NHS
South East London
Clinical Commissioning Group

ENCLOSURE: Supplementary Paper

AGENDA ITEM: 14

**Bexley Strategic Board – Part 2**

**Thursday 27th January 2022**

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| Title: | **Our Healthier South East London Integrated Care System – Clinical & Care Professional Leadership: Bexley Proposals** |
| This paper is for **consideration**. | |
| Executive Summary: | The purpose of this paper is to provide the Borough Strategic Board with an update on the engagement to support development of the 'preferred' local approach to Clinical & Care Professional Leadership in an Integrated Care System for Bexley.<br><br>This is a late and necessary paper to ensure that the Borough Strategic Board has an opportunity to consider the preferred approach as result of the engagement with the local system – given the new national timelines for Integrated Care Systems.<br><br>The proposals are very much iterative to support open and transparent dialogue on the preferred future arrangements in Bexley and the next steps. |
| Recommended action for the Committee: | The Bexley Strategic Board Part 1 is asked to;<br><br>(i) Note the substantial increase in Clinical and Care Leadership roles being allocated to 'place' as part of an Integrated Care System.<br><br>(ii) Consider the proposed roles for Bexley and the emphasis that roles should accommodate both clinical and non-clinical professionals from the local Bexley system.<br><br>(iii) Note that existing clinical lead roles will end on 31st March 2022 in line with the relevant contracts as per the approval of the Borough Strategic Board on 27th May 2021;<br><br>(iv) A Task & Finish Group representing the various sectors of the Local Care Partnership will be set up to further develop the local model, utilising the monthly Local Care Partnership Forum and reporting the Borough Strategic Board in February and March;<br><br>(v) Note that all the above is subject to a significant requirement for Human Resources support from the central team with role descriptions, recruitment processes and the development of a different type of contractual arrangement to enable this new model of both clinical and care professionals leaders.<br><br>The Bexley Strategic Board Part 2 is asked to note;<br><br>(ii) The above represents a preferred approach for Bexley and will be subject to agreement by South East London Integrated |

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| | Care System, primary legislation and any subsequent NHS England guidance. | | |
| Potential Conflicts of Interest: | The engagement approach adopted by Bexley has ensured that there has been a cross section of local system professionals both clinical and non-clinical included in the development of these proposals. The Borough Strategic Board are not required to make any final decisions at this juncture and therefore any perceived conflicts of interests by attending GPs or GPs as Board members are mitigated. In addition, it is planned that recruitment and subsequent appointment to these future roles will be through an open and transparent process. | | |
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| Impacts of this proposal: | Key risks & mitigations | None arising as a direct result of this paper. | |
| | Equality impact | Not as a direct result of this paper. | |
| | Financial impact | Not as a direct result of this paper. | |
| | | | |
| Which corporate objective does this item link with? (please mark the relevant line with an x in the right hand box) | 1: To ensure we commission services which meet the health and wellbeing needs of the population and reduce health inequalities | | |
| | 2: To work in partnership to maintain and improve the quality of our commissioned services, and ensure all safeguarding protections are in place | | |
| | 3: To enhance collaborative working with other health and care organisations to develop and deliver an effective ICS – able to deliver national, ICS and local objectives - with our population at the centre | | X |
| | 4: Strengthen our partnership working and develop a culture which embraces lessons learned and surfaces and embeds best practice | | X |
| | 5: To secure the active participation and visibility of patients and local people, including from diverse and seldom heard groups, in the planning and design of local services | | X |
| | 6: To ensure that clinical leadership is embedded in our ways of working and our change programmes including the involvement of member practices and system partners | | X |
| | 7: Develop an organisation and workforce capable of delivering the CCG's objectives and ensure members of the organisation feel valued and enjoy coming to work. | | |
| | 8: Ensure that the CCG meets its commitments with regards financial and performance improvement, maintains effective governance within the organisation and across partnerships, and optimises progress against the delivery of NHS constitutional standards | | |
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| Wider support for this proposal: | Public Engagement | Not required for the purposes of this paper. |
| | Other Committee Discussion/ Internal Engagement | Bexley Local Care Partnership & Stakeholders as set out in the report. |
| Author/s: | Sarah Birch, Head of Primary Care Development, NHS South East London Clinical Commissioning Group | |
| Clinical lead: | Not required for the purpose of this paper. | |
| Executive sponsor: | Diana Braithwaite, Borough Director – Operations, NHS South East London Clinical Commissioning Group | |

# Clinical & Care Professional Leadership – Bexley Proposal

## 1. Background

1.1 Over the years, Bexley has contracted local GPs to take on clinical leadership positions to drive forward transformation and service change.

1.2 On 27th May 2021 the Borough Based Board was provided with an update and recommendations for the existing clinical leadership roles.

*To extend interim arrangements for a further 9 months until 31st March 2022 – as there might be more clarity at this time about the form and governance of the Our Healthier South East London Integrated Care System proposals and therefore our local programme can be better aligned.*

*With the following caveats:*

- *Clinical Lead roles will not exceed the SEL allocated and budgeted 11 sessions;*
- *There would be no retrospective payments for non-contracted clinical roles for phase 1 (e.g., Q1 1st April 2021 – 30th June 2021);*
- *Work plans, performance monitoring, clinical area and borough level reporting requirements (e.g., Primary Care Working Group, Borough Based Board, Borough Divisional Meeting and Local Care Partnership) will be developed with commissioning and clinical leads. This will be stipulated in employment contracts.*
- *Clinical Leads will be flexible and provide support to work streams where there is no allocated lead or there is downtime in their work plan/s.*
- *Employment contracts for the revised roles will take effect from 1st July 2021 to 31st March 2022 – subject to the Borough Based Board endorsement on 27.05.2021.*

1.3 The Borough Based Board at its meeting held in public on 27th May 2021 approved the recommendations.

1.4 Integrated Care Systems were due to commence on 1st April 2022, with Clinical Commissioning Groups due to cease to exist on 31st March 2022.

1.5 In December 2021, there was a national announcement that there would be a short delay in the consideration of the legislation that will establish NHS Integrated Care Boards (ICBs) in England. This will see their creation and the disestablishment of Clinical Commissioning Groups move from the planned date of 1st April 2022 to the 1st July 2022.

1.6 Our Healthier South East London commenced development of governance and organisational structures and processes in readiness for the transition to an Integrated Care System. Bexley's overarching preferred operating governance model was endorsed by the Borough Strategic Board on 25th November 2021.

1.7 It was acknowledged that an Integrated Care System would require a different model of clinical and care leadership that is reflective of an Integrated Care System and 'place'.

1.8 A proposal on clinical and care professional leadership capacity to support the future Our Healthier South East London (OHSEL) Integrated Care System (ICS) has been developed after extensive engagement over the last 10 months, which is led by Dr Jonty Heversedge, Chair, NHS South East London Clinical Commissioning Group (NHS SEL CCG).

1.9 This programme identified the following issues with the current clinical leadership model of the CCG.

- Leadership capacity underdeveloped and inconsistent

- Clinical leadership not system focused
- Lack of diversity – professionally and diversity
- Roles being heavily focused on governance, oversight, advice rather than delivery of change
- Accountability poorly defined
- Absence of leadership support

1.10 The proposal attempts to use our transition to an Integrated Care System as an opportunity to:

- embed a more comprehensive model of clinical and care professional leadership across the system in a decentralised but coherent way, which ensures we have the clinical and care capacity and capability we need to effectively contribute to systems leadership.
- improve the experience and outcomes for people living in SEL, enables us to achieve our ambitions as an Integrated Care System, and endures beyond any future NHS reorganisation.

1.11 The purpose of this paper is to provide an update the Borough Strategic Board on the 'preferred' approach for Bexley to forward clinical and care leadership in 2022/23 as we transition to an Integrated Care System.

## 2. Current Local GP Clinical Leadership

2.1 Under the NHS South East London Clinical Commissioning Group merger each borough was allocated a budget of 11 clinical sessions per week to be spent on clinical leads, which is paid at a standard rate of £164k FTE or £16.4k for a 1 session role per annum.

2.2 The clinical leads hold fixed term contracts for services that come to an end on 31st March 2022.

2.3 This paper sets out the Bexley preferences for the development and mobilisation of Clinical & Care Leadership Model Bexley in preparation for transition to clinical and care professional leadership that is reflective of an Integrated Care System.

2.4 It is acknowledged that during this transition period some existing clinical leadership roles will need to continue, specifically the Urgent Care Clinical lead, which is supporting the Co-production of the Review of Urgent Care and the Safeguarding GP – both are critical roles and are required to ensure continued clinical leadership and the statutory requirements for safeguarding. All roles will end once the CCG is de-established and where appropriate transferred to the new organisation.

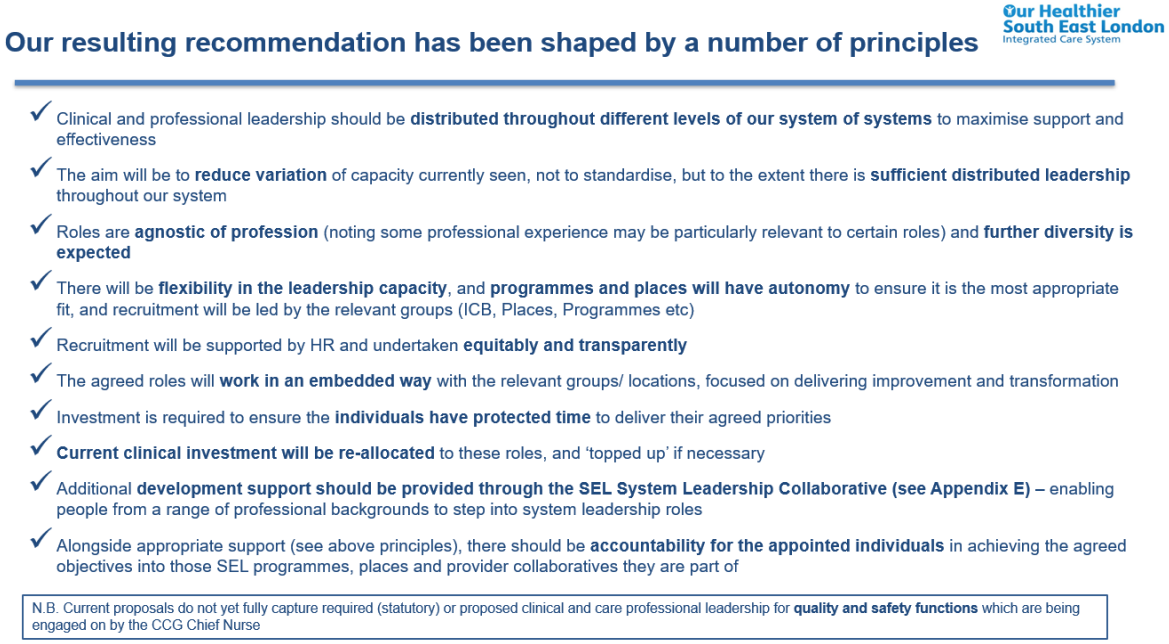
2.5 However, it is recognised that during the transition period interim short-term clinical input/support might be required and this will be reviewed on a programme basis.

2.6 There has been a delay to the closure of Clinical Commissioning Groups and the establishment of Integrated Care Boards (ICB). Therefore, the CCG will require a continuation of the Governing Body during this period (April to June), but in a limited way. This is appropriate to ensure we fulfil our statutory responsibilities whilst also focusing on establishing our ICS governance and processes.

2.7 It has therefore been proposed to reduce the size of the NHS SEL CCG Governing Body to one GP member per borough which ensures quoracy and maintains the valuable clinical insight these roles bring. This is currently being worked through with the two Bexley GP Governing Body leads with a decision to be made no later than 4th February 2022.

## 3. South East London Clinical and Care Professional Leadership Proposal

3.1 OHSEL has developed a comprehensive proposal through significant engagement over the last 10 months.




3.2 As part of the future leadership model there are a significant number of roles at a Borough or 'place' level. The budget is proposed to be significantly increased from £217k that currently funds 11 sessions of GP time to a budget of £417k that will release a range of clinical and care professionals to have local system wide roles.

3.3 Table 1 below sets out the roles that Our Health South East London has suggested for future roles for Boroughs but with the opportunity for Boroughs to shape it.

Table 1: OHSEL Recommended 'Place' Roles

| **Roles** | **Type** |
|---|---|
| LCP Clinical/Care Professional Lead | Clinical / Care |
| Cancer (including living with and beyond) | Clinical |
| Quality and Safety (*TBC) | Clinical |
| LTC including Diabetes and Obesity | Clinical |
| Planned Care | Clinical |
| Urgent Care | Clinical |
| Children & Young People | Clinical/ Care |
| Mental Health | Clinical/ Care |
| Medicines Optimisation | Clinical |
| Estates/Infrastructure | Clinical/ Care |
| Maternity | Clinical/ Care |
| Primary and Community Care including care homes | Clinical |
| LD and Autism | Clinical/ Care |
| Personalisation including Social Prescribing | Clinical/ Care |
| Diagnostics | Clinical |

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| Patient and Public Engagement | Clinical/ Care |
| Workforce Strategy, Resilience, Development | Clinical/ Care |
| Population Health Management(PHM)/Inequalities | Clinical /Care |
| Other roles e.g. Frailty | Clinical / Care |

3.4 Since December 2021, the following engagement as set out in Table 2 has taken place to determine whether the suggested roles align with Bexley priorities and raise awareness amongst all partner organisations within the Bexley Local Care Partnership that there will be significant leadership both clinical and non-clinical opportunities available to drive forward local transformational change.

Table 2: Bexley Local System Engagement & Feedback

| Date | Group/Organisation | Feedback |
|---|---|---|
| 9th December 2021 | Governing Body Bexley Lead GPs | • Addition of Frailty role and aligning with care homes<br>• Addition of LTC Respiratory and cardiovascular<br>• Addition of local digital role |
| 10th December 2021 | Local Care Partnership Forum | • Support for Frailty role<br>• End of life role proposed<br>• VSC sector has a lot to offer<br>• Keen to see the care sector represented in these roles bringing change from current model<br>• Need to consider link with the core offer<br>• Special Educational Needs and Disability (SEND) to be mentioned in Children & Young Peoples role |
| 15th December 2021 | Local Care Partnership Communications & Engagement Group | • Need a role focused on addressing health inequalities |
| 16th December 2021 | Local Care Partnership Team | • Will link through existing comms and engagement channels to raise awareness across the sector<br>• Strong alignment with the existing LCP workstream structure |
| 4th January 2022 | Bexley Training Hub | • Roles need to be offered so are inclusive and supportive of other clinicians applying<br>• Nurse leadership needs to be developed<br>• A model of supported release better than backfill<br>• There needs to be accountability for delivering specified outcomes<br>• Opportunity for supporting career pathways and leadership development throughout the primary care workforce |
| 10th January 2022 | Bexley Care Senior Leadership Team | • Need to get the balance of clinicians right – many cover breadth of areas |

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| | | • Still quite focused at so need to think about how to bring social care in – could care providers be brought into this as well?<br>• Could some roles just be care?<br>• Resident participation better name than patient and public engagement |
| 12th January 2022 | Maria Ahmed, London Borough of Bexley, Organisation Development | • Consideration of flexibility with contracts on how leads could be released |
| 13th January 2002 | Sexual Health Commissioner | • Specific ask from OHSEL in relation to inclusion of HIV champion<br>• Given prevalence of HIV in Bexley preference was to have a broader sexual and reproductive health role |
| 26th January 2022 | Bexley & Greenwich, System Development Team | • Supportive of approach<br>• Critical to get a system mindset from leaders that are also very focused on the doing and delivery<br>• Infrastructure and development offer important to make the most of this capacity to make change happen<br>• May need some flex for specific, short-term projects |

3.5 As there are also a range of Clinical Networks being proposed and transformational change programmes being led at a South East London level therefore it is important that the borough/place roles do not duplicate but also link as necessary across the six boroughs.

3.6 Following local engagement and input, the roles identified for Bexley place are largely consistent with the OHSEL suggestions, but also include these areas that are significant workstreams given the health needs and priorities for Bexley:

- *Frailty and care homes*
- *Long Term Conditions (LTC) – respiratory, cardiovascular and neurorehabilitation*
- *End of Life*
- *Sexual & Reproductive Health*

3.7 The fundamental and underlying principle is the inclusion and recognition of care professionals in this model. A clinician is defined as a doctor, nurse, pharmacist, psychologist, or allied health professional.

3.8 A care professional can be anyone with interest in the area from the local system.

3.9 The proposed and preferred Bexley Model identifies where roles should enable non-clinical professionals' as set out in Table 3.

Table 3: Bexley Clinical & Care Professional Proposed Roles

| Roles | Type |
|---|---|
| LCP Clinical/Care Professional Lead | Clinical / Care |
| Cancer (including living with and beyond) | Clinical |
| Quality and Safety | Clinical |
| LTCs including Diabetes and Obesity | Clinical |
| Planned Care | Clinical |
| Urgent Care | Clinical |
| Children & Young People | Clinical/ Care |
| Mental Health | Clinical/ Care |
| Medicines Optimisation | Clinical |
| Estates/ IT Infrastructure | Clinical/ Care |
| Maternity | Clinical/ Care |
| Primary and Community Care | Clinical |
| LD and Autism | Clinical/ Care |
| Personalisation including Social Prescribing | Clinical/ Care |
| Diagnostics | Clinical |
| Resident Participation and engagement | Clinical/ Care |
| Workforce Strategy, Resilience, Development | Clinical/ Care |
| Population Health Management/Inequalities | Clinical /Care |
| Frailty including Care Homes | Clinical / Care |
| End of Life | Clinical / Care |
| LTCs including Respiratory and Cardiovascular | Clinical |
| Sexual and Reproductive Health | Clinical |

## 4. Indicative Timelines

4.1 Table 4 sets out an indicative timetable and governance to support the mobilisation of the model working with the Task & Finish Group. The timeline is heavily dependent on significant centrally sourced Human Resources and recruitment support. This is an ambitious timeline, and it will be critical to get the engagement and promotion of the roles across all partner organisations and our local system to ensure that there is interest understanding and that it translates to applications.

4.2 In addition, it may well be that roles are consider in tranches and phases and these will be some of the logistics that will be developed by the Task & Finish Group.

Table 4: Key Milestones & Indicative Timelines

| Key Milestones | Timeline |
|---|---|
| **Task & Finish Group Launched** | W/C 31st January 2022 |

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| **Role Descriptions agreed and signed off** | 18th February 2022 |
| **Local Care Partnership Forum** | TBC |
| **Roles advertised** | 21st February 2022 |
| **Borough Strategic Board – Update** | 24th February 2022 |
| **Deadline for applications** | 4th March 2022 |
| **Local Care Partnership Forum** | TBC |
| **Shortlisting** | 7th – 11th March 2022 |
| **Interviews** | 14th – 25th March |
| **Borough Strategic Board** | 31st March 2022 |
| **Contracts** | W/C 28th March 2022 |
| **Transition Arrangements Developed** | W/C 4th April 2022 |
| **Roles Commence** | 4th April 2022 |