The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Governors' Council		
Meeting Date:	16 December 2021	**Agenda item:**	8
Report Title:	Integrated Care System (ICS) 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:					

Executive summary

Action required:	Approval	Information	**Discussion**	Assurance	Review
Purpose of the report:	The purpose of this paper is to provide the Governors' Council with an update on key areas of work within the Norfolk and Waveney ICS.				
Summary of Key issues:	<u>Norfolk and Waveney Hospitals Group Committees</u> The Governors' Council is asked to note that the N&WHGC met on 8 November 2021 and 11 November 2021 and continue to progress the development of Acute Provider Collaboration across Norfolk and Waveney. <u>Integrated Care System</u> The Governors' Council is asked to note the update as included within the body of the report with work continuing in relation to the				

	development of the Board of the Integrated Care Board and the Integrated Care Partnership. <u>Place Based Care</u> The Governors' Council is asked to note that 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 Norfolk and Suffolk Foundation Trust, Norfolk Community Health and Care, Primary Care and the Norfolk and Waveney Integrated Care System. <u>Hospital Services Strategy Programme</u> The Governors' Council is asked to note the update as included within the body of the report.
Recommendation:	The Governors' Council is asked to **discuss** the update as included within this report.
Acronyms	CiC – Committees in Common 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 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

Norfolk and Waveney Hospitals Group Committees

The Norfolk and Waveney Hospitals Group Committees (N&WHGC) met in November 2021. Detailed discussions took place around the key cross-system programmes of work which are in place 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. A Programme Director has been appointed to support the work and is focusing on updating and finalising the case for change as well as developing a clear programme plan for delivery.

Integrated Care System

The Governors' Council is asked to note that detailed work is underway within the Integrated Care System (ICS) to finalise the draft of the Norfolk and Waveney System Development Plan and to develop the under-pinning detail and governance in relation to establishment of the Board of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

The Board of the ICB will be the senior decision-making group for NHS Norfolk and Waveney Integrated Care Board, providing strategic leadership. Detailed discussions have taken place in relation to the membership of the Board.

Place Based Care

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.

Within West Norfolk, the West Norfolk Local Delivery Group will transition to become the health and care alliance.

The five health and care alliances within Norfolk and Waveney will undertake the following key tasks:

- **Local health and care strategy and planning:** The alliances will develop a common understanding of their population and will agree local priorities for the delivery of health and social care services. The alliances will also have a role in informing, developing, and implementing, where relevant, system strategies and plans, particularly the NHS plan to be developed by our Integrated Care Board, but also the integrated care strategy to be agreed by the Integrated Care Partnership.

- **Delivery and transformation of health and social care services:** The alliances will integrate and co-ordinate the delivery of health and social care services around the needs of their population. This will include ensuring that transitions in care are managed effectively (in line with pathways and processes agreed at system-level) and issues are resolved. Each alliance will foster a culture of innovation, share best practice between organisations and promote the adoption of proven innovations (both at 'place' level and with the wider system).

- **Population health management:** The alliances will use population health management techniques to inform the development and delivery of local priorities and the implementation of system-wide strategies.

- **Align management support:** The alliances will look for opportunities to align and share resources, as well as to provide support to develop our Primary Care Networks and 'neighbourhood' level working arrangements.

- **Tackling health inequalities:** The alliances will focus on addressing inequalities in access to health and care services and outcomes.

Further work is currently being done to finalise the leadership and membership of the five alliances, but in order to deliver a set of functions to join-up health and social care services, membership will need to include:

- Primary Care Network Clinical Directors
- Representatives of the GP provider organisations
- Operational leads for NHS trusts (acute, community and mental health services)
- Operational and commissioning leads for adult social care and children's services
- Public Health representative
- Operational leads for Voluntary Community and Social Enterprise providers of health and care services
- Directors of District Councils
- Locality leads for the Integrated Care Board

The proposal is that on 1 April 2022, the alliances will operate as consultative forums, in the same way that the current local delivery groups do. But in time, as the alliances mature, the ambition is that they will receive delegated NHS budgets, and potentially funding from other partners too. A maturity matrix will be used to assess their readiness for delegation and when each alliance is ready, the governance model for that alliance will be changed to enable it to happen.

Work is currently underway to assess which of the other governance models could be the best fit for the alliances, so that there is clarity around the 'end-state.'

Hospital Services Strategy Programme

Acute Clinical Strategy

A key requirement for the Hospital Group will be the creation of a joint acute clinical strategy. This will need to outline how we will consistently deliver high quality services at all three hospitals, ensuring all of our patients have equitable access to services, as close to home as possible. It must acknowledge the unique requirements of each hospital, their individual strengths, and challenges, as well as identify the combined opportunities for integration and standardisation. It will need to draw from the N&W system clinical strategy and the individual trusts' acute clinical priorities.

The three organisations are currently working on their own clinical strategies. A process is being agreed to engage with the identified specialty clinical teams to collate a draft document for the joint clinical strategy. Work on this is expected to commence in quarter one 2022 following finalisation of the QEH Clinical Strategy.

Urology Integrated Service

Good progress continues to be made with the Norfolk and Waveney Urology service redesign plans with the agreed work packages being taken forward for detailed development. A full work plan will be taken to a service workshop in December and then onto the Clinical Oversight Group and the Hospital Services Strategy Board for review.

Norfolk and Waveney Acute Dermatology

Following approval of the service development plan, the Collaborative Development Group has transitioned into delivery mode with appropriate workstream management and programme governance put in place. An approach to delivery of the plan and timescales has been agreed by both operational and clinical representatives and a detailed delivery plan is currently being worked up.

Policy Convergence and Alignment

The joint Consent policy has now been approved by all three Trusts and implementation and communication of the policy took place in November 2021. Work is now underway to create an aligned template for procedure specific consent with a cross-organisational workshop planned to take place on 29 November 2021

The Mandatory Training joint policy is now in its final phase and will be going through the approval processes with the aim of going live on 1 January 2022.

Alignment of the Procedural Document policy is nearing completion and will be finalised during December 2021 with the aim of going live in the early New Year.

The scope of the Infection Prevention and Control policy alignment has been expanded to include Community providers and a first meeting took place in November 2021. A proposal has been agreed that the national Infection Prevention and Control manual which is due to be published shortly should be used as the basis of the aligned policy.

Under the direction of the Elective Recovery Board, a joint Clinical Harm Review policy has been written and agreed across all three Trusts.

Work has been undertaken to develop a 'Business as Usual' toolkit to support the development of aligned policies and procedures moving forward. This will be piloted in the development process for an aligned Independent Prescribing Policy which is due to start in December 2021. Learning on the use of the toolkit will be taken from this process and the toolkit will be refined to ensure that it provides an easy-to-use mechanism for the development of cross-organisational policies and procedures.