

Joined Up Care Derbyshire (JUCD) Integrated Care System	
Chair - Clinical and Professional Leadership Group (CPLG)	
<b>Role:</b>	Chair – JUCD Clinical and Professional Leadership Group (CPLG)
<b>Remuneration:</b>	The salary will be commensurate to the profession of the candidate
<b>Hours:</b>	2 days per week
<b>Term:</b>	2 years
<b>Employing Organisation:</b>	NHS Derby & Derbyshire ICB (inc. constituent organisation secondment opportunity where appropriate)
<b>Accountable to:</b>	Independent Chair Derby and Derbyshire Integrated Care Board (ICB)
<b>Reports to:</b>	Chief Executive Officer NHS Derby & Derbyshire ICB
<b>Location:</b>	Contractual base TBC  Required to work at any establishment at any time throughout the duration of their contract, normally within the location of the Organisation or Sector, or as set out under the terms of their contract.

## Context

There are four core purposes of integrated care systems (ICSs);

- To improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience, and access;
- Enhance productivity and value for money and
- Help the NHS support broader social and economic development.

Integral to delivering these four core purposes are the NHS Integrated Care Boards (ICBs), which will have a fundamental role in facilitating and supporting the development of Integrated Care within the NHS; alongside the Integrated Care Partnership (ICP) wider Public Health, Social Care and Local Authority partners to create broader integrated care.

Fully inclusive multiprofessional Clinical and Care Professional Leadership (CCPL) is central to designing and delivering integrated care which meets the needs of people, rather than just treating their individual conditions. This is why the JUCD ICS has made strong and embedded distributed leadership a priority in decision making from the outset. In addition, the approach to progressing clinical and care professional arrangements will strengthen our response to the national guidance and requirements as set out in *'Building strong integrated care systems everywhere - ICS implementation guidance on effective clinical and care professional leadership'* (September 2021).

As the Joined Up Care Derbyshire ICS matures, the full range of clinical and care professional leaders, from diverse backgrounds, will need to be involved in decision-making at all levels so they can shape and contribute towards a collective ambition for the health and wellbeing of the population. This is a continuous improvement and engagement journey which will require a cultural shift by working alongside and part of the wider ICS developments.

## **Purpose**

This is a key role to ensure the agreed distributed leadership model and framework is developed, embedded, and enacted in the system, the individual will do this by actively working with partners and system development leads. The Chair will also ensure effective functioning and stronger positioning of the CPLG itself; acting as the expert group that is recognised and utilised by the system to provide assurance and advice as the strategic level clinical and care professional conscience for the system (senate approach); making recommendations to the ICB and ICP and other strategic groups as appropriate.

The Chair will have overarching responsibility for this important development journey by continuing to build arrangements and networks which facilitate greater clinical and professional leadership presence and connectivity across the ICS.

In order to maintain momentum and continuity of the CCPL developments as the ICS evolves, it was agreed to maintain the existing Chair arrangements until 31 March 2023. These arrangements have been kept under review and informed by wider CCPL and ICS developments with the recognition that the role will now be made substantive to ensure progress continues to be made.

## **Key Responsibilities**

The Chair of the Clinical and Professional Leadership Group will be a partner member of the ICB's board and where appropriate relevant subcommittees either directly or indirectly by ensuring there is appropriate clinical and or care professional leadership representation on system committees as appropriate.

The Chair will be responsible for the development and delivery of the JUCD ICS Clinical and Care Professional Leadership framework. This will ensure strong distributed clinical and professional leadership is embedded to deliver Derby & Derbyshire's commitments to integrated care by delivering the agreed CPLG vision:

*“The Clinical and Professional Leadership Group (CPLG) will facilitate, strengthen and build clinical & professional leadership within the Joined Up Care Derbyshire ICS so that the best outcomes for the population are achieved collectively. We will do this by ensuring clinicians and professionals are involved, informed, have the ability and opportunity to influence and lead decision making at all levels; supported by trusted and connected leadership”.*

The Chair will be responsible for ensuring the CPLG deliver the following objectives:

- Be driven by the interests of the people and communities we serve; ensuring health and care services are designed to meet the needs and wants of the people who use them, not the organisations who provide them
- Be recognised, utilised and connected in decision making at all levels as the strategic Clinical and Professional Leadership Group in the ICS by influencing and informing the ICS strategic agenda through high quality advice and shared learning
- Ensure system developments and transformation are aligned to consistent frameworks/principles; seeking to ensure shared learning, innovation and following evidence-based practice
- Act as the clinical and professional conscience for the system; making recommendations to the ICB, ICP and other strategic groups
- Provide an ‘open door’ to resolve difficult system problems with a role in holding partnerships/organisations to account

- Ensuring there are mechanisms for strong clinical and care professional involvement in service redesign proposals
- Define clinical and professional roles, responsibilities and representation at the heart of decision making throughout ICS developments; ensuring leadership is resourced (funding, support and infrastructure)
- Reduce duplication and add value, with everyone working towards the same vision (making the system less complex)
- Develop and oversee Clinical and Care Professional Leadership by facilitating relationships and structures across the system at all levels
- Avoid duplication by ensuring distributed leadership is embedded in the right place and time with CPLG as a group providing the strategic umbrella

Specifically, the Chair will be responsible for ensuring CPLG deliver its purpose through 3 strategic areas, aligned to wider ICS development and delivery:

- i. To provide advice and assurance to the ICB on matters specifically relating to the NHS and Provider Collaboratives:
  - a. Undertake clinical pathway and transformation reviews, ensuring strong clinical and professional involvement is evident as developments are progressed
  - b. Support the work of the Provider Collaborative Leadership Board (PCLB) to ensure strong connections with collaboration at scale and underpinning structures such as the Delivery Boards
  - c. Develop and ensure rollout of the Clinical Pathways Development Process to ensure CPLG is utilised effectively in pathway developments and can make recommendations to the Population Health and Strategic Commissioning Committee and/or other groups as necessary
- ii. To influence the work of the ICP and Place Partnerships:
  - a. Influence the Integrated care strategy development by utilising CPLG effectively
  - b. Support the work of the Integrated Place Executive to ensure strong clinical and professional distributed leadership is embedded consistently in our Place Partnerships, Local Place Alliances (inc. Social Care) and PCNs
  - c. Ensure the ICP infrastructure is aware of the Clinical Pathways Development Process and utilises the CPLG as set out where necessary/ appropriate
  - d. Provide assurance to the ICP of strong CCP leadership and involvement in developments, ensuring broader health and care perspectives are taken into account
- iii. To develop and embed system wide clinical and professional distributed leadership arrangements
  - a. Responsible for delivery of the CCPL framework and associated action plan to ensure progress is being made
  - b. Strengthen the distributed leadership model with the group acting as the glue to ensure all aspects brought together and embedded
  - c. Facilitate strengthening of the strategic relationships and connectivity between CPLG and both Local Authorities, which has a shared purpose and is aligned to the integrated care strategy objectives
  - d. Work with the Workforce Advisory Group to provide direction and facilitate the required cultural change

## **Leadership Behaviours**

The individual will be expected to exemplify behaviours that promote collaborative ways of working and integrated service delivery with a personal drive to increase the health and wellbeing of our Derbyshire population. The CPLG Chair will ensure the following agreed principles and behaviours are always demonstrated, both as an individual and in developing CPLG as a group and supporting wider CCPL leader developments:

- Model collective leadership by acting as a system ambassador to ensure the common purpose of ICS is delivered
- Demonstrate consistent and effective messaging and communication resulting in meaningful dialogue; ensuring that wider system clinical and care professional colleagues are kept informed and are engaged in developments as appropriate
- Facilitate broader clinical and professional leadership, which is recognisable, connected, representative and diverse
- Value everyone's contributions; actively listening and enabling people to be heard and having trust that their opinions and decision making will make a difference for the mutual benefit of our population
- Act as facilitators to engage respective organisations in the direction of travel
- Support each other to address barriers to system integrated care transformation
- Be inclusive and engaging with all levels of the system
- Be fair, open and transparent

## **Accountability**

Line management for the role will sit within the Integrated Care Board (ICB), however there will be mutual accountability and reporting arrangements to both the ICB and ICP to ensure the broader scope of the clinical and care professional developments is firmly embedded in the wider ICS.

The Chair of the CPLG will play an essential role in this overall system development but will have specific objectives within this, as detailed above.

## **Key Relationships**

- Integrated Care Board (ICB) and appropriate sub-committees/functions; in particular the People and Culture, Population Health and Commissioning and Communications and Engagement
- Integrated Care Partnership (ICP)
- ICS Executive
- NHS Executive
- Partners in the Provider Collaborative Leadership Board
- Partners in the Integrated Place Executive (including the two Derbyshire Place, Local Place Alliances and PCNs)
- Provider Organisations Clinical and Care Professional leads (inc Medical Directors, Directors of Nursing, AHP Council Leads)
- Regional colleagues from NHSE/I

This list is not exhaustive, the Chair will need to ensure strong engagement and liaison with the various ICS developments as they evolve.

## **SUPPLEMENTARY DUTIES AND RESPONSIBILITIES**

### **OTHER DUTIES**

The above is only an outline of the tasks, responsibilities and outcomes required of the role.  
The job holder will carry out any other duties as may reasonably be required by the Chief Executive Officer.

The nature of this role is one of continual development and the duties and responsibilities outline above will change from time to time to reflect the emerging legislation.

### **CODE OF CONDUCT FOR NHS MANAGERS**

Managers are required to carry out their duties in a manner which complies with the NHS Code of Conduct for Managers Directions, 2002.

### **ADDITIONAL INFORMATION**

#### **Infection Control**

Infection Prevention and Control is everyone's responsibility. All staff, clinical and non-clinical, are required to adhere to the ICBs' Infection Prevention and Control Policies and Procedures and must make every effort to maintain high standards of Infection Prevention and Control at all times, thus minimising the risks associated with healthcare associated infections.

Staff involved with patient care, whether directly or indirectly, have a duty to:

- Clean their hands before and after direct contact with patients and when entering and leaving a clinical area;
- Ensure that patient equipment is cleaned and/or decontaminated appropriately between each patient use;
- Ensure that all environments, where patient care is provided, is clean at all times, maintained to a high standard and appropriate for patient care;
- Provide patients, relatives, and the public with clear and consistent HCAI messages and advice on standard Infection Prevention and Control precautions and key infections (MRSA and Clostridium Difficile).

All staff have a duty to:

- Attend/undertake Infection Prevention and Control training programmes provided by the ICBs;
- Report to Occupational Health any infections that they develop which may be transmissible to patients or colleagues;
- Adhere to the ICBs' Uniform and Non Uniform Dress Code Policies;
- Challenge and address inappropriate Infection Prevention and Control practice;
- Report and take action on areas where Infection Prevention and Control standards are not being met.

#### **Health and Safety at Work**

You must not wilfully endanger yourself or others whilst at work. Safe working practices and safety precautions will be adhered to. Protective clothing and equipment must be used where provided. ALL accidents / incidents must be reported to your immediate senior officer, and you are asked to participate in accident prevention by reporting potential hazards and to ensure that appropriate forms are completed. A copy of the ICB's Health and Safety Policy document will be given to the successful applicant on appointment.

**Rehabilitation of Offenders Act**

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provision of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the ICB. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

**Protection of Children or vulnerable adults**

Disclosure of Criminal Background of Those With Access to Children or vulnerable adults whether it be indirect or direct contact.

Following a report by the Home Office, the Government accepted its recommendations regarding the disclosure of criminal convictions of those with access either direct or non-direct access to children or vulnerable adults. If therefore this post involves substantial access to children or vulnerable adults, a check will be made with the police as to whether you have a criminal record before the appointment can be confirmed.

**Data Protection and Information Governance**

If you have contact with computerised data systems you are required to obtain, process and/or use information held on a computer or word processor in a fair and lawful way. To hold data only for the specific registered purpose and not to use or disclose it in any way that is incompatible with such purpose and to disclose data only to authorised persons or organisations as instructed.

You must abide by all the conditions laid down within the most recent NHS Information Governance Toolkit.

**Access to Health Records**

All staff who contribute to patients' health records are expected to be familiar with and adhere to, the Trust's Record Keeping Policy and other related documents. All staff who have access to patients' records have a responsibility to ensure that these are maintained efficiently, and that confidentiality is protected in line with the ICB's policies and related documents.

Staff are also subject to this obligation both on an implied basis and also on the basis that, on accepting their job description, they agree to maintain both patient/client and staff confidentiality.

In addition, all health professionals are advised to compile records on the assumption that they are accessible to patients in line with the Access to Health Records Act 1998.