

## Job description – Locality Clinical Lead (Primary Care)

**Job Title:** Locality Clinical Lead (Primary Care)

**Reporting to:** PCN CDs within that locality & GP Fed Medical Director

**Accountable to:** Member practices and PCNs within East / Central / West Locality

**Hours of work:** 2 sessions per week (8 hours 20 mins)

**Length of term:** 12 months, with view to extension depending on success of role

**Remuneration:** £300 per session (inclusive on-costs)

### **Background and context**

This is an exciting opportunity to help drive the design of services at a local level. You will work alongside a Managerial Lead within your locality and be further supported by an ‘engine room’ of borough support from the GP Federation and wider ICP including project planning, analytics and pathway design.

Haringey GP Federation’s vision is to create a healthier and happier population through strong and innovative General Practice. Through the recent NHS reconfiguration into Integrated Care Systems and Borough Partnerships, the Federation has identified the ongoing value that Primary Care Clinical Leadership can play in designing services to meet local population need. We have identified a need to ensure this exists at all levels of new ICS structures, with a particular gap at the Locality / Neighbourhood level, hence the creation of this role.

Haringey Borough Partnership (HBP) is a collaboration between the main providers of health and care services for people in Haringey including all NHS organisations (ICB, NHS trusts, primary care), Haringey Council, and voluntary and community sector organisations. The aim is to improve the health and wellbeing of Haringey residents through more integrated ways of working and service delivery across health and care services.

Haringey resident voice sits at the centre. The partnership has a shared set of priorities of actions, decision-making and view of our combined resource in order that is used to best effect to improve health and wellbeing and deliver the outcomes set out in the Health and Wellbeing Strategy.

Appendix A sets out the governance structure of HBP alongside the aims of developing localities and the Localities geography that divides Haringey into East / Central / West (also referred to as Neighbourhoods in ICS terminology).

## **1. Key Responsibilities:**

- 1.1. Represent constituent GP Practice and PCN interests in the Locality agenda and the emergence of Integrated Neighbourhood Teams as articulated in the Fuller Report
- 1.2. Represent GP Provider Alliance & GP Federation interests in the Haringey Borough Partnership
- 1.3. Act as part of emerging Locality Leadership team structures, bringing together leadership from across Health & Care partners and driving delivery through agreed actions
- 1.4. Undertake a leadership role in identifying priority areas to address health inequalities at a locality level, in collaboration with health and care partners, ensuring alignment with NCL Pop Health Strategy and Borough Health Outcomes
- 1.5. Develop operational engagement with community leaders and partner organisations within the Locality
- 1.6. Facilitate the establishment of any new MDTs identified against priority areas, ensuring the clinical governance and pathways of any new proposed interventions

## **2. System and Operational Leadership**

- 2.1. Contribute to the development, embedding and delivery of the strategic and operational aims and objectives of the Haringey Borough Partnership
- 2.2. Contribute to discussions about Haringey and devolved service delivery, considering new ways of working and opportunities to deliver high quality care differently
- 2.3. Willing to volunteer for participation in wider meetings on behalf of the HBP (and the Federation) providing a Haringey GP view
- 2.4. Suggest, develop and monitor ideas and projects for service redesign, with consideration to future pathways and the scale at which they are best delivered
- 2.5. Attend meetings and development sessions, being properly prepared having read and digested all papers. These include:
  - Locality Meetings (monthly)
  - Borough Partnership Meetings (monthly) – one of Grow/Live/Age Well or an enabling task and finish group
  - PCN Board meetings (quarterly or as required by each PCN) to engage PCNs and member practices on the borough agenda
  - Haringey One Voice Meeting (quarterly) to bring together Primary Care Voice across Haringey
  - Other working groups / task and finish groups as required

## **3. Local Leadership and Representation**

- 3.1. Actively engage with local General Practice including practices, PCNs, LMC, GP Provider Alliance and Federation to ensure that they understand and are engaged with the Haringey Borough Partnership, its aims, goals, and work
- 3.2. Actively engage in Locality Leadership team structures, supporting operational delivery of projects

- 3.3. Gather views of membership on areas of representation and potential programs of work to effectively represent your locality
- 3.4. Articulate the views of and advocate for the membership so that their voice can appropriately influence and support the wider HBP
- 3.5. Actively engage with local system partners e.g., via local borough partnership and other relevant forums

#### **4. Multi-disciplinary teams & population health management**

- 4.1. Develop and chair locality multi-disciplinary team (MDT) meetings
- 4.2. Ensure a data led approach to improve health outcomes for any interventions, utilising Population Health Management platforms (HealthIntent)
- 4.3. Oversee development of clinical pathways
- 4.4. Ensure appropriate clinical governance and safety of any new interventions, liaising with third parties as needed
- 4.5. Employ Quality Improvement methodologies and tools (e.g. Plan, Do, Study, Act cycles) to ensure continuous evaluation and improvement

**Person Specification Essential attributes**

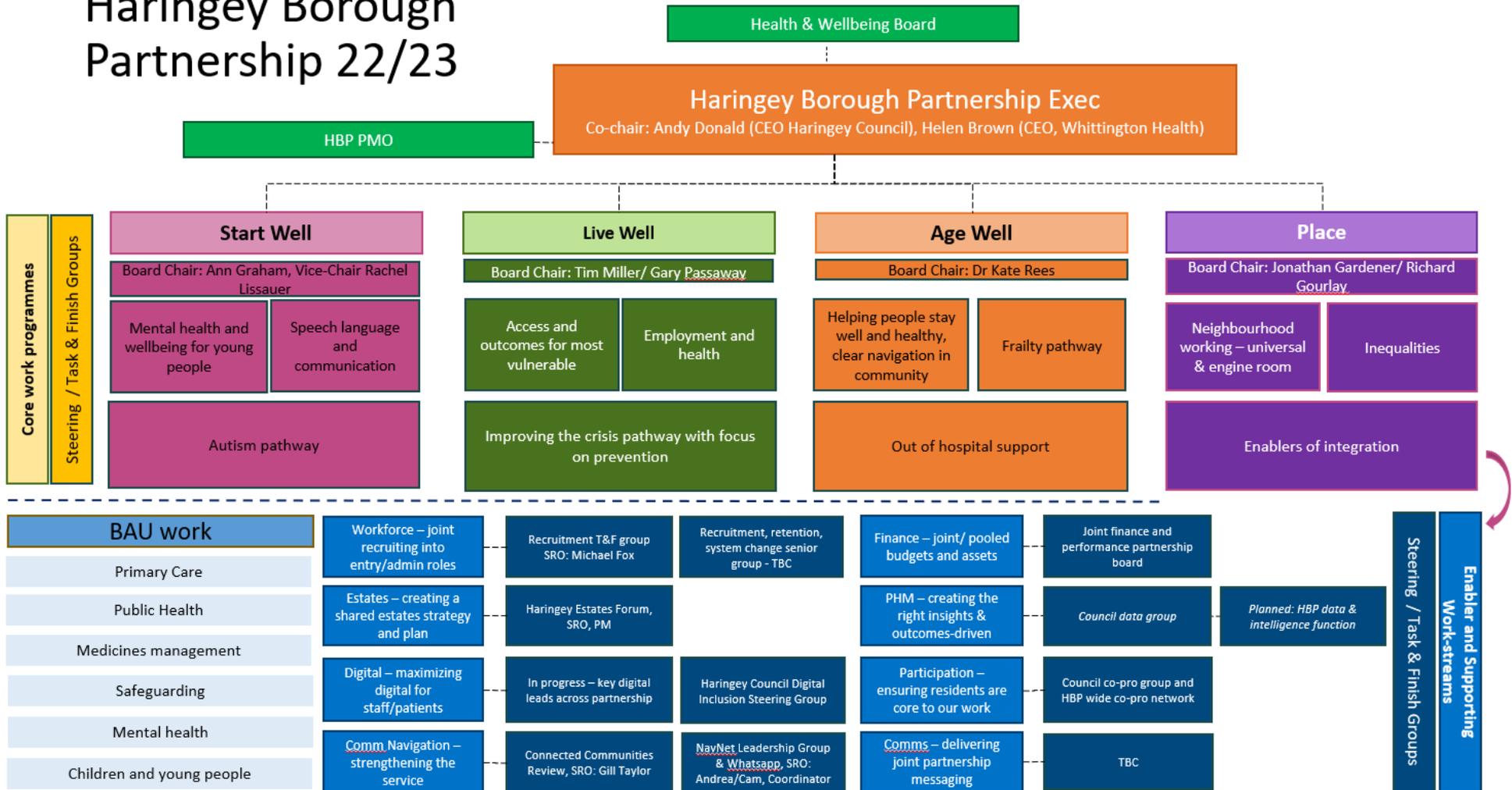
<b>REQUIREMENTS</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>
<b>EDUCATION AND QUALIFICATIONS</b>	<ul style="list-style-type: none"> <li>• Holds a current post in local borough general practice with at least 4 clinical sessions per week</li> <li>• In good standing with your professional body</li> <li>• A commitment to ongoing professional development</li> <li>• Their practice has an overall CQC rating of Good (unless brought in for turnaround)</li> </ul>	<ul style="list-style-type: none"> <li>• Is or was GP Partner of 2 years or more OR has worked in a practice with leadership responsibilities (if not a GP)</li> <li>• A Clinical Director or on a PCN Board</li> </ul>
<b>KNOWLEDGE</b>	<ul style="list-style-type: none"> <li>• Understands the development of the ICS and the policies underpinning that development</li> <li>• Understands other key NHS policy frameworks and organisations</li> <li>• Understanding the local population’s health and social care priorities</li> <li>• First-hand knowledge of the NCL Provider and Commissioning landscape and priorities</li> <li>• Understands conflicts of interest and how to manage them</li> </ul>	<ul style="list-style-type: none"> <li>• Understand assessments for quality and cost-effectiveness</li> <li>• Understands how the finances of General Practice operate</li> <li>• Understand of governance processes.</li> <li>• Experience of at scale service delivery</li> </ul>
<b>EXPERIENCE</b>	<ul style="list-style-type: none"> <li>• At least 3 years post-qualification</li> <li>• Demonstrable leadership experience including outside of your own practice in the local borough and beyond</li> <li>• Expert in advocating for General Practice with a range of stakeholders</li> <li>• Experience of operating successfully in a complex political environment</li> </ul>	<ul style="list-style-type: none"> <li>• Significant Board/CD level experience at borough and NCL level.</li> <li>• Experience working with a range of stakeholders including Senior Trust Executives.</li> </ul>
<b>SKILLS, ABILITIES AND PERSONAL QUALITIES</b>	<ul style="list-style-type: none"> <li>• Must be a fit and proper person to act as a leader and model the Nolan Principles of Public Life</li> <li>• Able to make difficult decisions</li> <li>• Able to think strategically and plan ahead, to develop a clear vision and</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation skills</li> <li>• Able to use and interpret population health data</li> </ul>

	<p>enthuse others, balancing needs and constraints of PCN and locality</p> <ul style="list-style-type: none"> <li>• Able to work positively as a system partner</li> <li>• Able to make an immediate impact in the wider system</li> <li>• A high level of ability to gain support from members, stakeholders and key partners; influencing them and using political acumen</li> <li>• The ability to think clearly and creatively, make sense of complexity and clarify it</li> <li>• Ability to communicate passionately, effectively, and persuasively across a diverse set of stakeholders</li> <li>• A high-level commitment to patient focus and the delivery of high quality, safe services in an innovative way</li> <li>• Maintains a focus on service quality, integration and innovation</li> <li>• Desire to change and innovate</li> <li>• Committed to ensuring the sustainability of General Practice</li> <li>• Team player</li> <li>• Commitment to working beyond their own practice / PCN</li> </ul>	
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This job description is not exhaustive

MF 10/01/2023

# Haringey Borough Partnership 22/23



# Place

Developing localities and bringing integrated services closer into communities, tackling inequalities and integrating central enabler functions (e.g. digital)

The place board enables this vision by serving as a forum that steers cross-age & whole borough work across Haringey to drive an integrated all age neighbourhood service offer, oversee our work on health inequalities, and to support consolidation of key integration enabler functions across partnership organisations with key partnership outputs (e.g. Outcomes Framework, Co-production framework and approach, partnership comms strategy etc). The Place board therefore oversees three key core work areas:

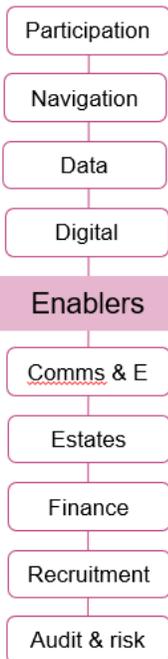
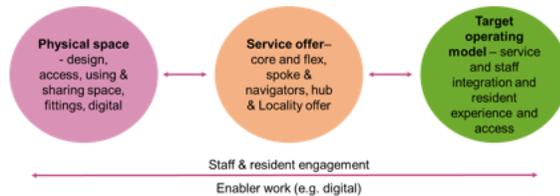
## Localities



Priority test beds (hubs)

- A simpler, more joined up local system that offers the right support at the right time
- Integrated, multi-disciplinary teams from across the public sector working together on the same geography and tackling issues holistically (in hubs or virtual teams), focused on relationships and getting to the root causes
- A workforce who feel connected to each other and able to work flexibly
- A new system partnership with the voluntary sector

Developing a Localities offer for each hub



## Health Inequalities

- Phase 1 & 2, ~£2m investment into tackling health inequalities into most deprived areas of Haringey to:
- Improve the health, well-being and life chances of people living in the most deprived and diverse neighbourhoods in east Haringey.
  - Build capacity and infrastructure for ongoing engagement and in-reach with our communities, VCS and grassroots organisations
  - Deliver a set of targeted initiatives across five themes within the Healthy neighbourhoods programme



Phase 2

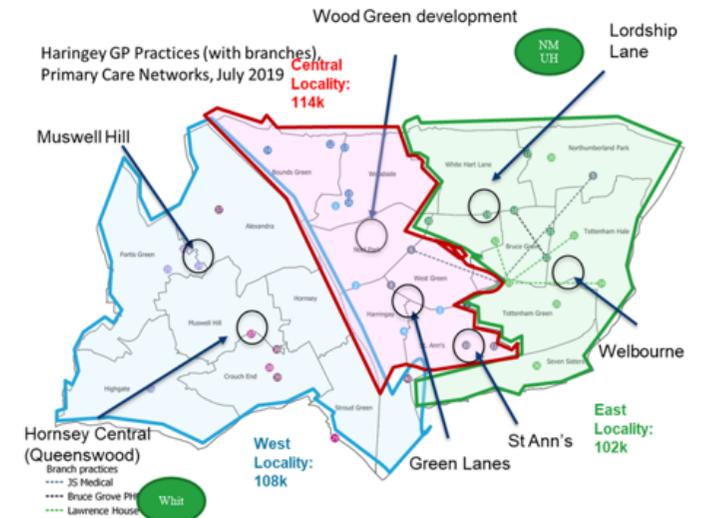


# Primary Care

Some key consolidation and modernisation is underway across the primary care estate, as well as the integration of primary care into the Haringey Localities programme, incl. primary care's key presence in Locality hubs and structures as well as Locality wide responsibilities regarding the DES.

Borough	Locality	PCN	General Practice
<ul style="list-style-type: none"> <li>Formal structures of Borough Partnership</li> <li>GP Federation coordinating borough services</li> <li>Primary care teams at scale (Pharmacists, social link prescribers)</li> </ul>	<ul style="list-style-type: none"> <li>Developing strategic engagement with community leaders and partner organisations</li> <li>Understand and work together on health priorities. Define some LCS targets.</li> <li>Key role to tackle inequalities &amp; long-term conditions via PCNs at neighbourhood level per new PCN DES</li> </ul>	<ul style="list-style-type: none"> <li>Group of local practices choosing to work together</li> <li>Pooling shared staff</li> <li>Working together on defined initiatives</li> <li>Clinical Directors part of collegiate primary care leadership</li> </ul>	<ul style="list-style-type: none"> <li>All patients registered with a practice</li> <li>Remains core delivery vehicle for patient care</li> <li>Reduction from 54 in 2014 to 33 practices in Apr 22</li> </ul>

## Work is underway to leverage opportunities of working across Localities with leadership at Localities level



**Primary care delivers services and strategy work across different geographic footprints.**