

## **NORTH EAST LONDON PLACED BASED BOROUGH - Havering**

### **PRIMARY CARE DEVELOPMENT CLINICAL LEAD**

<b>Job Title:</b>	Primary Care Development Clinical Lead
<b>Terms of engagement:</b>	Office Holder – Contracts of Service
<b>Term:</b>	<b>These sessions are initially available on an interim basis for six months – with substantive terms to be advised in the near future</b>
<b>Responsible to;</b>	operationally responsible to the local Place-based Partnership System Clinical or Care Director working alongside the local Primary Care Manager lead
<b>Accountable to;</b>	Place Based Partnership Clinical or Care Director
<b>Time commitment:</b>	4 sessions per week (1- 2 days) , 48 weeks a year. One session is four hours – NB these sessions could be shared by more than one candidate
<b>Primary base:</b>	<b>North House, Romford</b>
<b>Location:</b>	The office holder may be required to work at any establishment at any time throughout the duration of their contract, normally within the location of the NEL ICS, or as set out under the terms of their contract.

### **Background & Context**

North East London Health and Care Partnership is the Integrated Care System, which brings together NHS organisations, local government, community organisations, voluntary sector, patient, service users carers and residents to create meaningful improvements in health, wellbeing, equity and sustainability.

We are committed to continuous improvement and innovation, meaningful co-production and resident participation and to ensuring the best possible outcomes for our residents and staff. We are exceedingly ambitious and actively draw on best practice locally and internationally, clear that we are moving beyond pure performance management to maximising value, and beyond our individual responsibilities to create a shared endeavour and mutual accountability for maximising benefit and opportunity for our residents.

### **The role of the Place-Based Partnership**

Health and care organisations in **Havering** are evolving existing partnership arrangements to bring together resources and planning and delivery functions in a single local system with the aim of:

- Understanding and working with communities
- Joining up and co-ordinating services around people's and population needs
- Addressing social and economic factors that influence health and wellbeing
- Supporting quality and sustainability of local services

This Place-based Partnership builds on historic local collaboration and integration between organisations. The **Havering Place based Partnership (PbP)** is one of seven PbPs within the North East London Integrated Care System and reflects the ambition of NEL ICS for Place-based Partnerships to lead local delivery.

Through the Place-based Partnership Board, the **Havering Place based Partnership** will work to address health inequalities and set clear strategy and outcomes for the partnership based on local need.

The **Havering Place based Partnership** Primary Care Development Clinical Lead will be employed by North East London ICB but will work on behalf of the local place-based partnership.

The input of front-line clinical experience of delivering local care is a vital ingredient of improving and transforming care in the NHS. With the creation of the single ICS for North East London, we are committed to maintaining the clinical leadership and expertise dedicated to driving forward the changes needed to improve the health and wellbeing of local residents and patient.

NEL ICB and ICS, is a broad partnership of health and care organisations. It has developed a set of priorities and objectives that outline our transformation agenda. Our focus is on service improvement, reducing unwarranted variation and the development of health and care pathways designed around meeting the needs and improving outcomes for the whole population.

NEL ICS requires leadership and expert input from local professionals within local care to identify and lead service improvement and transformation. The PbP Primary Care Clinical Lead will need to work with other clinical and care leads across their PbP and, when the work requires, across wider geographies.

We are looking to build a body of clinical leads that reflects our local communities, as well as representing the full range of care delivery expertise from across general practice and local care network teams. This includes GPs, pharmacists, dentists, optometrists, nursing staff, therapists, allied health professionals, and social prescribing link workers, alongside other roles.

The Place based Partnership Primary Care Development Clinical Lead must undertake primary care work on a weekly basis at place.

### **Purpose of the Role**

Working with the Place Based Partnership System Clinical or Care Director, local Place-based Partnership Director, the Primary Care Partner Members, and with other clinical leads (including from across NEL), provide clinical leadership at a Place based Partnership level to support the ongoing development of local primary care and deliver the twin aims of the NEL Primary Care Strategy:

- To ensure general practice is ready to act as the cornerstone of the NEL integrated care system and embed the recommendations in the Fuller Report
- To improve core general practice through a QI approach

The place-based partnership is a new governance approach and will require a period of transition and iterative review to ensure that it operates effectively as a partnership. It will continue to evolve and take on new delegated powers and functions. The officeholder will be part of developing this approach and be flexible and resilient; challenging and collaborating with partners to ensure that they are delivering safe and robust services and transformation projects during a period of considerable transition and change.

### **Key Accountabilities**

The office holder will undertake the following duties and responsibilities, working with the Place based Partnership leadership, and wider partners as part of an integrated team:

- Lead work on behalf of the PbP and NEL Primary Care Team to identify the development needs of PCNs and primary care contractor organisations and put in place programmes of work to meet these needs
- Working closely with PCNs, address unwarranted variation through development programmes ensuring a QI approach is fully embedded in this work
- Provide strong clinical leadership for core primary care within the PbP, focusing on enabling primary care to undertake its work as effectively as possible.

- Work with the local Director for Primary Care and provide clinical leadership to the work of the wider primary care team.
- Support the development and roll out of the fuller review for primary care in each “place” but also linking up with other “places” so looking outwardly as well and inwardly to achieve system changes
- Support the ongoing development of Primary Care Networks (PCNs) and their PCN Clinical Directors
- Provide professional support, if required, to PCN CDs, noting that this could be a CD from anywhere within the NEL footprint
- Work with the Directors of Primary Care and other relevant clinical health and care leads to ensure robust implementation and evaluation of LIS/LESSs
- Work in partnership with the Local Authority and PbP partners to deliver the aspirations of the PbP and secure a tailored population health management approach in primary care organisations, improving outcomes for local people
- Work with local PCNs and PbP Boards on how best to engage the full range of primary care contractor groups (Dentists, Optometrists and Pharmacists) in delivery of integrated care to the PCN population
- Work with Federations/PCN at scale bodies; local & NEL-wide LMCs; and when required representatives from the acute, mental health and community collaborative
- Contribute to the work of the NEL Primary Care Collaborative
- Liaise closely with the NEL Care Board GP lead, ensuring development needs of local primary care are understood by the Board and to support implementation of ICB priorities
- Work with local service transformation leads to understand their requirements from primary care, noting that primary care is often a key enabler to service transformation
- Actively engage with patients, the public and community representatives to achieve productive and positive outcomes that shape local primary care services, working to the principles of co-production (as described in co-production charters).
- Lead as champion and ambassador for the ICB at internal and external meetings both in a local and national context as required
- actively participate in the identification, planning and development of opportunities to improve health and care outcomes both locally and on a wider footprint (where applicable)
- If a service is found to be ineffective, of poor quality, unwarrantedly inequitable or non-cost beneficial, work to address the issues and improve the service, or if this is not possible, support its decommissioning.
- Undertake further PbP specific functions as required from a primary care perspective

This job description provides a general outline of the post and is not intended to be inflexible or a final list of duties. It may therefore be amended from time to time in consultation with the post holder.

### **Building trusted relationships with partners and communities**

- Success in this role is dependent on having strong relationships with patients, service users, carers and their representative organisations, partners, staff, clinicians, professionals and our local communities.
- You will ensure matrix working across all levels of and within the different elements that comprise the ICS and placed based partnership.
- The office holder will have key relationships with the following roles, teams, departments and organisations:
  - Local Directors of Primary Care
  - Primary Care Network Clinical Directors
  - Place Based Partners (and as required wider partners)
  - Community and Voluntary Sector leads
  - LMC leads
  - Local GP Federation
  - PCN Health Inequalities Leads

- Integrated Care System leads, particularly the local PbP Borough Director and PbP System Clinical or Care Director
- Other clinical leads and pathway leads (including from across NEL)
- Integrated Care System leaders as needed
- Links with local Patient Engagement Forums and other community voice groups and representatives
- The lead will work with the Place Based Clinical or Care Director, the Borough Director of Delivery and Leads in Partner organisations to set an annual personal work plan and monitor progress against these. The lead is expected to be flexible to the system's changing needs and available to support where their skills can offer most benefit.

This is not an exhaustive or exclusive list. The post holder will be expected to develop good working relationships with whosoever is required in order for them to fulfil the requirements of the role.

### **Leading to support social determinants of health and health equality**

- Reducing health inequalities is a core objective of the ICS. The office holder will foster a culture in which equality, diversity, inclusion and allyship, designing, promoting, undertaking and evaluating proactive strategy with partners, staff and communities that measurably reduce inequities in service access, experience and outcomes and in the health of populations.
- Working closely with health inequalities leads and community partners to ensure that community involvement and co-creation is hardwired into the decision making and delivery process. The role will focus on delivering in access, experience and outcomes; ensuring that primary care development facilitates the delivery of the Core20Plus5 priorities and provides equity of service to poorly served groups.
- You will be committed to the principles of power-sharing, co-creation and co-production, recognising the need to adopt an inclusive approach to patient, service users, carer and resident participation which addresses socio-economic disadvantage and specific discrimination, harnessing and building democratic decision making within the ICS and at placed based partnership.
- Developing primary care towards having a focus on population health management that is intended to drive the new culture and system change to deliver the transformation required to move from delivering services to patients to taking responsibility for the health and improving it of a population / people.

### **Creating a compassionate and inclusive culture**

- The officeholder will create and promote a culture of inclusive, multi-professional clinical leadership in the delivery of the functions of the role, and their work with all partners and communities.
- You will be visible as a collaborative and compassionate leader and role model, engaging health and care professionals, partners, patients, service users, carers across the whole system in the development and delivery of the placed based partnership
- The office holder will proactively address all discrimination and inequality going beyond the required meeting of national standards to embrace and develop best practice.

## Personal Specification

### Personal Values

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- Personal commitment to the values that binds together communities and people; for example, the NHS principles and values as set out in the NHS Constitution, 5 principles of social care, NHS Long Term Plan, NHS People Plan, Fit and Proper Persons regime and the Nolan Principles.
- Demonstrates an inclusive and compassionate leadership style with a record of accomplishment of improvements to equality, diversity, and inclusion and social justice.
- Lives by the values of openness and integrity and has created cultures where this thrives.
- Committed to continuing professional development

### Qualifications

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- Significant/substantive years of performer's list registration working in general practice or significant experience of working as a registered health professional in primary care or another primary care contractor environment
- Recognised General Practice qualification (MRCGP minimum qualification) or HCPC Registered health professional or NMC Registered or General Pharmaceutical Council
- A recognised qualification in a QI methodology, or equivalent experience

### Skills & Abilities

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- Understand the changing landscape of health and social care including the roles of Primary Care Networks, GP federations and wider Place Based Partnership working
- Demonstrate the skills required for effective working with health and social care partners at both a Place Based Partnership, and at North East London Integrated Care System level
- Embrace effective governance, accountability and delivering best value for money
- Demonstrate the skills which enable the development of multi-professional clinical and care leadership in Primary Care
- Demonstrate a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution
- Demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role

### Knowledge and experience

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- Knowledge of QI approaches to service improvement
- Experience of, continuously and demonstrably improving patient outcomes and tackling health inequalities
- Experience of supporting other practices or contractor groups to demonstrably improve patient outcomes and address unwarranted variation
- Experience of participating in and leading effective engagement with local people to understand their experience of care delivered and improvements that should be made
- Experience of multi-disciplinary team working
- Experience of committees and / or working groups
- Experience of delivering postgraduate and/or professional education
- Experience working with clinical and care professional representative bodies
- Experience of project work, focusing on benefits realisation and supporting transformational change

