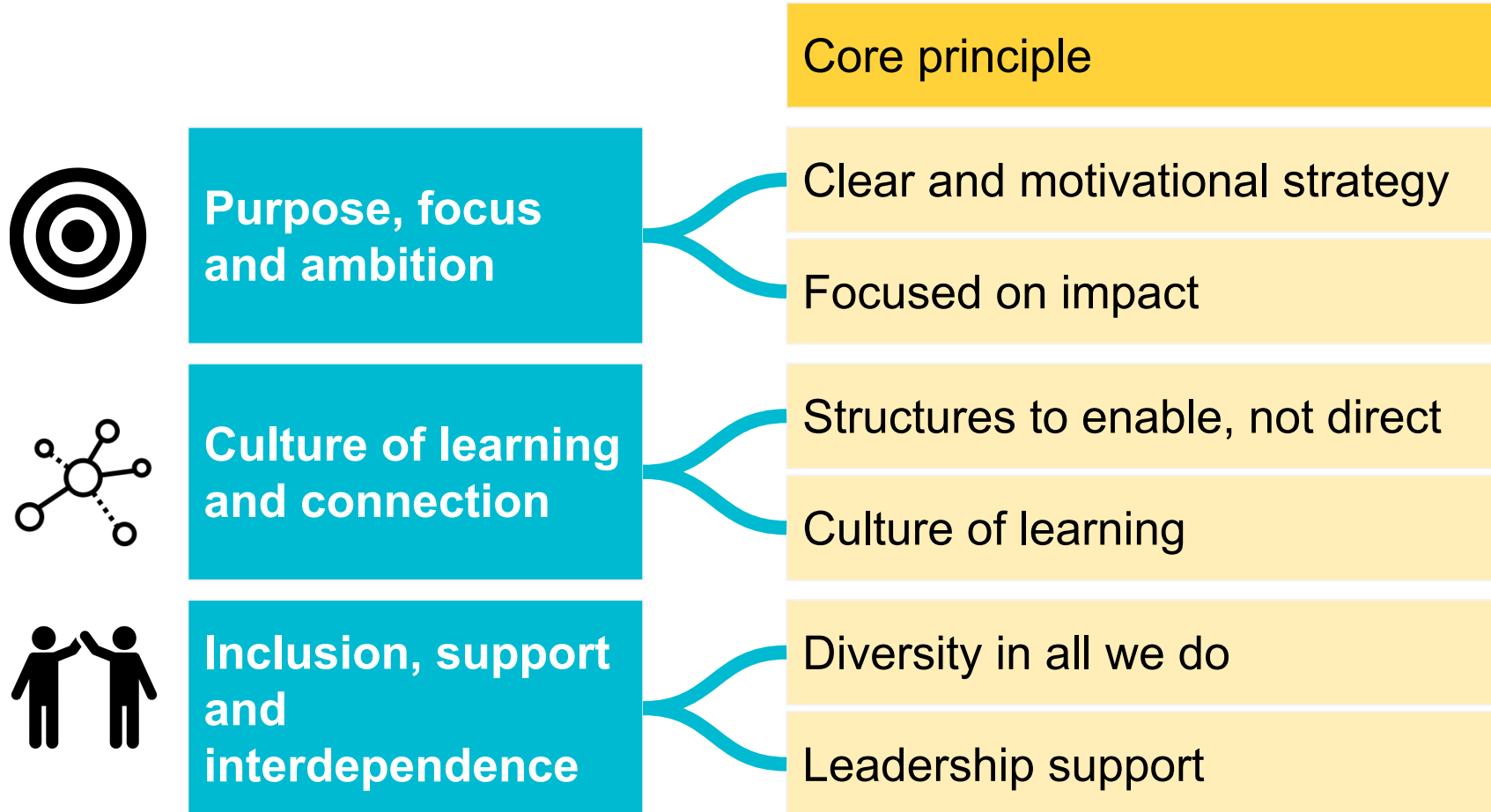
“What would make you proud?”

Tangible compassionate leadership that has improved outcomes for patients and people working in SEL.

The next year poses a huge opportunity and challenge for south east London as it moves to become a fully integrated ICS and progresses it's ambitions to deliver truly joined up care and best possible health outcomes for the population. If the ICS is going to achieve these ambitions, enabling effective clinical and professional system leadership will be a key component of effective system change.

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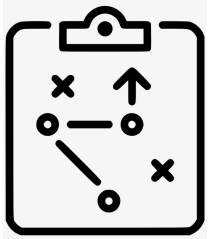
6 core principles for future system leadership development



The widespread engagement and inspiration from other systems identified having a clear set of principles as a key factor to establishing a successful programme of development work.

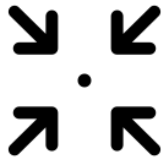
These six have been derived from the core themes, and in particular the Summit held in April.

Core principles for future system leadership development



Clear and motivational strategy

- Clinical and care professional system leadership in south east London must be underpinned by a clear, purposeful and motivational strategy that describes why the ICS exists and how it will improve patient lives.



Focused on impact

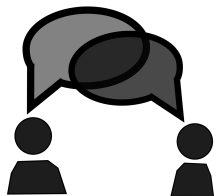
- Meaningful system-wide clinical and care professional leadership should be framed around key functions or programmes of work that have a clear benefit of being addressed at system level and what leaders can collectively contribute to the broader system.



Structures to enable, not direct

- Clinical and care professional leadership must be fully integrated into our formal system governance structures and networks.
- Develop a community of innovative and impactful clinical and care professional leadership across all levels underpinned by a network of relationships based on trust and a culture of connectedness.

Set of principles for future development



Culture of learning

- We must develop and foster a culture of learning in south east London which is underpinned by psychological safety. We must share our successes and learn from them across the system.



Diversity in all we do

- Clinical and care professional leadership across south east London must be inclusive and reflect the diversity, breadth and depth of our system across care settings, place, professional groups and networks and the population we serve.



Leadership support

- There is a need for a clear offer of support for system-wide clinical and care professional leadership development.
- Supporting the development of skills, behaviours, tools and relationships required when working effectively across organisational and professional boundaries.

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Two sets of recommendations: governance and community



**Purpose, focus
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**Culture of learning
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**Updating ICS
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'Walking in each others shoes' shadowing programme

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SEL clinical and care professional leaders conference

Relationship building via learning and inspiration events

Further engagement with a broader set of leaders

1. Agree purpose and functions within ICS governance

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- We have worked closely with PPL to ensure alignment between the visioning and purpose work and this programme. We would seek to continue this to ensure the final ICS purpose clearly signifies the value of clinical and care professional leadership formally within the governance model and ways of working in the ICS.
- This purpose should be reflected in the functions which clinical and care professional leadership will focus on within the ICS. In our research into other systems, these functions have included service development; quality improvement; setting of standards and outcomes; population health management – shaping approaches to risk stratification and care model development; research & evidence creation, discovery and spread; quality assurance and Safety; professional leadership support and development
- Agreeing this purpose and associated functions should be embedded into the existing ICS development work with particular relevance to the 'Ways of Working' and 'System Architecture' workstreams. This should be in collaboration between clinical and care professional leadership and the ICS Executive and reflect the roles of both place and system leadership.

2. Establish enabling structures and ways of working

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- A range of formal and informal enabling structures must be established and maintained so clinical and care professional expertise is organised and supported for maximum effect across the system. Progress is already being made to develop this across the five agreed workstreams for the ICS development, particularly 'Ways of Working' and 'Systems Architecture'.
- These structures and ways of working should all be designed with the six principles proposed for the future of clinical and care professional system leadership in south east London in mind - with a particular focus on diversity, permissive ways of working and interdependence with executive and managerial structures
- Questions to be considered include identifying the right spatial level (ICS and Place) to operate; responsibilities and representation across and within structures and expected ways of working.
- In other systems these have included formal groups (e.g. ICS Exec membership, Partnership Board, Senates, Clinical and Care leadership groups), networks and distributed groups through which clinical and care professionals can participate in and shape system oversight, transformation and improvement.

3. Confirm ICS roles to support functions and structures

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Further engagement with a broader set of leaders

- There is a need to establish the necessary 'scaffolding' to support a more distributed approach to system leadership.
- Learning from models in other systems, work has already begun in SEL to confirm the necessary roles that must be funded by the ICS if we are going to fulfill statutory obligations, achieve our vision and support the transitions of leaders who currently work in system wide roles.
- To progress this work we must continue to identify the following roles to support functions and structures:
 - specialties in SEL which will be allocated centrally funded clinical sessions
 - roles that must be covered but the sessional allocation can be managed flexibly in each borough.
- This work would serve to support the existing ICS Development workstreams, particularly 'Ways of Working' and 'Systems Architecture'.

4. Secure funding for roles, protected time and support

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- Allocated time for 'system leadership' is a central and recurring theme of our engagement and should be an immediate priority for the continuation of this work.
- Many stressed the need for protected time to be a system leader to think and formulate ideas away from the day job including engaging in cross-system peer to peer/action set learning and shadowing.
- Clinicians find it hard to be released to commit to ICS work and for some clinicians, their time to attend system-wide governance meetings/networks is unpaid.
- Our research and feedback from CPLG reflects a need to also identify, allocate and fund a set of enabling support roles (e.g. managerial or secretariat roles) to enable cross-system clinical and care professional networks and programmes to succeed.

5. Map existing leadership development and support

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Further engagement with a broader set of leaders

- There is already an extensive amount of clinical and care professional leadership development and support initiatives happening across SEL both within organisations and in partnership with innovation networks and higher education providers.
- We recommend mapping out this work to develop a comprehensive picture of system leadership development activities across south east London by consulting with relevant stakeholders, organisations and HE providers across south east London.
- This will ensure that any investment in additional formal programmes of systems learning and development build on what is already there where appropriate

6. 'Walking in each others shoes' shadowing programme

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Further engagement with a broader set of leaders

- We recommend introducing a 'walking in their shoes' model of 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 Dorset and Wessex
- Time investment, and support and commitment from individual organisations as well as the system will be necessary for this approach to be successful.
- This programme should be designed to support 'walking in their shoes' opportunities across multiple dimensions: place, organisation, sector and professional group (including prioritising opportunities for C&CP leaders to walk in the shoes of ICS executives and vice versa).

7. Network for next generation systems leaders

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Further engagement with a broader set of leaders

- There is a clear and urgent need, expressed throughout our engagement, to identify, engage and develop early career leaders, and staff on the ground to be part of current and future systems leadership in SEL
- 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 workforce and population.
- We would seek to work system leadership and workforce programmes to align this with existing talent and workforce initiatives.

8. Support for system improvement and innovation projects

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- There is a wide variety of effective clinically led innovation and improvement projects happening across south east London at local levels.
- To further develop this and provide the most benefit for the system we recommend developing a strategy to help clinicians spread effective innovation in partnership with SEL Health Innovation Networks.
- This could include inviting 'bids' for support for a number of systems improvement projects and supporting action learning sets and group support/knowledge development.
- We have been asked to help the ICS Executive share successful examples of this kind of working during COVID with the ICS Partnership Board in May. This is a further opportunity to build the case for investment in this agenda.

9. Clinical and care professional leaders conference

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- We recommend bringing together 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.
- In the aftermath of covid, many leaders have expressed the wish to come together to shape the strategy for the ICS and how it will deliver the best possible care and health outcomes for patients.
- Our research demonstrates that a purposeful and motivational strategy is key to developing C&CP leadership and the success of the ICS more broadly.

10. Relationship building via learning and inspiration events

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Further engagement with a broader set of leaders

- Across the programme there has been a positive reaction to our workshops and with many in favour of continuing regular meetings and other forms of engagement and inspiration sessions.
- Now is a good opportunity to continue these conversations and sustain the enthusiasm for how we develop C&CP leadership and connect health and care partners working across the system.
- We recommend extending these sessions to deliberately provide opportunities for C&CP leaders to engage with managerial and executive leaders including those leading in areas such as digital and estates which have an important enabling role to play in delivering care across the ICS

11. Further engagement with a broader set of leaders

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Further engagement with a broader set of leaders

- While we have been pleased with the scale of engagement in this first phase, for this work to be truly inclusive and represent the diversity in SEL further engagement with a broader set of leaders is necessary.
- Particular focus should be given to care home leaders, academic partners, public health, local authorities, social care providers, patients & carers and junior staff, young leaders & trainees and leaders in digital and estates.
- We recommend the ICS invests in a dedicated piece of engagement work with the public and patient representative community in SEL to explore how they can contribute how we design and prioritise areas for systems leadership development and, to identify the potential for patient leaders to play a more direct role in systems leadership alongside C&CP leaders

Using 'Academy' as a label for community building activities

This programme of engagement has demonstrated that there is a strong desire to build **a community of leaders** across south east London who can come together to develop relationships across the system, share learning and expertise and access learning and development support.

Learning from other systems, it is clear that such a community can not be sustained on its own and a dedicated capability is necessary to support this level of transformation. There is a need for a clear identity for this work and we propose creating a single brand of a '**SEL System Leadership Academy**' to encompass these workstreams.

A central part of developing this workstream will be to align and partner with the broad range of existing system leadership development activities happening across south east London. We will seek to work with the Workforce team, understanding how we can support their work on resilience and compassionate leadership, and consult with SEL Health Innovation Networks and other HE and development partners to map and identify the wealth of activity happening across south east London and how we can use this resource to build what is working within the system.

The success of other system leadership academies such as The Frimley Academy, shows that when done right a capability of this kind can bring leaders together to work across boundaries and support the development of a truly integrated system. Exploring the possibility of a SEL Systems Leadership Academy reflects our commitment to supporting and ambitions for systems leadership for our workforce and population

Connected issues to be considered in parallel to leadership

Integration with executive and managerial leadership

- Opportunities to bring together leaders across the clinical, care and executive communities are baked into all recommendations in this report. This will require visible leadership by the ICS Exec in particular to model this way of working.
- An early, pressing, agenda item is to bring the ICS Exec together with a subset of C&CP leaders to establish interdependence via governance structures, agree the location of 'functions' or areas of work and confirm future ways of working.

Patient and public involvement

- Throughout our work the apparent absence of public and patient involvement in the design and work of the ICS - including priorities for the development of C&CP leadership was highlighted to us - including by the patient and public leaders we engaged.
- We recommend the ICS invests urgently in a dedicated piece of engagement work with the public and patient representative community in SEL to explore how they can contribute to how we design and prioritise areas for systems leadership development and, to identify the potential for patient leaders to play a more direct role in systems leadership.

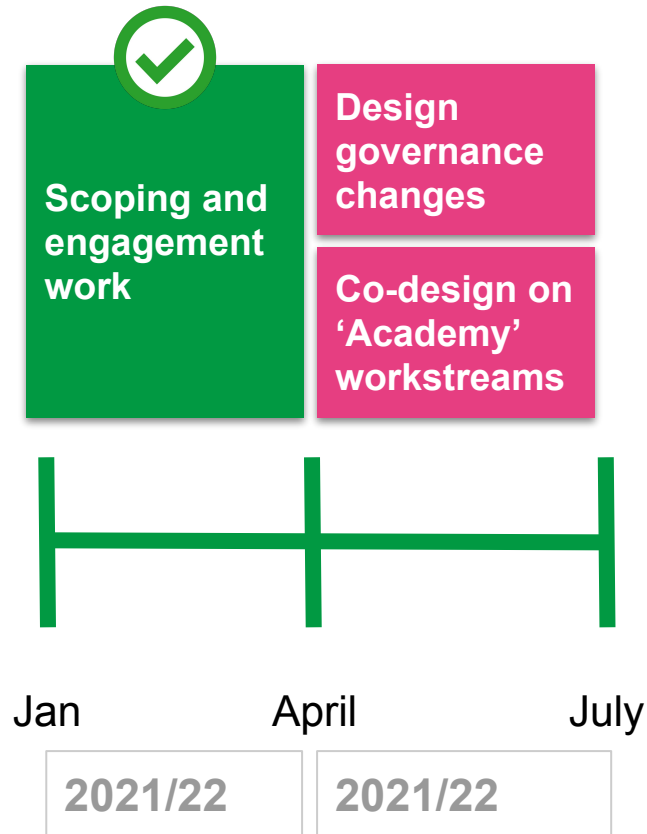
Data, digital and information

- The need to ensure any programme of investment in C&CP leadership provides opportunities to integrate with leaders in enabling functions such as data, digital and information has been stressed throughout our recommendations.

While being separate to clinical and care professional leadership, these three issues are highly connected and need to be developed in tandem

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Focused 3 months development to continue momentum



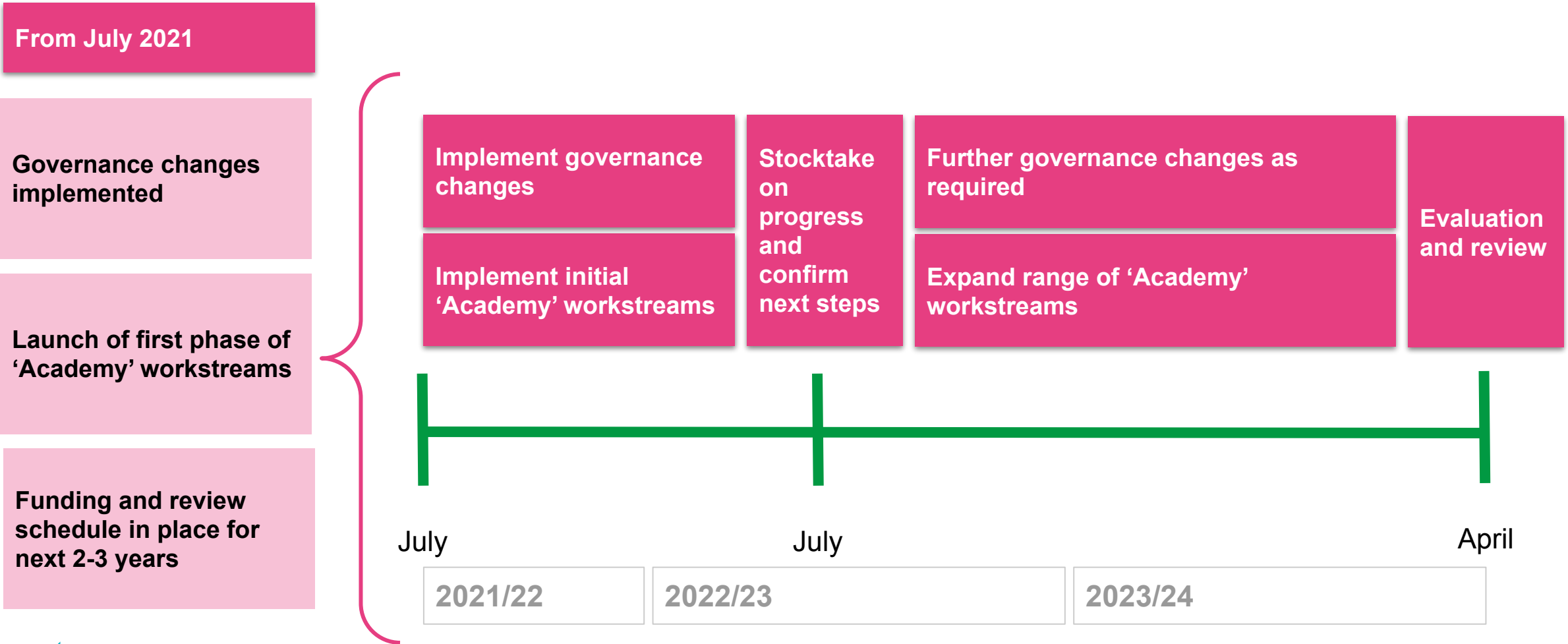
Priority actions

Co-design

The spirit of high engagement should be continued and expanded to include a greater breadth of voices and create a sense of confidence in and ownership of proposed developments

- The design of the of the governance model will draw upon the expertise of both managerial and clinical and care professional ICS development colleagues and will support the 'Ways of Working' and 'Systems Architecture' ICS development workstreams.
- The 'Academy' workstreams require close working in partnership with workforce team, health innovation network and system leadership partners to align existing work, consider academy label and develop new programmes.

Aim for a July 'launch' of a long-term programme



Progressing this set of recommendations

Thank you for your time reviewing this pack and our proposals for continuing to develop the approach to effective clinical and care professional system leadership across south east London. Your feedback and contribution throughout this process has been invaluable.

Next steps

- **Comments from CPLG:** We will present this report at the CPLG meeting on Tuesday 27 April, in this sessions would like to invite members of the CPLG to comment on our findings and recommendations. After this session we will incorporate this feedback into our proposal.
- **ICS Exec:** We will bring a paper to the ICS Exec on the 12th May seeking views and endorsement for taking forward the recommendations continuing this programme to develop clinical and professional leadership in south east London.