



		Agenda Item No:	13	
Report to:	Humber and North Yorkshire Integrated	Care Board		
Date of Meeting:	12 th July 2023			
Subject:	Clinical and Professional update			
Director Sponsor:	Dr Nigel Wells, Executive Director Clinical & Professional			
Author:	Dr Nigel Wells, Executive Director Clinica	al & Professional		
STATUS OF THE REPORT: (Please click on the appropriate box) Approve Discuss Assurance Information A Regulatory Requirement				
SUMMARY OF REPORT:				
RECOMMENDATIONS:				
Members are asked to:				
i) Note the items discussed at the Clinical & Professional Group and Executive Committee meetings.				
•	e actions being taken forward by the Clinical & Professional Group and Executive			
ICB STRATEGIC OBJECTIVE (please click on the boxes of the relevant strategic objective(s))				
Realising our vision			\leq	
Improving outcomes in population health and healthcare			\leq	
Supporting broader	Supporting broader social and economic development			
Tackling inequalities in outcomes experience and access			\leq	
Delivering our operational plan 2022/23			\leq	
Developing our ICS			\leq	

,	N/A against any domain where none are identified)	
Finance Quality	N/A 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). Clinical policies can only be approved by the Quality Committee.	
HR	N/A	
Legal / Regulatory	The Clinical and Professional Executive Committee forms part of the formal governance structure of the ICB.	
Data Protection / IG	N/A	
Health inequality / equality	The Clinical and Professional Executive Committee has a focus on improving population health, including health inequalities. All emerging Clinical Policies are subject to an Equalities and Health Inequalities Impact Assessment.	
Conflict of Interest Aspects	Conflicts of Interest at Clinical and Professional Executive Committee are managed in line with the ICB Conflicts of Interest policy	
Sustainability	N/A	
ASSESSED RISK: None		
MONITORING AND ASSUR Professional Executive Com	ANCE: Recommendations will be monitored by the Clinical & mittee	
ENGAGEMENT: Individual of development	linical policies may be subject to engagement as part of their	

Clinical and Professional Update

1. INTRODUCTION

1.1. This paper summarises progress made across the Clinical and Professional portfolio with a particular emphasis on the clinical policies that have been approved. It provides an update on the topics explored in the Clinical and Professional Group, outlines what will be discussed at the July Executive Committee and summarises the Innovation Research Improvement System (IRIS) launch event.

2. BACKGROUND

- 2.1. The Clinical and Professional Executive Committee meets on 21st July and will discuss digital workstreams, IRIS, Place based interface working groups and the work of the clinical effectiveness portfolio.
- 2.2. The Clinical and Professional Group continues to meet weekly, and actions are taken where relevant, most recently on care homes and the elective care transformation programme.
- 2.3. The Clinical Policy Review Group continues to review, assess, and prepare draft ICB clinical policies for onward approval by the Quality Committee. All policies are submitted to the Clinical & Professional Executive Committee for endorsement before being submitted to the Quality Committee for approval. Progress has been made reviewing and aligning clinical policies inherited from the former CCGs. Three revised breast procedure policies have been approved for adoption and the ICB has agreed to adopt a new policy on Continuous Glucose Monitoring, ready for a phased implementation approach.

3. ASSESSMENT Clinical Policies

- 3.1. The new ICB-wide policy for Continuous Glucose Monitoring (CGM) for diabetes confirms that the ICB will commission access to continuous glucose monitoring technologies, consistent with NICE guidelines NG3, NG17, NG18 and NG28. The proposal agreed is a tiered approach to implementation, focussing on completing access for Type1 diabetics in the first year, which will make use of existing trained personnel in specialist services and a small number of higher risk Type2 diabetics that are under closer specialist management. Full implementation for Type2 diabetics will be phased over 4 years. Rollout will be led by the HNY Diabetes Clinical Network.
- 3.2. The three new breast procedure policies that have been adopted relate to Asymmetry, Gynaecomastia and Prosthesis Removal. They were developed by reviewing the existing policies and draft Evidence Based Intervention (EBI) 3 guidance. There is little overall difference between the draft EBI 3 criteria and the legacy Humber breast policies, but York and North Yorkshire did not have a criteria-based policy and therefore the differences were greater. The impact of implementing these three new policies is expected to be positive, reducing variation across the ICB and equalising patient access.
- 3.3. Work is also underway, as part of the Quality, Efficiency and Productivity (QEP) programme, to review policies associated with routine treatments. Early analysis of activity data indicates variation in the number and types of procedures being delivered across ICB geographies. With clinical input, a list of 'top ten' procedures will be identified for deep dive work, to understand why these differences exist and what actions we should take collectively as a system.

Individual Funding Requests

3.4. Progress is also being made to develop our approach to Independent Funding Requests (IFR). We aim to reduce the turnaround time for decision making by harmonising our approach to triage, processing and panel member representation. An update on this work will come forward to a future meeting of the Clinical and Professional Executive Committee, alongside a revised IFR policy.

Clinical and Professional Group

- 3.5. The Clinical and Professional Group has continued to meet on a weekly basis, with a three part series of discussions on care homes where the group set a challenge to define the ICB's clinical offer to the care home sector; other topics discussed at recent meetings include the outpatient transformation programme, the Cancer Plan and development of the Healthier Together website.
- 3.6. Future topics include a discussion about IRIS, the NHS Green agenda, the stroke Clinical Network, dementia diagnosis and end of life care record sharing.

 Innovation Research Improvement System (IRIS)
- 3.7. The Innovation Research Improvement System (IRIS) virtual launch event was held on 22nd June, attended by 90 people. The launch event was an opportunity for participants to find out more about IRIS, which will be the 'front door' for research, innovation and improvement across our HNY Health and Care Partnership. IRIS will operate as a virtual hub for stakeholders, providing functions such as signposting, establishing partnership working across organisations and increasing academic and industry collaborations.
- 3.8. The 2023/24 priorities for IRIS were presented and participants were encouraged to sign up for the Community of Practice (CoP) meetings:
 - Innovation 23/24 priority: Adopt and spread innovations that reduce follow up and enable patient initiated follow up
 - Research 23/24 priority: Enabling access to and sharing of HNY big data
 - Improvement 23/24 priority: Implementing NHS Impact as a HNY wide approach to continuous improvement

The two 'grand challenges' were unveiled, and participants were asked to provide input on which areas we should focus in on within each of these:

- Start Well: Children and young people's mental health
- Die well: End of life and palliative care

4. CONCLUSION

4.1. The Executive Committee continues to drive actions to improve clinical effectiveness, such as harmonising policies that will give equity of access for patients across ICB geographies. The Clinical and Professional Group has a varied agenda and is increasingly generating actions and revisiting topics to understand progress and offer clinical leadership and support.

5. RECOMMENDATIONS

- 5.1. Members are asked to:
 - i) Note the items discussed at the Clinical & Professional Group and Executive Committee meetings.
 - ii) Note the actions being taken forward by the Clinical & Professional Group and Executive Committee.