The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**Agenda item:**	19
Report Title:	Integrated Care System Update		
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Executive Sponsor:	Caroline Shaw, CEO		

Implications

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

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
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*

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

Assurance route

Previously considered by:	Senior Leadership Team

Executive summary

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 with a specific focus on Acute Provider Collaboration and the Hospital Services Strategy Programme.
Summary of Key issues:	<u>Norfolk and Waveney Hospitals Group Committees / Acute Provider Collaboration</u> The Board of Directors is asked to note that the N&WHGC has met in December 2021 and on 10 January 2022. Detailed discussions continue to take place around the key cross-system programmes of work focusing on delivery of improvements

	within Urgent and Emergency Care and Elective Care as well as the New Hospital Programme at both QEH and JPUH. Under the direction of the N&WHGC, work continues to define the governance framework, parameters and structures as we move forward with acute Provider Collaboration. Previously NHSE/I East has notified the Norfolk and Waveney Hospitals Group (NWHG) that it is planning a checkpoint process for assessment and assurance on the Hospitals Group's plans. It is understood from further information on the NHS England Checkpoint Assurance process that it is likely to focus on reviewing the Case for Change, broader stakeholder engagement and reviewing the functioning of the Committees in Common (CiC). A Programme Director is in place to support the work and is focusing on the case for change as well as developing a clear programme plan for delivery. Alongside this, detailed work is now underway to develop an acute Clinical Strategy for Norfolk and Waveney. This will be a key underpinning workstream to support us moving forward with greater collaboration and integration and is being driven forward by the Hospital Services Strategy Programme. <u>Hospital Services Strategy Programme</u> The Board of Directors is asked to note the update as included within the body of the report. <u>Integrated Care System</u> The Board of Directors is asked to note that a new target date of 1 July 2022 has been set for the implementation of statutory arrangements for Integrated Care Systems (ICS) and the establishment of Integrated Care Boards (ICB), subject to the passage of the legislation through Parliament. This change is to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill. Current statutory arrangements will remain in place until July, with the first quarter of 2022/23 serving as a continued preparatory period. Within Norfolk and Waveney the intention is to run in shadow format from 1 April 2022 to 1 July 2022. <u>Place Based Care</u> Work continues at a local level in relation to the development of Place Based Care with an outline framework for delivery developed in partnership with NSFT, NCH&C, Primary Care and N&W ICS. This will provide us with the key deliverables, aligned to local, regional and national priorities, for our local population.

	The positive work which is being done within West Norfolk in relation to health inequalities and population health management will be threaded through the developing Place Based Care priorities to ensure that we are aspiring to meet the needs of our local population.
Recommendation:	The Board of Directors is asked to **discuss** the update as included within this report.
Acronyms	CiC – Committees in Common DAC – Diagnostic Assessment Centre DHSC - Department of Health and Social Care ICB – Integrated Care Board ICP – Integrated Care Partnership ICS – Integrated Care System JPUH – James Paget University Hospital NHS Trust JSNA - Joint Strategic Needs Assessment N&WHGC – Norfolk and Waveney Hospitals group Committees NCH&C - Norfolk Community Health and Care NHP – New Hospital Programme NNUH – Norfolk and Norwich University Hospital NHS Trust NSFT - Norfolk and Suffolk Foundation Trust N&WCCG - Norfolk & Waveney Clinical Commissioning Group PCN – Primary Care Network RSP – Recovery Support Programme SOF – System Oversight Framework VCSE - Voluntary Community and Social Enterprise

Hospital Services Strategy Programme

Acute Clinical Strategy

The development of an acute clinical strategy is being coordinated through the Hospital Services Strategy Programme and overseen by the Norfolk and Waveney Hospitals Group Committees (CiC). As the Acute Provider Collaborative is formed, it is proposed this should form one of its key programmes of work.

Once drafted, the key objectives of the acute clinical strategy will define the future programme of work for the HSS Programme. In order to provide greater clarity of the purpose and objectives of the programme, it is proposed the HSS Programme is re-branded to become the "*Acute Clinical Strategy Programme*".

At the HSS Programme Board meeting in November it was discussed and agreed that, ahead of the system level and individual trust clinical strategies being completed, the work previously carried out to identify the next priority specialties for potential collaboration opportunities would be re-visited and refreshed by each trust. Following this, the Clinical Oversight Group (COG) will review the priority specialty lists for each trust and jointly agree the specialties we would focus on next for service redesign. Alongside this, the leadership teams for these specialties will be brought together with a view of collaboratively working up service development proposals. These will be worked up in partnership with Community and Primary Care providers etc, as appropriate.

Incorporated into the collaborative service development process will be a triumvirate leadership training package (Connected Leaders). Previously rolled out at the NNUH, the course focuses on developing individual and team leadership skills; understanding and influencing team culture and effectively leading on change. The course is delivered through a series of masterclasses and it will be offered to the triumvirate leadership teams of the priority specialties at each acute trust to carry out jointly. It has been proposed that the Urology and Dermatology specialties will be the first to participate collaboratively in this programme.

The Norfolk and Waveney Urology Services

The Transformation Project Board and workstreams group continue to meet regularly and take forward the agreed work packages. The finalised detailed integrated service development proposal will be presented to the Hospital Services Strategy Programme Board following consideration via the individual Trust governance processes.

Oral Health Collaboration

Following a workshop held in October with the clinical and operational leads from the three acute trusts, an Oral Health Collaborative Development Group was established and the group has pulled together a detailed service development proposal which will be presented to the HSS Programme Board in February following consideration via the individual Trust governance processes.

Acute Dermatology

Due to operational pressures project group meetings were not able to go ahead this month, including the system dynamics modelling workshop which has been put back until February 2022.

Clinical prioritisation was provided to guide the development of the GP education programme in a way that would be most beneficial for reducing secondary care referrals and ensuring that high quality images and history are provided with referrals.

Policy Convergence and Alignment

Consent Policy: the working group has turned its attention to alignment of procedure specific consent forms. The group is considering holding a workshop to define requirements for a joint digital consent platform that can be input to future digital plans across the Trusts or at ICS level.

Mandatory Training joint policy: is going through trust level approval processes. Once dates are confirmed, the implementation and communication plan will be revised.

IP&C policy alignment: due to continuing pressures the policy alignment group won't meet until April. A proposal is being considered by the IP&C leads to create an overarching joint policy that recognises that a national policy is under development and that in the meantime we would follow the Scottish national IP&C manual. A paper is being prepared for COG in February to outline the intended approach and seek governance approval.

Procedural Document Policy: a final version of the new policy and template is being prepared for the Trusts' approval

Learning from Deaths policy: Work will commence in the new year to decide on the approach in developing an aligned Learning from Deaths Policy across the acutes and if that should include community providers, as the medical examiners service is extended to the community.

Joint Preoperative Assessment processes: Meetings are being arranged with the newly appointed Elective Recovery Board Theatres workstream lead to agree plans for taking this work forward.