South East London Clinical and Care Professional Leadership Summit

13 April 2021

KALEIDOSCOPE
Health and Care

Our Healthier
South East London
Integrated Care System

Introduction

On Tuesday 13th April 2021, Clinical and Care Professional Leaders from across south east London (SEL) met at for a summit where we discussed key messages arising from our engagement programme so far, and what the next steps for developing clinical and care professional leadership in south east London might be.

The objectives of the session were to:

1. Share the findings of our engagement programme so far
2. Test and refine:
    a. A core set of themes for clinical and care professional leadership for the ICS which will inform the principles of all our future development plans
    b. Our short and long term aims for the development of clinical and care professional leadership across south east London
3. Agree priority strands of work across for the next three months and confirm next steps.

This pack provides an overview of our discussions

Section 1: What does effective clinical and care professional leadership look like across a system?

To kick off our conversations, we heard from three speakers, who shared their personal perspectives of what effective clinical and care professional leadership looks like, both from working in south east London and from a policy perspective.

Angela Helleur
Chief Nurse, Lewisham and Greenwich NHS Trust

Angela reflected on what **strong system leadership** has looked like over the past year.

She shared that although there are ongoing **challenges around equity o**f access and outcomes for patients**,** the **power of coming together** as a clinical leadership team can start to have a huge **positive impact on those inequalities.**

Starting to **build and develop relationships** as a foundation for a clinical and care approach to the ICS is key.

Vanessa Burgess
Chief Pharmacist, NHS South East London Clinical Commissioning Group

Vanessa described how effective clinical and care professional leadership has been **amplified during the pandemic.**

In her perspective, **shared purpose** is fundamental to developing system leadership, and maintaining a **focus on compassion.**

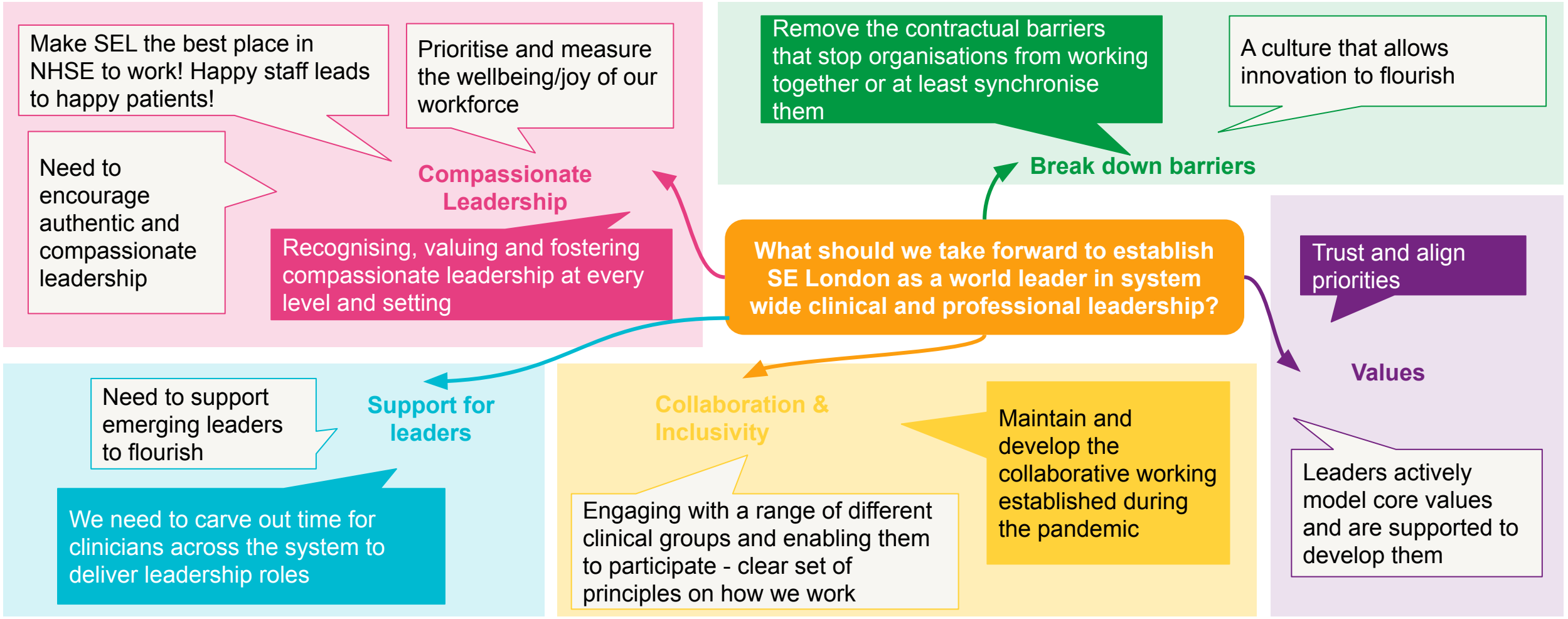
Vanessa also reflected on how establishing **trust** with senior leadership **empowered** leaders during the pandemic and allowed them to move forward. She highlighted how we should build on and amplify this going forwards.

Ben Collins
Director for System Development, Our Healthier South East London ICS

Ben shared key insights from Laura Neilson's (CEO of Hope Citadel) story to help inform clinical leadership in SEL:

1) Clinical Leaders as **champions of the most deprived**
2) Enabling a **breadth of leadership roles.**
3) Leadership should be underpinned by **compassion.**
4) A focus on **leaders found in unexpected places.**
5) Consider the **support** we need to give to these leaders to enable them to feel valued and achieve their aims.

We then asked the group to reflect on what they had heard and consider what we should take forward in developing our approach in south east London.



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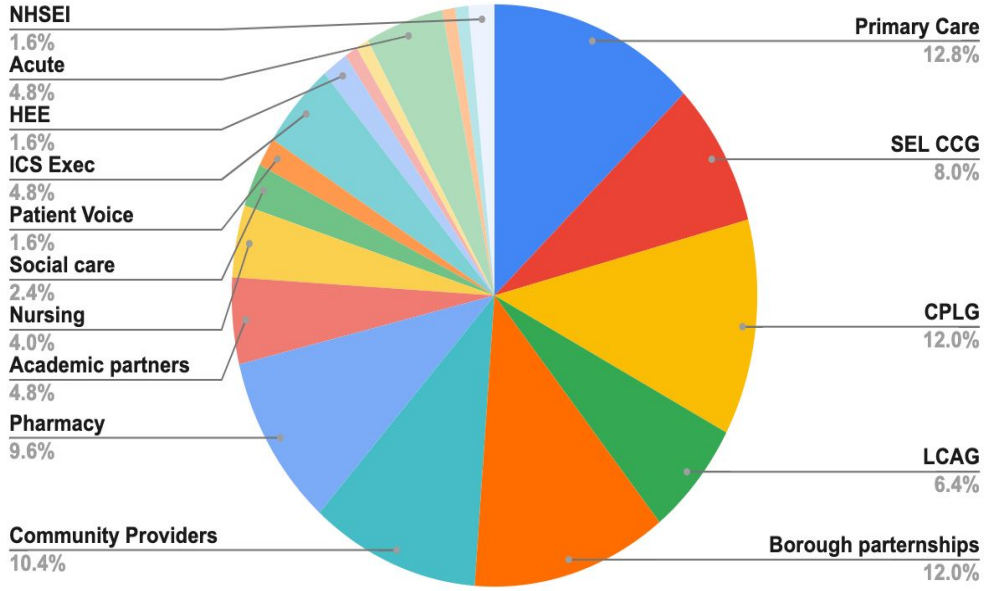
Section 2: What needs to happen in south east London to achieve this vision?

In the next part of the session we shared the findings of our engagement programme so far. The following slides recap what we discussed.

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 and academic partners.

We also held a series of **'inspiration' learning sessions** with national and international organisations to learn what makes great clinical and professional system leadership.



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We shared nine key themes that emerged from our engagement (see slides in annex) and then discussed the following **nine core messages.**

- Clinical and Care Professional system Leadership in south east London must be **underpinned by a clear, purposeful strategy** which describes why the ICS exists and how it will improve patient outcomes.
- We must be **ambitious in our approach** to integrated clinical and care professional system leadership. Seeking to learn from others and become world leaders in the area.
- The integration of clinical and care professional systems leadership with **managerial and executive leadership** will result in better health outcomes and experiences of care for the people of SE London and increased joy at work for our leaders.
- 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
- Clinical and care professional leadership must be integrated into our formal system **governance structures** and networks. But for this to be successful we must develop a **culture and community of innovative, impactful and inclusive** clinical and care professional leadership across all levels.
- 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.
- We must support system-wide clinical and care professional **leadership development**. There must be a clear support offer that supports the development of skills, behaviours, tools and relationships required when working effectively across organisational and professional boundaries
- The **ICS** should act as a **convener** and **enabler** for clinical and care professional leaders. Aiming to empower locally rather than developing a new set of architecture.
- 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 and apply them across the system.

We asked the group to rank the core messages emerging from the work to date and tell us what they liked, what was missing and how they would prioritise them. Below is how they ranked the messages and key discussion points.

1	Diversity of Leadership
2	Underpinned by a clear, purposeful & motivating strategy
3	Permissive structures based on a culture of trust & connectedness
4	Focused on key areas of system level work
5	Learning culture underpinned by psychological safety.
6	Be ambitious
7	Systems Leadership development
8	Integrated and interdependent with executive leadership
9	ICS to convene and enable for maximum impact

This needs to also identify what are the improved patient outcomes for the population of SEL as well as describing how it will improve them.

I like the collaborative working aspect. Not sure we have a common direction yet.

Do we need to focus down on what we will contribute to the broader system.

Missing digital and system leadership to develop and integrate digital developments.

We are missing timescales: often government and funding streams force us into short term thinking and there is insufficient time to truly develop and embed new processes and realise the investment of time and effort.

How can this be as multidisciplinary as possible to build relationships and help understand different viewpoints/pressures/priorities.

We need to think about smaller organisations , we should start with the question of who's not here and how we can enable them.

There is nothing about the patient voice. We need more patient/public partnership with clinical leadership.

Bottom up ground level empowerment.

There isn't anything around building high trust/ respected relationships.

Real challenge is how we trust and support each other to deliver really innovative care to the people of SEL.

Inclusive leadership, we need to build the infrastructure and a safe space for us to put it into practice.

I like the requirement to create a culture of learning, and one which identifies and supports junior members of the ICS staff to have ambition as future system leaders.

Recognition that leadership skills need as much development and support as clinical skills

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We have updated the **core messages** to reflect our discussions and the priorities for developing clinical and professional leadership across south east London. We will continue to test these messages as we progress through this work.

1. 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. We must seek to be as **multidisciplinary** as possible, engaging leaders at all levels and representing the wide breadth of sectors and organisations working across south east London.
2. Clinical and care professional system leadership in south east London must be underpinned by a **clear, purposeful and motivational strategy** which identifies the improved patient outcomes for the population of SEL, describes why the ICS exists and how it will improve patient lives. The voice of our population must be meaningfully heard and represented within this strategy.
3. Clinical and care professional leadership must be integrated into our formal system **governance structures** and networks. But for this to be successful we must develop a **community of innovative, impactful and inclusive** clinical and care professional leadership across all levels which underpinned by a network of **relationships** based on **trust** and a **culture of connectedness**.
4. 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 focus down on what leaders can collectively contribute to the broader system.
5. 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 and apply them across the system.
6. We must be **ambitious in our approach** to integrated clinical and care professional system leadership and veer away from short-term thinking and the expectation of immediate results. Clear timescales and sufficient and dedicated time is needed to truly embed and develop our new approach.
7. We must support system-wide clinical and care professional **leadership development**. There must be a clear support offer that supports the development of skills, behaviours, tools and relationships required when working effectively across organisational and professional boundaries
8. The integration of clinical and care professional systems leadership with **managerial and executive leadership** will result in better health outcomes and experiences of care for the people of SE London and increased joy at work for our leaders.
9. The **ICS** should act as a **convener** and **enabler** for clinical and care professional leaders. Aiming to empower locally rather than developing a new set of architecture.

Section 3: Imagining the future - 1 year; 5 years

In the next part of the session we began to test our our aspirations for clinical and care professional leadership, both in the long term and over the next year. We started by reflecting on where we want to be and want we want to achieve over the next five years.

It is April 2026, and we are all meeting together for our 5th annual summit. What makes you proud to be a systems leader in south east London?

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

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

Evidence that we have delivered better care, improved outcomes, **reduced inequalities**

The scale of our **clinically led improvement** work. We've reached a tipping point and are are spinning off sign savings for reinvestment

We are a **magnet for talent** because of our reputation for developing clinical leaders and supporting all our communities

We have fantastic evidence of **collaborative delivery**, a thriving **development programme** of diverse leadership

What have we invested in over the past 5 years which made you feel proud to be a systems leader?

The group identified the following areas where we should invest both time and funding:

Relationships and shared goals

- Many highlighted the importance of investing time and money to build genuine relationships focused around shared values and vision.
- We discussed investing in organisational development to connect everyone in the system, so they can spend time walking in each other's shoes, and share and work collaboratively across anywhere in SEL.

Capacity and capability

- Many stressed the importance of investing in the capacity and capability of our leaders, giving them protected time and recognising that good leadership takes time. This should be valued as dedicated time the think and lead can help make working in health care truly enjoyable.
- Similarly we must invest in data to truly understand the problems we have and the improvements we can make.This is needed to give adequate time to this process and realise the gains we are trying to make.

Our patients and communities

- The group stressed the need to invest in our own communities, developing local residents to be the workforce we need, with strong leadership for services closer to patients.
- Similarly, we must identify and agree on the clinical priorities that will have the greatest impact on patient outcomes and reduce health inequalities for our population.

After this we reflected on where we want to be in April 2022 and discussed what we need to achieve in the next year if we are going to achieve our vision for clinical and care professional leadership in south east London

Learn from Covid

We must implement the **learnings** from what went well during the **pandemic** into routine care and practice. Maintaining the good and **developing relationships** that were forged during the pandemic ensure we don't go back to **siloed working.**

Develop accountabilities and role of ICS

There must be clarity around **delegated authority** and accountabilities for the ICS, establishing who is responsible for what. We must agree on what will be delivered at **place** and what will be delivered at **system** level. This must be defined within the ICS vision.

Leadership development

We must have the structures in place to **support current leaders** and identify emerging ones. We should initiate SEL wide **multidisciplinary development programmes** to foster new leaders with confidence to take on leadership roles across professions.

If we are going to achieve our long term vision for clinical and care professional system leadership, what do we need to have done by April 2022?

Cross-boundary working and relationship building

We must have an understanding of each other's perspectives and develop a **common language** across organisational silos.

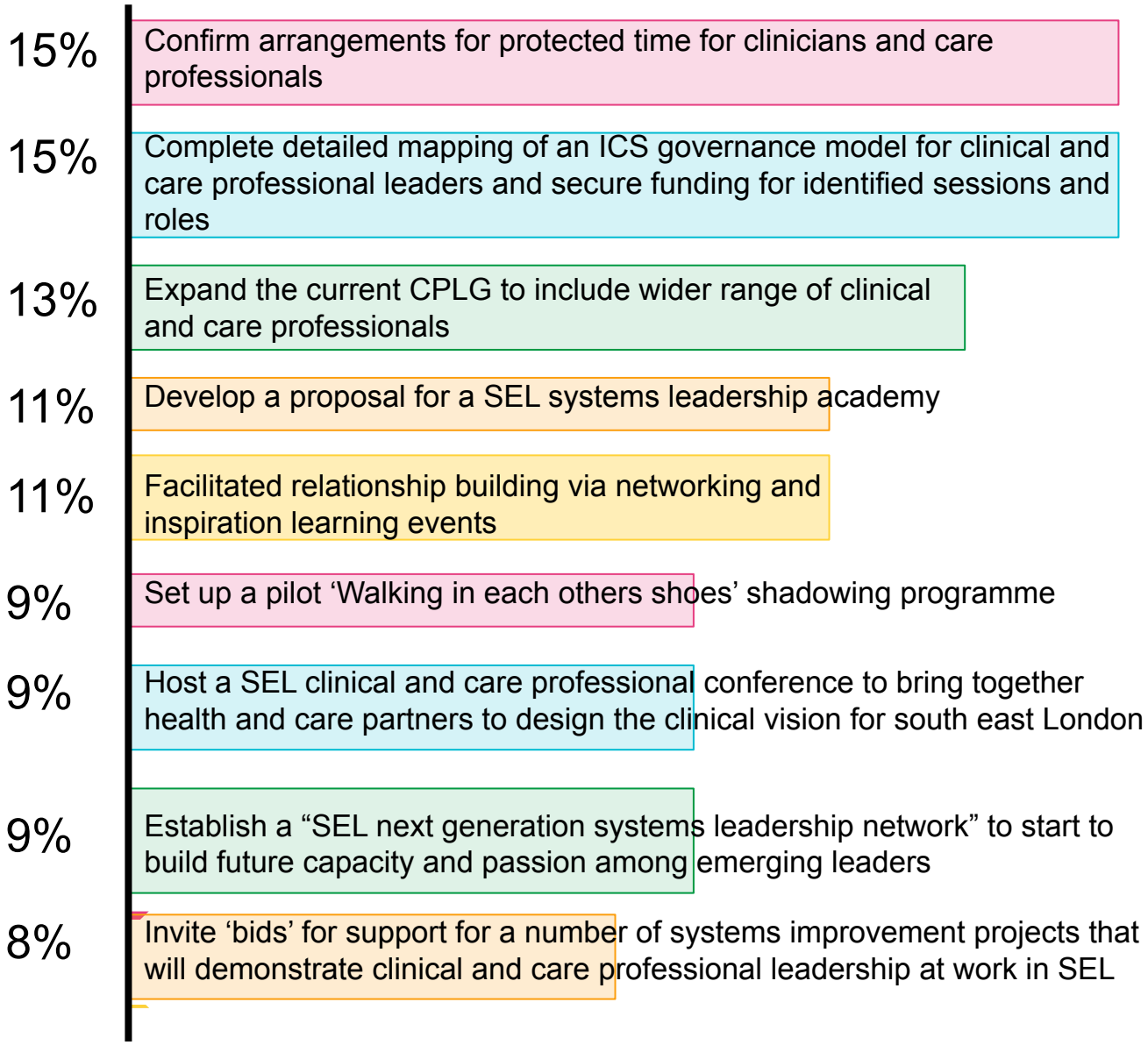
We must **develop relationships** to communicate more easily across the system and **use data** that that speaks across organisations and settings so we can understand what we have/ haven't achieved.

Agree priorities and shared vision

We must have a **shared vision** and collectively agree on key s**trategic priorities** and **programmes of work**. There must be clear acceptance of the **collective responsibility** to achieve the agreed aims among all partners in the system. There must be **genuine buy-in** from all ICS organisations to prioritise this leadership system over others.

This includes aligning incentives so we all pull in the same direction. We must identify obstacles and work with ICS Leadership to unblock these.

Finally, we shared a list of enabling factors and initiatives suggested to us across the engagement programme and asked the group to vote on which would help us to meet our goals for clinical and care professional leadership by April 2022.



What else should we be prioritizing?

After voting on the proposed initiatives we asked the group what is missing and what else we should be prioritising. Key themes included:

- **Effective innovation.** Develop a strategy for helping clinicians spread effective innovation linking in with our SEL HINs. Also how we can support action learning sets and group support/knowledge development.
- **Broader set of leaders.** Widen our leadership engagement and include those who aren't already involved, including social care, and VCSE sector.
- **Mapping leadership development activities.** Understanding what leadership development and training is already existing with our HE providers.
- **Executive leadership.** Consider how we can strengthen relationships with executive/ managerial leadership colleagues and potentially develop buddying schemes.
- **Focus on our population.** Undertake patient engagement to inform system leaders on the patient perspective in SEL healthcare system.

Section 4: What could possibly go wrong…? Pre-mortem

In the next part of the session we asked the group to complete a **pre-mortem** and consider what could go wrong and how we could prevent it.

It's April 2026. We haven't achieved what we set out and clinical and care professional leadership has become an afterthought. What's gone wrong?

The following factors were identified that could contribute to this program of work being unsuccessful:

- **Lack of vision.** A joint strategy is not agreed on, people are not bought into the vision and change taking place.
- **Lost momentum.** Further NHS structural changes affect the course of relationship building within SEL, and the vision for excellent clinical and care leadership is no longer a priority.
- **Stagnant leadership roles.** The same people are still in leadership positions. Emerging leaders have not been supported to develop their ambitions for service transformation.

What can we do now to mitigate these risks?

Clear/ **shared vision** and priorities.

Choose aims and outcomes that can be changed quickly and are **flexible.**

Don't rush to get the answer - take time to get a **consensus on shared purpose** and **build relationships.**

Give leaders time not only to attend important meetings but to **develop and maintain relationships** with the communities (staff and/or patients) who they are representing or working for.

Grow and **empower leaders at all levels,** not just the few in gold.

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Section 5: Next steps

We then went on to consider next steps, and how we can best continue to engage people going forwards.

How do you want to stay involved?

The majority of the group wanted to continue to be involved.

Members were in favour of further regular meetings and other engagement, workshops and inspiration sessions. Some suggested they would prefer face to face engagement, where possible.

> Happy to stay involved in meetings, emails and future summits thank you

> I really want to continue to participate in inspiration sessions - get to know colleagues and be inspired by new ideas

Who needs to be a part of this conversation whom we haven't spoken to yet?

The participants suggested some groups of people who have not yet been involved, who should be brought into the conversation, including:

- Academic colleagues
- Directors of Public Health
- Junior staff, young leaders & trainees
- Local authorities
- Patients & carers
- Pharmacy teams
- Social care providers

Section 6: Closing reflections

To close the session, the group reflected on their ask of this programme of work and the ICS executive to enable us to effectively develop our approach to clinical and care professional leadership. They identified two main priority areas for us to successfully deliver this work: **clarity** and **inclusion.**

Clarity

I would like **clarity about who is responsible for what in the ICS** - there still seems to be confusion

Clarity over what we are able to do at borough level - **clear delegation and permissions**

Ensure that our **ambition for clinical and professional leadership** is front and centre of our **commitment/vision** as an ICS

Inclusion

Don't limit the ability to contribute to be linked only to a fixed role

Ring-fenced funding for clinical leadership **across the system**

Engagement of leadership and **enabling people from a wide range of background to participate,** moving away from organisational boundaries and be fully committed to the 'system'

Include all professions from the beginning

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Finally we asked the group to share one action they personally will commit to take to effectively develop our approach to clinical and care professional leadership.

Make more time for the approach we have agreed, including **understanding other people's role and challenges**

To accept invitations to meetings such as this

Start similar discussion among the team in order to **motivate staff**

Share learning from our KHP pilot that includes compassionate leadership as a strong element

To **remain actively involved** in the development

Try to **get into someone else's shoes** every now & then

I will continue to c**hampion this programme** in the ICS and develop some clear actions to take these proposals forward

Really keen to **offer time** to buddy with others, sponsor/mentor a project, run an ALS/COP

Continue to try and **build connections** and improve understanding, **creating opportunities** for colleagues where possible

Resources to support leadership development in SEL cancer Alliance. And proactive approach to encourage **diverse leadership**

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

What have we heard?

Start with the why	For our approach to clinical and care professional leadership to be successful there must be a clear, purposeful and motivating strategy which describes why the ICS exists and how it will improve patient lives.
Ambition	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. Our approach must be ambitious and seek to mark south east London as world leaders in integrated clinical and care professional system leadership
Integrated and interdependent with executive leadership	Clinical and care professional systems leadership must be integrated with managerial and executive leadership to ensure better health outcomes and experiences of care for the people of SE London and increased joy at work for our leaders.
Focused on key areas of work	System-wide clinical and care professional leadership should be focused on key functions or programmes of work that have a clear benefit of being addressed at system level.
Permissive structures based on a culture of connectedness	Clinical and care professional leadership should be integrated into our formal system governance structures and networks. However recognising the restrictions of representative governance, we should focus on developing a culture and community of innovative, impactful and inclusive clinical and care professional leadership

What have we heard?

Diversity of Leadership	To be effective, clinical and care professional system leadership in south east London must be deliberately designed to ensure it is always inclusive and reflects the diversity, breadth and depth of our system across care settings, place, professional groups and networks and finally, the population we serve.
Leadership development.	Clinical and care professional leaders in south east London should have a clearly defined support offer that recognises the different skill set, behaviours, tools and relationships required when working effectively across organisational and professional boundaries
Convene and enable for maximum impact	The ICS can have a more significant impact on the value of Clinical and care professional leadership by acting as a convener and enabler than a director. “Local empowerment is more powerful than new set of architecture”
Learning culture underpinned by psychological safety	The ability and willingness to challenge, unlearn, cede control in order to try new ways of working, flatten hierarchies and a commitment to learning will determine the success of C&CP leadership in SEL. There are many exciting examples of systems working in south east London where clinical and care professionals leaders, working interdependent with non-clinical leaders, are driving real systems working for effect. These should be identified, celebrated and scaled up.