

Draft design principles – clinical and care professional leadership in Integrated Care Systems (ICSs)

Thank you for agreeing to complete this survey – by participating you will be directly contributing to the development of national guidance which will drive the way in which clinical and care professional leadership will be established in an ICS. The results will feed into an independent report that the NHS Confederation has been commissioned to produce by NHS England and NHS Improvement. To help us ensure that your views are included, please complete this survey before close of play on **March 31st**.

The purpose of the principles is to provide a framework for all Integrated Care Systems (ICSs) to design effective arrangements for clinical and care professional leadership. With this purpose in mind, please tell us whether you think the principles are the right ones.

Principle 1: It is the collective responsibility of everybody in a system to create a collaborative and permissive culture in which clinical and care professionals from the NHS, public health and social care, work in partnership with non-clinical/managerial colleagues; recognising and utilising one another's skills and using their expertise and knowledge to improve people's lives and tackle inequalities in outcomes and access.

Question Title

* 1. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements?

Strongly agree

Agree

Disagree

Strongly disagree

If you wish, please make a comment to explain your response

We agree with a collective responsibility, but it needs leadership to drive the change as a fundamental part of working together and delivering the ICS white paper. The focus of this principle needs to be on working together and having a culture which supports this.

There are a lot of requirements in this one principle, which could undermine clarity and end outcome of what is trying to be achieved. There perhaps should be a separate principle that covers the aspects of inclusion and diversity, beyond representation, to help tackle health inequalities.

Whilst we agree with the concept of the principle, to ensure an ICS is successful more consideration needs to be given to the purpose and focus of the principle and perhaps consider splitting it into different principles.

Principle 2: Clinical and care professional leadership, across the NHS, public health, and social care, is embedded at every level of the system, recognising existing structures and networks as appropriate; with clear lines of sight and connectivity between the levels, enabling meaningful dialogue and decision-making.

Question Title

* 2. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If you wish, please make a below comment to explain your response

The principle is not clear and is too wordy. It does not reflect how systems will operate at an ICS.

There needs to be a definition as to what is meant by clinical, professional and operational leadership in the context of an ICS, for example.

- Clinical Leadership: leadership drawing on clinical expertise where the leader could be drawn from a wide range of professions, often focused on strategy and delivery aspects informed by clinical expertise e.g. about care needs and pathways in practice.
- Professional leadership: leadership drawing on specific knowledge of clinical expertise in a specific profession (or group of professions), often focused on professional governance, workforce and training issues, and maximising impact of specific occupations.
- Operational leadership: design and delivery of plans, often focused on strategy development, programme management and delivery.

This principle also needs to embody the diverse clinical and professional leadership that will be required at an ICS level.

Clinical and professional leadership needs to be open to all professionals from all professions and all areas of practice to ensure successful delivery of population health. Pharmacy, in its fullest sense must be part of the leadership structures.

Principle 3: Systems have clearly described mechanisms and communications processes in place which ensure full integration of clinicians and care professionals in decision-making, service change and implementation of ICS priorities. Systems will be able to evidence how this is working in practice; at every level of the system; and in all functions e.g. place; provider collaboratives; system change, and in working with patients and local communities.

Question Title

* 3. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If you wish, please make a comment below to explain your response

It is right that clinicians need to be part of decision-making processes at all levels of the system. However, this principle does not mention engagement with clinical and care professionals in decision making unless that is what is meant by integration. This needs to be made clearer as it doesn't look meaningful in terms of the change process required.

It is important to have the diversity of clinical and professional representation on boards to ensure that this principle can be achieved successfully. It needs to be inclusive of all professions and pharmacy, as the third largest health profession, needs to be part of the leadership structure

Whilst we recognise that not every professional or care group will be represented at the system level board there needs to be mechanisms in place to ensure that all voices are heard.

Principle 4: The work of clinicians and care professionals in leadership roles is equally valued. They need a clear understanding of the ICS strategy and priorities and require protected time and resources to undertake transformational activities. They must have access to appropriate data infrastructure, digital enablers and analytical resources, supporting a data-driven approach to decision-making and enabling them to effectively address population health need and the wider determinants of health and health inequalities.

Question Title

* 4. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements?

Strongly agree

Agree

Disagree

Strongly disagree

If you wish, please make a comment below to explain your response

This could perhaps be split into two principles, one focused on protected time and another focused on digital infrastructure and use of data.

In the past, clinical leadership has mainly been focused on the medical profession. As ICS systems progress, it needs to be ensured that clinical leadership encompasses all health and social care professions. As mentioned previously, pharmacist clinical and professional leadership is needed as part of the ICS leadership structure.

Principle 5: Systems must create a diverse and inclusive talent pool, and adopt open, fair and equitable ways of identifying current and future leaders which encourage traditionally under-represented clinical and care profession groups to take on system leadership roles. System leaders should be champions, enthusiasts, and innovators; people who can influence, engage, and pull people together around a single, unifying purpose, based on improving health outcomes and using population health management techniques.

Question Title

* 5. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements?

Strongly agree

Agree

Disagree

Strongly disagree

If you wish, please make a comment to explain your response

We agree with the sentiment of the principle, but it needs to be made shorter.

The principle talks about “Systems must create a diverse and inclusive talent pool” but then just refers to “under-represented clinical and care profession groups”. There needs to be real diversity in the leadership of an ICS in order for it to be successful.

Where clinical leadership roles are established there needs to be clear expectations re deliverables, lines of accountability and supervision.

Principle 6: Systems will have a clearly defined support offer that recognises the different skill set, behaviours and relationships required when working effectively across organisational and professional boundaries; a clear training and development plan for clinical and professional leaders at all levels to enable them to work effectively in system roles, and clear signposting to those local, regional, and national support offers which clinical and professional leaders in systems can access.

Question Title

* 6. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If you wish, please make a comment to explain your response

There needs to be equitable access to training and development opportunities for all health and social care professionals in terms of system leadership. This training and development opportunities should not be closed to other leaders in the system outside of ‘NHS employed’ organisations and/or future talent pools who could benefit it from it.

Principle 7: Systems should adopt a ‘learning system’ approach, supporting a culture of continuous learning, in which measuring the effectiveness of their clinical and care professional leadership arrangements, and adapting their approach based on what is/is not working well, is considered business as usual.

Question Title

* 7. This principle is the right one to support an ICS to develop effective clinical and care professional arrangements?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

If you wish, please make a comment to explain your response

Does this answer the principle?

We agree with the principle and it is about ensuring the cultures within organisations enable this to happen. Consideration needs to be given as to how systems do this, in terms of creating the right cultural and enabling things such as freedom to speak, good mental health and wellbeing etc.

We would also expect to see systems taking real responsibility for the development of their clinical and care leaders and not just signposting to opportunities

Question Title

* 8. Are there any additional principles that you believe are key to ensuring the development of effective clinical and care professional arrangements in an ICS?

Yes

No

If yes, briefly describe them below

Having the right type of clinical leader is very important in terms of system leadership and system development. Clinical leaders need to understand they are not representative of just one profession but that they represent a multitude of different professions. They need to be supported by, and engage with, a matrix of other professional groups so they can provide this type of representation. There is a need for a supporting architecture to draw on specific knowledge of professional groups

Pharmacists play a crucial role in clinical and professional leadership as has been highlighted in the [Integrating Pharmacy and Medicines Optimisation](https://www.england.nhs.uk/wp-content/uploads/2018/08/ipmo-programme-briefing.pdf) work programme. (<https://www.england.nhs.uk/wp-content/uploads/2018/08/ipmo-programme-briefing.pdf>)

Question Title

* 9. The draft principles above will ensure that clinical and care professional arrangements in an ICS are inclusive of a wide range of disciplines across health and local government partners

Strongly agree

Agree

Disagree

Strongly disagree

If you disagree – please tell us what you believe needs to be in place to ensure that the clinical and care professional arrangements in an ICS are inclusive of a wide range of disciplines across health and local government partners

In general, it is hard to disagree with the sentiment of any of the seven principles. The principles are at a very strategic level and are unlikely to mean very much for those who are operating and implementing them at a system level. They need to more readily relate to areas where they might direct decision making and actions. The principles need to define the outcomes and the purpose and how those are achieved are down to each ICS. They could also determine what the success or benefits of applying the principle in practice would be.

We also believe they need to be made simpler so they can be better understood by those who will implement them in practice. Perhaps a high-level principle with more of an explanation underneath? The principles could also be supported with examples of good practice where these are available.

Place based leadership is also important and needs to sit alongside ICS clinical and professional leadership.

We are also unclear as to how these principles represent the vast array of all health and social care professionals who will be working within an ICS. We have concerns that it may not be open to all professions and will be a case of history repeating itself. We need to be assured that pharmacists, and other health and social care professionals are included in the actions/guidance and implementation of the ICS reforms.

Question Title

* 10. In your view, how important is it to be prescriptive about how an ICS complies with each of the principles to 'make them stick' e.g., by mandating structures and mechanisms for clinical and care professional arrangements.

- Very important
- Important
- Unimportant
- Not at all important

If you wish, please make a comment to explain your response

The purpose of the principles and the outcomes expected from implementation of each principle need to be stated and it would also be good to define what success would look like. It would then be up to an ICS as to how they achieved the desired outcome.

Question Title

11. Does your system embody any of the principles already? If so, please tell us what works well

Question Title

12. If you do not recognise some of the principle in your current system arrangements, please tell us what you think the barriers might be?

Question Title

13. What can NHS England and NHS Improvement do to support you in making the principles a reality in your system?

Question Title

* 14. Are you a clinical or care professional (whether in a patient-facing role or not)?

- Yes I work in a clinical/care professional role
- No I am a non-clinician/manager

Question Title

* 15. If yes, which clinical/care professional group do you work in (please select not applicable if the answer is no)

- AHP (please specify in the comments below)
- Clinical Psychologist
- Dental Consultant
- General Dental Practitioner
- General Medical Practitioner
- Healthcare Scientist
- Medical Consultant
- Pharmacist
- Public Health Consultant
- Registered nurse or midwife (please specify in the comments below)
- Social Worker
- Other (please specify in the comments below)
- Not applicable

If you wish to give us more information about your clinical/care professional group please do so below

Question Title

* 16. Which geographical ICS area do you work in (if applicable)

- Bath and North East Somerset, Swindon and Wiltshire
- Bedfordshire, Luton and Milton Keynes
- Berkshire West
- Birmingham and Solihull
- Bristol, North Somerset and South Gloucestershire
- Buckinghamshire Integrated Care System

- Buckinghamshire, Oxfordshire and Berkshire West
- Cornwall and the Isles of Scilly
- Dorset
- Frimley Health and Care
- Greater Manchester Health and Social Care Partnership
- Hampshire and the Isle of Wight
- Hertfordshire and West Essex
- Humber, Coast and Vale
- Joined up care Derbyshire
- Lancashire and South Cumbria
- Norfolk and Waveney
- North Central London Partners in health and care
- North Cumbria Health and Care System
- North East London
- North West London
- Nottinghamshire
- One Gloucestershire
- Somerset
- South East London
- South West London Health and Care Partnership
- South Yorkshire and Bassetlaw Integrated Care System
- Suffolk and North East Essex
- Surrey Heartlands Health and Care Partnership
- Sussex Health and Care Partnership

- West Yorkshire and Harrogate
- West Yorkshire and Harrogate Health and Care Partnership
- Other (please specify)

- None of the above