



RAISING THE VOICE OF CLINICAL AND CARE PROFESSIONALS ACROSS AN ICS

The Leading Integration Peer
Support programme

11 October, 2-3pm

Housekeeping

- This session is being recorded. Please let us know if you have any objections.
- Please keep yourself **on mute** when others are speaking to avoid any background noise.
- The **Q&A** will start at **2:30pm** – please use the chat box or the ‘raise hand’ function to ask a question.
- If speaking, please introduce yourself and the system you are from.
- You are welcome to use the chat function throughout the session to contribute to the discussion.
- If you have any problems or connection issues, contact Marnie Ridley in the chat or via email marnie.ridley@nhsconfed.org
- We kindly ask that you complete the evaluation poll at the end of this webinar.

Thank you

Agenda

Time	Item	Lead/speaker
14:00	Chair's welcome and introduction to the Leading Integration Peer Support programme	Professor Donna Hall - Chair, Bolton NHS Foundation Trust
14:05	Gloucestershire's peer review: why we did it and a summary of the process	Ellen Rule – Director of Strategy and Transformation, NHS Gloucestershire Integrated Care Board
14:10	The results and reflection on the value peers can bring	Mark Golledge – Associate Director, ICS Development, NHS Gloucestershire Integrated Care Board
14:15	Next steps and action plan	Andy Seymour – Chief Medical Officer, NHS Gloucestershire Integrated Care Board
14:20	The importance of social care in clinical and care professional leadership	Riki Moody – Chief Operations Officer, Gloucestershire Care Providers Association
14:25	Key learnings from the experience	Dame Gill Morgan – Chair of NHS Gloucestershire Integrated Care Board
14:30	Q&A	All
14:55	Closing remarks & evaluation poll	Professor Donna Hall
15:00	CLOSE	

Welcome

This webinar is delivered through the Leading Integration Peer Support programme, a unique collaboration between the NHS Confederation, NHS Providers and the Local Government Association.

For more details about the programme, contact integration@local.gov.uk

NHS England menu of support for Integrated Care Systems (ICSs)

- Offers and resources available to support ICS development
- To access, log in to the NHSFutures platform or download the PDF from the chat

Clinical and care professional leadership guidance

NHS England and Skills for Health will be publishing guidance in the near future with examples of clinical and care professional leadership in action.

One Gloucestershire ICS

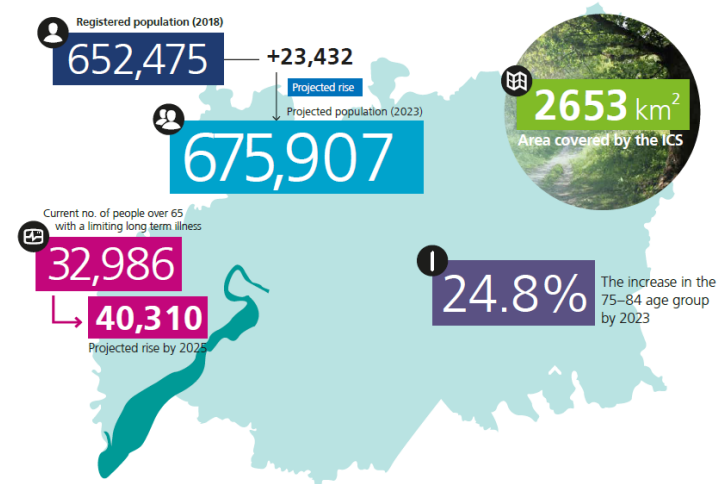
Raising the voice of clinical and care professionals across an ICS

11th October 2022



The Gloucestershire context

- Geographically Gloucestershire is an Integrated Care System with a population of just over 650,000 people.
- Gloucestershire is one of three systems in the country that are both “system” and “place”.
- We were previously a wave 2 ICS and have strong clinical and care leadership arrangements through:
 - Our **Clinical Programme Groups (CPGs)** that are well established to redesign health and care pathways.
 - Our **Integrated Locality Partnerships** that spans six localities and brings together a range of health and care professionals.
 - Our **Clinical and Care Professional Council** that has brings together a number of professional groups e.g. AHPs, Nursing/Midwifery Council including a lead AHP for Gloucestershire.



Our approach to clinical & care professional leadership

- Our work on ICS transition in 2021/22 – and publication of the ICS guidance on clinical and care professional leadership gave us an opportunity to review our approach.
- Early on we took a broad approach to how we defined clinical and care professional leadership.
- We identified individuals that were involved in one of three areas (see right).
- We involved these individuals in the development of our clinical and care leadership framework.



Our approach to developing the framework

The approach we took to developing our framework was three-fold:

1). Engagement with a range of clinical and care forums

This included Clinical and Care Professional Council, People Board (HR/Workforce) and a range of clinical and care forums in place within Gloucestershire such as our Clinical Leaders Forum.

Clinical and Care Professional Council oversaw the development of the framework.

2). A survey with clinical and care leaders across the system

In December 2021 we undertook a survey with clinical and care leaders based on the 5 themes of the framework.

Over 100 responses were received from a range of professional groups and this has helped to shape the peer review and inform the development of the draft framework.

3). An external peer review of clinical and care professional leadership

In March 2022 we held an external peer review (facilitated by the Local Government Association, NHS Confederation, NHS Clinical Commissioners and NHS Providers).

The peer review was structured around the 5 principles.

Our peer review approach

- We approached the LGA in early 2022 for peer review into what was working well – and areas for improvement.

- The LGA worked with partner organisations to identify a peer team from a diverse range of clinical and care professional backgrounds:

- *Peer with Mental Health background*
- *Peer that had been a Medical Director in an ICS*
- *Peer with Adult Social Care background*
- *GP and PCN Clinical Director Peer*
- *Peer with a background in Children's Social Care*
- *Peer with a background in Nursing and Quality*

1. Ensure that the full range of clinical and care professional leaders from diverse backgrounds are integrated into system decision making at all levels supported by good communication arrangements

2. Create a culture that embraces shared learning, supporting leaders to collaborate and innovate working with partners, patients and communities

3. Ensure leaders have appropriate protected time, support and infrastructure to carry out their roles

4. Provide dedicated leadership training and development opportunities recognising the skills needed for co-production across professional boundaries

5. Adopt arrangements to identify and recruit leaders that promotes equity of opportunity making a professionally and demographically diverse talent pipeline

Our peer review approach

- The peer review was carried out virtually over a 2 week period in March 2022.
- A set of key lines of enquiry were developed – based around the 5 principles of the framework.
- A presentation that fed back the key messages from the peer review, made a practical set of actions and provided a written report.
- Being a peer can also act as an extremely useful learning and personal development opportunity.

Our Gloucestershire peer review involved:

- **8 focus groups** involving specific professional groups:
 - Local Government Adult Social Care, Public Health and Children’s Social Care
 - Adult Social Care Providers
 - Primary Care Network Clinical Directors and GPs
 - Pharmacy
 - Allied Health Professionals
 - Medical Professionals
 - Nursing and Midwifery
 - HR Leads
- **2 cross-cutting focus groups** – based on care pathways and localities
- A small number of 1:1 interviews with senior leads.

In total, over 90 individuals across Gloucestershire were involved in the review.

Findings from the peer review

- The review highlighted areas that are working well – such as the positive approach to our Clinical Programme Groups, work within localities and strong AHP model in Gloucestershire.
- The peer review has helped us to develop a set of prioritised actions across the 5 principles.
- We have identified 20 actions that we are now taking forward - split into short, medium and long-term.
- This includes ensuring that there is a strong clinical and care professional in decision making across the ICS – as well as supporting clinical and care professional leadership development.

Principle e 1	<ul style="list-style-type: none">• Develop our longer-term structures for clinical and care professional leadership• Needs a broader set of individuals from a range of professions including social care• Need to improve 2-way communication between clinical leads and the rest of the workforce.• In order to be effective Clinical and Care Professional Council needs to be reshaped.
Principle e 2	<ul style="list-style-type: none">• We can strengthen our approach to co-production, working with people with lived experience and involving them more in service re-design alongside clinical and care professional leaders.• Involvement of clinical & care professionals could be extended in our clinical / care programmes.• There is a key role for OD in embedding a culture of collaborative working across clinical leads.
Principle e 3	<ul style="list-style-type: none">• There is an opportunity for more standardisation of terms and conditions for clinical and care leads and making it simpler to backfill clinical/care leads from a range of professions.• Development of "link role" arrangements in BI/Finance/PMO could support clinical / care programmes & prioritise where support is needed most.
Principle 4	<ul style="list-style-type: none">• Review methods of communications for training and development opportunities.• Ensure that budget is set aside (either through HR funding or as part of the funding for the clinical role) for leadership development for clinical and care professional leads.• Strengthen the appraisal process for existing clinical and care professional leaders.
Principle 5	<ul style="list-style-type: none">• Develop a more standardised job description for CCPL to be used in recruitment with clear ICS behaviours and values and seek more common adoption of this across the system.• Make recruitment more equitable and expand the advertising of roles to a range of professions.• Enhance the transparency of recruitment in roles – utilising existing networks to raise awareness

Taking forward the action plan


- In implementing our action plan, **we have refreshed our Clinical and Care Professional Council**
- Although there is still more work to do, we have worked hard to ensure that there is broad representation in membership and a clear scope and purpose for the group.
- **The group has responsibility for two main functions:**
 - Strategically overseeing the delivery of the action plan arising from the peer review.
 - Ensuring that our ICS transformation programmes have strong clinical and care professional involvement in decision making.
- The group is also helping to communicate progress against the action plan with wider clinical and care professional leads in the system.

Clinical and Care Professional Council

Allied Health Professionals	Psychological Therapies	Public Health
Nursing and Midwifery	Medical Leads	Primary Care
LA – Adult Social Care	LA – Child Social Care	Adult Social Care Providers Vol Sector (Hospice)
Pharmacy / Medicines	Medical Scientists	
Dentistry (Future)	NHSE Region	Optometry (Future)
HR Director Representation		ICB CMO & CNO

Taking forward the action plan

- Part of our work has also involved **reviewing the clinical and care professional leads we employ across the system.**
- We undertook recruitment to about 15 clinical and care professional lead roles. These roles are essential to leading improvements in health and care across Gloucestershire.
- We developed a common job description for these roles and have moved towards a standardised pay rate and terms and conditions.
- These roles are carried out across a specified set number of hours – with some individuals carrying out multiple roles.
- Recruitment was open and transparent – although we recognise that there is more we want to do to do attract non-medics in the future.




One Gloucestershire Integrated Care System (ICS)

Clinical and Care Professional Leads

Job Description

To be read in conjunction with the A...

Job Title:	ICS Clinical and Care Professional Lead
Positions Available:	A range of clinical and care professional positions. These positions can be found in the supporting...
Eligibility:	Unless specifically stated, roles are open to applicants with a professional background where the qualifications within the role description are met.
Accountable to:	Chief Medical Officer / Chief Nursing Officer
Responsible to:	Programme Director (to be confirmed upon appointment)
Terms of appointment:	<p>Roles Commence: All roles will commence from the date of approval of the Health and Care Bill).</p> <p>Length of Roles: Permanent.</p> <p>Working Hours: These are roles to be performed on a full-time basis (see the applicant pack for further information).</p> <p>Pay Rate: VSM (Pro-rata).</p> <p>Employment Arrangements: Employment will be on a full-time basis although secondment arrangements will be considered. Secondment arrangements will be confirmed upon appointment.</p>



**One Gloucestershire
Integrated Care System:**

Clinical and Care Professional Leads

Closing date for all Applications: Monday 18th April 2022

Interview dates (in person): Thursday 21st (all day) and Friday 22nd April 2022 (am only)

Interview Location: Sanger House, 9 Delta Way, Brockworth, Gloucester GL3 4FE

Social Care in Clinical & Care Professional Leadership

Riki Moody – Chief Operations Officer



**Gloucestershire
Care Providers Association**



**Networking
Relationships
Influence
Innovation
Ownership**

Key learnings from the experience

Q&A

Useful links

[Leading Integration Peer Support programme](#)
[FutureNHS ICS guidance workspace](#) | NHS England

Thank you

Please complete our [evaluation survey](#) so we can develop and improve these sessions!