



Report to:	Integrated Care Board
Date of Meeting:	9 th November 2022
Subject:	Executive Committee Clinical & Professional
Director Sponsor:	Dr Nigel Wells Executive Director Clinical & Professional
Author:	Dr Nigel Wells

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT: *(A short summary of the key points set out within the report)*

The Clinical & Professional executive committee met for the second time on Friday 21st October. The committee reviewed and approved recommendations from items that had been received by the wider C&P group in the preceding 8 weeks.

The Clinical & Professional executive committee had verbal feedback from the emerging groups that sit within the directorate. For this meeting there was feedback from the Innovation Research Improvement System (IRIS), the Ethics panel, Medicines Management and Pharmacy, and clinical effectiveness.

The report is for information.

RECOMMENDATIONS: *(Specify the recommendation(s) being asked of the meeting - use additional points as appropriate):*

Members are asked to:

- i) Note the subjects discussed at the Clinical & Professional group and committee
- ii) Note the recommendations of the executive committee
- iii) Note the work of the emerging groups

ICB STRATEGIC OBJECTIVE *(please click on the boxes of the relevant strategic objective(s))*

Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>



CLINICAL & PROFESSIONAL EXECUTIVE COMMITTEE UPDATE & REPORT

1. INTRODUCTION

- 1.1. The Clinical & Professional executive committee met for the second time on Friday 21st October. The committee reviewed and approved recommendations from items that had been received by the wider Clinical & Professional group in the preceding 8 weeks.
- 1.2. The items were Inclusion health, Right to Rehabilitation, Cancer Diagnostics and Breathlessness pathways, Endoscopic ultrasound and the Fuller Stocktake update. A further discussion on sharing clinical risk was tabled and discussed by the Executive Director of Nursing and Quality picking up on themes in various meetings across the ICB and region on this important issue.
- 1.3. The clinical risk discussions have taken information / data from local, regional and national meetings regarding flow, ambulance handovers and the clinical risk sitting across all pathways and sectors. The Executive director for Nursing & Quality and the Executive director for Clinical & Professional are working with their regional ICB colleagues and provider clinical and professional leaders to do everything we can to optimise service resilience and response to patients this winter.

2. BACKGROUND

- 2.1. The clinical and professional group formed during the Covid 19 pandemic and quickly became a widely accepted forum for cross sector discussions, challenge, and collaboration. The Clinical and professional group has been incorporated into the ICB governance and meets weekly. A wide range of subjects are presented to the group and include short term priorities and longer-term strategic developments.
- 2.2. The group produced a set of principles that the emerging ICS partnership signed up to in 2020. These continue to help us with our work and are summarised below:

We will:

Be open and transparent with our Patients, the Public and All Staff about the challenges we are facing and provide clear communications

Work together and embed shared ownership of care, treatment and risk across Humber, Coast and Vale, the health and care sectors and with the Patients

Share patient health and care demand lists across Humber, Coast and Vale to ensure our people have fairer and easier access to services, starting with hospital services including Cancer and Diagnostics and continue into other sectors as soon as possible e.g. Mental Health

Ensure equity of access to advice and guidance, specialist healthcare services, diagnostics and treatments across patient cohorts

Review and prioritise health and care needs of patients based on clinical risk and vulnerability ensuring the process is transparent and takes into account the holistic needs of the patient

Ensure integrated health and care pathways are deployed throughout Humber, Coast and Vale, that make effective use of resources available across the system, embed best practice and create optimum and alternative pathways to meet the needs of the patient whenever possible

Enable patients to manage their own health conditions and promote prevention over cure by improving existing arrangements and where required developing and implementing new models and support tools

Ensure alignment of resources to support the needs of the patient, with a particular emphasis on investment in the primary and community sector and services



2.3. The group has a wide membership including nursing, medical and AHP colleagues as well as representation from experts from NHSE, Ethics, organisation change and local government. The Chief executive of the ICB attends alongside the Executive Director of Corporate Affairs, Executive Director of Nursing and Quality and the Executive Director for clinical and professional systems. The executive committee meets every 8 weeks prior to the ICB board.

3. **ASSESSMENT**

The Executive Committee gave their support for the ongoing work and recommendations about:

Inclusion Health. The Clinical and Professional Executive Committee support ongoing work and focus on inclusion health.

Breathlessness Pathway/Pinpoint. The Clinical and Professional Executive Committee support ongoing work in cancer diagnostics (PinPoint and pre referral testing). The Committee recommends linkage to the Cancer Alliance. The Clinical and Professional Executive Committee note the breathlessness pathway and will get further feedback after evaluation.

Endoscopic Ultrasound. The Clinical and Professional Executive Committee understand the need for Endoscopic Ultrasound and recommend a networked approach for the residents across Humber & North Yorkshire.

Fuller Stock Take Update. The Clinical and Professional Executive Committee understand the response to the Fuller stocktake and recommend further work to be done with interface issues and MDT/community hub set up.

Right to Rehabilitation. The Clinical and Professional Executive Committee understand the issues raised in the Right to Rehabilitation presentation and support further work to be done for a further recommendation to come back to the Clinical and Professional Group. Place Boards are to be considered and involved. It was noted that Vicky Mulvana-Tuohy will ask for further involvement from AHP colleagues to share work more widely.

VERBAL UPDATE/FEEDBACK FROM GROUPS

Innovation, Research, and Improvement System (IRIS)

IRIS was described as:

- A shared space/team/system/identity for Health and Social Care Innovation, Research & Improvement
- Single front door into health and social care for industry, life sciences sector, arm length bodies, academia for all things life sciences/innovation
- Single exit out of NHS and social care for signalling of “grand challenges” for health and social care to look for partners (industry/life sciences/academia/charities) at an early stage before ideas and resources have been fully developed/committed.



- Effective sharing of innovation between partners/the system and adoption of a standardised approach to improvement and upskilling of improvement skills in the ICS – to allow rapid adoption, spread, scaling up of innovation best practice
- An enabler for successful innovation programmes in the ICS – in future enabling funded access to grant writing support, small grants fund, clinical capacity support, engagement events, and access to key opinion leaders.

The system will add value to innovation, research and improvement practitioners - avoiding duplication and maximising our existing resources and assets in combination. The system should benefit the organisation in terms of promoting the ICB and opening doors for future opportunities. It was noted that Dr Jacqueline Andrews, Executive Medical Director at Harrogate and District NHS Foundation Trust, has been appointed as the Clinical Lead for IRIS.

Ethics

The group provided a comprehensive update on the ongoing topics discussed recently at the Ethics Panel. The Ethical Framework is encouraged to be used. It was noted that the Panel is not a decision-making body, but provides advice and input to complex issues that allows an applied ethical discussions to be employed.

Medicine Management/Pharmacy

The Interim Lead Pharmacist for the ICB provided a comprehensive update regarding ongoing Medicines Management/Pharmacy work.

Clinical Effectiveness

There was an overview of ongoing work around optimising policies and pathways. A report will be presented at the next Committee meeting in December.

Three priorities were noted in terms of the ongoing work: -

- Policy review of medium risk clinical policies inherited by the ICB from CCGs.
- A digital solution to house pathways, policies and guidance. The report development is ongoing, and it was noted that five systems are in place currently.
- A solution for a referral system for shared care interface for Primary Care and Secondary Care.

4. CONCLUSION

- 4.1. The executive committee is continuing to form and strengthen around the integral role for ICBs to be clinically and care professionally led and engaged.
- 4.2. The ongoing recruitment for Clinical & Professional Directors across the geographies of the ICB will support the development of the group and assure the progression of outputs.

5. RECOMMENDATIONS

- 5.1. Members are asked to:
 - i) Note the subjects discussed at the Clinical & Professional group and committee.
 - ii) Note the recommendations of the executive committee.
 - iii) Note the work of the emerging directorate groups.