Greater Manchester Health and Social Care Partnership Executive Board

Date: 24 June 2021

Subject: Clinical & Care Professional Leadership

Report of: Dr Tom Tasker, Chair Salford CCG and Chair, GM Medical Executive

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PURPOSE OF REPORT

This paper outlines the role and contribution of clinical and care professional leadership in system working. It confirms the principles and application of effective clinical and care professional leadership and proposes a means of establishing and supporting that leadership at the heart of the GM Integrated Care System.

KEY ISSUES TO BE DISCUSSED

The proposal confirms a significant consensus on the value and principles of clinical and care professional leadership and also on the key areas of activity for that leadership to support GM level working.

The paper proposes a Clinical and Care Professional Forum. The forum would not seek to replace existing groups and networks that exist, but instead, be proactive in helping those existing arrangements connect better with each other; be a route to that incredible range of clinical and care professional networks; innovate in how clinical and care professionals connect and network; be a means of drawing novel multi-disciplinary groups together to problem solve and participate in joint work.

The paper also recognises that locality level clinical and professional leadership arrangements are developing in each part of GM. There is significant benefit in connecting the place based and GM level arrangements. How that happens will be one focus of the future work.

The paper then sets out some key elements of the further detailed arrangements including representation in formal governance, alignment to statutory accountabilities, alignment to key work programmes and GM bodies, and ensuring the proper breadth of participation across the GM care system.

REQUESTS OF PEB

The GMHSC Partnership Executive Board is asked to:

- To confirm the principles of clinical and care professional leadership (s 3)
- To confirm the ways of working and how we apply clinical and care professional leadership (s 4)
- Confirm support to the further detailed work (s 8) to fully establish the model.

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GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

BRINGING TOGETHER CLINICAL & CARE PROFESSIONALS IN THE GM INTEGRATED CARE SYSTEM

A Proposal & Discussion Paper Arising from the Workshop Series

1.0 CONTEXT

On 11 February 2021, the Department of Health and Social Care published the White Paper "Integration and innovation: working together to improve health and social care for all", which sets out legislative proposals for a Health and Care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in *Integrating care: next steps to building strong and effective integrated care systems across England* .

The White Paper references "Clinical and Professional Leadership" but does not go into significant detail. This paper offers a proposed way forwards for the GM system in this area.

2.0 KEY CONSIDERATIONS

Integrated care is about giving people the support they need, joined up across local councils, the NHS, the VCSEs and other partners. It removes traditional divisions between hospitals, family doctors and community support, between physical and mental health, and between NHS and council services and other sectors. In the past, these divisions have meant that too many people experienced disjointed care or lack of care.

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and addresses health and social inequalities.

An important part of the vision is that decisions about how services are arranged should be made as closely as possible to those who use them and/or need them. For most people their day-to-day health and care needs will be met locally in the town or district where they live or work. Partnership in these 'places' is therefore an important building block of integration, often in line with long-established local authority boundaries. However, the system also needs to recognise that some services will need to be designed around communities of identity and experience not geographies alone

What do we mean by Clinical & Care Professionals?

- The term 'clinical and care professional' in this paper refers to a wide range of disciplines across health, local government and the voluntary, community and social enterprise (VCSE) partners. It includes nurses, allied health Professionals (AHPs), doctors, therapists/ counsellors, pharmacists, dentists, optometrists, public health, healthcare scientists and social workers delivering care to all age groups across community services and primary care, secondary care, mental health, specialist regional / national services and also includes those delivering indirect care to patients and carers e.g. Pathology.
- We recognise that a comprehensive leadership approach bringing together expert management, authentic lived experience, civic leadership and clinical and care professional leadership is necessary. This paper does not underplay any of those critical elements but does focus on the specific contribution of clinical and care professional leadership.

How did we produce this paper?

- A group of multi-professional clinical and care professional colleagues representing a cross section of sectors, organisations and localities in GM met as a task and finish group for 3 facilitated workshops and then a final meeting to discuss the proposal in more detail. The discussion explored the why, what and started to think through the how for clinical and care professionals influencing and working with the emerging GM ICS. Key principles, functions and ways of working have been explored in detail.
- The group was mindful of the development of clinical and care professional leadership arrangements in place and wishes to offer assurances that this work will seek to complement and improve the connections between those fora and networks and not replace any of them.

What does this proposal broadly outline?

Throughout all the discussions held over the last few months, there was a strong consensus both within the clinical and care professional community and beyond that the GM ICS must have clinical and care professionals at the heart of it; that clinical and care professionals are viewed very much as the engine room – driving forwards strategic development as well as implementation and delivery.

This proposal attempts to bring it all together – not seeking to replace or undermine existing structures which have clinical and care professional leadership at its heart e.g. Primary Care Board, Hospital Directors of Nursing - but instead look to how we can better co-ordinate our efforts, reduce silo working and maximise the benefits and support to each other and the wider system.

Our vision is:

- That clinical and care professionals will automatically have a seat at the top table in terms of the GM ICS governance. We would want this representation to be appropriate, but we are not yet in a position to describe the preferred membership until the wider piece of work around the GM ICS governance has been undertaken.
- The relationship between clinical and care professional leadership in place and GM must be complementary and effectively linked together.

- We are proposing to create a “Clinical and Care Professional Forum” which will enable a broad church of representative leaders to come together to develop a shared vision and set of priorities for the GM ICS in collaboration with other system partners; one that would achieve better co-ordination across our constituent professional groups and representative bodies and maximise our output in terms of service development; workforce engagement; deployment of research and innovation opportunities and professional leadership support and development. With this new forum, we are not seeking to replace or undermine any existing structures but instead maximise our potential.

Why Does Clinical and Care Professional Leadership Matter?

- The quality of care people receive depends first on the skill, compassion and dedication of clinical and care professionals. The more engaged those staff are in the shaping and coordination of services, and the decisions which affect those services, the better the outcome for patients and clients will be.
- Clinical and care professional leadership does not develop or emerge by chance. We need to be purposeful in ensuring that talent is identified, fostered and supported. We have a huge amount of untapped clinical and care professional leadership – we want to emphasise the identification, nurturing, support and mentoring of these staff, and ensuring that clinical leadership positions are highly sought after, and immensely rewarding.
- We want to capture and support that drive for greater consistency in the care and support patients and residents receive. We can help to identify unwarranted variation whilst strengthening, sharing and replicating best practice and work collaboratively to address this as a system. We are also well placed to focus on reducing health inequalities
- As we integrate care, and work as a system, clinical and care professional leadership will increasingly straddle divides across traditional care boundaries. That will mean leading across pathways, indeed across systems, and be supported to look beyond individual specialties, sectors and organisations.
- There is immense value in clinical and care professional leadership being fully embedded at every level of the GM system.
- Clinical and care professional leaders should be seen as part of the engine of our system and integral to prioritisation and decision-making.
- The leadership should reflect the diversity of the workforce itself and of the communities we serve.
- Clinical and Care Professionals can help other leaders (such as managers and politicians) in understanding effective use of finance and pooled budgets in terms of effective and efficient service delivery based in evidence.

Case Study

The Greater Manchester Mentally Healthy Schools & Colleges Programme was developed to provide support in school and college settings, to help children and young people to look after their emotional health and wellbeing and to provide specialist support where needed. In addition to training young people as mental health champions, the programme has given teachers the advice, training and support they need to help pupils as well as a simpler, easier way to refer into Child and Adolescent Mental Health Services (CAMHS) where needed.

This initiative was strongly driven by our clinical and care professional leaders from the Strategic proposal to the delivery model and implementation and the success of the programme , evidenced by the mental health outcomes and confidence of schools and pupils was significantly enabled by this leadership being multi- professional and across all sectors , breaking down many of our previous barriers.

Three cohorts of schools and colleges (totalling 125 settings) were in receipt of the programme between 2018 and 2021.
The partnership model was unique in the UK, spanning statutory and VCSE organisations working in alliance. Front line clinical and care professionals from across sectors designed and implemented this innovative programme.

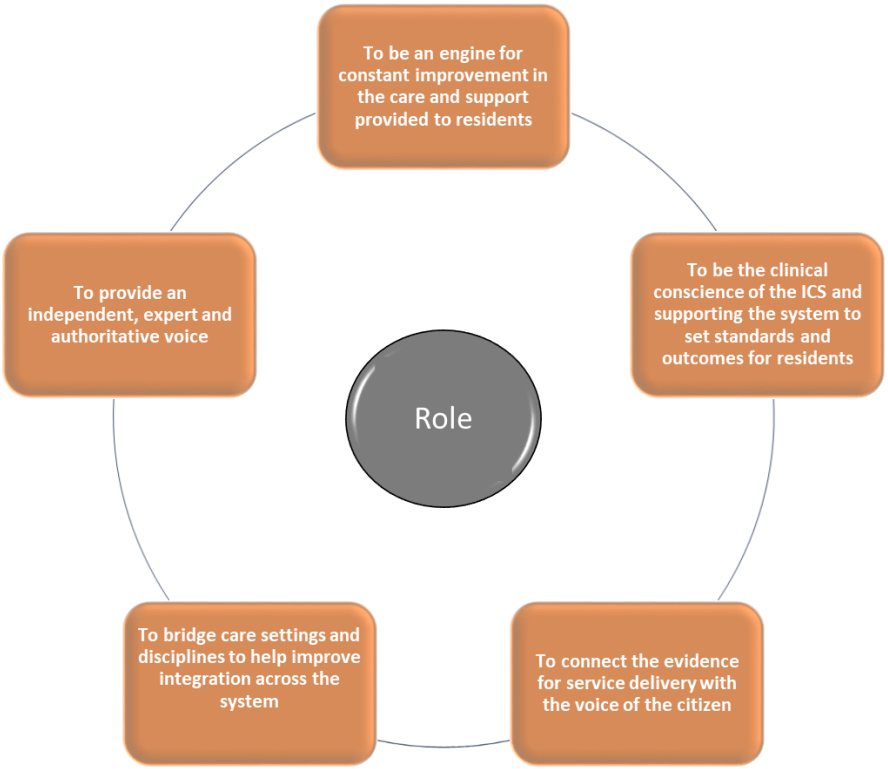
The delivery partners for this programme were:

- **Alliance for Learning**: Youth Mental Health First Aid England training programmes
- **Place 2 Be**: Mental Health Champions, Consultations & One to One Psycho-Social Support
- **42nd Street**: One to One Psycho-Social Support
- **Youth Sport Trust**: Active in Mind Athlete Mentors, Young Mental Health Champions and

- Physical and Emotional Curriculum Training
- **MFT:** Providing specialist clinical oversight

The impact of the programme has been very positive with longer term benefits and changes as a result of being one of the schools/colleges in the programme. It has given the respective schools and colleges a platform for focusing on mental health and wellbeing. For example, one respondent stated that "*MH is now at the forefront of school improvement*." another said they "*have made wellbeing a Key Priority*" and another said it has been "*a great start and allowed us to begin to shape our mental health provision."* The benefit to students was stated by one, "*students have welcomed a more open approach to mental health*." whilst staff benefits from the training were also acknowledged, *"Staff feel more confident in all aspects of mental health".*

3.0 THE ROLE OF COLLECTIVE CLINICAL & CARE PROFESSIONAL LEADERSHIP



4.0 OUR SHARED PRINCIPLES[1]

[1] Adapted from the work commissioned by NHS England and NHS Improvement (NHSEI) and undertaken through the NHS Confederation to support the development of national guidance which will drive the way in which clinical and care professional leadership will be established in an ICS.

5.0 WAYS OF WORKING – HOW WE APPLY CLINICAL & CARE PROFESSIONAL LEADERSHIP

Across GM, at both place and system level, clinical and care professionals should be central to the following key functions:

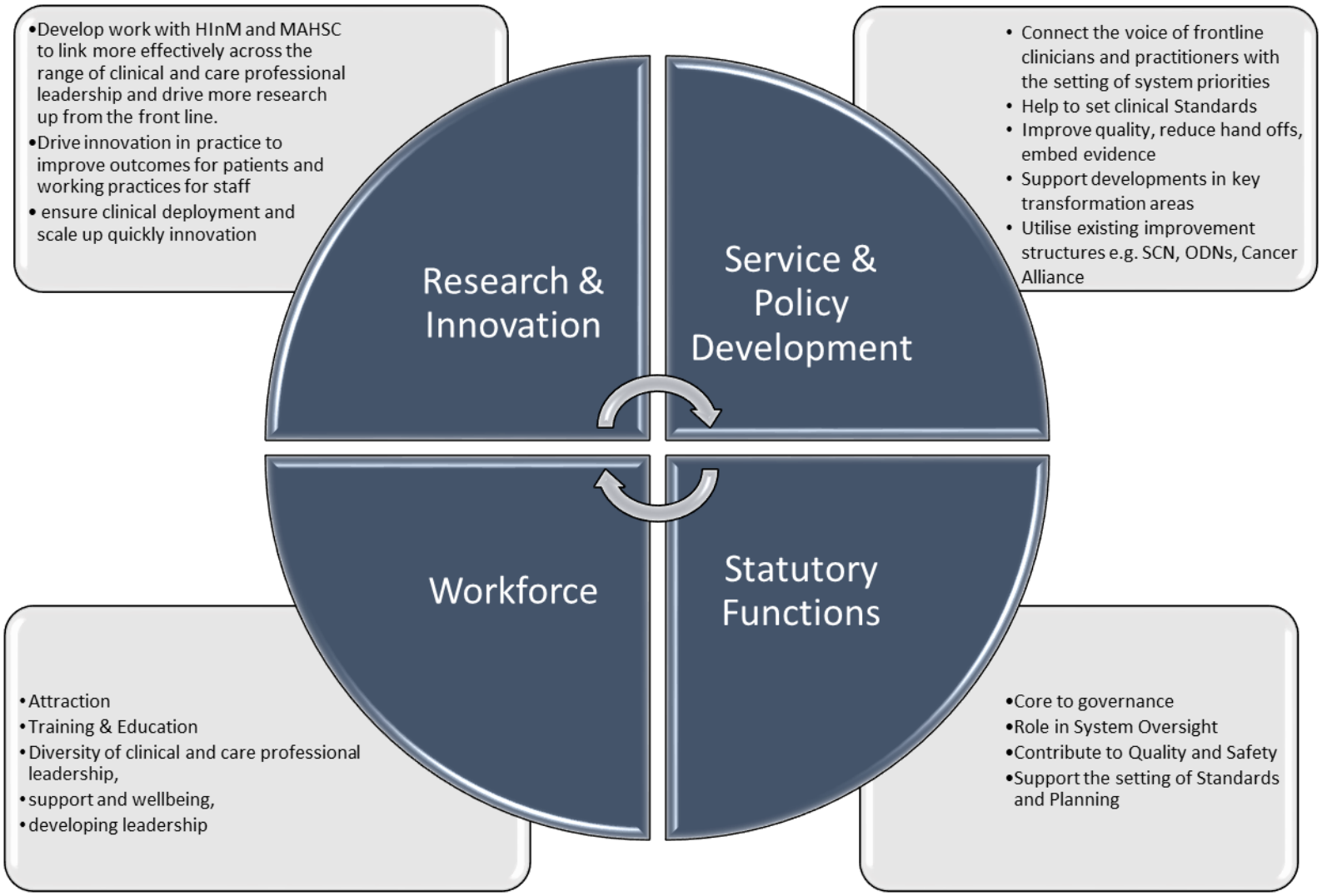
- Service and Policy Development, Quality Improvement, and integration from population health to tertiary care
- Ensuring that the context of a person's life is understood in the planning of their care – empowering the citizen, utilising their strengths and assets and those in their community, balancing social and preventative interventions and capturing lived experience
- Ensuring equity for the whole population through determined focus on inequalities
- Co-produce the setting of Standards and Outcomes with colleagues from across the wider system
- Population Health Management – shaping approaches to risk stratification, population segmentation and care model development
- Leadership in research & innovation and the opportunities for clinical deployment at scale
- Providing support and leadership in Quality Assurance and Safety as part of a system wide approach (Place and GM)
- Professional leadership support and development
- We will inform and support the **safe transition of CCG quality and statutory functions** (such safeguarding, Continuing Healthcare, SI panels, Coronial processes, SEND, oversight of CQC inadequate providers and CQC improvement action plans and the proposed host commissioner function for independent hospitals etc) into the new structures for place and GM system.

Clinical & Care Professional Leadership in Place

- The benefits of bringing clinical and care professionals together will be best realised at "place" level among those people looking after the same population, and this should be recognised in the developing locality structures.
- Place-based working will be the cornerstone of integrated local systems. Our future ways of working in localities will establish **Place Based Boards** to provide strategic oversight of all health and care in the place, to improve place-based population health management and health improvement. In each locality **place-based provider collaborations** will integrate care
- The participation, incorporation, and representation of clinical and care professional leadership is essential to the success of these structures. We support the establishment of **clear arrangements for clinical and care professional leadership in each place**. The relationship between place-based clinical and care professional leadership and that at GM will be pivotal to ensure we are well connected, and that we avoid duplication of effort.

GM System Clinical & Care Professional Leadership:

The group's discussions identified 4 key areas where clinical and care professional leadership should be active at a GM level:



6.0 ESTABLISHING A GM CLINICAL AND CARE PROFESSIONAL FORUM

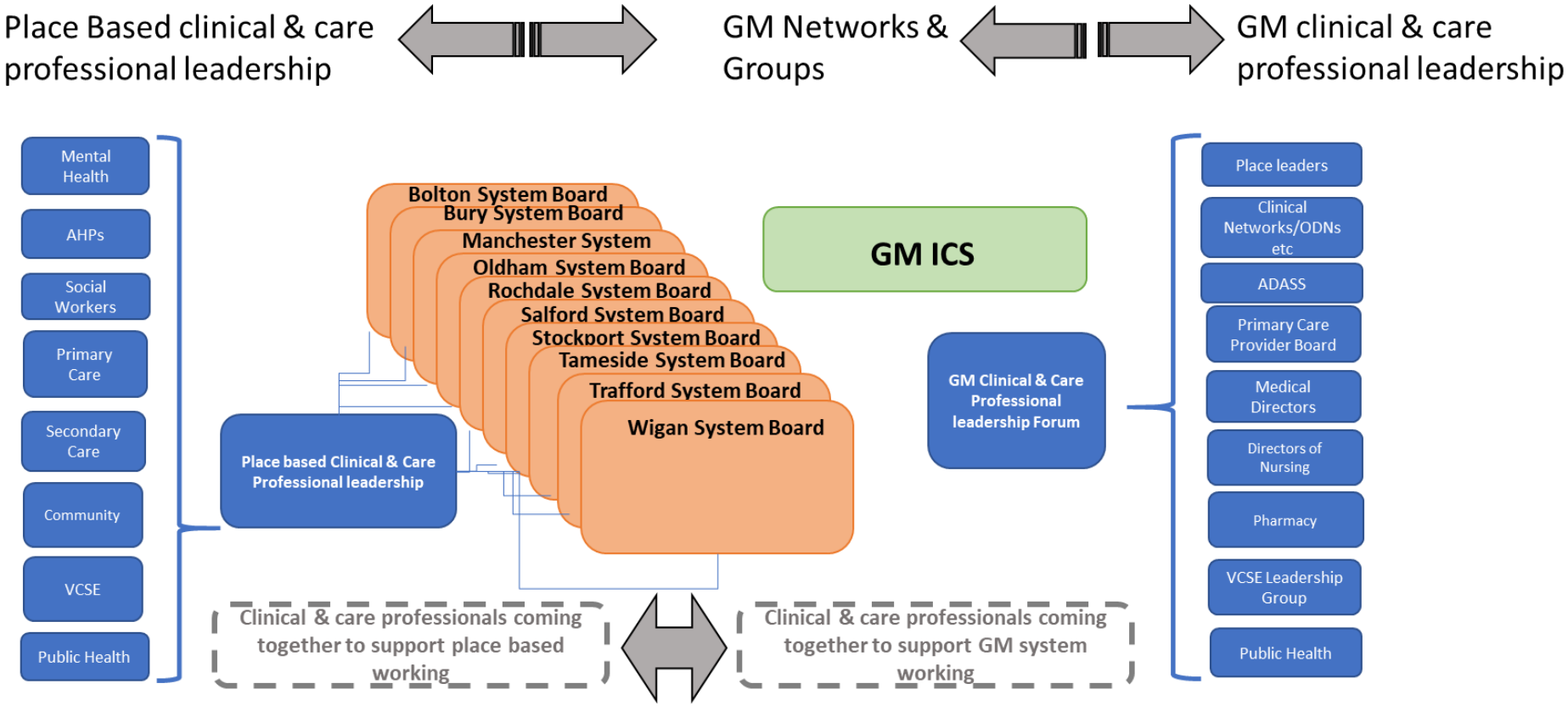
- We have emphasised how clinical and care professionals must be a cornerstone of place based leadership arrangements as well as how those leaders can operate collectively to inform and support system working at the GM level.
- Whilst the coordination and establishment of clinical and care professional leadership locally is a matter for each place, there would be an expectation that it was able to be clearly described and accessed and responds to the principles we have collectively agreed. The group also feel that there should be a significant degree of consistency across place-based arrangements to optimise the voice of clinical and care professional leaders in local systems.
- We wished also to confirm a structure for a wider GM network, **a Clinical and Care Professional Forum**[2].
- The forum will not seek to replace existing groups and networks that exist, but instead, what it can do is be proactive in helping those existing arrangements connect better with each other; be a route to that incredible range of clinical and care professional networks; innovate in how clinical and care professionals connect and network; be a means of drawing novel multi-disciplinary groups together to problem solve and participate in joint work. The forum would be of added value to the system, and have an important place, but as yet, undetermined in the wider GM ICS. It would not just be a "talking shop".
- The Forum would provide the mechanism to:
  - Ensure we can **draw on the widest range of talents** in the system to engage in decision making, priority setting, service transformation, research, strengthening our evidence base and quality improvement
  - Support strategic planning through development and communication of **shared common purpose** and prioritisation
  - **Ensure the voice of clinical and care professional leaders is connected** and audible and that emergent priorities benefit from the unique cross fertilisation afforded by this wider group.
  - Ensure GM working is driven by **direct engagement to, and connection with, frontline clinicians** in terms of developing clinical priorities.
  - Offer a **clinical and care professional opinion to the GM system** to inform approaches to service development, performance, quality, and access challenges. Potentially unlock key system challenges, independently of sector and organisation.
  - **Further support the deployment of research and innovation** – working with colleagues from MAHSC and Health Innovation Manchester, there is scope to improve further colleagues' knowledge of the current research and innovation agenda, encourage wider participation and influence both the focus and the breadth of the agenda, as well as deployment opportunities.

[2] The term Clinical and Care Professional Forum is a working title which may change as the detail of the proposed model and its ways of working are developed. The objective is that it will reflect dynamic, agile and innovative approaches to connecting colleagues and their participation and interaction to the range of activities.

- **Participate in workforce and leadership development** – connecting to the GM People Board where possible and through supplementary arrangements where necessary. Critical to this is the ability to develop the workforce in an integrated way. The objectives include:
    i. Attracting clinicians and care professionals to work in Greater Manchester as 'the' place to work.
    ii. Attracting people from our local communities into clinical and care professional careers
    iii. Enabling and encouraging diversity amongst the leadership of our clinical and care professional community, both in terms of diversity of role and diversity of people
    iv. Providing support to one another and the wider clinical and care professional community to be the best we can be in a sustainable way
    v. Improve the links to our academic institutions through the connection with the GM People Board.

7.0 CLINICAL AND CARE PROFESSIONAL LEADERSHIP IN PLACE AND ITS CONNECTION TO THE GM ICS

- During the development of this proposal, many colleagues from across the clinical and care professional community and beyond have challenged us on how this might start to piece together – the key relationship being between clinical and care professional leaderships in place as well as those in GM
- Of course, clinical and care professional leadership in place will need to be representative of the broad church and be inclusive of as many professional leaders as possible
- At a GM level, representatives of place-based leadership will need to align to, and be connected with, the many GM sectors and networks.
- Illustrated below is a diagrammatic representation of how this **MAY** look. Please note that this is only an outline suggestion at this stage and will need further development as per Section 8 "Making It Happen".
- Kindly note that this diagram is not intended to disrupt current relationships e.g. between Directors of Nursing and Medical Directors, nor between Primary Care Board and localities – instead it is a simple overview of how it may all fit together in the new GM ICS. All groups, sectors and organisations will stay be able to interface and work together as they currently do.


Place Based clinical & care professional leadership
GM Networks & Groups
GM clinical & care professional leadership
Mental Health
AHPs
Social Workers
Primary Care
Secondary Care
Community
VCSE
Public Health
Bolton System Board
Bury System Board
Manchester System
Oldham System Board
Rochdale System Board
Salford System Board
Stockport System Board
Tameside System Board
Trafford System Board
Wigan System Board
GM ICS
Place based Clinical & Care Professional leadership
GM Clinical & Care Professional leadership Forum
Place leaders
Clinical Networks/ODNs etc
ADASS
Primary Care Provider Board
Medical Directors
Directors of Nursing
Pharmacy
VCSE Leadership Group
Public Health
Clinical & care professionals coming together to support place based working
Clinical & care professionals coming together to support GM system working

8.0 MAKING IT HAPPEN

The paper identifies a number of key areas, drawing together the output of discussions to date and invite colleagues from across the health and care system to reaffirm those as follows:

- To confirm the principles of clinical and care professional leadership (s 3)
- To confirm the ways of working and how we apply clinical and care professional leadership (s 4)

If colleagues are supportive of the above, that will allow us permission to move to the next steps outlined below in order to make this happen. Listed below are a number of key areas essential to the ambitions the group has described, which will require further detailed work over the next 3 – 6 months:

- The need to describe a shared perspective on place based clinical and care professional leadership as a required feature of locality working and how this integrates into the wider ICS leadership.
- To set out a more detailed proposition on the development of the GM Clinical and Care Professional Forum. This should include how it will be representative of, and connect to, the breadth of clinical and care professionals across GM; how it is structured, supported and resourced, and its role in the GM ICS. It will need to ensure it is effectively connected with its constituent professional and organisational groups.
- The need to ensure clinical and care professionals are appropriately represented in key GM ICS governance structures e.g. GM ICS NHS board and wider GM partnership board.
- In the GM ICS there will be a number of accountable clinical roles – specifically around medical and nursing responsibilities. We will need to clarify the role and future intentions of the GM Medical Executive and the GM HSCP Nursing Team and the leadership arrangements therein.
- To make links across the range of GM networks to coordinate ODNs, SCNs, Cancer Alliance, HInM etc
- To initiate work with the GM VCSE Leadership Group to ensure the sector is fully engaged and invited to consider and describe its own perspective on the clinical and care professional contribution of the VCSE and its means of joining the proposed Forum.
- To collaborate with the wider system to understand which spatial level (GM, locality, other) work and accountability should appropriately sit
- Consideration needs to be given to how we move this paper forward and the next steps as outlined above – in particular getting the right level of resourcing and appropriate breadth of personnel involved from across the clinical and care professional system.

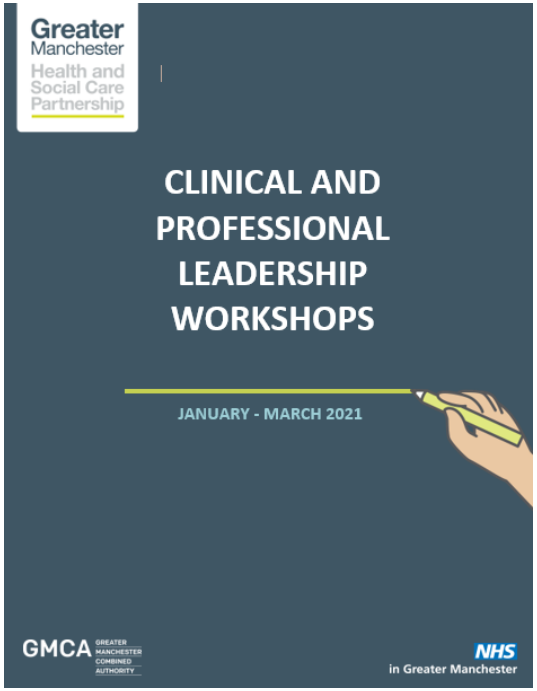
11th June 2021

Appendix one – Workshop Group Membership:

Name	Designation	Organisation
Mohsan Ahmad	General Dental Practitioner / Chair	GM LDN
Jolaade Anjurin	Principle Social Worker (Adults)	Manchester City Council
Kate Arden	Director of Public Health	Wigan Council
Helen Barlow	Deputy Director (Nursing)	Greater Manchester H&S Care Partnership
Alan Barrett	Consultant Clinical Psychologist	Pennine Care NHS Foundation Trust
Paula Breeze	OT / GM AHP Workforce Programme Lead	Manchester Foundation Trust
Emma Brown	Principle Social Worker (Adults)	Trafford Council
Chris Brookes	Consultant (A&E) / Deputy CEO Northern Care Alliance / GM Medical Exec Lead (Acute Care)	Salford Royal FT / GMHSCP
Julie Cheetham	Deputy Director (Improvement)	Strategic Clinical Networks (GMHSCP)
Jacqueline Coulton	Chief Nurse	NHS Trafford CCG
Jane Eddleston	Consultant in Intensive Care Medicine / GM Medical Exec Lead (Acute Care)	Manchester Foundation Trust / GMHSCP
Peter Elton	Clinical Director	Strategic Clinical Networks (GMHSCP)
Warren Heppolette	Exec Lead for Strategy	Greater Manchester H&S Care Partnership
John Herring	Strategic Lead for OD and System Leadership	Greater Manchester H&S Care Partnership
Catherine Jackson	Director of Nursing and QI / Nurse Practitioner	NHS Bury CCG / LCO
Luvjit Kandula	Pharmacist / Director of Pharmacy Transformation	GM LPC

Clare Parker	Exec Director of Nursing, Healthcare Professionals & Quality Governance / Deputy Chief Exec	Pennine Care NHS Foundation Trust
Dharmesh Patel	Optometrist / Chair	GM Optometry Provider Board / Primary Eyecare Services
Ashwin Ramachandra	GP/clinical Chair	Market Street Medical Practice / NHS T&G CCG
Sandeep Ranote	Exec Medical Director MH & Integrated Care / Exec Medical Lead Mental Health / Visiting Professor	WWL NHS FT / GMHSCP / University of Salford/Chester
Lesley Royle-Pryor	Community Nurse / Chief Nurse	Bolton GP Federation
Tom Tasker	GP/ Chair / Chair of GM Medical Exec	St Andrews Medical Centre / NHS Salford CCG / GMHSCP
Steve Taylor	MH Nurse / Chief Officer / MD	Rochdale Care Organisation
Tracey Vell	GP, Clinical Director / Medical Exec Lead Primary care	Health Innovation Manchester / GMHSCP

Appendix two – Workshop write-ups



1 Clinical and Professional Leaders

2 Clinical and Professional Leaders

3 Clinical and Professional Leaders