NHS
Leadership Academy

East of England

Case Study:

Cambridgeshire and Peterborough Integrated Care System

Creating a Care Professional and Clinical culture to underpin the delivery of Integrated Care

Contents

Introduction

The Integrated Care System quadruple aim of better health, better care, better value for every pound spent and reduced health inequalities can only be achieved with a clear modus operandi.

Cambridgeshire and Peterborough ICS (C&P ICS) identified this will only be achieved if the ICS operates with a strong clinical and care professional empowerment culture, which enables clinical and care professionals to:

- Develop a **proactive population health management** approach, with citizens at its heart.
- **Redesign care pathways**, with a strong emphasis on earlier intervention and shared care.
- **Direct resources to those with greatest need** to reduce inequalities.
- Assess, understand and where clear, apply **evidence-based approaches to reduce unwarranted clinical and professional variability.**

In order to achieve this, clinicians and care professionals within current C&P structures came together to co-produce recommendations for developing a clinical and care professional leadership culture within the forthcoming C&P ICS. with aims:

- To ensure that C&P ICS has a **clinically and professionally driven culture.**
- To create **an operating model that inspires clinical and professional staff to engage** in the redesign of patient care and population health management.
- To ensure that the **wider leadership of C&P ICS understand, value and embrace the role of clinical and professional engagement** in the delivery of the ICSs mission and goals.
- To create **routes by which primary and secondary care clinicians and wider care professionals take up and fulfil key roles in the new ICS governance structure** at neighbourhood, place and ICS level.

The outputs of this programme included:

- System-wide clinical and care professional empowerment culture Principles.
- A governance framework for Clinical and Care Professional Decision-making within the ICS, embracing all levels of subsidiarity, including place and PCNs.
- A set of 10 recommendations which encompass the ongoing infrastructure and support requirements to sustain a clinical and care professional leadership culture for the longer term.
- Commitments made by the Clinical and Care Professionals to support ICS working.
- Development of a Professional and Clinical Leadership Assembly and Executive, which has been accepted by ICS senior leaders.

Background

Historically, during a period of establishing Sustainability and Transformation Partnerships, C&P clinicians supported large-scale care pathway redesign since the establishment of a Transformation Programme within 2015, when a Care Advisory Group was established to support this work. Clinical leads were appointed in a number of Clinical Communities (for example Diabetes, Cardiovascular Disease Musculoskeletal). This care pathway redesign resulted in a number of major specialty 5 year Clinical Strategies. Nevertheless, challenges remained often due to divergent aims and pressures within partner organisations. A tension existed between the clinical decision making within the workstream and the governance within organisations that would be needed to drive service change.

As experienced by ICSs across the country, the Covid-19 pandemic fostered significant collaboration across organisations, sectors and professionals in order to effectively respond to the challenges.

C&P ICS were keen to ensure this highly collaborative approach between clinicians and care professions could be harnessed in their journey to a statutory ICS.

Approach

Clinicians and care professionals within the previous structures came together over a number of months to co-design a new set of principles and governance structures for the future C&P ICS.

This included expert facilitated support for phases of discovery and development:

- One to One interview discussion with clinical and care professional leaders to produce key insights, aspirations and test and challenge progress.
- Group sessions with the Joint Clinical Group and Clinical Communities Forum, also ensured wide representation from professional care leaders from non-NHS organisations, to develop the concept and content of a strong clinical and care professional empowerment culture and related systems-OD requirements.
- Mapping all existing ICS clinical and care professional groups and transformation programmes.
- Sharing and review of international reviews, evidence-base and models for embedding a Care Professional and Clinical culture to underpin the delivery of Integrated Care.
- Explicit discussion of commitments that the clinical and professional group would make to the forming ICS.
- At a joint meeting between senior leaders from all partner organisations and the Joint Clinical Group, the proposal from clinicians setting out a proposed recommendation and Assembly structure was agreed, outlining clear processes and architecture to allow for impactful engagement and decision making.

Participants

The development approach that was adopted by the Joint Clinical Group, included over 30 clinical and care professional leaders, with additional insights from one to one interview discussion from a range of health and care leaders.

Outcomes

Outcomes of this approach included agreed C&P ICS defining principles for a Care Professional and Clinical culture to underpin the delivery of Integrated Care.

Many health and care systems claim to have clinical and professional engagement, but C&P ICS described the belief that a clinical and care professional empowerment culture goes beyond this, by working to the principles that:

- Care professionals and clinicians are listened to, are influential and impactful in all the ICS does, and their empowerment lies at the core of its DNA.
- Clinical and care professional evidence and opinion is central to the ICS strategy and decision making.
- There is bilateral facilitation between management processes and clinical direction.
- Care professionals and clinicians work closely with citizens, patients and communities using principles of co-design in decision-making and transformation.
- There is a consistent targeting of energy and actions in improving patient and population health outcomes.

A set of 10 Key recommendations, which encompass the ongoing infrastructure and support requirements to sustain a clinical and care professional leadership culture for the longer term were agreed by C&P ICS Board:

1. The ICS explicitly commits to a care professional and clinical empowerment culture in its Constitution (as defined by the principles set out above).

2. The ICS commits to public and patient involvement at all levels and ensures that this is embedded into the ICS culture. This should enhance the overall capability of the ICS and would enable a shared approach with co-design of care planning and delivery.

3. The ICS identifies resources to undertake baseline and periodic future surveys to measure the initial and subsequent achievement of these principles.

4. The ICS establishes a formal Professional and Clinical Leadership Assembly (PCLA) supported by a Professional and Clinical Executive Group (PCEG) The former will include the widest representation from all partner organisations, including social care, patient groups and the workforce. These two bodies will act as the engine room of the ICS and will be developers, and subsequently, guardians of the climate we wish to create.

5. Whilst the PCLA and PCEG will draw members from across the whole workforce, for primary care professionals (including GPs, Pharmacists, Dental and Ophthalmic practitioners), it will be necessary to create an effective means for their engagement at all levels. This will include protected time with a financially viable solution for them as independent contractors, and will offer a route for identifying and agreeing application for these key roles.

6. The two bodies should be established in shadow form from October 2021, alongside the other ICS bodies to ensure that the ICS culture is created at the earliest opportunity.

7. The ICS invests in a medium to long term Organisational & Development programme to support and secure the commitment of all care and clinical professionals. This would be designed with and overseen by the PCLA and would be accompanied by a compelling and inspiring narrative that sets out an explicit connection between the reforms and workload pressure, clinical improvement, and patient/population benefit.

8. The Professional and Clinical and Leadership Assembly review and streamline its clinical advisory mechanisms at each level (neighbourhood, place, system and region) to improve its coherence and effectiveness in shaping ICS strategy and resourcing. Crucial to this will be alignment with designated ICS clinical roles (Medical and Nursing Directors), and with Provider Collaboratives, ICPs and specialist Clinical Communities.

9. The ICS establishes a budget for supporting clinical data management and analysis, including if necessary, licensing of software assessment tools, and this is made available to supercharge clinical and care professional working.

10. The ICS commit to setting up a clinically driven prioritisation process for resource allocation congruent with local Health and Wellbeing Strategies that fully involves patients and the population and allows the ICS to maximise health outcomes and reduce health inequalities within our available resources.

Outcomes *continued*

The Clinical and Professionals involved committed to:

- Working with other professional and clinical colleagues to maximise their engagement in the work of the ICS through an OD program of work.
- Working with the Cambridge Biomedical Campus and Life Sciences community to leverage, for the wider community, their knowledge, expertise and innovation in translational medicine and healthcare.
- Owning, equally with managerial and all other colleagues, the challenges that our ICS faces, notably the financial challenge of our health system and taking joint responsibility for the difficult decisions that our system has to make.

Learning and Insights

Before this process much of the discussion in the clinical group came from the perspective of organisational and speciality-specific interests.

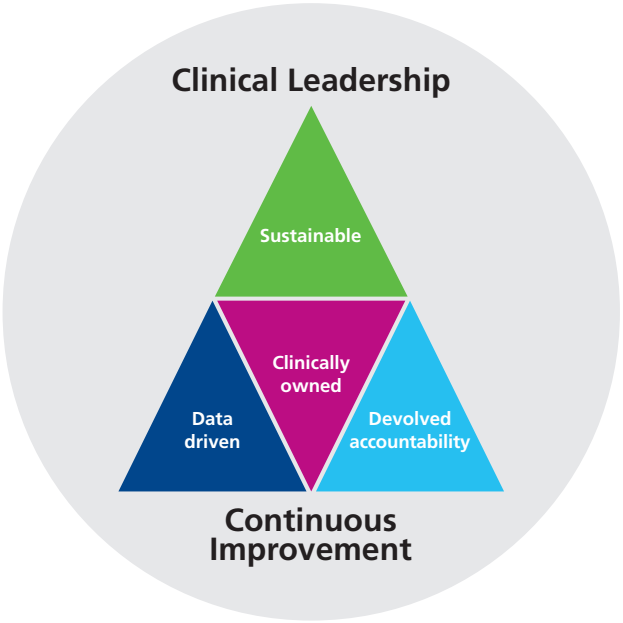
During the process, clinicians and care professionals started to move from a professions/organisational perspective, to engagement with the process and then ownership of system-wide recommendations and actions. This shift will need continued momentum to scale, adopt and sustain.

Some cynicism of the approach was originally voiced with a sense of "here we go again" based upon historic challenges. A pro-clinical and care professional system development position now exists. Paying attention to relational, cultural and architectural factors was important to this fundamental shift.

Working with an independent expert facilitator enabled C&P ICS to *"broach sensitive issues, challenge ourselves on progress to date and shared aspirations for future ways of working and learn from what has worked well elsewhere."*

The outcome of this work is central within the development of the overall governance, culture and strategy work of the ICS:

1. Create a **new deal with residents** to ensure those who need health and care can own their experience.
2. Work with community, voluntary sector, council and political leaders to **improve opportunities and outcomes** for all, leveraging the NHS as an anchor institution.
3. Supersize the **implementation and integration of digital,** leveling up the user experience in line with other sectors.
4. Create an environment where **staff can bring their full self to work,** have opportunity to thrive and have the skills to provide excellent services.
5. Build a clinical majority executive leadership team who can foster a culture of **clinically lead innovation and sustainable improvement.**



Observations and Next Steps

The systems development approach commenced prior to the issue of ICS implementation guidance on effective clinical and care professional leadership

However, it has been determined to be congruent and enables C&P ICS to deliver both the immediate and longer term deliverables outlined.

Agreed recommendations are now being taken forward within C&P ICS, with further consideration for what development support may be required for on-going systems development.

Immediate next steps include:

- Embedding representation of GPs and primary care non-GP staff on the Professional and Clinical Leadership Assembly. The first meeting of the Assembly has occurred.
- Reviewing and active work on the relationship between clinical and professional leadership, the Finance Director's Group and Operations Director's Group so that the clinical group is actively involved in day to day discussions. This has meant learning a different collective way of working, for instance asking the clinical and professional group to respond at pace with a "good enough" answer to the current operational challenges.
- Working on broadening membership of the Executive Group of the PCLA.
- Determining how those groups interact with all the other clinical and care professional bodies within place and provider collaboratives.
- Embedding clinical and professional leadership in the ongoing development of C&P ICS's governance, culture, decision-making and strategy work to so it becomes the norm.

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