



<b>Report to:</b>	Integrated Care Board
<b>Date of Meeting:</b>	11 January 2023
<b>Subject:</b>	<b>Clinical &amp; Professional Executive Committee</b>
<b>Director Sponsor:</b>	Dr Nigel Wells, Executive Director Clinical & Professional
<b>Author:</b>	Dr Nigel Wells, Executive Director Clinical & Professional

**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 on Friday 16<sup>th</sup> December 2022. The Committee reviewed and approved recommendations from items that had been received by the wider Clinical & Professional 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), Medicines Management and Pharmacy, and 2 papers covering clinical effectiveness. The ethics feedback was deferred to 6<sup>th</sup> January 2023 within a Clinical & Professional Group meeting.

The enclosed report is for information.

**RECOMMENDATIONS:**

Members are asked to:

- i) Note the subjects discussed at the Clinical & Professional Group and Committee meetings.
- ii) Note the recommendations of the Executive Committee.
- iii) Note the work of the emerging groups.

<b>ICB STRATEGIC OBJECTIVE</b> <i>(please click on the boxes of the relevant strategic objective(s))</i>	
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"/>



Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>

<b>IMPLICATIONS</b>	
Finance	N/A
Quality	This Committee has a direct link to the Quality Committee via the membership of the chair (Executive Director Clinical & Professional) and vice chair (Executive Director Quality & Nursing).
HR	N/A
Legal / Regulatory	The Committee and recommendations support the robust governance regime that meets statutory and regulatory requirements of the ICB.
Data Protection / IG	N/A
Health inequality / equality	The Committee understands the key role that the ICB and the overall strategy has within levelling up / promoting equality.
Conflict of Interest Aspects	Conflicts of Interest identified at the Committee would be managed in accordance with the ICB Conflicts of Interest Policy.
Sustainability	N/A

**ASSESSED RISK:** *(Please summarise the key risks and their mitigations)*

No risks were reported to the Committee.

**MONITORING AND ASSURANCE:** *(Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

Recommendations will be monitored via the weekly Clinical & Professional Group.

**ENGAGEMENT:** *(Please provide details of any clinical, professional or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**      No     Yes

If yes, please detail the specific grounds for exemption



## CLINICAL & PROFESSIONAL EXECUTIVE COMMITTEE UPDATE & REPORT

### 1. INTRODUCTION

- 1.1. The Clinical & Professional Executive Committee met for the second time on Friday 16<sup>th</sup> December 2022. 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 Acute Collaborative update / Outpatient transformation, Complex wound care, Primary care group, Digital update, Hospital to Host, Generalist school update, HN RCT Mortality manuscript. A further discussion on Ambulance Handover Delays and learning from others was tabled and this was discussed by Dr Alison Walker, ED Consultant HDFT, picking up on themes in various meetings across the ICB and region on this important issue.
- 1.3. The Committee obtained verbal feedback from the groups that report directly.

### 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 NHS England, Ethics, organisational 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 Clinical and Professional. The Executive Committee meets every 8 weeks prior to the ICB Board meeting.
- 2.4. The Terms of Reference for the Executive Committee are currently being worked through to align with the ICB principles and will be discussed as agenda item at the next Executive Committee meeting on 17<sup>th</sup> February 2023.

### 3. ASSESSMENT

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

#### **Acute Collaborative Update**

The Group supported the key principles of the connected health model. This system approach allows a closer and more integrated Primary and Secondary Care interface. It was noted that the ethos was about shared case management and jointly managing patients together.

These principles should underpin every outpatient transformation work within Humber & North Yorkshire ICB and links to the clinical effectiveness function of the Directorate.

#### **Complex Wound Care**

The Group noted and commended the proposed model and supported the next steps to be made by the team.

#### **Primary Care Group**

The Group noted the support offered from the Group but believe that it may not be the direction of travel for the ICB now. The PCG will pick up any further discussions if needed.

#### **Digital Update**

The Group noted the update given regarding the digital strategy.

#### **Hospital to Host**

The discharge scheme presented by Yvonne Elliot was noted and supported by the Group.

#### **Generalist School Update**

The Generalist School update was noted and supported by the Group.

#### **HN RCT Mortality Manuscript**

The Group noted the RCT and data and the approach.

It was agreed to bring a smaller group together on the back of this meeting prior to going to the Population Health and Prevention Board. This is currently in progress.



## VERBAL UPDATE/FEEDBACK FROM GROUPS

### Innovation, Research, and Improvement System (IRIS)

IRIS is 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 IRIS system is continuing to develop. Challenges remain around capacity within programme management, although there is a fixed term post to be appointed imminently. This post will then help coordinate a central IRIS team and start to agree the scope of IRIS.

The ICB has been successful in bidding for funding around research into coastal and port communities. Dr Jacqueline Andrews has been invited to sit on the NHSE national advisory group for continuous improvement in providers and systems. IRIS is planning for a launch event in late Spring 2023.

### Ethics

The Group's ethical framework has been circulated widely in response to the pressures within the Health and Care partnership. A formal update was deferred to 6<sup>th</sup> January 2023.

### Medicine Management/Pharmacy

The Interim Lead Pharmacist for the ICB provided a comprehensive update regarding ongoing Medicines Management/Pharmacy work. The ICB Integrated Medicines Optimisation Committee (IMOC) was established in July 2022 and has 3 main subgroups - Medicines Commissioning & Value, Medicines Quality and Safety and Pharmacy Workforce & Integration.

### Clinical Effectiveness

There was an overview of ongoing work around optimising policies and pathways. Two reports were presented.

### Clinical Pathway Development, Governance, Storage

A properly resourced HNY approach for pathway development, governance, storage is essential to the achievement of a clinically effective ICS. So that we can:

- reduce unwarranted variation in the treatment and care



- move towards standardisation in line with best practice with local information and signposting
- collaborate and share good practice and learning
- have easy digital access to wider referral information e.g. guidelines, referral forms
- ensure all information is maintained in line with changes in NICE guidance
- ensure standardised governance for sign off and reviewed in line with changes in NICE guidance.

Over the past 12 months work has been undertaken to support delivery of a HNY solution to Pathway Development, Governance and Storage/Communication. The report summarised the work done and resulting potential options and made recommendations to deliver on the project aims and benefits set out within the paper.

Financial resources were not available to support an in-year solution (22/23).

In extending the scoping phase in readiness for the 23/24 planning round, time has been taken to trial digital solutions, investigate how pathways connect with existing clinical decision / referral support tools, and cost the potential options. Crucially it has allowed time for the Clinical and Professional Directorate, place, collaborative, and clinical network structures to take shape.

The paper assessed feedback from surveys and trials. The key takeaways indicated consensus and preferences in response to the original project aims:

1. Collective pathway development and governance.
2. Digital solutions to share pathways.
3. Confirm resource requirements for the development of the digital solution, pathways and their maintenance.

A representative group of ICS colleagues (20 in total) convened on 6th December 2022 to discuss the contents of this report and recommendations. The group included colleagues from Procurement, contracting, digital, Communications (clinical portals / web based pathways), Place-based primary care / commissioning leads - Northern Lincolnshire, North Yorkshire, York, East Riding, Hull, Clinical and Professional leads – Northern Lincolnshire, North Yorkshire, York, East Riding\* (\*sent comments via email).

The C&P executive committee noted and agreed the following recommendations:

- i) the formation of a Clinical Pathways Group (CPG) - This group will set the priorities in the short and medium term and take forward the recommendations – involving procurement, contracting, finance, digital, communications represented on 6th December 2022 meeting. A Pathway Transformation Lead manager has been identified to support the SRO 2 days a week from 3 January 2023.
- ii) the understanding of the important interdependency with Ardens Pro - funding sourced through NHSE Primary Care Digital First.
- iii) the intention to submit a report for ICB funding in 23/24 and 24/25, subject to agreement/further work to be undertaken by the CPG.



iv) Note/agree that a competitive tendering exercise will be undertaken should a supplier-based solution be preferred by the CPG and approved by the ICB.

### **Clinical Policy Review and Recommendations**

Whilst most service provision is commissioned through established service agreements, there are occasions when services are excluded or not routinely available within the NHS. The ICB is required to establish arrangements for taking decisions in these instances.

Decision-making is supported by a series of clinical statements or policies which sit behind a robust operating model for managing Individual Funding Requests (IFR) on a case by case (individual patient) basis.

The Quality Committee and ICB Board supported the approach to IFR and clinical policies in July 2022 and noted the actions required to maintain, increase, and strengthen capacity and operating arrangements. This included completing policy reviews and preparations in two waves, in priority order of risk.

A Policy Review Framework has been developed to support a robust, proportionate and consistent approach. This report assessed the current status of policy reviews and provided a timeline for completion. The Adult Obesity Bariatric Surgery Policy is presented for approval prior to formal discussion at ICB Quality Committee.

This report assessed the capacity to undertake policy reviews and operate the new IFR operating arrangements. Due to operational pressures and vacancies, it has not been possible to secure the required capacity consistently, which is drawn from each Place. Considering these findings existing policies will be extended and IFR arrangements will be reviewed early in 2023, led by the incoming Clinical and Professional Directors.

## **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 recruitment for Clinical & Professional Directors across the geographies of the ICB is being finalised and will support the development of the Clinical & Professional Directorate 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 meetings.
- ii) Note the recommendations of the Executive Committee.
- iii) Note the work of the emerging Directorate groups.