

Role Description

Role title: Borough-based Clinical Effectiveness South East London (CESEL) Clinical Lead

Base: NHS SEL Clinical Commissioning Group (ICS), 160 Tooley Street, London SE1 2TZ

Accountable to: Director of Prevention and Partnerships (ICS)

Reporting to: CESEL Clinical Lead (SEL) and Head of CESEL

Commitment: 2 sessions (of 4 hours) per week, per borough (Greenwich or Southwark)

Remuneration: dependent upon contractual arrangement

Tenure: until 31 March 2024

The South East London (SEL) Integrated Care System (ICS) brings together the health and care partners that serve our vibrant and highly diverse populations resident in the London boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Greenwich - our Places.

Our partnership brings together six local authorities, over 200 general practices (operating within 35 Primary Care Networks), Guy's and St Thomas' Hospital NHS FT, King's College Hospital NHS FT, Lewisham and Greenwich NHS Trust, South London and the Maudsley Mental Health FT and Oxleas FT. Importantly, the ICS seeks to be connected to the communities we serve (circa 1.92m residents) and work with the widest possible range of community, voluntary and third sector groups and organisations in each borough. The reach of our NHS provider portfolios extends beyond the borders of the ICS, across London, the south of England and nationally for some services.

Our vision for the ICS is a highly performing, sustainable system that looks after its staff, responds to its communities and takes action to reduce the inequalities they experience. As a new organisation we have developed a system development plan that outlines the way in which we seek to operate and the steps we will take to realise the full potential of our partnership.

Our ICS is a 'System of systems' and the Integrated Care Board (ICB) that supports it will work with partners that come together as Collaboratives for acute physical and mental health care; and as Local Care Partnerships (LCPs) that provide multi-agency leadership to the development and delivery of borough focused care. The ICB will relate to and work with residents and the bodies that serve them at neighbourhood, borough and south east London wide levels.

Principles of our Operating model: Our system expectation

The SEL ICB is the NHS management unit of the ICS. It is accountable both to NHS England and to the SEL Integrated Care Partnership (ICP). The ICS exists to deliver four core purposes:

- Improve outcomes in South East London population health and health and care services
- Tackle inequalities in outcomes, experience and access suffered by the residents of South East London
- Enhance productivity and value for money in the use of health and care resources in South East London

- Help the NHS support broader social and economic development in South East London.

The ICS is not an intermediate management tier and fundamental to the operating model of the ICS are three fundamental principles:

- **Partnership:** We are a partnership of sovereign bodies coming together to achieve something greater than the sum of the partners. All partners have a voice and all partners have responsibility.
- **Subsidiarity:** We work on the basis of subsidiarity. This means issues and decisions should be dealt at the most local level consistent with their effective resolution.
- **Accountability:** We value both supporting each other and being held to account by each other and our wider partners.

All roles will have a core base location and key areas of focus which may be locally within a borough or at scale across South East London. However, as part of operating within a single organisation, it is important to note that:

- We all work ultimately for South East London and the residents/ patients and partners within it, and we will need to support our colleagues in other functions or in other locations. Where required you should work with your line manager to ensure your work is prioritised accordingly.
- You may work more closely or as part of mixed teams with local authorities, trusts or other partners
- You may also be asked on occasion to travel to and potentially work in different borough locations

1. Overview of the role:

To provide borough-based clinical leadership to Clinical Effectiveness South East London (CESEL). The programme will embed a systematic evidence-based approach to quality improvement across SE London GP practice and Primary Care Networks (PCNs), to help to improve health outcomes for local residents across SEL and build a successful Integrated Care System (ICS).

Building on successful models already established in SEL boroughs and elsewhere, the programme will bring population health management and learning together, to form the basis for personal, organisational and system development, and continuous improvement in outcomes.

The borough based Clinical Leads will lead the design and delivery of local support resources (e.g. Clinical Effectiveness Guides, education).

The operating model will be underpinned by SEL-level clinical leadership while allowing for local ownership and shared economies of scale; working flexibly to deliver ICS and local priorities.

2. Responsibilities include:

- In collaboration with the Head of Clinical Effectiveness and the SEL Clinical Leads, the local borough clinical lead is responsible for driving forward the development,

implementation, and delivery of a programme of clinical effectiveness, at borough level through knowledge of local population health needs

- Inform, design, lead and deliver of education and training for primary care
- Strive to instil a reflective learning cultural across a matrix team
- Provide expertise and borough-based leadership across the clinical effectiveness team in shaping and delivery a systematic approach to quality improvement, ensuring national and local best practice is translated and embedded via a range of resources and methods
- Working with the SEL Clinical Lead and CESEL Steering Group members to prioritise the population and clinical focus workstream of the programme
- Inform, steer and deliver the local development and utilisation of these quality improvement methods and tools
- Collaborate with both the CESEL clinical leaders to understand and describe process and systems challenges, to inform an effective approach to facilitating quality improvements across primary care
- Work closely with clinical leaders across acute and other specialist departments to inform, localise and enhance quality improvement functions
- Interpret analysis and describe how these relate to local incentives and inform strategic priorities
- Work closely with PCN leaders to embed best-practices at borough-level
- Provide peer to peer support to primary care colleagues within your borough
- Work closely with CESEL Facilitators to provide local clinical expertise to tailor support to PCNs and individual practices
- Develop facilitation support packs to empower Facilitators to provide practice-based support to primary care teams
- Collaborate with workstreams across other sectors (e.g. Diabetes workshops via the ICS)

3. Knowledge, skills, abilities:

- Ability to translate best practice into the production of local clinical guides and resources
- Ability to co-design and describe a vision for embedding a systematic approach to quality improvement
- Ability to engage a multi-professional multi partner groups of stakeholders
- Ability to lead and inform clinical improvement projects
- Ability to access, understand and describe clinical evidence
- Able to interpret clinical data and information relevant for primary care, for example Quality and Outcomes Framework (QOF) measures
- Excellent understanding of local care pathways
- Highly developed communication skills and the ability to communicate evidence and best-practice to primary care clinicians using a wider range of written and verbal forums (e.g., written reports, newsletters, practice-based meetings, borough events)
- Developed networks across the local health population and able to use these to shape clinical effectiveness
- Confident in communicating with a multi-skilled team in clear and practical way
- Ability to motivate others in a challenging environment
- Ability to handle multiple tasks effectively and prioritise workload to ensure both local and organisational targets are achieved without compromising performance
- Familiar with primary care systems (EMIS)

- Appreciation of the local context (population, health systems and healthcare policy)
- Ability to work collaboratively in a multi-disciplinary environment
- Able to apply professional judgement
- An understanding of good governance
- Ability to adapt and maintain flexibility within a changing environment

4. Key relationships:

Effective relationship management with a range of stakeholders across the health economy is essential to support quality improvement across primary care. Key stakeholders with whom the successful Clinician/s would work closely include:

- Clinical Leaders (CESEL)
- Head of CESEL Programme
- PCN Clinical Directors/ Leads
- Public Health Directors
- Facilitators (CESEL)
- Data Analyst (CESEL)
- Change Manager/ Business Support (CESEL)
- Members of the CESEL Steering Group (in particular the PCN Clinical Lead/s and Academic Clinical representative/s)
- Director of Prevention and Partnerships
- GP Clinical Lead/s for Primary Care
- Chief Nurse
- GP Clinical Lead for Quality
- Lead Pharmacist/s (ICB)
- Clinical Director (Kings Health Partners)
- Condition specific Clinical Specialists for prioritised conditions/areas

5. General

Individual Responsibilities

Adhere to ICS policies and procedures as appropriate and relevant legislation including the requirements of any professional bodies. Maintain satisfactory personal performances and professional standards and to achieve agreed objectives for their role.

Confidentiality

All ICS staff and contractors working for the ICS have both a common law duty and a statutory duty of confidentiality to protect patient (and indeed any personally identifiable) information and only use it for the purposes for which it was intended. The disclosure and use of confidential patient information needs to be both lawful and ethical.

Information Governance

ICS contractors must keep up to date with the requirements of Information Governance and must follow ICS policies and procedures to ensure that ICS information is dealt with legally, securely, efficiently and effectively. Contractors must appropriately manage all the Information they handle during their tenure with the ICS, making the information available for sharing in a controlled manner, subject to statutory requirements and the ICS's Information Governance Policy, and formal Information Sharing arrangements.

Data Protection

The ICS is registered as a data controller under the Data Protection Act 1998. All the personal information we hold, obtain, record, use and share as an organisation is governed by this Act. As a contractor with the ICS, you have a legal responsibility for all personal information you handle and must not at any time use the personal data in a way incompatible with the guidelines stipulated in this act. If you are in any doubt regarding what you should or should not do in connection with the Data Protection Act, then you must discuss with your ICS contact.

Records Management

As a contractor with the ICS, you have a legal responsibility for all records you work with e.g., patient records, financial records, personal, administrative etc, that you gather or use as part of your work for the ICS. The records may be held in a variety of formats such as paper, electronic, microfiche, audio and video tapes etc. You must consult your ICS contact if you have any doubt as to the correct management of the records with which you work.

Freedom of Information

The post-holder will follow the ICS's Freedom of Information Policy and Procedures in line with the Freedom of Information Act 2000.

Risk Management

Ensure that you implement systems and procedures at a local level to fulfil the requirements of the ICSs Risk Management Strategy including local management and resolution of complaints and concerns, management of SUIs/incidents and near misses. Your specific responsibility for risk management will be clarified to you by your ICS contact.

Health & Safety

Contractors must not do anything to compromise the health and safety of others or themselves. Contractors should also be aware of the responsibilities placed on them by legislation to ensure agreed safety procedures are carried out. The ICS is committed to a no smoking policy.

Equal Opportunities Policy

It is the aim of the ICS to ensure that no patient, employee, contractor or job applicant receives less favourable treatment on grounds of age, gender, religion, race, colour, sexuality, nationality, disability, ethnic or national origins and is not placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, the ICS has an Equal Opportunities Policy, and it is for each employee and contractor to contribute to its success.

Safeguarding Children and Vulnerable Adults

All contractors must be familiar with and adhere to ICS child protection procedures and guidelines, in conjunction with London LSCB policies and procedures.

7. Role specification:

In addition to the listed 'Knowledge skills and abilities', the following requirements are associated with the post/s.

| Requirement | Essential | Desirable |
|---|---|---|
| Education and qualifications: <ul style="list-style-type: none"> Registered with the appropriate relevant body (e.g., NMC, GMC and/or pharmacist registration) Evidence of continuing professional development after qualifying | X X | |
| Experience and abilities: <ul style="list-style-type: none"> Provided leadership in a team that has impacted on care delivery Previous experience of working in a collective decision-making group Experience of providing leadership to a project Experience of informing and leading quality improvements to improve outcomes for patients Experience of working effectively in matrix-team/ organisation Experience of working with a South East London (SEL) primary care team in a quality improvement capacity Trained or practiced in SEL, for at least 1 year Undertaking at least one clinical session of work per month in SEL general practice Experience of translating best-practice to inform quality improvement Experience of providing peer to peer support to reduce variation of care | X X X X X X X X X | X X X |
| Core skills and understanding <ul style="list-style-type: none"> A high-level understanding of health and an appreciation of the broad social, political and economic trends influencing it The ability to recognise key influencers and the skills in engaging them in order to implement quality improvements Able to engage effectively with a wide range of stakeholders, ensuring effective two-way communication with member practices Excellent presentational skills Able to facilitate and encourage active engagement An excellent communicator across primary care services via all communication channels Able to identify and agree priorities and project goals and remain focussed on these | X X X X X X X | |

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|---|---------------------------|--|
| <ul style="list-style-type: none"> • Able to identify barriers and find solutions to support best practice across all local practices • Able to influence others • Able to plan and chair meetings with multi-professional colleagues • A good understanding and keenness to explore innovative methods of working and communicating | X X X | |
| Personal qualities <ul style="list-style-type: none"> • A keen desire to engage and collaborate with a range of professionals to shape programme outputs • Ability to both lead and produce work within a team • Ensures professional values and ethics are upheld • Enquiring, critical approach to work • Values and considers the views of team members and stakeholders | X X X X X | |