

## **INTEGRATED CARE PARTNERSHIP**

### **08 February 2023**

## **ITEM 10**

Report sponsor: Chris Weiner, Chief Medical Officer, Integrated Care Board  
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### **Clinical and Care Professional Leadership Developments: Progress and Forward Plan**

#### **Purpose**

- 1.1 The purpose of this paper is to provide the Integrated Care Partnership with a progress update on recent Clinical and Care Professional Leadership (CCPL) developments.

#### **Recommendation**

- 2.1 To note the Clinical and Care Professional Leadership Developments – Progress and Forward Plan.

#### **Reasons**

- 3.1 To ensure that the ICP is informed of developments in key groups such as the Clinical and Professional Leadership Group (CPLG).

## Supporting information

- 4.1 Joined Up Care Derbyshire Clinical and Professional Leadership Group (CPLG) began strengthening the positioning of the group in the summer of 2021, this resulted in a step change from the previous Clinical and Professional Reference Group (CPRG) to the Clinical and Professional Leadership Group.
- 4.2 These developments were undertaken ahead of the national guidance 'ICS implementation guidance on effective clinical and care professional leadership' (2 September 2021). The guidance set out five principles which all ICS's must evidence in the respective Clinical and Care Professional Leadership (CCPL) model. We built out from the initial development work through CPLG and wider engagement, to create our distributed CCPL model and framework. The framework was submitted as part of the ICB Readiness to Operate Statement (ROS) in May 2022 and was considered nationally as one of the strongest system frameworks.
- 4.3 Since this time, significant progress has been made to take forward the areas identified in our agreed framework. Details these developments along with the key priorities for the next six months are provided in the supplementary information attached (Appendix A). In summary these include:
  - the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and associated governance committees have formal participation/membership from CPLG in these system-level decision making groups;
  - initial phase ToR developed supported by interim Chair arrangements until the end of March 2023 (approved by the Shadow ICB Board in May 2022) supported by three Vice Chairs sought through expressions of interest from CPLG members. CPLG also agreed to retain a 'placeholder' for a Local Authority Vice-Chair as these arrangements evolve to ensure CPLG maintains a rounded ICS view;
  - established a CPLG Senior Leadership Team (SLT) which now meets fortnightly (extended formal CPLG meetings taking place monthly);
  - reviewed CPLG meeting structure into three facets: ICB/NHS – (Provider Collaboratives), ICP (Place Partnerships) and CCPL Developments, to create stronger alignment with the wider ICS;
  - two extremely positive and well received system level engagement sessions (May 2022 and October 2022); each with circa 100-150 attendees from across all partner organisations (including Social Care) and with a broad range of clinical and professional leaders. 13 volunteers from the last event put their names forward to work with the Programme Director, People Services Collaborative to design an applied leadership offer for the system; and,
  - agreed a Clinical Pathways Development Proposal to enable better utilisation of CPLG in the system decision making processes; the proposal was approved by the Population Health and Strategic Commissioning Committee on 10

November 2022 and the Provider Collaborative Leadership Board on 30<sup>th</sup> November 2022.

- 4.4 It is important to note that whilst the systems and processes are evolving and taking shape, the cultural shift required to build and connect genuine distributed CCPL leadership in JUCD is complex and iterative. We have commenced on a positive footing, but it is recognised this will be an ongoing journey to ensure CCPL is truly embedded at all levels in the system.
- 4.5 The supplementary slides attached to this report provide further details to support our developments and identify the priority areas of focus for the next six months.
- 4.6 This update and proposals were considered by the NHS Executive at its meeting on 6 January and the ICB Board on 16 January and were broadly supported with a mandate to continue progressing with the developments.

#### **Strengthening the positioning of CPLG: Terms of Reference (Appendix B)**

- 4.7 Based on CPLG and broader CCPL developments the attached ToR have been reviewed and further developed to reflect our new way of working. The key developments relate to:
- redefined purpose based on development work undertaken;
  - strengthened remit categorised into the 3 facts - ICB/NHS – (Provider Collaboratives), ICP (Place Partnerships) and CCPL Developments;
  - the specific CPLG Chair and Vice Chair areas of responsibility, aligned to each of the 3 facets;
  - delegated authority to reflect the clinical pathways development process approved by the PHSCC and PCLB (now embedded within the ToR)\*;
  - membership review with noted areas of further development to reflect the evolutionary nature required, depending on the ongoing needs of the system, and of the CCPL community.

\*The NHS Executive highlighted the importance of the clinical pathways development process not adding another potential layer, which could result in delayed decision making and/or duplication. Assurance was provided that the next phase of the developments with the Expert Advisory Forums (EAFs)/other multi-disciplinary clinical and professional groups, will recognise the value of those groups by ensuring strong clinical and professional input is strengthened in the first instance. There is a balance that is needed so that the process and CPLG's role is enabling. CPLG will not be looking to unpick the work of the specialists in those forums but will be in position to provide a more strategic view by considering any wider system implications, where necessary, in order to endorse proposals. The key aspect is about ensuring there is strong clinical and professional involvement at the outset to minimize duplication and ensure that everyone is aware of and understands the agreed process.

***The ICB Board approved the new CPLG ToR and noted the approved clinical pathways development process embedded within the ToR; the ICP Board are asked to note the new ToRs.***

### **Leadership Roles: Substantive Chair (Appendix C)**

- 4.8 The shadow ICB Board agreed in May 2022 to continue with 'interim' Chair arrangements until March 2023. The resource requirement for this role is allocated through an area of ICB programme spend for 2 days/week. The role and wider CPLG is also supported by a management lead and project/admin support. This decision was taken on the premise that a review of the arrangements be undertaken in December, to develop proposals beyond March 2023.
- 4.9 The job description has been revised and aims to reflect the new ways of working as set out in the strengthened ToR. This is a key role to ensure the agreed distributed leadership model and framework is 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; making recommendations to the ICB and ICP and other strategic groups as appropriate.
- 4.10 The proposal to secure a substantive Chair working 2 days/week for a 3 year term has been supported by the ICB Board; the rationale being that there is more strategic alignment work to do with Local Authorities over the coming year to 18 months to inform the requirements for the future.

***The ICB Board approved the new CPLG Chair Job Description and the appointment process.***

### **Embedding CPLG Developments: National Support Offer (Appendix D)**

- 4.11 We have recently been approached by the NHSE national team with regards to a CCPL support offer. The offer is for a facilitated workshop delivered virtually for a morning or afternoon slot. The workshop will be facilitated by the National Clinical Advisor and National Care Advisor and would bring stakeholders together from across system to:
1. Understand what CCPL is and why it is important
  2. Understand and engage with the vision set out in in our local CCPL framework
  3. Map what exists already that aligns with the vision
  4. Identify priority actions to progress CCPL locally.
- 4.12 Based on further discussions with the national team, it is felt that the session would be best utilised to explore the relationships and interactions between senior clinical and professional leaders and Executive/ senior managers (inc. Board and sub-Committees). We are already reaching out to the wider CCPL community through the engagement events and newsletters and 'launched' our CCPL framework. We have therefore considered the ways in which this offer would complement our ongoing work. The rationale for the approach we are taking for this particular support offer, is to genuinely embed CPLG and distributed CCPL in strategic system thinking and decision making. We are deliberately inviting both Clinical and Care Professional strategic leaders and Executives/ senior leaders to this session

so that we can influence and shape a shared understanding and in turn agree specific actions for further development.

- 4.13 The offer must be utilised within this financial year, so the date for this workshop has been set to take place on the afternoon of **Thursday, 16<sup>th</sup> February**, this will allow for any subsequent support to be provided before 31 March. In order to provide colleagues with sufficient notice, communication has been sent out (see Appendix D) and we are seeking support from strategic system leaders to actively participate in this important workshop.
- 4.14 We will be working with the national team in the coming weeks to co-create the session outputs and plan; this will be done through the CPLG SLT, including others as necessary.

***The ICB Board supported the NHSE offer and committed to encouraging target group/strategic leader participation.***

#### **Other Developments/ Next Steps**

4.15 *GP Clinical Leads Resourcing*

There is a need to align the current GP clinical leads to the transformation programmes and priority areas for system developments. The clinical pathways development process goes some way in moving this forward but there is further work to be undertaken in relation to the allocation of this resource.

- 4.16 The direction of travel is for the statutory ICB clinical leads (e.g. safeguarding) to be retained by the ICB CMO and it is proposed that responsibility for the other GP clinical leads (e.g. Local Place Alliances and EAFs) be devolved to CPLG to oversee and manage. CPLG will need to work with the provider collaboratives and place partnerships to ensure these developments are considered as part of the wider leadership models overall. This transition would be supported by a review of the clinical skill set required to maximise this capacity to best effect, how the roles are prioritised to support delivery, with clearly defined roles, consistent objectives and accountability developed.

***The ICB Board supported this direction of travel.***

#### **Strengthening the Local Authority strategic links with CPLG**

- 4.17 We also had the opportunity for further bespoke support from NHSE specifically focusing on health and social care developments. This offer would be provided by Sir David Pearson to hold a smaller more focussed session to arrive at a shared language and purpose (linking with the Integrated Care Strategy), shared understanding of the work to be done/how it might be approached together and creating a better understanding the differing operating models between health and social care etc. The aim would be to develop a foundation upon which we might then build the wider system conversations and involvement. A meeting took place with our Local Authority colleagues (Helen Jones and Andy Smith) on 15 December, and it was considered whether this additional bespoke offer may facilitate moving the strategic CCPL developments forward to create a more rounded ICS CPLG. It was felt that there was a timing issue, and this offer may be better utilised at a later date, once the Integrated Care Strategy is developed. On

that basis, we will explore the potential for this offer to be made available to the system in the next financial year.

- 4.18 Irrespective of the support offer, we have agreed to reconvene with LA colleagues in April. We will use the integrated care strategy to frame the strategic leadership needs and objectives to ensure value is added with minimal duplication. In the meantime, whilst we recognise that there is more to do to bring health and care strategic clinical and care professional leadership together in the CPLG space, it is also important to note that distributed health and care leadership is already happening in Place e.g. through Team Up and CPLG is connected into the ICP through Avi Bhatia (CPLG Chair) and Penny Blackwell (Place Clinical Lead and CPLG Vice Chair). This development is about working through the additional benefits of strengthening the strategic approach through CPLG itself and to ensure we are creating the same leadership opportunities in both health and care and so that the voice of wider care professionals are reflected in anything that CPLG does from a wider ICS perspective.

**The ICB Board noted the status of the discussions with Social Care colleagues.**

- 4.19 Noting that there is further work to be undertaken in relation to the strategic alignment with social care, this report is being shared with the ICS Executive and ICP Board, for information.

**Public/stakeholder engagement**

- 5.1 Two system level engagement sessions (May 2022 and October 2022); each with circa 100-150 attendees from across all partner organisations (including Social Care) and with a broad range of clinical and professional leaders. 13 volunteers from the last event put their names forward to work with the Programme Director, People Services Collaborative to design an applied leadership offer for the system.

**Other options**

- 6.1 None considered.

**Financial and value for money issues**

- 7.1 None arising.

**Legal implications**

- 8.1 None arising.

**Climate implications**

- 9.1 None arising.

## Socio-Economic implications

10.1 None arising.

## Other significant implications

11.1 None arising.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Chris Weiner, Chief Medical Officer, Integrated Care Board	31.01.2023
Other(s)		

Background papers:	
List of appendices:	Appendix A – CPLG Development Progress Summary Appendix B – CPLG Terms of Reference Review Appendix C – JUCD CPLG Chair Job Description Appendix D – CCPL NHSE Support Offer - JUCD Comms