The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

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| **Meeting:** | Board of Directors (in Public) | | |
| **Meeting Date:** | 1 June 2021 | **Agenda item:** | 15 |
| **Report Title:** | Norfolk and Waveney Integrated Care System | | |
| **Author:** | Carly West-Burnham, Director of Strategy | | |
| **Executive Sponsor:** | Laura Skaife-Knight, Deputy CEO | | |

**Implications**

**Link to key strategic objectives**
*[highlight which KSO(s) this recommendation aims to support]*

| KSO1 | KSO2 | KSO3 | KSO4 | KSO5 | KSO6 |
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| *Safe and compassionate care* | *Modernise hospital and estate* | *Staff engagement* | ***Partnership working, clinical and financial sustainability*** | *Healthy lives staff and patients* | *Investing in our staff* |

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| **Board assurance framework** | Partnership working is set out in KS04. The BAF updates are received and reviewed within Finance and Activity Committee and Senior Leadership Team. | |
| **Significant risk register** | No significant risks aligned | |
| | Y/N | If Yes state impact/ implications and mitigation |
| **Quality** | | |
| **Legal and regulatory** | | |
| **Financial** | | |

**Assurance route**

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| **Previously considered by:** | |

**Executive summary**

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| **Action required:** | Approval | Information | **Discussion** | Assurance | Review |
| **Purpose of the report:** | The purpose of this paper is to provide the Board of Directors with an update on key areas of work within the Norfolk and Waveney ICS. | | | | |
| Summary of Key issues: | <u>Norfolk and Waveney Acute Hospitals Group Committees</u><br>• Detailed conversations continue around the development of Acute Provider Collaboratives with the latest discussion taking place on the 10 May 2021 at the Norfolk and Waveney Hospitals Group Committees meeting.<br>• A Tri Board meeting is due to take place on the 25 May 2021 to discuss Provider Collaboration further. | | | | |

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| | <u>Place-Based Care</u><br><br>• The Board of Directors is asked to note that from the 17 May 2021 the Norfolk and Waveney Integrated Care System (ICS) is undertaking an engagement exercise on six potential place configurations.<br>• The Board of Directors is asked to note the on-going work in relation to development of local Place based Care alongside the plans to strengthen governance and oversight arrangements.<br><br><u>Hospital Services Strategy</u><br><br>• The Board of Directors is asked to note the progress which continues in relation to delivery of the agreed Hospital Services Strategy Programme of work, specifically in relation to policy convergence and alignment. |
| **Recommendation:** | The Board of Directors is asked to **discuss** the update. |
| **Acronyms** | CCG - Clinical Commissioning Groups<br>DHSC - Department of Health and Social Care<br>ICS – Integrated Care System<br>JPUH – James Paget University Hospital NHS Trust<br>JSNA - Joint Strategic Needs Assessment<br>NNUH – Norfolk and Norwich University Hospital NHS Trust<br>N&WCCG - Norfolk & Waveney Clinical Commissioning Group |

## Norfolk and Waveney Hospitals Group Committees

The James Paget University Hospitals, Norfolk and Norwich University Hospitals and Queen Elizabeth Hospital King's Lynn together provide a wide range of services to a population of more than one million people.

Since September 2020 the three Trusts have worked together as part of the Norfolk & Waveney Hospitals Group Committees (N&WHGC) also called a Committees in Common (CiC).

The N&WHGC met on 10 May 2021 and is supporting development of an Acute Provider Collaborative which is a regulatory requirement in development of the Norfolk and Waveney Integrated Care System (ICS).

A Provider Collaborative is a partnership involving two or more trusts to maximise delivery of the strategic priorities determined by the ICS, which includes individual providers as members. The aim of this enhanced collaboration is to ensure that providers work effectively together to bring benefits for the population of the Norfolk and Waveney health and care system.

The three Acute Trust Boards will meet to consider this further on the 25th May 2021 followed by further consideration by the CiC in the months ahead. The clear focus for the work is on making a difference for our patients, improving outcomes for local people and ensuring effective governance arrangements are in place.

Further national guidance is anticipated. The new legislation will take effect from 1 April 2022 and is due to be considered in the summer of 2021 which will replace 'The Health and Social Care Act 2012.'

## Place Based Care

System wide

The Government's recent white paper, 'Integration and Innovation: working together to improve health and social care for all' (February 2021) recognises the importance of working effectively at a local level and supports the principle of subsidiarity. The paper does not dictate the parameters on which devolution to place must occur, stating: 'Place based arrangements between local authorities, the NHS and between providers of health and care services are at the core of integration and should be left to local organisations to arrange. We expect local areas to develop models to best meet their local circumstances.' Section 6.18 (a), page 70.

From 17 May 2021 the Norfolk and Waveney Integrated Care System (ICS) is undertaking an engagement exercise on six potential place configurations, as detailed, with the engagement timeline.

There are six Place based options forming part of the current ICS engagement work, these are as follows;

1. **Option one: Two places covering the East and West of our ICS -** In this option we would have two places covering the East and the West of our ICS, dividing our geographic area approximately in half. The boundary of each place would be determined by grouping PCNs together. The PCNs would be grouped in order to closely align with the district council boundaries.
2. **Option two: Three places based on Functional Economic Areas -** In this option we would have three places based on Functional Economic Areas (FEAs), which

are broadly speaking the areas in which people live, work and access services. FEAs are areas that share a number of similar economic factors with boundaries that ideally reflect the drivers of the local economy. The boundary of each place would be determined by grouping PCNs together. The PCNs would be grouped in order to closely align with the FEAs (and by extension the boundaries of the district councils, as when grouped together the boundaries of the district councils broadly match each FEA).

3. **Option three: Three places aligned to the catchment areas of the three acute hospitals -** In this option we would have three places made-up of the PCNs that are aligned to the catchment areas of our three acute hospitals.
4. **Option four: Five places based on the current health localities -** In this option we would have five places based on the current health localities / former five CCG areas.
5. **Option five: Five places based on provision of community services -** In this option we would have five places based on the way community services, including community health, social care and district councils, are operationally organised and delivered. The boundary of each place would be determined by grouping PCNs together to match how these services work.
6. **Option six: Seven or eight places based on the district council boundaries -** In this option we would have seven or eight places based on the district council boundaries.

The engagement timeline is as below:

- 17 May 2021: Start of engagement period
- 13 June 2021: End of four-week engagement period
- 1 July 2021: Findings reported to the interim ICS Partnership Board at their private meeting
- July 2021: Briefing event for stakeholders to share the findings of the engagement and explain the next steps
- 5 August 2021: Findings reported to the interim ICS Partnership Board at their public meeting
- September 2021: Submission of ICS development plan to NHS England and Improvement to include details of how we will work at a more local level in Norfolk and Waveney.

<u>Local</u>

A local Clinical Leadership Group has been established to support delivery of Place Based Care within West Norfolk, with Terms of Reference drafted. The first meeting of the group took place in April 2021 with agreed actions in relation to exploring linkages between the Trust and GP practices around usage of GP estate for delivery of outpatient clinics as well as the development of a clear forward plan for a schedule and topics for clinician to clinician meetings (to be held virtually) to improve communication between primary care and the Trust. The Group will expand to include colleagues from Norfolk and Suffolk Foundation Trust (NSFT) and the governance arrangements will be confirmed at the next meeting.

Initial discussions have been held with Lincolnshire CCG and Cambridgeshire and Peterborough CCG with clear plans to continue to strengthen the dialogue and engagement.

With regard to Cambridgeshire and Peterborough CCG it has been agreed that the Trust will be represented on the established Urgent and Emergency Care and Planned

Care Programme Boards on a monthly basis alongside representation at the established Northern Alliance meeting on a quarterly basis. The Trust will also align with CCG colleagues in relation to discussions around North Cambs Hospital to strengthen the delivery from the site.

With regard to Lincolnshire CCG, it has been agreed that regular meetings will be held with their Director of Transformation to ensure that the Trust is aligned on the planned care pathway work which is being delivered. The Trust will also be invited to the established South Lincs Rural Primary Care Network (PCN) meeting alongside holding a meeting between our Medical Director and their PCN Clinical Directors.

To strengthen the conversations between both areas, it has been agreed that a meeting will be set up between the Trust / North West Anglia Foundation Trust (NWAFT) / Cambridgeshire and Peterborough CCG and Lincolnshire CCG colleagues to ensure that we have one streamlined route of communication.

As previously updated, the Trust continues to work with local Partners within West Norfolk on specific Place Based Care projects including the Protect Now, Falls Prevention project and Chronic Pain.

A meeting is in the diary for the end of May with Norfolk and Waveney CCG and Borough Council colleagues to explore further opportunities for projects aligned with the agreed Local Delivery Group priorities to support management of health inequalities.

The Trust is working collaboratively with Norfolk and Waveney CCG to explore options for delivery of services in a proposed new Primary Care Hub which it is anticipated will be located to the south/southwest of the town centre. Initial positive conversations have taken place with Norlife who are supporting the CCG with development of the Strategic Outline Case. It is proposed that Diabetes and Maternity services could be included within the Hub. This work is still at the scoping stage and further details will be brought through the appropriate organisational governance channels as appropriate.

Alongside this work, the Trust is proactively engaged with exploratory work in relation to the development of a Health on the High Street model with a meeting in early June with key stakeholders.

It has been agreed that a Place Based Care Board will be established in order to ensure that the positive work which is happening in this area is supported by the appropriate governance and oversight.

**Hospital Services Strategy – Policy Convergence and Alignment**

Background

The Hospital Services Strategy (HSS) Programme is a key strategic project for the Trust with the ambition to work with system partners to improve pathways and ensure future financial and clinical sustainability.

To support the Acute Service Integration (ASI) and increased joint working across the Integrated Care System (ICS), it was felt important to align key policies to support staff and the equality of processes and care across the system.

A workstream board was established in August 2020, chaired by the Director of Strategy QEH, with key representatives from QEH, JPUH, NNUH and the Norfolk & Waveney Health & Care Partnership. The board meet monthly and oversee five key policy areas, each with working groups established to drive forward progress.

Policy Areas In-Scope

Following discussion and agreement with the Chief Nurses / Medical Directors and Directors of Strategy as part of the Hospital Services Strategy programme, it was agreed that the Convergence & Alignment workstream will focus on policies/protocols/procedures that are (a) above individual speciality level and (b) enable clinical activity.

The working groups established are as follows;

- Mandatory Training Policy
- Infection Prevention & Control
- Procedural Document Development Policy
- Consent Policy
- Thromboprophylaxis

The working groups are overseen by the Convergence & Alignment Workstream Board, which report progress monthly to the Hospital Services Strategy Board.

The future workplan and scope of the convergence and alignment workstream is being developed, including; future policies for alignment and the move to a business-as-usual approach to policy review. A list of future policies is being collated including key HR policies.

A communication strategy is under development, to ensure key messages are disseminated throughout each organisation on this work and the move to a business-as-usual approach.

Further detailed updates as the project progresses will be brought through the ICS Hospital Services Strategy Board, with updates provided for information to the Board as appropriate.