NHS
Suffolk and North East Essex
Integrated Care Board

Title	**NHS Suffolk and North-East Essex Integrated Care Board Meeting**
Date	**22 November 2022**
Place	**Elizabeth Frink room, Endeavour House, 8 Russell Road, Ipswich, IP1 2BX**
Time	**0900-1200 hrs**

Members of the public are welcome to attend to observe the meeting and the meeting will also be 'live streamed'. (a link for the live streaming will be available on the ICB website).

Questions relating to agenda items can be submitted via the following means;

1. *Please submit questions no later than 12 noon on the 17 November 2022, via email to jo.mael@suffolk.nhs.uk*
2. *During the live streaming when they will be collated and asked at the appropriate time on the agenda at the discretion of the Chair*
3. *For those attending in person at the appropriate time on the agenda at the discretion of the Chair.*

The minutes of the meeting which will include answers to any questions submitted by the public will be published on the CCG website at a future date.

AGENDA

Time	No	Agenda item	Purpose	Lead
GENERAL BUSINESS				
0900	**1**	**Notification of any questions from members of the public for response at the appropriate time on the agenda**.	Note	Will Pope (Chair)
0902	**2**	**Welcome and Introductions and apologies for absence**	Note	Will Pope (Chair)
0904	**3**	**Declarations of Interest** *Declarations of interest made by members of the Integrated Care Board - Board are listed in the Register of Interests which, along with the Hospitality and Gifts Register will be available on the ICB website.*		All
0906	**4**	**Minutes of the previous ICB Board meeting held in public on 27 September 2022.** ***To approve*** *as a correct record the minutes of the ICB Board meeting held in public on 27 September 2022.*	Approve	Will Pope (Chair)
0910	**5**	**Matters arising from the ICB Board meeting of 27 September 2022 and review of outstanding actions.** ***To note and endorse*** *how we have responded to the*	Note	Will Pope (Chair)

		outstanding issues which arose at the last meeting.		
0915	**6**	**General Update** ***To receive*** *an update from the Chief Executive.* **Industrial action announced by the Royal College of Nursing.** ***To receive and note*** *a report from the Director of People and Workforce*	Note Note	Ed Garratt *(Chief Executive)* *Amanda Lyes* *Report No: ICB 22-24*
0917	**7**	**Experiences of waiting for Elective Care – Healthwatch Suffolk report and Suffolk and North East Essex (SNEE) Waiting Well.** ***To receive and note*** *a report.*	Note	Ed Garratt/ Andy Yacoub/ Susan Balaam/ Angela Ashton *Report No: ICB 22-25*
STRATEGY				
0930	**8**	**Suffolk and North East Essex Training Hub** ***To receive and note*** *a report from the Director of People and Workforce*	Note	Amanda Lyes *Report No: ICB 22-26*
0940	**9**	**Integrated Care Partnership (ICP) Update** ***To receive and note*** *a report from the Integrated Care Partnership Director*	Note	Susannah Howard *Report No: ICB 22-27*
0950	**10**	**Suffolk and North-East Essex (SNEE) Alliances – Highlight Reports** ***To receive and note*** *the following:* *a) Ipswich and East Suffolk Alliance Highlight Report* *b) North East Essex Alliance Highlight Report* **c)** *West Suffolk Alliance Highlight Report*	Note	Alliance Directors *Report No: ICB 22-28*
1000	**11**	**Digital Care Technology Services** ***To receive and note*** *presentations from Partner Members*	Note	*Sue Cook/ Patrick Warren-Higgs* *Report No: ICB 22-29*
1020	**12**	**Learning Disabilities Mortality Review (LeDeR) Annual Reports** ***To receive and note*** *the reports from the ICB Director of Nursing* *a) Suffolk LeDeR Annual Report* *b) Southend Essex and Thurrock LeDeR Annual Report 2021/22*	Note	Lisa Nobes *Report No: ICB 22-30*
1030	**13**	**Dentistry Briefing** ***To receive and note*** *a report from the ICB Director of Strategy and Transformation*	Note	Richard Watson *Report No: ICB 22-31*
RESEARCH				

1040	**14**	**Suffolk and North East Essex (SNEE) Integrated Care System Research** ***To receive and note*** *the report.*	Note	*Dr Andrew Kelso* *Report No: ICB 22-32*
FINANCE, PERFORMANCE AND SCRUTINY				
1045	**15**	**Suffolk and North East Essex Cancer Transformation Programme Budget Allocation Approval**. ***To receive and approve*** *a report from the Director of Strategy and Transformation*	Approve	Richard Watson *Report No: ICB 22-33*
1050	**16**	**Integrated Care Board (ICB) Report and System Oversight Framework (SOF) Performance Indicators** ***To receive and note*** *a report from Director of Performance Improvement.*	Note	Paul Gibara *Report No: ICB 22-34*
1100	**17**	**Board Assurance Framework** ***To review and approve*** *the current Board Assurance Framework*	Approve	Amanda Lyes *Report No: ICB 22-35*
1110	**18**	**Procurement within the Integrated Care Board** ***To receive and note*** *a report from the ICB Director of Performance Improvement*	Note	Paul Gibara *Report No: ICB 22-36*
GOVERNANCE AND CORPORATE BUSINESS				
1115	**19**	**Chair/Chief Executive Action – 02/2022 – Delegation of the commissioning of specialised services** ***To endorse*** *action taken by the Chair and Chief Executive*	Endorse	Amanda Lyes/ Richard Watson *Report No: ICB 22-37*
1120	**20**	**Executive Committee Terms of Reference** ***To receive and approve*** *the terms of reference of the Executive Committee*	Approve	Amanda Lyes *Report No: ICB 22-38*
1125	**21**	**Declaration of Interests and Gifts and Hospitality Registers** ***To receive and note*** *a report from the Director of People and Workforce*	Note	Amanda Lyes *Report No: ICB 22-39*
1130	**22**	**Technical Amendments to the ICB Constitution** ***To receive and endorse*** *a report from the Director of People and Workforce*	Endorse	Amanda Lyes *Report No: ICB 22-40*
1140	**23**	**Committee Minutes and Highlight Reports** ***To receive and note*** *minutes and highlight reports from the following ICB Sub Committees:* a) **Audit Committee** *The unconfirmed minutes of a meeting held on 26 September 2022* b) **Remuneration and HR Committee** *No part one meeting held since the previous ICB Board*	Note	Amanda Lyes *Report No: ICB 22-41*

		c) **Quality Committee** *The minutes of a meeting held on 15 September 2022.* d) **Finance Committee –** *(none to present)* e) **People Committee** *The unconfirmed minutes from a meeting held on 19 October 2022* *f)* **People and Communities Committee** *Highlight report October 2022* *g)* **Estates Committee** *Highlight report October 2022* *h)* **Strategic Digital Investment and Assurance Board** *A summary of minutes of a meeting held on 1 September 2022.* i) **Procurement Committee** *(none to present)*		
1145	**24**	**Attendance Log** ***To note and review*** *attendance at ICB Board meetings.*	Note/ Review	Will Pope (Chair)
1146	**25**	**Any Other Business**		All
1148	**26**	**Date and Time of Next Meeting:** <u>Scheduled Date:</u> 24 January 2023 (0900-1200)		
1150	**27**	**Questions from the public – Maximum 10 minutes** *Please note questions should relate to the items under discussion and must be a question rather than statement. Where individuals deviate from this requirement they will be asked to stop and will not be invited to take any further part in the meeting.*		

Exclusion of the Press and Public

The ICB Board is recommended to exclude representatives of the press, and other members of the public, from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; Section 1(2), Public Bodies (Admission to Meetings) Act 1960

Integrated Care Board - Board Members

Title	First Name	Last Name	Declared Interest	Type of Interest			Direct or Indirect	Date of Interest		Date of Receipt	Action Taken to Mitigate	Consent to Publish
				Financial Interests	Non Financial Professional Interests	Non Financial Personal Interests		From	To			
VCSE Sector Assembley	Kirsten	Alderson	SFC is commissioned by SCC and Health in Suffolk and frequently submits bids that have been competitively tendered.	✓			Direct		Ongoing	28/10/2022	To be declared when necessary	Yes
Interim Director of Finance	Chris	Arnitt	Nil							04/10/2022		Yes
Primary Care Essex Partner	Freda	Bhatti	GP partner, Gt Bentley Surgery, Colchester, cCO78PJ							04/10/2022	To be declared when necessary	Yes
			NEE LMC Member							04/10/2022	To be declared when necessary	Yes
			Spouse Consultant Gastroenterologist							04/10/2022	To be declared when necessary	Yes
Provider Partner - Community	Craig	Black	Nil							18/10/2022		Yes
Non Executive - Finance and Audit	Steve	Clarke	Strategic Adviser to Liaison Group, which provides financial services, human resource management and clinical services to the NHS	✓			Direct	Apr-22	Ongoing	06/10/2022	To be declared when necessary	Yes
			Independent Board Director, University of Suffolk		✓		Direct	Aug-19	Ongoing	06/10/2022	To be declared when necessary	Yes
			Strategic Advisor, Royal College of Physicians		✓		Direct	Dec-21	Ongoing	06/10/2022	To be declared when necessary	Yes
			Trustee and Hon Treasurer, Dementia UK		✓		Direct	Jul-16	Ongoing	06/10/2022	To be declared when necessary	Yes
			Trustee and Hon Treasurer, Young Dementia UK		✓		Direct	Nov-20	Ongoing	06/10/2022	To be declared when necessary	Yes
Suffolk County Council Partner	Sue	Cook	Nil							19/10/2022		Yes
Non Executive - People, Remuneration and Diversity	Tanya	Curry	Nil							17/10/2022		Yes
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk		✓		Direct	Apr-21	Ongoing	05/10/2022	To be declared when necessary	Yes
Non Executive - Quality and Safety	Steven	Feast	Honorary Professor, University of East Anglia Mainly teaching on the MBA programme	✓			Direct	Jun-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Senior Advisor, Lexington Communications Ad hoc advice for engaged clients in relation to government affairs	✓			Direct	Feb-20	Ongoing	04/10/2022	To be declared when necessary	Yes
			Ad hoc work for Innovate UK, part of UKRI, Assessing applicants for government funding	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
			Owner and director, Steve Feast Ltd, ad hoc coaching, mentoring and provision of strategic advice to clients	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
Provider Partner - Acute	Nick	Hulme	CEO of East Suffolk and North Essex NHS Trust, an organization that could benefit from commissioning decisions	✓			Direct	Apr-13	Ongoing	05/10/2022	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary	Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required	Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required	Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary	Yes
Director of Finance	Howard	Martin	Nil							08/11/2022		Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022		Yes
Chair	William	Pope	Professor at the University of Suffolk		✓		Direct	Jul-22	2020	12/10/2022	To be declared when necessary	Yes
Primary Care Suffolk Partner	Nick	Rayner	Director of online pharmacy- L&R Pharma Ltd	✓			Direct	Apr-17	Ongoing	04/10/2022	To be declared when necessary	Yes
			GP Partner at Suffolk Primary Care	✓			Direct	Jan-13	Ongoing	04/10/2022	To be declared when necessary	Yes
			Non-exec Director, Suffolk GP Federation CIC ltd							04/10/2022		Yes
Provider Partner - MH	Stuart	Richardson	Nil							04/10/2022		Yes
Essex County Council Partner	Patrick	Warren-Higgs	Nil							04/10/2022		Yes
Other Regular Attendees:												
Director Ipswich and East Suffolk Alliance	Maddie	Baker-Woods	Trustee of Suffolk ArtLink		✓		Direct	Mar-20	Ongoing	10/10/2022	Declaration when necessary	Yes
Director of Performance and Improvement	Paul	Gibara	Nil							12/10/2022		Yes
Integrated Care Partnership Director	Susannah	Howard	My daughter is an employee of Healthwatch Suffolk			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
			My daughter is an employee of Capsule Marketing Ltd who provide services to the ICB and other health and care organisations			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
			My step-son is an employee of St Elizabeth Hospice			✓	Indirect		Ongoing	19/10/2022	No further action required	Yes
			I am in advocate for people living with obesity and a member of the APPG and national strategic council for obesity		✓		Direct	Jan-14	Ongoing	19/10/2022	To be declared when necessary	Yes
			I am a shareholder of East Harbour Group Ltd, which supplies chemicals and PPE to the ministry of defence and Tendring District Council	✓			Direct	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	✓			Direct		Ongoing	05/10/2022	No further action required	Yes
ICP Chair Suffolk	Andrew	Reid	Nil							04/10/2022		Yes
ICH Chair Essex	John	Spence	Chairman Spicer Haart Group Ltd (Estate Agency)	✓			Direct	2021	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member Business Banking Resolution Service	✓			Direct	2021	Ongoing	19/10/2022	To be declared when necessary	Yes
			Chairman Cambridge Building Society.	✓			Direct	2021	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member and Joint Chair Suffolk and North-East Integrated Care System (ICS)	✓			Direct	Jul-22	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member and Vice-Chair Mid- and South-Essex ICS	✓			Direct	Jul-22	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member Herts and West Essex ICS	✓			Direct	Jul-22	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member Chelmsford Business Improvement District Ltd	✓			Direct		Ongoing	19/10/2022	To be declared when necessary	Yes
			Membership or other Roles in Charities/Political Parties/Pressure Groups/Public Bodies/Trade Unions. •Church of England Archbishops Council - Finance Chairman (involves inter alia Church of England Central Services Ltd & numerous other CofE bodies) •Essex Community Foundation - Life Vice President •Chelmsford Constituency Conservative Association - Member •Royal Zoological Society of Scotland - Fellow •The J's Hospice - Honorary Patron •Chelmsford Cathedral Council - Member •Royal Society of Arts - Fellow •Chartered Institute of Bankers (Scotland) - Fellow •Conservative Councillors Association - Member •Anglia Ruskin University Philanthropic Foundation - Member		✓		Direct	Jan-13	Ongoing	19/10/2022	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for Ipswich and East Suffolk, North East Essex CCGs and West Suffolk CCGs	✓			Direct	Jan-15	Ongoing	04/10/2022	No further action required	Yes
			Husband is employee of Hadleigh Group Practice			✓	Direct	Oct-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Deputy Chief Executive SNEE CCGs	✓			Direct		Ongoing	04/10/2022	No further action required	Yes
			Trustee Anglia Ruskin University Students Union			✓	Direct	Aug-22	Ongoing	04/10/2022	No further action required	Yes
Director of West Sufotlk Alliance	Peter	Wightman	Nil							18/10/2022		Yes
Director of North East Essex Alliance	Laura	Taylor-Green	Brother-in-law works for SilverCloud UK LTD as a product manager			✓	Indirect		Ongoing	09/11/2022	No further action required	Yes
			Close friend is employed by Tiptree Medical Practice (part of COLT PCN)			✓	Indirect		Ongoing	09/11/2022	To be declared when necessary	Yes
			NEE Alliance director with role accountability to Tendring District Council, Colchester Borough Council and Essex County Council			✓	Direct	Aug-22	Ongoing	09/11/2022	To be declared when necessary	Yes
			Mother is a Healthwatch Essex ambassador and member of the West Mersea GP patient participation group			✓	Indirect	Nov-22	Ongoing	09/11/2022	To be declared when necessary	Yes

NHS
Suffolk and North East Essex
Integrated Care Board

Integrated Care Board meeting held on 27 September 2022 at Aspen House, Colchester and live streamed for members of the public

PRESENT:

Prof. Will Pope	Integrated Care Board (Chair)
Chris Armitt	Acting Director of Finance
Dr Freda Bhatti	Partner Member Primary Care Essex
Steve Clarke	Non-Executive, Finance and Audit
Tanya Curry	Non-Executive, People, Remuneration and Diversity
Peter Fairley	Essex County Council
Steve Feast	Non-Executive, Quality and Safety
Ed Garratt	Chief Executive
Nick Hulme	Provider Partner Member – Community
Stuart Keeble	Director of Public Health and Communities, Suffolk County Council
Dr Andrew Kelso	Medical Director
Lisa Nobes	Director of Nursing
Dr Nick Rayner	Partner Member Primary Care Suffolk

REGULAR ATTENDEES:

Paul Gibara	Director of Performance and Improvement
Susannah Howard	Integrated Care Partnership Director
Amanda Lyes	Director of People and Workforce
Laura Taylor Green	Director North-East Essex Alliance
Richard Watson	Director of Strategy and Transformation
Peter Wightman	Director West Suffolk Alliance

IN ATTENDANCE:

Gary Horne	Vice Principal Colchester Institute (Agenda item 08 – 22/034)
Peter Jones	ESNEFT (Agenda item 08 – 22/034)
Rob Wright	(Agenda item 08 – 22/034)
Phanuel Mutumburi	(Agenda item 17 - 22/043)
Jo Mael	Corporate Governance Manager (Minutes)

22/027 NOTIFICATION OF ANY QUESTIONS FROM MEMBERS OF THE PUBLIC FOR RESPONSE AT THE APPROPRIATE TIME ON THE AGENDA.

No questions had been received prior to the start of the meeting.

22/028 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Craig Black	Provider Partner Member – Acute
Sue Cook	Partner Member Suffolk County Council
Patrick Higgs	Partner Member Essex County Council
Stuart Richardson	Provider Partner Member - Mental Health

Other Regular Attendees:

Maddie Baker-Woods	Director Ipswich and East Suffolk Alliance
Cllr Andrew Reid	Integrated Care Partnership Chair, Suffolk
Cllr John Spence	Integrated Care Partnership Chair, Essex

Observers:

Andy Yacoub	Healthwatch Suffolk

22/029 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

No declarations of interest were received.

Stuart Keeble, Suffolk County Council and Peter Fairley, Essex Council both declared an interest in Agenda item 11 (SNEE Intelligence Function Development) as each County Council was bidding to be a provider

Peter Fairley also declared a general interest in agenda items as a local partnership member of Mid Essex Integrated Care Board.

At the discretion of the Chair they were both permitted to remain in the meeting.

22/030 MINUTES OF THE PREVIOUS ICB BOARD MEETING AND RECEIPT OF DECISION FROM AN ELECTRONIC (VIA EMAIL) MEETING HELD ON 1 AUGUST 2022.

The ICB Board approved, as a correct record, the minutes of its meeting held in public on 26 July 2022

and;

endorsed the decision made via electronic (via email) meeting held on 1 August 2022 with regard to membership of the Audit and Remuneration and HR Committees.

22/031 MATTERS ARISING FROM THE ICB BOARD MEETING OF 26 JULY 2022 AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.

22/032 GENERAL UPDATE

The Chief Executive reported;

- That it had recently been a momentus time nationally and recognition was given to the leadership and dedication beyond that of public service given by Queen Elizabeth II.
- There was now a new government and leadership team at the Department of Health and Social Care with two local MPs being part of that team. Therese Coffey MP and Will Quince MP were wished well in their new appointments.
- The Secretary of State had set out a new direction based on 'ABCD' – that being;
    - A – ambulance response times and handover delays. Although the ICS benchmarked comparatively well it was not meeting the 15-minute standard. West Suffolk NHS Foundation Trust was the best performing hospital perf within the East of England at present in respect of handover.
    - B – backlogs – there remained a lot of work to do. Although SNEE was the fourth fastest within the country in respect of elective recovery the waiting list continued to grow.
    - C – care - a £500m discharge fund had been allocated for which the finer detail was awaited. D – doctors and dentists. There was an expectation that the ICB would take an interest in achievement of the two week GP access standard, together with

improving access to dentistry services. **The Chief Executive suggested, and it was agreed,** that a report on dentistry access be presented to the November 2022 meeting.

- In addition to 'ABCD' above, other key issues were the potential change to pension rules that currently incentivised individuals to retire early, and the need to consider how pharmacies might assist with improving access to primary care.
- Vaccination programme – the Covid-19 booster campaign was underway and the SNEE System was currently the leading system within the country in respect of roll-out.
- Nick Hulme was thanked for agreeing to support ICBs in SNEE and Norfolk and Waveney with regard to mental health transformation work.

The ICB Board noted the update.

22/033 APPROVAL OF SUB-COMMITTEE TERMS OF REFERENCE

The ICB Board was in receipt of the following sub-committee terms of reference for approval:

- ICB Audit Committee
- ICB Estates Committee
- ICB Auditor Panel
- ICB People and Communities
- ICB Procurement Committee
- ICB System Oversight and Assurance Committee
- ICB Strategic Digital Investment and Assurance Board

The ICB Board was advised that since presentation of the report, it had been recognised that further work was required to obtain consistency across the terms of reference and to build in review dates.

It was confirmed that the Chair of the People and Communities Committee was the Head of People and Communities Partnership role.

The ICB Board was advised that, whilst initially it had been felt there was a need for a Procurement Committee, that thinking had subsequently changed due to centralisation of the procurement process and responsibility sitting within other accountable committees. As a result the terms of reference were not currently required, and would need amendment to include an independent Chair should they be required in future.

Comments included:

- As more information on the operating framework was currently awaited which should identify national, regional and ICS/ICB roles, it was questioned whether there was any intelligence as to whether the framework might change the role of the ICB and necessitate subsequent change to the terms of reference. In response, it was felt that as the Board was currently not aware of the content of the operating framework it should review the terms of reference as presented.
- The Non-Executive Member for Quality and Safety suggested that the terms of reference should be reviewed with a view to incorporating more context as to the ICB's aims. He also advised that he was listed as a member of the People and Communities Committee which was not the case.

In light of comments made, **and subject to** the stated minor amendment with regard to membership of the People and Communities Committee and exception of the Procurement Committee, the **ICB Board approved** the terms of reference as presented **and agreed** that they be further reviewed in six months time to allow time for a contextual review.

22/034 COMMUNITY DIAGNOSTIC TRAINING ACADEMY (CDTA)

The Director of People and Workforce welcomed Peter Jones, Gary Horne and Rob Wright to the meeting.

The presentation from Peter Jones and Gary Horne informed of the success of the Community Diagnostic Training Academy (CDTA) programme and considered the opportunity for extending the model across the Integrated Care System (ICS) footprint.

The CDTA was established as a project in November 2021 following a successful bid to the Government's "UK Community Renewal Fund (CRF)". The CRF in Essex was targeting projects to support employment and skills in Harlow and Tendring. Designed in partnership by ESNEFT and Colchester Institute (CI) the aim of the CDTA was initially to support adults across Tendring to secure entry-level roles in the new Community Diagnostic Centre at Clacton Hospital. Whilst it had focused attention on roles at the Community Diagnostic Centre it had also helped participants gain employment further afield, elsewhere in ESNEFT and with other employers.

To date 169 participants were or had been actively engaged with the programme, with 40 securing employment and a further 22 progressing into other education or training. The remainder either remained on their 12-week programme or had completed it and were in the process of job seeking. About 80% of participants were resident in the district of Tendring, with the remainder from the borough of Colchester. Overall, about 50% of participants were unemployed when commencing with the project. Attention had been given to removing barriers to access for participants, including limiting the hours per week on programme to avoid any impact on state benefits. The programme was completely free to participants with all related expenses (travel, lunch, uniform, DBS check, childcare) covered, including support from the Department of Work and Pensions (DWP).

As a participant of the programme, Rob Wright reported that he had previously been an accountant by trade but had found himself out of work prior to the pandemic. He had been introduced to the programme at the job centre and asked if he wished to take a business or clinical path. He had been surprised that he was offered the opportunity to do something he had not previously had experience of and was subsequently able to carry out placements within various hospital departments. At the end of the programme he had been interviewed for the position of radiology support officer and was currently working in that role. His intention was to progress from that role within the organisation and was grateful for having been offered the opportunity to try something new.

The main considerations for the programme going forward were twofold –

- Having successfully supported a number of local residents into entry-level roles within ESNEFT, and particularly the Community Diagnostic Centre, how did it ensure that it retained those staff through further development, and how did it build on the programme's foundations to grow individuals into more senior roles (eg. Radiographers).
- How might the model be rolled out elsewhere in the ICS footprint, with the potential for extending the model to different geographies, target communities and/or employment fields (eg. Pharmacy, Ward Clerks, GP practices).

Comments included;

- The Board extended thanks for an inspirational presentation.
- It was suggested that consideration be given to also rolling the initiative out within primary care as it was felt the new GP Assistant role would suit the curriculum.
- As co-Chair of Essex Anchor network the Chief Executive highlighted the need to extend learning from the Clacton community diagnostic centre into the wider Essex area.

- It was suggested there might be opportunity to facilitate linkage with the Department of Work and Pensions and that thought be given to roll-out of the programme with mental health providers.
- In response to questioning it was explained that participants in the programme came from a broad sweep of people with varied backgrounds.
- Having queried whether similar work was taking place with young people, the ICB Board was informed that one element of the wider programme was the facilitation of masterclasses with schools and the provision of work experience opportunities.
- Another area for consideration in respect of roll-out was highlighted as being social care. It was felt there might be some synergy with the nightingale care bursary.
- The discussion had highlighted a need to go out to the local population and existing workforce in an attempt to navigate individuals to roles.
- The need to give consideration to capacity prior to any scale up was emphasised.

The ICB Board thanked Peter Jones, Gary Horne and Rob Wright for their informative and inspiring presentation **and welcomed** further roll-out of the programme where feasible.

22/035 INTEGRATED CARE PARTNERSHIP UPDATE

The Integrated Care Partnership Director introduced a report which provided an update on its development.

Suffolk and North-East Essex ICP was a statutory committee jointly and equally convened under the Health and Care Act, 2022 by NHS Suffolk and North-East Essex ICB, Suffolk County Council and Essex County Council. It was co-chaired by Professor Will Pope (NHS Suffolk and North-East Essex ICB), Cllr. Andrew Reid (Suffolk County Council) and Cllr. John Spence (Essex County Council).

The ICP had met for the first time on 1 July 2022 and agreed a Memorandum of Understanding between partners and Terms of Reference including a broad ICP committee membership.

A key role for the ICP was to develop a single Integrated Care Strategy that set the direction of the system across the whole ICS footprint, setting out how commissioners in both the NHS and local authorities, working with providers and other partners, could deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

National statutory guidance on the development of Integrated Care Strategies was published by the Department of Health and Social Care in late July 2022. An informal workshop for ICP members took place in August 2022 to consider the national statutory guidance, discuss emerging local plans and ideas for development of the Integrated Care Strategy for Suffolk and North-East Essex and the Joint Strategic Needs Assessments (JSNAs) for both Essex and Suffolk.

Key issues were detailed in Section 2 of the report and public engagement mechanisms in Section 3.

Detailed plans for opportunities to engage in development of the Integrated Care Strategy would be available to members of the NHS Suffolk and North-East Essex Integrated Care Board (ICB) when they next met.

The ICB Board noted the content of the report **and supported** engagement in system discussions around the Integrated Care Strategy over the autumn.

22/036 SNEE POPULATION HEALTH MANAGEMENT (PHM) STRATEGY, RESOURCES, DATASET, GOVERNANCE AND ROADMAP.

Population Health Management (PHM) was about using linked data to provide new insight, and then taking linked action to improve the social, physical, and mental health outcomes and wellbeing of people within and across a defined population, while reducing health inequalities. It had four key elements, those being;

Infrastructure – leadership, information governance, digital maturity, data flow and linkage
Intelligence – supporting capabilities, analysis, reporting, decision management support
Interventions – change support, care integration, service user empowerment and activation
Impact – assessing the benefit achieved by the intervention using refreshed intelligence, guiding future operational and strategic decisions and resource allocation.

The specific NHS England asks of systems were:

By April 2023, to have in place the technical capability required for population health management, including:

- longitudinal linked data available to enable population segmentation and risk stratification [covering the whole ICS population];
- using data and analytics to redesign care pathways and measure outcomes, with a focus on improving access and health equity for underserved communities.

By 2025, each ICS would implement a population health platform with care coordination functionality that used joined up data to support planning, proactive population health management and precision public health.

The report went on to detail key issues, including governance and resource and to report on patient and public engagement.

Comments included:

The key element would be how population health management would be utilised to improve services and how that might be reported to the Board. Whilst it should provide opportunity to better understand the local population going forward, outcome data would be key.
The ICB Board was informed that it was not just provision of information from public health but also information from GPs and frontline clinicians that was required in order to generate new ways of working.
Learning events had provided an indication as to how population health management information might be used but it was felt that more could be achieved.
The ICB Board was advised that some population health management work had already been carried out within West Suffolk and the need to attempt to ensure there was no duplication was emphasized. It was explained that work was taking place with one national commissioning support unit so as not to create additional work and to develop one dataset across the patch.
The accuracy of information obtained from primary care was questioned and the need to address that issue recognised. The importance of a communications plan in order to obtain engagement was stressed.

After consideration **the ICB Board;**

1) **Noted** the SNEE PHM Strategy was due for approval by the SNEE ICP in October 2022, and intention to ensure every ICB partner organisation was aware of the benefits available to, and requirements from, all of us to enable us to deliver the Strategy collectively for maximum benefit.

2) **Noted**, that following a competitive procurement, a two-year contract had been awarded to NECS, for the ICS wide linked dataset and implementation planning was now underway to mobilise the contract in order to meet the NHSE England deadline of 1 April 2023.

3) **Approved** the proposed governance arrangements for PHM within SNEE as set out within the report.

4) **Approved** the clinical, transformational, and analytical PHM resources, all of which funding had been approved in principle by the SNEE Executive Management Team, to ensure PHM could progress at pace and scale across the ICS.

5) **Approved** the initial PHM roadmaps which would be overseen by the SNEE PHM Strategic Group.

6) **Requested** that it receive an update on impact in six months.

22/037 SNEE INTELLIGENCE FUNCTION DEVELOPMENT

The Design Framework for Integrated Care Systems stated that "from April 2022, systems would need to have smart digital and data foundations in place" and that included an expectation that ICSs would "cultivate a cross-system intelligence function to support operational and strategic conversations, as well as building platforms to enable better clinical decisions. That would require ICSs to have linked data, accessible by a shared analytical resource that could work on cross system priorities."

Draft guidance on ICS Intelligence Functions (IF) was published by NHS England in January 2022. The vision for IFs was to build on the rapid increase in analytical work generated during the pandemic by "developing shared cross-system intelligence and analytical functions that used information to improve decision-making at every level." That linked to the 2022-23 priorities and operational planning guidance that called for systems to work together to share data and analytic capabilities to drive, in particular, population health management and prevention approaches. Further guidance from NHS England was expected on 1 July 2022 had not yet been received.

The ICS Partnership Board had agreed in March 2022 to an options appraisal being undertaken to determine the preferred design of a SNEE IF. A cross-system working group managed a procurement exercise for a partner to undertake the options appraisal, and Agilisys – a cloud, IT and business services transformation consultancy – were awarded a contract for the work. At the June 2022 ICS Partnership Board meeting the Board reviewed early plans for development of a SNEE IF. That included the implementation of a hub-and-spoke model method of delivery, a SNEE IF mission statement, and a vision based around a 'Future State' co-developed by a SNEE IF task and finish group.

The report delivered on an action to bring to the ICB Board an update on the development of the preferred SNEE Intelligence Function (IF) model, including priorities, cost, allocation of resources, and hosting arrangements.

Comments included;

- In response to questioning, the ICB Board was reassured that the required £383K was within budget and had been included in planning processes.
- The ICB Board was supportive and it was considered a good vehicle for collaboration.

The ICB Board subsequently:

1) **Endorsed** the design of a SNEE Intelligence Function (IF) that was based on addressing known gaps in analytical capability and thereby broadening and deepening the analytical skillset available within the system.

2) **Noted** that the IF placed additional requirements on existing analytical teams through the provision of benefit in kind support to deliver analysis for the IF, and that the ICB Board and its teams would work with the IF leadership through the developing governance model to support analytical teams to develop their capabilities to meet new IF demands.

3) **Agreed** to the Deputy Chief Executive and Director of Strategy and Transformation developing an IF Memorandum of Understanding that set out the responsibilities of all IF partners **and agreed** to all contributing organisations (as a hub or spokes) signing that.

4) **Noted** that the ICB would provide initial funding to stand-up a small IF hub **and agreed** to review funding arrangements for the IF based on the benefits articulated in an end of year one evaluation.

22/038 CASSIUS – SUFFOLK'S PIONEERING DIGITAL CARE TECHNOLOGY SERVICE

The Chair advised that the item had been removed from today's agenda prior to the meeting and would be carried forward to November meeting.

The Chief Executive advised that, had the item been discussed today, extension of the initiative to the NHS would have been suggested. The ICB Board was informed that Essex County Council had launched a similar service and perhaps a joint report to the next meeting should be considered.

22/039 ICB REPORT AND SYSTEM OVERSIGHT FRAMEWORK (SOF) PERFORMANCE INDICATORS

Set out within Suffolk and North-East Essex constitution, the Integrated Care Board (ICB) was subject to an annual assessment of its performance by NHS England who was also required to publish a report containing a summary of the results of its assessment.

NHS England would assess how well the ICB had discharged its functions during that year and would have due regards to its overall governance structures and functions against its duties which would evolve overtime.

As directed Suffolk and North-East Essex Integrated Board had established a System Oversight Committee (SOAC) to provide an interface with NHS England detailed within the current memorandum of understanding.

The report provided an update on the performance frameworks and a range of performance measures that the Suffolk and North-East Essex Integrated Care Board would be assessed against as set out within the scope of the System Oversight Framework published in June 2022 and the SOAC function.

Comments included:

- With regards to the level of data required by the ICB Board it was suggested that key issues were cancer, elective activity, waiting times, ambulance delays and flow issues. It was intended that a dashboard be developed for each Sub-Committee going forward.
- NHS England had six/eight metrics on which it reviewed every System and it was felt important that the ICB Board saw those, together with information in respect of what was important to the local population. In light of the existence of the Alliances and other

Committees, clarity was required as to what was required to be reviewed at Board level in order to achieve balance.

- The importance of trust amongst partnership organisations and their ability to address performance internally was stressed. It was felt that performance issues presented to the ICB Board should be those that could only be addressed via the partnership.
- The need to have a mechanism in place in order to provide assurance to NHS England as recognised.
- It was reported that whilst SOAC would continue to analysis and bring intelligence forward, it was intended that all data would be made available to Board members should they wish to look at it.
- It was important to review indicators in light of what they meant for the local population.

The ICB Board recognised the challenge of getting reporting mechanisms correct in order to achieve balance, and that improvement would come from learning to behave in a trustworthy in an ambition to achieve System Oversight Framework (SOF) Level 1.

The ICB Board:

1) **Noted** the areas of performance the ICB was expected to gain assurance against as set out within the report.

2) **Acknowledged** work undertaken to date by SOAC in developing an approach to monitoring key elements of performance as set out within the System Oversight Framework.

3) **Endorsed** the next steps and developments as set out within the report.

4) **Requested** that it receive an update on progress to the November 2022 Board meeting.

22/040 BOARD ASSURANCE FRAMEWORK

The Director of People and Workforce presented the most recent Board Assurance Framework (BAF).

Amendments and additions to the BAF were detailed within Section 2 of the report.

The design of the BAF was work in progress and there was a commitment for a revamped version to be presented to the Audit Committee in December 2022 prior to its presentation to the ICB Board in January 2023.

Audit Committee had highlighted the need for more robust review of risks by the Executive Management Team (EMT) in order to assure Audit Committee of the process and the ICB Board that risks were being managed effectively.

Directorate risk registers were in place that supported the BAF. Those risk registers were reviewed by the Risk Forum on monthly basis at which point they could be escalated to BAF if felt necessary. Each Director was reviewing risks via the relevant Committee.

It was suggested that there might be a need to mirror the BAF for the ICP as well.

It was recognised that there was a need to review the wording and that there might be a need for some risks to be collaboratively owned.

Nick Hulme, Provide Partner Member – Community declared an interest as Chair of the regional Cancer Alliance, and went on to emphasis the need to review risks such as cancer in order to ascertain the key issue which at present was that of late diagnosis.

Whilst recognising that it was work in progress, **the ICB Board thanked** those involved in production of the BAF and looked forward to its future iterations and development.

22/041 PROCUREMENT IN THE INTEGRATED CARE BOARD

Within the three clinical commissioning groups there were two distinct procurement functions operating and over the previous few months there had been work undertaken to bring those two functions together to deliver a succinct service to the ICB.

Within the Suffolk Clinical Commissioning Groups there was a single function delivered by a small in-house team, and within the North-East Essex Clinical Commissioning Group there was an outsourced service delivered by Attain, through the placement of a single representative as a link.

The intention is to deliver a single cohesive procurement service to the ICB, and below are some of the actions already taken and further plans to improve the service.

Key issues were set out in Section 2 of the report.

The ICB Board acknowledged the information presented in the report **and agreed** the proposed reporting structure moving forward.

22/042 CONFIRMATION OF KEY EXECUTIVE LEAD ROLES

A commitment was given to Parliament, during consideration of the Health and Care Act 2022, that every Integrated Care Board (ICB) would identify Executive Members of the Board with explicit responsibility for various population groups and functions.

The report went onto set out the various roles and individuals that had been appointed as follows;

- Children and Young People's Services - ***Director of Strategy and Transformation***
- Children and Young People with Special Educational Needs and Disabilities (SEND) - ***Director of Nursing***
- Safeguarding - ***Director of Nursing***
- Learning Disability and Autism - ***Director of Nursing***
- Down's Syndrome - ***Director of Nursing***

It was highlighted that most of the roles mentioned were also applicable to provider trusts and there was a need to minimise duplication. The ICB Board was advised that the ICB was already working closely with system partners but was required to have its own named individuals.

The ICB Board noted the report.

22/043 BOARD CAPACITY AND DIVERSITY – INTERIM REPORT

The Chair welcomed Phanuel Mutumburi to the meeting to assist with presentation of the report.

The ICB Board was reminded that at its inaugural meeting on 1 July 2022, the Chair had advised that there had been discussion amongst some Board members with regard to current and future Non-Executive Member (NEM) capacity, skills, experience and diversity.

In response, the Chief Executive stated that whilst not necessarily wishing to add to the Board's membership he was conscious there was little diversity amongst Board Members and

NEMs in particular and was in favour of a membership review to address that.

The need to identify skill gaps was emphasised and the Remuneration and Human Resources Committee was tasked with discussing the issue and producing a future report for the ICB Board together with appropriate recommendations.

Today's report provided an interim update on work completed to date together with outline recommendations. The report identified three key issues facing the ICB and went on to consider them in detail. The key issues were as follows:

- An apparent lack of Board diversity
- A lack of NEM capacity to deliver the Boards objectives
- Succession Planning

Section 8 of the report set out some outline proposals and recommended;

1) The process for selection and recruitment of Board Members (including Partner members) should be critically reviewed to ensure an improved access and support for under-represented groups, utilising the range of support available.

2) As part of that review there should be a mapping of existing protected characteristics of our Board members, so that we do not make any false assumptions about the current Board

3) Once the process had been reviewed, an additional NEM should be recruited forthwith in order to address the immediate capacity issue.

4) To address future NEM availability and improve Board EDI, the ICB should consider the establishment of two to three Associate NEMs, all of whom would be enrolled onto the NExT Director Scheme.

Should the outline recommendations be approved then a more detailed paper on the process for delivery would be provided at the subsequent meeting in November 2022.

The aim would be to have an additional NEM and the group of Associate NEMs in place for April 2023.

The ICB Board was informed that the work built on that already carried out within communities during the pandemic and how it was taken forward was important in order to sustain engagement and drive outcomes.

Comments included;

- Essex County Council had developed 'Quest' which was an initiative that released staff members to do a quest with regard to race and disabilities and then for them to inform on their experience. Information on 'Quest' could be shared if felt appropriate.
- There was a need to facilitate diversity of lived experience.
- It was mentioned that a board development session on Equality, Diversity and Inclusion (EDI) and the Associate Non-Executive Member role would be welcomed. Health and inequalities had a very clear link with EDI and the ICB should be leading on that going forward. There was a need to set a collective ambition for the whole system and maintain it.
- It was suggested that the challenge was that everyone should be open to the notion that there were different ways of seeing the world to ours and there was a need to acknowledge the differences.

- There were different perspectives in light of inequalities and there was a need for reflection by members.
- The importance of seeking to know what we currently do not know from lived experience was emphasized. It was important that people could see themselves represented at the table.

The ICB Board approved the recommendations 1-4 as set out above **and requested** that EDI be a subject for discussion at a forthcoming ICB Board Development Session.

22/044 CHAIR/CHIEF EXECUTIVE ACTION ICB 01-2022

The ICB Board was in receipt of Chair/Chief Executive Action ICB 01-2022 taken on 25 August 2022 with regard to determining signatories on ICB contracts, which it was being asked to endorse.

The Chair/Chief Executive action had approved authorised signatories on ICB contracts as being;

Chief Executive
Director of Finance
Director of Performance Improvement

The ICB Board endorsed Chair/Chief Executive Action ICB 01-2022.

22/045 APPOINTMENTS TO THE AUDITOR PANEL

The report presented the Board with information about the requirement for an auditor panel, in order for it to recommend the appointment of new auditors to the Board, and also sought approval of the Panel's membership.

The auditor panel must be formed in line with a number of regulations, the key items of which were:

a) The Auditor Panel must consist of at least three members, of which a majority must be non-executive members of the Board, and independent.
b) The Chair of the Auditor Panel must be both a non-executive member of the Board of the organisation and independent.
c) Quoracy was a minimum of two of the three members, or 50% of members if the committee was larger than that.

The Board was reminded that it had approved terms of reference for the Auditor Panel under a previous agenda item.

Membership of the Auditor Panel was proposed as:

- Steve Clarke, Non-Executive (Chair)
- Tanya Curry, Non-Executive
- The ICB Director of Finance

The ICB Board noted the report **and approved** membership of the Auditor Panel as set out above.

22/046 COMMITTEE MINUTES AND HIGHLIGHT REPORTS

The ICB Board received and noted minutes and highlight reports from the following ICB Sub Committees*:*

a) **Audit Committee**

The unconfirmed minutes of a meeting held on 18 August 2022 – it was noted that since publication of the agenda the Audit Committee minutes of 18 August 2022 had been approved at a meeting held on 26 September 2022.

b) **Ipswich and East Suffolk Alliance**
The unconfirmed minutes of a meeting held on 16 August 2022

c) **North-East Essex Alliance** – highlight report

d) **Quality Committee**
The minutes of a meeting held on 14 July 2022.

e) **People Committee**
The minutes from a meeting held on 10 August 2022

22/047 ANY OTHER BUSINESS

No items of other business were received.

22/048 DATE AND TIME OF NEXT MEETING

Scheduled Dates:

22 November 2022

22/049 QUESTIONS FROM THE PUBLIC – MAXIMUM 10 MINUTES

The following question was received;

Prior to the pandemic, Felixstowe had had four of its surgeries closed due to workforce issues. The closures had also taken place prior to a significant increase in population size as a result of extensive new home development. At a recent patient participation group meeting held at the current surgery it had been questioned what was being done to meet the additional demand. It was explained that the NHS was not prepared to guarantee a loan to allow extension of the premises. The ICB Board was asked why CIL monies from developers could not be utilised to address the additional demand on services.

The Partner Member for Primary Care in Essex explained that one element of the process was that district valuers advised what a practice was worth in rentable value which was often not aligned with the developer's expectations.

In respect of the situation in Felixstowe, it was queried why CIL monies acquired from the housing developers was not being utilised to extend the building.

The Chief Executive agreed to ask the Ipswich and East Suffolk Alliance Director to make contact with the questioner outside of the meeting.

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ICB BOARD
ACTION LOG: 27 September 2022 (updated)

MINUTE	AGENDA ITEM	ACTION	RESPONSIBILITY OF:	TIMESCALE/UPDATE
Meeting of: 26 July 2022				
22/024	Newmarket Community Diagnostic Centre (CDC) Business Case	The Provider Partner Member for Acute agreed to investigate the accuracy of phlebotomy figures and report back to Dr Rayner outside of the meeting.	Craig Black	27/09/22 - ongoing
Meeting of: 27 September 2022				
22/032	General Update	The Chief Executive suggested, and it was agreed, that a report on dentistry access be presented to the November 2022 meeting.	Ed Garratt	On agenda - **Complete**
22/033	Approval of Sub-Committee TOR	In light of comments made, and subject to the stated minor amendment with regard to membership of the People and Communities Committee and exception of the Procurement Committee, the ICB Board approved the terms of reference as presented and agreed that they be further reviewed in six months time to allow time for a contextual review.	Amanda Lyes	On forward plan for March 2023 - **Complete**
22/036	SNEE Population Health Management (PHM) Strategy, Resources, Dataset, Governance and Roadmap.	The ICB Board requested that it receive an update on impact in six months.	Richard Watson	On forward plan for March 2023 - **Complete**
22/039	ICB Report and System Oversight Framework (SOF) Performance Indicators	Requested that it receive an update on progress to the November 2022 Board meeting.	Paul Gibara	November 2022
22/043	Board Capacity and Diversity – Interim Report	The ICB Board approved the recommendations 1-4 as set out above and requested that EDI be a subject for discussion at a forthcoming ICB Board Development Session.	Ed Garratt/Will Pope	8/11/22 - the Action Group for NEM & Associate NEM recruitment met on 25 October. While the group was supportive of recruiting an additional NEM and a small team of Associate NEMs, it was suggested that a period of reflection would be helpful to determine how the Board & its committees might wish to introduce new members, particularly those from different ethnic backgrounds or from groups with

MINUTE	AGENDA ITEM	ACTION	RESPONSIBILITY OF:	TIMESCALE/UPDATE
				other protected characteristics It was agreed that more work on developing Board diversity and inclusion is needed prior to the introduction of new members & that this needs to be addressed first. The Action Groups decisions and actions were therefore: • To defer recruitment of the additional NEM & Associate NEMs until after the planned Board Development Session (BDS) • Recommend that the BDS should be rearranged as soon as possible & ideally in December • The Action Group to meet again early in the New Year to consider outcomes from the BDS & whether recruitment should then proceed • Preparation for recruitment to continue & the Governance Advisor to complete work on a role specification for Associate NEMs & suggested recruitment methodologies for reaching out to underrepresented communities & groups
22/049	Public Questions	The Chief Executive agreed to ask the Ipswich and East Suffolk Alliance Director to make contact with the questioner outside of the meeting.	Ed Garratt/Maddie Baker-Woods	September 2022 - **Complete**

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ICB BOARD

Agenda Item No.	**06**
Reference No.	**ICB 22-24**
Date.	**22 November 2022**

Title	**Industrial action announced by the Royal College of Nursing**
Lead Director	Amanda Lyes, Director of People and Workforce
Author(s)	Amanda Lyes, Director of People and Workforce
Purpose	To inform the Board about the ICB's response to the industrial action

Recommendation:

The Board is asked to note the contents of the report.

1. Background

1.1 Across the UK, nursing professionals at most NHS employers have voted for the first time ever to strike, in a dispute over pay.

1.2 The action involves members of the Royal College of Nursing (RCN) in over 50 per cent of hospital and community teams.

1.3 The RCN is campaigning for a pay rise of 5 per cent above inflation.

1.4 The government in England had been encouraging nurses to consider the impact on patients.

1.5 Ministers have said they nurses had given a pay rise in line with what had been recommended by the independent NHS Pay Review body.

1.6 Across the east of England, the following organisations have met the legal threshold for industrial action:

- Cambridgeshire and Peterborough NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- East Suffolk and North Essex NHS Foundation Trust
- Norfolk Community Health and Care NHS Trust
- Norfolk and Suffolk NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust
- Hertfordshire Community NHS Trust
- West Suffolk NHS Foundation Trust
- NHS Hertfordshire and West Essex ICB
- NHS Mid and South Essex ICB
- NHS Norfolk and Waveney ICB
- NHS Suffolk and North East Essex ICB

1.7 The RCN's mandate to organise strikes runs until early next May – six months after members voted. However, action could happen before the end of this year.

1.8 At present (15 November) no dates for strikes by NHS staff have been confirmed. While RCN has received mandate for action at a number of NHS employers, they have not yet given formal notice of action taking place (this is a 14 day notice period).

Suffolk and North East Essex ICB's position:

NHS Suffolk and North East Essex considers patient safety to be paramount. The ICB:

- wants to see a resolution as soon as possible to the strikes, but ultimately pay is a matter for the Government and the trade unions.

- recognises good pay and conditions are important, not only for individuals and their families but for wider issues such as retention and recruitment.

- is working with local provider partners, NHS England and trade unions to ensure safe care for patients continues to be available during any industrial action.

- wants to reassure the public that patients should continue to come forward for emergency services as normal, as the NHS is committed to keeping disruption in these services to a minimum.

Operational issues to note:

- The ICB will help to co-ordinate planning for potential industrial action and use its emerging EPRR functions and system control centres to co-ordinate the management of any industrial action.

- Local acute hospital provider partners will do everything they can to go ahead with planned procedures during industrial action, especially for patients in greatest clinical need.

- A communications plan is being finalised that will support the ICB to respond to instances of industrial action.

- The Director for Workforce and People has held two emergency planning and workforce resilience sessions (21 July 2022 and 01 November 2022). This has allowed continued conversations with trade union and staff side partners and the production of an industrial action protocol which has been produced which has been shared with providers.

2. Patient and Public Engagement

N/A

3. Recommendation

3.1 The Board is asked to note the contents of the report.

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ICB BOARD

Agenda Item No.	**07**
Reference No.	**ICB 22-25**
Date.	**22 November 2022**

Title	**Experiences of waiting for Elective Care – Healthwatch Suffolk Report and Suffolk and North East Essex (SNEE) Waiting Well.**
Lead Director	Ed Garratt, Chief Executive
Author(s)	Susan Balaam, Research Officer – Healthwatch Suffolk Angela Ashton, Head of Alliance Programme Management & Operations (East Suffolk)
Purpose	To share the findings and recommendations of the Healthwatch Suffolk (HWS) report on 'Experiences of waiting for elective care in Suffolk and North East Essex'. Specifically, to highlight: • the disparity between the types of support offered to people whilst they wait for hospital care and the aspects of life people report are most impacted during their wait, • the longer term impacts that waiting for care can have for people, which continue beyond the 'end goal' of an operation, diagnosis or treatment, • the opportunities partnership working within the ICS offer in meeting people's needs with holistic care and support. For health and care leaders to: • reflect on current initiatives in place to support people while they wait, • identify gaps in current provision and agree areas for further improvement, • consider how the 'system' will progress work towards meeting the needs of people waiting for elective care and addressing the recommendations made within the HWS report.

Recommendation:

The Healthwatch Suffolk report highlights the breadth of impact that waiting for elective care can

have on people's lives. An integrated, holistic system-wide response is required, which addresses both the immediate impact of delays as well as the longer term consequences for people.

While it is recognised that managing and addressing these needs are not the sole responsibility of Acute Hospital Trusts it is essential that the Trusts acknowledge and engage with other partners within the system to address the needs of people who are waiting for treatment or care.

Although there are a number of initiatives already in place and some being developed, there is potentially more that can be done.

It is our recommendation that further work to address the findings and recommendations of the HWS report should take place at a local alliance level to incorporate all partners in the delivery.

1. Background

1.1 This project is a local adaptation of a national Healthwatch England project to explore the impact of elective care delays. Healthwatch Suffolk (HWS) has taken time to adapt the national survey template with local professionals, and leaders, responsible for elective care delivery in Suffolk. Whilst this meant our data would not be included in national Healthwatch reporting on the subject, it will ensure that our work is able to have a stronger influence over local strategic plans 8,000+ people waiting for elective care in Suffolk received a text message from their hospital with a link to take part in the survey. This has helped us to achieve a response rate of more than 1,300 people. Page 9 Experiences of elective care delays in Suffolk Healthwatch Suffolk by the NHS to address the backlog of care. In November 2021, Healthwatch England published a briefing for national health and social care stakeholders. It was informed by: • the views of 1,441 people from national polling commissioned by Healthwatch England, and carried out by YouGov between 19–23 August 2021; • the views of 1,075 people either waiting for treatment, or who had received treatment within an 18-month period, in a national survey between 6 September and 11 October 2021. The above compares to a response rate to our local survey of 1,382 people.

2. Patient and Public Engagement

2.1 The opportunity to participate in the survey was promoted widely by Healthwatch Suffolk. Communication about the project included: • a paid social media campaign • content on the Healthwatch Suffolk website • features in Healthwatch Suffolk newsletters • promotional activity by providers (e.g. acute hospitals and local GP practices) • community engagement activity by Healthwatch Suffolk Community Development Officers The Healthwatch Suffolk team has also appreciated the support of staff responsible for the provision of an Elective Care Equality and Health Inequalities Impact Assessment (EHIIA) for Suffolk and North East Essex Integrated Care System. The team were seeking to shape the EHIIA through engagement with people from a diversity of local communities. The survey was shared with people as a part of this activity, including more than 100 hard copies with people who may have found it difficult to engage with the research using digital platforms

3. Recommendation

3.1 The Healthwatch Suffolk report highlights the breadth of impact that waiting for elective care can have on people's lives. An integrated, holistic system-wide response is required, which addresses both the immediate impact of delays as well as the longer term consequences for people.

3.2 While it is recognised that managing and addressing these needs are not the sole responsibility of Acute Hospital Trusts it is essential that the Trusts acknowledge and engage with other partners within the system to address the needs of people who are waiting for treatment or care.

3.3 Although there are a number of initiatives already in place and some being developed, there is potentially more that can be done.

3.4 It is our recommendation that further work to address the findings and recommendations of the HWS report should take place at a local alliance level to incorporate all partners in the delivery.

healthwatch Suffolk

Experiences of waiting for Elective Care in Suffolk and North East Essex

Susan Balaam – Research Officer, Healthwatch Suffolk
Angela Ashton - Head of Alliance Programme Management & Operations (East Suffolk)

Brief method & sample size

- We updated a national survey from Healthwatch England, and collected data February to May 2022. The aim was to:
    - *inform local plans and strategies;*
    - *shape the Elective Care Equality and Health Inequalities Impact Assessment (EHIIA) for Suffolk and North East Essex ICS;*
    - *support communication plans;*
    - *support providers to consider improvements to how people's care is managed whilst they are waiting;*
    - *establish the best possible understanding about the impact of hospital delays on people's lives;*
- **1,382** people responded. However, **80** shared more than one experience. Therefore, **1,462** experiences of waiting for planned care are included in the report.

Hospitals serving Suffolk shared a link to the survey with **8,000+ people** currently waiting for treatment or care.

Findings – A quick summary

A few key findings:

- Overall, 80% had been offered support. Only 39% felt they had the right help & information, to manage their condition.
- The support currently offered by the NHS does not adequately address the many ways people's lives are impacted by delays to hospital care.
- Communication has been a key challenge for many, with some highlighting that not knowing about their wait has affected their mental health.
- Suggested improvements for communication included:
  - Information about wait time
  - Regular updates
  - Consistency

48% said they had not been told how long they might have to wait.

62% felt their condition had got worse.

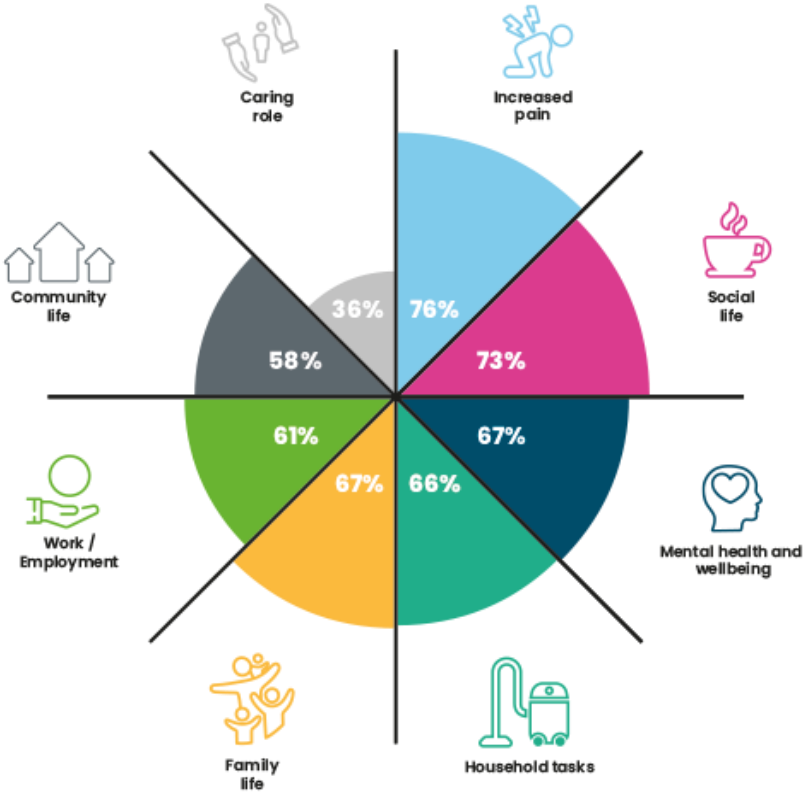
Condition got worse - 'Vulnerability' vs. No 'Vulnerability'

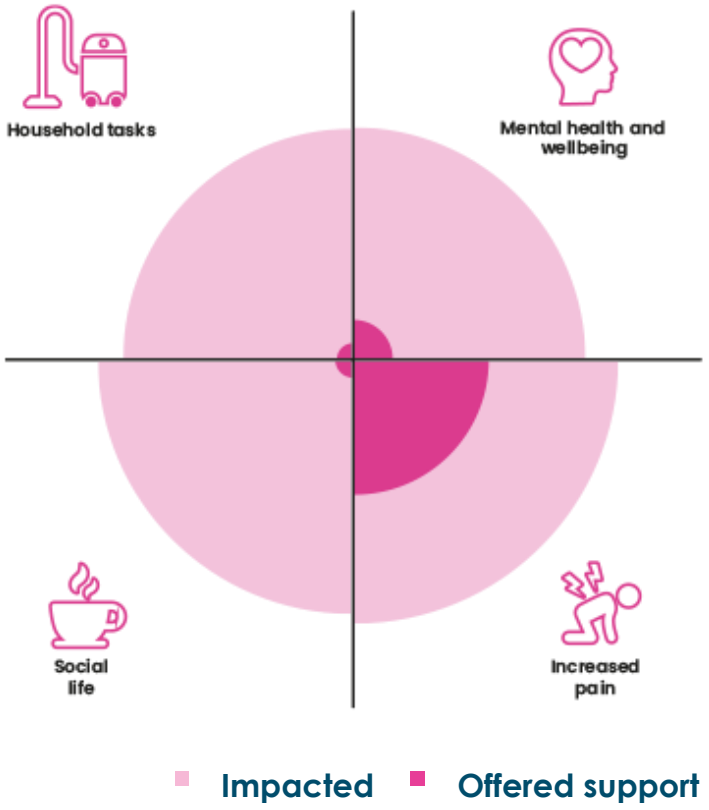
Routes to ‘quicker care’

- **1,035 (71%)** are willing to travel to another hospital if it meant a reduction in their overall wait time.
- **Those waiting longest** were generally more likely to say they would travel to reduce their wait.
- **12%** had considered, or were considering, paying privately to receive treatment sooner.
- **Paying privately was not an option for most** respondents because they could not afford it **(65%/902)**.
- **Respondents who had been waiting the longest for treatment** were more likely to indicate they would not consider private care because they could not afford it.

Impact on life

Comments highlight how waiting for hospital care has limited lives in many ways – including people's ability to socialise, be a part of their community, work, or care for loved ones. Increased pain has affected people's relationships and increased their isolation.





Impact on life

Quotes from respondents

- "The pain that I experience **causes me to wish that when I go to bed I don't wake up to another day to face**."
- "**Cut off from group activities** i.e. family carers group."
- "Unable to work, **money issues causing stress at home**."
- "I am in so much pain I can barely walk… I don't go out anywhere not even to the shop, **I stay in my room all day, I have no life, I have chronic depression**."
- "I am aware of how much the problem is visible through my clothing. I feel unhappy & worried about it**… It has impacted my self-esteem & my relationship**."
- "I was stuck in bed in pain constantly. **It took such a toll on my marriage we ended up separating**."
- "I am unable to do anything physical for more than about half an hour, and sometimes even visiting the local supermarket can be agony. This also **affects my ability to do gardening, decorating, housework, and car cleaning**."

Improvements to communication

The following top themes were identified within people's suggestions for improvement to information/communication about their wait (see more in our report).

Theme	Outline	No.
Information about wait time	Many wanted improved information about their wait. People were often uncertain about when their predicted wait, or how they were being prioritised (or not). For some, lack of communication meant they were seeking reassurance that they were still on the list.	**425 (45%)**
Regular updates	Comments mentioning the need for regular 'updates' on waiting times. Many noted the absence of information. It is worth noting that some respondents mentioned how the stress and anxiety of 'not knowing' was having a direct impact on their mental health, and their ability to plan their life (e.g. work absence, or family occasions etc).	**161 (17%)**
Consistency	Some reported a lack of consistency in the information they had received (e.g. that staff advice differed to information in letters). Comments also highlighted a lack of communication between departments.	**59 (6%)**
Information about treatment	Some wanted to receive more information about their procedure (e.g. how symptoms might change, what to expect etc).	**50 (5%)**
General positive	Generally positive comments about communication and information.	**40 (4%)**

HWS Recommendations

You can read our full set of recommendations for leaders in our reports.

Holistic management of people waiting for care

- We want people to think about how we can more effectively, and holistically, support people whose lives have been impacted by their waits for elective care – including beyond the end goal of an operation/treatment etc. A systemwide response is needed.
- We must address gaps between how people's lives are being impacted by their wait, and the types of support they are being offered by systems/providers.

Better information and communication with people waiting for care

- A much-improved process of communication across the span of time people are waiting is needed, with defined opportunities to update people transparently about their wait, to check in on their condition, and to remind people about the fullest extent of support available to them.

HWS Recommendations

You can read our full set of recommendations for leaders in our reports.

Inequality and data transparency

- There is a need for wider transparent sharing of data relating to the demographic profile of people waiting for hospital care in Suffolk. This will help the system to be able to discuss important improvement work that may be needed regarding inequality.

Check whether local plans are making a difference.

- It is recommended that Integrated Care Systems work together with Healthwatch Suffolk to co-produce a repeat of this survey to compare results against this baseline of patient experience, and to ask new questions where knowledge gaps are identified.
- Such a repeat of the survey would require the same commitment from local acute hospitals to share the survey directly with their patients, although greater consistency between the trusts regarding patient sampling would be required.

SNEE ICB - Waiting Well

What has already happened …

- Together we are Better (TWAB) workstream established
- Suffolk & North East Essex Wellbeing website established (Dec '21)
- Primary Care promotion
- Patient Information Leaflets available (hard copy & electronic format)
- Public awareness campaign
- Referral acknowledge letters sent to patients that have been referred to Ipswich Hospital
- Referral acknowledge letter updated for Colchester referrals
- North East Essex pre-surgery wellbeing pathway
- West Suffolk Waiting Well pilot

SNEE ICB - Waiting Well

What is planned …

- West Suffolk Population Health & Place Development Programme
- Developing an Integrated Neighbourhood Team (INT) Patient Tracking List (PTL) for Ipswich & East Suffolk

SNEE ICB - Waiting Well

- Tabletop exercise carried out to identify the work that is already in place or planned mapped to the recommendation :
  - Holistic Management of people waiting for care
  - Information & communication
  - Inequality & data transparency

SNEE ICB - Recommendation

Holistic management of people waiting for care

What does it mean?	What is in place to mitigate need?
Helping people to cope by improving dialogue with patients around their wait for treatment	Together we are Better (TWAB) workstream established
	Suffolk & North East Essex Wellbeing website established (Live in Dec 21)
	North East Essex pre-surgery wellbeing pathway
	West Suffolk Waiting Well project (Place Development Programme)

SNEE ICB - Recommendation

Information & communication

What does it mean?	What is in place to mitigate need?
Moving patient communication onto a more proactive footing. Increasing the frequency of consistency of information and advice. Being realistic about what they should expect and when.	Primary Care promotion
	Patient Information Leaflets available (hard copy & electronic format – Jan '22)
	Public Awareness Campaign
	Referral acknowledgement letters sent o patients referred to Ipswich Hospital (Dec'21)
	West Suffolk : Communication with Patients on Wait time
	Referral acknowledge letter up0dated for Colchester referrals

SNEE ICB - Recommendation

Inequality & data transparency

What does it mean?	What is in place to mitigate need?
Inequality is leading to a disparity in outcomes between majority and minority groups.	Equality & Health Inequality Impact Assessment for Elective Care updated to identify the impact and potential actions

Recommendation

- The Healthwatch Suffolk report highlights the breadth of impact that waiting for elective care can have on people's lives. An integrated, holistic system-wide response is required, which addresses both the immediate impact of delays as well as the longer term consequences for people.
- While it is recognised that managing and addressing these needs are not the sole responsibility of Acute Hospital Trusts it is essential that the Trusts acknowledge and engage with other partners within the system to address the needs of people who are waiting for treatment or care.
- Although there are a number of initiatives already in place and some being developed, there is potentially more that can be done.
- It is our recommendation that further work to address the findings and recommendations of the HWS report should take place at a local alliance level to incorporate all partners

For more information:

info@healthwatchsuffolk.co.uk
www.healthwatchsuffolk.co.uk

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ICB BOARD

Agenda Item No.	**08**
Reference No.	**ICB 22-26**
Date.	**22 November 2022**

Title	**Suffolk and North East Essex Training Hub**
Lead Director	Amanda Lyes, Director of People and Workforce
Author(s)	Julie White, Primary Care Development Manager
Purpose	To present information on the Suffolk and North East Essex training hub.

Recommendation:

To note.

Key Workstreams Nov 2022

Suffolk and North East Essex Training Hub

Contact:

Julie White Training Hub Lead
Julie.white@suffolk.nhs.uk

Dr David Cargill GP/PA Lead
David.cargill1@suffolk.nhs.uk

Lisa Booth Nursing/AHP Lead
lisa.booth@suffolk.nhs.uk

Pillars of SNEE Training Hub

Workforce Planning Model

Why - Need to ensure we have skilled staff to deliver high quality patient care

Benefit to patients - Can access a timely appointment with the appropriately trained member of staff

Benefit to staff - Improved work/life balance, career progression access to education and training

Benefit to system - Clear understanding of workforce requirements to deliver patient care

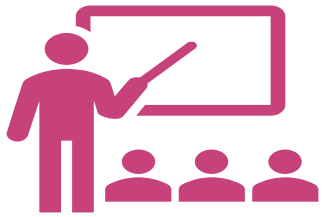
Plan - Recruitment education and training

Please contact snee.traininghub@nhs.net for more information

Recruitment & Retention Non Clinical Staff

Collectively this whole staff group makes up 50% of the practice workforce and are key in delivering patient care.

- ✓ Non Clinical Rolling Programme
- ✓ Peer Support
- ✓ Coaching
- ✓ Professional development
- ✓ Health and Well Being



Please contact snee.traininghub@nhs.net for more information

Training Hub Support For Nurses and AHPS

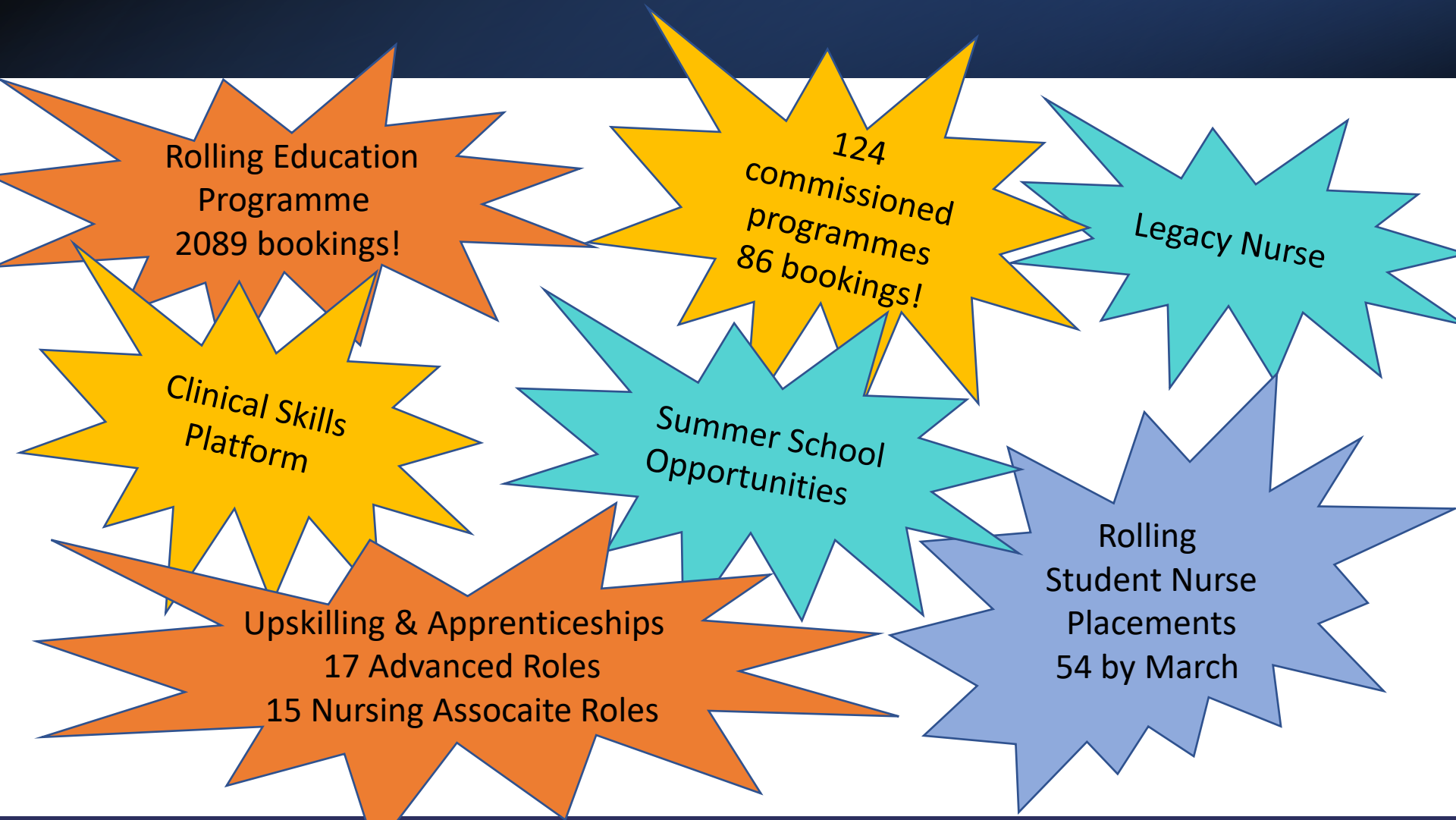
Students
- Increase placement capacity

Newly Appointed
- Induction
- Preceptorships
- Fellowships

Retention
- CPD
- Career development

- ✓ New to Practice Fellowships
- ✓ Coaching and Mentoring
- ✓ Peer Support Networks
- ✓ Professional development
- ✓ Health and Well Being
- ✓ Career conversations

Recruitment & Retention - Nursing/AHP



Please contact snee.traininghub@nhs.net for more information

Current Focus

What?

- The increased demand for appointments and patients services, requires growth in workforce.
- Good News! Universities have increased the number of places for healthcare students. But this requires more supervised clinical placements

So What?

- We need more student placements in general practice by having more GP training practices and more educators and supervisors
- We want our patients to help support by allowing students to play a part in the delivery of their care

What next?

- Training Hub will be rolling out an edcuator project across the PCNs in 2023

Please contact snee.traininghub@nhs.net for more information

Training Hub Support For GPs

GP Trainees
- Increase placement capacity

Newly Appointed
- Transition into GP role

Retention
- Career opportunities

- ✓ Fellowships
- ✓ Coaching and Mentoring
- ✓ Peer Support Networks
- ✓ Professional development
- ✓ Health and Well Being

Recruitment & Retention - GP

GP Support Hub 'One Stop Shop for all GPs'	GP Support Hub the only one of its kind in the East of England Provides bespoke 1-1 support to all GPs at all stages of their career Delivers a range of training and support initiatives to help retain GPs and improve health and well being
Welcome Back to Work	Health and Well Being initiative supporting GPs back into work Bespoke programme that adapts to the needs of individual GP Supported 17 GPs back into work
Coaching GP-S Akeso	Available to all staff working in general practice Improve motivation Build resilience Strengthen team working Improve work life balance

Please contact snee.traininghub@nhs.net for more information

A GP’s Story About Their Experience of WelcomeBackToWork

Current Focus

System wide recruitment campaign for General Practice

Collaborative system approach to achieve BMA safe working levels

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ICB BOARD

Agenda Item No.	**09**
Reference No.	**ICB 22-27**
Date.	**22 November 2022**

Title	**Integrated Care Partnership (ICP) Update**
Lead Director	Susannah Howard, Integrated Care Partnership (ICP) Director
Author(s)	Susannah Howard, Integrated Care Partnership (ICP) Director
Purpose	Information

Recommendation:

The ICP met in person on Friday 11 November as part of a wider Community Connect Event hosted by the Ipswich and East Suffolk Alliance at The Food Museum in Stowmarket.

Work progresses to develop our ICS Integrated Care Strategy including comprehensive engagement programme including outreach to the public and theme specific workshops. The steering group have proposed development of a strategic prioritisation tool to be included as part of the strategy.

Board members are asked to:

- note this report and continue to support engagement in system discussions around the Integrated Care Strategy over the autumn.

1. Background

1.1 Suffolk and North East Essex ICP is a statutory committee jointly and equally convened under the Health and Care Act, 2022 by NHS Suffolk and North East Essex ICB, Suffolk County Council and Essex County Council. I is co-chaired by Professor Will Pope (NHS Suffolk and North East Essex ICB), Cllr. Andrew Reid (Suffolk County Council) and Cllr. John Spence (Essex County Council).

1.2 Meetings take place on the second Friday of each month with alternating formal meetings held in public and intervening developmental sessions for committee members. Papers for formal ICP meetings are available on the ICS website via the following link Suffolk and North East Essex Integrated Care Partnership (ICP) Meetings - Suffolk & North East Essex Integrated Care System (sneeics.org.uk)

1.3 A key role for the ICP is to develop a single Integrated Care Strategy that sets the direction of the system across the whole ICS footprint, setting out how commissioners in both the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. National statutory guidance on the development of Integrated Care Strategies was published by the Department of Health and Social Care in late July 2022.

2. Key Issues

a. ICP Meetings

The meeting of the Suffolk and North East Essex ICP on Friday 14 October 2022 was chaired by Cllr. John Spence, Essex County Council. The meeting was held online and extended to incorporate a two part meeting – part 1 a formal meeting which will be live-streamed to the public and part 2 an informal meeting in private. The agenda included:

- Detailed discussion and formal approval by the ICP of the ICS Population Health Management Strategy
- Informal discussion on two themes:
  - Creating a genuinely equal, diverse and inclusive workforce in health and care
  - A Health and Care System Perspective on the Cost of Living Crisis

More recently a meeting of the Suffolk and North East Essex ICP on Friday 11 November 2022 was chaired by Cllr. Andrew Reid, Suffolk County Council. The meeting was held in person and was open to members of the public as part of a wider community event hosted by the Ipswich and East Suffolk Alliance – Community Connect Ipswich and East Suffolk at The Food Museum in Stowmarket. The event was attended by around 200 people who attended an exhibition with stalls from community organisations and there were workshops showcasing the work of the Alliance. A short service to mark the two minute silence on Armistice Day was held.

b. Public Engagement on the Integrated Care Strategy

We want to provide the opportunity for everyone to contribute to the development of our Integrated Care Strategy. A campaign across Suffolk and North East Essex invites everyone to contribute to the development of the benefit and outcome framework for our Integrated Care Strategy by telling us for health and wellbeing in Suffolk and North East Essex **"What matters to YOU? and WHY?'**. A range of mechanisms are being offered to gather feedback.

An inflatable pop up video booth is currently visiting a variety of locations around the ICS capturing the views of the public, patients and staff. Locations include healthcare settings, community venues and some colleges to ensure that we engage young people. Community

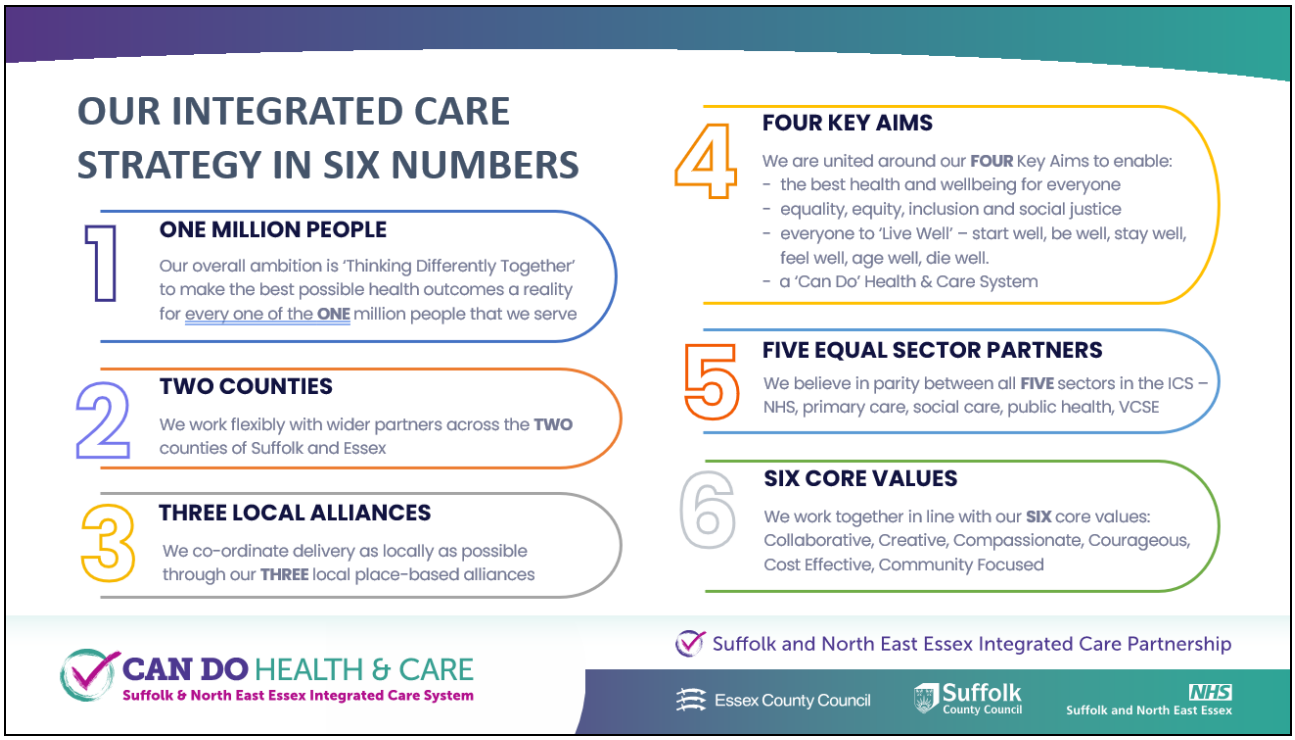
Conversations are also taking place hosted by local VCSE sector organisations for example, Suffolk Libraries.

The ICP Secretariat is half way through a programme specific online open meetings to explore the same question in relation to some of the key areas of the Integrated Care Strategy. Each of these **Strategy Workshops** focuses on a different life stage, group or condition e.g. people living with cancer, early childhood, oral health. These events bring together and triangulate different perspectives and evidence including:

- Lived experience and personal stories - including evidence already gathered through Healthwatch or other patient and public engagement mechanisms
- Clinical and professional experience – including contributions from existing relevant local strategic groups in the ICS e.g. the ICS Cancer Board or ICS End of Life Board
- Local population and performance data – drawn from the local JSNAs and other existing data
- Patient Groups or VCSE sector organisations representing particular groups or issues
- Key evidence from research, policy or expert organisations – identified by local public health teams

The events include a combination of short presentations and break out discussion groups with appropriately skilled facilitators.

c. High Level Summary



d. Prioritisation

The Integrated Care Strategy Steering Group has been considering in depth the complex issues around the identification of priorities in the Integrated Care Strategy. The guidance proposes that we identify key strategic priorities that:

- are evidence-based
- are strategic - system-level action
- will make a real impact on people's lives
- will improve health and wellbeing
- will reduce disparities
- can be short, medium and long term

Something being a system priority could drive:

- Investment of new resources - investment - by the NHS, Local Authorities, community funders
- Redirection of existing resources - by NHS & Local Authority commissioners, NHS or wider providers
- Investment of indirect resources – focused effort by existing management resources, PHM capability, quality improvement capacity, working groups
- Attention – development of the narrative, enabling further investigation, training and measurement (quantitative and qualitative data)
- Holding ourselves collectively accountable – collective delivery planning, reviewing progress over time

Inclusion of a strategic prioritisation tool in the strategy is intended to encourage consistently disciplined prioritisation in the system, including;

- Use of evidence – the strategy pulls this into one place
- Differentiation between outcomes and outputs
- Measurement
- Thinking short, medium and long term
- Sensitivity to place at neighbourhood, alliance, county, system
- Sensitivity to planning context

Public health are supporting development of the tool based on a clear and explicit prioritisation methodology.

3. Patient and Public Engagement

3.1 The full range of mechanisms offered to gather feedback from patients and the public on the strategy includes:

- **Direct feedback** via a link to an online facility to gather responses and word limited stories. Access to this online engagement point will also be available from the homepage of the ICS website during this period;
- Engagement facilitated by **Healthwatch Essex and Healthwatch Suffolk**;
- Engagement facilitated through **existing patient and public engagement mechanisms and groups** across the ICS e.g. ESNEFT, NHS ICB, Suffolk Engaged Communities;
- **Community Conversations** facilitated by wider ICS Partner organisations including VCSE sector organisations, social care providers and the NHS with funds available if required to support engagement with specific groups;
- Use of innovative **outreach engagement** including for example the use of the ICS 'inflatapod' at some acute, community and primary care sites and key events around the ICS during the autumn;
- Outreach by clinical and professional leaders in the ICS specifically to engage with **health and care staff** to ensure that they are invited to contribute to the Integrated Care Strategy.

The campaign has been promoted via the media with a press release issued to local radio, newspapers and other media channels.

4. Recommendation

4.1 The ICP met in person on Friday 11 November as part of a wider Community Connect Event hosted by the Ipswich and East Suffolk Alliance at The Food Museum in Stowmarket.

4.2 Work progresses to develop our ICS Integrated Care Strategy including comprehensive engagement programme including outreach to the public and theme specific workshops. The steering group have proposed development of a strategic prioritisation tool to be included as part of the strategy.

4.3 The Board is asked to note this report and continue to support engagement in system discussions around the Integrated Care Strategy over the autumn.

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ICB BOARD

Agenda Item No.	**10**
Reference No.	**ICB 22-28**
Date.	**22 November 2022**

Title	**Suffolk and North-East Essex (SNEE) Alliances – Highlight Reports**
Lead Director	Alliance Directors
Author(s)	Alliance Directors
Purpose	To receive highlight reports from the following Alliances: a) *Ipswich and East Suffolk Alliance* b) *North East Essex Alliance* c) *West Suffolk Alliance*
Recommendation: To note the reports	

Ipswich Suffolk Alliance Committee November 2022

Our vision is that 'Ipswich and East Suffolk is a place of strong communities in which everyone is able to stay well, take control over their mental and physical well being and when support is needed, receive joined up care'

'Working seamlessly together with you'

Being

Collaborative – Co-ordinating – Creative – Courageous- Compassionate - Community -focused; Creating One Team; Cost-effective

This report includes:

- A summary of the key items for discussion and decision by the Ipswich and East Suffolk Committee in October and items for consideration at its meeting in November (being held subsequent to publication of these papers)
- A summary of items and decisions of the Executive Delivery Group in November
- Summary progress from other workstreams including Integrated Neighbourhood Teams and the One Team programme

Other matters for reporting include:

- On 11th November, the Alliance was pleased to welcome the ICP to the Food Museum, in Stowmarket including a strategy development session; a series of Live Well workshops; and a Connect Marketplace as well as an Act of Remembrance
- On the same day, The Unity Centre in Ipswich hosted a local community event with similar aims
- On 14th November, the Alliance team was pleased to brief Ipswich Borough Councillors about the ICB, Alliance and INT development together with our Section 75 Agreement and to discuss the next phase of collaboration

Alliance Committee Report (October 2022)

The Committee received a Director's Overview Report in respect of ICB delegated functions including integrated commissioning processes, performance, transformation, patient safety and governance.

The **performance of services** delegated to the Alliance was then scrutinised and agreement reached that a further set of area specific key performance indicators would also be reported including health checks for people with learning disabilities and serious mental ill health as well as our dementia diagnosis rate.

The Committee received a focused report on the **Die Well** domain, led by Judi Newman, Chief Executive of St Elizabeth Hospice with particular areas of progress being: Roll out of RESPECT (Recommended Summary Plan for Emergency Care and Treatment); the growth of Compassionate Companions – providing trained individuals to support people and their families in conversation, advocacy, planning and signposting; reducing loneliness and isolation and continued delivery of the Hospice's Palliative Care End of Life Co-ordination Hub. Priorities for action were noted as: ICT system interoperability; improving death literacy; improving identification of the dying phase; the transition from children to adult services; finance, poverty and social isolation in dying; and development of our long-term funding strategy for Hospice and wider end of life care.

The Committee discussed the development of the **Integrated Neighbourhood Team KPIs and associated dashboards** and progression of **the Population Health Management** programme, due to 'go live' in April 2023.

The Committee received a **financial report** which forecast a break-even position for the year end despite some in-month and year to date variances against mental health and prescribing budgets. A report on the winter investments from the Integrated Health and Care Fund was presented and the requirement for monitoring, evaluation and consideration of potential forward funding was discussed; a full report, taking account of these requirements is scheduled for December.

Alliance Committee (November 2022)

The November Committee will be held on the date of publication of the ICB Papers. The meeting agenda includes standard items of: scrutiny of performance; a financial report; a proposed approach to risk management at Alliance level; a report on patient and public involvement; and a focus on **Ageing Well**, led by Dr Selina Lim, ESNEFT. The outcomes of this meeting will be reported, as required, verbally to the ICB.

Highlights of Groups reporting into Alliance Committee (November 2022)

Executive Delivery Group

This month the EDG met in person at Ipswich Library where members were introduced to the diverse, local and hyper-responsive work which our libraries do to meet people's need with 400 staff and 1000 volunteers, supporting people to stay well. It was agreed that a dedicated session would explore the full range of partnership possibilities.
The EDG then considered:

- The Suffolk Director of Public Health's report into the CORE20+5 and specific implications and actions required in Ipswich and East Suffolk to address inequalities
- The process for development of the ICP strategy and role of the Alliance in development and preparing a locality specific delivery plan
- Investments in Strength and Balance training to aid falls prevention as well as continuation of the Palliative Care Hub
- The Alliance's overall performance against the ICB's devolved accountability targets for primary care, community care and well-being services
- A verbal update on progress in implementing virtual wards with frailty already being operational
- The Community Connect event at the Food Museum in Stowmarket scheduled for 11th November.

The Primary Care Commissioning Group will meet for the first time on Tuesday 21st November. The agenda will: propose terms of reference for approval by the Committee; include current quality and performance; resilience and support measures as well as specific items relating to winter and the Special Allocation Scheme. The Group will also consider local preparation for the delegated commissioning of pharmacy, optometry and dental services from 1st April 2023. The Group will report to the December meeting of the Alliance Committee.

The 8th **One Team** programme is now underway engaging 90 participants including clinicians, programme managers, voluntary sector partners, teachers, police, analysts, housing officers and district and borough representatives. The programme is focused on reducing the mental health drivers of demand using a Population Health Management approach and new data dashboards to identify areas for investigation within the community mental health model. A system wide Joint Enquiry will bring system leaders and participants together to look at current and anticipated challenges. The Suffolk Mental Health Board and Executive Delivery Group will then have the opportunity to consider how multi-agency, multi-disciplinary projects with multi-professional leadership can inform or be deployed for resident benefit

The Quality Group and workstreams now being aligned to each domain and enabler continue to meet to schedule and report to the EDG and Committee, as appropriate.

The **Suffolk-wide transformation and performance of Mental Health and Emotional Well-being Services as well as Children's Services** are reported separately to the Board

NEE ALLIANCE COMMITEE

High Level Domain Objectives

	**Start Well:** Improving emotional wellbeing and mental health of children and young people.
	**Feel Well:** Reducing suicide rates, with an ambition of zero suicide
	**Be Well:** Increasing the proportion of physically active people across North East Essex
	**Age Well:** Improving the support of people living with frailty and their carers.
	**Stay Well:** Supporting people to live independent lives through integrated intermediate care.
	**Die well:** Support an increased number of people to die in their preferred place of death.

Elizabeth Amodio – Head of Alliance Development
Laura Taylor-Green - Alliance Director
14th Oct 2022

Key activities completed this month (October) (Part 1)

Better Care Fund 2022

The Committee was presented with the Better Care Fund Plan for 2022/23, with the recommendation that this is reviewed collectively with the Essex County Council strategic ambition for seasonal variation. It was agreed the Better Care Fund will be included in the finance summary reporting in future reports.

Southend, Essex & Thurrock Dementia Strategy 2022 – 2026

The Committee received a presentation of the Southend, Essex & Thurrock Dementia Strategy 2022 – 2026 which sets out the ambitions for improving lives, experiences, care and support for people living with dementia, their families and carers. The Committee endorsed the strategy and requested for it to be bought back to understand how as an Alliance we are supporting the delivery of the strategy and outcomes.

Die Well – Domain Spotlight Report

It was highlighted the aim of the Die Well domain is to achieve better outcomes for more people in the last year of life and reduce inequality. The Committee noted the positive progress being made within the End of Life programme with agreement to explore future funding and mitigate the emerging concern regarding the impact the cost of living crisis may have on people being able to die in their preferred place of care.

Primary Care Rebate Scheme

The Committee were advised on the list of rebate schemes we have signed up to as a system which will be visible on the website. The Committee endorsed the recommendations and requested the overarching policy to come back to a future committee meeting.

Enabler Programme Update

The committee noted the updates received and supported the following requests;
(1) Communications – to sense check messages for each of the campaigns to ensure alliance needs are met.
(2) Engagement – to develop and increase the membership and reach of the People and Communities Group in NEE
(3) Digital – to identify digital leads/champions in NEE (ideally in relation to each priority area).
(4) Estates – to understand clinical strategies within the Alliance to enable support of priorities.

Finance Highlight Report

The Committee were presented with the delegated budgets report for month 5 which highlighted an underspend year to date which has mainly been driven by timing differences on expenditure plans and non-recurrent prior year benefits. At this stage it is forecasted the expenditure will remain within budget, although the rate of spend will increase and is subject to further risk in the second half of the year particularly in relation to prescribing pricing and additional unfunded measures which may need to be implemented to support system operational pressures. The ICB Financial Recovery and Sustainability Group continue to review overall expenditure and delivery of efficiency schemes to ensure delivery of the financial plan.

Quality Highlight Report

The group noted the report but made some recommendations to future layout to support clearer focus on presenting risks to primary, community and secondary care.

AOB: There was system agreement to create a place plan for Harwich to further integrate services and build upon work already in place to improve patient experience and better outcomes.

Groups reporting into Alliance Committee – October Updates

Alliance Executive Group

- The Group reviewed the Die Well spotlight report ahead of its intended presentation to the Alliance Committee in October.
- The group had a update on the Colchester City Centre Masterplan - Health and Wellbeing Workshop took place on the 21st September 2022. There will be further work around the health impact assessments to inform future iterations as this work progress through the planning stages.
- The group had an update from our ECC colleagues on how we can support the promotion of aspirations and support for residents within our population with learning disability and autism. The group particularly focused on the need for anchor organisations to support the employment opportunities for those who have needs to support access to meaningful employment.
- The group received a brief overview of the SNEE Mental Health Workforce Strategy/ Delivery Plan to support integrated working within the Alliance.

Alliance Operational Group

The Committee were informed of the following updates:

- ECL in July North Reablement achieved 97% of block hours as further progress has been made to build back capacity
- A ward led reablement pilot has recently gone live to support discharge
- Work is taking place with PPG to see how they can support out of hours
- Seasonal plan is a focus and the need to ensure best value
- Activity undertaken to support High Intensity Users (HIU) including the sharing of case studies to look at the support patients require
- 100 day challenge – Community and voluntary sector teams supporting family liaison conversations on Darcy ward to support early discharge planning and conversations taking place with wider partners.

Alliance Quality Committee

The Committee received updates on the following;

- Ongoing support to primary care commissioners and providers including quality visits and support with quality improvements. In partnership with Deputy Directors of Nursing across the ICB, work has begun on a primary care quality assurance framework with the aim of improving surveillance and support to the alliance primary care ‘space’ on a proactive basis rather than reactionary. The proposed framework will be required to adapt to dentistry and optometry. First Task and Finish took take place during October.
- Further developmental work with the formation of the Health and Care Professional Leadership Forum for NEE. Letters have been sent to senior leaders in EPUT, ESNEFT, HPFT and ECC asking for nominated professionals to join the early development work.
- Local Mental Health ward quality visit (report to follow to ICB Quality Committee)
- Developmental work for ICB Quality Committee
- Development of a Quality Management System (see next page)
- Quality Impact Assessment development

NEE ALLIANCE COMMITEE

High Level Domain Objectives

	**Start Well:** Improving emotional wellbeing and mental health of children and young people.
	**Feel Well:** Reducing suicide rates, with an ambition of zero suicide
	**Be Well:** Increasing the proportion of physically active people across North East Essex
	**Age Well:** Improving the support of people living with frailty and their carers.
	**Stay Well:** Supporting people to live independent lives through integrated intermediate care.
	**Die well:** Support an increased number of people to die in their preferred place of death.

Elizabeth Amodio – Head of Alliance Development
Laura Taylor-Green - Alliance Director
01st Nov 2022

Key activities completed this month (November) Part 1

Die Well Asset Report

The Committee were presented with the Die Well Community Assets Mapping report – the Committee agreed the following four recommendations (1) Communication (2) Forward planning and improving death literacy (3) Caring for carers – paid and informal (4) developing networks of care, with recognition to link in with the cost of living plans and dying in poverty.

Personalised Care in North East Essex Update on 21/22 and 22/23

The Committee were presented with an overview of projects delivered across 21/22 and were referred to some case studies, highlighting the positive impact made. The Committee also received an update on the six priority areas identified for 22/23, with a Personalised Care Oversight Group being established to deliver the NEE personalised care programme.

Priority areas for delivery 22/23 include:

- To develop workforce skills
- Personal Health Budgets (PHBs) - delivering the S117 Aftercare PHB
- Social Prescribing Building on delivery of Personalised Care by Primary Care Networks
- System transformation Continuing to embed Personalised Care into contracts, digital and workforce plans and our system transformation programmes
- Offering Personalised Care training to our whole system workforce
- A focus on data capture and evaluation across the whole Personalised Care Programme to monitor outcomes

The Committee agreed the 22/23 priorities, to continue to monitor at Alliance level and utilise the NEE allocation of ICB funds through the Live Well domain structure. It also agreed the proposed priority area of Informal Carers for people with Dementia within scope of Feel Well for utilising NEE allocation of 22/23 additional MOU funding.

Finance Highlight Report

The Committee were presented with the Finance Report - Delegated Budgets at Month 06 (September 2022). An underspend was reported in System Resilience and Community, off set by the overspend in Primary Care of £590k which is mainly driven by:

- higher than predicted prescribing costs and arising price pressures relating to Category M drugs
- an overspend in Delegated GP Commissioning due to higher than anticipated 21/22 Winer Access Funds claims (£250k pressure) and an overspend on the Additional Roles Reimbursement Scheme (ARRS) which will be partially reclaimed from NHSE (£400k full pressure).

There was a discussion around slippage and allocation of spend in order to meet year end requirements. It was confirmed work is taking place within Mental Health to look at the utilisation of funds much earlier in the financial year.

Groups reporting into Alliance Committee

Alliance Executive Group

- The Group reviewed the Start Well spotlight report ahead of its intended presentation to the Alliance Committee in November. It was noted the delay in replacing the partnership role is having an impact on the pace of work within the Start Well domain and the identified gaps within the Start Well report are working to be resolved across Alliance partners in the Children's Partnership Board.
- The group received an update on the Neighbourhood Evaluation update where it was highlighted that the main area of focus will be Colchester central, but evaluation partners will be working with the group to create a framework which will support the role out and monitoring of the further neighbourhoods.
- A health and wellbeing staff update was provided with particular focus on menopause training.
- The cost of living challenges remain as a standing item with an update from local authority partners on their current areas of work
- The Group reviewed the Be Well spotlight report ahead of its intended presentation to the Alliance Committee.
- The Group reviewed the Alliance domain highlight report from all 6 domains as well as noting progress within the neighbourhood and Widening Equality for Local Lives workstream.
- The group received an update related to the Coproduction and Integrated Care Research PHD work within the integrated care Academy and how the Alliance can support this.

Alliance Operational Group

- It was highlighted that all areas of the system remains under pressure with attends being higher than this time last year, with increasing length of stay impacting upon discharge, longer stays in ED, increasing mental health presentations and long ambulance delays to offload.
- Priority areas of focus continue on (1) frailty team and IRAS support at the front door to ED, (2) Flo for Flow and virtual ward to achieve impact on bed availability, (3) ECC aiming to employ 2 trusted assessors to support discharge to care homes, (4) alternative drop-in spaces for people with mental health concerns.
- The Ambulance service noted that a major incident was called for the first time in response to demand rather than a specific incident. Additional paramedic at the hospital has confirmed that crews are largely conveying the right people but need to ensure any alternatives are being maximised by crews. EEAST also continue to explore alternative workforce options such as non-clinical drivers, rapid release approach and resource to support turnaround of crews.
- St Helena provided an overview of their services, with the opportunity highlighted to 'pull' more from hospital in to the Hospice in the home service. Agreement to explore work with carers to support them to keep people at home.

Alliance Quality Group

- An overview of the quality and patient safety log was provided for Oct 22.
- An update on mitigating actions was provided in response to the lack of parity of offer across the NEE footprint in relation to eating disorders (ED) – a business case for increased resource and introduction of FREED model now approved and proceed to implementation. An Essex wide audit of ED underway to establish system response required, case reviews to be completed by Jan 23.
- An update on the asylum seeker accommodation in Clacton CO15 and refugee accommodation in Marks Tey was provided.
- An overview of Primary Care in North East Essex was provided – access remains the most reported concern to the ICB, with patient experience of the practice the second highest recording. Quality improvement visits from the ICB quality team will be scheduled for those practices presenting with risks.
- North East Essex Learning Disabilities (LD) and Transforming Care update was provided, highlights including (1) LD cancer screen scheme programme (2) Review of those LD residents prescribed with an antipsychotic medication and (3) audit of LD health action plans.
- Mental Health quality visit updates.

Overview

We have learnt this and need to share it…

The benefits of having external evaluation support in the neighbourhoods programme at an early stage to inform the continued implementation and the creation of a framework to support the wider roll out.

We need help with…..

No new requests of the ICB.

We have the following risk and issues

No current risks to escalate

Any resource issues to flag…

- The impacts of the cost of living impacts is elected to have operational difficulties for some services, discussions across partners continue in order to understand the learnings and inform mitigation plans.
- Sustained operational pressures place competing demands on some of the domain leads.

Key Activities for December

- Harwich Place Plan system workshop.
- Launch of the Start Well domain funding round.
- Continuation of neighbourhood evaluation focus groups.

WEST SUFFOLK ALLIANCE
about people & places

Alliance Committee October 2022

Aims:

- Empower people to live healthy and connected lives
- Create environments that enable people to thrive
- Develop services that are joined up, accessible, responsive and wrapped around people and families in the communities in which they live

Part A – delegated ICB responsibilities

Virtual Ward Business Case
The Committee received and approved the business case for Virtual Ward transferring the funding from the ICB to WSFT. The Committee were assured the mitigation of risks associated with the go live date would support the soft launch as planned in mid November for full delivery by December.

Alliance Finance Report
The Committee were presented with the Finance Report - Delegated Budgets at Month 06 (September 2022). The forecast for year-end is an underspend of £268k which is mainly driven by underspends in Mental Health offset by a small overspend in Community. YTD variance driven by timing differences on expenditure plans and non recurrent prior year benefits.
Although Primary Care is showing an underspend of £94k it is driven by

- Higher than predicted prescribing cost and arising price pressures relating to Category M drugs causing £576k cost pressure by year-end.
- Currently offset by a £41k surplus year end creditor, as final actual costs for 21/22 were lower than estimated, and an underspend of £200k on the Additional Roles Reimbursement Scheme (ARRS) in delegated GP budgets.

Personalisation – Community Wellbeing
The Committee approved utilisation of uncommitted funds from the Community Wellbeing Fund top up the existing funding for a dedicated post in the west for one year.

Part B – improving health through partnership

Live Well Domains
The Committee received and approved a paper outlining the approach to implementing the Domains across the Alliance

Mental Health Collaborative – update on Dementia
The Committee received a report on the implementation of the Dementia Strategy, the assessment and diagnostic pathway and associated performance challenges. The Committee sought that the collaborative aligns with the Live Well Domains to deliver the ambitions of the strategy. Noted the long waiting times for dementia diagnosis and business case to level up with I&E Suffolk.

Primary Care Medicines Rebate Scheme
The Committee were advised on the list of rebate schemes we have signed up to as a system which will be visible on the website. The Committee endorsed the recommendations and requested the overarching policy to come back to a future committee meeting.

Healthy Behaviours
The Committee agreed in principle to submit a consortium bid in response to the Healthy Behaviours procurement led by Public Health at Suffolk County Council. The Committee agreed that action was required to identify what resource was required to develop this bid.

Peter Wightman- Alliance Director October 2022

WEST SUFFOLK ALLIANCE
about people & places

Alliance Committee November 2022

Aims:

- Empower people to live healthy and connected lives
- Create environments that enable people to thrive
- Develop services that are joined up, accessible, responsive and wrapped around people and families in the communities in which they live

Part A – delegated ICB responsibilities

Director update
The committee received and noted update from the Alliance Director on Primary care and medicines optimisation. Future reports to include more details of PCN Additional Roles and medicines optimisation budget and performance action plans
The committee explored how to better understand and respond to pressures in primary care as a system. A "perfect week" concept is being developed to take this further.

Seasonal plan
The committee reviewed and approved the seasonal winter plan and associated funding streams and noted the risks to delivery and their mitigations.

Part B – improving health through partnership

Live Well Domains
The Committee approved the proposed leadership model of each Domain and acknowledged the alignment with the development of the ICP strategy and joint forward plan. Draft Domain plans will be shared at Committee meetings in December, January and February and final plans sign off at the March Meeting.

Premises
The Committee approved in principle the case for Hardwicke House development to address primary care capacity issues in Sudbury.

Diabetes performance in primary care
The Committee received a report on compliance with the 8 care processes showing WS data below national average, but improving. A recovery plan was presented. Reporting errors have been identified, including links with WSFT laboratory and these are being remedied urgently. Committee to review in December or January the progress with this.
The group also noted the prevention agenda to increase referrals to the National Diabetes Prevention Programme.

Third space pilot – working at the primary and secondary care boundary
Monoclonal Gammopathy of Uncertain Significance (MGUS) is a blood condition affecting 3% of people aged over 50 years with about 1% developing myeloma. The project is testing a new pathway to work virtually across primary and secondary care to monitor patients and thereby improve safety and prevent avoidable attendances. The project needs to increase scale to achieve value for money. A 2nd pilot year is needed to allow this to develop and be demonstrated. The Committee requested the project team seek external funding for year 2, noted that the ICB will underwrite the cost in year 2 (c£164k) and that larger scale be tested across ICS or for wider patient group in WS.

WEST SUFFOLK ALLIANCE
about people & places

Highlights of Groups reporting into Alliance Committee (October)

Cross cutting themes

Quality Group

The Committee received a report from the Quality Group that outlined the following updates:

- Quality assurance/patient safety visit to WSFT and Newmarket Hospital with a focus on falls and frailty was undertaken in October
- Infection Prevention and Control surveillance continues and new governance framework for the ICB awaiting sign off
- Two primary care CQC inspection reports received with Good ratings

Start Well Domain (Sponsor: Garry Joyce) (from J Mills)

- Development of a Start Well workshop to identify key partners in shaping the local priorities, taking the learning from Northeast Essex.
- With the increasing pressures on Special Educational Needs placement, a specific piece of work identifying the organisational responsibilities for therapeutic intervention. This will be undertaken in collaboration with West Suffolk Foundation Trust, Suffolk County Council and other key stakeholders
- Deep dive into the increasing pressure for Neurodevelopmental assessments and how this can be addressed as a system. This will include the role of both the respective diagnostic services and voluntary providers, who deliver the commissioned early intervention offers.

Be Well Domain (Sponsor: Ian Gallin/Kathy Nixon)

VCSE network and engagement –Community Discovery report completed and shared with Alliance Delivery Groups. Next steps are to develop a communication and engagement plan to consider how to use the findings inform our longer-term approach to how we work with communities

- Volunteer MDT that was stood up to bring the voluntary sector together at place is now renamed as a VCSE network meetings , this continues to have good engagement from contacts across the VCSE. Additional funding to develop this further as part of the system approach to supporting flow and discharge.

Integrated health and activity

Three new managers have started in post in Haverhill, Sudbury and M&B appointed to rollout physical activity model in 3 localities in West Suffolk. Leadership group agreed to consider approach to work with wider system to agree priorities for increasing activity across population.

Social Prescribing core design team

Recruitment complete for additional Life-Link Co-ordinators within Integrated Neighbourhood Teams

- Service spec written and signed off for green social prescribing with Green Light Trust as part of redesign test and learn and supporting flow and discharge. Plan to take to PCN and high intensity user MDT next month
- inequalities data has been framed into a database for LifeLink social prescribers to take a needs-based approach to developing a case load

Stay Well Domain (Sponsor: Nicola Cottington)

Operational Resilience Group - The Committee was informed of the following updates:

- The ambulance service continues to be challenged with demand and response times remain a concern. Our work supporting the waiting stack is therefore an important element of our system plan
- Focus this month was on Discharge with feedback of the system wide review and the recommendations to improve discharge capacity and reduce length of stay
- The Group noted and welcomed the impact of the County Council plan to improve the resilience of the home care market particularly in our rural areas
- The Group were pleased to learn that the new social prescriber post at West Suffolk Hospital was now in place supporting the discharge pathways
- The West Suffolk Urgent Community Response Service (UCRS) is meeting well beyond the national target of >70% response with 2 hours (91.37%)
- The system will shortly be providing support to the ambulance service by taking patients from their waiting stack and expected to commence early November.
- The Virtual Ward is expected to soft launch on 14 November with focus on respiratory and frailty, intravenous antibiotics and Acute Kidney Injury
- Support has been agreed from the Local Government Association to work with west Suffolk partners to undertake a system review of our admission prevention services
- The Frailty Assessment Hub is progressing as planned aiming to go live 5 days a week in early November within the Same Day Emergency Unit – the Hub will not be able to operate 7 days a week this winter due to Consultant Geriatrician capacity. The Hub will provide proactive support to urgent care pathways and form part of our Directory of Services offer to NHS 111
- Work is about to commence on strengthening the integration of the UCRS at Integrated Neighbourhood Team level and developing locality based urgent care teams.

Population Health Management

- Task and finish groups progressing through the implementation of the waiting well T&O project. Go live is predicted to be early 2023. The trust has created a draft website for First Outpatient appointment average waits per speciality. Plan is to build upon to include estimated waits for surgery.
- Cerner have started the mapping exercise of primary care data for inclusion into the PHM dataset. Starting with Glemsford, Breckland and Forest Heath practices. This exercise is lively to take approx. 3 months.
- Atrial Fibrillation – DSA complete and dataset shared with University of Essex for evaluation. EAHSN bidding for funds to extend the work – decision due in early November.
- Frailty risk stratification – Follow-up care complete and letters in progress (n=30) to be sent. Data collation and evaluation underway. Respiratory risk stratification – Agreed to focus on Breckland PCN service gaps initially.

Future System community group

The first round of the patient questionnaires to establish Denosumab patient satisfaction prior to service transfer are underway. This will produce the baseline for evaluating any patient satisfaction changes going forward.

- The additional on line workshop to discuss the locality needs within Mildenhall, Lakenheath and Brandon took place on 6th October with a good attendance count. Work currently underway to collate all feedback ahead of next step plans.
- Demand and capacity modelling for the community services (including adult social care) remains on track and the decision was taken at the last meeting to continue as the output is so valuable, It will be reviewed every two weeks and an end date agreed when either we have a date to start the next phase of the OBC for the FSP or we are reaching the end in terms of its benefits.

Diabetes Recovery Group

The Group is specifically focussing on recovery of delivery of the 8 primary care processes. Latest data (based on the 19 practices extracting to eclipse) is showing a stepped improvement bringing West Suffolk above the national average but clearly there is more that needs to be done to bring us back to near pre Covid performance including understanding the lessons learnt from the delivery model implemented in North East Essex. The recovery plan in place aims to provide a detailed summary next month of the root cause of the performance issues and opportunities for improvement

Age Well Domain, Sponsor: Clement Mawoyo

Frailty Steering Group –The Frailty Steering Group has adopted the following west Suffolk system priorities:

1. Frailty framework – To adopt a pan Suffolk framework developed initially by east Suffolk and amended by west Suffolk partners
2. Education and training - adopt the national training, and associated Frailty Competencies split into two in year actions: Education and training implementation for healthcare - including the request to add to mandatory training and to include in WSFT induction. Broader roll out of education and training (to include communications plan) for Care homes, community health and social care teams, primary care, Integrated Neighbourhood Teams, Voluntary & Community Sector, Public Health, East of England Ambulance Service Trust
3. Frailty Virtual Ward and the frailty pathway

Die Well Domain, Sponsor: Sue Wilkinson

End of Life Programme Group –, A 5 Year action plan now agreed and informed by Health Watch Report 2022, WSFT 2022 National Audit of Care at End of Life report, Long Term Plan, National Ambitions for Palliative and EOL Care and aligned to the ICS EOL Strategy. It has been coproduced through a series of workshops locally and outlines 6 fundamental ambitions. The detail of this plan will be presented to the Committee in December as part of the Die Well Domain.

- The specific Year 1 2022/23 priorities are outlined below

Outcome	Deliverable	RAG
Early identification and Personalised, compassionate care	Implementation of ReSPECT – a process creating personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment. A dedicated resource in place supporting this across the ICS	
A single digital care record	Test and Learn of RoSi – a single record that can be accessed by all authorised people including the patient, informal carers via any device. West Suffolk are leading the way nationally to test this APP with potential, subject to evaluation, to roll out across the ICS from next year.	
Delivery of enhanced 24/7 support that is coordinated	Training and Education Specialist helpline Implementation of Hospice Enhanced Team	

Digital Domain - Current Sponsor Clement Mawoyo

Digital Change –The digital change group agreed the following key priorities : clinical leadership, shared evaluation, governance and communication.

- The first draft of an evaluation model for digital change, using a logic model approach, has been developed with engagement from leads across the ICS/West.
- A range of engagement was delivered across the workforce, across the acute and in the community.

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**11**
Reference No.	**ICB 22-29**
Date.	**22 November 2022**

Title	**Digital Care Technology Services**
Lead Director	Sue Cook, Partner Member, Suffolk County Council Peter Fairley, Essex County Council
Author(s)	Sue Cook, Partner Member, Suffolk County Council Peter Fairley, Essex County Council
Purpose	To present information on digital care technology services from Suffolk and Essex County Councils.

Recommendation:

Information and discussion only at this point.


Cassius

What is Cassius?

- **Cassius is Suffolk County Council's care technology partnership**
- It is the only completely digital care tech service in the UK, which supports a data driven approach and service
- It is flexible around technology and integrations and has been designed as a system enabler
- It includes capacity and skills around culture change and digital transformation

Suffolk County Council

alcove

rethink partners

Cassius

Cassius in action

Kevin has early-stage dementia and his family were worrying about him wandering.

He was provided with a Cassius Sensor package so that his family could keep track of when he was leaving his house and to understand whether this was during the night hours, putting him at risk.

They set-up alerts through the portal to let them know when he was opening and closing the front door. The data showed the was leaving the house regularly but also returning without support. He was not leaving his house at night - and this gave them huge peace of mind.

To further support his independence, he has now also received a Cassius Smartwatch, ensuring he can continue to go out in the community and so that they can be reassured he is always safe and well.

Cassius.

Impact to date

- Cassius has been operational since July 2021, after a rapid service build
- We are seeing significant levels of referrals (2,200+ people referred to date) with over 4,000 devices deployed in the field
- £6.8 million in cost avoidance savings and 900k in cashable savings – through better risk management and data-led proactive/prevention approach
- Return of Investment is around 3.5/4 to 1 for SCC alone
- 97% happiness rating and award winning
- Opportunity to increase scope and coverage is significant (ACS 10k/150k)

Cassius.

Impact across care and health system

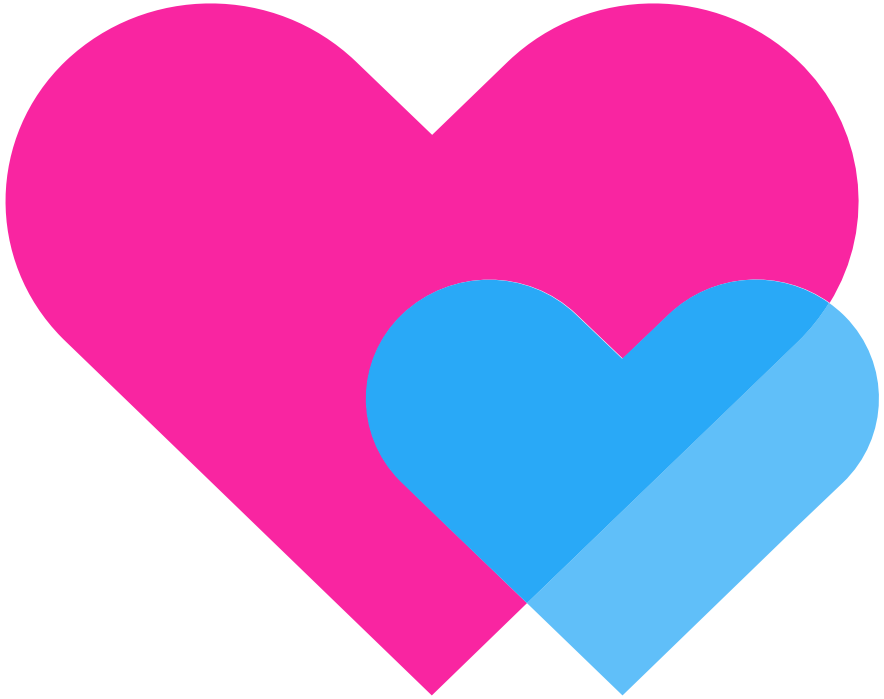
- We have already begun to work in an integrated way with colleagues in earnest
- This includes:
  - Cassius+
  - Tech enabled discharge
  - Continuing Health Care
  - Environmental Controls

- We know we are adding value through our prevention approach
- We know we are building capacity - community response for falls and wanderers saved 118 ambulance visits between Dec 21 and June 22 alone

Cassius.

Cassius+ Vision

To provide an inclusive, single digital care solution that works across health and social care needs to support prevention, independence and more targeted home-based care



The Cassius+ Opportunity

- Pioneering - national first
- Pilot to develop a blueprint – 100 people (Haverhill, Brandon & Mildenhall)
- Innovative, preventative, holistic daily living data
- Revolutionising delivery of integrated services in the community
- Partnership approach
- Free of charge to the patient
- Needs to be clinically led and owned
- Significant opportunity; around 16,000 in those INTs alone under diagnostic pathways (HF, COPD, HT), plus 1,000s in frailty (#1 WSH admission metric)

Cassius.

What it will look like

- Rosemary is living in the community with care and health needs and is using Cassius+
- Rosemary is called weekly by a virtual carer to take her health readings
- These can be viewed by clinicians to review how Rosemary is doing. Additionally if there are things which are a worry, they will automatically be flagged with the INT team
- For example, had Rosemary been to the bathroom more or less frequently? Had she not been accessing the kitchen/fridge/med cupboard? Had she been moving around her property less or doing things outside of her normal routine?
- The objective data we can see about Rosemary means we can better understand subjectively how to support her to remain living independently and healthily at home, and support early intervention from health teams to avoid hospital admission

Cassius.

Digital Change activity in West Alliance

- Current Health - Enabling discharge and short term monitoring to assist diagnosis (Live)
- WHZAN - Blue boxes in care homes only (Live in pandemic)
- ROSI - Record of Shared Insight, APP. (Live)
- Virtual Wards – patients with a “need to reside” (Live Nov 2022)

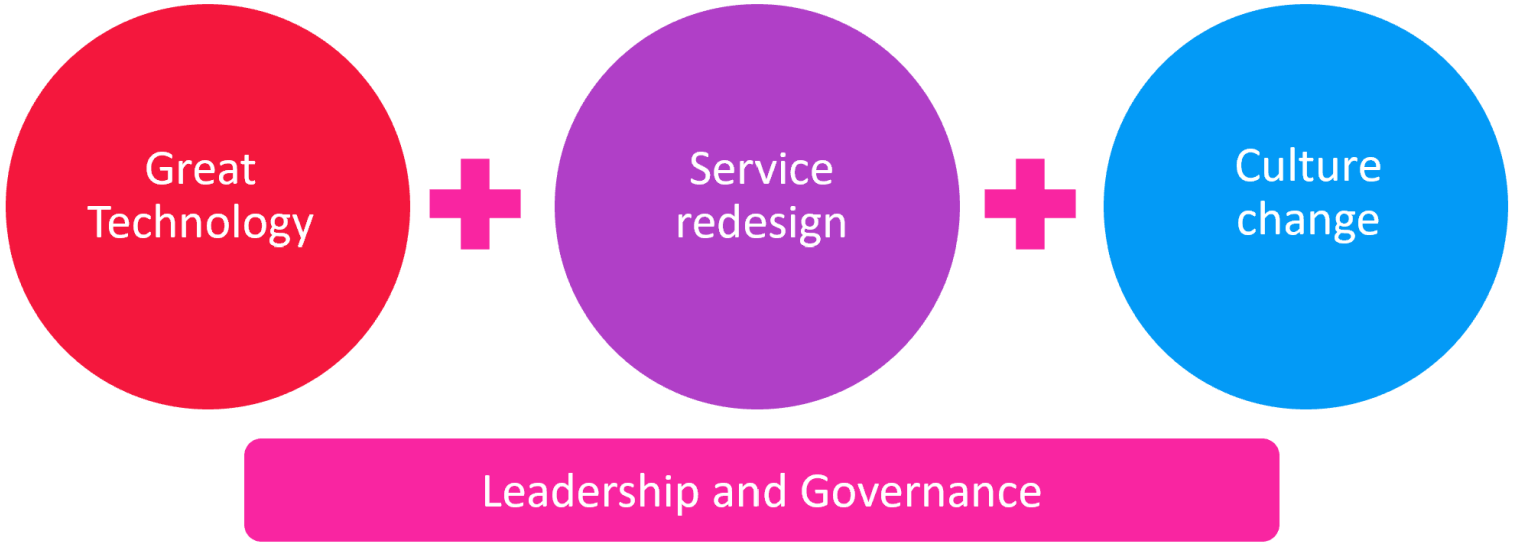
Cassius.

Governance

- Created specific governance to support

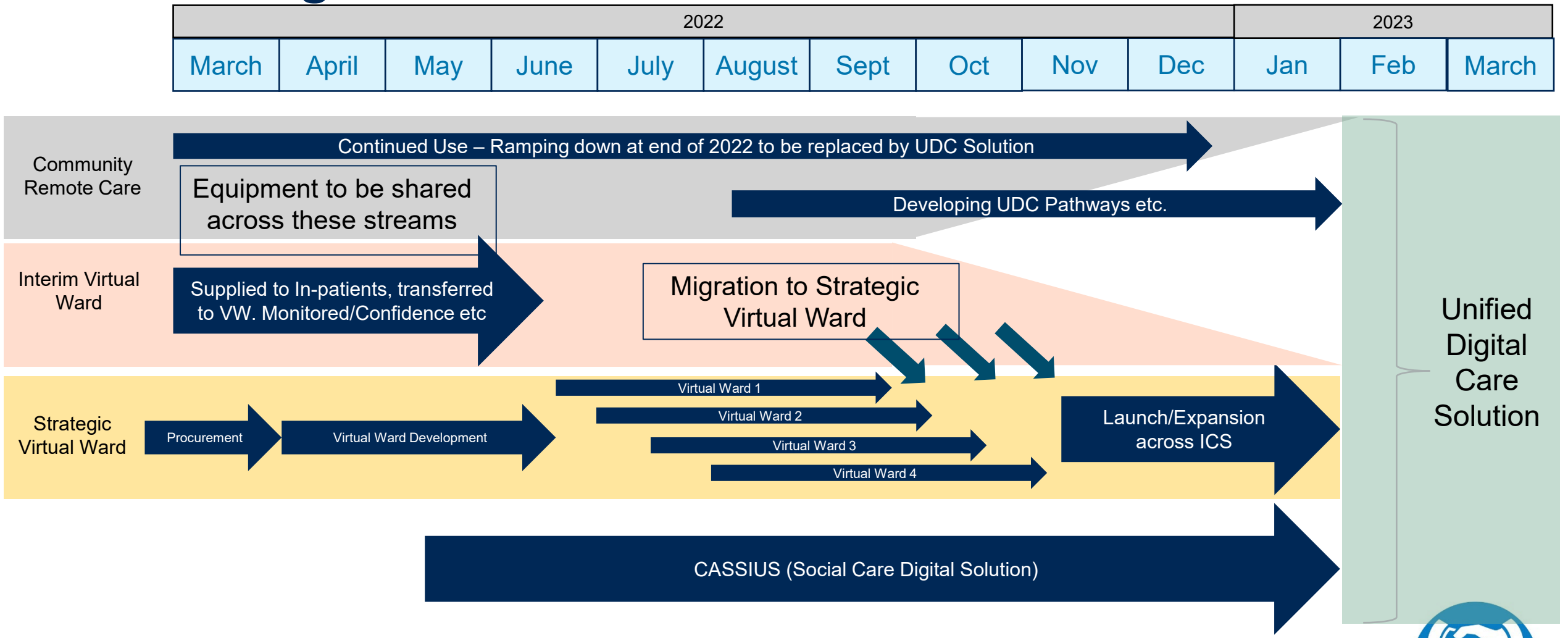
- **Digital Change Group** which incorporates all digital activity in West Alliance – not just tech but also the culture and leadership

- **Clinical and Practice Reference Group** to get clinical and practice input to make sure that we are coproduced



Cassius.

Unified Digital Care -Timeline



CAN DO HEALTH & CARE

EAST ACCORD
Connecting Care Systems, Services and People

How do we get benefits to people in SNEE?

- Expanding existing work
- Funding new health pathways and eligibility routes
- Supporting more preventative work and community led approaches
- Resilience and capacity around winter pressures
- Supporting new requirements for ICBs (e.g. building capacity outside of ambulances, supporting non-elective discharges etc)
- Data strategy – sharing across systems, holistic view, aligning PHM data and integration into EPRs

Cassius.

What next?

- Outline business case to follow to expand and extend reach and opportunities
- Ask of engagement around specific opportunities i.e. winter pressures, frailty
- Evaluation of Cassius+ to be shared to support future planning

Cassius.


Cassius

Essex County Council's Care Technology offer

Natasha Corness, TEC Innovation Lead

Essex County Council

What is our Contract?

Our Vision: Putting communities at the heart of Adult Social Care: Enabling people to live their lives to the fullest

Launched 1st July 2021
3+2+2 year contract
Countywide across Essex
Available to all adults over 18

Millbrook HEALTHCARE

End to end technology service

- Procurement, installation, maintenance, decommissioning and recycling
- Innovation
- Culture change

Provide community

Monitoring and response

- Monitoring and response
- Falls pick-up service
- Proactive calls

What are the different types of Technology and uses

Outcomes:
- Enhances independence
- Builds confidence
- GPS tracking
- 2-way communication

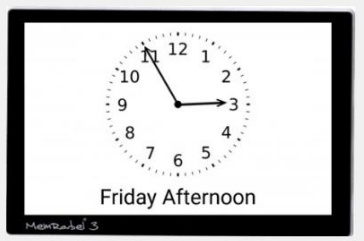
Great for active users who start to experience memory loss/disorientation or anxiety

Outcomes:
- Supports independence
- Prompts (medication, drinking, appointments, toileting, eating)
- Tutorials
- Video-calling
- Reduces Social Isolation (music, audiobooks)
- Creates routines

Great for users who experience loneliness, anxiety, loss of memory, visual impairment or physical disabilities

Outcomes:
- Supports community engagement
- Help anytime, anywhere
- GPS tracking
- Falls detection
- 2-way communication

Great for active users who start to experience memory loss/disorientation and are at risk of falls



Outcomes:
- Supports independence through;
  - Setting personalised alarm reminders
  - Plays videos/image prompts
  - Creates routines
  - Medication prompts

Great for those with loss of memory or Learning Disability/Autism

What is the ambition?

- Supports Prevention and Early Intervention by; delayed statutory demand, reduced emergency call outs and hospital admissions and enables Hospital Discharge
- Operates in partnership with the entire ecosystem
- 100% Outcome focused
- Keeps people well in the community for longer
- Provides digital first solutions

Case Study

DF, 90 year old, lives alone and has a diagnosis of dementia, arthritis and has had previous cardiovascular attacks.

DF has no formal care but a supportive daughter. DF has lost confidence in accessing community due to falls and her daughter was worried her mum would fall whilst out as she couldn't use a mobile.

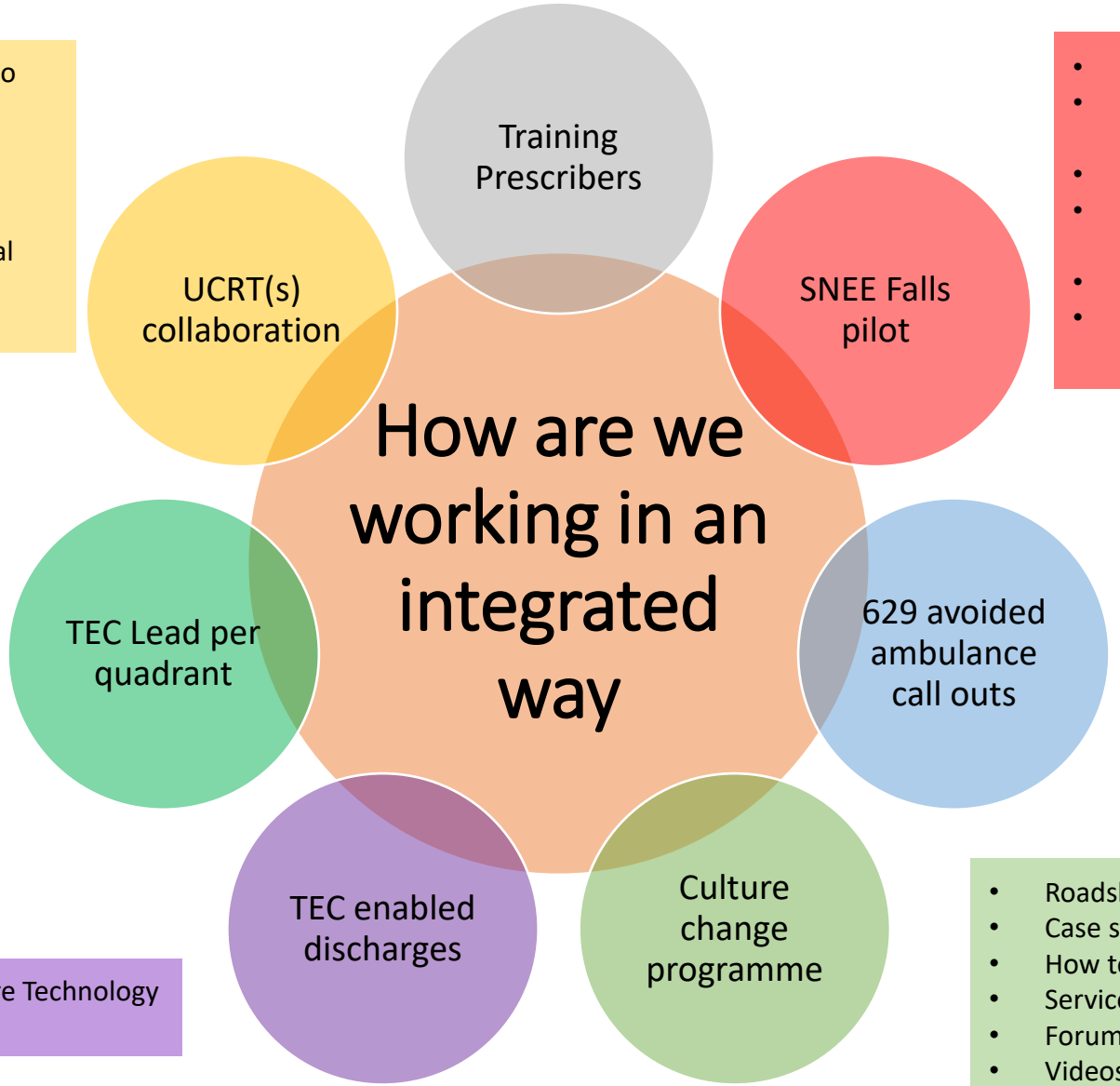
DF was given an AnywhereCare footprint linked to provide's monitoring and response centre. The device detects falls and allows her daughter, via a portal to track her mums activity and contact her via the device.

DF is now able to maintain her independence, give her daughter peace of mind and her daughter only gets alerted through Provide when there is a real need.

What have we done so far?

1,414 Response visits	Approx. **£880,600** avoidable costs to NHS partners	**142** onward referrals to partner organisations	**629** falls pick ups by Responders
100% of technology installed is Digital	Trained **1,089** people to prescribe Care Technology	**25%** of prescribers are External	**4,194** new installs since go-live
Potential for extra **£298k** to be saved from Dom Care	**£5.4m** avoidable savings realised (April 22 – Aug 22)	Average savings of **£2,006** per Service User	Exceeding 80% target for installs

How are we working across Health and Social Care



- Monitoring and Response Team linked into UCRT(S) to support pathways
- Trained to prescribe Care Technology
- Ensuring ambulances are only sent when needed
- Reducing ambulance call outs and hospital admissions
- Partnership working

- 6 month Pilot
- Focused on sensor based falls prevention and detection technology
- Using system falls data to identify cohorts
- Testing across 4 different settings (Community, Sheltered Housing, Extra Care, Care Homes)
- Collaborative pilot
- Reducing ambulance call outs and hospital admissions

- Supporting and guiding frontline staff in promoting solutions
- Delivering training
- Seek opportunities to test and learn
- Network across Quadrant
- Support Culture Change programme

- Falls pick-up service

- Staff trained to prescribe Care Technology
- Awareness sessions

- Roadshows
- Case studies
- How to guides
- Service User Board
- Forum of Digital Champions
- Videos
- Engagement and communication

What are the new opportunities?

- Build on the Tech enabled discharges at scale by a supported dedicated hospital post.
- Explore the use of Short-term assessment equipment in health pathways
- Explore how Care Technology can support virtual wards
- Adding Health data to strengthen the Predictive Analytics work to help forecast Demand and target interventions.
- Joint collaboration with the North East Essex Care Technology Hub
- Expanding falls prevention technology in year 2 and new technology in year 3 of the Digital Tech Fund.

How we are embedding Social Value in Essex

Adopted the National TOMs (Themes, Outcomes and Measures) framework for delivering excellence in measuring and reporting social value.

<u>100% quality framework of which 20% is Social Value</u>

- ✓ No. of local people hired
- ✓ No. of NEETs employed
- ✓ No. of apprenticeships

Jobs

This Theme supports organisations to promote local skills and employment.

- ✓ Expert advice to VCS and SME's
- ✓ Local Supply chain

Growth

This Theme supports the growth of responsible regional business.

- ✓ Donations in-kind or local community projects
- ✓ Staff volunteering

Social

Through this Theme, we aim to create healthier, safer and more resilient communities.

- ✓ Car Miles Saved
- ✓ Low/zero emissions

Environment

This Theme is focused on decarbonising and safeguarding our planet.

Innovation

This Theme aims to promote social innovation.

£5.5 Million achieved in just 1 year in Social Value benefits

NHS
Suffolk and
North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**12**
Reference No.	**ICB 22-30a**
Date.	**22 November 2022**

Title	**Suffolk Learning from Lives and Deaths (LeDeR) Annual Report 2021/22**
Lead Director	Lisa Nobes, Executive Chief Nurse
Author(s)	Wendy Scott, Head of Quality (Mental Health and Learning Disability and Autism) Alison Sadler, Learning Disability & Autism Transformation Programme Manager and LeDeR Local Area Contact
Purpose	To share the Suffolk LeDeR Annual Report 2021/22

Recommendation:

The participants take note and action from the thematic learning identified in the report and support implementing the priorities agreed for 2022/23.

1. Background

1.1 Transforming care partnerships (TCP) are required to publish an annual Learning from Lives and deaths – LeDeR report. LeDeR is a process of reviewing deaths of people with a learning disability and autistic people to see where we can find areas of learning, opportunities to improve, and examples of excellent practice. This information is then used to improve services for those people.

1.2 The Suffolk TCP annual report looks at the deaths of **32** people with a learning disability who died between 1st April 2021 – 31st March 2022.

2. Report highlights

- The median age of death for people with learning disabilities improved in 2021/22 to 67.5 years old (based on 32 people). The median age at death in 2020/21 was 58 years old (based on 42 people).
- The percentage of people with a learning disability dying in hospital reduced in 2021/22. The data shows that 62% of those notified died in a hospital setting in 2020/21 compared to 53% in 2021/22 which shows a decrease in hospital deaths.
- The main cause of death was for respiratory conditions.
- 20 out of the 32 people had an annual health check
- In 65% of the cases reviewed in 2021/22, the person had a DNACPR in place. This equates to 20 people. 11 people had no DNACPR in place.

3. Successes

3.1 The Peer Educator programme delivered by ACE Anglia has continued to increase the awareness and uptake of annual health checks and the learning disability registers, highlight the importance of good self-care, leading to better health experiences and outcomes, improving the health and wellbeing of adults with learning disabilities. A total of 9 peer educators (people with a learning disability) are employed by ACE Anglia to support this and the annual health check quality improvement work.

3.2 Through the learning disability and autism specialist health service transformation, we have increased the health facilitation roles with a particular focus on individuals who are high risk due to highly complex health needs and have allocated care co-ordination and additional support for those who do not attend annual healthchecks.

3.3 Through the transformation we have seen the Intensive Support Team expand to support individuals with Autism Spectrum Disorder.

4. Involvement of the Suffolk learning disability community, experts by experience and families/carers

4.1 Meaningful involvement of people with lived experience is central to the ICS learning disabilities and autism programme of work. The My Health Focus Group will be facilitated with the support of ACE Anglia who will ensure that the appropriate support is available prior, during and after the meeting. This group will be expected to review the action learning identified from the panels and to agree the learning if they believe it to be comprehensive. Attached is a copy of the Joint LD Strategy Refresh.

5. Recommendation

5.1 The participants take note and action from the thematic learning identified in the report and support implementing the priorities agreed for 2022/23

Learning from Lives and Deaths (LeDeR) - Plan on a page 2022/23

Expected Outcome/Benefit (what we are hoping to achieve	Measure (How will we know we are improving)	Actions (what are we going to do to support improvement in 2022-23)	Common area of responsibility
Provide primary and / or community based services to keep people healthy in the community	**Improve uptake and quality of LD healthchecks** • Uptake rates (to achieve minimum of 75%*) • Decrease in the number of reviews highlighting access to annual reviews as an issue. • Service user experience	LD friendly GP practice pilot Deep dive project into LD registers and development of a Dynamic Support Register for Physical Health Social prescribing project Monitor uptake of AHCs and work with primary care Peer Educator Network programme	ICB NSFT ACE Anglia Primary care ACS
	Improve uptake and accuracy of GP LD Registers • Accuracy including size and profile (ethnicity and age) • Annual audit of social care list against LD register to ensure no discrepancies	Peer Educator Network programme Deep dive project Primary LD Liaison Team and adult social care	ICB NSFT ACS ACE Anglia
High quality services are provided to adults with learning disability and / or autistic adults	**DNACPR** • Audit of DNACPR forms to identify gaps and collect evidence	Work with partner organisations to raise awareness to follow national guidance	ICB, NSFT, primary care, ESNEFT, WSH, Hospices, VSOs
Provide good quality care services & health services to work in integrated way to optimise outcomes	**Screening and Immunisations** • Increase in number of people invited for cancer screening • Increase in number of people receiving cancer screening • Increase in number of people invited for immunisations • Increase in number of people receiving immunisations	Develop mechanism to capture reliable data on performance (Eclipse) Peer Educator Network programme NHSE/I Screening project	Public Health ICB ACE Anglia NHSE/I
	Training • Compliance of NHS health services in LD and ASD mandatory training i.e. Oliver McGowan	Oliver McGowan mandatory training to be implemented across the ICS (subject to national timescales)	All system partners
	Reasonable Adjustments NHS core standards – sight of self assessments from Trusts Working towards our key NHS providers learning from patient experience Service user experience	LD Friendly GP practice pilot Explore the promotion of reasonable adjustments using the TEACH acronym (Time, Environment, Attitude, Communication, Help) Peer Educator Network programme	ICB Primary Care All system partners ACE Anglia
	Consistency and continuity of care • Number of people who are inpatients (walker close) who have the same staff team in community to inpatient • Decrease in continuity of care being identified as an issue in completed reviews	LD&A specialist health services transformation	ICB NSFT
GOLDEN THREAD : GOVERNANCE – My health focus group, Suffolk LD Partnership Board, LD&A integrated Board, ICB Integrated Board			

Suffolk Mortality Review (LeDeR) Annual Report 2021- 2022

Learning from lives and deaths – People with a learning disability and autistic people

Date: August 2022

CONTENTS

1. Foreword

We welcome readers to the Suffolk Transforming Care Partnership LeDeR report for 2021-2022. Since the last report, the system partners have been working on several strategic initiatives to improve the outcomes for people with a Learning Disability and Autism.

These include:

- New LeDeR Policy implementation Plan (Appendix 1)
- Learning from Lives and Deaths Strategy 2022 – 2025 (Appendix 2)
- Suffolk Learning Disability Partnership launch of the Suffolk joint Learning Disability strategy refresh (Appendix 3)
- Learning Disability Needs assessment 2021 – jointly owned by Suffolk County Council and Public Health communities (Appendix 4)
- Learning Disability & Autism Strategic Framework Themes and Priorities (Appendix 5)
- Transformation of learning disability and autism specialist health services as part of #averydifferentconversation (Specialist community services, Intensive Support Team, Inpatients, Forensic services (Appendix 6a and 6b)

Together as partners, we are committed to delivering the ambition set out in the Learning Disability and Autism NHS Long Term Plan to reduce health inequalities.

Local Statement of Purpose

The Suffolk partners remain committed to extracting the learning from LeDeR reviews, implementing actions and demonstrating change. This report testifies the difference the programme has made to local people and their families (including some good practice examples) and will provide assurance of the ongoing commitment to service improvement. This also provides an opportunity to mobilise engagement across the local system from those whose efforts and actions are needed in the coming year, to drive forward the service improvements required to improve care & save lives.

This is reflected in the Suffolk Transforming Care Partnership and Learning Disability Partnership vision.

Lisa Nobes SRO and Director of Nursing and Clinical Quality Suffolk Transforming Care Partnership	
Sarah Nasmyth-Miller Assistant Director of Mental Health, Learning Disabilities & Autism & Access Adult and Community Services Suffolk County Council	
Wendy Scott Head of Quality (Mental Health, Learning Disability and Autism) Suffolk Transforming Care Partnership	
Andrea Clark Chief Executive ACE Anglia	
Alison Sadler LeDeR Programme Local Area Contact (LAC) Suffolk Transforming Care Partnership	
Louise Forrest LeDeR Programme Co-ordinator Suffolk Transforming Care Partnership	

2. Executive Summary

During the past year, there have been several key pieces of work taking place with system partners to build towards better outcomes for people with learning disabilities and autism.

A critical outcome that we seek to improve across the multi-agency improvement work is the age of death of people with a learning disability. We know that inequalities in access to prevention, investigations, care and treatment is highlighted by the significant differences in age of death between people with a learning disability and people without a learning disability.

In Suffolk, the median age of death for people with learning disabilities improved in 2021/22 to 67.5 years old (based on 32 people). The median age at death in 2020/21 was 58 years old (based on 42 people).

Year	Median age at death	Increase/decrease
2017 – 18	59.5	
2018 – 19	65	
2019 – 20	48.5	
2020 – 21	58	
2021 - 22	67.5	

Supporting people to die in the place of their choice is another key outcome we seek to improve.

In Suffolk, the percentage of people with a learning disability dying in hospital reduced in 2021/22. The data shows that 62% of those notified died in a hospital setting in 2020/21 compared to 53% in 2021/22 which shows a decrease in hospital deaths.

Year	Hospital	Increase/decrease	Usual Place of Residence	Increase/decrease
2017/18	10		2	
2018/19	22		8	
2019/20	17		8	
2020/21	26		13	
2021/22	17		15	

Our successes this year:

- The Peer Educator programme delivered by ACE Anglia has continued to increase the awareness and uptake of annual health checks and the learning disability registers, highlight the importance of good self-care, leading to better health experiences and outcomes, improving the health and wellbeing of adults with learning disabilities.

- Through the learning disability and autism specialist health service transformation, we have increased the health facilitation roles with a particular focus on individuals who are high risk due to highly complex health needs and have allocated care co-ordination and additional support for those who do not attend annual healthchecks.

- Through the transformation we have seen the Intensive Support Team expand to support individuals with Autism Spectrum Disorder.

The priorities for the upcoming year (2022-23) will continue to build upon the programme and specifically focus on 7 areas identified through the LeDeR programme and My Health Focus Group. A detailed plan on a page can be found on page 21.

This report details how the learning from the LeDeR work, influences the Integrated Care Board Learning Disability strategic framework and how as a system, we are responding to the voice of our users by experience.

3. Introduction

The aim of the Learning from Lives and Deaths (LeDeR) Programme is to reduce the health inequalities faced by people who have a learning disability, drive quality and improve health outcomes for this group. The programme has been implemented in Suffolk since 2017 and this is the fifth annual report.

The LeDeR programme to date has reported on deaths of people with learning disabilities aged 4 and above. The new LeDeR policy has brought the inclusion of those with a diagnosis of autism (aged 18 and over) into the programme from January 2022.

The purpose of this annual report is to provide an update on the achievements of the Suffolk LeDeR Programme for 2021-2022 since the last report in 2020-2021. The focus of this report will be on the LeDeR learning from demographic data and action from learning/service improvement.

This report will outline Suffolk's arrangements for LeDeR and how partners are working together to promote improved outcomes and experiences for people with a learning disability and autistic people. It will provide an update on our progress since last year's report and then describe what we have learned from the reviews undertaken during this reporting year. Finally, the report will outline how we are translating new local and national learning into action to drive further service improvements for people across Suffolk.

The report is also available in 'easy read' format produced on behalf of the Suffolk ICB by Ace Anglia and both will be available on the Suffolk and North East Essex Integrated Care Board website and the Suffolk Ordinary Lives website.

The LeDeR programme in Suffolk works alongside other quality improvement measures currently in place to reform services and improve health outcomes for people with a learning disability. It is supplementary to other reviews and enquiry processes, such as hospital structured judgement reviews, serious incidents, safeguarding reviews and monitoring.

The system-wide learning is triangulated and actions taken in partnership to reduce the health inequalities faced by people who have a learning disability, improving health outcomes for this group. The 5 themes and priorities within the learning disability and autism Strategic framework for My Health. (See Appendix 5).

4. Involvement of the Suffolk learning disability community, experts by experience and families/carers.

Meaningful involvement of people with lived experience is central to the ICS learning disabilities and autism programme of work. The My Health Focus Group will be facilitated with the support of ACE Anglia who will ensure that the appropriate support is available prior, during and after the meeting. This group will be expected to review the action learning identified from the panels and to agree the learning if they believe it to be comprehensive.

5. Our People, Performance, Themes and Trends

The Local Learning Disability Population

In 2021, Suffolk County Council Public Health published its learning disability needs assessment. The following details of the local Learning Disability population is drawn from this work. It is of note that the needs assessment did not include individuals with a diagnosis of autism without having a learning disability. Working with system partners, Suffolk County Council and Public Health will be developing an Autism needs assessment in 2022/23. It is also to be noted that any references to Suffolk wide data in the needs assessment includes the Waveney area.

- In 2020 the Institute of Public Care projected that there were 14,212 people with a learning disability aged 18 and over in the county which is predicted to rise to 14,934 by 2030.
- The data held by the General Practitioners (GPs) across Ipswich and East Suffolk and West Suffolk, records a total of 3,345 individuals with a learning disability aged 14 or over, on their registers in 2021, (2,091 for Ipswich and East Suffolk CCG and 1,254 for West Suffolk CCG).
- The gap between estimated and recorded numbers is likely to be due to many individuals having no diagnosis and GP recorded data being incomplete. The gap in the projected and actual numbers suggests that there is an unidentified and unmet demand.
- The projected increase in the number of individuals with a learning disability is related to two factors:
    - improvements in neonatal care and
    - general improvements in health and social care provision which improve life expectancy.
- Improved life expectancy will lead to increasing numbers of older individuals with learning disabilities over coming decades with the largest increase expected in those aged 80 and over.

Summary of deaths from April 2017 to end of March 2022

In 2021/22 Suffolk received 32 notifications which included 2 child death notifications. 18 notifications were received in East Suffolk, and 14 notifications in West Suffolk.

From the 31 completed reviews, 8 were COVID-19 related (6 East Suffolk, 2 West Suffolk).

Year	April	May	June	July	August	Sept	Oct	Nov	Dec	January	February	March	Total
17/18	0	0	0	0	1	0	0	0	3	3	3	2	12
18/19	0	6	0	3	4	1	2	3	2	5	1	7	34
19/20	2	0	3	2	0	4	4	1	2	1	3	1	24
20/21	4	7	3	2	3	1	5	2	1	7	4	3	42
21/22	4	2	1	1	1	6	1	1	4	2	5	4	32

Reviews completed

The new LeDeR policy sets out a plan for a 'lighter touch' initial review and it was expected that approximately 1/3 of reviews notified would move into the second focused review stage. Those focused reviews are guided by the reviewer and agreed by the Local Area Contact. The criteria for a focused review is:

- if it is believed there will be significant learning,
- when the family have requested a focused review,
- when the person has a diagnosis of Autism only,
- when the person is from a BAME background.

The new LeDeR platform launched on 3 June 2021. The total number of reviews completed is 31 with 3 focus reviews pending.

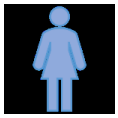
NHS England have set a trajectory of 100% LeDeR reviews to be completed within a 6-month timeframe. As of March 2022, Ipswich and East Suffolk is compliant with the trajectory target, 100% of reviews have been completed within the 6-month timeframe. For West Suffolk, 98% of reviews have been completed within the 6-month timeframe. Two focused reviews are waiting to go to the West Suffolk Alliance Quality Group and both of these are over the 6 months from receipt of notification.

Reviewers

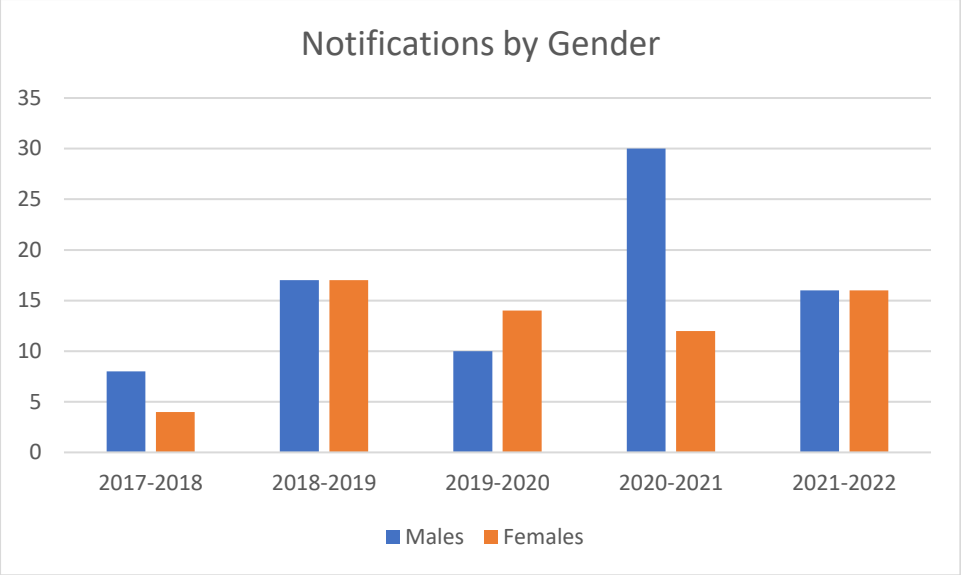
The LeDeR programme commenced in Ipswich and East Suffolk and West Suffolk CCGs in April 2017. Historically, reviewers had been drawn from across health and social care provider and commissioning organisations. Due to capacity issues and the pressures of the pandemic, the decision was made to employ two Learning Disability Nurses to specifically complete the reviews.

Due to the low number of reviews needing to be completed and the variability in reporting the 2 nurses are employed on a bank basis. Over time, these posts have proved to function well with the support of a LeDeR Administrator and oversight of the LeDeR Local Area Co-ordinator (LAC). A third Learning Disability nurse has now been employed (June 2022) to create a model of sustainability.

Notifications by Gender (2017 – 2022)



81 = Total (56%) ***63 = Total (44%)***



Overall, Suffolk have received more notifications for men than women.

Ethnicity by notification

The 2019 National LeDeR Report found that people from minority ethnic groups died at disproportionately younger ages than white British people. Nationally, of those who died in childhood (ages 4-17 years), 43% were from minority ethnic groups.

Suffolk has a significantly lower number of deaths in people from minority ethnic backgrounds at less than 3%. In 2021/22, 1 LeDeR notification was for a person with a minority ethnic background and 1 person with a white, gypsy or Irish traveller background.

It is unclear whether this is due to an underreporting or undiagnosed and not on the GP register. Work is underway within primary care to identify those with a learning disability from minority ethnic backgrounds which may impact on the number of notifications received.

Age at death by notification

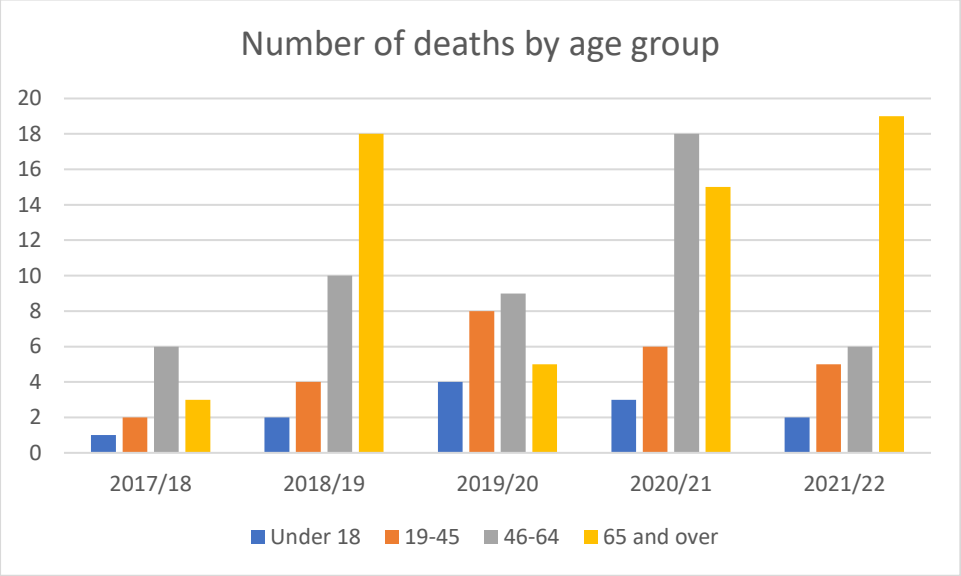
In 2018, the majority (85%) of the general public in the UK population died aged 65 and over. Nationally from 2019 data, the corresponding proportion of people with learning disabilities was 37%, with the median age at death, 61 years for males and 59 years for females.

Median age at death (include CDOP) by notification in Suffolk:

- 2017/18 59.5 years old based on 12 people (60.5 years males, 41 years females)
- 2018/19 65 years old based on 34 people (66 years males, 57 years females)
- 2019/20 48.5 years old based on 26 people (47 years males, 48.5 years females)
- 2020/21 58 years old based on 42 people (58 years males; 63.5 years females)
- 2021/22 67.5 years old based on 32 people (69 years males; 62 years females)

Number of deaths by age group by notification

	Number of Deaths by Age Group			
Year	**Under 18**	**19-45**	**46-64**	**65 and over**
2017/18	1	2	6	3
2018/19	2	4	10	18
2019/20	4	8	9	5
2020/21	3	6	18	15
2021/22	2	5	6	19
Total	**12**	**25**	**49**	**60**

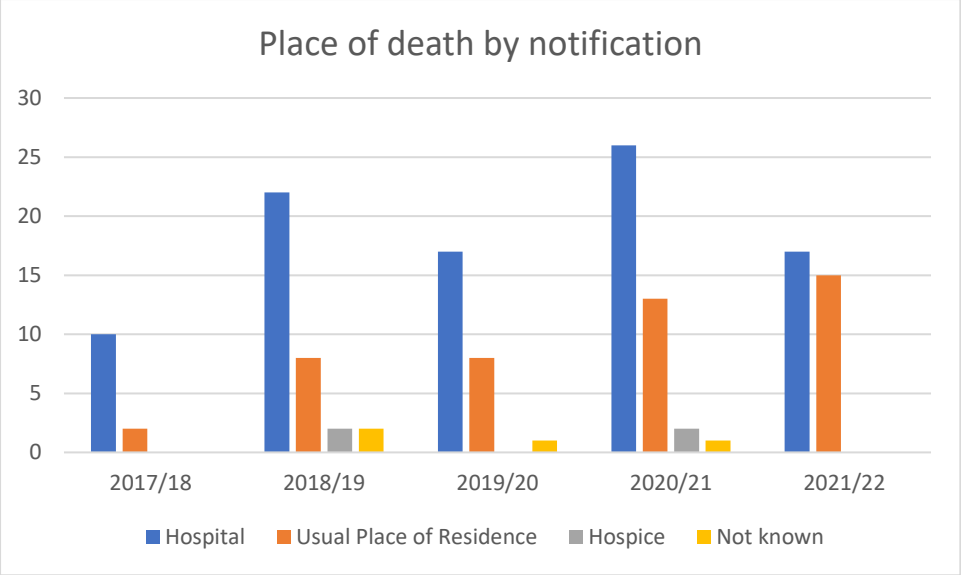


Place of death by notification

Nationally the proportion of people with learning disabilities dying in hospital was 60% in 2019. This is reflected in Suffolk over the past 3 years, where most people died in a hospital setting rather than being supported to die in their own home.

In Suffolk, we have seen a decrease in hospital deaths in 2021/22: 53% compared to 62% in 2020/21. A theme is emerging that better end of life planning for people with a learning disability is being addressed.

	Hospital	Usual Place of Residence	Hospice	Not known
2017/18	10	2	0	0
2018/19	22	8	2	2
2019/20	17	8	0	1
2020/21	26	13	2	1
2021/22	17	15	0	0
Total	**92**	**46**	**4**	**4**



Deaths reported to a coroner from review

Deaths must be reported to the Coroner in certain circumstances. Examples include deaths:

- that are sudden or unexplained
- that are unnatural
- that occurred at work
- where the deceased was in state detention

During 2021/22, 4 LeDeR deaths in Suffolk were referred to the Coroner where post mortems were completed. In addition, 1 LeDeR death went to inquest. The Suffolk LeDeR team have a good working relationship with the Suffolk Coroner's office who are fully supportive of and engaged with the LeDeR programme.

Primary causes of death from review

The table below outlines the primary cause of death for those reviews completed in 2021/22:

Primary Cause of Death	Number		
Respiratory Conditions	11	Aspiration Pneumonia	3
		Acute Aspiration	1
		Pneumonia	2
		Bronchopneumonia	1
		T2 respiratory failure	1
		Lower Respiratory Tract Infection	1
		Respiratory failure	1
		COPD	1
Covid-19	6	Covid-19	6
Sepsis	2	Sepsis	1
		Urosepsis	1
Cardiac	4	Congestive heart failure	1
		Myocardial ischaemia	2
		Coronary artery thrombosis	1
Cancer	3	Carcinomatosis	1
		Metastatic cancer	1
		Osteosarcoma	1

Stroke	2	Bilateral cerebral stroke	1
		Left parietal infarct stroke	1
Other	3	Multiple organ failure	1
		Frailty	1
		Pulmonary embolism	1

Quality of care by review

Prior to the introduction of the new LeDeR policy (March 2021) and the new LeDeR platform in June 2021, the quality of care received was graded for each completed review, based on the information provided. Grading of care now forms part of focused reviews and to date 3 focused reviews have been undertaken. Consideration is being given to recording quality of care for all reviews, both initial and focused.

Level of learning disability by review

This is not a specific question in the LeDeR reviews and is not consistently recorded in the narrative**.** However, from the 31 completed reviews, 15 (48.4%) included the level of learning disability. Where the level of learning disability has been recorded (i.e. from the 15 reviews), 8 (53.3%) had a mild learning disability, 3 (20%) had a moderate learning disability and 4 (26.7%) had severe or profound learning disability.

DNACPR numbers

In 65% of the cases reviewed in 2021/22, the person had a DNACPR in place. This equates to 20 people. 11 people had no DNACPR in place.

Analysis concludes that the DNACPRs in place were appropriate. There was evidence that mental capacity had been considered, and there were no issues raised that family members had not been consulted. In some cases, the DNACPR was put in place during the final episode of care.

Annual Health Checks

The LeDeR system doesn't specifically ask for annual health check information to be recorded in initial reviews, although in the majority of reviews, it is included in the narrative.

The information that we have shows the following:

Completed Healthcheck	20	No healthcheck	4
Not recorded	5		

(Note – only those 14+ are eligible to receive an annual health check)

6. Action into learning from 2021-2022

Learning into action to date has focused on the following areas:

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
Nationally, there has been a focus on DNACPR for people with a learning disability. Consideration was raised in the national recommendations that improvements are required in advanced decision making and end of life care planning. Increased pressure on staff time and resource during the Covid-19 pandemic meant that conversations about people's care were often taking place at a much faster pace in busier settings.

NHSE/I wrote to CCGs, NHS Trusts and primary care reiterating the need to ensure vigilance in the decision-making process and highlighting available resources. The Suffolk CCGs and Suffolk County Council shared the Suffolk DNACPR good practice guidance and Learning Disability England DNACPR Support Pack across the care provider system. Assurances were sought within primary care for review of DNACPRs in place for people with a learning disability.

The CQC undertook a review of DNACPR during the pandemic and published a final report with a number of recommendations which will be taken forward over 2022/23.

Across both east and west Suffolk, action plans are being developed, utilising the principle of the NHSE national framework for local actions based on 6 ambitions:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

This framework will include ensuring needs specific to people with a learning disability and/or autism are recognised/supported. Our action plans are also driven by the findings/recommendations from the Healthwatch survey undertaken across the ICS.

In addition to this, a Transformation lead role is in place to scope the implementation of ReSPECT across the ICS, this is a process that creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are not able to make or express choices. More information available at www.resus.org.uk.

A digital platform is being developed for care plan record sharing – Record Once Share Insight (ROSI) is an innovative initiative which will ultimately enable sharing of records with ease across services and critically providing the patient and their carers with immediate access to their care plan via an APP. Stage one of the initiative is due to be piloted during the Autumn in Bury Town. It is anticipated that between 260 – 400 individuals nearing end of life will benefit from having a shared record on the ROSI system during the 3-month pilot period. It is also anticipated that up to 12 Care Homes in Bury Town will participate in the initiative. ROSI information will include a persons wishes / choices around resuscitation. People with lived experience were involved in the co-production of the development of the APP.

Gold Standard Annual Health Check

A working group has been established to co-produce an annual health check quality improvement scheme. The establishment of a learning disability lead within each GP practice, review of digital flagging processes and established a data sharing agreement between health and social care to support digital flagging, review and data cleanse of GP LD registers with primary care, secondary care and social care registers co-ordinated by primary liaison team with additional focus on 14+ cohort, the development of a gold standard annual healthcheck pathway in easy read and annual healthcheck invitation developed in easy read as part of a package of resources.

Health Action Planning

A review of the numbers of Health Action Plans (HAP) has been completed with a review of the template and a gap analysis completed. Work will be underway in 2022-23 to review and agree changes to the HAP to ensure it is fit for purpose. This is linked into the Social Prescribing and Personal Health Budgets project.

LD Liaison Nurses Team

Through the LD and Autism specialist health service transformation, we have increased the health facilitation roles with a particular focus on supporting individuals who are high risk due to highly complex health needs, with co-ordination and additional support for those who do not attend annual healthchecks. The team will support those 14+ who will need health facilitation/liaison/co-ordination on the physical health dynamic support register or require health desensitisation.

A project has been initiated which will link specialist services and Primary Care, to employ an individual to take a deep dive into the learning disability registers at a practice-by-practice level. A granular list will be developed which will include when someone last had an annual healthcheck, identify those who do not attend for annual healthcheck (or GP/ Health appointment), ethnicity data, uptake of screening and flu vaccination. Individuals will be followed up, to understand their story at an individual level, providing the necessary support to improve access and enable delivery of the annual healthcheck and provide targeted interventions to reduce risks.

This level of detail will give a very clear picture of the local population to identify those who are living with minimal support, uptake by 14-17 year olds and those from BAME groups. We will be able to identify those who require an enhanced level of care enabling local health services to better understand local need and develop pathways. This will help develop the Dynamic Support Register for physical health.

This work will also facilitate a greater understanding for Primary Care Leads, of issues which may be faced by practices; impacting quality, performance and identify action to be taken.

Learning Disabilities Friendly GP Practices

A project has been initiated in 2021-22 to focus on quality improvement and reasonable adjustments in primary care with the potential to include self-audit and a team of expert by experience 'quality checkers' and GP LD Friendly practices. A quality audit and self-assessment tool has been developed for implementation within primary care. Pilot practices will undertake a self-audit with a team of quality checkers (people with lived experience) who are being recruited and trained through ACE Anglia. The development and implementation of annual healthcheck and reasonable adjustment training for primary care teams including practice staff and the exploration of a quality award to demonstrate achievement against the 'gold standard'.

Peer Educator Network

The Peer Educator Network which began in 2018 continues to improve the awareness of annual health checks within the learning disability community, with a raft of information made available to support people to understand what to expect from their annual health check. As a result the Ipswich and East Suffolk CCG has extended its commissioning of the ACE Anglia Peer Educator Network until March 2023, to continue to increase this awareness and improve quality outcomes. People with a learning disability are employed to work with their peers on promoting and understanding what an annual health check is.

The Health and Wellbeing weekly online sessions have continued to be online in 21-22 offering a great and unique chance for peers to discuss health and wellbeing and talk directly and comfortably with health and wellbeing professionals on a vast range of health-related topics.

The recent progress report can be found below.

Report -ACe Anglia Peer Educator Annual

Reasonable Adjustment Manual

Norfolk and Suffolk Foundation NHS Trust (NSFT) have worked with British Institute of Learning Disabilities (BILD) to develop a Reasonable Adjustment Manual for use across services to support assessment of and implementation of reasonable adjustments. The manual is a practical guide and reference document. It is designed to help health services make the reasonable adjustments for people with learning disabilities and autistic people that they need to. The various sections will be of interest and use to different people and it is not intended that the whole document is read, absorbed and completed by all health professionals. It contains a general introduction and the values associated with making reasonable adjustments and general principles.

The Reasonable Adjustment Manual contains tables containing various reasonable adjustments with prompt questions asking 'Where are we now?' and 'What else do we need to do?'. These are intended to be used by professionals, either as individuals or by groups or

teams, to assess the current situation and identify any actions needed. The actions would be added to an Action Plan Template, which is a tool to collate the development activities around establishing reasonable adjustments that the service needs to complete.

The manual also contains the most important areas for reasonable adjustments. In more detail; these are communication, processes/systems and the environment. These enable assessment of the current situation and any actions needed. In each section there are two tables: the reasonable adjustments that an individual professional could make and the reasonable adjustment that the service could make with actions being added to the Action Plan. It is also of interest to people using health services and their supporters in terms of what they can reasonably expect. The manual also contains links to further information for specific health service areas, a review of academic research into reasonable adjustments and a summary of what the law says about reasonable adjustments. This manual is now being implemented within NSFT and explored for wider system roll out.

Screening and Immunisations

The NHS National Cancer Screening Programmes prevents avoidable deaths by cancer through early diagnosis. There is limited data available, however, that which exists shows screening uptake by people with learning disabilities is significantly lower than the rest of the population. A collaborative project has been established with the system partners within Suffolk and other relevant partners to identify and draw up solutions to address the challenges and barriers faced by people with learning disabilities and autism which prevents them from taking up the invitation and participating in the NHS Screening programmes. This project aims to implement strategies to ensure equity in provision, access and outcomes for all persons with a learning disability eligible for any of the screening programmes. This work will continue through 2022/23.

Social Prescribing and Personal Health Budgets

Work has been progressing with key partners around health action plans linking with social prescribing and personal health budgets including the co-development of training for the social prescribing teams. A training package and delivery approach has been commissioned and is in development by ACE Anglia. The Social Prescribing pathway has been developed. Awareness raising on social prescribing for people with a learning disability has been implemented. This project will continue in 2022/23.

Transformation

As part of the Suffolk Alliance Mental Health and Learning Disability and Autism Transformation Programme, priority 4 is developing four key Learning Disabilities and Autism models of care. These will address the national service model, the NHS Long Term Plan, and the Learning Disability improvement standards for NHS trusts; “A Rights Base Approach”, the Learning Disability Strategy and the #averydifferentconversation Mental Health Strategy. LeDeR learning and recommendations are central to informing the development of the model.

The four key areas are: Inpatient care; Intensive Support Team; Learning Disability and Autism Specialist Community and Forensic Support.

Mobilisation of these four key areas is now underway in 2022/23.

7. Governance arrangements

LeDeR is integral to the NHS 10 Year Plan, published in 2019, with the aim of improving the lives of people with learning disabilities nationally.

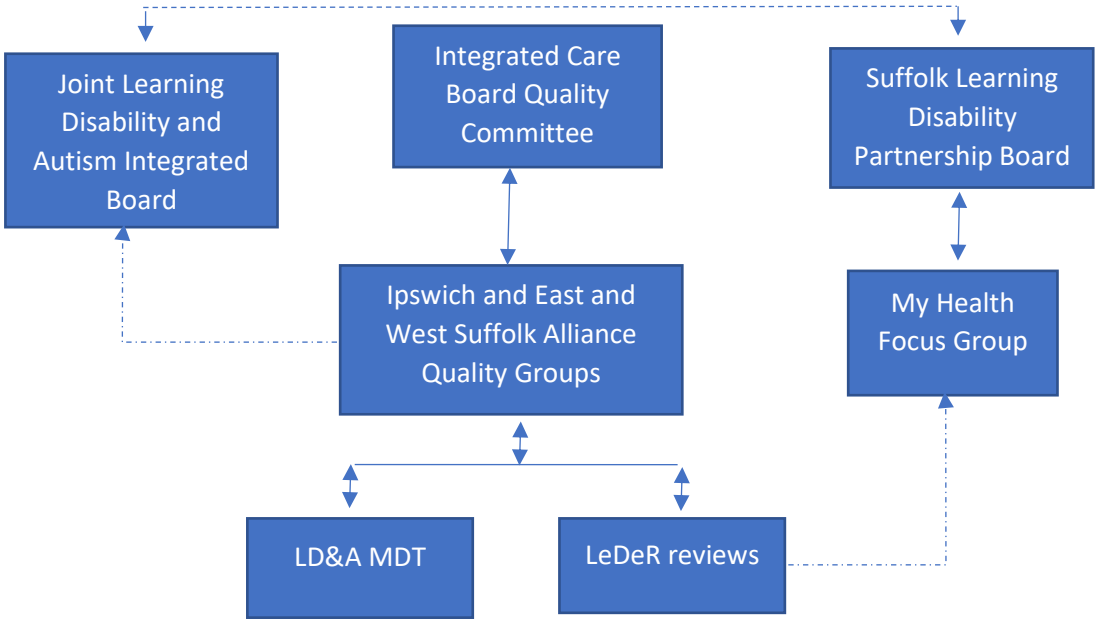
The Suffolk and North East Essex Chief Nurse is the Senior Responsible Officer for the LeDeR programme in Suffolk

The new LeDeR policy reflects the transition from Clinical Commissioning Groups to Integrated Care System (ICS) and creation of a new local governance panel. The emphasis of the monitoring will move from number of reviews completed, to a focus on actions taken to address issues identified and achievement of objectives. NHSEI will hold the Integrated Care System to account through existing quality assurance and surveillance processes with quarterly performance monitoring against the actions agreed for all reviews. The new policy has identified a complete change in the staffing model for the programme, with employment of a range of multi-disciplinary reviewers, independent from provider organisations. The Suffolk LeDeR Implementation Plan details the requirements and progress to date. (See Appendix 1.)

The ambition was that new quality assurance structures including the governance panel will be co-produced and will be fully operational by 1st April 2022. The delays in transitioning to an Integrated Care System have impacted on reaching this ambition. However, we are confident that our new structures for staffing and governance will be fully established by Autumn 2022.

For Suffolk, the Alliance Quality Groups will be the governance panels and will comprise of senior leadership across health and social care systems with the authority to affect change. The Groups will co-opt additional membership dependent on the specific nature of each focused review. Reviewing at Alliance level will allow for action to be taken quickly where localised service specific or quality issues are identified. Focused reviews of an individual with a minority ethnic background will involve an ICS designated lead. LeDeR will be a standard agenda item at the Alliance Group including: update on learning and thematic issues identified, progress against agreed actions, national and local updates, operational update and review of completed reviews.

The Alliance Quality Groups are accountable to the Integrated Care Board Quality Committee and the actions and learning will also be taken through the Joint Learning Disability and Autism Integrated Board. Presented themes and learning will be a standard agenda item on the Learning Disabilities Partnership Board and the My Health Focus Group as part of the “You said, we did” approach.



8. Priorities for 2022/23

There are a number of key quality improvement measures which will continue to be implemented in Suffolk:

- 100% reviews to be completed within 6 months of notification. Currently monitored by NHS England/Improvement on a monthly basis with quarterly reports submitted.
- Continued good quality of reviews to identify local learning.
- Progression of identified learning in a timely manner.
- To track improved performance and monitor outcomes.

The Integrated Care Board is working towards a joint learning disability and autism strategic framework. The framework follows the themes of the Learning Disability Partnership board four priorities – My Voice, My Life, My Home, My Health.

How The Suffolk Learning Disability Partnership will operate and develop

People told us"Let's turn it into projects. We need to make it clear what we're trying to achieve."

Once the strategic framework is complete, a detailed plan as to how each individual project and initiative will meet the outcomes will become a focus for key delivery of the partners. The overarching view strategic themes and priorities slide from Tricordant is attached at Appendix 5.

The Suffolk Learning from Lives and Deaths Strategy 2022-2025 sets out how the Integrated Care Board in Suffolk will improve services to deliver the aims of reducing health equalities and preventing premature mortality; specifically, the focus on improvement will be:

- Access to advocacy
- Annual health checks
- Care co-ordination
- Cancer screening
- Discharge planning
- Vaccination programmes
- End of life planning
- Mental capacity act

The priorities for the upcoming year (2022-23) will continue to build upon the programme and specifically focus on 7 areas identified through the LeDeR programme and My Health Focus Group:

- Annual health checks
- GP LD registers
- Review of Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR)
- Public Health screening programmes

- Training
- Reasonable Adjustments
- Consistency and continuity of care

The Plan on a page below sets out the actions we plan to take during 2022-2023. The measures will be captured in a dashboard at Alliance level which will report to the LDA Integrated Board each quarter and to NHS England/Improvement.

Learning from Lives and Deaths (LeDeR) - Plan on a page 2022/23

Expected Outcome/Benefit (what we are hoping to achieve	Measure (How will we know we are improving)	Actions (what are we going to do to support improvement in 2022-23)	Common area of responsibility
Provide primary and / or community based services to keep people healthy in the community High quality services are provided to adults with learning disability and / or autistic adults Provide good quality care services & health services to work in integrated way to optimise outcomes	**Improve uptake and quality of LD healthchecks** • Uptake rates (to achieve minimum of 75%*) • Decrease in the number of reviews highlighting access to annual reviews as an issue. • Service user experience	LD friendly GP practice pilot Deep dive project into LD registers and development of a Dynamic Support Register for Physical Health Social prescribing project Monitor uptake of AHCs and work with primary care Peer Educator Network programme	ICB NSFT ACE Anglia Primary care ACS
	Improve uptake and accuracy of GP LD Registers • Accuracy including size and profile (ethnicity and age) • Annual audit of social care list against LD register to ensure no discrepancies	Peer Educator Network programme Deep dive project Primary LD Liaison Team and adult social care	ICB NSFT ACS ACE Anglia
	DNACPR • Audit of DNACPR forms to identify gaps and collect evidence	Work with partner organisations to raise awareness to follow national guidance	ICB, NSFT, primary care, ESNEFT, WSH, Hospices, VSOs
	Screening and Immunisations • Increase in number of people invited for cancer screening • Increase in number of people receiving cancer screening • Increase in number of people invited for immunisations • Increase in number of people receiving immunisations	Develop mechanism to capture reliable data on performance (Eclipse) Peer Educator Network programme NHSE/I Screening project	Public Health ICB ACE Anglia NHSE/I
	Training • Compliance of NHS health services in LD and ASD mandatory training i.e. Oliver McGowan	Oliver McGowan mandatory training to be implemented across the ICS (subject to national timescales)	All system partners
	Reasonable Adjustments NHS core standards – sight of self assessments from Trusts Working towards our key NHS providers learning from patient experience Service user experience	LD Friendly GP practice pilot Explore the promotion of reasonable adjustments using the TEACH acronym (Time, Environment, Attitude, Communication, Help) Peer Educator Network programme	ICB Primary Care All system partners ACE Anglia
	Consistency and continuity of care • Number of people who are inpatients (walker close) who have the same staff team in community to inpatient • Decrease in continuity of care being identified as an issue in completed reviews	LD&A specialist health services transformation	ICB NSFT
GOLDEN THREAD : GOVERNANCE – My health focus group, Suffolk LD Partnership Board, LD&A integrated Board, ICB Integrated Board			

9. Equality Impact Assessment

In Suffolk, Learning Disability and Autism is part of the Equality Impact assessment for the ICB. We use the template to identify disadvantage, propose steps to strengthen against that disadvantage and record and monitor the success of those strengthening actions.

10. Conclusion

The Integrated Care Board is working towards a strategic framework to support implementing the transforming care and learning disability partnership vision.

Our ambition to work towards achieving equitable health and care for people with learning disability and individualised programmes of access and quality improvement drives forward in reaching our goals.

The My Health Focus Group “You said, We did” approach supports co-production, collaboration and is accountable for system partners in delivering learning from LeDeR reviews.

11. Local LeDeR contacts

If you would like any further information on the work that is happening in Suffolk please contact:

Alison Sadler
LeDeR Programme Local Area Contact (LAC)
Email: alison.sadler@ipswichandeastsuffolkccg.nhs.uk

Louise Forrest
LeDeR Programme Co-ordinator
Email: louise.forrest5@nhs.net

12. Appendices

Number	Title	Attachment
1	LeDeR Implementation Plan	220901 Implementation Plan I
2	Learning from Lives and Deaths Strategy 2022 – 2025	Suffolk LeDeR Strategy FINAL 7 Sept
3	Suffolk Learning Disability Partnership launch of the Suffolk joint LD strategy refresh	Strategy-refresh-document-January-2022.p
4	Learning Disability Needs assessment 2021 – jointly owned by SCC and Public Health communities	Learning-disability-needs-assessment-2021
5	Learning Disability and Autism Strategic Themes and Priorities (Tricordant work)	Strategic Themes Tricordant slide.pptx
6a	Learning Disability and Autism user friendly pathway	LDA User Friendly Pathway (no text) v0.2
6b	Learning Disability and Autism specialist health services pathways	LD Autism 'To Be' Pathways v0.13 Thrive

Suffolk Joint Learning Disability Strategy Refresh 2021

Suffolk County Council

NHS
Great Yarmouth and Waveney Clinical Commissioning Group

NHS
Ipswich and East Suffolk Clinical Commissioning Group

NHS
West Suffolk Clinical Commissioning Group

Table of Contents

Forward From Georgia Chimbani, Director of Adult and Community Services

The refresh of this strategy maintains our commitments to work together, with partners across Suffolk, to work in new and different ways to ensure that people with learning disabilities live good lives as part of their community with the right support.

The recent and ongoing pressures caused by the Coronavirus pandemic, have highlighted again that it is often the most vulnerable in society who are likely to suffer most from these kinds of large impact events. It is also true, however, that the pandemic has brought forward opportunities within communities themselves for new ways of working, the use of new and emerging technology and heightened the awareness of the good that communities can do for each other. This Strategy sets out how we will look to continue this shift and make the most of the benefits of engaged and supportive communities.

The refresh of this strategy has maintained the same approach taken when it was first published in 2015, engaging closely with people and families and those who support them. A clear message from the co-production events is that people believe the original vision of this strategy, that with good effective support people want to live ordinary lives within their local communities, is still correct and right for them. We also heard new themes emerging around:

1. Using new technology and digital solutions to enhance accessibility.
2. More opportunities for effective co-production.
3. Improving and increasing information and communication.
4. Providing good advocacy and support.

In response to these themes and to continue our work together on addressing them, there will be four focus groups that will operate under the Learning Disabilities Partnership Board, these are My Home, My Health, My Voice and My Life.

This refresh comes at a unique moment for us all. Whilst the pandemic has taken so much from us, it has also given us all the chance to re-examine our own use of technology, look again at our daily routines, re-imagine our hopes and look again at our roles at home, at work and in our wider community. This opportunity should be open to everyone. This refreshed Strategy will continue to look to support people with learning disabilities succeed when making their own choices in a new post pandemic world, both as individuals and as a central and valued part of the communities in which they live.

Georgia Chimbani (Director for Adult and Community Services)

Introduction and Background to the Learning Disability Strategy Refresh

October 2018
Strategy Refresh at Landmark House to look at what was working and what wasn't working

October 2019
Session on Strategy Refresh at the Learning Disability Partnership Board

September 2020
First Strategy Refresh co-production event held on Zoom

November 2020
Second Strategy Refresh co-production event held on Zoom

Suffolk Adult and Community Services worked with people from across Suffolk to co-produce the Suffolk Joint Learning Disability Strategy Refresh for 2021.

The co-production events were facilitated by Ace Anglia who worked in co-production with the wider Suffolk Learning Disability Partnership consisting of family members, self-advocates, provider representatives, Adult Social Care and Health colleagues.

As this was a refresh and not a rewrite we asked, "What should stay the same?" and "What needs to change?" It was agreed that we have a solid foundation to start from and that many parts of the previous strategy are still relevant.

Two events were held in physical settings and due to the COVID Pandemic the next three events were hosted online. Approximately 300 people attended the events, we also invited people to share or comment via email, telephone, or social media.

Listening with integrity and working to reflect the voices of many, requires a delicate balance between what people want and need and the challenges faced in the current environment. The Strategy Refresh does not shy away from this challenge.

Thank you to every one of the people who contributed to creating the Strategy Refresh.

Together you have created a vision for the future.

Now, working together we must all face the challenges and deliver the vision.

The Vision and Test

It was agreed by all that the vision and test still apply, and they are a useful tool for facilitating conversations and supporting or enabling change.

What people said.

"Vision is good – although some people felt that it's not been recognised."

"Policy meetings and behaviour were much better behaved because they were being driven by the strategy."

"The Vision connects people."

"The vision provides a strong strategic discipline."

The Vision

People with learning disabilities live good lives as part of their community, with the right support, at the right time, from the right people.

The Test

Does this decision take us closer to or further away from our vision?

What we talked about at The Strategy Refresh co-production events

Each session looked at 2 different areas from the previous strategy.

Session 1: The Vision

"People with learning disabilities live good lives as part of their community, with the right support, at the right time, from the right people"

To get you started here are some things your breakout group may like to consider.

- The relevance of the vision now
- What worked and what didn't work
- What needs to be included in the strategy?
- The strategy audience
- Anything else?

Suffolk Learning Disability Partnership Strategy Refresh 08.09.2020 — Suffolk Learning Disability Partnership

Session 2: Your Voice

To get you started here are some things your breakout group may like to consider.

- Sharing your voice
- Equal opportunity to contribute
- Co-production
- Resources
- Supporting individuals to take part
- Funding for strategy co-production
- How to achieve
- Anything else?

Suffolk Learning Disability Partnership Strategy Refresh 08.09.2020 — Suffolk Learning Disability Partnership

Session 3: The Future

This session is for reflecting and learning from this year and how the strategy can support change in people's lives going forward.

To get you started here are some things your breakout group may like to consider.

- Lessons from Covid-19
- Digital poverty
- Adapting the strategy to change or crisis
- Anything that could be added or supported
- Responsibility and accountability to implement the strategy
- Anything else?

Suffolk Learning Disability Partnership Strategy Refresh 08.09.2020 — Suffolk Learning Disability Partnership

Session 1: Effective co-production

To get you started here are some things your breakout group may like to consider.

- What are the key areas that need co-production involvement?
- What does is look like and how will it work?
- How can we embed co-production into the way we work?
- Anything else?

Suffolk Learning Disability Partnership Strategy Refresh 24.11.2020 — Suffolk Learning Disability Partnership

Session 2: What would you like to see the strategy doing?

To get you started here are some things your breakout group may like to consider.

- What is the activity?
- Who leads activity?
- How do we encourage more organisations to become involved?
- Anything else?

Suffolk Learning Disability Partnership Strategy Refresh 24.11.2020 — Suffolk Learning Disability Partnership

Session 3: Finding new ways of working post-COVID-19

To get you started here are some things your breakout group may like to consider.

- What have you learned from COVID-19?
- How does this impact our new strategy?
- How can we work intelligently together moving forward?
- Anything else?

Suffolk Learning Disability Partnership Strategy Refresh 24.11.2020 — Suffolk Learning Disability Partnership

Key areas of the Strategy Refresh

Vision and test still relevant (Should we rebrand? More visible and usable)	**Reviews**
Strapline still relevant	**Manageable project work for social care and health**
Co-production	**Employment opportunities/ support**
Strategy governance/ accountability (who/how?)	**Workforce/ training/ support/ skill**
Communication	**Learning Disability Partnership Board role?**
Technology/ digital offer	**Wider partnership opportunities**
Housing	**Marketing opportunities** (social media – websites)
Celebrate success	**Work together**
Advocacy	**Good support**
Being safe	**Young People**
Families need to be more included	

What drives our strategy?

People with learning disabilities and/or autism and their families have a lot of rights in law or government policy:

Human Rights law

The Equalities Act

THE NHS CONSTITUTION
the NHS belongs to us all

The NHS Constitution

The Mental Health Act

The Care Act

The Mental Capacity Act

The UN Convention on the Rights of Persons with Disabilities

Accessible Information Standard

Accessible Information Standard

The Children and Families Act 2014'

Governance, Aims and Responsibility

What people said at the strategy refresh co-production events.

"Making sure the strategy is clear. People should be able to sign up because it's clear."

"How do we ensure that the strategy is embedded into service specs and contracts?"

"I'd like to see the partnership doing an outcome group, but there is also a campaigning element needed and together we could have a collective voice."

"We need a feedback mechanism; how can we understand if the vision is working."

"There was a problem with communication. There isn't a way of ensuring people are adhering to the strategy."

"Where is the accountability?"

"The strategy underserved people with profound disabilities."

"Meetings were managed by the simplicity of the vision. Policy meetings and behaviour were much better behaved because they were being driven by the strategy."

"We need new people involved."

"We need practical actions and next Steps."

"We need to start doing it and not just writing things down."

"We need to use the test more."

"We need to record what's working and what's not working."

"There's not enough services to support people at the right time. We need more of variety of services."

"The strategy needs refreshing every three years."

"What is our accountability?"

Governance

The Suffolk Health and Wellbeing Board was established in accordance with the Health and Social Care Act 2012.

The Board has a duty to "encourage integrated working" between health, care, police and other public services in order to improve wellbeing outcomes for Suffolk.

The first Joint Health and Wellbeing Strategy was approved in 2013. It was refreshed in 2016 and again in 2019.

The Vision for the Board is:

People in Suffolk live healthier, happier lives. We also want to narrow the difference in healthy life expectancy between those living in our most deprived communities and those who are more affluent through greater improvements in more disadvantaged communities'.

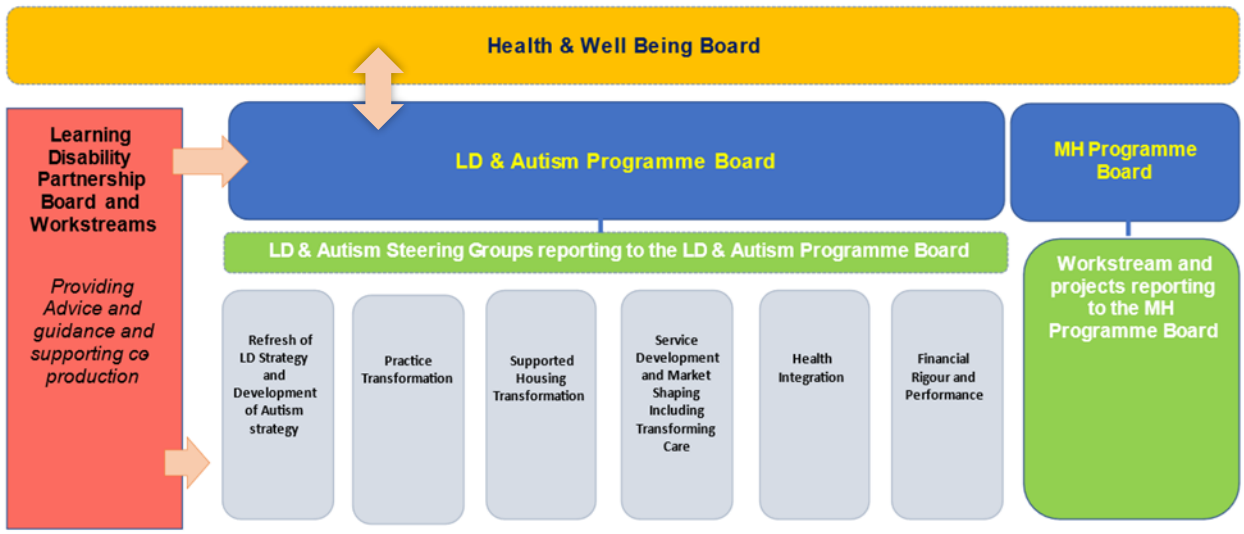
The bodies represented on the Suffolk Health and Wellbeing Board include:

1. Suffolk County Council.
2. Local clinical commissioning groups (CCGs).
3. NHS England.
4. Healthwatch Suffolk.
5. The police.
6. The voluntary sector.
7. District and borough councils.

The work of the Health and Well Being Board has oversight of a number of workstreams including The Learning Disabilities and Autism Programme Board.

The Suffolk Learning Disabilities Partnership Board and the developing Suffolk Boards including the development of the All-Age Autism Strategy have a number of work areas that feed into the the Learning Disabilities and Autism Programme Board. The programme board has senior responsible officers represented by both social care and health and likewise reports into relevant the corporate oversight boards.

LD & Autism Service Transformation Programme Governance



The current update of the Suffolk Learning Disabilities Needs Assessment Report will feed into the on going work of the Learning Disabilities Partnership Board.

Guiding Principles and Values

1. People are safe.https://suffolksp.org.uk/assets/Suffolk-Safeguarding-Partnership-arrangements-June-2019_.docx

2. People are free to live good ordinary lives whilst having the right support to be safe and well.

3. Support workers are important and feel valued.

4. Co-production is at the very core. We are committed to making sure it is understood by everyone.

5. Good quality information is available to those who want it.

6. We champion and model the changes needed to make the vision a reality.

7. We drive innovation.

8. We work creatively, and we learn together.

9. We have compassion and respect for each other as we work towards the vision.

10. We understand the importance of relationships.

11. People's stories are important and a key tool in helping us all understand and find solutions.

Strategy Aims

1. To listen to people and families and to think about and act upon what is important to them.

2. Enable the vision and use the test to improve understanding.

3. To drive the principles of the Joint Suffolk Learning Disability Strategy

4. To have an oversight of the strategy and recommendations and co-produce ways to make them happen.

5. To oversee the use of money that is used to support the Partnership.

6. Support co-production meetings and activity.

7. To promote and develop training opportunities that are led by people with lived experience within workforce development.

8. Form links with education.

9. Look for research opportunities.

10. To form links with and feed into the relevant current and emerging boards in Suffolk and make sure there is a two-way conversation and engagement.

11. Coordinate and oversee project development.

12. Share good practice and stories.

13. Provide good quality information and advice.

14. Maintain, facilitate, and improve the Suffolk Ordinary Lives website.

15. Develop a Communications and Marketing Plan for the Suffolk Learning Disability Partnership Board

16. Facilitate and host the Learning Disability Partnership Board meetings and co-production events.

17. Measure how the strategy is having an impact.

“The strategy is everyone’s responsibility”.

The wider partnership

It was agreed that we all have a role to play in the implementation of the Suffolk Learning Disability Strategy, these are some of the organisations or individuals who form the wider Learning Disability Partnership in Suffolk.

People or user led organisations

Self- advocacy groups

People with Learning Disabilities and or Autism

Families and Carers - Individuals and organisations

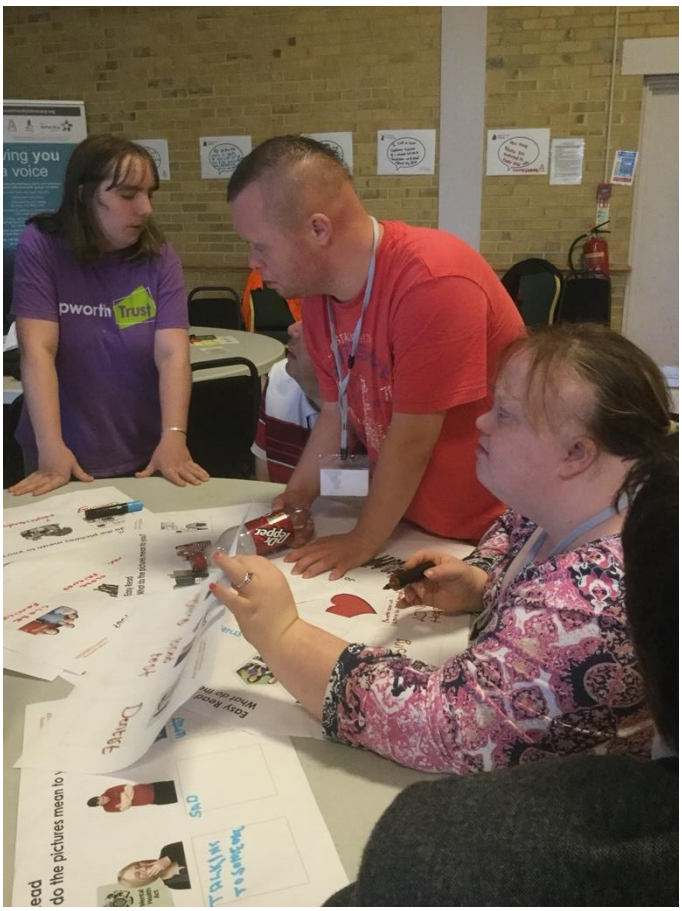
Suffolk County Council

NHS Ipswich & East Suffolk CCG (IESCCG)

West Suffolk CCG (WSCCG)

NHS Norfolk and Waveney CCG

Norfolk and Suffolk NHS Foundation Trust (NSFT)



East Suffolk and North Essex NHS Foundation Trust (ESNEFT)

West Suffolk Hospital

James Paget Hospital

Provider Organisations

Health and Wellbeing Board

University of Suffolk (UOS)

Support workers

People and organisations who are passionate about improving lives of People with Learning Disabilities.

Housing Providers

Healthwatch Suffolk

LeDeR

Suffolk Police

Schools and colleges

Children and Young People services

Formal / statutory advocacy organisations

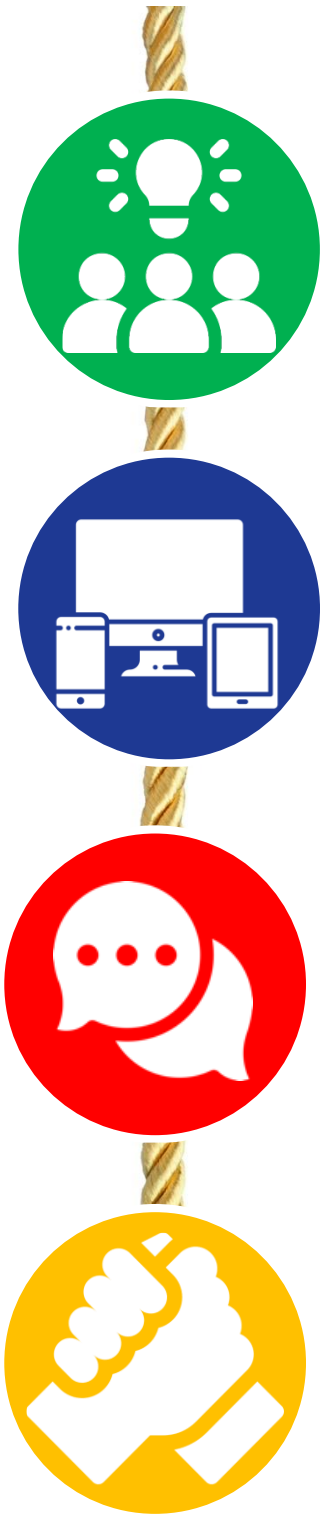
Learning Disability Liaison Nurses

Community interest organisations

Voluntary sector organisations

Anyone who has an interest in improving the lives of people with learning disabilities is welcome to work with us.

The key themes from the Strategy refresh events



Effective co-production

Technology and accessibility

Information and communication

Advocacy and good support

The 4 areas provide a solid foundation for our strategy should be embedded in all the work we do.

Effective co-production

What people told us.

"More than a golden thread co-production should drive and lead."

"No co-production is a risk and is possibly based on assumptions".

"Co-production should be a requirement in any service commissioned by Suffolk County Council."

"We need the mechanisms for co-production, we need the resource to co-produce. We need people and we need funding."

"Organisations need to have the capacity to support co-production."

"Co-production is people, carers and professionals working together as equal partners to: design, develop, commission, deliver and Strategic Intentions."

Background information

The co-production of public services has been defined in a variety of ways, for example co-production means developing public services in an equal and reciprocal relationship between professionals, people using services, their families, and their neighbours (New Economics Foundation). Co-production as a method or approach is a very different way of working and can be challenging to implement. However, it can make the system more efficient, more effective, and more responsive to community needs. In line with national Guidance and legislation the Suffolk Clinical Commissioning Groups and Local Authority have committed to co-production as a powerful and successful way of redesigning, developing, and commissioning support and services for all.

Aims

1. Co-production is **USED** and **KNOWN** by everyone.
2. Everything that involves people with a learning disability **MUST** be co-produced from start to finish.
3. Co-production becomes the **ONLY** way of working on policy and programmes throughout social care and health.
4. Co-production **MUST** be used when changes are made and involves everyone affected.

5. Co-production is a cultural shift **NOT** simply an add on or an activity.
6. Listen to all people's voices, including hard to reach people with profound and complex learning disabilities.
7. Accountability is spread between all stakeholders, removing the blame culture.
8. Co-production enhances equality by hearing and valuing everyone's voice. Not just people and families, but also directors, commissioners, practitioners, GPs, and everyone relevant to a conversation. Representatives are used where necessary.
9. Co-production helps and prevents problems and issues arising around policy and day to day activities, such as health equality. It is very often a key to long term efficiency and prevention of wasted resources.

Please see Appendix for more information about the Accessible Information Standard.

Technology and Accessibility

What people told us.

"The pandemic has highlighted digital inequality for many people."

"Support access to technology for people with learning disabilities and their families."

"Co-produce and provide training for people to use technology."

"Co-produce accessible information about digital service's".

"Co-produce new digital service development."

"We need more digital expertise in the staff team."

"Teach people how to use technology and how to use it themselves."

"Using Alcove and similar systems, do we need to use specialist equipment?"

"Digital poverty is real. How have people been supported not to be vulnerable online, how has this changed in resect months?"

"How can we keep up with rapid changes?"

"Staff need a digital way to do their basic training."

Aims

1. Co-produce a technology plan for people with learning disabilities and families.
2. Co-produce training and support resources for people, families and support staff.
3. Support people and families to access equipment.
4. Co-produce new digital services.
5. Support people to continue to use and develop the skills that they learned in the COVID Pandemic, ensuring that they have equal access and opportunity to live in a digital world.
6. Co-produce opportunities and information that support people and families to develop their IT skills.

Information and communication

People told us.

"Why after 5 years do people still do not know about this law (Accessible Information Standard)?"

"Why are people not getting information in a way they understand?"

"When its good it makes life better."

"It's important that people know their rights."

"More information for people offline"

"Commission services that meet and implement the 5 steps of the Accessible Information Standard (AIS)."

"It's good to educate people at an earlier age. Educate people to Accessible Information Standard (AIS)".

"Where services are not included in the Accessible Information Standard reference the equality act in contracts."

"Better use of websites and social media to share information and share good practice."

"Develop an information resource for Suffolk that supports people families social care and health to meet the Accessible Information Standard (AIS)."

"Co-produce health and social care services that include options for people that do not use digital technology."

Background Information (Source Care Quality Commission)

All providers of NHS care or other publicly funded adult social care must meet the Accessible Information Standard (AIS).

Accessible Information Standard (AIS) applies to people who use a service and have information or communication needs because of a:

- Disability.
- Impairment.
- Sensory loss.

It covers the needs of people who are deaf/Deaf, blind, or deafblind, or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language. It does not cover these needs for other languages.

It can also be used to support people who have aphasia, autism or a mental health condition which affects their ability to communicate.

When appropriate, Accessible Information Standard (AIS) also applies to their carers and parents.

You must meet the Accessible Information Standard (AIS) for anyone who is publicly funded and who uses your services. This applies to all:

adult social care services, hospitals, GP practices, dentists; other services unless no one using the service is publicly funded. Websites are not covered by Accessible Information Standard (AIS). Services which do not need to follow Accessible Information Standard (AIS) must still make reasonable adjustments under the **Equality Act 2010** may wish to use a similar approach when identifying and meeting people's information needs.

Aims

1. Support people, families and staff working in health and social care to have access to current information provided in different ways so that it is accessible to all.
2. Promote the importance and value of lived experience, storytelling and videos in shaping and developing services.
3. Continue to build on the rich body of work produced in the Covid Pandemic and then share information and good practice from self- advocacy organisations nationally.
4. Share information from other local authorities and NHS England.
5. Co-produce a Suffolk Learning Disability Partnership communications plan to ensure that our work is shared locally regionally and nationally.
6. Promote the Accessible Information Standard (AIS).

Please see Appendix for more information about the Accessible Information Standard (AIS).

Advocacy, Self-advocacy and Good Support

What people told us.

"There are lots of different ways of gathering voices."

"I feel it is important that young people have a voice, and we are heard."

"We need lots of different ways of gathering voices. Digital can help people have a voice. Teach people how to use technology and how to use it themselves."

"Quality and the training of support workers. Do support workers know where to go for support?"

"Digital can help people have a voice."

"We need to be working with people with complex needs and thinking of how we include them."

"Do we understand the legislation that affects people lives? For example, The Mental Capacity Act."

"We need to be celebrating circles of support."

"From an advocacy point of view, the person sometimes wants family involved- families are sometimes appropriate and should be involved. The role of an advocate sometimes gets confused."

"Do we have the resources to make the new ways of supporting people work? Are we recruiting the right people to support people well?"

"It's good to educate people at an early age. Educate people to know their rights." Staff changes. How the messages are translated when there are staff changes."

"Evidence co-production when commissioning new services."

Aims

1. Drive and support the co-production of statutory and professional advocacy services in Suffolk.
2. Drive, support and develop self- advocacy in Suffolk.
3. Create Information about how to access statutory or informal advocacy services in Suffolk, this should be co-produced and accessible.
4. Drive, support and develop people led organisations in Suffolk.
5. Drive, support and develop family carer organisations in Suffolk.
6. Co-produce a platform for support workers to be valued and have a voice.
7. Include support workers in co-production, service development and training.
8. Co-produce and deliver training for support staff and provider organisations.
9. Develop further opportunities for Peer Education in Suffolk.
10. Include people with lived experience in the delivery and co-production of training and recruitment of support workers.

Key Priorities and Recommendations

What would you like to see the Suffolk Joint Learning Disability Strategy doing?

People told us.

"The partnership and the strategy need to be project-based. What can we start doing with the resource we all have?"

"Let's turn it into projects. We need to make it clear what we're trying to achieve."

"There are pockets of money around to do meaningful projects. We can do a lot with a little bit of money."

"A strategy around being creative - hard to have person-centred approach in supported living with carers coming in and out."

"Focus on employment."

"Housing should be major activity."

"Co-produced a mechanism in parallel with complaints to help support people with LD and Autism."

"Too many workstreams in the old strategy and that it became difficult or that they didn't have the capacity to drive these large pieces of work forward."

"Lots of areas crossover in a good ordinary life."

"Appointments with GP's, hospital admissions. We need to look at how people continue to get good healthcare."

"Housing is still a BIG ISSUE."

"Issues with housing are still happening. People are waiting a long time. It's a very slow process."

"I feel it is really important that young people have a voice and are heard."

How The Suffolk Learning Disability Partnership will operate and develop

People told us"Let's turn it into projects. We need to make it clear what we're trying to achieve."

Strategy Focus Groups

Aims

Invite self-advocates, families and carers, provider organisations, board members, key organisations, and wider partnership to an online meeting for **each** strategy focus group to co-produce the following:

1. Develop strategy focus groups under the 4 above headings.
2. Co-produce terms of reference that set out how each group will operate.
3. Co-produce how the groups communicate with one another and with organisations, groups and individuals (better use of technology).
4. Produce quarterly reports to the Suffolk Learning Disability Partnership Board.
5. Showcase and celebrate best practice from each focus group.
6. Identify areas for co-production projects.
7. Identify resources already available or explore funding opportunities for pieces of work if needed.

8. Develop and share a plan for 2021-2022 with the Suffolk Learning Disability Partnership Board.
9. Develop Links with the key groups already influencing/delivering against each focus area, to avoid duplication.

Like the way in which the Health & Wellbeing Strategy operates, each of the focus groups will collate plans and present to the Learning Disabilities Partnership Board. The Board can support the existing work underway and identify gaps in the current approach and what additional action it would like to see over the coming year(s) in relation to those gaps, taking the available resources into account. Wherever possible we will look to build upon existing work, to take advantage of knowledge and expertise, and reduce the risk of duplication. The work of the strategy and the groups will be shared via the Suffolk Ordinary lives website.

The Suffolk Learning Disability Partnership Board

1. Meetings will be held 4 x per year which will be online events via Eventbrite until it is safe to meet otherwise.
2. Extraordinary meetings will be held if required.
3. Board members are invited to contribute to the meeting agendas.
4. There will be a public gallery at each Partnership Board meeting.
5. Provide minutes, documents, events and meetings dates in a variety of formats to view on Partnership Board page on the Suffolk Ordinary Lives website.
6. Arrange a programme for a year in advance so that each of the "focus groups" can report activity, good practice or ask for additional support.
7. The meetings will be 3 hours long and include a comfort break.
8. Use more technology and social media to share information.
9. Co-produce and publish an annual review/ report to check progress and suggest changes.
10. Commitment to sharing information across the system and with the public.
11. Annual celebration event.
12. Links will be made with existing and emerging boards in Suffolk.
13. Suffolk Learning Disability Partnership Board and associated co-production meetings will be facilitated by Ace Anglia.

The Suffolk Ordinary Lives Website and social media development areas

The Suffolk Ordinary Lives Website is facilitated by Ace Anglia.

All activity is co-produced at the Suffolk Ordinary Lives Website Working Group. This group is made up of self -advocates, Board members, family carers and the designers that work developing the content for the website. The working group will oversee the development of new pages to showcase the Suffolk Joint Learning Disability Strategy to include:

The story of the strategy refresh and how we got here.

1. A page for each Strategy Focus Group.
2. The 4 focus groups will be clearly displayed on the website so people can use a drop-down menu to gain access to the information, stories, projects, and co-production opportunities that sit within these headings. Completed projects, 'Doing Reviews Differently' and 'Work Ready' will also sit here as well.
3. Share the powerful stories of people with lived experience. The resources are valuable for the whole community.
4. Produce Easy-read, Plain English and Talking Text versions of the strategy documents.
5. Share and celebrate success on social media and Suffolk Learning Disability Partnership newsletters and WhatsApp group and other social media Platforms.

Appendix

Co-Production

Definition of co-production for the Suffolk Learning Disability Strategy

Co-production is people, carers and professionals working together as equal partners to: design, develop, commission, deliver and review services, information, and advice. This will often be facilitated by voluntary and community sector organisations who will link commissioners with people.

Co-production Principles: Co-production is central to achieving the objectives of personalising services and increasing choice and control for users and carers.

1. Co-production puts the focus on getting results (outcomes) rather than just thinking about services and how we do things.
2. This means that people and organisations work together on the issues that are important to people.
3. There is a difference in what is important to people and what may be important for people.
4. People are involved throughout the process – from beginning to end.
5. People feel safe to speak up and are listened to.
6. It is clear how decisions are made.
7. People's skills and experiences are used in the process of change.
8. Meetings, materials, and venues are accessible, easily understood and are appropriate for people's needs and abilities.
9. Progress is evaluated through looking at the actual changes in people's lives.
10. Different people who are interested in the work (stakeholders) are actively involved, not just one set of voices or experiences. These interested people (stakeholders) work together as equal partners on a shared goal, task, or vision, including a shared understanding of what success looks like.

Information and communication

Five steps of the Accessible Information Standard

1. Identify

How does the service assess for disability related information or communication needs? How does the service find out if people have any of these needs? How does the service plan how it will meet those needs?

2. Record

How does the service record those identified needs clearly? What systems are in place as part of the assessment and care planning process?

3. Flag

How does the service highlight or flag people's information and communication needs in their records? This could be in paper or electronic records. The chosen method must make it possible for all staff to quickly and easily be aware of (and work to meet) those needs.

4. Share

Services sometimes need to share details of people's information and communication needs with other health and social care services. This means that other services can also respond to the person's information and communication needs.

How does the service do this (when they have consent to do so)?

5. Meet

How does the service make sure it meets people's needs? How does the service make sure that people receive information which they can access and understand? How does the service arrange communication support if people need it?

For example, patients and people using a service should: be able to contact (and be contacted by) services in accessible ways, such as via email, text message or Text Relay.

Receive information and correspondence in formats they can read and understand. This could be, for example, in audio, braille, easy read or large print.

Suffolk and North East Essex Integrated Care Board

ICB BOARD

Agenda Item No.	**12**
Reference No.	**ICB 22-30b**
Date.	**22 November 2022**

Title	**Southend Essex and Thurrock Learning from Lives and Deaths (LeDeR) Annual Report 2021/22**
Lead Director	Lisa Nobes, Executive Chief Nurse
Author(s)	
Purpose	To share the Essex LeDeR Annual Report 2021/22
Recommendation: To note the report.	

1 Executive summary

The age at death of people with Learning Disability in Southend Essex and Thurrock (SET) is gradually improving, but is still far from the rest of the population.

116 people with learning disability died across SET between April 2021 and March 2022.

The SET LeDeR programme is fully compliant with the new national LeDeR policy and the recommendations from the Oliver McGowan review.

Our performance is good with allocation and completion KPIs met and an expected split between initial and focused reviews.

There is appropriate local representation at Quality Panels for focused reviews with local actions agreed, owned and largely implemented.

We have made excellent progress around aging and physical health and a wide range of local and SET-wide projects are in progress.

We are moving towards better data on the health of people with Learning Disability within Integrated Care Systems (ICSs) and towards sharing data where most needed to improve care.

Pneumonia and aspiration pneumonia remain the top causes of death and require ongoing work.

Much work is needed to prevent health conditions from developing

COVID showed us that infection control and shielding was insufficiently implemented across a range of settings and that we need to have better planning in place for any future pandemic or other crisis.

Recommendations have suggested different ways of tackling known issues (rather than identifying fresh themes) and there is already work in progress to address many of them.

We have a 3 year deliverable plan which identifies where we need to a) prevent ill health b) improve management of health and c) remove inequalities and this reflects the commitment of all organisations including public health.

Primary care is the area we need to focus most support to make changes

2 Introduction

The LeDeR programme across Southend, Essex and Thurrock covers the footprints of 7 CCGs and 3 local authorities. The CCGs are moving into 3 Integrated Care Systems this year, but the LD Health Equalities Team (hosted by ECC) continues to deliver the LeDeR programme on behalf of the whole system, to commission specialist LD health services and to facilitate other national LD programmes (such as Stopping Over Medication of People with LD – STOMP and Transforming Care, which ensures people don't get stuck long term in LD Mental Health Beds) across the same footprint.

Child Death Reviews are carried out by the Child Death Review Team for the whole of SET alongside their usual processes.

The system is now open to reviews of people with diagnosed Autism but no learning disability, all of which will be focused reviews with appropriate Quality Panels. Reviewers are trained. We currently have 1 adult ASD notification

Collaboration through the LeDeR Steering Group, the local LD Forum and the Health Equalities Board has promoted a shared health, social care and third sector approach across the area.

Quarterly performance, reviews of action plans and End of Year Reporting are agreed at LeDeR Steering Group, shared with CCG/ICS Quality and Safeguarding Boards, The Learning Disability Health Equalities Board and Health and Wellbeing Boards. There is an MoU in place with Safeguarding Boards.

The Local Area Coordinator and Senior Reviewer meet regularly with regional NHSE to ensure shared learning and assurance.

3 Involvement of People with Lived Experience

Essex Carers Network and the Chair of the LD Experts by Experience Forum continue to sit on the LeDeR Steering Group. We now also have a parent carer on each Quality Panel in Essex and plan to expand this for Southend and Thurrock this year. We are also working with autism only forums to identify representatives for autism-only reviews.

Thurrock Lifestyle Solutions led engagement on the Action Plan for 2021-22 and produced infographic to summarise their feedback.

Summit ran engagement groups on cancer screening, aging well and dying well projects, all of which fed into the deliverables and outcomes of those groups.

ACEAnglia Advocacy co-developed resources for the heart health project

ICE produce Easy Read documents such as the summary of planning and end of year documents.

The three year deliverable plan is in the process of discussion and feedback through ECN and self advocacy groups.

4 Response to the Independent Review into Thomas Oliver McGowan's LeDeR Process

We are in compliance with the recommendations of the Oliver McGowan review. Reviews are independent with supervision, group support and development for reviewers who (either as permanent or consultant reviewers) have paid dedicated time for reviews. A representative of family carer and relevant local organisations are part of each Quality Panel. We comply with KPI of allocation within 3 months and completion within 6 months except where other processes or investigations must be completed first. We have robust governance and processes in place for assuring implementation and escalation.

We are also in compliance with the new LeDeR policy and have a Senior Reviewer in place.

5 Performance

The hiatus between the closing of the old LeDeR on line platform (31st March) and the new system (19th July) caused a backlog of cases, which have now been completed (unless they are on hold for other processes)**.**

Status of reviews at end March 2022 shows that we have sufficient reviewer capacity to quickly allocate reviews and that we are regularly completing within 6 months of notification unless other processes have to run their course first.

		Adults	Children	Total
Unallocated		2	0	2
In progress	>6mths	5	0	5
	<6mths	30	1	31
On Hold		15	9	24
Completed		112	12	124

Please note the 112 completed includes backlog cases of people who died in the previous year and whose analysis is not included in the data below.

6 Focused vs initial Reviews

The new system requires reviewers, in discussion with the senior reviewer, to identify reviews which can be completed after the initial stage processes, and reviews which are more suitable to progress to a Focused review, to be reviewed and graded by a Quality Panel before being presented to the Steering group. Whilst there is no performance measure against the number of reviews which are completed at the Initial Stage, and which are taken to the focused review, NHSE expects that 25-33% of reviews will be completed as focused. Although it is not possible to say how many reviews will be focussed until they have all been completed to initial stage:

1 – Of all the reviews completed last year (including reviews of deaths which fall outside this report), 25 % were Focussed; and

2 – Of all the reviews completed so far pertaining to deaths in the year 21/22, 22.2% were Focussed.

This indicates that our decision making is broadly in line with NHSE expectations. In 22/23 we expect to increase the numbers of reviews which are completed at a focussed level based on local priority areas and as more Autism only notifications are received.

7 Analysis of Data

This analysis is based on 116 deaths between 1st April 2021 and 31st March 2022 of which 106 were adults and 10 were children or young people under 18 years old.

Of these 54 adult reviews and 1 child review were completed in year. This does not relate to performance figures, which include reviews of deaths which occurred in the previous year.

8 Demographic Data

❑ Age at death

The Median average age at death of 65.5 for adults with a LD in SET who died in 21/22 compares unfavourably with the picture for the general population, which, prior to Covid-19 stood at 82.3 years for males and 85.8 years for females.[1]

[1] The data sets are not “like for like”, as the LeDeR data starts from age 18+, and it is reasonable to expect that when ONS publish data for the years impacted by Covid-19 that average age at death will be impacted; nonetheless, a life-expectancy gap of 17 – 20 years for adults with LD represents a significant and ongoing health inequality.

However, it compares more favourable with the average national age of death for people with LD which is 61 years.

Nationally, there has been only a slight increase in life expectancy for patients with a learning disability since 2014/15, but locally the average age at death has increased gradually.

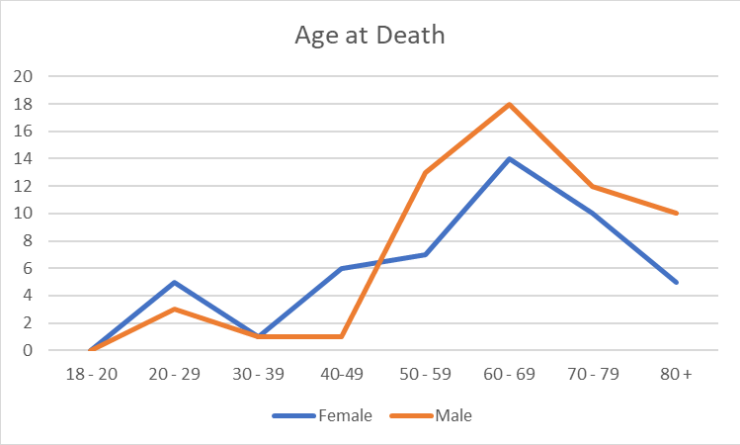
SET Median Age at Death:

2018: adults 61, children 10

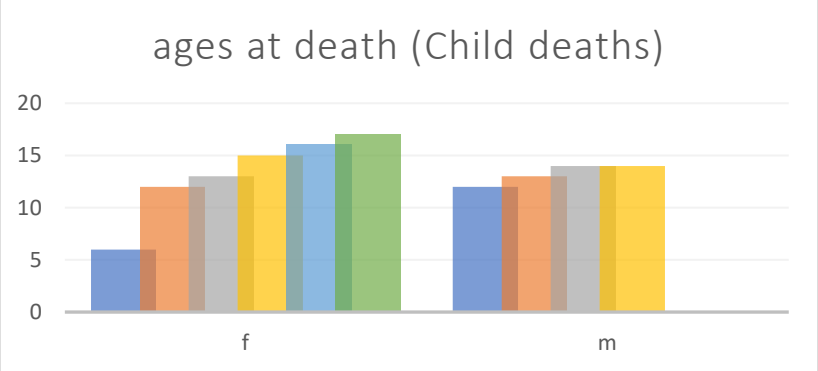
2019: adults 61, children 11

2020 adults 62, children 10.5

2021: adults 65, children 13.5



There were 10 child deaths in the year, ranging from 6 to 17 years, with a median age of 13.5 years. 9 of the 10 ages at death fall within the range 12-17.



- ❑ Gender

There is no significant difference in gender, given the relatively small data set (48 women and 58 men). This breakdown by gender mirrors the ratio of people on GP registers

nationally. 2 more females died in their 20s than males, and 5 more females died in their 40s.

For child deaths, 6 deaths were of female children, and 4 of male children.

So with the child and adult deaths combined: males 53% and females 47%

- ❑ Ethnicity (number/percentage)

Of the 106 death notified, 4 were identified as being of a person of a minority ethnic background, and 3 were not stated.[2]

For child deaths, 2 of the 10 were for Black and Minority Ethnic children (as defined by the family or notifier) and 1 was a child of white non-British heritage.

We have a new BAME representative on the Steering Group, who will help us understand and action this further.

- ❑ Level of learning disability

There is currently no consistent reporting on level of learning disability, but from a sample of 46 reviews where it was clearly recorded, the split was:

23: Mild LD reviews
10: Moderate LD reviews
13: Severe LD reviews

- ❑ Place of death

Place of Death	No.	
Hospital	63	59%
Usual Home	35	
Other/not known	4	
Temporary placement	3	
hospice	1	
Total	106	

The NHS Long Term Plan identifies the ambition to avoid emergency admissions, and it is understood that dying at home in familiar surroundings is regarded as a preference by a majority in the general population. In the general population, the proportion of people dying at their usual place of residence has been increasing (from 35% in 2004 to 52% in 2020) with a dip during the COVID pandemic where more people were in hospital.

Of the 106 adult deaths reviewed, only 35 (33%) of people with learning disability were able to die at their usual home, with 63 people (59%) dying in hospital. As a result of this

[2] These figures rely on the notifier recognising the ethnicity of the person and/or the reviewer identifying that a person is from a minority ethnic background, and therefore the number of BAME deaths notified could increase as the 52 reviews which have not been completed at time of writing, but which have KPIs which fall in reporting year 22/23, are completed.

statistic, the LeDeR review team will be bringing cases where there was not clear end of life planning to Focused review and Quality Panel scrutiny.

We do not have information on place of death for the children who died in year.

- Causes of death and long-term conditions

The cause of death is described in 4 parts on death certificates:

1a disease or condition directly leading to death

1b other disease or condition (if any) leading to 1a

1c other disease or condition (if any) leading to 1b

Part 2 other significant conditions contributing to the death, but not related to the disease or condition causing it.

There are some marked differences in the leading causes of death for the general population and the individuals whose deaths were notified to LeDeR.

COD 1a	No.
Pneumonia	14
Aspiration Pneumonia	14
Other respiratory	4
Sepsis/MOF	4
bowl obstruction/infarction/I	3
Cancer	3
Heart Attack	2
Heart Failure	1
COVID	1
Down Syndrome	1
Pulmonary Embolism	1
Dementia	1
Uremia/Kidney	1[3]

In the general population Dementia and Alzheimer's Disease, Ischaemic Heart Diseases and Covid-19 were the most prevalent causes of death certificated in 2021, whereas for people with LD, Pneumonia, Aspiration Pneumonia and other respiratory conditions comprised 56% of direct causes of death in the completed reviews. There is a common pattern of early frailty ending in increased infections and death from pneumonia or sepsis. Aspiration pneumonia sometimes fits into this pattern (for instance where swallow deteriorates toward the final presentation of dementia and is not appropriate for PEG feeding) but is also sometimes a result of textured diet guidance not being adequately followed in the community. Lack of dental treatment also impacts here, and a significant number of reviews record that individuals have few or no teeth.

By contrast, only 7 reviews specified a dementia diagnosis, with a further 7 citing suspected or undiagnosed dementia (25% in total). This rate would be comparable to an older age-group in the general population, consistent with data which shows that people with LD are showing symptoms at a younger age.

Of the completed reviews 25 had cardiac involvement. If we look at the overall causes of death, Heart attack and Heart Failure are the most named condition, with

[3] MOF = Multi Organ Failure, often part of sepsis

hypertension significantly represented in 1b, and 1c of the death certificates. This was recognised in last year's report as an issue, and throughout 21/22 work has been underway to understand and influence heart health for people with LD. Both the child death reviews which currently have death certificates includes cardiac conditions as a cause of death.

21 reviews indicate an ongoing mental health issue, and 6 of these (29%) include a mental health response to trauma/bereavement. Although the sample size is small, this appears a significant number within the set, and the Steering group and STOMP Oversight Group should consider increasing access to therapeutic treatment, including talking therapies, where patients have a Learning Disability, as notably this was not offered in any of the 6 cases.

13 reviews identify Chronic Kidney disease as an issue, especially in older aged people; 12 reviews identify people experiencing chronic UTIs with potential Kidney disease. One potential outcome would be more training for care-providers in prevention through healthy lifestyles and early recognition of kidney issues, to achieve better outcomes.

Worryingly terms such as "learning Disability", "Cerebral Palsy", "Downs Syndrome" continue to appear throughout all sections of the death certificates, as well as on DNACPR paperwork and ongoing training is needed in this regard and remains a regular item for updating at the LeDeR Steering Groups.

As outlined above, only two of the child deaths in year have death certificates, but of the 12 reviews completed of deaths in the preceding year the majority had complex or life limiting health conditions

- ❑ Quality of Care

  Unlike the previous platform, the New LeDeR System does not grade the care in all the reviews; instead, grades are given in Focussed reviews for the Quality of Care and availability of services. As a result, analysis of the grades given does not give a picture of the range of provision, as typically the cases reviewed at panel are cases where there have been significant issues.

  After discussion with the regional team, there is consensus that we will score and capture the grades of all reviews locally for deaths occurring in 22/23

  Child Death reviews are not graded in LeDeR.

- ❑ DNACPR

  Do Not Attempt Cardio-Pulmonary Resucitation (DNACPR or DNAR) is a medical decision that resuscitation will not be successful, will only delay death or will deprive someone of dignity at end of life. It does not imply a withdrawal of other treatment. Although the system does not capture data on issues relating to DNACPR decisions across all reviews, this has been a common theme from the recommendations made to the Local LeDeR Steering group. There have been examples of good practice of DNACPRs sensitively and appropriately applied in the acute setting, typically when the Specialist LD nurse is involved. However, poorly completed paperwork, which does not evidence how capacity was considered, lack of family involvement and/or the involvement of an advocate is still too common.

- ❑ Role of cancer screening

Where cancers have been diagnosed, the primary sites identified are comparable to the general population. The sample size is too small (15 reviews) to draw any strong conclusions from the slight difference, but from these reviews we can see a higher level of oesophageal cancer (captured as “other”) and a lower incidence/diagnosis of prostate cancer.

There is no National Screening programme for Prostate cancer, but PSA tests are available to over 50s, and this should be considered as part of the Annual Health Check for men of that age.

Of the 15 reviews where cancer was diagnosed, in 9 cases the cancer was considered untreatable, which indicates late detection.

It is noted in a number of reviews that individuals had opted out of screening, or would not able to tolerate the procedure. As we progress to reviewers having access to full Health Records via SystmOne, we will expect to see that the capacity of an individual to understand the implications of “opting out” has been considered, and reasonable adjustments such as acclimatisation and additional time are evidenced to encourage screening.

- ❑ Annual Health Checks

  Completed reviews mirrors the local target of approximately 75% of people having had an Annual Health check. However there is evidence that some reviews were cancelled, delayed or carried out remotely due to Covid. It remains a concern within the programme that not all Health Checks are of equal quality, and not all translate into a robust Health Action Plan.

  AHCs are available for children from 14 years upwards, but they are usually primarily under the care of a paediatrician rather than GP. The children who died mostly had complex and multiple health conditions and were known to specialist consultants. We do not have data on their Annual Health Checks.

9 Children 2020-21

The reviews of 11 deaths of all children with learning disability in 2020-21 were not all available in April 2021, but were completed in this year.

The age ranged from 5 to 16 years with an average of 10.5years.

4 died at home and 7 in hospital

All the children who died had significantly impacted health with multiple conditions. 7 had life limiting conditions, 5 were born very prematurely and had complex health needs from birth.

Of the three whose death was unexpected, one had Duchenne’s Muscular Dystrophy with cardiac issues, one had a neurological disorder plus epilepsy and had removed own tracheostomy and one had cerebral palsy and epilepsy.

The two children who died aged 8 years of COVID 19 also had other significant health conditions and were referred to hospice or palliative care.

Our thoughts are with all their families

There was only one piece of learning, that the excellent practise and GP, hospice, PCN's and Evelina Centre all worked together to support family during the pandemic and ensure that the child could die at home with her family as wished.

10 Summary of Local Learning

The SET Themes document 21-22 outlines the key areas highlighted by recommendations from deaths with completed reviews in 2021-22 and indicates where actions are already in progress.

Broad themes are already well known and are largely covered in the 3-year deliverable plan, which outlines the work already agreed to address this learning across a complex system and a wide range of issues.

Primary care remains the most challenging area to make change because of the high number of surgeries, the pressures on capacity and the turn over of members of staff. However there is an agreement for CCG LD lead GPs to run a cross-SET forum and develop a network of LD champions to engage and find solutions.

11 Statement of purpose and progress from the last Annual report

Since the last report much progress has been made in a) implementing specific local actions and b) larger integrated workstreams:

1. Aging, frailty and physical health deterioration.

This will be presented to NHSE as part of the deep dive into response to LeDeR.

There is a Dynamic Support Register for risk of physical health deterioration and admission to acute hospital

We now have joint training between ECC and specialist LD Health for social care providers to ensure they identify frailty and health deterioration as part of an early aging process and access the right help at the right time

There is now a specialist frailty assessment tool relevant to people with Learning Disability and a comprehensive Toolkit for Social Workers and Social Care Providers – an accessible version for families and adults with LD is in development.

Training on the presentation of frailty in people with LD is available to GPs, adults with LD, their families and social care providers

2. Health coordination

This need is also identified as part of the DSR and excellent outcomes have been established for those with whom the new coordination approach has been implemented. This approach is now being broadened and shared across mainstream health services

3. Annual Health Checks.

The majority of areas achieved the 75% target in 21-22 with an integrated approach from Local Authorities, ELDP Specialist Health and community organisations becoming business as usual. In the next two years we will increase our focus on quality of the check and well understood and thorough Health Action Plans being produced.

4. Data

We have made progress towards integrated data sets for people with learning disability within the 3 ICSs. We will continue developing this and using it to focus support and

intervention. The central LD Health Equalities SystmOne Unit is now in place and we are working with each GP surgery to share cases to provide us with access for LeDeR reviews and for population health overview.

5. Local projects

- There has been a project on Diabetes in Southend with representation adults with LD and independent advocate, which is developing a network of LD Diabetes Champions.
- The NHSE funded heart health project has identified gaps and actions to improve heart health and has produced Easy Read leaflets and Posters to support primary care in working with adults with LD and heart health.
- West Essex cancer screening project has identified people who have not returned bowel screening kits and will target them with specialist support and Easy Read instructions.
- West Essex hospice has run study days on end of life care for people with learning disability and ECC run End of Life training for social care providers in conjunction with local hospices
- ELDP specialist Health service has started offering enhanced physical health checks for people on caseload and at high risk of health deterioration – results are sent to GP and social prescribers with a 6 month follow up of the health action plan.
- Acute LD hospital nurses have raised recommendations within their acute trust governance structures and have workstreams in progress (see Themes document)
- There is a protocol in place to ensure people can have support from a familiar carer in hospital if they need it.
- Specialist LD Health Care Assistants have been funded to add to the LD Hospital Liaison Nurse capacity and work with community services to improve admission and discharge processes

There is still much work to be done, but there is commitment across the health and social care system both to address internal issues and to work together.

The challenge in 22-3 will be to re-establish networks and responsibilities at the ICSs and ICBs form to ensure this good work continues at pace.

12 COVID 19

In the past year we completed all but one of the reviews relating to Wave 2 of the LD COVID deaths and will have the full analysis and report in June.

A significant proportion (24%) of people who died had Downs Syndrome

Almost all (96%) had multiple health conditions with a typical presentation of both heart and respiratory issues, epilepsy or mental health conditions for which they were on medication and also often presenting with dementia.

Ward based treatment (oxygen, IV antibiotics and fluids) remained the most common treatment, but with dexamethasone or other steroid treatment not seen in the first wave. A number (5%) of people were discharged with antibiotics and steroids and later died at home.

6 people were put on Intensive Care Unit, which was an increase from 1 in the first wave.

3 people (5%) were treated at home, sometimes for additional/other conditions a further 3 people on palliative care at home and 1 died at home with no request for treatment. 5 people had multiple admissions.

Southend was the most significantly impacted CCG area

Some of the people who died had their first COVID vaccine, but none had more than one.

Since the end of wave 2, the COVID vaccination programme has had a clear effect and we are seeing only very few cases where COVID is thought to be the direct cause of death.

We continue to see a high level of respiratory involvement in deaths (as described above), often after survival of COVID. Identification and support for people with LD and long COVID now needs attention.

13 Transforming Care

The Integrated LD Health Commissioning Team continues to manage admissions to LD inpatient mental health beds and to facilitate discharges to the community in collaboration with health and local authority colleagues. Numbers of adults in CCG and Specialist Commissioned beds is consistently below the upper limit. Numbers of children significantly and regularly exceed the limit, which reflects the need for community resources to prevent and manage crises. There is significant NHSE funded commissioning in progress to address much of this.

The new Mental Health Act will impact further on the community focus and should further reduce admissions.

14 STOMP (Stopping the Over Medication of People with LD&A)

There is an ongoing STOMP Oversight group, which has:

- Identified LD data sets for STOMP cohorts and medication reviews by GP surgery/PCN and care home.
- Explored S1 coding, Eclipse Live and PCN pharmacy forums to ensure specialist LD Health STOMP clinics can inform primary care of medication optimisation and share care effectively.
- Shared data with social care records to ensure a joined up approach to behaviour and medication
- Plans to align specialist STOMP clinic approaches across north and south Essex
- The integrated STOMP protocol will be reviewed and updated in late 2022 to reflect progress

Action Plans

The three year deliverable plan was agreed this year with contribution from every organisation across the SET health and social care system. This outlines how we will address all the learning to date from LeDeR reviews.

This plan and its outcomes will be reviewed and reported through LeDeR Steering Group and LD Health Equalities Board, ultimately updating the three Health and Wellbeing Boards at end of each year.

Rebekah Bailie
LeDeR LAC

Suzanna Edey
Senior Reviewer
May 2022

	2021			2022		2023							2024
Community Projects	**Oct**	**Nov**	**Dec**	**Jan - Mar**	**Apr-Jun**	**Jul-Sep**	**Oct - Dec**	**Jan - Mar**	**Apr-Jun**	**Jul-Sep**	**Oct - Dec**	**Jan - Mar**	
ELDP South Capacity	Business case development			presentation and identification of funding streams		agreement and implementation of resulting plan at ICS and place level			delivery and measurement against locally agreed work				
ELDP contract management & reporting	alignment of 3 year plan with commissioning intentions			negotiation of SDIPs. CQUINS etc		delivery Yr 2 as below			delivery year 3 as below				
AHCs	integrated offer of bau support across LAs ELDP & community agencies to prepare for, book and attend AHC	ECC Transition & CYP forum to raise awareness of LD register and AHC, adapt resources for CYP and promote				ICS approaches in place. NEE target surgeries to be supported with audit and improvement of HAPs to include inks to social prescribing, screening programmes, care coordination			Southend LD hub to offer drop in AHCs and screenings, linking to public health offer, social prescribing and navigation through other services				
	training for primary care between ELDP & Lead CCG GP. Audit tool targeted at surgeries with high QoF registers and poor performance Training targeted at surgeries identified for additional support by CCGs					ELDP to offer regular training for families and social carers to prepare for and understand AHCs			broadening of audit and support with resulting action plans. Focusing of EPHCs to mitigate lack of primary care AHCs				
	MSE to produce data set RAG rating surgery and PCN performance monthly and setting trajectories					MSE to develop an LD data set for AHCs, Vaccinations, cancer screening,and STOMP reviews, RAG rated by surgery and focusing audit and ELDP support on key RED surgeries. Development of non health settings where a "hub" or drop in type offer could provide information, support, care navigation and some direct services including AHC.			extend audit and support to wider range of surgeries establish hub working in a wider range of settings - one in each CCG footprint? Estalish consistent templates and link up of services				
	Public Health to review LD AHC template to better support items					Thurrock Public Health and Health Diagnostics to review outcome of LD AHCs checking involvement of community, mental health and physical health services are followed up. Local Area Coordinators to oromote LD AHCs, pre-check questionnaire and Easy Read leaflets Production of Easy Read information for smoking cessation			Link up of AHC Health Action Plans with Public Health offer				
	West and NEE ECFs developed & delivered					clear offer from Essex Community Agents linked to social prescribing and public health offer			well understood & joined up offer across local hubs, primary care ELDP and community resources				
	local data refined for West & NEE - target surgeries identified MSE local data analysed monthly					Peer educators developed by ELDP to offer training and support with recruitment of job coach			Health Action Plans shared by all organisations with an integrated plan				
Enhanced Physical Health Checks	ELDP delivery to cover key cohorts in NEE and start in Mid Essex	EPHCs to be expanded across MSE link to heart health project				Focus on cardiac & respiratory post COVID link to cancer screening link to social prescribers			link to aging and dementia workstreams				
Health Cordination	ELDP offer to RED RAG caseload					Agreed coordination role, criteria and offer across specialist caseloads, social care, primary care, frailty and other coordinator services ELDP process in place to identify need for coordination in all complex physical health pathways IG agreements in place to enable ongoing sharing of inpatient lists			broadening of coordination across agencies and areas with agreed single plan audit, improvement and ongoing implementation				
Dynamic Support Register	ELDP develop unified internal version & share info with stakeholders					full representation of ELDP caseloads and new referrals with ability to report review of risk criteria using information from acutes, GPs, social care etc.			sharing of information with other agencies with view to shared database in future				
Aging and Frailty	ECC MLM "aging well" integration with ELDP around frailty including training offer to social care providers Development of "Aging Well Toolkit" for social care providers and social workers Engagement with adults on experience/opinions on aging well to inform ECC MLM Project			ECC targeted shared scheme reviews		ECC toolkit for social workers and social care providers to be rolled out and promoted development of Easy Read version of Aging Well Toolkit for people with LD			aging well and dying well approaches become part of ECC Disability Strategy and become business as usual				integrated review
						ELDP to identify all at risk of frailty/deterioration on Dynamic Support Register and link to internal health pathways with frailty tool embedded and link to coordination project							
				specialist ELDP tools used across SET		shared ELDP and MLM approach to aging, information sharing and shared reviews for over 55s **Southend to consult ECC on Aging Well approach** **MSE to identify care home vs supported living/living at home in all datasets**							
	MSE Frailty Forum to identify reasonable adjustments for LD accessibility					holistic LD checklist and discharge templateto be developed for use in MSE virtual frailty wards			Integrated pathways across all agencies communicated and reviewed				
		NEE Frailty work group to reflect LD issues				NEE Frailty lead to identify frailty coordinators, list of relevant services with criteria and review accessibility			Agreements at place across SET for identifying need for health coordination and identification of named coordinator across specialist and mainstream services				
	LD inclusive within west Frailty Expert Oversight Group					Southend to align with ECC Aging Well and Dying Well approaches			Evaluation of deterioration tools in line with NHSE programme				

End of Life	MLM Engagement & integration with hospices & health services to start development of planning ahead tools,identification of social work practise needs, links to training for social care providers Engagement with adults through Summit/Batias on Dying Well to inform ECC MLM project	ECC to develop "dying well approach"	delivery and implementatin of ECC dying well approach across footprint			
	EOL and palliative care training for local hospice (west) inclusive of LD training days					
	LD nurses to develop specialism in palliative care and link with hospices	ELDP end of life pathway to be defined and linked with ECC approach				
vulnerable in community	Southend review and improvement of advice and information service for people with LD	expansion of social care provider website with LD specific information and resources Southend Safeguaridng Board to review accessible information and signposting for LD Southend Safeguarding Board to focus on self neglect and capacity project	Further development and actions to be advised and monitored through SET LD forum			
	Southend commissioning of engagement project with carers steering group (to ensure parents and family carers understand health risks and how to access support)	link to development of LD Hub				
	ECC Welfare calls to those not open to ASC - check plans, support to prepare for and attend AHC, vaccines etc (EWS, Community Agents & Community Link)	Expansion of community agent offer to support AHC, Screening Programmes and links with public health offer and social prescribing				
	Liaison and closer working ECC Local Link & ELDP Community Link to avoid duplication	Thurrock Public Health to work closely with TLS to share information and encourage engagement with services				
	development and promotion of Easy Read information on where to get help - to be made available in libraries, GP surgeries, supermarkets, papers, A&E with full comms plan	further development of Southend "I-plan It" pilot shared care record programme				
	Accredition on LD Standards to be sought via VCSE in North East Essex	West to review all LTC service pathways to ensure fully inclusive of LD & Autism				
	EQUIAs to be reviewed on all LD services in NEE	NEE contracts teams to establish EQUIAs for all new contracts and ensure reasonable adjustments are built in				
	LeDeR information to be targeted at 111 staff engagement with 111 reps at Steering Group					
	training on LD awareness & resources to be delivered to acute Mental Health liaison teams by ELDP	link to autism only review learning and other MH and autism projects				
	Mop up vaccination programme to ensure a) increase in uptake of 1st dose and b) maintained levels of uptake for second dose	ELDP comms explaining support to local vaccination, screening and other programmes integrated with CCGs/Place				
	process for targeting advice to families on transition to adult services to be agreed between ECC and ELDP	Thurrock PH to link with Thurrock Lifestyle Solutions and TAC Colleges to promote transition into adult services and healthy lifestyles				
		link to PH transition work at central and district level				
	ECN to ensure resources training and information to be circulated to family carers, adults and relevant forums	NHSE advocacy resources to be circulated through local agencies				
		MSE Transitions workstreams to align with ECC and ELDP projects to deliver integrated data and approaches to understand future needs of current 14 - 25 yr olds.				
		development of LD central hub with information and navigation without need for referral to statutory services				
Medical decisions	MCA webinar to be widely circulated	PCNs to identify & run projects on co-production & LD inequalities				
	case studies at time to learn sessions - NEE and West	SET GP LD forum to run monthly focusing on case studies: lack of investigation or				
	link community LD nurse for each PCN	Southend link social workers for each PCN				
		review and audit of "did not attend" policy and personalised follow up in target PCN	expand review of policy and implementation of learning across SET			
		CCG GP leads to develop LD champions and build expertise in primary care				
	Healthwatch Accessibility project co-designed to identify acute improvements in MSE	implementation of Healthwatch recommendations - branding, training, hospital passports Development of LD champions in PAH (Healthwatch) & project on signage and A&E experience				
	funding for additional LD hospital liaison capacity to improve acute community communication	projects on acute/community supported by HCA capacity - admission avoidance and improved discharge review of hospital LD registers and IG agreements to improve LD flagging and acute/community information sharing	establishment of shared acute community pathways around LTC management and health coordination			
		MSE data agreement to enable flagging of QoF register patients with local acute hospitals	integration with wider data sets and strategic objectives, electronic hospital/health passports and patient held apps			

Acutes	Agreement for acute LD nurses to raise community DNAR issues with CCG Lead GPs				review of DNAR policy and refreshed targeted training. Medical Directors to advise guidance and training				Respect Gold Standard to be audited in line with NHSE guidance			
	MSE hospital passport project to be scoped with Healthwatch				Health passport format to be agreed within acute Trusts with core principles and in agreement with regional NHSE.				review of NHSE acute care LD Toolkit			
	protocol for familiar carer support in acute agreed with ECC & MSE acute-community communiction actions complete				protocol for support in acute agreed with Southend & Thurrock, CGH and PAH							
STOMP	ASC records to flag ELDP STOMP clinic cohorts		primary care records to flag ELDP STOMP cohorts		ELDP to review DSR for risk of mental health escalation to reflect STOMP early intervention			Review of integtated protocol	Engagment with adults in STOMP cohorts and families regarding refreshed protocol	comms to stakeholders	review outcome measures	
	dataset to be identified by GP surgery and SMR		Eclipse Live to be used to share clinical information and SMRs between practise pharmacists and ELDP STOMP clinics		alignment of ELDP north and south approaches to STOMP Alignment of ELDP and LA complex behaviour support services for STOMP cohorts shared care plans between ELDP and practise pharmacists				CYP STOMP/STAMP Project Start?			
	2021			**2022**				**2023**				**2024**
	Oct	**Nov**	**Dec**	**Jan - Mar**	**Apr-Jun**	**Jul-Sep**	**Oct - Dec**	**Jan - Mar**	**Apr-Jun**	**Jul-Sep**	**Oct - Dec**	
Public health												
healthy lifestyles	review of existing Easy Read leaflets by PH Diet/exercise/bowel health link with LTC advice			comms to accompany roll out of new contracts, highlighting referral routes and accessibility for people with LD. (Link with AHCs and social prescribers to ensure appropriate referrals to health and wellbeing services)	Engagement to be commissioned to explore experience of people with			measure of outcomes, refresh of approach for next 12 months and 3 year strategy	adjustments to be made to ensure services are developing and responding to needs			
					Active Essex to upskill social care providers on benefits of healthy diet and exercise. Offer coaching and mentoring on healthy lifestyles 12 month pilot on mobility post COVID agree consistent list of checks for people with LD				further roll out and targeting based on data from PROSPER, PH, AHC and LeDeR reviews			
	review by LD commissioners of Essex Public health service specs to check accessibility for people with LD				Health and Justice: review of people with LD accessing liaison and diversion to be reviewed including screening tool and appropriate onwards referrals. Complex offending service to link with ELDP forensics to ensure accessibility and appropriateness				ongoing integration and case coordination between ELDP, health and justice services and mental health services			
	ELDP to be added to "Priority ME" for data and integration of care navigation/community link etc				Crisis and vulnerable adult service to review learning from service users with LD and feedback into its other services				repeated joint comms plans to ensure appropriate referrals and shared planning for individuals			
					management courses to adults with learning disabilities. EH work directly with Project 49 and other local groups who serve people with learning disabilities. EH provide courses, which include suitable content in regard to exercise, diet and behaviour change.				link developing public health offer with LD hub Link to Southend Safeguarding Learning and Development sub-group (focus on self neglect)			
					New Southend PH LD lead to be identified Alternative activity offer - bouldering wall, martial arts etc Upskilling workforce programme to support peole with LD to have healthier lives Southend Livewell website to be reviewed with LD accessibility and information							
	Tobacco control strategy to reflect learning disability issues LD specific weight loss sessions				Thurrock to refresh obesity strategy to reflect LD needs and issues Thurrock to review accessibility and promotion of services with key social care providers targeted (Easy Reads incl) Thurrock to ensure relevant workforce are upskilled to meet needs of people with LD working closely with supporting services Work with TLS to further promote healthy lifestyles							
Accommodation and Employment	ECC Accommodation and Employment Strategy to jointly support wider determinants of health (HRS link to housing pathways, IPS Scheme, etc)											
Heart Health	scoping project by consultant				link with public health info & engagement				Comms & roll out of info		engagement & outcome surveys	
					working group to complete integrate cardiac management approach				Comms & roll out of integrated pathways		baseline & methods of evaluation in place	
					working group to make plan to address gaps				Business cases/commissioning intentions		baseline & quarterly outcome monitoring	
					Development of holistic checklist for MSE virtual cardiac wards including LD flagging				establish suite of resources and pathway to support people with LD through cardiac related services			
	leder focused reviews for cardiac issues				reporting of cardiac issues through review summaries and End of Year Report data analysis (by CCG and ICS)							

	North East to promote heart health for patients with LD through digital patient project	Easy Read version of information to be developed and added to digital patient platform	Link to wider heart health SET deliberables		sharing of digital project and resources across SET			
Cancer	North East & West use NHSE promotional materials to increase uptake of bowel health screenings Engagement with adults on experience of cancer screenings	First 5 deliverables across NEE & West	NEE & West - expand to all 9 deliverables for bowel health & start 5 deliverables for 1 other gender specific screenings ELDP to prompt and support access to screenings for those on caseload PH/EWS to gather and share data		expansion of promotion of all screenings across SET			
			MSE cancer screening report to be part of wider LD dataset with support to RED rated surgeries Commissioning support to surgeries to include information around decisions not to treat					
	ELDP to deliver one stop checks with screening in pilot areas Age and gender criteria to social care providers to prompt attendance		First 5 NHSE deliverables for bowel breast and prostate screening across MSE.					
constipation	link to healthy lifestyles project 2021-23 ECC PROSPER to include in social care provider training		Local implementation of NHSE national constipation campaign		specialist LD Dieticians to develop guidance & resources	integrated comms plan and promotion of guidance and resources training plans for Southend & Thurrock social care providers	review of training link to wider PH approaches	roll out of comms, training and link with PH plans
Respiratory	Reasonable adjustment within IAPT contract (west) to ensure access to MH support for long covid		MSE to develop holistic LD Checklist as part of respiratory virtual ward work		link MSE vistual respiratory ward work to wider respiratory pathway work and ELDP physical health pathways			
	COVID survivors to be identified IG established to share with relevant services		ELDP Enhanced Health Checks to report data and insight into cardiac and respiratory illness potential long COVID cases to be shared with ICS programme leads LeDeR focused reviews on respiratory and post COVID issues NHSE pneumonia Toolkit to be promoted and embedded		resulting actions to be delivered			
Dysphagia			ELDP to understand dysphagia as underlying cause of aspiration respiratory issues and to link to physical health pathways oral health champions in each residential home		training on dysphagia, modified diets, risk and management to be developed and offered through social care offer to providers			
Diabetes	MSE LD Diabetes project to establish champions and training		NEE & West to review diabetes workstream for potential implementation		review of data, engagement around experience of diabetes information and services and refresh of diabetes plan			
Epilepsy	West to establish training needs and work with epilepsy specialist within acute services		leads to be identified & service offer to be scoped across SET		implementation of NHSE SUDEP risk toolk & resources			
Mental Health			Thurrock Public Health to promote LD/A within suicide prevention workstream including training for community staff and development of champions		clear pathways to mental health services following LD AHC - to be reviewed and improved accessibility of MH services to be reviewed and supported			
	ELDP to link with MH colleagues to raise awareness of LD issues		scoping of ASD and MH services		agreed action plan to be implemented			
Autism		start of ASD only LeDeR reviews	engagement of stakeholders regarding future notifications engagement of adults with ASD Scoping of data and information around ASD only issues		first EoY report with ASD only data and recommendations for thematic work Plan to be reviewed			
		LeDeR ASD review training for reviewers comms regarding ASD only reviews	ongoing training and development for leder reviewers Standing item on LeDeR Steering Group Reporting and learning added to quarterly LeDeR reports Best practise guide on specific aspects of ASD reviews		SET ASD only action plan agreed and in implementation			review and engagement
			review of Eating Disorder Service regarding accessibility for LD & autistic people training for primary care to include LD/ASD case studies/issues					
BAME	link to national projects. Scoping data		new BAME representative to be identified Full plan to be developed		representation in engagement plans and clear deliverables			
Lived Experience	parent carer on all LeDeR quality groups Engagement on all LeDeR plans through local advocacy and family groups NEE has adult rep on local LD Forum		Adult LD reps on all relevant forums ASD reps for ASD only Quality Panels (via PACT) re-commissioning of EbyE forum		all workstreams to have engagement plan and involvement in measuring outcomes			

Key to colour coding

	Essex Learning Disability Partnership (ELDP) - specialist learning disability services
	Mid and South Essex Integrated Care System (MSE ICS)
	North East Essex CCG area (as part of Suffolk and North Essex ICS)
	West Essex area (as part of Herts & West ICS)
	Thurrock Local Authority (including Public Health)
	Southend Local Authority (including Public Health)
	Essex County Council (including public health
	Across multiple agencies

APPENDIX 5

Long Term Outcome	2024 measure	
Consistent and reliable data will be available to help everyone understand the needs of people with LD/A so that resources can be targeted appropriately	Delivery of S1 Unit and broad represetnation of QoF register on that unit CCG/ICS reporting regularly on vaccine, AHC and cancer screening plus STOMP cohorts	
Avoidable health conditions will be reduced	increase in uptake of sports and health activities reduction in rates of new cases diabetes, hypertension, obesity, chronic kidney disease, chronic constipation	
Health conditions will be identified early	uptake in bowel health screening returns uptake in breast screening increased identification of cardiac risks in AHCs and EPHCs	
People with LD/A and their families will be engaged in decision making about their healthcare and will have accessible information to help them make informed decisions	drop in centres delivered and used Easy Read materials widely available comms plans regular across system surveys show increased information and confidence in adults and families	
The wider context of a person's life and their wishes will be considered in any planning	STOMP cohorts will be show increased optimisation of medication Joined up toolkit will be available to identify and support people with LD/A as they age	
There will be a health management plan which everyone understands	mechanism to identify the best coordinator for people who need them MDT planning meetings to share information and plan care for people who need them	
Reasonable adjustments will be put in place to ensure people with LD/A can access the services they need	surveys and leder reviews evidence increase in reasonable adjustments and access to appropriate services	
People with LD/A will be treated with dignitiy and respect	reduction in DNAR giving Learning Disability, Downs, CP or other as reason reduction in death certificates giving LD/A Downs, CP or other as reason feedback from families and adults on services	
People will be supported to have a "good death" free of pain, accompanied by people they know and in the place they want.	reduction in LeDeR reviews finding poor end of life care recommendations	

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**13**
Reference No.	**ICB 22-31**
Date.	**22 November 2022**

Title	**Dental Briefing**
Lead Director	Dr Ed Garratt, Chief Executive
Author(s)	Lizzie Mapplebeck and Greg Brown
Purpose	For Information

Recommendation:

It is recommended that the Board note the content of this report.

1. Background

1.1 There have been longstanding issues with NHS dental access including NHS routine dental care and urgent dental care. This problem has been amplified by the current COVID-19 pandemic.

1.2 The pain experienced with dental problems such as toothache or abscess can be considerable, intractable and distressing, and might lead sufferers to extreme measures to address pain if urgent dental care is not available. Examples include DIY dentistry and overdoses of paracetamol, which in turn increases pressure on urgent and emergency care. There are also wider societal impacts and costs that arise when people cannot access urgent care, such as increased demands and pressures placed on the wider health care system such as accident and emergency and primary care services, as well as costs to employers and reduced productivity due to time off work.

1.3 In Suffolk, 224,300 dental treatments were delivered in 2020-21 which is 60% less than the pre-pandemic figure of 549,000. Suffolk is a significant pressure point for dental access with only 37.6% of the population accessing dentistry in the previous two years compared to 54.2% before COVID. Compared to England, Suffolk has a higher proportion of people aged 65 and over and a lower proportion of working age people. 61.1% of Suffolk households are in urban areas, compared to 82.3% for England as a whole. The centres of Suffolk's urban areas have the highest population density: Ipswich and some surrounding areas (for example Kesgrave) and Lowestoft account for the ten most densely populated areas, and then major towns including Bury St Edmunds and Sudbury.

1.4 Across north east Essex 74,821 dental treatments were delivered in 2020-21, this is 66% below the pre-pandemic figure of 223,222. In the two years to June 2021, 101,293 adults saw their local NHS dentist in north east Essex which is 37% of the over-18 population, a drop from 50% in the two years to June 2019.

2. Key Issues

2.1. Access

31% of the Suffolk and north east Essex population unsuccessfully tried to get an appointment in the last two years, 9% more in comparison to the rest of England. The population are reporting to have resorted to extreme measures to address pain if urgent dental care is not available, such as extracting their own teeth.

Suffolk NHS 111 reported a 45% increase in calls for urgent dental support and Suffolk GPs reported a 100% increase for urgent dental support since March 2020. There has been a 45% sustained drop in Units of Dental Activity (UDA) undertaken across Suffolk and north east Essex.

There are 172 dentists in north east Essex and 114 dentists in Suffolk; however, 397,000 Suffolk residents are not able to access a dentist in a 15-minute walk and 98,000 residents are not able to access a dentist by public transport in 30 minutes. Several large Suffolk dental practices have closed or have transferred to largely private practices. Many general dental practices in Suffolk are not taking new NHS patients. Ipswich and East Suffolk dental access rate is between 22.1% and 45.5%, much lower than neighbouring CCGs with many dentists not achieving contract requirements. Healthwatch Suffolk reported 222 people contacted the service regarding dental care in 2021, of which 95% were struggling to find NHS dental provision.

Suffolk County Council and Essex County Council's Public Health Teams have both undertaken Oral Health Assessments, which shows that access remains the key issue to oral health within Suffolk and North East Essex.

2.2. Inequalities

The impacts of poor oral health disproportionally affect the most vulnerable and socially disadvantaged individuals and groups in society, this is evident in Suffolk. In Ipswich and East Suffolk white residents reported a higher success rate for accessing a dental appointment. Asylum seekers, refugees and homeless patients are all struggling to access dental care.

43% of vulnerable, Looked After Children placed in Suffolk are unable to access or register with a dentist. The rate of hospital admissions for dental caries in those aged 0-5 is higher in Suffolk in comparison to Suffolk's nearest neighbours (Table 1). Care homes in Suffolk are reporting a lack of proactive dental care availability and are only able to access services for those residents in 'severe pain'. Those aged 18-24 and 35-44 typically had a lower success rate for accessing a dental appointment in Suffolk.

Table 1 – Hospital Admissions for dental carries (0-5) 2018/19 – 2020/21 per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	26,542	223.1	220.4	225.8
East of England NHS Region, old due to ICB changes	-	795	69.8*	64.1	73.7
NHS Ipswich And East Suffolk CCG	-	210	277.3	243.5	320.2
NHS East And North Hertfordshire CCG	-	125	100.5	82.2	118.0
NHS Herts Valleys CCG	-	140	98.6	83.6	117.1
NHS Bedfordshire, Luton and Milton Keynes CCG	-	180	76.3	64.7	87.3
NHS West Suffolk CCG	-	30	66.3	46.6	97.3
NHS Thurrock CCG	-	30	66.3	41.1	89.4
NHS Basildon And Brentwood CCG	-	35	56.7	36.6	75.0
NHS Mid Essex CCG	-	40	52.1	37.2	70.9
NHS Southend CCG	-	20	51.6	33.5	82.7
NHS North East Essex CCG	-	30	44.9	32.7	67.6
NHS West Essex CCG	-	30	43.4	28.1	60.2
NHS Castle Point And Rochford CCG	-	10	30.7	19.0	54.3
NHS Norfolk & Waveney CCG	-	50	27.3	19.3	34.8
NHS Cambridgeshire and Peterborough CCG	-	45	23.1	16.4	30.4

3. Work Underway

Suffolk and North East Essex Integrated Care Board (SNEE ICB) receives delegated authority from NHS England (NHSE) as of 1st April 2023 to commission dental services.

In preparation for the delegation, SNEE ICB has been working with local providers, Public Health Suffolk and in partnership with the University of Suffolk, regional dentists, Health Education England, NHSE and our regions MPs over the past 12 months to develop solutions to the present oral health crisis in the short, medium and longer term.

3.1. Current Programmes of Work

3.1.1. Increased Routine and Urgent Capacity within SNEE

NHS England, after discussion with SNEE ICB have agreed to offer increased activity within SNEE. Eight eligible providers are now working with the system to provide up to 20,000 additional check-ups. This activity has been commissioned by NHSE until the 31st March 2023 and utilises funding made available by the ICB.

Urgent Care Dentistry discussions are continuing to scope further opportunities to increase urgent care services within SNEE. NHSE have also identified that further capacity may be commissioned within SNEE for the same timeframe.

3.1.2. Support for Domiciliary Dentistry (Clinical dentistry for Bed bound patients unable to leave home)

Since the cessation of all other domiciliary contracts in Suffolk, the demand for domiciliary care in Special Care Services has increased significantly. In the last financial year (2021-22) Special Care Services have accepted 214 patients for domiciliary care; an increase of more than 300% compared with the last full year of activity with the previous provider prior to the COVID pandemic (2019-20).

The ICB has provided additional funding to reduce the expected waiting list for Domiciliary Dentistry to zero by the end of March 2023.

Additional support has been offered to North East Essex by NHS England however due to the significant increases, NHSE has focused on Suffolk.

3.1.3. Support for Specialist Dentistry (Clinical dentistry for vulnerable children or adults with special needs)

In the last year (Feb 2020 – Jan 2021), Suffolk special care services have accepted 222 patients for domiciliary care; an increase of more than 600% compared with the last full year of activity with the previous provider (2018-19).

The ICB has provided additional funding to reduce the expected waiting list for Specialist Dentistry by 45% by the end of March 2023.

Additional support has been offered to North East Essex by NHS England however due to the significant increases, NHSE has focused on Suffolk.

3.1.4. Support for Care Homes and Healthcare Professionals

The dental care for care homes work looks to reduce waiting lists and promote oral hygiene in care homes and specialist care in Suffolk and North East Essex. This looks to address the lack of proactive dental care available to this vulnerable group.

Currently the ICB is in discussions with Public Health and Community Dental Providers to enhance the level of support to Nursing / Care / long term Homes to upskill the workforce on oral healthcare as well as looking at what opportunities there are to support Healthcare Professionals within Suffolk and North East Essex.

Community Dental Services have already run a course for Healthcare Professionals that interact with children in North East Essex.

3.1.5. Looked After Children Dental Prioritisation

The looked after children dental prioritisation work looks to increase dental capacity in each town across Suffolk and North East Essex for Looked After Children to receive routine dental care. This looks to address the lack of proactive dental care available to this vulnerable group.

Currently the ICB and NHSE have a pathway agreed for Children in Care, which allows Children in Care to access specific dental services across SNEE. This is estimated to have helped at least 350 patients in Suffolk and over 1,000 across the East of England.

3.1.6. East Suffolk Additional Capacity - Leiston

A programme of work is underway to increase capacity within Leiston. This is being led by NHSE which have confirmed that progress is being made on the procurement.

3.1.7. Urgent Dental Contract Variation

By looking at urgent dental contract variations there is an aim to increase Urgent Care capacity by requesting dentists allow 10% of UDA to be unknown urgent dental work. This looks to address lack of urgent dental capacity.

This project was rolled out by NHSE, though uptake has been low. NHSE are now focusing work on a smaller number of ICB's, the NHSE transformation programme has been paused to allow the NHSE Team to focus on increasing activity across SNEE.

3.1.8. Children's Dental Health Education Initiative

By increasing children's education, to support parents and children in understanding oral healthcare locally we will promote preventative dental care.

Currently the ICB is in discussions with Public Health and Community Dental Providers to enhance the level of support to Nurseries / Schools / childcare facilities to upskill the workforce on oral healthcare.

3.1.9. Homelessness Prioritisation within East Suffolk and North East Essex

Evidence suggests that socially marginalised groups, including those experiencing homelessness, have significant difficulties in accessing dental care services. These patients often present with high levels of treatment need and many require additional support to access care. Individuals may present with complex health and psychosocial needs and a more holistic approach needs to be incorporated into delivery of oral healthcare for this population.

Currently the ICB is proposing a project to NHSE (as the current commissioners) to have a pathway agreed for the homelessness population. This will allow better access for specific dental services across SNEE, agreement has been reached in North East Essex for homelessness support charities to support this model. The pathway is aiming to be live by January 2023.

3.1.10. Access Information

The system access information looks to increase information about which services are seeing patients to allow appropriate redirection of patients to services accepting both emergency and non-emergency services. This looks to address the lack of suitable information regarding dental practices that are accepting new and emergency patients.

Currently the ICB has increased the frequency of auditing dental services, and this is used to update the Directory of Services, which is searchable by 111, and healthcare professionals, further information is shared with dental nurses in the Integrated Urgent Care, Clinical Assessment Service.

3.1.11. Record Sharing

The record sharing work is developing a link in with NHSD to enable patient records to be seen by dental providers (view only). This looks to address the current lack of medical record sharing needed to support treatment of patients.

Currently a request has been prepared however the Provider will need to update its IT system's. SNEEs ICB Digital team has supported providers to ensure interoperability with GP services standards going forward.

3.1.12. Having Secondary Care Prioritisation ((Rheumatology and Oncology Secondary Care Patients) (currently piloted in Mid Essex)).

The ICB is awaiting the results of the pilot that is being undertaken within Mid Essex and has expressed a strong wish to NHS England to be a fast follower of the project. This builds better links between Acute patients and Primary Dental Services. Oncology patients regularly report issues with accessing dental care, which the pilot looks to address

3.1.13. Partnership Working with the University of Suffolk

The solution looks to address both provision of dental services as well as education and skills provision to develop the dental workforce.

With money from Health Education England and support through NHS England, the plans initial starting point has three components:

- The formation of a centre for dental development
- The development of clinical simulation and treatment facilities to support the education and training of undergraduate students in dental therapy and hygiene and apprentice dental technicians and post graduate dentists as they progress their careers
- The development of a dental community interest company offering NHS dental treatment

Work has commenced on the formation of the centre for dental development with estates secured on the Ipswich Campus (James Heir building), initial plans for the clinical simulation suite have been drafted and courses look to commence in 2023.

4. Recommendation

4.1 It is recommended that the Board note the content of this report.

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**14**
Reference No.	**ICB 22-32**
Date.	**22 November 2022**

Title	**Suffolk and North East Essex (SNEE) Integrated Care System Research.**
Lead Director	Dr Andrew Kelso, Medical Director
Author(s)	Dr Clara Yates, Associate Director of Research Norfolk and Waveney ICB.
Purpose	To share the Annual Research Report for 2021/22 (as CCGs). To update the Board on the progress of the Research Strategy Action Plan.

Recommendation:

To receive and note.

1. Background

Annual report (Appendix 1):

Research is core business for the NHS, bringing benefits to patients, clinicians and NHS Organisations. The annual report details the primary care research activity undertaken within the Ipswich and East Suffolk CCG, West Suffolk CCG and North East Essex CCGs (collectively the Suffolk & North East Essex region, known as "SNEE") within 2021/22.

Research Strategy (Appendix 2) and Action Plan:

The 2022-2027 SNEE Research Strategy was adopted by the SNEE Board in July 2022. The Research Strategy Action Plan will ensure that there are clear pathways in place for the ICB to meet the Strategy Aims.

Research across SNEE ICS:

Outside of primary care, there are highly successful research programmes across the ICS. Reports of research activity at EPUT, NSFT, WSFT and ESNEFT are included as Appendices 3-6 to this paper.

2. Key Issues

SNEE Annual Report

Key achievements for 2021/22 include:

- Development of a five-year Research Strategy via a collaborative process with system partners
- Continued dedication to research across the system, with 3,765 participants recruited to NIHR portfolio studies
- Sixty-four General Practices across 24 Primary Care Networks took part in research
- Contributing to the knowledge base on the impact of the Covid-19 pandemic by recruiting participants to the international 'Psychological Impact of Covid-19' study
- 322 participants responded to the Participant Research Experience Survey (PRES), with 88% replying that they would be happy to take part in another research study
- Patient Participation Group members from across primary are in Suffolk and North East Essex contributed to the development of a new 'Introduction to Research' website, ensuring patient views and experiences were incorporated

SNEE Research Plan

During September and October 2022 two collaborative workshops were convened to develop an Action Plan which sets out the steps required to realise the aims in the Strategy. Short, medium and long-term goals have been identified. These range from identifying a lead organisation to drive implementation through to a demonstrable increase in the number of home-grown research grant awards. The need to ensure clear communication with our population underpins all identified activity. The Plan is the process of being completed and will be bought to a future Board meeting for discussion with a view to implementation.

Essex Partnership University NHS Foundation Trust (EPUT)

The total number of patients receiving and staff delivering relevant health services provided or sub-contracted by EPUT in 2021/22 recruited during that period to participate in research approved by a Research Ethics Committee and the Health Research Authority (HRA) was 945. This number of recruits was from participation in 22 research studies opened to participation at EPUT in 2021/22.

Norfolk and Suffolk NHS Foundation Trust (NSFT)

"Between 2021-22, NSFT took part in 25 national research studies through the Clinical Research Network, involving more than 1017 service users and carers.

One third of NSFT's national research portfolio activity in the past 12 months has been developed and led by the Trust. These studies have received competitive national funding from the National Institute of Health and Social Care."

West Suffolk NHS Foundation Trust (WSFT)

"During the pandemic, WSH successfully expanded their local research team to include research staff from CPFT and other sites, who could not undertake their normal duties, but could help WSH by remotely helping with data management of studies like CCP. The flexible workforce programme has worked well at WSH. They have been able to use Bank staff to help with studies, support research clinics i.e. SIREN, create capacity to open studies like Big Baby and to introduce a data coordinator to free-up research nurse / CRP capacity to deliver more studies."

East Suffolk and North Essex NHS Foundation Trust (ESNEFT)

"Research studies are taking place all the time across our Trust. Teams, researchers, clinicians and all the support units who help deliver the research portfolio have worked diligently to improve outcomes for patients both locally and nationally. COVID-19 research continues in the background with the continuation of COVID studies including the SIREN study across our sites. However, the recovery of other important research studies continues. For 2021/22 they were the second in the region for recruitment into NIHR studies. Total recruitment doubled from 2017/18 to 2020/21. The NIHR restart and recovery from 2021/2022 is focusing more on delivery to time and target rather than absolute recruitment numbers."

3. Patient and Public Engagement

Five patient and public involvement volunteers attended the SNEE Research Strategy development workshops and provided invaluable feedback, in particular flagging the need for more social care input, which was addressed before the second workshop, and around communication of research to ensure visibility and support inclusivity of research.

Primary Care Participation Group members from across Norfolk, Suffolk and Essex worked together to design a new 'Introduction to Research' website for Primary Care.

Members of the public were also involved in the development of the Action Plan.

4. Recommendation

To receive and note

Ipswich & East Suffolk CCG
North East Essex CCG
West Suffolk CCG

Annual Research Report

Suffolk and North East Essex CCGs

2021/22

Contents

Report compiled by - Norfolk and Suffolk Primary and Community Care Research Office (NWICB.RandDoffice@nhs.net; NWICB.ResearchDevelopment@nhs.net)

Report contributors - Dr Vicky Adams, Lane Binder, Margaret Brown, Lynne Fanning, Marie Fearn, Emily Frost, Gosia Majsak-Newman, Kate McCloskey, Lisa Osborne, Jacqueline Romero, Dr Helen Sutherland, Clare Symms, Dr Clara Yates.

1. Introduction

This annual report details the primary care research activity undertaken within the Ipswich and East Suffolk CCG, West Suffolk CCG and North East Essex CCGs (collectively the Suffolk & North East Essex region, known as “SNEE”) within 2021/22. SNEE’s research is supported by the National Institute for Health and Care Research (NIHR) Clinical Research Network East of England (CRN EoE), and the Research Office at Norfolk and Waveney CCG (ICB) via a Service Level Agreement (SLA).

Key achievements for 2021/22 include:

- Development of a five-year Research Strategy, in anticipation of the move to becoming an Integrated Care Board in July 2022
- Continued dedication to research across the CCGs, with 3765 participants recruited to NIHR portfolio studies
- Sixty-four General Practices across 24 Primary Care Networks took part in research
- Contributing to the knowledge base on the impact of the Covid-19 pandemic by recruiting participants to the international ‘Psychological Impact of Covid-19’ study

2. Strategic Oversight

Research in SNEE in 2021/22 was overseen by Lisa Nobes (Chief Nurse, Ipswich and East Suffolk CCG) and supported by Mark Shenton (GP and Chairman for Governing Body, Ipswich & East Suffolk CCG). Regular SLA meetings were held with the Research Office to review activity and progress.

2.1 Strategic Development and Delivery

During 2021/22 the Research Office led on a series of workshops to develop a 5-year SNEE research strategy for the SNEE Integrated Care System (ICS), with a view to adoption by the new SNEE Integrated Care Board (ICB). The strategic vision being to build a culture of research across SNEE that is collaborative, responsive and reflects the key needs of the SNEE population. This work will be taken forward through the SNEE ICB to develop an action plan to make the strategy a reality.

2.2 The Local Clinical Network and our Service Level Agreement with the Research Office

CRN EoE continues to champion research within SNEE and part funds the Research Office to provide support to NIHR Portfolio research across the Eastern region. The Research Office continued to provide research management, design and support to the Suffolk CCGs and Practices in Suffolk in line with our Service Level Agreement (see Appendix A), with some activities expanding to encompass the North East Essex region where capacity allowed, and activity was strategically relevant. The Research Office has provided advice, support and guidance on developing grant proposals, on obtaining approvals for and the set-up and conduct of NHS research and on funding and management of the Early Career Researcher Bursary Scheme. It has also prepared reports on activity in line with CCG requirements, regular bulletins on activity and regular updates on performance.

Case Study 1: Research strategy workshops for the SNEE Integrated Care System – 2022 - 2027

Strategy Development

Collaborative workshops

In 2021, the Research Office organised and led two virtual strategy workshops to co-develop a 5-year SNEE research strategy with key stakeholders from across the region.

The strategic vision was to develop a culture that embraces research aligned with the key priorities and needs of the ICS. The strategy aimed to be collaborative, responsive, reflecting the needs of the population across the region, and building on the existing research infrastructure within SNEE.

More than 45 people attended the workshops and included representatives from:

- NHS trusts and CCGs
- Public Health
- Academic institutions
- Clinical Research Network (CRN EoE)
- Social Care organisations
- Public & Patient volunteers

The workshops were led by Clare Symms, the Research Office's Head of Research Management, Finance and PPI; in collaboraiton with Lisa Nobes and Dr Mark Shenton. The Research Office provided facilitation and admin support.

Workshop One looked at where SNEE is now as a research system and where we might want to be

Workshop Two discussed how we might get from where we are now, to where we want SNEE to be

The outputs from the workshops were shared and consolidated into 5 strategic aims. The draft strategy was reviewed by several of the workshop attendees to ensure it reflected the discussions held. The strategy was designed to be flexible and adaptable to the needs of the forthcoming Integrated Care System (ICS).

Strategy Implementation

Strategy approval and next steps

The strategy was taken to the three SNEE CCGs for approval in Spring 2022, with the intention that SNEE Integrated Care Board adopt it.

Dr Andrew Kelso, the SNEE ICB Medical Director, will take the strategy forward into an action plan with the help of the Research Office.

Aim 1 Build a flexible, system-wide approach to research across the Suffolk and North East Essex ICS

Aim 2 Build on our academic partnerships to develop research ideas and achieve research funding

Aim 3 Empower research teams, services, service users and carers to work as partners to help deliver, develop and support high quality research

Aim 4 Work towards embedding a culture of research, innovation and use of evidence across the ICS

Aim 5 Work towards embedding a culture of research, innovation and use of evidence across the ICS

We would like to express our thanks to all those who attended the workshop and shaped the strategy with their feedback.

3. Research Development and Funding

The Research Office's Development team offers expert advice and support around the design and development of research. They work closely with academics and local clinicians to develop grant applications in line with local and national health priorities.

3.1 Research Capability Funding

Research Capability Funding (RCF) is awarded by the National Institute of Health Research (NIHR) to NHS organisations, either in recognition of hosting NIHR research or to NHS organisations which recruit 500 participants or more to CRN portfolio-adopted studies.

Each year, the Research Office invests the RCF awarded to Norfolk and Waveney CCG (NWCCG) into the development of innovative research projects with academics and health and social care staff. The Research Office holds an annual call for RCF awards which fund the development of a research application to NIHR and an up-to-date evidence briefing for service commissioners. Applications are welcome from academics or health and social care staff working with an academic team and are expected to develop research applications in areas aligned with system priorities or another area of significant primary and community health care need. This is open to applicants across Norfolk, Suffolk and North East Essex.

In 2019/20, Dr Olumide Adisa and Dr Katherine Allen at the University of Suffolk's Centre for Abuse Research (CARe), Institute of Social Justice and Crime were awarded £7,180 in RCF and delivered their evidence briefing (available from the Research Office) They continue to work with the Research Office to develop their NIHR grant application.

Ipswich and East Suffolk CCG and North East Essex CCG were also each awarded £20,000 RCF as a result of GPs recruiting more than 500 participants into NIHR research over the previous reporting year.

4. Research Delivery

4.1 Research Site Initiative

The CRN offer General Practices in the region research funding opportunities via the Research Site Initiative (RSI) contract. These contracts offer funding to practices for developing research infrastructure, in return for taking part in NIHR portfolio studies. RSI contracts are offered either to a single site (stand-alone) basis, or to a cluster of Primary Care practices. In line with the rest of the East of England, most research in SNEE practices is conducted through these RSI practices.

A total of 30 practices held RSI contracts in 2021/22, which is 24% of all practices in SNEE (see Appendix B for a list of all RSI practices).

4.2 NIHR Portfolio recruitment

SNEE had an outstanding year of recruitment and recruited 3765 participants to 27 NIHR Portfolio studies through General Practice:

- 1868 Ipswich and East Suffolk CCG
- 1574 North East Essex CCG
- 323 West Suffolk CCG

Recruitment has continued to grow year on year and in 2021/22 exceeded the previous year's record-breaking 3521 participants (**Error! Reference source not found.**). The region's high level of research activity has continued for a second year and reflects of SNEE's dedication to raising the region's research profile. These figures exclude those recruiting within the regions NHS Trusts, as this activity is supported via the individual Trust Research Offices.

Figure 1 – Number of participants within SNEE recruited to NIHR Portfolio studies

Participants were recruited at 64 General Practices across 24 Primary Care Networks (PCNs), ten of which recruited more than 50 participants each (Figure 2).

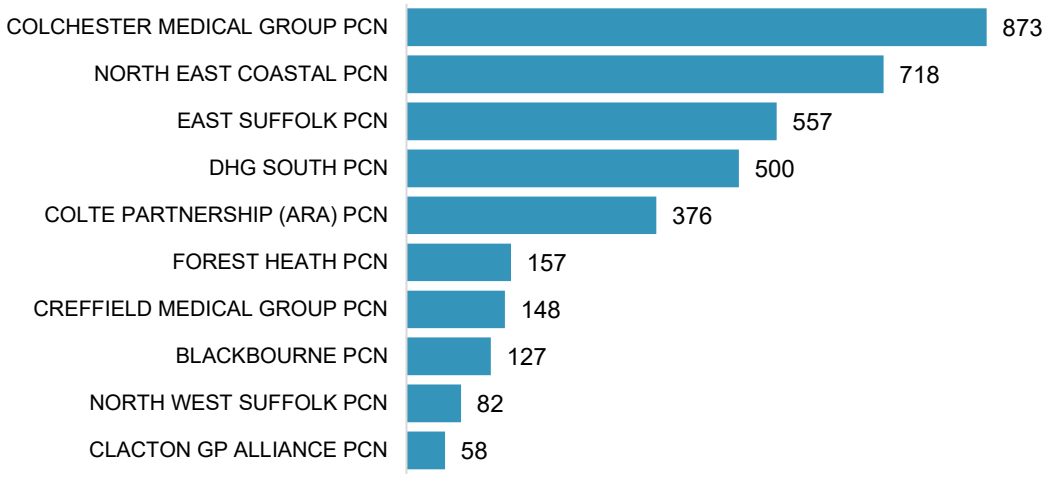


Figure 2 - SNEE PCNs that recruited 50+ participants

Thirty-eight percent of SNEE's participants were recruited to the "Psychological impacts of Covid-19 Pandemic and Experience" study. This two-year, international online survey monitored the psychological impact of the pandemic on global wellbeing. In total the study has recruited 189,000 participants, with SNEE contributing a total of 2,472 recruits (1,449 recruits in 2021/22, 1,023 in 2020/21) to the study.

The study's preliminary results demonstrated that the pandemic negatively affected mental health (in particular in healthcare professionals) and that mental wellbeing was greater in periods of face covering mandates. Further results will be published by the study team in due course.

Case Study 1

The SAFER Trial

Screening for **A**trial **F**ibrillation with **E**CG to **R**educe Stroke

Ten percent of strokes are caused by Atrial Fibrillation (AF), a common heart condition. The aim of this trial is to test a potentially safe and effective way to prevent strokes by screening people for AF and offering anticoagulation therapy (taking blood thinners) to newly diagnosed AF cases reduces the incidence of stroke. Anticoagulation therapy can reduce the risk of stroke by 65%, so the frequency of stroke may be reduced if patients with AF are offered this treatment.

Participants of the study are sent a small device that can read their heart rhythm through their fingertips and sends the data to the research team. Participants can use the device anywhere, which increases the chance of identifying heart rhythm problems. The study's plans to recruit 126,000 participants and will end in 2026.

In March 2022, a qualitative review of SAFER participant experience was published in the BMJ. Participants found the AF screening programme to be a legitimate, relevant, and safe screening process that was easy to comply with. However, participants also needed to be more thoroughly briefed on the risks of taking part (such as the side-effects of anticoagulants).

Whilst the highest-recruiting study of the year was the Psychological Impact of Covid-19 study, non-Covid studies were also prominent this year. Two studies recruited more than 600 participants each: the Immune Defence Study (investigating how to reduce the frequency, severity and duration of respiratory infections such as colds and flu) and the SAFER Trial (see Case Study 1). Five further studies recruited more than 50 participants (Figure 3).

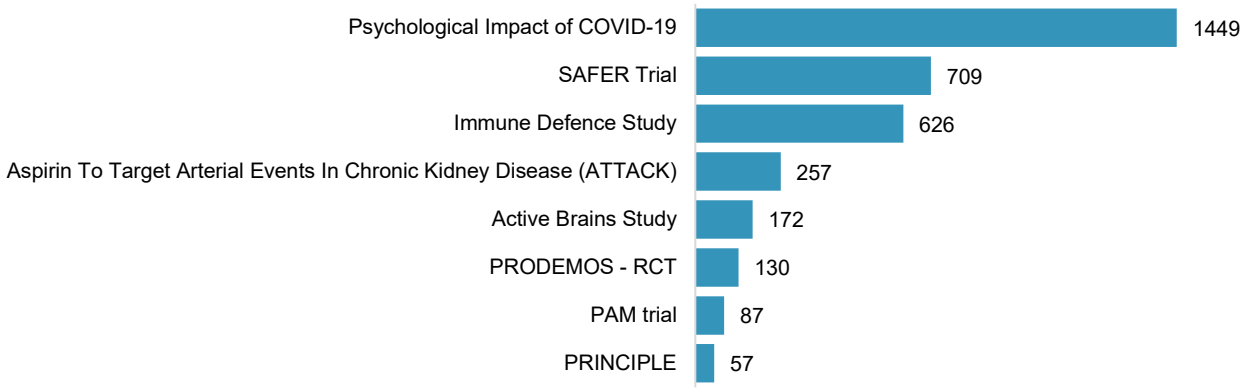


Figure 3 – NIHR Portfolio studies that recruited 50+ participants in SNEE

4.3 Participant Experience in Research (PRES)

Research teams within SNEE continue to seek and act on participant experience feedback obtained through CRN EoE's PRES (Participant Experience in Research) surveys. A total of 322 surveys were returned from participants taking part in research at SNEE General Practices. Responses were overwhelmingly positive about the experience of taking part (**Error! Reference source not found.**).

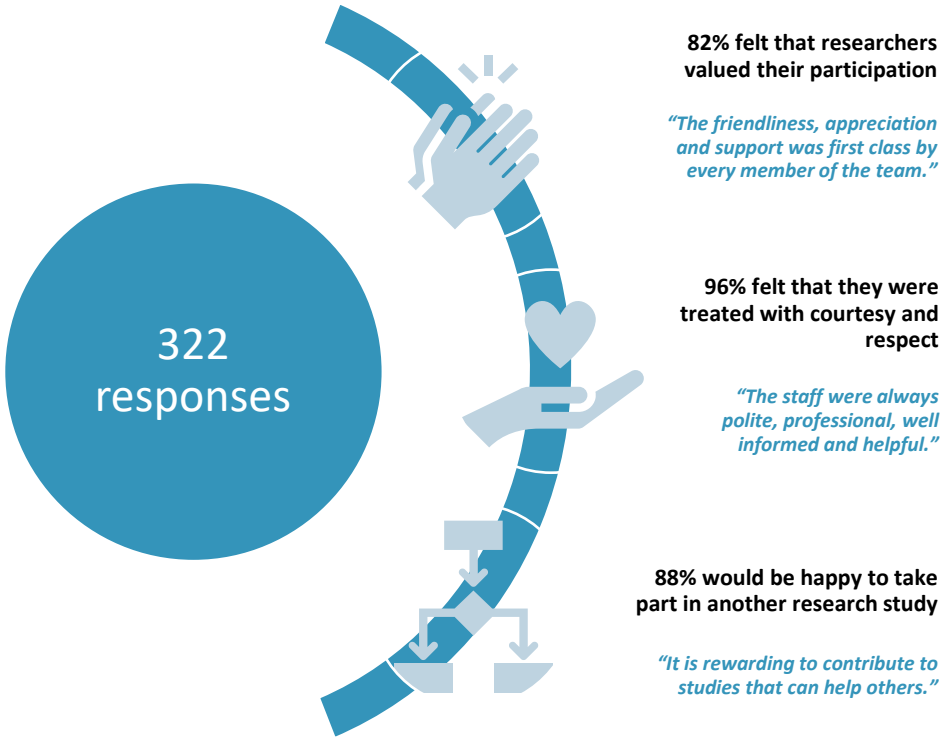


Figure 4 - SNEE Participant feedback from the PRES survey

5. Public and Patient Involvement

The Research Office's Public and Patient Involvement in Research group (PPIRes) was set up in 2004 to recruit volunteers in the region to support public involvement in the development and delivery of research, as well as supporting other initiatives in which a volunteer or public voice is needed.

5.1 Research Strategy

With the help of the PPIRes group, five volunteers attended the SNEE Research Strategy workshops. The volunteers co-developed the region's research strategy alongside commissioners, academics and health and care professionals. They also provided invaluable feedback, in particular flagging the need for more social care input, which was addressed before the second workshop, and around communication of research to ensure visibility and support inclusivity of research. Three further virtual meetings were organised to review the final version of the strategy prior to its publication. The group emphasised the importance of using plain English to ensure that the final strategy would be clear to the public.

5.2 Introduction to Research website

Public involvement through the Research Office's PPIRes group was also invaluable in the development of the new Introduction to Research website (see section 7.2). More than 40 people, including PPG members, GPs and practice staff across Norfolk, Suffolk and North East Essex contributed valuable feedback and questions through several virtual PPG Patient Participation Groups (including Colchester PPG). The feedback was invaluable to creating a website that supports the public's understanding of research:

> *"…when my late husband took part in clinical trials to help others it would have been very helpful to have something like this before he made his decisions…"*
>
> *Participant feedback*

6. Research Management

The Research Office's Management Team supports and provides advice for Primary Care studies taking place in the SNEE region, including commercial studies and those funded by the NIHR.

The Research Office works in partnership with CRN EoE as a central point of coordination management for research across the East of England for primary care NIHR Portfolio Studies. The team also works with all partners to ensure that research undertaken in the region complies with all governance and legal requirements and is reflective of local and national health needs and commissioning priorities. On a day-to-day basis, the Research Office supports research in SNEE by:

- Providing expert advice and guidance to researchers who wish to undertake research in Primary Care in the region.
- Facilitating study delivery in line with national guidance, timelines and targets.
- Ensuring appropriate regulatory approval and local arrangements are in place (e.g. funding, Information Governance considerations).
- Confirming approvals of studies by the Health Research Authority (HRA) and issuing confirmation for the study in line with the national requirements. The Research Office reviewed 29 primary care studies that took place in Suffolk in 21/22, alongside 28 amendments to existing studies.
- Monitoring recruitment to both Portfolio and non-Portfolio studies (see Figure 1).
- Managing data records through the EDGE information management system.
- Translating and making sense of national-level changes to the research environment in terms of their implications for local settings and communicating this as necessary to Practices and research teams.
- Arranging Honorary Contracts and Letters of Access for research, in line with national guidelines. A total of 38 Letters of Access were issued for 8 primary care studies taking part across the East of England.

6.1 Research in non-NHS Settings

New for 2021/22 is the expansion into wider community settings (e.g., care homes, hospices and other social care settings) to support research across both NHS and social care. It is recognised nationally that social care is historically an underserved area for research and expansion into these settings is a key focus of the NIHR and the CRNs. New research nurses were appointed by CRN EoE in 2021/22 to support NIHR research within this setting (known as the CRN Agile Team).

Together with the Research Office at NHS Cambridge and Peterborough, the Norfolk and Waveney Research Office are working with the CRN to support the set-up and management of research studies in this area. Much of the focus to date has been on developing processes, addressing concerns and issues. We are expecting this area of work to grow throughout 2022/23.

7. Communications and Dissemination Activity

Promoting research is a core activity of the Research Office. In addition to producing the SNEE Annual Report of Research Activity, the Research Office is actively involved in a variety of research communication and dissemination activities.

7.1 Research briefings

The Research Office publishes monthly briefings that cover various research subjects, such as new research studies, new funding and training opportunities, news and events, Covid-19 study results, and other research findings.

Briefings have included information on funding opportunities, for example highlighting the Primary Care Clinicians Career Progression Fellowships available from the School of Primary Care Research; Information on webinars or training opportunities such as a webinar on fibrosis in COVID-19 as well as highlighting research results such as the success of the NHS Prevention Programme in reducing the chances of developing type 2 diabetes. The briefings are published online and sent to the Research Office partners and research-active GPs (available from the Research Office on request).

7.2 Introduction to Research website

The Research Office applied for and was awarded £10,000 from the 2021 CRN EoE Digital Innovation Fund to develop a patient-friendly Introduction to Research website for practices to use. The increase in virtual appointments meant that patients no longer see research-related information displayed in in GP waiting rooms as frequently and the website aimed to replicate this in an accessible way.

The Research Office collaborated with primary care Patient Participation Groups (PPGs), GPs and their practice staff. These discussions informed the development of the website, which includes information on:

- What is research
- How patients are recruited into primary care studies
- What might be involved in participation
- Examples of studies that have been carried out in the region to provide patients with concrete examples of what participating can entail
- A more detailed explanation of the recruitment process
- A list of questions that a prospective participant may want to ask the research team prior to deciding to participate

Practices across the region can link to the website which explains to patients what it means to take part in research.

This project was well received by patients and practices, and we are in the process of developing a resource pack to accompany the website for use by Practices and PPGs to enable access to the information in an alternative format for those unable to access the website directly.

8. Looking Forward

2022/23 brings with it many changes as we embark on a new Integrated Care System for Suffolk and North East Essex. We have a new research strategy in place and a new Medical Director who will be playing a prominent role in leading research across the ICS.

A key focus for the coming year will be to develop an action plan to take forward this strategy. We will build on the excellent grounding that already exists across the system to develop a robust collaborative infrastructure and culture for research that meets the needs of the SNEE population. This includes ensuring research is relevant and accessible to both our population and our workforce and to empower teams to drive research forward within our system.

Another key focus will be to look at how we can ensure research is accessible to our population, particularly those with the greatest need. There will be a focus at both the design and delivery stages of research to look at building relationships within communities and adapting current ways of working, opening up opportunities for research participation.

We will build on the work carried out to develop the patient-friendly research information website to prepare a suite of resources which will make the information accessible to those that are unable to access practice websites. The resources will also be made available to PPGs to promote research if they wish to do so. This website is also being linked to by research active community pharmacies.

As the number of research studies within the wider social care and community settings increases, we will continue to work with CRN EoE, and ESNEFT as the host organisation for the CRN Agile team, to support the set-up, management and rollout of these studies.

Appendix A: SLA

The SLA sets out the responsibilities of the Research Office to support research activity in the following ways:

i. Providing expert advice and guidance on research matters to staff and researchers across the entire research life cycle

ii. Ensuring all research undertaken in Primary Care in the region has all necessary permissions and approvals in place

iii. Maintaining a record of all research activity across the locality in conjunction with the Clinical Research Network (CRN) (EDGE database)

iv. Overseeing performance management in conjunction with the CRN and responding to any research incidents or complaints

v. Representing CCG interests on the CRN Partnership Board.

vi. Offering Research Development and Design services including grant costing, design advice, collaboration with academic partners

vii. Offering access to Research Bursary scheme for Suffolk clinicians

vii. Supporting with national reporting requirements such as spend on RCF (Research Capability Funding)

ix. Supporting Patient and Public Involvement in Research via the Research Office's PPIRes Panel.

x. Working collaboratively with partners to advance the wider research endeavour and champion primary care via involvement in local national initiatives and forums.

xi. Communicating and promoting research via the Research Office website, newsletters and bulletins and Twitter feed.

North East Essex Support

The SLA with NHS Norfolk and Waveney has historically been with Ipswich and East Suffolk CCG and West Suffolk CCG. Primary Care research activity in North East Essex has been supported in part through the Norfolk and Waveney partnership agreement with CRN EoE (activities i-v above where the research is eligible for CRN support and adopted onto the NIHR CRN portfolio. Activities i-v in North East Essex are supported for non-portfolio activity (e.g. student studies) in an ad hoc manner where capacity allows, or where the activity also extends into Norfolk or Suffolk. The volume of non-portfolio work is low (less than 5% of studies). Generally, activities vi-xi have not been available for North East Essex, although with the move to the SNEE ICS NHS Norfolk and Waveney have supported some elements where strategically relevant – in particular, supporting the development of a SNEE research strategy and supporting reporting on Research Capability Funding awarded to NEE CCG in 2021/22.

Appendix B: List of practices with RSI contracts

Suffolk

Primary Care RSI Cluster

- Brandon Medical Practice
- Combs Ford Surgery
- Cardinal Medical Practice
- Deben Rd Surgery
- Debenham Group Practice
- Haven Health
- Howard House Surgery
- Martlesham
- Oakfield

Single Site RSI contracts

- Stow Health
- The Birches
- Burlington Rd
- Guildhall and Barrow
- Ixworth
- Leiston
- Little St John's Surgery
- Swan
- The Peninsula Practice
- Two Rivers
- Wickham Market
- Woolpit

North East Essex

Ranworth PCN RSI cluster

- Clacton Community Practices
- Ranworth
- Caradoc

Single Site RSI Contracts

- Abbey Field
- Colchester Medical Practice
- Creffield
- Great Bentley
- Winstree

Appendix C: Glossary of Terms

Clinical Commissioning Group (CCG) – NHS organisations responsible for the planning and commissioning of local health services. CCGs were replaced with ICBs in July 2022.

CRN East of England (CRN EoE) – NIHR Clinical Research Network providing researchers with practical support they need to make clinical studies happen cross the NHS in the Eastern region.

EDGE – The Intelligent Data Platform used in NHS research for recording and managing study set up and recruitment.

Good Clinical Practice (GCP) – The international ethical, scientific and practical standard to which all clinical research is conducted.

Health Research Authority (HRA) – The organisation that provides oversight and approvals for research conducted in the UK using NHS patients, staff, or premises.

Integrated Care Board (ICB) – A statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. ICBs replaced CCGs in July 2022.

Integrated Care System (ICS) – Regional partnerships between health and care organisations, designed to help services work in a collaborative and joined-up way.

National Institute of Health and Care Research (NIHR) – The NHS' research arm that is focused on supporting a health research system that is focused on improving the health and care of the public.

Primary Care Network (PCN) – A group of General Practices working together, often with a range of local providers, to better meet the needs of the local population by extending the range of services available.

Participant Identification Centres (PICs) – Practices or community teams that help identify and approach patients who are potentially eligible for a study, but the recruitment and all other study procedures will be done at another site (commonly an acute trust).

Portfolio study – Studies adopted to the NIHR Portfolio are those that are deemed of national importance to the NHS. They can be non-commercial (the project is funded by a peer-reviewed, nationally competitive grant) or commercial (a robust, privately funded project aiming to benefit patients).

Public and Patient Involvement in Research (PPIRes) – A patient group run by the Research Office that provides researchers with the facility to access patient and public involvement.

Participant in Research Experience Survey (**PRES)** – A survey conducted by the CRN to capture participant feedback for portfolio studies.

Research Capability Funding (RCF) – Department of Health funding that research-active NHS organisations can receive to support capability and capacity for research. Organisations

can receive RCF for either grant-related activity (proportionate to the income of NIHR grants hosted by the organisation) or recruitment activity (achieving recruitment targets in the previous financial year).

Research Site Initiative (RSI) Scheme – Annual performance-based CRN contract that provides practices with funding to support research infrastructure and portfolio study delivery.

Suffolk and North East Essex (SNEE)

University of East Anglia (UEA)

University of Suffolk (UoS)

Appendix 2
Suffolk and North East Essex ICS Research Strategy 2022

Research Strategy for Suffolk and North East Essex Integrated Care System – 2022 - 2027

1 INTRODUCTION

The Suffolk and North East Essex (SNEE) Integrated care system (ICS)[1] is one of 42 ICSs across England, as announced by the Chief Executive of the NHS on April 1, 2021. These bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. ICSs were a key part of the NHS Long Term Plan, and the Health and Care Bill, which is set to become the Health and Care Act, will put Integrated Care Systems (ICSs) on a statutory footing from 1st July 2022.

The central aim of each ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. Research is a core function of health and social care. Thus, development of a robust research and evidence culture is an essential ingredient to the success of ICSs.

The Suffolk and North East Essex ICS builds on the earlier work of the Suffolk and North East Essex Sustainability and Transformation Partnership (STP). The full spectrum of partners engaged in the ICS includes NHS Commissioners, NHS Provider Trusts, Local government, NHS regulators, primary care – GPs, community pharmacists, optometrists and dentists, independent sector providers, community and voluntary sector, public, patient and carer groups, education and research and other sectors including industry, police and education.

The new Health and Care Bill gives ICSs duties to promote research and innovation, and to facilitate partners to do the same; the NHS constitution provides a commitment to "innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population" and expectation that users of the NHS will be given opportunities to participate in research relevant to their care. To ensure research that is aligned with the Suffolk and North East Essex Integrated Care System, this document sets out our inaugural research strategy over the next 5 years.

2 ACHIEVING OUR AMBITIONS AS AN ICS

Our eight 'Higher Ambitions' as an ICS, as set out below, and on our website relate to the key long standing health and care challenges in our region, and link to the priorities set by the Health and Wellbeing Boards in Essex and Suffolk in their Joint Health and Wellbeing Strategies.

- **Our Primary Ambition:** Reducing Health Inequalities

[1] Suffolk & North East Essex Integrated Care System - Suffolk & North East Essex Integrated Care System (sneeics.org.uk)

- A healthier life for everyone
- Emotional wellbeing from the start of life
- Zero Suicide
- Earlier diagnosis and treatment for cancer
- An effective treatment pathway for obesity
- The best quality of life as we grow older
- The care and support we need at the end of life

It is the intention that this research strategy will inform the development of a robust collaborative infrastructure and culture for research across our ICS, enabling the delivery, development and dissemination of research aligned to these ambitions and the key needs of our population.

Academic Links

Our key academic partners currently include the University of Suffolk (UoS), Anglia Ruskin University (ARU), University of Essex and University of East Anglia (UEA).

The University of Suffolk (UoS), established in 2016, is the first university in the county, and fully embraces a culture of research, as demonstrated by its four new research institutes launched this year; Institute for Social Justice and Crime; Suffolk Sustainability Institute; Institute of Health and Wellbeing; and the Digital Futures Institute. The Integrated Care Academy (ICA) at UoS is a unique partnership between SNEE ICS, UoS, Suffolk County Council and Healthwatch Suffolk; the first in the country to formally bring together the four pillars of higher education, an integrated care system, local authority, and the voluntary and community sector. At the ICA co-production is key, with specialised integrated care training courses offered through its Co-production Hub.

The three priority areas of the ICA purposefully align with SNEE ICS:

- Improving mental health and wellbeing
- Supporting best quality of life as we grow older
- Optimising care and support towards end of life

We have close working relationships through East Suffolk and North Essex NHS Foundation Trust (ESNEFT) with Anglia Ruskin University (ARU), particularly in relation to AI and the medical school, and University of Essex. With ARU launching its Wellbeing Research and Innovation Network in January 2022, with a key goal of improving health and wellbeing across the Eastern region.

SNEE NHS Trusts and CCGs were also founder partners of the University of East Anglia (UEA) Health and Social Care Partners (UEAHSCP), which brings together researchers and academics across health and social care organisations in Norfolk, Suffolk and North East Essex to conduct collaborative research to address the key health and care challenges for the region.

Given the infancy of our Integrated Care System, which like the rest of the England, comes into being on 1st July 2022, this strategy is designed to be flexible to respond to changing priorities and focus both locally, within SNEE, as well as changes to national strategy and direction.

3 THE LOCAL POPULATION

We have a population of around 1 million, with an expected population growth of 10% over the next 10 years. Our population is aging, the number of older people over 75 living alone is increasing and the number of residents living in care homes is expected to increase by 40% in the next 10 years[2], and the number of older people with dementia to double over the next 20 years[3].

Whilst we have some of the most advantaged neighbourhoods in the country, we also have some of the most deprived, and our inequalities have deepened. Key health indicators such as life expectancy, under 75 mortality rates and suicide rate in our areas of highest deprivation are significantly worse than the national average:

Indicator	Period		England	Colchester	Tendring	Suffolk
Life expectancy at birth (Male)	2017 - 19		79.8	**80.5**	**78.2**	**80.9**
Life expectancy at birth (Female)	2017 - 19		83.4	**83.4**	**81.7**	**84.3**
Under 75 mortality rate from all causes considered preventable	2017 - 19		326	**122.4**	**170.5**	**117.0**
Under 75 mortality rate from all cardiovascular diseases	2017 - 19		70.4	**51.1**	**78.9**	**60.3**
Under 75 mortality rate from cancer	2017 - 19		129.2	**122.0**	**136.3**	**117.9**
Suicide rate	2017 - 19		10.1	**18.5**	**18.8**	**10.4**
Inequality in life expectancy at birth (Male)	2017 - 19		9.4	**8.0**	**10.1**	**7.0**
Inequality in life expectancy at birth (Female)	2017 - 19		7.6	**6.2**	**7.7**	**5.0**

Segment Tool (phe.gov.uk)

Diabetes, mental ill health and obesity are increasing, and our suicide rates, particularly in North East Essex are significantly higher than the England average[4].

Amongst the wider determinants of health, pollution levels (CO2, NOX) are rising, demand for housing outstrips supply, with increases in unemployment, universal credit claimants. Whilst skill levels are rising, educational attainment is relatively weak[5].

Through systematic gathering of evidence and robust methodologies this research strategy for SNEE can support the drive towards identifying gaps in evidence and priority areas to assist those in greatest need.

[2] Our local population - Suffolk & North East Essex Integrated Care System (sneeics.org.uk)
[3] Our local population - Suffolk & North East Essex Integrated Care System (sneeics.org.uk)
[4] Our local population - Suffolk & North East Essex Integrated Care System (sneeics.org.uk)
[5] Presentation from Anna Crisp, Public Health Suffolk at First Strategy Development workshop

4 WHY IS RESEARCH IMPORTANT?

Research is essential in health and social care. It is one of the main drivers in providing evidence-based improved treatment and care options for individuals, helping us to find out which treatments work better and improving our understanding of individuals experience of care and what is important to them in managing their health. Research can, and must, help identify gaps in knowledge and change the way that we work. The research undertaken during the COVID-19 pandemic not only gave us effective treatments and vaccinations, but it also led to a greater understanding of how COVID-19 spread, and how the pandemic affected individuals and society as a whole[6].

Co-production in research, working in collaboration with service users and those with whom the research will have the most impact, to develop and deliver research is recognised as essential to delivering robust and impactful research. Service users, carers and frontline staff can not only offer a unique perspective on the questions that are most important, but also on the deliverability of research and engagement of differing populations and communities. This is essential if we are to make research accessible to our differing communities.

There is a growing body of evidence[7][8][9][10][11] which demonstrates that hospitals that are research active have better outcomes, and that patients and services not directly involved in the trials themselves still benefit from being in research-active organisations. Evidence is also growing that this also applies to other health and care settings.

The Care Quality Commission (CQC) now includes an assessment of opportunities for service users to join research projects and clinical trials as one of the characteristics of a 'Well-Led' organisation, and research offers learning and development opportunities for staff, and can help with recruitment and retention, helping organisations to flourish.

This research strategy, the first for SNEE, is key to creating a research rich environment to identify and generate the reforms necessary as we move into a phase of recovery for a better future.

5 DEVELOPMENT OF THIS STRATEGY AND VISION

The development of this strategy for research has been informed through two system wide workshops, held in December 2021 with stakeholders able to comment and shape the resulting strategy (this strategy) that has emerged.

We would like to express our thanks to all those who attended the workshop and helped to shape the strategy as it now stands.

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[6] NIHR Evidence - Browse content - Informative and accessible health and care research

[7] Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study

[8] The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study

[9] Research activity and the association with mortality;

[10] High hospital research participation and improved colorectal cancer survival outcomes: a population-based study

[11] Does the engagement of clinicians and organisations in research improve healthcare performance: a three-stage review

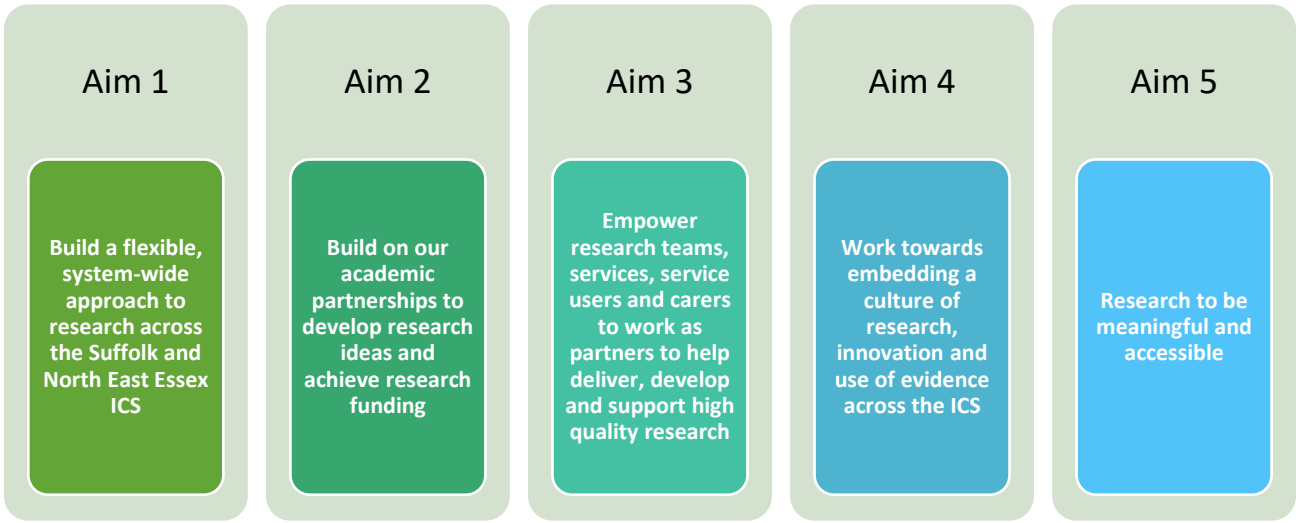
6 Our Vision

Vision

To build a culture of research across Suffolk and North East Essex Integrated Care System (SNEE ICS) that is responsive to those in most need in the communities that it serves

7 Our Strategic Aims

This strategy has 5 strategic aims



Aim 1. Build a flexible, system-wide approach to research across the Suffolk and North East Essex ICS

The ICS offers an opportunity to work as a system to develop our research infrastructure and use our collective resources to address issues that specifically affect our population.

Individual partners within the Suffolk and North East Essex ICS have a good track record of delivering research and collaborating on studies; working in partnership was key in enabling the delivery of urgent public health research during the COVID-19 pandemic and working as a system will enable us to build on this work, bringing opportunities to develop innovative, collaborative solutions to challenges, and to achieve a coordinated approach to the development and delivery of research within Suffolk and North East Essex.

Aim 2. Build on our academic partnerships to develop research ideas and achieve research funding

The priorities of the Integrated Care Academy at University of Suffolk purposefully align with those of the ICS, and we have strong connections to Anglia Ruskin University (ARU) via ESNEFT and the North East Essex system. Academic links are also established with University of Essex via ESNEFT and through membership of University of East Anglia Health and Social Care Partners (UEAHSCP).

Building and strengthening these partnerships gives opportunities to identify and develop ideas at a system wide level and bid for research monies. Bringing together individuals from across the system to develop truly collaborative projects that are realistic, achievable, academically sound and meet the needs of our population, to get the best chance of achieving funding.

Aim 3. Empower research teams, services, service users and carers to work as partners to help deliver, develop and support high quality research

Involving service users and frontline staff in all aspects of the research pathway helps to ensure research focuses on what is most important to service users and staff delivering care; is practical and acceptable to those it is aimed to help; and supports inclusion across different populations and communities. Co-production is an essential element in addressing the needs and challenges of the communities the research is designed to serve.

Aim 4. Embedding a culture of research, innovation and use of evidence across the ICS

As described in section 4, increasing evidence shows that research active organisations have better outcomes for their patients and services users, providing evidence-based improved treatment and care options, and offering staff professional developmental opportunities. Engagement of our services in research also ensures that the findings from that research are applicable to our population.

Raising awareness and visibility of research, promoting opportunities for staff and service users and highlighting how staff can get involved, will help to embed research within the everyday working of the ICS, increasing opportunities for service users and staff to participate.

Embedding learning from local, national and international research into the commissioning and delivery of services helps to ensure people receive the most effective services and provide the best possible outcomes for their health and wellbeing.

Aim 5. Research to be visible, meaningful and accessible

To achieve the best outcomes and engagement, research needs to be accessible to all. Increasing communication and visibility of research in a format that is accessible and inclusive will help support the development of a research culture within the ICS, increase knowledge and engagement of staff and service users and support inclusivity of research.

Consideration is needed around communication of research opportunities, dissemination of research results and findings, identification of local impact as well as access to, availability and use of evidence. Much research in health and care is publicly funded, communication and visibility of research helps demonstrate the benefits of public money invested in research.

8 KEY OUTCOMES

DELIVERY OF THIS STRATEGY IS EXPECTED TO RESULT IN THE FOLLOWING OUTCOMES.

By 2027 we will have:

1. Built the profile of research within the Suffolk and North East Essex ICS
2. Built a positive reputation for delivery of research within the region
3. Developed locally led collaborative research aligned to local and national priorities that attracting national funding into the region
4. Established strong networks and partnerships for research across the Suffolk, North East Essex region – working together across system, place and neighbourhood to address challenges in research, deliver solutions and champion research
5. Empowered individuals to engage in and champion research
6. Increased dissemination of findings, activities, impact and stories to partners and service users across our ICS

Measured through:

- An increase in the number and scope of research projects delivered locally (Outcomes 1,4,5)
- Increased engagement of communities in research, particularly in areas of most need (Outcomes 1,2,4,5,6)
- Achieving repeat business from external research teams coming back to the SNEE region to deliver their research (Outcomes 1,2)
- An increase in the number and value of research grants achieving national funding held by SNEE ICS partners (Outcomes 2,3,4,5).
- An increase in the number of and grant applications developed collaboratively within SNEE (Outcomes 3,4,5)
- Research champions embedded within ICS partners (Outcome 5)
- An increase in locally led research publications and communications (Outcome 6)
- Research activity featuring more regularly within ICS and partner communications (Outcome 6)

9 ACKNOWLEDGEMENTS

This strategy was developed following two virtual workshops held in Quarter 3 21/22 which explored: where we currently were as a system; our strengths, weaknesses, opportunities, and challenges; what we would like to see in a successful research system; and what steps we might need to take to get there.

Delegates included: commissioners and practitioners from across the healthcare sector in Suffolk and North East Essex; representatives from public health, social care, and the public voice; academic partners and other relevant stakeholders such as the National Institute for Health and Care Research Clinical Research Network (NIHR CRN) for the Eastern region - CRN East of England.

The workshops were organised and led by the Research Office at NHS Norfolk and Waveney CCG (Clinical Commissioning Group) with whom Ipswich and East Suffolk CCG and West Suffolk CCG hold a Service Level Agreement (SLA), with the support of Lisa Nobes, Director of Nursing, NHS Suffolk and North East Essex CCG and Mark Shenton Chair/ GP East Suffolk.

10 GLOSSARY

Acronym	Title	Description
ARU	Anglia Ruskin University	
CCG	Clinical Commissioning Group	CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided. From 1st July 2022 CCGs will be replaced by Integrated Care Boards (ICB)
CQC	Care Quality Commission	CQC is the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. https://www.cqc.org.uk/
CRN	Clinical Research Network	The NIHR CRN includes 15 local networks who coordinate and support the delivery of research in England. They provide local funding for staff, facilities, equipment and support services to support research within health and social care organisations. Clinical Research Network | NIHR
ESNEFT	East Suffolk and North Essex NHS Foundation Trust	ESNEFT provides hospital and community health care services for Colchester, Ipswich and local areas. Formed on 1st July 2018, ESNEFT is the largest NHS organisation in the region.
ICA	Integrated Care Academy	The Integrated Care Academy (ICA) at University of Suffolk is a partnership between the University of Suffolk, the Suffolk and North East Essex ICS, Suffolk County Council and Healthwatch Suffolk and others from the voluntary and community sector. It is the leading academic partner for local health and social care services working in mental health, care for older people and end of life care, and for all people and communities who are interested in learning, including service users, their families and carers.
ICB	Integrated Care Board	Each ICS will be led by an ICB, the organisation with responsibility for NHS functions and budgets. ICBs will replace CCGs on 1st July 2022 as the organisation responsible for commissioning services

ICS	Integrated Care System	ICSs are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups
NIHR	National Institute for Health and Care Research	The NIHR was established in 2006, and is funded by Department of Health and Social Care. Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing and promotes economic growth. https://www.nihr.ac.uk/
SLA	Service Level Agreement	Agreement between partners to deliver a service – in the case of this document – this is an agreement between Suffolk CCGs and the Norfolk and Waveney CCG to deliver research support
SNEE	Suffolk and North East Essex	SNEE is the region this strategy applies to and the region covered by the SNEE ICS
STP	Sustainability and Transformation Partnership	Sustainability and transformation partnerships (STPs) were introduced in 2016 to bring together local NHS organisations and local authorities to develop proposals to improve health and the quality of care to provide better services for patients in the areas they serve. These have been replaced by ICSs
UEA	University of East Anglia	
UEAHSCP	UEA Health and Social Care Partners	UEA Health and Social Care Partners (UEAHSCP), brings together world-class researchers and academics across health and social care organisations in Norfolk, Suffolk and North East Essex to conduct collaborative research to address the key health challenges in the region
UoS	University of Suffolk	

Appendix 3
Essex Partnership University NHS Foundation Trust Research Report 21/22

2.2.3 Clinical Research and Innovation

Research is a cornerstone of maintaining high quality and developing innovative services through evidence based practice. While the pandemic has inevitably reduced the amount of research we have been able to do into other conditions, we have worked hard to maintain a diverse and active portfolio. Collaboration is at the core of our response to the pandemic. EPUT remains committed to being a research active organisation providing a balanced portfolio of interventional, observational, large-scale surveys, commercial and non-commercial studies across Essex.

The total number of patients receiving and staff delivering relevant health services provided or sub-contracted by EPUT in 2021/22 recruited during that period to participate in research approved by a Research Ethics Committee and the Health Research Authority (HRA) was 945. This number of recruits was from participation in 22 research studies opened to participation at EPUT in 2021/22.

Our research portfolio 2021/22 continues to include the National Confidentiality Inquiry into Suicide and Safety in Mental Health (NCISH), recruiting a further 80 participants in this year. Since the start of the project in 2017 EPUT has recruited a total of 236 participants.

During 2020/21 EPUTs research delivery team continued to actively recruit well to a dementia priority study entitled – 'A parallel multi-centre randomised controlled trial (RCT) to determine the clinical and cost-effectiveness of DREAMS START (**D**ementia **RE**l**A**ted **M**anual for **S**leep; **ST**r**A**tegies for **R**ela**T**ives) for people living with dementia and their carers'. To March 2022 recruiting 72 participants placed us as the top recruiting site across the current 13 open recruiting sites.

EPUT continues to deliver on national research projects and agendas through its alignment with the National Institute for Health Research (NIHR) Clinical Research Network (CRN) North Thames (NT) with the aim to strengthen the UK's research system as a whole. Since the NIHR establishment in 2006 under the government's health research strategy Best Research for Best Health, their mission has been to improve the health and wealth of the nation through research. In June 2021, Best Research for Best Health: The Next chapter (.PDF) was published. This re-affirms the 6 core work streams and highlights seven 'areas of strategic focus' where the environment is changing and where we need to deliver transformative change over the next five to ten years. Together, these comprise the NIHR operational priorities as we emerge from the COVID-19 pandemic. At all times guided by operating principles of impact, excellence, inclusion, collaboration and effectiveness.

To investigate and shed light on the impacts of the pandemic on mental health, the NIHR invested £2m into six research projects jointly funded with UKRI. The specific

focus of this is on reducing the negative effects of the pandemic on the mental health of three at-risk groups: healthcare workers, children and younger people, and those with serious mental health problems. The COVID-19 pandemic and associated restrictions have had a negative effect on the mental health of the nation, with *one in five adults in Great Britain experiencing some form of depression*. The first and largest of the six new projects seeks to understand and mitigate the psychosocial impact of the pandemic on NHS staff in England.
During 2021 EPUT is proud to have been involved in the third phase of this global study through 415 staff completing an online questionnaire exploring the psychological impact of the coronavirus and changing restrictions, their effect on our emotions, behavior and wellbeing.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. Embedded within these constitutional values and pledges every NHS organisation has a duty to:

- Show commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.
- to anonymise information collected during the course of treatment and use it to support research and improve care for others
- inform public, patients and staff of research studies in which they may be eligible to participate

EPUT is actively working on its mission to meet these pledges and has in place a Five Year Strategy (2019 – 2024) which confirms our commitment to research and innovation:

'We are maximising research and innovations in care to increase patient experience'

'Continued working with our universities to take forward research activities'

Staff and stakeholders said:
'I will actively participate in the research, development and generating of ideas and solutions to problems that will contribute to our trust leading the way within local systems'

In August 2021 we opened as a recruiting site to the Inpatient Safety in Mental Health Observational Study funded by Oxehealth Limited and Sponsored by London South Bank University. The overall aim of this research programme is to improve safety in inpatient mental health settings by identifying precursors to harm. In this study anonymised incident data from EPUT will be examined. Retrospective data from up to 12 months prior to the start of the study will be reviewed, together with ongoing prospective data collection for up to a year. Alongside incident data from Trust logs anonymised data will be used from a vision-based patient monitoring and management system, Oxevision (Oxehealth Limited, Oxford, UK) which is currently

used in mental health wards across EPUT as part of routine care. The system supports staff caring for patients by providing contact free measurement of breathing rate and pulse rate, alerts and activity reports. This study is not designed to evaluate the Oxevision system itself, but to establish if insights may be obtained into precursors to harm by combining anonymised data from the system with anonymised data from Trust incident logs.

In November 2021 we officially launched and started on our NIHR Research for Patient Benefit (RfPB) funded research project collaboration with ARU, which aims to identify the mental health support needs of women veterans, and to provide guidance and recommendations for mental healthcare professionals (MCHPs) to enhance NHS veteran-specific mental health support for women.

February 2022 saw the completion of EPUTs participation as the highest recruiting site for a commercial study entitled 'A validation study of a computerised, Artificial Intelligence assisted cognitive assessment test compared to a widely used cognitive assessment test and specialist clinical diagnosis in patients with Alzheimer's Dementia and Mild Cognitive Impairment' with a total of 76 participants recruited. EPUT delivery staff within our research and Innovations department were highly praised by the company, Cognetivity Ltd.:

'*Their determination and perseverance rendered your site as the highest recruiter with the smallest number of screenfails out of the 12 participating hospitals.*'

In March 2022 the outcomes of a research study were published which EPUT were delighted to be selected in August 2019 as a participating site for a 6 month period. The study entitled EFFIP (E-support for Families and Friends of Individuals affected by Psychosis): A randomised controlled trial (RCT) of a co-produced online intervention for carers, was comparing carers use/experience of a static website with information only and the COPe-support interactive website. Although the outcomes showed there wasn't any big difference between using either sort of website, the good news is that some of those who did use the website were interviewed and had a number of positive experiences. Carers found COPe-support to be a convenient, flexible source of knowledge and support from other carers and relevant experts. Carers gained self-confidence, hope, and a sense of community from connecting with others in the same situation, which helped reduced stigma and feelings of isolation. Best of all, self-care of carers was increased through their use of COPe-support. Carers' usage and experience of COPe-support differed widely depending on carer age and how comfortable they felt using the internet.

As part of our ongoing work to engage staff in clinical academic career pathways the research department have actively worked with and supported an application in March 2022 by Mr Edward Kirby made to the HEE/NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship 2022 (round 5). Ed is EPUTs MSK Lead Physiotherapist and our AHP Research Lead, the outcome of this application will be notified in May 2022.

Appendix 4
Norfolk and Suffolk NHS Foundation Trust Research Report 21/22

Researching together

NHS
Norfolk and Suffolk
NHS Foundation Trust

NSFT Research: Quality and Performance Summary

Updated to September 2022

Research Delivery

- Between 2021-22, NSFT took part in 25 national research studies through the Clinical Research Network, involving more than 1017 service users and carers.

- One third of NSFT's national research portfolio activity in the past 12 months has been developed and led by the Trust. These studies have received competitive national funding from the National Institute of Health and Social Care.

- 100% of research participants completing the annual national experience surveys felt valued by the NSFT Research team, and 92% would consider taking part in research again in the future.

- An innovative centralised research referral and participant management system, REACH, has been fully implemented across the Trust, leading to more than 1600 service users, carers and members of the public who have newly signed up for mental health research in Norfolk and Suffolk. An evaluation of this work has shown that we are reaching economically deprived communities well and have increased our engagement with younger children and families.

- In 2021, we launched the Researching Together Network involving more than 40 voluntary and community partners to become meaningfully part of NHS mental health research activities. This has increased the number of non-NHS health organisations directly participating in national research from 2 to 12.

Research Development

- The strategic development of new research for young people, adult and older people's mental health has progressed significantly this year, with 90% of grant applications awarded. All research work is co-produced with service users, carers and clinicians and informed by service user and Trust priorities.

- New NSFT-led research studies funded by the National Institute of Health Research and Social Care include:

1) MINDS: Coproducing adult mental health inpatient discharge processes, co-led with a former service user (£973,000, 36 mnths)
2) DISCOVERY: Co-producing post-diagnostic dementia courses in recovery colleges (£693,000, 36 mnths).
3) I-DIGIT: Evaluation of the Lumi Nova digital game for children and young people with anxiety (£137,334, 12 mnths).

- Other recent national research studies led by NSFT include: CARECOACH (Carer support interventions), ASPIRE (Adult-supported positive psychology for children) and LIMITLESS (Life story work for looked after and adopted children) and ICALM (Interpersonal counselling for young people with depression).

- We have also been awarded regional funding from UEA Health and Social Care partners to measure social and educational factors influencing mental health outcomes in young people during the COVID-19 recovery period. We are also involved in developing research studies with colleagues at the Norfolk and Norwich University Hospitals, Social Care and ICB through the Partnership.

- We work collaboratively on evidence-based Improvement programmes with higher education institutes and community partners, mostly notably in the area of health inequalities linked to QI initiatives and community engagement programmes such as the Advancing Mental Health Equity Collaborative, the Norwich Institute of Healthy Ageing and the UEA Global Citizenship programme.

Research Impacts

- There have been over 40 research publications involving Trust staff members, and initiatives, such as the KIT programme, have been developed to support clinical teams to critically appraise and implement best practice into care. We have presented research findings at 4 national conferences.

- We have run 3 public seminars to discuss research outcomes to healthcare professionals and the public, and have had national experts discuss their work to NSFT staff during lunchtime seminars. These seminars have also contributed to wider public engagement work, including the production of a regular podcast series, a quarterly newsletter, printable lay summaries of our research outputs and radio interviews.

- Impact from our prior work in the areas of diagnosis and emergency responses have been embedded into national psychiatry and paramedic training programmes, and we have been asked to work as part of a global collaborative with psychiatry training to implement ICD-11 into routine practice. We have also delivered leadership training in co-production methods to 50 healthcare leaders across USA.

- We have also supported clinicians to develop and evaluate new care interventions in practice, such as an innovative sleep therapy, which was found to be effective and feasible.

Professional Development

- The Research Training Programme was relaunched in 2021 to accommodate 8 online courses, which have involved more than 400 healthcare professional attendees from NSFT and partner organisations to date. This has led to measurable increases in the

numbers of staff who are actively involved in research and service evaluation, and several are now leading on developing their own research projects in the Trust.

- We support educational clinical training programmes at the University of East Anglia for psychology, nursing, AHP and medical training through teaching, research supervision, supporting educational research in clinical settings, and offering clinical research placements. The team is currently supervising 10 trainee clinical psychologists, 5 MSc Nursing students and 2 PhD candidates to undertake their educational research projects in mental health.

- We have two international research interest groups related to discussing and developing new collaborative research. One, 'Meeting of Minds', with a mental health service in New Jersey, relates to understanding drivers of shared mental health inequalities across the US and UK. The second relates to sharing experiences of mental health diagnosis with service users from Canada and NSFT.

Recognitions

- The team has been nominated for 2 national Nursing Times awards in 2022, in the area of 'Clinical Research Nursing' and 'Best Workplace for Learning and Development'.

- We have also won 2 regional awards from the NIHR Clinical Research Network for the REACH referral system, and Research volunteer involvement in co-production of a dementia study, and were highly commended in 2 other categories.

Appendix 5
West Suffolk NHS Foundation Trust NIHR Research Report 21/22

NIHR | National Institute for Health Research

Supporting information for CRN East of England Annual Report 2021/22

Looking back over the past year, please discuss your engagement with the NIHR CRN Portfolio and associated projects with reference to the questions and guidance in each section below. Please also refer to the accompanying report when answering the sections relating to recruitment of participants and the PRES.

Name of Partner Organisation	West Suffolk NHS Foundation Trust

Research Delivery – Commercial (all) Proportion of new commercial studies (opened and closed in 2021/22) achieving or surpassing recruitment to time and target (RTT). Target 80%	Please comment on the performance of your trust in the commercial portfolio this year, highlighting successes such as UK/European/Global firsts and overcoming barriers. Please note, the HLO applies to studies that opened and closed in 2021/22, but feel free to highlight in-year successes in all commercial studies. WSH had 4 commercial studies open during this reporting period; unfortunately, only 1 study met the recruitment target. The RAVEN study recruitment was stopped early due to IMP safety concerns, so beyond our control. We have approached the study team to revise target to 3, but to no avail. The remaining 2 studies were on-course and would have met the target, if it were not for the SARS-CoV-2 pandemic, which completely changed the research landscape.
Research Delivery – Commercial Managed Recovery Proportion of commercial contract studies in the Managed Recovery process closed in 2021/22 achieving or surpassing RTT. Target = 80%	Please comment on the performance of your trust in the commercial Managed Recovery portfolio, highlighting successes and how these were achieved. WSH submitted 6 EOI's for commercial Managed Recovery studies and have participated in 1 study – RAVEN, which closed early due to IMP safety concerns
Research Delivery – Non-commercial Managed Recovery	Please comment on the performance of your trust in the non-commercial Managed Recovery portfolio, highlighting successes and how these were achieved.

Proportion of non-commercial studies in the managed recovery process closed in 2021/22 achieving or surpassing RTT. Target = 70%	WSH have submitted EOI's for or participated in16 non-commercial Managed Recovery studies. 3 or 4 studies will not open for a variety of reasons.
Participant Research Experience Survey Number of NIHR CRN Portfolio study participants responding to the Participant Research Experience Survey PRES) in 2021/22. **Hub Home PRES page** **PRES dashboard Adult** **PRES dashboard Children** **Link to Flyer for PRES e-learning**	Please discuss your participation in the PRES, including your strategy to include as many participants as possible. Have you implemented any changes in response to findings from the 2020/21 survey? Due to the new rules excluding some studies / participants i.e. only approaching once during the participants research experience and not knowing if they previously completed the survey, many of the UPHR studies being sensitive and possibly covered by COPI, plus a big reduction in non-covid studies – it has been challenging. Despite these challenges, the R&D team have pulled out all the stops in-order to maximise the number of completed surveys. The R&D team reviewed all studies with long-term follow-up pre-PRES and wrote to several hundred participants – the down side is that we will not be able to approach them again. Have you completed the CRN's online questionnaire to record how you have responded to the PRES? Yes. Please feel free to discuss projects relating to PPIE such as working with PRAs and hosting engagement events.
Delivery of COVID-19 Vaccine Studies and COVID-19 Non-Vaccine Studies	If your trust was involved in COVID-19 studies in 2021/22, please describe your experience and any innovative ways of working that ensured the success of these studies. Did you encounter any barriers and how were these overcome? WSH was not directly involved in any Vaccine studies; however, we were involved in the CRNE Vaccine delivery group and supported the regional efforts. With the 1st SARS-CoV-2 pandemic lockdown in March 2020, the research landscape changed overnight. This was especially dramatic for smaller R&D teams like WSH, where pretty much every resource was mobilised and focused on UPHR. The majority of non-covid research was paused and it quickly became apparent that new ways of working would be required to meet the scale of the emergency and that M-F 9-5 was not going to cut it. It was apparent that in-order to give sick covid patients the best opportunity of benefitting from the UPH trials like RECOVERY and TACTIC-R, the sooner they were enrolled

	and treatment commenced, then the better the outcome was likely to be. To meet this challenge, The Research Nurses and CRP formed a new rota covering 08:00-20:00 7 days p/w – what an amazing team
Supporting New Researchers	Please discuss your engagement in the Greenshoots initiative. How have you supported your applicants and are there any pieces of work you would like to highlight that demonstrates the impact of the award. WSH has not been successful in securing funding for the Greenshoots initiative, but we will keep applying to the Greenshoot initative and supporting local new researchers. Please also tell us about new Associate PIs, Research Champions and AHPs that are new to research but may not have been involved in the Greenshoots scheme WSH have been supporting non-medical healthcare professionals to become involved in clinical research and wherever possible supporting them to undertake PI and other keys roles, especially where they will be delivering the study activities.
Equality, Diversity and Inclusion	Please describe how you ensure that individuals from under-served groups are offered opportunities to participate in research. (NIHR website explains - what is an underserved group?) WSH are keen to support and be involved with this initative. If you have worked or are currently working with any under-served communities in this financial year, please provide additional detail. Please tell us about how you work with non-research colleagues to ensure that they are aware of your trials portfolio and wherever possible are actively involved in recruitment or follow up. One example: Angharad Williams and Jo Kellett – CRP's were part of a team that initiated a local Intellectual Disability working group when it was recognised that clinical opportunities were less available for those in the population with intellectual disability. Angharad and Jo were proactive in forming this group which, prior to the pandemic, were working to create easy read guides and a video about including people with learning disabilities in research. We hope to pick this up and build upon post-pandemic.

Working Flexibly 1. Collaboration between Partner Organisations and non-NHS organisations. 2. Creating a flexible workforce within your organisation, for example, how have you utilised funding from the Bank Scheme? 3. Engagement with the CRN Agile Team (formerly Transforming Research Delivery team).	Referring to the three bullet points on the left, please describe how your research workforce has worked flexibly during the past year to deliver CRN portfolio studies. 1. During the pandemic, WSH successfully expanded our local research team to include research staff from CPFT and other sites, who could not undertake their normal duties, but could help WSH by remotely helping with data management of studies like CCP. 2. The flexible workforce programme has worked well at WSH. We have been able to use Bank staff to help with studies, support research clinic's i.e. SIREN, create capacity to open studies like Big Baby and to introduce a data coordinator to free-up research nurse / CRP capacity to deliver more studies – thank you.

Appendix 6
East Suffolk and North Essex NHS Foundation Trust Research Report 21/22

Research & Innovation Annual Report 2021/22

Contents

SECTION 1: Executive summary

The Strategy, Research and Innovation Directorate has continued to grow its exciting portfolio of activity over the past 12 months and further develop the support it offers clinical colleagues in particular. Underpinning all of our work is the drive to provide the best care and outcomes for our patients.

Research and Development

This report reviews the work undertaken by our Research Development Unit in the period **July 2021-June 2022**. Research performance data is shown from April 2021 to March 2022, plus in parts, data from April 2022 to June 2022. It sets out how the unit has performed against its responsibilities.

The research environment in the NHS is challenging. Developing a sustainable model for research is essential. The Trust needs a mixed portfolio of NIHR, academic, own sponsored and commercial research for the future. The Trust has a duty, under the NHS Constitution, to offer patients the opportunity to be involved in research. The CQC assess research participation under the Well Led domain. Research provides a significant net contributor to Trust income.

Video of our highlights:

RD 90 seconds round up!

Innovation and the introduction of new technologies to ESNEFT

2021/2022 has seen a number of exciting innovative developments in the Trust. Existing programmes have continued to progress and we are seeing benefits to frontline delivery. These include the Trust's investment in robotic surgery, where not only are we seeing real benefits for patients from the use of the Da Vinci robotic system purchased the previous year, we have also seen further investment in 2 additional Da Vinci systems and a new cohort of consultants being trained to operate using this technology. Similarly, we have seen the deployment of the first two track and trace technologies under the SMARTcare, Programme that identify the location and use of medical equipment and items within the Trust and their association with patients.

New technologies are being evaluated to understand the benefit they bring to patients, particularly breakthroughs in artificial intelligence (AI). These include e-stroke software through a company called Brainomix which improves the care of stroke patients through speedier analysis of their condition.

New investments and collaborations have been secured, including a regional approach to introduce digital technology that will transform the analysis and reporting within histopathology. Ultimately leading to access to emerging AI technologies, the securing of £1.4m of external investment in digital histopathology will allow for quicker and more accurate analysis, more immediate access to third part opinions, and less outsourcing of cases.

New strategic partnerships and investments have been secured that will lead to exciting opportunities for innovation in the Trust, benefits to patients and opportunities for staff development. These include the establishment of The Institute of Excellence in Robotic Surgery,

Innovation Fellowships, and investments in knowledge transfer activity with one of our local universities that will boost the Trust's business informatics capability.

The Team has supported a total of 20 business cases in 2021/22 of which a total of 17 of these business cases were unique business cases, securing investment in innovation totalling £16m.

Innovation in Education

The Innovation Team played a supporting role in helping to form and establish the Trust's Faculty of Education. The Faculty of Education was formed to provide a coherent and comprehensive approach to the delivery of the Trust's education and training programmes. It is responsible for outlining the strategic direction for the Trust's education and training programmes, performance management and delivery, for financial management and for major contractual commitments to Health Education England (HEE) and the Education, Skills & Funding Agency (ESFA).

2021/22 has seen investment in several projects that will enable ESNEFT to remain at the forefront of all areas of training, learning and continuous development for our staff.

Amongst other things this has included:

- Becoming an Employer Apprenticeship Training Provider
- The Community Diagnostic Training Academy - delivery of employment and skills provision to support residents from Tendring to access employment within the local health sector
- An ambitious programme of engagement with schools and the community, widening participation and helping to address health inequalities
- The development of proposals for a state-of-the-art Faculty of Education and Innovation Centre at Colchester

SECTION 2: Research and Development

Clinical research is vital for providing the evidence needed to deliver high quality and cost effective healthcare services, and to improve outcomes for patients both locally and nationally. It is through research that we are able to develop and test new treatments and approaches to healthcare, and better understand existing conditions. Research studies are taking place all the time across our Trust. Our teams, researchers, clinicians and all the support units who help us deliver our research portfolio have worked diligently to improve outcomes for patients both locally and nationally. However, we would not be able to take part in research if it was not for patients and members of the public volunteering to participate.

The NHS Constitution[1] sets as a principle that 'the NHS aspires to the highest standards of excellence…through its commitment to innovation and the promotion, conduct and use of research. The handbook to the Constitution[2] highlights the importance of innovation and medical research as 'integral to driving improvements in healthcare services for patients'.

NHS England has a duty, through its mandate from the Department of Health, to promote research and the use of research evidence in the NHS. It views innovation and research activity as a core duty for NHS organisations.

We are fully committed to developing and supporting research which improves the quality and experience of care for local people, as well as making our contribution to wider health improvements. It is central to secure our future as a leading clinical research centre for specialist care in the UK.

Knowing that patients cared for in a research active environment have better outcomes[3], we aim year on year to increase our research portfolio to be able to offer our patients the very best treatments, medicines and services. We continue to work with many different organisations national and internationally, this enables our patients to have access to new medicines, devices or treatments as part of a clinical trial.

Our research portfolio within ESNEFT has been highlighted in the last couple of years with our involvement with COVID-19 studies, the importance of clinical research has never been more apparent than now.

ESNEFT is a member of the Clinical Research Network East of England CRN -EoE the regional delivery arm of the National Institute for Health Research (NIHR). The majority of staff involved in research in the Trust are funded through annual allocations from CRN EoE. Our performance is monitored by the CRN EoE against high level objectives, post pandemic has seen a shift to speeding up approval times and delivery from absolute number of recruits.

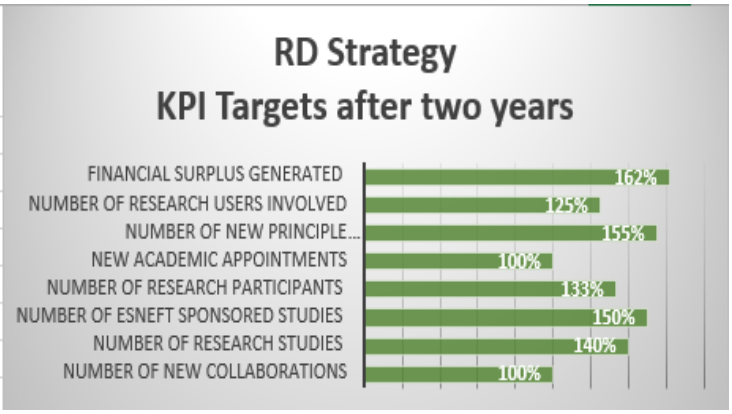
[1] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
[2] The handbook to the NHS Constitution, January 2019, NHS England
[3] Recognising research: how research improves patient care | RCP London

Section 2A: Research strategy refresh and key performance indicators

The Research and Innovation (R&I) Strategy for 2019-2024 was reviewed at the Strategy, Research and Innovation Divisional meeting in March 2022. It was agreed, due to the successful growth of both departments, a separate Research and Development (R&D) and a separate Innovation strategy would be implemented going forward.

The R&D 2022 strategy is currently being refreshed and is in draft. The following Key Performance Indicators (KPIs) for R&D are included in the R&I Strategy 2019-2024. **Now showing a strong final position at two years on 31 March 2022**

KPIs		KPI After 5 years	KPI Pro rata @ year 2	Actual @ year 2
RD01	Number of new collaborations	40	16	16
RD02	Number of research studies	400	160	224
RD03	Number of ESNEFT sponsored studies	20	8	12
RD04	Number of research participants	5500	4000	5335
RD05	New academic appointments	10	4	4
RD06	Number of new principle inviestigators	50	20	31
RD07	Number of research users involved	100	40	50
RD08	Financial surplus generated	£300	£120	£194



Section 2b: ESNEFT sponsored and collaborative research

As well as increasing the opportunities for our patients and service users to take part in NIHR Portfolio research studies, the Trust has an ambitious strategy for research and development aimed at hosting and developing our own research for the benefit of patients and the community surrounding ESNEFT, we continue to develop a team to deliver the ambition. Our development team now includes two Allied Health Professional Clinical Academic Research Leads and we have a joint clinical academic post with the University of Suffolk, and a similar post with Anglian Ruskin University planned for 2022/23.

We continue to strengthen our collaborations with partner organisations.

Section 2C: Developing the Research and wider ESNEFT team

Our research and development team continues to grow with 68 members over eight teams across ESNEFT. The majority are funded through the annual allocations from CRN East of England (EoE) together with commercial income and academic and charity grant income. We have recently had three of our AHP's secure funded awards within the Health Education England Clinical Academic Framework.

The Green shoots scheme - offered by CRN EoE aims to grow the region's research capability and recruitment activity, providing 24 months funding for clinicians in the form of PA or sessional time to develop capability and expertise to deliver the NIHR Portfolio. ESNEFT have been awarded six so far, the first AHP award was received on the last round.

NIHR Associate PI - The Associate PI Scheme is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career. We have supported five so far!

Support from other departments - Research would not happen at ESNEFT without the continuing support of other departments within the Trust. Financial support is provided by the CRNE and commercial funding which is disbursed at source to any department supporting activity over and above standard treatment. The RD unit also financially support posts in finance, communications imaging and pharmacy.

Section 2D: Restart and Recovery

As we are moving into 2022/23, COVID-19 research continues in the background with the continuation of COVID studies including the SIREN study across our sites. However, the recovery of other important research studies continues. For 2021/22 we were the second in the region for recruitment into NIHR studies (chart 1). For our total recruitment (chart 2) including our own sponsored studies and non NIHR studies, our recruitment doubled from 2017/18 to 2020/21. The NIHR restart and recovery from 2021/2022 is focusing more on delivery to time and target rather than absolute recruitment numbers. The NIHR are looking hard at the portfolio asking sponsors and funders to end studies which have reached their targets to allow more new studies onto the portfolio as they recognise sites are turning away both academic and commercial new studies due to capacity issues.

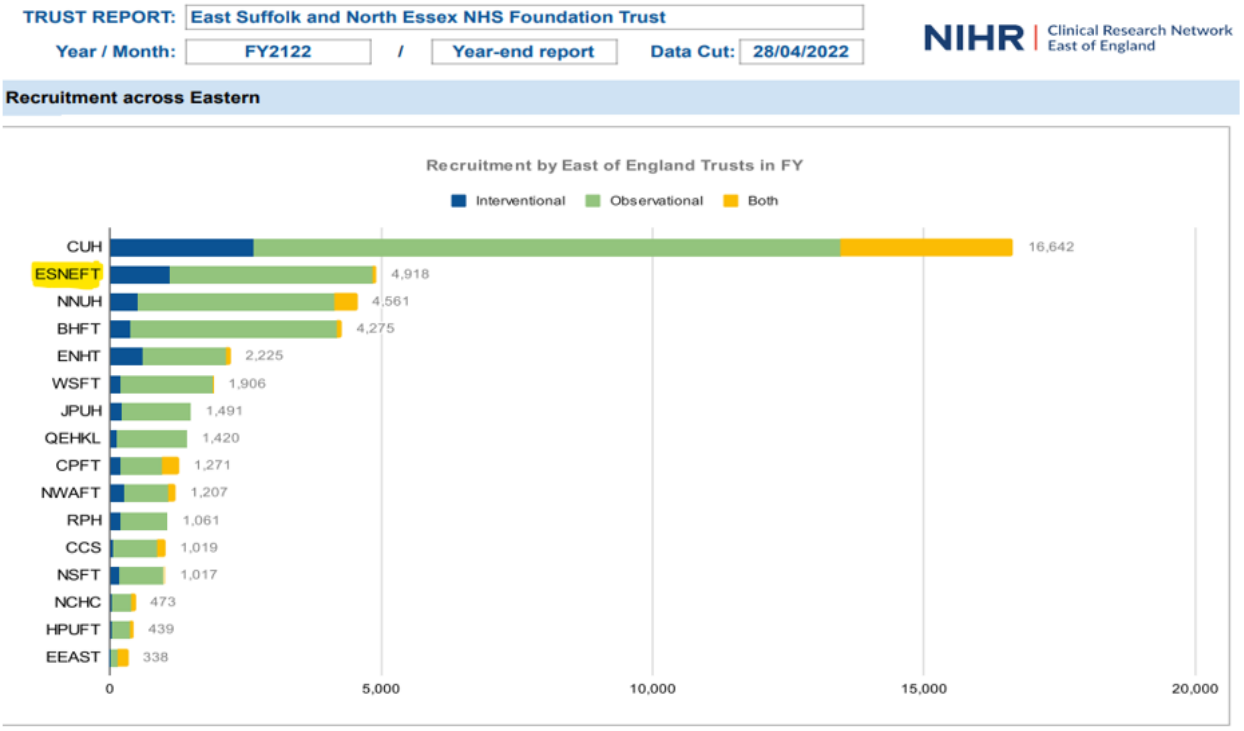


Chart 1

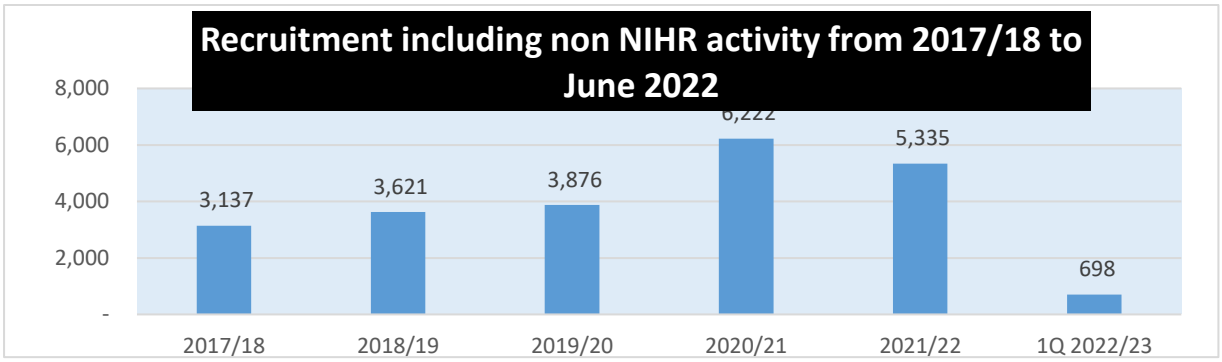


Chart 2

Section 2E: Research for Everyone! - 'no decision about me, without me'

Ensuring equitable access to our research portfolio – we are designing our own sponsored research to be inclusive, by following the principle of 'no decision about me, without me' provides the moral justification for ensuring that under-served groups are included in research. The evidence base necessary for decision making by clinicians and patients must be one generated by the participation of a broad range of groups in the research underpinning that evidence base.

In 2022 we will explore if we can provide information about our own research studies in different languages using our Trust web-based translation 'Recite me'. We are also working with our patient and public groups and Autism&ADHD, a local organisation within our research centre The Synapse Centre for Neurodevelopment ESNEFT in designing our research.

Section 2f: Patients and Public Involved (PPI)

Ensuring our patient voice is heard

Our own sponsored research gives the opportunity to involve our local population in our research. This has proven invaluable in reflecting and learning by listening to our PPI members in designing applications for grants and redesigning our studies, for example replacing questionnaires in our LONG COVID study with more suitable ones.

Equality and diversity data

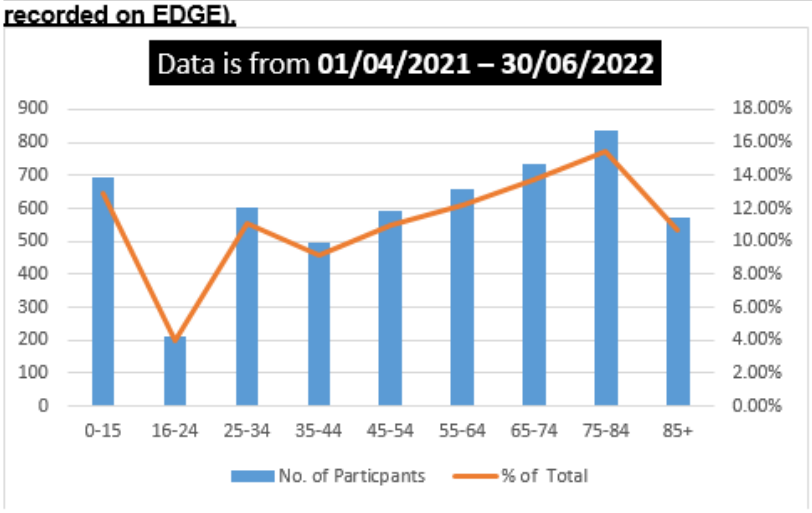
We routinely collect the age and ethnicity of participants in research, to ensure that we provide equitable access to the benefits of involvement in research.

Ethnicity data within our recruitment – where stated

Ethnicity data within recruitment into research at ESNEFT 2021/22		Ethnicity data within recruitment into research at ESNEFT 1Q 2022/23	
Any other Black background	13	Any other Black background	1
Any Other Ethnic Group	45	Any Other Ethnic Group	5
Asian or Asian British - Any other Asian background	18	Asian or Asian British - Any other Asian background	1
Asian or Asian British - Bangladeshi	13	Asian or Asian British - Indian	5
Asian or Asian British - Indian	30	Asian or Asian British - Pakistani	2
Asian or Asian British - Pakistani	5	Black or Black British - African	4
Black or Black British - African	21	Black or Black British - Caribbean	1
Black or Black British - Caribbean	15	Chinese	1
Chinese	7	Mixed - Any other background	4
Mixed - Any other background	31	Mixed - White and Asian	1
Mixed - White and Asian	8	Mixed - White and Black Caribbean	4
Mixed - White and Black African	11	Not Known	23
Mixed - White and Black Caribbean	34	Not Stated	19
Not Known	271	White - Any other White background	15
Not Stated	263	White - British	300
White - Any other White background	154	White - Irish	2
White - British	2866	Grand Total	388
White - Irish	16		
Grand Total	3821		

We recorded ethnicity data for 90% of participants, with 19% of participants self-identifying as non-white.

Age ranges of our participants (data for those recruits where date of birth has been recorded on EDGE).

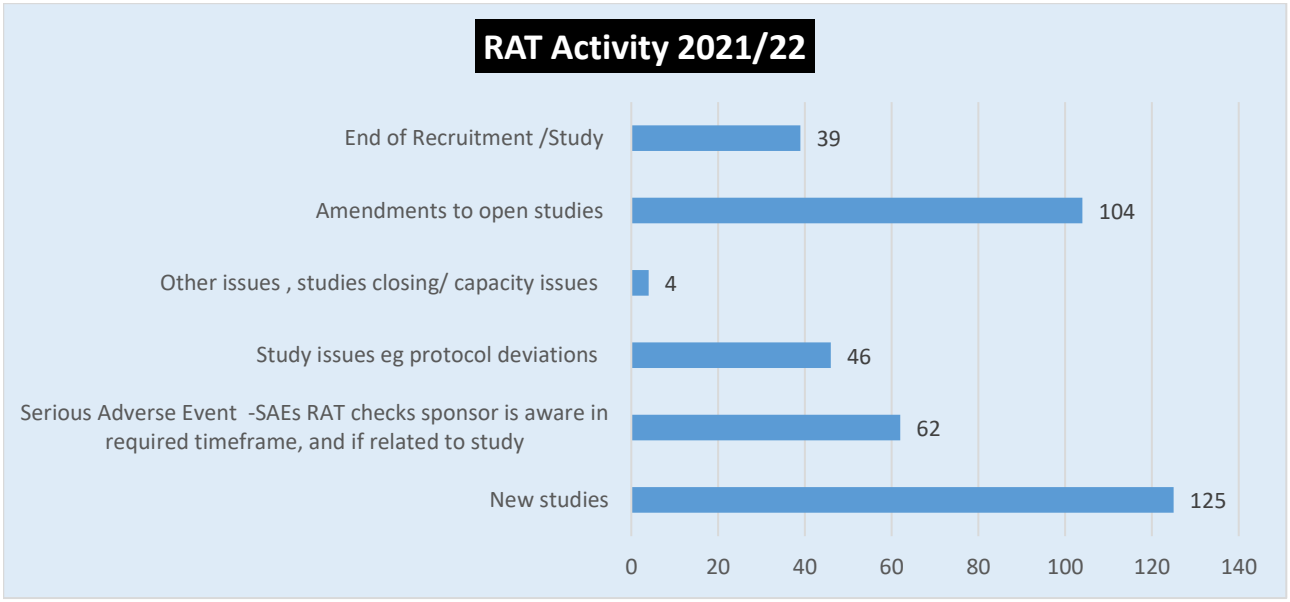


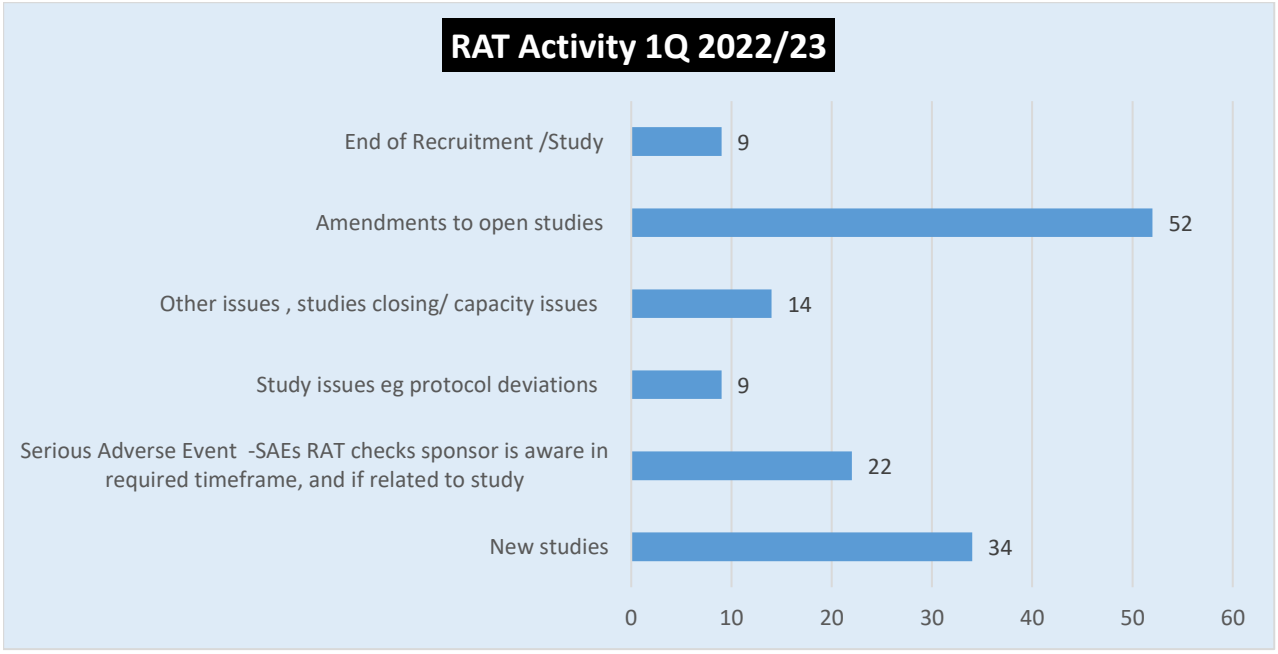
Our research is offered to people of all ages, with good uptake. The lowest recruitment was in the 16-24 year old group.

Section 2G: Research Governance

Research Assessment Team

Quality in R&D is ensured by the Research Assessment Team (RAT) and Research Governance Group (RGG). The RAT consists of the Clinical Director of Research, Assistant Director of Research and members of the RD support and clinical teams. The RAT meets fortnightly to review all studies being considered by staff at ESNEFT, ensuring that they will be conducted in line with MHRA requirements and resource and funding is available for the study. The RAT also provides an opportunity to ensure that a balanced portfolio of research is maintained at ESNEFT. The RAT reviews any matters arising with regard to ongoing studies; for example all serious adverse events (SAEs) are reviewed and escalated where appropriate to the Research Governance Group.

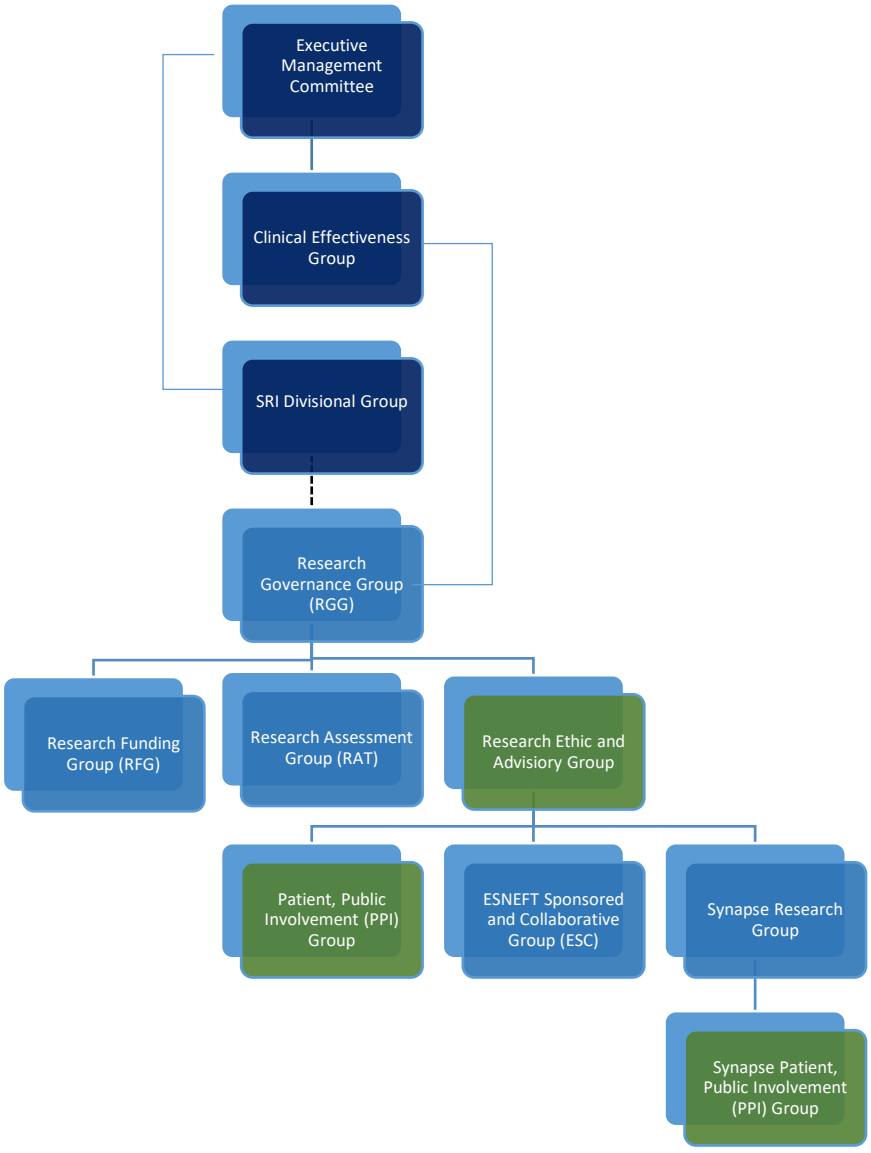

RAT Activity 2021/22
End of Recruitment /Study
39
Amendments to open studies
104
Other issues , studies closing/ capacity issues
4
Study issues eg protocol deviations
46
Serious Adverse Event -SAEs RAT checks sponsor is aware in required timeframe, and if related to study
62
New studies
125
0
20
40
60
80
100
120
140


RAT Activity 1Q 2022/23
End of Recruitment /Study
9
Amendments to open studies
52
Other issues , studies closing/ capacity issues
14
Study issues eg protocol deviations
9
Serious Adverse Event -SAEs RAT checks sponsor is aware in required timeframe, and if related to study
22
New studies
34
0
10
20
30
40
50
60

R&D Governance reporting lines

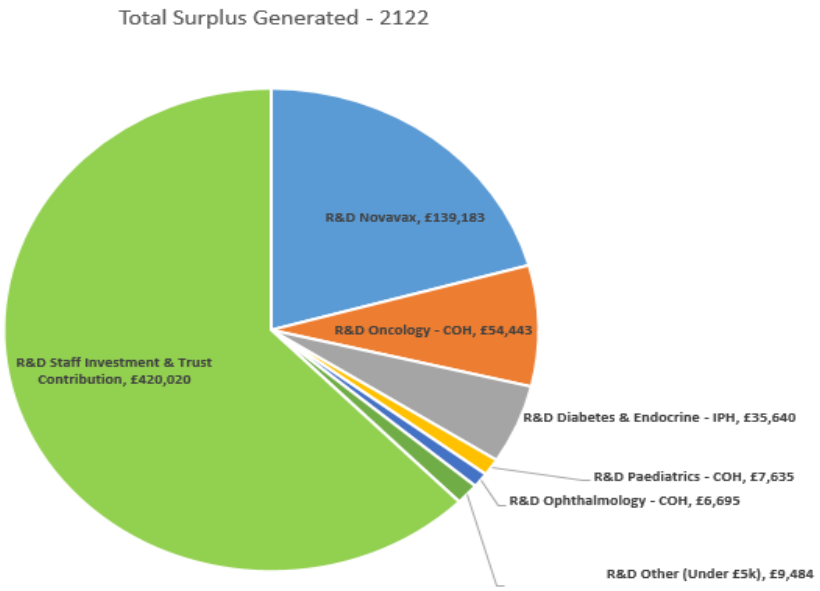
With our increase of own research we have formed new groups to manage the workload and a new Trust Research Advisory and Ethics Group to oversee our own research portfolio. The below diagram shows the reporting lines for Research and Development from 1st April 2022:

RD Governance reporting line at 01 April 2022

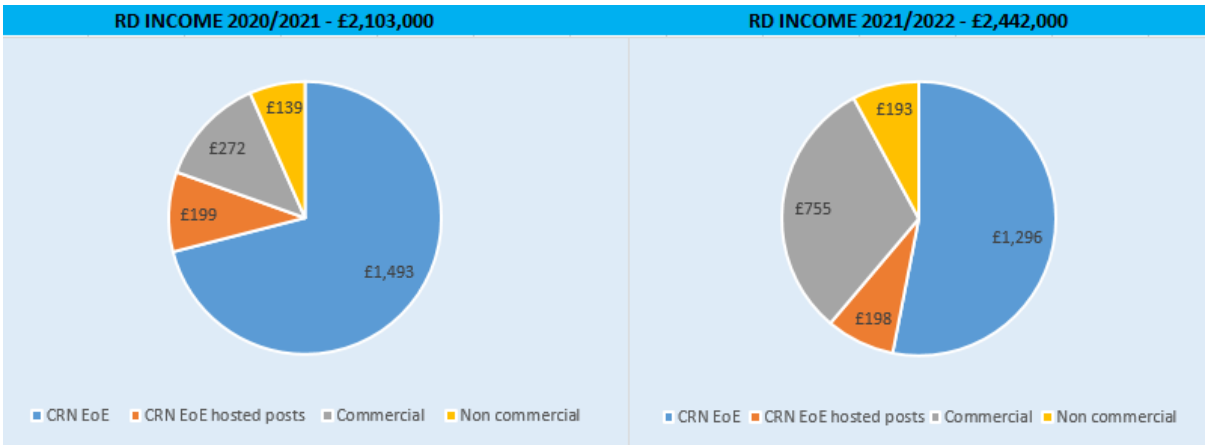


Section 2H: Finance - Research Funding Group (RFG)

Governance of the research finance is ensured by the RFG, its membership includes Finance, Principal Investigators (PI) and senior leaders from R&D. Funding from commercial activity is reinvested into the RD unit to pay for the RD teams across sites. Surplus funds generated per department are used to enhance the research portfolio within those departments including research planned activity (PA) for researchers. Since the RFG first met in February 2021 we have received 51 withdrawal requests. In 2021/22 we had £253k departmental surplus generated, see split below. Each department has a named lead PI responsible for collating ideas and gaining approval for the spend withdrawals within the department, the withdrawal is then submitted to the RGG. Once the group have approved the withdrawal the funding is transferred to the department who follow Trust guidance for the spend.



Finance remains strong in RD continuing to income generate to self-fund the team and others across the sites. The finished position at 31 March 2022 was £296k favourable. This was largely due to the over performance of the research surplus income across the year.



Section 2I: Strategic engagement

Locally and nationally through the Clinical Director of Research and the Assistant Director of Research and Development with membership of local, regional and national groups. This engagement enables us to help drive the development and delivery of research for the benefit of our patients and the reputation of ESNEFT.

The below diagram shows the members of the local, regional and national research groups:

Membership of local, regional and national research groups

Publications

Our employees have demonstrated the vibrancy and innovative practice of a research active organisation in the last twelve months by producing conference abstracts and publications in high quality academic journals. **253 articles and abstracts were produced**; further detail can be found in Appendix 1 – ESNEFT publications 2021-22. In addition examples of our contribution to national Covid-19 research.

Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection | NEJM

Safety and Efficacy of NVX-CoV2373 Covid-19 Vaccine | NEJM

Section 2K: Activity

Currently we are **running 260 research studies across 29 departments** below are just a sample of three different case studies:

Ophelia study (Maternity) - The aim of the study is to help us understand us why some women develop high blood sugar levels in pregnancy, and why others do not. With a special interest in looking at different pregnancy hormones, and antibodies which can affect insulin production in the pancreas.

Ipswich Hospital have recruited 416 participants to date and are the highest recruiting site nationally.

MND Smart Study (Neurology) - MND Smart is an innovative drugs trial designed to speed up the time it takes to find medicines that can potentially slow down the progression of motor neurone disease (MND). The trial is testing more than one drug at the same time, and trial participants taking the different treatments will be compared with a single group who receive a placebo,

The trial is also adaptive so that researchers can change the drugs being tested according to emerging results. This means that new medicines can be added once a trial has started, while treatments that do not prove effective can be dropped. This is a phase 2 / 3 trial which means if drugs appear to be effective, they will seamlessly transition into phase 3 without the need for additional permissions or trial participants needing to complete a phase 2 trial and join a separate phase 3 trial.

We started recruitment in November 2021, and to date have 6 participants with two more to be recruited over the coming weeks. Having MND Smart at Ipswich has given our patients the opportunity to participate in research much closer to home. Whether a person is interested in participating in MND-SMART or not, knowing that researchers are trying to find new treatments for MND and understand what might cause the disease helps to bring hope to those affected by this disease.

The CERM trial (Gynaecology) aims to determine if doxycycline administered prior to conception improves pregnancy outcome in women with recurrent miscarriage associated with chronic endometritis and explore the mechanisms by which it could prevent miscarriage.

We recruited our first participant in August 2021, and have subsequently recruited 11 women and are the 4th highest recruiter in the UK. We have just had the good news that our 2nd participant is maintaining a successful pregnancy. Which is wonderful news for all involved.

Section 2L: Next steps and looking forward

Moving into 2022/2023 our hosted research portfolio is now pre pandemic levels and reflective of our range of research active departments, we will continue to support and encourage involvement in those research naïve areas. Our own ESNEFT research portfolio is rapidly increasing, we look forward to the building on existing collaborations within our ICS and beyond.

Having over-achieved on our KPIs within the R&I strategy our new R&D Strategy will retain the same focus on efficient study delivery to time and target and increasing the number of people actively involved in research: Research for all. This includes the number of health care professionals and departments as well as the number of participants. Central to this is expansion of our ESNEFT hosted research portfolio. The Trust has supported this and we now have a dedicated team in place with plans to expand the team in 2022 to help us achieve our ambitions. Going forwards a specific aim will be to continue to build on our considerable successes as a Trust supporting academic AHP development and to extend this to academic nursing development.

National picture

NIHR Three-year plan

The NIHR has published their three-year plan on 'transforming 'research from now until 2025[4]. The plan focusses on research's 'recovery, resilience and growth' post- COVID-19 with five themes and a push for more pro-innovation, pro-patient and pro-digital approach:

1. a sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver clinical research as an essential part of care
2. clinical research embedded in the NHS so that research is increasingly seen as an essential part of healthcare to generate evidence about effective diagnosis, treatment and prevention
3. people-centred research to make it easier for patients, service users and members of the public across the UK to access research and be involved in the design of research, and to have the opportunity to participate
4. streamlined, efficient and innovative research so that the UK is seen as one of the best places in the world to conduct cutting-edge clinical research, driving innovation in healthcare
5. research enabled by data and digital tools to ensure the best use of resources, leveraging the strength of UK health data assets to allow for more high-quality research to be delivered

NIHR New configuration

The NIHR Clinical Research Network announced that from 2024 they will be known as the NIHR Research Delivery Network. The Local Clinical Research Networks (LCRNs) will be known as Regional Research Delivery Networks (RRDN) and will realigned to the NHSE regional office boundaries and those of the ICSs, they will reduce from 15 to 12. ESNEFT will be part of the RRDN East of England.

[4] NIHR leads the way in continued drive for improved clinical research delivery | NIHR

Section 3: Innovation

Section 3a: Strategic Outline

The Trust has an existing Research and Innovation Strategy for the period 2019/24 which was approved by the Trust Board in November 2019. Since 2019 a number of things have changed in the innovation context, making it sensible to review the innovation part of the document, including –

- A world-wide pandemic
- The pressures facing the Trust as it recovers, including staffing and training
- New technologies emerging, particularly within the field of artificial intelligence
- The Trust's innovation team's work and relationships within the organisation have matured since the strategy was written, with the team growing in capacity
- New clinical leadership within the team with a new clinical lead plus additional clinical director.
- A new ICS landscape

With this in mind, the Innovation Team took the opportunity to revisit the focus of its efforts and how it should work for the remainder of the strategy, alongside its mission statement of -

"To introduce, encourage and support innovation in practice and technology to improve care."

Across the year our team has

- continued to act as enabling function supporting teams across the Trust
- prioritised certain key projects
- helped individual innovators
- supported the vetting of external approaches to the Trust where organisations are proposing technological solutions, projects and/or collaborations
- played a role for the Trust in horizon scanning for new solutions

Our key priorities have been the

- Delivery of the digital histopathology project
- Implementation of the 2 SmartCare Programme projects and enabling works
- Expansion of the robotic surgery programmes in T&O and Gynaecology/General Surgery/Urology, including technology investment, research and education
- Exploration of AI technology solutions for the Trust, particularly in radiology
- Establishment of ESNEFT as a successful Employer Provider of Apprenticeship Training
- Creation of a new Faculty of Education & Innovation Centre at the Colchester site

Section 3b: Key Performance Indicators

The Innovation Team measures its success through the metrics listed in the table below. The metrics are listed within the Innovation Strategy and are reported into the Strategy, Research and Innovation Corporate Divisional Group on a monthly basis. Performance is being tracked over the 5 year period of the Research & Innovation Strategy 2019-2024, as such we are mid-way through the strategic period.

Objective	**Measure**	**2023/24 Target**	**Performance to date (from 2019)**
Supporting intellectual property commercialisation	i) Number of ideas brought forward by staff ii) External grant funding secured	i) 50 ideas received from staff and supported over the 5 year period ii) £100k of external grant funding secured over the 5 year period	i) 40 new ideas received ii) £21,780 grant funding secured
Supporting the introduction of new technologies and services	i) Number of business cases approved ii) Value of return on investment of those business cases iii) External grant funding secured	i) 50 business cases approved over the 5 year period ii) £5m worth of return on investment over the 5 year period iii) £1m of external grant funding secured over the 5 year period	i) 45 business cases approved ii) £16,276,000† iii) £7,383,501 grant funding secured
The further development and expansion of the ICENI Centre's role	i) Numbers of learners ii) Financial surplus generated	i) 4500 learners p.a. by 2023/24, including 1500 learners in surgical training ii) £50k surplus generated p.a. by 2023/24	i) 9,684 total learners 1,819 in surgical training * ii) £32,770 surplus generated **
International work	Number of Fellowships	100 ICENI International Fellowships commenced at ESNEFT over the 5 year period	21 Fellowships commenced since 2019
Developing new physical facilities	New value added facilities developed	New developments at both main hospital sites that supports innovation and/or training	Histopathology lab Ipswich. Developing plans for FoE and Innovation Centre

Notes:

*lower numbers owing to Covid-19 the ICENI Centre was not able to run courses during much of 2020 and 2021.

**Covid-19 has meant that the ICENI Centre has not been able to hold income generation courses during much of 2020 and 2021.

†secured c£16m funding through business case development since 2019, difficult quantify ROI as many benefits are felt elsewhere within the organisation.

Section 3c: Supporting Innovation in the Trust

i. New ideas

How we support our staff

The Innovation Team's function is to facilitate, support and empower every staff member to become an enabler for positive change.

The team has continued to help individual innovators to develop their ideas and to navigate the internal governance processes to further their idea and secure funding where appropriate. Innovation comes in many forms and the processes the team follows to support innovation reflects this. The Innovation Team is flexible in the support provided to individuals and teams that reflects the diversity of ideas and stages of development and complexity.

The support available from the team includes:

- Intellectual Property (IP) policy and advice
- access to internal funding through £5k Innovation Vouchers
- project management
- business case development
- link in with industry and academic partners, and external expertise
- access to external funding
- internal governance path finding.

The Innovation Team received 8 new ideas from individual staff members in 2021/22. These ideas were further explored with advice and guidance from partners at Health Tech Enterprise.

Two of these new ideas were signposted elsewhere in the organisation, which led to a QI project and support from the Research team.

One of the ideas had led to a pilot at maternity services at Ipswich hospital. The pilot study was to explore whether the Mindsett cold chain monitoring system could be used in our Trust to monitor fridge temperatures for the storing of our pharmaceuticals. This study showed that although the solution could work the Trust was not yet in a position to benefit from such a solution. The Team will continue to work with the Pharmacy Team and IT/Digital teams in 2022/23 to explore and research further solutions in preparation for a full tender exercise.

Another of the ideas received is being developed for consideration for a £5k Innovation Voucher or possible development of a business case for charity funds. The team is currently linking in with local expertise to identify production costs which will help to inform the next steps.

CASE STUDY

The Innovation Team continued to support the Bedhead tidy idea which had been previously supported through a £5k Innovation Voucher in 2020/21 which paid for the design rights that will help protect its IP and contributed funding for production.

In 2021/2022 the Team sourced a supplier for production of the bedhead tidy at scale for Trust-wide rollout and also received additional Trust charity funds to pay for the additional production costs of these. The Team has developed with clinical colleagues a roll out plan for the introduction of this innovative product across the Trust, anticipated to be late summer, 2022.

The image above shows the prototype version of the bedhead tidy in use within a ward setting.

Innovation Fellowships

In March 2022 the range of support that is able to be extended to individual staff or to teams that have challenges that need innovative solutions developed, or to take forward an idea has been broadened. Thanks to a strategic tie-up with BT, arrangements have been made that will allow for a number of funded Innovation Fellowships over the next 3 years. This investment will allow for ESNEFT staff to have dedicated protected time away from their day job to work alongside expertise from BT and the Trust's Innovation Team, on the development of an innovative idea/solution. The programme is planned to commence in late summer 2022 and the investment will fund between 6 – 12 Innovation Fellowships per year for 3 years.

Having ESNEFT staff freed up to work on innovation will enable the Trust to access a whole range of technological and project expertise through BT's Vanguard Health Partner Programme, including –

- bespoke physical accommodation at BT's Health Innovation Centre
- access to research experts across a range of technical domains (process re-engineering IoT, Security, networks, customer experience)
- facilitation services for workshops and/or hot housing
- consultancy services at ESNEFT locations
- access to BT's global scouting network to identify future sector trends.

ii. Introducing new technologies

The following pages illustrate a sample of the technologies that have been introduced into the Trust over the last year through the work of the team, and/or their use further developed.

Robotic Surgery – abdominopelvic procedures

Following initial investment in 2019/20 the Trust has continued on a programme of progressing the use of robotic surgery across a number of disciplines. More than 300 cases have now been carried out using the Da Vinci Xi surgical robot. As a consequence, the Trust is building a knowledge base and specific expertise in these surgical procedures. ESNEFT is continuing to develop our understanding of these technologies and, as such, is in a good position to drive innovation, research and education into these fields.

Mr Subash Vasudevan
Consultant Colorectal & Robotic Surgeon

Estelle Martin, Surgical Care Practitioner

ESNEFT invested in its 2nd and 3rd Da Vinci robotic systems for abdominopelvic surgery during 2021/2022 following a very successful first year operating out of Colchester Hospital. The new systems enable an expansion of both the volume and range of procedures undertaken at the Trust across both Colchester and Ipswich. The additional systems will be deployed to support procedures across general surgery, urology and obstetrics & gynaecology. The significant benefits to patients already seen in the first year include reduced blood loss, less pain management required, quicker discharge, and earlier back to work and/or normal routine). ESNEFT surgeons have become proficient in its use, with one of its first robotic surgeons becoming a proctor for the manufacturer, training other surgeons to work with the robot.

Robotic surgery team at Colchester Hospital (colorectal)

Robotic Surgery – knee replacement procedures

Similarly, in knee surgery, the Trust has introduced two robotic systems and is considering further investment in robotic technology for both knee and hip replacement surgery for use in the new Elective Orthopaedic Centre. This has put the clinicians in a good place with industry to both test and drive potential innovation within the sector, and increase the range of potential research projects.

The Trust introduced Smith & Nephew's Navio system in May 2021 and the Cori system in October 2021. The introduction of the Cori machine in particular has delivered and led to a number of benefits to the Trust:

- ESNEFT is one of the first Trust's in the UK to use the Cori machine
- Since October over 80 cases (using the Cori machine) have been performed on our patients
- One third of these cases have been for patients requiring a partial knee replacement
- Anecdotal experience and feedback from patients and staff is that the Cori machines delivers better health outcomes for our patients, with no complications reported so far
- 2 ESNEFT surgeons have become experts on the Cori machine, demonstrating the Trust's innovation ambitions both nationally and internationally
- Provides a stepping stone in the launch of The Institute of Excellence in Robotic Surgery (TIERS)
- Two level one research studies will soon commence at ESNEFT
- Launch of Smith and Nephew's real intelligence platform to monitor outcomes
- Smith and Nephew's sponsorship of training courses, including for nurses
- Invitation for surgeons to become national and international faculty on courses.

The Trauma and Orthopaedic teams are exploring how to make best use of these technologies in the new Clare Dame Marx Elective Orthopaedic Centre which is currently under construction at Colchester Hospital. The team is also considering the introduction of other robotic systems, potentially from other manufacturers, to further broaden and bolster the robotic expertise within the Elective Orthopaedic Centre.

Mr Tim Parratt & Mr Alam Mahbub, Consultant Orthopaedic Surgeons with the Navio robotic system for knee replacement surgery.

Mixed-Reality Surgical Glasses

The Trust is exploring the use of high-tech surgical glasses within a variety of settings. This technology will provide ESNEFT with the opportunity to enhance the surgical and clinical experience through augmented realities, bringing in other systems diagnostic imaging, pathology and patient notes into the clinicians view without moving away from the patient. Remote support can be provided from equipment manufacturers, other colleagues, and to enhance training support. In addition, they can be used to broadcast live training to another location for live surgery training, and can be linked to surgical equipment such as endoscopes and robots, often giving a better view than if you are in the room where the activity is taking place.

CASE STUDY

One example we are exploring is the Microsoft Hololens glasses which are versatile mixed reality technology glasses with many uses within surgery, education and primary/secondary care settings. We purchased 3 sets in March 2022 and are exploring different ways we could work and learn more efficiently, effectively and sustainably using Hololens.

Below are some links to show the success of Hololens within different settings across the world:

1. US to Uganda
    a. https://customers.microsoft.com/en-us/story/f6b7c250-d9b2-4659-8dbf-a44055a8286c?preview=1
2. Medical training – Israel
    a. https://customers.microsoft.com/en-au/story/1388628932382960935-sheba-health-provider-azure-en-israel
3. Hospital remote ward round (Pandemic) – UK
    a. https://news.microsoft.com/en-gb/2020/05/19/imperial-college-healthcare-nhs-trust-uses-microsoft-hololens-to-protect-doctors-and-reduce-need-for-ppe/
4. Service provider to Care home – UK
    a. https://news.microsoft.com/en-gb/2022/01/19/clinically-vulnerable-care-home-residents-are-being-treated-by-their-gps-without-even-leaving-their-room-thanks-to-microsoft-hololens-2/

Surgical Processes Standardisation

With the support of the Innovation Team, the colorectal department has initiated an evaluation with Johnson & Johnson to evaluate its Surgical Process Institute (SPI) technology. This 12-month trial went live in January 2022 and will be used on 10-15 cases within theatre at our Colchester site. SPI technology offers a platform which enables surgeons to choreograph their surgeries and guide the full care team through the procedure. It allows for synchronized workflows and supports learning & development for all staff.

The project will measure and evaluate the SPI feasibility by recording and monitoring uptake of the SPI tool pathways; measuring its effectiveness in accelerating the on-boarding of surgical trainees and members of theatre staff; monitor efficiencies; complications; team dynamics and unwanted surgical events.

The anticipated benefits to staff and patients are:

- A reduction in variance in techniques used
- Reduction in Never Events/Serious Incidents
- Allows for benchmarks to be set
- Improvements in clinical team staff satisfaction and improvements to on-boarding of new members of the surgical team.

CASE STUDY

A link to SPI at Colchester Hospital produced by our Communications Team and Consultant Tan Arulampalam, can be found here: https://youtu.be/7ZvmdEflgBI

Digital Histopathology

In collaboration with Norfolk and Norwich University Hospital (NNUH) and West Suffolk Foundation Trust (WSFT), we secured £1.4m of capital investment from the national programme, to enable the Trust to develop a regional digital reporting system within Histopathology. The benefits to our patients and to the Trust will include:

- faster reporting times and removing the need to outsource samples, improving our turnaround times for diagnosis and enabling productivity to increase by 12%
- faster second opinions by enabling digital images to be viewed instantly by colleagues at NNUH and WSFT
- improved quality of diagnoses through more accurate accounting and measurements of samples
- improved quality of meetings due to images being more readily available for MDTs in a timely fashion
- enabling the introduction of artificial intelligence (AI) technologies that are thought to provide efficiency gains of between 20-40%
- improved staff retention and staff recruitment
- reduction in outsourcing and recruitment of locums.

With the technology secured, an implementation plan will see the adoption of digital histopathology within the Trust during 2022/2023.

SMARTcare Technology

The SMARTcare Programme is the introduction of scanners and sensors to track the location and use of items within the Trust. This year the Innovation Team has supported the deployment of the first two track and trace technologies under the SMARTcare Programme within the Trust:

1. The introduction of the Elcom Evolve Inventory Management System by the Procurement team, now operational in musculoskeletal theatres in the Trust. Implants and other consumables are associated to patients at the point of care, with a full digital audit trail from purchase to use. This ensures we can quickly and easily track devices implanted into

patients. The system also provides electronic stock management for our consumables, automating re-ordering and stock control processes. The roll-out of this system into other theatres will continue in 2022/23, and an extension to automate payment of invoices will also follow.

2. An update of our sterile services systems across both sites onto one platform provided by Fingerprint Medical Ltd. The first part of the project has been completed; to update the management system which enables us to electronically track all items through our sterilisation and decontamination processes, and this provides us with one management view of these processes. This will enable us to continue to improve efficiency of these services, through real time dashboards, enabling kit to be shared across sites and reducing loan set costs.

The SMARTcare system will be extended in 2022/23 into our theatres and procedure rooms, providing a full "closed loop" which will:

- Improve ordering processes
- Show theatre and sterile services staff real time location of instrument sets and endoscopes
- Move reporting of non-conformances back to the sterilisation and decontamination teams onto the electronic platform
- Provide an electronic point of care association to the patient of medical devices used during a procedure
- Enable electronic capture of bed side cleaning processes in endoscopy.

MedTech Funding Mandate Programme

The MedTech Funding Mandate (MTFM) is a NHS Long Term Plan commitment to get selected NICE-approved cost-saving devices, diagnostics and digital products to NHS patients more quickly.

The initiative supports devices, diagnostics or digital products that:

- are effective and improve patient outcomes**:** demonstrated through positive NICE guidance;
- are cost-saving within three years: NICE modelling demonstrates a net saving within three years of implementing the technology;
- are affordable to the NHS: the budget impact should not exceed £20 million, in any of the first three years.

The Innovation Team has supported the introduction of 2 of these innovative products into the Trust during the last year, detailed in the following case studies:

CASE STUDY

SecurAcath

SecurAcath is a device to secure peripherally inserted central catheters (PICCs) and should be considered for any PICC with an anticipated medium to long-term dwell time (15 days or more). It is easy to insert, well tolerated, associated with a low incidence of catheter related complications and does not usually need to be removed while the catheter is in place.

NICE guidance has shown that SecurAcath delivers the following patient benefits:

- no risk of medical adhesive-related skin injury
- no requirement for frequent adhesive fixing changes
- reduced risk of interruption to treatment
- reduced risk of catheter-related infection
- reduced pain on insertion and while in situ
- reduced need for unplanned catheter removal and re-insertion.

This has been introduced to our vascular teams at both Colchester and Ipswich hospitals, and planned for introduction in oncology during the summer of 2022. Around 1,000 patients a year should receive the benefit of this device.

CASE STUDY

Heartflow

Heartflow provides a non-invasive cardiac test which gives an in depth view of a patient's coronary arteries. This technology went live in Colchester in June 2022. Heartflow will enable physicians to create more effective treatment plans for patients with Coronary Artery Disease (CAD) through a digital 3D model of the arteries via a non-invasive CT angiogram. Computer algorithms are used to solve millions of complex equations which assess the impact that a blockage has on blood flow. Forecast to help around 69 patients in 2022/2023, it will avoid invasive procedures and improve the overall outcome for patients.

Below are a number of expected benefits Heartflow should bring to our patients and the Trust:

- better management of limited hospital resources
- provides a functional and anatomic assessment of coronary arteries without need for additional imaging radiation
- reduction in time to diagnosis and improved diagnosis leading to appropriate and holistic patient pathways
- reduction in use of invasive coronary angiography and sub-optimal non-invasive functional testing of patients
- better treatment decisions for patients with suspected CAD
- uses data from standard CT scans
- reduced total number of tests that are required to achieve a diagnosis.

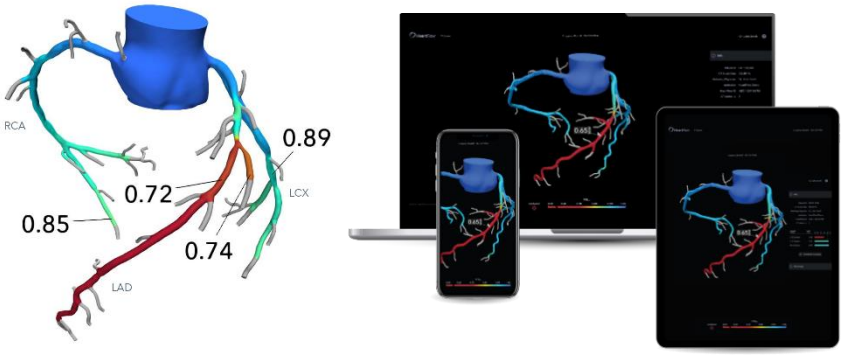


Diagram on the left is an example of Digital, colour-coded 3D model of coronary arteries analysis and on the right is how the analysis would look on our devices (Courtesy of Heartflow).

The link below provides a demo of the Heartflow viewer our staff will access (Courtesy of Heartflow).

HeartFlow Planner - Demo Video - YouTube

Artificial Intelligence

There are an increasing number of technologies emerging, utilising breakthroughs in artificial intelligence. A growing number of these are being introduced into the Trust and evaluated as illustrated in the following case studies –

CASE STUDY

Qure.AI

Funded through the SBRI Healthcare Cancer Programme, this AI tool supports the interpretation of chest X-rays and is believed to be able to detect multiple abnormal findings if present on a chest X-ray in less than 1 minute. Scans can be separated between abnormal and normal scans interpreting abnormalities in the lungs quickly. Qure.AI should have an impact on the cancer pathway leading to better patient outcomes and aid diagnosis time. There is an expectation that the technology should prompt triage & reporting of potential lung cancer, allow for the possibility of same day CT's and could lead to same day clinics with respiratory clinicians.

This project will allow ESNEFT to be involved in a research study and evaluation alongside 8 other Trusts. The aim is to test the feasibility of AI triage of chest x-rays, efficacy of qXR to triage CXRs suspicious for lung cancer for an immediate report and to determine difference in time (in days) to lung cancer. We are currently in the early stage planning for this project and will need to follow the usual Research & Development routes with the aim being for a go live October 2022.

CASE STUDY

E-Stroke

Funded by a 3 year NHSX award we have worked with Oxford based company, Brainomix to introduce from August 2021 the E-Stroke software to improve stroke care at Colchester & Ipswich sites. E-stroke uses AI to analyse images of the brain and blood vessels, and automatically flags blockages to clinicians to help guide treatment decisions. Patients who have had a stroke could receive potentially life-saving treatment more quickly with the introduction of this AI. The technology allows scans to be securely and quickly shared 24/7 with colleagues at specialist centres to gain a second opinion to support fast diagnosis and treatment. We will be evaluating this technology over a 3 year period alongside the Oxford Academic & Health Science Network.

The expected benefits are:

- improved treatment rates
- unnecessary patient transfers
- reduces chance of long term disability's
- could reduce delays and inappropriate treatments
- cost reductions.

The technology has been used to assist in the diagnosis of approximately 6,000 cases between August 2021 – June 2022, to help determine whether a stroke has occurred and if so how to best deliver care.

Link to the ESNEFT and Brainomix press release of October 2021:

Colchester Hospital unveils life-saving new AI technology | Gazette (gazette-news.co.uk)

The above extract shows images of the software our staff will access either on a monitor or smartphone courtesy of Brainomix.

CASE STUDY

C2AI

C2-AI uses AI to support Trusts with their elective patient waiting list management, enabling the prioritisation of patients, aiding capacity planning processes and should support a reduction of risk. With the support of the Eastern Academic Health & Science Network, ESNEFT is helping to evaluate the benefits of the technology and what impact it might have on our waiting lists.

i. Supporting business case development

The Innovation Team has supported a total of 20 business cases in 2021/22 of which a total of 17 of these business cases were unique business cases. The total value of the business cases is c£16m.

The table below shows the business cases that the Innovation Team has supported in 2021/22:

Title of business case	**Purpose**	**Value**	**Type of business case**
Apprenticeship employer training provider	Completion of a FBC and a 5-year business plan for the Trust to become an employer training provider	Circa £2m p.a. by year 3 of business plan	FBC
VR/AR simulation training	Development of new VR/AR training simulation offer in endoscopy, cardiovascular, robotic surgery and ophthalmology	£1.5m	FBC
EASTc equipment	Investment in new simulation and training equipment	£250k	FBC
Robotics	Investment in 2nd and 3rd Da Vinci Robot systems	Circa £6m	FBC
Colchester Institute	Pump priming to support Colchester Institute's Health and Social Care curriculum pre-placement enrichment programme	£150k	FBC
University of Essex – knowledge transfer	Pump priming investment in a knowledge transfer programme with the University of Essex to develop ESNEFT's data analytics capability	£570k	FBC
The Griffin Institute	Pump priming investment to create and deliver a new regional training programme for East of England trainees in robotic surgery for abdominopelvic procedures	£250k	FBC
Resus simulation	Provision of Resuscitation Training for Basic Life Support Skills – Investing in Simulation	£500k	FBC
Digital Histopathology	Introduction of digital technology within the histopathology service	£1.4m external capital bid	FBC

ARU	Pump priming investment to create an Institute of Robotic Surgery in collaboration with ARU and industry partners	£995k	OBC
BT Innovation Fellows	Pump priming investment in an Innovation Fellowship programme, in partnership with BT and with access to its resources through its BT Vanguard Programme	£500k	OBC
GPPC	2 year pilot programme to work with patients with Hypertension and high Cholesterol	£500k	OBC
Digital Histopathology	Introduction of digital technology within the histopathology service	£1.4m external capital bid	OBC
Histopathology, co-location	Production of OBC for the co-location of the histopathology service	£1.5m	OBC
Faculty of Education	Investment in the Faculty of Education management structure	£750K	OBC
OBC build of Faculty of Education and Innovation Centre	Production of OBC for proposed build of Faculty of Education and Innovation Centre (planning application costs)	£120k	OBC
Sim man manikin	Purchase of sim man (replacement patient manikin)	£61k capital	
Resus simulation	Provision of Resuscitation Training for Basic Life Support Skills – Investing in Simulation		SOC
SOC build of Faculty of Education and Innovation Centre	Production of an SOC for the proposed Faculty of Education and Innovation Centre (initial designs and plans)	£50k	SOC

Section 3d: Supporting Innovation in Education and Training

Faculty of Education

The Innovation Team played a supporting role in helping to form and establish the Trust's Faculty of Education. The Faculty of Education was formed to provide a coherent and comprehensive approach to the delivery of the Trust's education and training programmes. It is responsible for outlining the strategic direction for the Trust's education and training programmes, performance management and delivery, for financial management and for major contractual commitments to Health Education England (HEE) and the Education, Skills & Funding Agency (ESFA).

2021/22 has seen investment in several projects that will enable ESNEFT to remain at the forefront of leading edge of all areas of training, learning and continuous development for our staff. This has included:

- Becoming an Employer Apprenticeship Training Provider - An internal Apprenticeship Delivery Team has been established to further utilise the Apprenticeship Levy and provide career development opportunities for clinical and non-clinical staff. In April, ESNEFT became an Apprenticeship Provider gaining a place on the ESFA framework and gained Employer Apprenticeship Training Provider status.
- Further development of the curriculum on offer through the ICENI Centre, broadening its use out to a wider range of ESNEFT staff

- Simulation Training -funding secured to replace outdated simulation equipment, and introduce new virtual reality technology, allowing for the expansion of simulation training offer to our staff
- The Community Diagnostic Training Academy - delivery of employment and skills provision in partnership with Colchester Institute, supporting residents from Tendring to access employment within the local health sector, particularly at the Community Diagnostic Centre Clacton. Funded through the Government's Community Renewal Fund.
- A wider engagement with schools and the community - The delivery of the schools masterclass series, working with local schools to offer young people an insight to roles within the NHS
- The development of proposals for a state of the art Faculty of Education and Innovation Centre at Colchester - Playing a pivotal role in the development of a new Faculty and the identification of a new centre encompassing the future plans of ESNEFT to continue to provide continuous professional development for staff.

i. Apprenticeships

A more strategic Trust-wide approach to the use of apprenticeships has been adopted with a view to–

- Increase the number of apprenticeships within ESNEFT to circa 600 per year
- Use apprenticeships to improve career development pathways
- Increase our offering to entry level staff to undertake an apprenticeship and improve the retention and recruitment of entry level staff groups
- Increase the breadth of apprenticeship opportunities available to staff regardless of job type, banding or location
- Use apprenticeships as a vehicle through which the Trust can enhance its leadership and management capabilities
- Achieve full utilisation of the Trust's annual Apprenticeship Levy, and recovery of as much of the Apprenticeship Levy already paid into the ESNEFT Digital Apprenticeship Account as possible
- Satisfy our public sector apprenticeship target of a minimum of 2.3% of our workforce undertaking apprenticeships each year.

At the heart of this work has been the move to become a training provider for apprenticeships in our own right. Following a fairly challenging application proves, the Trust has been accepted onto The Register of Apprenticeship Training providers as an Employer Provider of apprenticeship Training. This enables the Trust to develop a delivery arm, which together with new recruitment practices, will help us to achieve a step change in its use of apprenticeships and a subsequent utilisation of our Apprenticeship Levy.

Initially focusing on more entry level Apprenticeship Standards (e.g. Healthcare Support Worker level 2, Business and Administration level 3), the new delivery arm will commence training ESNEFT apprentices in July 2022. The team will add further, more advanced Apprenticeship Standards at higher levels as the service continues to grow throughout the lifecycle of its 5-year business plan.

With the introduction of this new Apprenticeship Delivery Team (responsible for delivery of in-house apprenticeship provision) and the change of reporting lines for the Talent for Care Team (responsible for outsourcing apprenticeship provision to external training providers where appropriate), the Trust is now well placed to deliver against the 2 agreed success measures for Apprenticeships –

- SM20: 100% of apprenticeship levy utilised (£1m levy spend by March 2023)
- SM21: 50% of B2-B4 vacancies filled by new employees to undertake apprenticeships to support their training & development in their new role (300 new employees by March 2023).

To support a pipeline of local talented and motivated people joining ESNEFT, and being supported through an apprenticeship on arrival at the Trust, a number of supporting initiatives have been established, including:

- Partnerships agreed to with both our main further education colleges, Colchester Institute and Suffolk New College, which will generate a pipeline of future better prepared employees within the ICS through a combination of work placement and mentoring schemes.
- Establishing a Community Diagnostic Training Academy at Clacton Hospital, in partnership with Colchester Institute, to support local people into local jobs at the new Community Diagnostic Centre.
- Workforce plans that properly recognise apprenticeships as an effective way of supporting new entrants into the ESNEFT workforce in addition to the upskilling of existing staff.

ii. Training in Robotic Surgery

On the back of investments in robotic surgery, we have established **The Institute of Excellence in Robotic Surgery (TIERS**) in collaboration with ARU and industry partners. Through this, ESNEFT and its partners will advance the utilisation of these technologies to benefit both the Trust and ultimately our patients. The focus of activity will encompass a range of education & training, research, innovation and technology development, in disciplines such as simulation, orthopaedic and abdominopelvic surgery, biomechanical engineering, computing/robotics, psychology/neuroscience, ethical considerations, and the outcomes & benefits of robotic surgery.

TIERS will bring together a combination of the resources, knowledge base and expertise drawn from both ARU and ESNEFT. These would include but not be limited to the ICENI Centre (ESNEFT) at Colchester Hospital, an internationally renowned and RCS accredited centre for advanced surgical techniques, and ARU's School of Medicine. Industry partners have committed in principle to also investing in TIERS, with a particular interest in supporting academic research fellowships in orthopaedics.

Training simulators for the DaVinci system for abdominopelvic procedures are in place at both main simulation centres and are being used for both the next tranche of consultants being trained for robotic surgery, and junior doctors who will be assisting them.

Mr Barry Whitlow, Consultant Gynaecology & Obstetric Surgeon teaching.

CASE STUDY

With an increase in internal robotic experience, ESNEFT is now able to offer an expanding range of robotic training to registrars and Consultants and these are delivered both at the Iceni Centre and at The Griffin Institute at St. Marks Hospital in Harrow. The Trust has increased the number of Fellowships in abdominopelvic and orthopaedic specialities recently, and the advent of the robotic training programmes available through ESNEFT has helped to attract growing international interest in working here. The first 6 doctors at ST4+ level who will help in assisting with robotic surgery within the Trust have been identified and are now midway through their training programme, involving a mixture of simulation hours and a hands-on course at The Griffin Institute.

iii. Advanced Clinical Skills & Simulation Training

ICENI Centre, Colchester Hospital

Approximately £1.5m has been invested in a new VR/AR simulation suite at the ICENI Centre that has secured the latest simulators for robotic surgery, ophthalmology, obstetrics and gynaecology, endoscopy and endovascular training. A new curriculum is being developed to gain full benefit from

the technology in 2022/2023, supported by an ICENI Centre International Fellow in Simulation who has been recruited to drive the curriculum forward and undertake research on its impact.

The ICENI Centre's remit to expand specialisms using the facilities continued apace in 2021/22. Overall, nine new face to face courses were introduced at the Centre including new specialisms such as ENT and ophthalmology training. In the summer of 2021, The ICENI and Innovation Team worked closely to submit a successful bid to run the Health Education England (HEE) East of England Cadaveric Temporal Bone course for a 3 year period, commencing November 2022.

An on-line Microbiome course consisting of 6 sessions between May to August 2021 was uploaded on the ICENI Centre website – learner numbers considerably out-performed courses held on-site. This was replicated for an on-line endo-urology course held in November 2021 with positive feedback demonstrating the appeal of blended learning, introduced by the ICENI Centre –

'*I have enjoyed the scope of discussion and I would really be happy to attend if it became a hands on course*'

Collaboration with overseas institutions also remained robust by adapting the sharing of best practice to on-line webinars (whilst international travel was banned due to COVID). A total of 9 Zoom meetings were held throughout 2021/22 involving departments ranging from cardiology to pathology. An MOU with Jordan University of Science and Technology was signed in April 2022 and talks with The University of Jordan (UoJ) and Oman Medical Speciality Board to sign agreements to develop an overseas training programme, progressed during 2021/22 (an MOU with UoJ scheduled to be signed in July 2022).

The ICENI Centre International Fellowship Programme has continued to grow. The Trust currently has 13 doctors through the programme, working across both sites in specialities such as Breast, Vascular and Colorectal Surgery. Countries of origin include Egypt, India, Oman, Japan and Greece. A further 8 ICENI Centre international Fellowship posts are in the process of being recruited to and are pending the necessary paperwork.

By the months of May to June 2022, the Centre saw its usage return to 2019 pre-pandemic levels, with close to 700 learners using the facilities. The financial forecast for the 2022/2023 financial year would see the Centre hitting its income/surplus targets given the busy curriculum plan it has in place for the coming months.

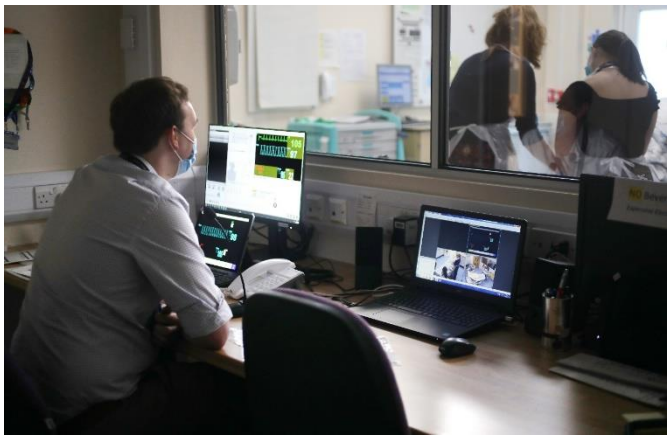
With the demand for out-of-office hours training, the Centre changed its security arrangements to enable access to the building between 7am - 10.30pm, 7 days a week. The uptake has been significant with courses already booked in the diary. These include urology trainees on a Saturday and HEE Foundation Year trainees on the first Tuesday evening of every month. In March 2021, the Trust invested in a second Da Vinci NowSim simulator, based at the Centre, and ESNEFT surgeons on the robotic training programme are regularly attending practise sessions after clinics/theatre in the evenings and at weekends.

The ICENI Centre Schools Masterclasses expanded to include AHPs from 9 different job roles, delivering a successful programme, over six weeks, for students from Colchester Academy in February/March 2022. Workshops in Ophthalmology and Innovation within the NHS (featuring augmented/virtual reality simulation equipment, VR goggles and the robot simulator) have also been developed to be delivered to local school children (both workshops scheduled for July 2022 onwards).

Comic extract from the Schools Masterclass, part 2 the role of the physiotherapist & the Speech and Language Therapist.

East Anglian Simulation Training centre (EASTc), Ipswich Hospital

Further investment has been made into the EASTc at Ipswich Hospital in order to both sustain and enhance what it delivers by way of training provision. £0.25m of investment has gone towards replacing the increasingly out of date equipment and bringing in new technology that will help to develop a more multidisciplinary approach to learning.



Dr Luke Bibby, Education Fellow, facilitating Medical Students simulation training.

This investment has led to a number of programmes of work:

- The consideration for inter professional learning has meant that a pilot sessions for a research project have taken place. It is planned for a research project to take place once ethics approval has been agreed. The project is specifically asking medical students and nursing students to undertake simulation training together and to gauge their reactions to it. This will inform teaching practice going forward
- The state of the art manikin has been used in training with the department in readiness for an in situ simulation programme due to commence in Emergency Department in September 2022
- Since the purchase of the equipment, medical colleagues who have not used the centre previously, have engaged in discussions regarding new courses

- There are plans to increase usage of the centre by the paediatric department who are hoping to run regional courses
- AHP colleagues have recently piloted a new course for junior staff which received positive feedback and further dates are planned.

Picture left, University East Anglia Medical Students at EASTc (Ipswich hospital). Picture right, University East Anglia Medical Students attending virtual reality simulation training at EASTc.

iv. Widening Participation

In line with ESNEFT's role as an anchor organisation, its desire to have a wider impact on health inequalities within our communities, and a need to encourage a pipeline of new motivated local talent into our workforce, the Talent for Care team has developed an ambitious community outreach programme for the coming academic year.
On the back of a 2022 report on Levelling Up Goals, the new programme will seek to:

1. Promote ESNEFT and NHS careers to the younger generation and community
2. Widen the understanding of the breadth of roles within the NHS
3. Support workforce needs (eg allied health professionals) by targeted bespoke work experience opportunities/masterclasses/events
4. Target work to encourage more applications to medical school (fewer applications from Suffolk than most other counties in England)
5. Dedicate activity to support recruitment in diagnostic services in Clacton and Ipswich to support CDC development
6. Develop comprehensive activity with schools with whom the Trust has done little in the past, and/or which are in areas of deprivation
7. Widen participation, targeting support to –
    - Students without role models
    - Students without existing connections to ESNEFT/NHS
    - Those living and/or studying in deprived areas
    - Those learners with special educational needs
    - Adults who are unemployed
    - Under-represented groups eg ethnic minorities.

Alongside a call to arms for more staff to come forward to participate in activity as "Health Ambassadors", and a refreshed work experience policy and process, a range of new events and

opportunities has been organised for 2022/2023 academic year. In excess of 1000 local school and college students will be able to take advantage of a range of opportunities, that include –

- Weeks in the year dedicated to work experience from a given school, and/or within a given work area within the Trust.
- Weeks in year dedicated to work experience opportunities to support medical school applications.
- Masterclasses to showcase specific job roles within the Trust such as AHP or within ophthalmology, benefitting from state of the art training simulation technology
- Attendance at external careers fairs
- A dedicated ESNEFT Careers Fair at Colchester Community Stadium to showcase all roles at the Trust, with all schools from the Trust's footprint invited to attend.

CASE STUDY

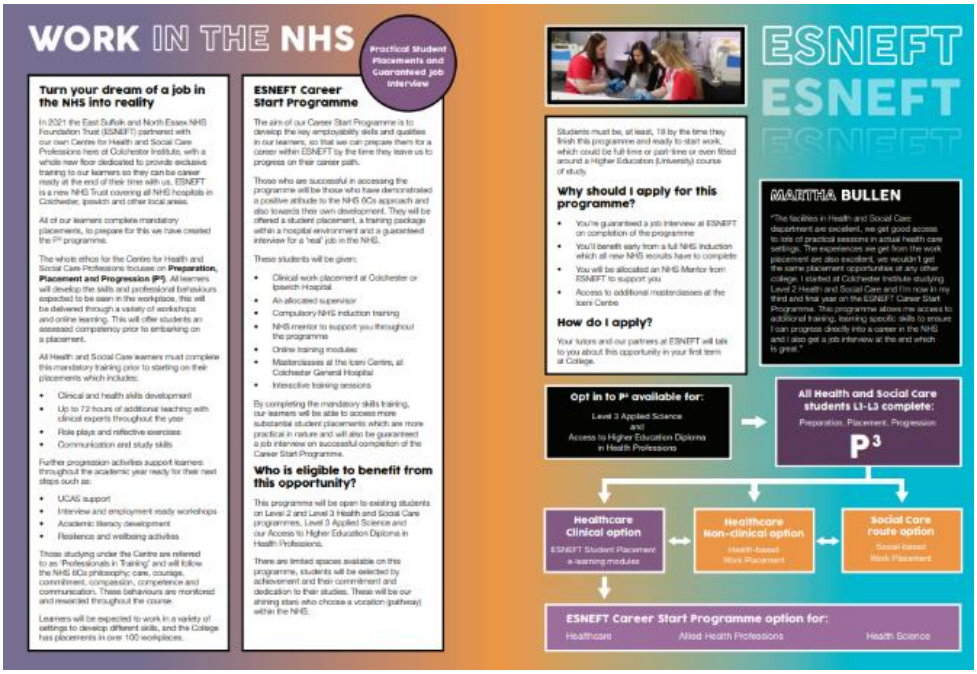
Clacton Coastal Academy partly serves one of the UK's most deprived wards in Jaywick and yet has had little engagement with ESNEFT in the past in terms of the opportunities being given to those of its students interested in careers in health and social care. Following attendance by the Talent for Care Team at a Careers Fair at the school earlier in the year, the relationship between the Trust and the school is blossoming, with plans now which include –

- A tour of the new Community Diagnostic Centre at Clacton Hospital for all its health and care students and staff, including its Sixth Form
- Work experience opportunities being opened up at Clacton Hospital and at the CDC, for the first time
- A 2 day masterclass for 30 of its health and care learners at the ICENI Centre, Colchester Hospital in October 2022.

CASE STUDY

ESNEFT Career Start Programme

A completely new initiative, the aim of our ESNEFT Career Start Programme with Colchester Institute is to develop the key employability skills and qualities in health & social care learners at Colchester Institute, so that we can prepare them for a career within ESNEFT by the time they leave the college and offer them a stepping stone to join the Trust.



This programme is open to existing students at Colchester Institute on Level 2 and Level 3 Health and Social Care programmes, Level 3 Applied Science and their Access to Higher Education Diploma in Health Professions. Students who are successful in accessing the programme are offered a student placement, a training package within a hospital environment and a guaranteed interview for a 'real' job in the NHS. These students will be given:

- Clinical work placement at Colchester or Ipswich Hospital
- An allocated supervisor
- Compulsory NHS induction training
- NHS mentor to support them throughout the programme
- Online training modules
- Masterclasses at the Iceni Centre, at Colchester General Hospital
- Interactive training sessions.

The programme commenced in January 2022 and will support up to 30 students each year.

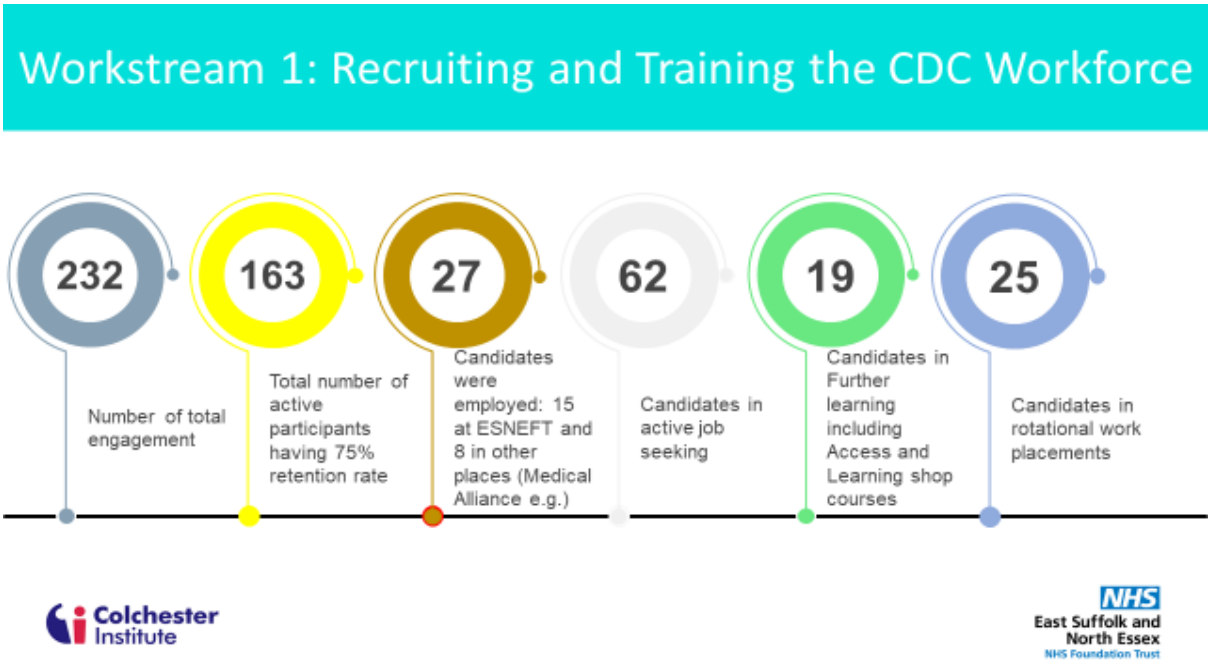
v. The Community Diagnostic Training Academy

In November 2021, in a joint application with Colchester Institute, ESNEFT secured government funding through the Community Renewal Fund to develop the Community Diagnostics Training Academy. This is a specially designed employment and skills package for residents from Tendring District to secure employment within the new Community Diagnostic Centre at Clacton Hospital. Participants complete a range of 'masterclasses' to understand the different roles available within the diagnostic centre, including clinical and non-clinical roles, they complete a series of work experience placements within ESNEFT and have the opportunity to complete a number of courses and engage with passionate people doing the job. Everyone who completes the 12 week course is guaranteed an interview at ESNEFT.

Participants from the Community Diagnostics Training Academy with their certificates of achievement.

As of June 2022, the programme had a 75% retention rate, supporting residents from some of the most deprived wards in England and Wales to secure sustainable employment within ESNEFT and the wider health sector.

As of June 2022 the headline numbers being achieved on the programme were:



Further bids to the Government's Shared Prosperity Fund were submitted to both Tendring District Council and Colchester Borough Council in May 2022, to deliver an extension of the Community Diagnostic Training Academy in 2023/24. We await news from the bids.

CASE STUDY

A video reflecting the experiences of participants on the programme, and their perceived benefits from attending can be found here:

https://youtu.be/H12oy71fDe8

vi. Proposed new Faculty of Education & Innovation Centre, Colchester Hospital

Following earlier design work, some initial consultation with local stakeholders and discussions within the Faculty of Education in 2021, a business case and related application for planning permission is being prepared for a new 2,957.93 sqm Faculty of Education & Innovation Centre at Colchester Hospital. Subject to consideration by the ESNEFT Board, the new building will provide state of the art training facilities, including cadaveric, VR simulation, a 120 seater banked lecture theatre, a clinical skills ward and flexible spaces for scenario based multidisciplinary training. The proposed Centre will also enable the steep rise in apprenticeship delivery anticipated at ESNEFT. The plans also provide for an innovation space, potentially supporting early stage medical/care technology companies with business incubation facilities. The new centre would be built out from the ICENI Centre, replace the Post Graduate Medical Centre and provide a 21st Century training facility a short distance from the new elective orthopaedic centre.

To fund the proposed building, a range of external funding opportunities are being explored that seek to support skills and economic growth, including Levelling Up funds and those funding streams designed to replace previous EU funding. Several meetings have been held with those local and county based organisations that are likely to have an influence over decisions affecting such funding and these will be progressed should the Trust Board approve the business case going to it in September 2022.

In parallel with the above, Investment Group committed £120k to develop a full planning application and it is hoped that this will be submitted in September 2022, subject to Trust Board consideration.

Proposed Faculty of Education & Innovation Centre:

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**15**
Reference No.	**ICB 22-33**
Date.	**22 November 2022**

Title	**Suffolk and North East Essex Cancer Transformation Programme Budget Allocation Approval.**
Lead Director	Richard Watson, Deputy Chief Executive and Director of Strategy and Transformation
Author(s)	Claire Corbett, Cancer Programme Lead
Purpose	To agree for the transfer of a proportion of the cancer transformation funding for 2022/23 to ESNEFT.

Recommendation:

To approve a funding plan for the 2022/23 cancer transformation programme and enable the ICS Cancer Programme committee to transfer funding to ESNEFT in accordance with the enclosed financial schedule.

1. Summary

1.1 This paper sets out a proposal for the current service development funding (SDF) based on the annual Cancer Programme funding schedule, which is the non-recurrent funding the ICS Cancer Programme receives each year to deliver the cancer delivery plan allocated by the national cancer programme team. The paper provides assurance that decision-making has been sought via the relevant governance to enable the distribution of the funding. The paper seeks approval to deploy the funding related to ESNEFT via a contract variation (CV). The amount to be transferred exceeds the scheme of delegation limit of the ICB Cancer Committee and is therefore submitted to the Board for approval.

2. Background

2.1 The purpose of the Suffolk and North East Essex (SNEE) cancer programme is to support the development and delivery of the current ICS 5 Year Strategic Plan and programmes of work from the NHS Longer Term Plan. The key priorities are detailed below:

- The NHS set an ambition within Cancer that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients
- Primary Care Networks will be required to help improve early diagnosis of patients in their own neighbourhoods by 2023/24;
- A new faster diagnosis standard has been implemented to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening
- Speed up the path from innovation to business-as-usual, spreading proven new techniques and technologies and reducing variation
- Where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support;
- After treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support where they are worried that their cancer may have recurred

3. Cancer programme projects and assurance

3.1 The national team develop a cancer delivery plan each year, with priorities devolved to local cancer programmes to deliver. The SNEE Cancer Programme delivers and monitors these projects through the cancer programme governance (Table 1 below), supported by the East of England Cancer Alliance (North). Quarterly assurance is undertaken by the national cancer team to ensure programme objectives, delivery and funding is compliant.

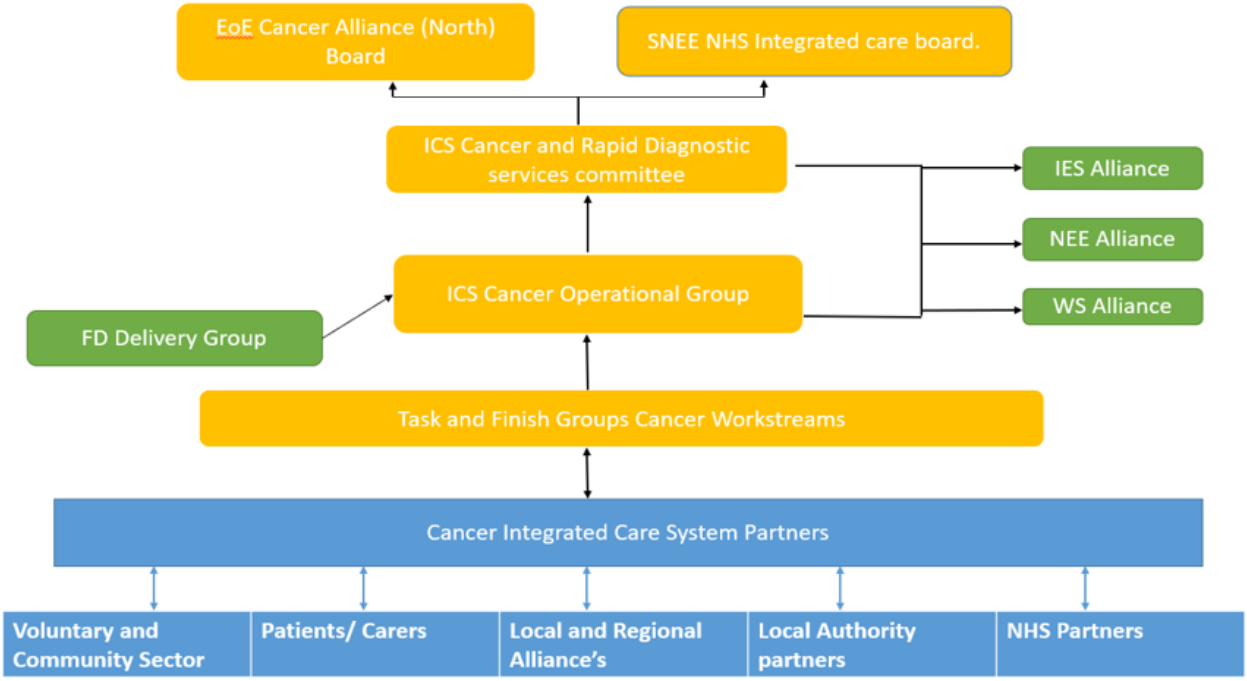


Table one

4. Funding

4.1 In 2022/23 Suffolk and North East Essex received £2.187m of resources for transformation projects based on weighted population (known as 'place-based funding).

4.2 ESNEFT require a contract variation (CV) to the value of £1,274,624, which is over the £1 million limit for the ICS Cancer Committee. WSFT CV is being progressed to the value of £638,188 following approval by the Committee. All the associated spend is monitored via monthly meetings with reporting back to the East of England Cancer Alliance (North), the ICS Cancer Operational Group and the ICS Cancer Committee.

4.3 For the first time this year, funding has been allocated to align with the national team service and financial parameters, these terms are set out below:

Faster Diagnosis and Operational Performance	Non-specific symptoms pathways	47% of total allocation
	Best practice timed pathways and priority pathway improvements	
	Operational performance	
Early Diagnosis	Screening, targeted case finding and surveillance:	29% of total allocation
	FIT	
	Innovation	
	Getting people into the system: • Effective primary care pathways • Timely presentation	
Treatments & Personalised Care	Treatment variation	13% of total allocation
	Quality of Life	
	Personalised Care	
Cross-cutting	Core team Funding	11% of total allocation

Following the receipt of the cancer delivery plan and funding allocation the cancer funding plan is developed, agreed by local governance and national sign off, it is then monitored through out the year through the ICB Cancer Committee via monthly reports to our finance lead.

5. Key Issues

5.1 ESNEFT cancer funding currently breaches the ICB Cancer Committee sign off levels. In order to mitigate this paper has been prepared for ICB Board to facilitate signoff and allow the completion of the CV and transfer of funding to ESNEFT.

6. Patient and Public Engagement

6.1 Patient and public engagement undertaken via patient representation at all operational and community meetings. Recent events include, personalised care, thinking differently in Cancer, Patient engagement events to develop the cancer patient strategy, Dermatology and Breast events.

Patient and public engagement sought at project level.

Patient Engagement plan agreed to support further engagement via a variety of routes including dace to face, virtual and digital to maximise the patient voice within the programme.

7. Recommendation

7.1 The ICB Board is asked to approve approve the 2022/23 funding plan for the cancer transformation programme, as set out within the report, and enable the ICS Cancer Programme committee to transfer funding to ESNEFT in accordance with the enclosed financial schedule.

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**16**
Reference No.	**ICB 22-34**
Date.	**22 November 2022**

Title	**ICB Report and System Oversight Framework (SOF) Performance Indicators**
Lead Director	Paul Gibara Director of Performance improvement
Author(s)	Paul Gibara Director of Performance improvement
Purpose	Provide The integrated Board an update on key performance activities overseen by System assurance Committee.

Recommendation:

The Board is requested to note the content of this report.

1. Background

1.1 17 October 2022 NHS England published its Operating Framework, the publication heralds a cultural reset for the NHS which supports and reflects the change to System based approaches and the need for stronger partnership working.

1.2 The framework will play a key role in guiding the creation of a new organization bringing together NHS England, Health Education England and NHS Digital.

1.3 The document appears to build on previously published system oversight framework and in performance terms reinforces the approach as set out in previously discussed performance paper. Importantly whilst ICBs have first line oversight of health provider performance NHS England retain their direct accountability to lead and support organizations segmentation support

1.4 It is expected that the first annual assessment of ICBs will be completed in quarter 1 of 2023/34 financial year

See appendix 1 for summary

1.5 On 18 of October 2022 ICBs have received several instructions under the umbrella of "Going Further on our winter resilience plans", namely:

- Winter resilience plan letter
- Community-based falls response
- Care home ambulance conveyance avoidance
- Combined adult and paediatrics Acute respiratory Hubs
- Supporting High Frequency users of services through personalized care
- Establishment of system control centres

1.6 SNEE has undertaken a gap analysis against each of the outlined request which at the time of writing this report is demonstrating already existing significant compliance this is planned for discussion at our Urgent and Emergency Care Committee on the 14 November 2022.

1.7 SNEE attended the launch of a national winter collaboration initiative on the 1 November 2022 designed to explore further opportunities to develop an improvement approach to managing urgent care activity

2. Key Issues

NHSE ICB review 3rd of November

The ICB executive team together with our Chair attended the systems first ICB review with NHS England.

The agenda covered a broad number of areas broadly split between development of services and delivery.

This meeting is important in the sense that it forms part of the ICB annual assessment which determines the level of support a system requires and earned autonomy. Whilst we are awaiting formal communication and outputs the meeting proved to be very positive with acknowledgement of all the work the ICB is undertaking.

3. System Oversight and Assurance Committee

3.1 The System Oversight and Assurance Committee (SOAC) met in October and November 2022. A summary of discussions at each meeting is as below:

5 October:

Cancer 62 day wait list
Noted the good performance seen but that both acute trusts had experienced challenges in meeting targets, particularly in skin cancer (ESNEFT & WSHFT) and general surgery (Upper and Lower GI) (ESNEFT)

Elective

- 78 week waits and 104 week waits were on track to meet target performance, however there were risks associated with 52 week waits in general surgery, which may de-rail the 78 week wait target
- Diagnostics – there was a plan to improve performance, a deep dive was scheduled to take place on 27 October; the results of which would be reported to SOAC

Urgent care

- During Q1 there was a reduction in ambulance offloads in under 30 minutes
- EEAST C1 and C2 performance continued to be a significant risk; SOAC were assured that actions to help manage risks such as cohorting, boarding of patients and quick release were in place across all three hospital sites.

Mental Health CYP
Waiting times for neuro-disability for children were struggling; a focus paper on this issue is to be discussed at a future SOAC meeting

System Control Room
There is a system control room in place, however senior clinical input required strengthening and a proposal was to be drawn up for consideration

Workforce
An in-depth review of workforce was received, with key points of note being:

- Growth was strong locally compared to national figures
- AHP retention was an area of concern and further work was being undertaken to understand the high growth and low retention
- Sickness absence was reported at 5.1% (nationally the rate was 5.6%)

Maternity Services
An in-depth review of maternity services was provided, with key points of note being:

- When assessed against national targets or “acceptable” variation SNEE was a national outlier in a number of clinical outcomes (July 2022 data). SOAC were assured that the LMNS had completed reviews of these areas and were taking appropriate action to resolve.

- The main areas of concern were:

    - Preterm Birth rates, including Smoking at Time of Delivery (SATOD) and Right Place of Birth - A multi-disciplinary workstream commences on 7 October to drive forward transformation activity
    - Post-partum significant haemorrhage rates- rates were above the national average; both WSHFT and ESNEFT had Quality Improvement projects in place to improve the rates

- Continuity of Carer rollout - Reaching appropriate staffing levels contained within the Continuity of Carer Model had delayed roll-out in both Trusts.
- Workforce supply - June data indicated a midwifery vacancy rates at Ipswich – 9.96% Colchester 9%, West Suffolk 20%
- Ockenden compliance - Both acute trusts had developed internal action plans to address the seven immediate actions

7 November:

Elective

- Feedback following diagnostic deep dive on 27 October was provided.
- 5 priority areas were identified, with actions and trajectories set against each, to address performance concerns, together with best practice: colonoscopy backlog and demand; echocardiology; MRI / CT; ISP capacity and governance
- BMA rates and balloting remained significant risks towards performance improvement
- 52 week waits (WW) presented a challenge, particularly in general surgery. Outpatient transformation would help with 52 WW but it was accepted that this transformation work alone would not solve the 52WW problem further work is being undertaken

Neuro Disability Pathway

An in-depth review of the children's Neuro Disability (NDD) pathway across SNEE was received, identifying the challenges being experienced and steps to address.

Winter resilience

A progress report was presented on the actions being taken towards implementation of system winter resilience plans. SOAC were assured there were actions in place to address delivery of the 5 requirements from NHSEI of:

- Support for care homes
- Community based falls response service
- Acute respiratory infection
- Supporting high frequency users
- 24/7 system control centre

Health & Social Care Worker

Analysis was presented around recruitment and retention of HSCW. Projects to address issues of pay, development and work-life balance were being taken through the People Committee.

No areas for escalation to ICB were noted at these meetings.

4. Development of framework

4.1 Work to support individual committees and develop performance framework has begun with an initial focus on Alliances, Mental Health and Quality committees

5. Recommendation

5.1 The ICB Board is requested to note the content of this report.

Appendix 1

The NHS England operating framework: the foundations

NHS England

1 Why we are here — To lead the NHS in England to deliver high-quality services for all

2 What we do to add value

Set direction	Allocate resources	Ensure accountability	Support and develop people	Mobilise expert networks	Enable improvement	Deliver services	Drive transformation
• Policy and strategy • Relationship with government • Agree mandate • Set annual planning guidance and priorities • Provide leadership.	• Plan workforce strategy with partners • Workforce innovation • Financial structures and incentives • Financial stewardship of NHS • Financial allocation.	• Accountability • Standards • Goals and expectations • Monitoring and assurance • Regulation • Health protection.	• Leadership culture and development • Culture and behaviours • Inclusion and diversity • Training and education.	• Expert knowledge and consensus • Outcomes • Benchmarks • Best practices • New products and services • National stakeholders • System development.	• Support improvement • Deploy improvement support • Intensive support • Regulatory intervention.	• Digital • Data and analytics • Commercial & procurement support • Direct commissioning.	• Medium-term priorities • Transformation enablers • Partner with life sciences • Population health and prevention.

3 How we do it

Leadership behaviours: Working to improve lives | We are inclusive - everyone counts | Working as one team | Getting things done | Learning and improving | Compassion and respect

Accountabilities and responsibilities

Providers	ICBs	NHS England
• Statutory responsibilities for safe, effective, efficient, high-quality services • Effective system working and delivery of their contribution to ICS strategies and plans • Financial performance and requirements set out in NHS planning guidance, including quality and access • Compliance with provider licence, Care Quality Commission standards • Reducing unwarranted variation, especially through Provider Collaboratives.	• Effective system leadership which balances immediate and longer term priorities • Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. • Overseeing the budget for NHS services in their system • Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties • Work with local authorities to act as the stewards of local population health outcomes and equity.	• Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources • National NHS performance and transformation as set out in NHS mandate and constitution • Contribution to effective system working and delivery, including statutory intervention if required • Foster relationship and alignment with government • Stewards of the NHS • Set strategy for the future • Foster productive relationships with partners and major stakeholders.

4 What we need to achieve

Medium term objectives: STOP avoidable illness and intervene early | SHIFT to digital and community | SHARE the best | STRENGTHEN the hands of the people we serve | SUPPORT our local partners

Outcomes
- Longer healthy life expectancy
- Excellent quality, safety and outcomes
- Excellent access and experience
- Equity of healthy life expectancy, quality, safety, outcomes, access and experience
- Value for taxpayers' money
- Support to society, economy and environment

* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.

Cancer & Rapid Diagnostics

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
62+ day waiting list	Reduction of waiting list to pre-pandemic levels by Mar 2023	Trust Local PTL	Sep-22	●		469	937	↓	H
62+ day waiting list - over 104 days		Trust Local PTL	Sep-22	○			188	↓	H
Increased first cancer treatments	Reduce shortfall	National CWT	Aug-22	●		490	598	↑	
28 day faster diagnosis	75% by Mar 23	National CWT	Aug-22	●	75.0%	74.9%	57.4%	↑	L
31 day wait diagnosis to treatment	Improve performance	National CWT	Aug-22	○	96.0%		93.6%	↑	
Patients treated within 62 days	Improve performance	National CWT	Aug-22	○	85.0%		72.2%	↑	
Screening uptake - Cervical (25-49)	Maintain and restore cancer screening programmes	NHS Digital	Mar-22	●			74.0%		
Screening uptake - Cervical (50-64)	Maintain and restore cancer screening programmes	NHS Digital	Mar-22	●			77.4%		
Screening uptake - Breast (50-70)	Maintain and restore cancer screening programmes	PHE - Fingertips	Mar-21	●			69.8%		
Screening uptake - Bowel (60-74)	Maintain and restore cancer screening programmes	PHE - Fingertips	Mar-21	●			73.4%		

Key performance issues & root cause summary

The most challenged pathway remains the colorectal pathway with 53% of the ESNEFT PTL being colorectal

62% of WSFT current PTL is skin, although their 2WW pathway is good, it is due to staffing issues within their plastics department so treatments are delayed. Locum support is now in place

Key performance recovery actions

Following national requirement for submission plans for 62 day cancer backlogs SNEE have remained forecasting recovery by March 2023. On the 9/10 the national relative backlog (2ww > 62 days) backlog position is ESNEFT 30th with 13.4% and WSFT 46th with 11.3% of their urgent cancer PTL past day 62

Cancer & Rapid Diagnostics Committee

Narrative submitted: 20/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

· 62 day backlog recovery trajectories resubmitted, SNEE remain reporting backlog recovery by March 2022.
· Q2 assurance completed with the regional cancer team.
· Cancer programme facilitator has started in post.
· Targeted cervical screening pilot live in a PCN in I&E Suffolk Alliance.
· People living with cancer ICP event held and supported by the cancer transformation programme to support development of the ICS Strategy.
· Early diagnosis and screening event held at community 360 Colchester, the event had great attendance from local communities and was an opportunity for education and promotion.

Key actvities planned for the next 2 months

· Personalised Care workshop planned 2nd November 2022 - this workshop will bring together stakeholders that constitute our ICS to explore what this means in practice to us all, our achievements to date and the opportunities to enhance person-centred care further.
· Targeted Lung Health Checks due to launch in NEE in Q4, procurements and recruitment are currently being progressed.
· Skin 2WW pathway due to go live November 2022 utilising the skin analytics platform at Colchester Hospital as part of ESNEFT.
· Patient engagement event planned for the 6th December with a focus on prevention, screening and early diagnosis.
- recruitment to the non site specific service for further clinicians, this will increase capacity within the pathway.

We have learned this and need to share...

Thinking differently around how we use our workforce, recently nurses have trained in undertaking template biopsies on the prostate cancer pathway, with a result of increased urology consultant capacity.

We need help with..

Workforce remains a key issue within the cancer programme, due to the non recurrent nature of the funding many posts are fixed term. A paper is currently being developed to support a sustained approach to cancer workforce recruitment.

Key Issues

Within the system we have a shortage of specialist roles, including Consultant radiologists and Speciality Consultants, this results in vacancies and high locum workforce.

ESNEFT NSS service is unable to develop fully as a suspected cancer pathway due to lack of general management and clinical leadership

Key Risks

Resubmission plans for 62 day cancer backlogs remained forecasting recovery by March 2023 which at risk. Backlog position for ESNEFT 26th and WSFT 46th cancer PTL past day 62.

Colorectal and skin remain the largest contributors to the PTLs, within WSFT 62% of PTL is skin and within ESNFT 53% of the PTL is colorectal.

Strategic Programmes, Elective Care and Diagnostics

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
RTT Admitted Pathways	110% of 19/20 baseline	National RTT	Aug-22	○		3,628	3,067	↑	
RTT Non-Admitted Pathways	110% of 19/20 baseline	National RTT	Aug-22	○		18,308	16,323	↑	
104 weeks wait	0 by 31 Jul 2022	National RTT	Aug-22	●	0		26	↓	L
78 weeks wait	0 by 31 Mar 2023	National RTT	Aug-22	●	0		631	↓	L
52 weeks wait	Reduction on Apr 22 baseline	National RTT	Aug-22	●	0		4,741	↓	H
Diagnostic Tests	Increase diagnostic capacity to 120% of pre-pandemic activity	DM01	Aug-22	●		30,715	28,854	↑	
Elective Day Case		Faster SUS	Sep-22	○		10,980	10,613		
Elective Ordinary		Faster SUS	Sep-22	○		1,616	1,706		
First outpatients - F2F		Faster SUS	Sep-22	○		39,227	31,969		
Follow up outpatients - F2F	25% reduction in outpatient follow-ups by 2023	Faster SUS	Sep-22	●		90,516	50,563		
First outpatients - Virtual		Faster SUS	Sep-22	○		12,544	3,924		
Follow up outpatients - Virtual	25% reduction in outpatient follow-ups by 2023	Faster SUS	Sep-22	●		31,109	14,958		

Key performance issues & root cause summary

ESNEFT showing strong activity figures and falling numbers of very long waiters. Key concerns are the growing waiting list, the forecast increases in 52 week waits and high demand for cancer services impacting the capacity for routine work.

WSFT successfully reducing the longest waiters. Key concerns are below plan throughput and sustained long waits for diagnostics.

Key performance recovery actions

Key focus for both trusts is on outpatient productivity including increasing the rates of: patient initiated follow (particularly at WSFT); use of advice and guidance; use of virtual clinics (particularly at ESNEFT) and reducing the demand for face to face follow up attendances.

Joint working opportunities are being utilised in some areas and scoped in others where mutual support would be beneficial.

Strategic Programmes, Elective and Diagnostics Committee (1 of 2)

Narrative submitted: 25/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

Our focus remains on reducing our long waits - we are beginning to increase the emphasis on how we can slow down waiting list and one year waiter growth.

Efficiency programmes in operating theatres (Kaizen principles applied), outpatients and diagnostics continue to increase our ability to use the resources we have but there remain significant risks in terms of workforce availability. A deep dive on orthopaedics has been reported and will be followed up. Our Getting It Right First Time recovery plan has been reviewed.

We continue to explore opportunities to supplement our capacity with insourcing and outsourcing from the independent sector.

Patient safety and experience for long waiters remains a priority and 'waiting well' programmes continue.

Key actvities planned for the next 2 months

Our analysis of the waiting list growth suggests:
- the need for a renewed focus on outpatient transformation and throughput as this is where the majority of the growth is (this work is ongoing);
- diagnostics can be a bottleneck to patients progressing on their pathway and we need to understand this in more detail and improve performance;
- a specific review of General Surgery which is our most challenged specialty is needed.

We will be engaging with the NHS England diagnostics programme team and focussing on reducing waiting times for endoscopy, audiology and MRI.

We are participating in a 'deep dive' into General Surgery as this is our highest risk specialty.

We have learned this and need to share...

The trusts have established an elective recovery meeting which is proving to be an effective means of sharing best practice, opportunities to support each other and building networks.

Clinical leadership of the musculoskeletal programme has been effective and we will seek to roll out this approach into General Surgery.

We need help with..

As demand and capacity modelling evolves a review of key services and approach required to meet the reduction in waiting times and waiting list will be required.

Key Issues

Our key issues are long term sustainability - our outpatient waiting list continues to grow, urogynaecology where we are seeking mutual aid from outside the system, General Surgery which is our highest risk specialty and diagnostics where our recovery plans include significant risks that impede on our ability to recover waiting times and cancer services.

Key Risks

We have identified a number of risks relating to workforce availability, the risks of rate card demands being unaffordable and the threat of industrial action. Other risks include non elective growth beyond the planned levels which lead to elective cancellations.

Strategic Programmes, Elective and Diagnostics Committee (2 of 2)

Narrative submitted: 25/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

Diabetes continues to focus on recovery for pre-diabetes referrals and completion of Care Processes to Pre-Covid levels.
Suffolk spirometry community service has commenced a soft launch.
PulmonaryrRehabilitation self referral platform has been launched across SNEE alongside an awareness raising programme.
The West Suffolk Atrial Fibrillation (AF) detection project has completed and is now being evaluated.
The planning for a new integrated community stroke service has begun in conjunction with NHSE/I.

Key actvities planned for the next 2 months

Continue work on diabetes recovery especially for pre-Diabetes and the Care Processes which will involve supporting GP practices.
Diabtes workshop to co-produce longer term diabetes strategic plan.
In NEE , spirometry clinics will commence further roll out including Clacton.
Recruitment of Community Engagement Officers to increase smoking cessation support across SNEE, particularly to address health inequalities.
A procurement will be launched for Level 2 beds for neurorehabilitation.
Support for a themed workshop on long term conditions to support development of the ICS Strategy.

We have learned this and need to share...

Direct face to face engagement is important for implementation and to support quality improvement e.g. to increase "opportunistic" referrals into the National Diabetes Prevention Programme (NDPP).

We need help with..

Increasing engagement with partners including primary care to maximise the impact of improvement programmes i.e. NDPP referrals and completion of Diabetes Care Processes.

Key Issues

Impact of winter pressures on transformation programmes.
Recruitment of workforce to support time limited transformation projects.

Key Risks

Unknown future funding for 23/24 for key programmes e.g. SNELCAS (Suffolk and North East Essex Long Covid Service) and long term sustainability.

Urgent & Emergency Care

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
Ambulance response times - C1 Mean	7 mins	EEAST	Sep-22	●	00:07:00		00:11:01	↓	
Ambulance response times - C1 90th percentile	15 mins	EEAST	Sep-22	●	00:15:00		00:20:35	↓	H
Ambulance response times - C2 Mean	18 mins	EEAST	Sep-22	●	00:18:00		01:13:11	↓	
Ambulance response times - C2 90th percentile	40 mins	EEAST	Sep-22	●	00:40:00		02:38:12	↓	H
Ambulance handover delays	95% within 30 mins	EEAST	Sep-22	●	95.0%		74.2%	↑	
A&E Attendances - Type 1&2		Faster SUS	Sep-22	○		20,756	19,586		
12 hour waits in ED	Reduce towards 0 and no more than 2%	Local Trust Report	Sep-22	●	0	2.0%	1,490 (7.3%)	↓	H
NEL Spells		Faster SUS	Sep-22	○		9,188	8,140		

Key performance issues & root cause summary

Ambulance response times remain well above expected for both C1 & C2 priority categories despite the number of responses being approx 20% lower than the same time last year

Response times vary across SNEE, with an average C1 waiting time of just over 10 mins in North East Essex, but just over 12 mins in West Suffolk

The % of ambulance handovers in 30 mins is only just above the lower SPC limit so remains well below the target of 95%

The number waiting over 12 hours in ED remains above the SPC control limits and at 7.3% is significantly above the 2% max target

Key performance recovery actions

Significant pressure remains across the UEC system.

Demand & Capacity work has been undertaken (linked to national funding) with a number of schemes being implemented to support flow. This should improve the ED performance and support improved patient arrival to handover performance.

Urgent & Emergency Care Committee

Narrative submitted: 20/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

Virtual wards moving into implementation stage, managed through each Alliance.

UECC last met 14th September, but a weekly UEC Operational group has been established
Weekly tactical groups established in each alliance

Each alliance has a final working version of a seasonal plan. This includes all additional schemes to support delivery of care and monitoring mechanisms at alliance and system level.

Fuller stocktake progressing to delivery options with GP Federation & PCN's

EEAST C3-5 Accees to Stack (A2S) at implementation, with go-live 4th November

On-going engagement with Norfolk & Waveney ICB in relation to cross border pressures

Key actvities planned for the next 2 months

Delivery of an updated patient handover improvement plan (EEAST/ Acute)

ICB Assurance meeting with NHSEI due 3rd November - slides developed

Developing the BAF submission into a UEC action plan

Develop options to expand the utilisation of the stack beyond the UCRS teams (PPG)

Continued engagament with regional project for SVCC (111)

Review requirements outlined in the NHSEI letter 'Going further on our winter resilience plans', developing a gap analysis and taking timely actions

Development of 'Warm rooms' which combine services. E.G Vaccination and health/ financial advice

We have learned this and need to share...

We continue to work on our responsibilities and relationships between system and place

We need help with..

The system requires a solution to support discharge of Covid+ patients requiring on-going care, in order to reduce the delays in hospitals and maintain flow. This in turn will support ED and patient handover pressures

Key Issues

The system remains under significant pressure and has operated at OPEL 4 for several weeks

Patient handover delays have impacted on EEAST resource availablity

Mental health demand very pressured across the Country

Rising levels of patients with no criteria to reside have impacted flow - mainly due to Covid+ status and lack of discharge options

Key Risks

Workforce to implement seasonal schemes

Workforce fatigue

Covid (and seasonal illness) demand and impact on UEC services

Cost of living impacts on health and care services and health inequaliates

Potential for Industrial action within health & care workforce

UEC demand has the potential to impact on elective recovery

Maternity & Neonatal

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
Number of live births		Trust Local Data	Aug-22	○			752		
Preterm Births (<37 weeks)	Clinical Quality Improvement Metrics (CQIM)	Trust Local Data	Aug-22	○			58		
3rd/4th Degree Tears	Clinical Quality Improvement Metrics (CQIM)	Trust Local Data	Aug-22	○			17		
Postpartum haemorrhage (PPH) >=1500mls	Clinical Quality Improvement Metrics (CQIM)	Trust Local Data	Aug-22	○			30		
Smoking at time of delivery		Trust Local Data	Aug-22	○			10.0%	↓	
Stillbirth Rate (per 1,000)		Civil Registration of Births	May-22	●			6.27	↓	
Neonatal Mortality Rate (per 1,000)		Civil Registration of Deaths	May-22	●			1.57	↓	

Key performance issues & root cause summary

Performance metrics are currently being reported from combined local reports for ESNEFT and WSFT. There are known DQ issues with ESNEFT's submission to the national Maternity Services Data Set (MSDS). When these are rectified, reporting will be switched to using the national flows, which will also provide more detail behind some of these metrics

The percentage of women smoking at time of delivery remains consistant, although there is some varierty across SNEE with a high of 13.3% in North East Essex and a low of 7% in Ipswich & East Suffolk. The previously reported July high of 16.1% in West Suffolk does appear to have been an anomaly.

Key performance recovery actions

Smoking cessation model and team implemented

Triage process embedded in all sites

QI projects on PPH to deliver improvement

Continuity of care model to be rolled out

**there is a known lag in the completeness of both births and deaths monthly data, so these figures are likely to change on refresh*

Maternity Committee

Narrative submitted: 20/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

1. LMNS Complex pregnancy and preterm birth workstream inaugural meeting held, best practice pathway agreed for preterm birth identification and management, preconception (universal model), smokefree pregnancy, & clinical triage
2. VCSE partner organisations substantive funding explored. Outcome and activity record devised for Q2 reporting
3. Presentations as ICB, regional and national events re the LMNS programme activity
4. Data quality issue uncovered with ESNEFT's upload to MSDS system
5. LMNS Equity Plan submitted to NHSE for approval
6. Film launch of "Its ok to ask" series of films about diversity
7. Launch of Cardmedic translation tool to maternity services across ICB
8. Positive feedback from regional team on Neonatal Critical Care Review status and action plan

Key actvities planned for the next 2 months

1. Launch of Smokefree pregnancy pathway in NEE
2. Recruitment of smokefree workers to Ipswich and WSFT to enable rapid rollout of Smokefree pregnancy pathwayto reudce number of preterm births
3. Launch use of PeriPrem tool to risk assess preterm birth
4. Gap analysis of current provision vs. agreed best opractice model for preterm birth
5. Exploring opportunities with Suffolk public health on pooling budgets and using VCSE to support communities to be healthy for pregnancy
6. Developing preconception training programme
7. Population health data review re PPH and underlying medical conditions
8. Data scrutiny/audit of notes re PPH
9. Public launch of LMNS strategy and Equity plan

We have learned this and need to share...

Data quality issue - ESNEFT's upload to MSDS system, ESNEFT addressing but not yet fully resolved.
Clinical lead obstetrician at ESNEFT advised that preconception care is no longer delivered to women with complex health needs due to funding issues/regional commissioning. LMNSB reviewing situation.
ESNEFT received funds in 21/22 for fibronectin machines but did not purchase and so not available to perterm birth clinics. LMNS trying to resolve.
Core staffing model on Lexden, Colchester not yet completed.
Elective caesarean pathway to be reviewed on Lexden ward by medical director and clinical lead.

We need help with..

Nothing at present

Key Issues

Midwifery & obstetric workforce shortages
National outlier/not achieving national target for PPH, preterm births, smoking during pregnancy, Right Place of Birth, and full term babies being admitted to neonatal care (Ipswich only)
Pregnant people and family's experience on antenatal/postnatal ward at Colchester Hospital site.
BSOT clinical triage model delayed at WSFT due to roof work
Core staffing model on Lexden, Colchester not yet completed.
Elective caesarean pathway to be reviewed on Lexden ward by med director and clinical lead.

Key Risks

Midwifery workforce shortages may compromise safety and quality of care
National outlier/not achieving national target for PPH, preterm births, smoking during pregnancy, Right Place of Birth, Induction of Labour, and full-term babies being admitted to neonatal care (Ipswich only) may result in SNEE not being compliant with National KPI's
Data Quality

Mental Health & CYP

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
CYP accessing MH services		MH Core Data Pack	Jun-22		11,919		13,060	↑	H
SMI full annual physical health checks		MH Core Data Pack	Jun-22		5,032		3,995		
IAPT Access		MH Core Data Pack	Jun-22		2,267		2,180	↑	
Community MH services access (older adults/SMI)		MH Core Data Pack	Jun-22				5,875	↑	L
Inapproriate OOA placement bed days		MH Core Data Pack	Jul-22				590	↓	H
Dementia diagnosis rate		NHS Digital	Aug-22	○	66.7%	61.7%	60.2%	↑	

Key performance issues & root cause summary

The number of children & young people accessing MH services with 1+ contacts has increased steadily for well over a year, with the target being met continuely since Dec-21

Access to community MH services has been decreasing steadily since Dec-21, with the last 3 months actvity falling below the SPC control limits

The number of out of area bed days had been declining steadily since Feb-22. However there has been a sharp increase starting in Jun-22 and again in Jul-22

Dementia diagnosis rates remain relatively consistant, but still some way off the national target of 66.7%. They are 1.5% off of the local plan for the current period

Key performance recovery actions

TBC

Mental Health Committees (Suffolk & North East Essex)

Narrative submitted: 26/10/2022

NHS
Suffolk and
North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

SNEE
22/23 MH Finances. Teams now working up plans for use of non-recurrent financial slippage with EPUT and NSFT in order to deliver the MH Investment Standard.
NHSE 23/24 & 24/25 SNEE UEC Capital Monies proposals to be submitted to NHSE by 05.12.22.
Discussion underway with EPUT and NSFT on MH&LD inpatient provision following national dispatches (EPUT) documentary.
SUFFOLK
Suffolk Mental Health Collaborative development and NSFT service review conversations underway.
Discussion with Chair of Adult Safeguarding Committee on Mental Health and Emotional Wellbeing Summit and system wide response.
NORTH EAST ESSEX
Feel Well Domain holding panels to decide on successful grant schemes in October 2022 led by CVS Tendring and Community 360.

Key actvities planned for the next 2 months

SNEE
EEAST Ambulance Car proposals to be agreed- Nov 22.
NHSE MH Winter Proposals to be agreed- Nov 22.
Final slippage plans agreed.
SUFFOLK
Suffolk MH service review completed and draf Collab MOU drafted.
Crisis Cafe- soft launch in Ipswich and BSE in October and November 2022.
Dementia Deep dive at West Alliance- October 2022.
Ipswich and East Suffolk Alliance - One Team Programme launched focussing on MH.
SCC Public Health Mental Health Prevention Strategy developed- March 23.
Specialist Maternity Mental Health Service proposal developed- March 23.
Conclusion of Equity in Mind (Tranche 2) MH grants process with Suffolk Community Foundation- Oct 22.
NORTH EAST ESSEX
SET Mental Health Strategy development continued and scoping of pan Essex MH Collaborative.

We have learned this and need to share...

SNEE
Health and Care & Emotional Welbeing staff hubs in 23/24. We would like to receive feedback on how the hubs are being utilised and how helpful their interventions are.
We are supporting the development of the 'Live Well' domains in Ipswich and East Suffolk and West Suffolk Alliances- in line with work to date in NEE.

We need help with..

SNEE
Alliance support in developing relationships with district and borough colleagues in respect of housing agenda and broader community wellbeing conversations.
Continued contribution to the development of the Southend, Essex and Thurrock Mental Health Strategy.
We seek views on the development of our Mental Health Collaboratives to ensure that they will deliver for our local populations.

Key Issues

Increasing demand for MH services.
Recruitment and retention of workforce.
Agreeing proiritisation of cost pressures and use of 22/23 financial slippage.

Key Risks

NSFT CQC visit and delivery of the associated Improvement Plan.

Children & Young People Committees (Suffolk & North East Essex)

Narrative submitted: 25/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

1. Young people now represented on Suffolk NDD Oversight Group since August, including reporting back to the Youth Advisory Board
2. Integrating delivery of paediatric services, initial meeting has taken place with WSFT to scope the challenges and how to approach from an acute and community perspective
3. Re-established NDD Oversight Group (NEE) & supporting provider to address the backlog challenges re. assessments
4. NEE Community Paediatric Services, working with provider to establish recovery plans that will support the reduction in backlog
5. VCSE mental health support, bids assessed, award and mobilisation imminent
6. Funding for additional Parent Carer support has been agreed via PACT
7. Funding for 1000 students to be trained in MH First Aid and suicide prevention has been agreed

Key actvities planned for the next 2 months

1. NEE NDD Pathway - Focus on addressing the ADHD/ASD effectiveness measures
2. Continued development of an avoidant/restrictive food intake disorder (ARFID) pathway - working with system leads and families to co-produce new pathway and support
3. CYP Mental Health Crisis offer will be mapped for professionals and system leads, communication plan for CYP and families will then be co-produced
4. Development of healthy eating and wellbeing week in October
5. System wide workshops booked to socialise the SNEE CYP Crisis Protocol, related peripatetic VCSE offer to also come online
6. Suffolk NDD - Embedding process and feedback from review, system partners.
7. Key worker service will be launched in November
8. Embedding steering group for acute and community paediatric services review

We have learned this and need to share...

1. Mapping of mental health crisis in Suffolk has demonstrated complexity and hand offs within current pathways that need to be reviewed. INT approach and connections need to replicated within CYP to ensure better join up and sharing of resources.
2. Ongoing communication and relationship building vital across all programmes
3. Build and nuture system engagement across all programmes

We need help with..

1.Ensuring both NDD pathways continues to be raised across the system
2. Continuing to work together across the system teams to ensure we can support CYP effectively whilst waiting for assessment and treatment
3. Ensuring we can share key information and resources across all system areas to support CYP more consistently

Key Issues

1. Residual waiting lists for autism & adhd diagnostic services, alongside the backlog in referrals through to Barnardo's
2. Increasing demand in need and provider recruitment challenges in key roles
3. Staff recruitment into roles is an ongoing challenge across the system
4. Continuing high level of demand for MH services and support
5. CYP Enuresis Service under immense pressure

Key Risks

1. Lack of recurrent investment excl mental health
2. Full engagement by all system partners in all programmes
3. Identification of workforce to support current demands
4. CYP not able to access support quickly causing escalation to crisis or more complex needs. Wait times for treatment high
5. Capacity within system to change/adopt new ways of working
6. Delay in short breaks review

Learning Disabilities & Autism

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
LD health checks		NHS Digital	Aug-22		75.0%	31.3%	25.0%		

Key performance issues & root cause summary

August data shows that IES have completed 31.9% of annual healthchecks compared with 29.8% same time last year. West Suffolk have completed 25% compared with 13.8% this time last year.

NEE checks are at 18.4% for Aug, compared to 20.2% last year.

There are some practices who still haven't completed any annual healthchecks. The monitoring of healthcheck data continues on a monthly basis and is discussed at the ICB LD&A MDT.

Key performance recovery actions

In respect of NEE. Prioritising least well performing practices from 21-22 to support with action planning. Working with aligned specialist LD nursing team to facilitate practices' individual support needs. Coding reports issued to Systmone practices, to identify patients for LD register. National LDHC coding guidance re-circulated. First periodic circular for practices, including helpful resources/updates. Using survey outcomes from Autism Advocacy service to inform actions eg addressing transition issues. Sharing practice level performance with all practices to encourage peer review. Commissioned local performance dashboard. Re-circulating reimbursement details, encouraging cross-PCN working and IIF opportunities.

Key performance recovery actions

Suffolk: NSFT LD Liaison nurses and the ICB are reaching out to practices that have either dropped performance against August 2021 figures or have a history of not meeting the 75% target

Learning Disabilities & Autism Committee (Suffolk)

Narrative submitted: 27/09/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

My Health Focus Group met with people with learning disability and /or autism. Presentation given on the ICB dental plans and listening to people's experiences of accessing dental care. 'You said, We did' template and action plan has been developed to capture this and provide evidence. A video has been coproduced for the winter vaccination campaign

ACE Anglia are developing two videos to help support people with a learning disability and healthcare professionals with annual healthchecks. The first is a video for families, carers and supported living providers which will include what is an annual healthcheck, what help and support can you get to attend an annual healthcheck. The second video will support practice staff

Key actvities planned for the next 2 months

A number of quality improvement projects are being taken forward to improve the uptake and quality of the LD annual healthchecks working with system partners and voluntary organisation

A presentation will be given at the Ipswich and East Suffolk Training and Education event in November on LeDeR annual report findings, LD healthchecks, NHS Long term plan and system working

Through the LD partnership and soft intelligence a priority will be diabetes care with people with LD and autism. Focus groups will be set up to start preliminary discussions.
The national programme is leading on epilepsy care for people with LD/A of which we will be part of to implement local learning.

We have learned this and need to share...

At the My Health Focus Group people with learning disability and autism highlighted reasonable adjustments, and unclear pathway for people with LD&A, that some people didn't have a dentist and some people had a good experience of the specialist dentist. This has been shared with Lizzie Mapplebeck

We need help with..

To ensure that invitations to annual healthchecks are sent throughout the year and not completed as traditionally in quarter 4.

Integral to improving the uptake on annual healthchecks has been the transformation work on the learning disability and autism health facilitation pathway and the peer educator programme.

Key Issues

Annual healthchecks are predominately completed in quarter 4 of the year.

Key Risks

There are some practices who still haven't completed any annual healthchecks.

Training carers in the management of diabetes.

Learning Disabilities & Autism Committee (North East Essex)

Narrative submitted: 30/08/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

- Prioritising least well performing practices from 21-22
- Working with LD nursing team to facilitate support needs
- Coding reports and guidance issued to Systmone practices
- First periodic circular for practices, including helpful resources
- Engaging with Autism Advocacy service to share patient/carer feedback
- Encouraging PCN working for efficiencies and IIF opportunities

Key actvities planned for the next 2 months

More of the same. Focussing on encouraging PCN working to share resources and achieve efficiencies

Further work with aligned specialist nurses to see how they are impacting, now the data is informing prioritisation of support

Chasing the least well performing practices for their action plans to prioritise patients who didn't have a check during 21-22

We have learned this and need to share...

Performance data was not informing how the specialist nursing team was targetting resources to support the least well performing practices - now resolved

Some Children are leaving specialist education are not being transitioned to their GP LD register and re not being called for LDHCs

We need help with..

Getting practices to do their checks when there are so many competing priorities - funding is not the issue

Key Issues

Capacity /workforce availability to carry out checks

Coding issues

LDHC offers declined

Practices printing easy read pre-check questionnaires - 40 pages and needed in colour. Also postage costs mentioned

Education - some practice staff not aware of provision. Carers not supported to access checks

Gaps in supporting children to transition to adult services ie inclusion in their GP LD register, to trigger LDHC invitations

Some practices not engaging with aligned specialist nurses

Key Risks

HAP quality

Some patients cannot be accessed for various reasons

Some LD registers seem to have low numbers. Some LD patients may not be identified to receive health check invites

Quality

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
Summary Hospital Mortality Index rate - ESNEFT	SHMI banding = 2, 'as expected' (1, 'higher than expected')	NHS Digital	May-22				1.0706 (2)		
Summary Hospital Mortality Index rate - WSFT	SHMI banding = 2, 'as expected' (1, 'higher than expected')	NHS Digital	May-22				0.8758 (3)		
CQC rating - ESNEFT		CQC	Jan-20				Requires improvement		
CQC rating - WSFT		CQC	Jan-20				Requires improvement		
CQC rating - NSFT		CQC	Apr-22				Inadequate		
Safety culture in NHS - raise concerns (ESNEFT)		NHS Staff Survey	Mar-21				74.5%		
Safety culture in NHS - raise concerns (WSFT)		NHS Staff Survey	Mar-21				68.7%		
MRSA rate (current month)		GOV.UK	Aug-22		0		0		
C Diff rate (current year - cummulative)		GOV.UK	Aug-22		157		56		
E-coli rate (current year - cummulative)		GOV.UK	Aug-22		155		80		

Key performance issues & root cause summary

The mortality index for ESNEFT& WSFT are as expected and below expected respectively in the rolllng 12 months up until May-22

Both Trusts were rated as overall requiring improvement in Jan-20. ESNEFT required improvement in the responsive and safe domains, but was rated good for being caring, effective and well-led. WSFT were rated good for being caring and effective, but required improvement in all other domains

There were 0 MRSA breaches in Aug-22
C. diff and E. coli are monitored against an annual cumulative threshold based on infection rates for the 12 months up to Nov-21. At current rates, E.coli figures are projected to be above threshold at year end.

Key performance recovery actions

NSFT CQC rating: ICB executives fully engaged in improvement work within NSFT, as well as triangulating at regional level with colleagues from N&W ICB. Evidence groups underway with ICB commitment. Re-inspection expected September 2022.

MRSA: All MRSA cases investigated at provider level with oversight from ICB IPC team. PIRs underway, performance on timely completion improving, and resulting actions are followed through. IPC inspections have identified further areas for improvement (cleaning) and are working with providers to implement them.

Quality Committee

Narrative submitted: 31/08/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

On 14th July 2022, the inaugural Quality Committee held at West Suffolk House, on a hybrid basis, with a good range of members attending, including from health, social care and Healthwatch.

Current risks from all providers and alliances shared and discussed, as well as update reports from Maternity, Safeguarding and Infection Control teams. Terms of Reference were finalised and agreed.

A Quality Committee Development session was held on 23rd August 2022, attended by partners from SCC, ESNEFT and the ICS, but without members from WSFT, NSFT, EPUT or ECC. A useful discussion was held on the draft Quality Strategy, including the role and shape of collaborative accountability, and a presentation was received on the Quality dashboard currently in development.

Key actvities planned for the next 2 months

Quality Committee - 15/9/22; Quality Committee Development session - 13/10/22.

We have learned this and need to share...

Key risks across system partners are consistent and include rising demand, discharge block, and workforce shortages

We need help with..

For the Quality Committee to be data driven, a meaningful and flexible dashboard is required. Accelerated development will be necessary to assure the Board on patient safety.

A review of the form and function of quality assurance activities will assist in the Board, and the MD/Chief Nurse are pursuing options in this regard.

Key Issues

Relevant data not yet readily available

Key Risks

Demand and high patient acuity placing pressure on clinical services across all areas; workforce shortages; discharge block; fatigue and burnout in provider workforce.

Poor CQC ratings in NSFT and EEAST.

Delegation of POD, lack of clarity over quality and safety position and resource implications.

Alliance - Ipswich & East Suffolk

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
UCR Referrals in 2 hours	70%	CSDS	Aug-22			70.0%	84.9%		
Hospital discharge to usual place of residence		SUS	Sep-22				96.5%		
GP appointments per 10k weighted pop		NHS Digital	Aug-22				4,394		
Experience of making a GP appointment - Good		GP Patient Survey	Apr-22				67.6%		
Antibiotic Items/STAR-PU	0.871 or below	PrescQIPP	Jul-22			0.871	0.906		
Co-amoxiclav, Cephalosporins & Quinolones	Broad spectrum antibiotics - 10% or below	PrescQIPP	Jul-22			10.0%	7.90%		
All 8 diabetes care processes			Oct-22				50.21%		
Supported through NHS diabetes prevention programme			Sep-22			3,797	1,468		
Referrals to NHS weight mgmt services per 100k pop			Sep-22				955		
MMR 2 doses (5 year olds)			Jun-22				89.97%		

Key performance issues & root cause summary

The reported UCR % is well above the target of 70% in August. DQ work remains on-going to ascertain whether the currenlty reported UCR % is accurate

Those who had a good experience of making a GP appointment is considerably higher than the 56% reported nationally and the highest in SNEE

In regards to reducing antibiotic usage, the number of items per STAR-PU remains above the target of 0.871 and the prescribing of broad spectrum antibiotics are well below the 10% Target

Key performance recovery actions

An updated antibiotic formulary is in the final stages of ratification and will be launched later this year/early next year. This is based on NICE guidance and will cover primary care and A&E prescribing across the whole ICS. The medicines team also review the data at practice level on a monthly basis and are working to support those practices who are exceeding either target.
8 Care Processes – Target is to reach 70% by 31/03/23, confident will meet this trajectory. New LES in development to support improvements to referral numbers
NDDP –Engagement Lead working with practices to pro-actively identify pre-diabetic patients

**Activity from S1 practices and for all weight management services (not just digital)*

Ipswich & East Suffolk Alliance Committee

Narrative submitted: 27/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

Eastern Academic Health Science Network independent baseline review of the anticipatory care work in primary care completed
Ipswich Cardiology 'Advice and Refer' pilot - initial communications circulated and information presented at GP education event September. Testing planned, process mapping completed and plan for administrative support agreed with Cardiology management
Dermatology professional development proposal submitted to Suffolk and North East Essex Training Hub
Proposal for community dermoscopy pilot in Primary Care Networks completed
Implemented Primary Care Personalised Care Programme that supports patients with complex needs
Ipswich East and Ipswich West Integrated Neighbourhood Teams now co-located within Constantine House
All Project Leads & Care Co-ordinators (except 1) to support the INTs are now in post
Suffolk Task & Finish Group established to review Phlebotomy

Key actvities planned for the next 2 months

Start discussions with Primary Care Networks participation in Anticipatory Care
Complete procurement and launch of REACT Social prescribing programme
Launch Woodbridge REACT hub
Collaborate with 111 to optimise referrals into UCR
Attend Ipswich & East Primary Care practice manager meetings regarding armed forces engagement and GP accreditation
Ipswich Cardiology 'Advice and Refer' pilot Go-live
Progress dermatology professional development proposal
Further development of INT dashboard
Continue to rollout Primary Care Personalised Care Programme that supports patients with complex needs
Continue to support Felixstowe & South Rural INTs with co-location planning
Continue planning for Workshop that will be for all INT Core Leadership Teams
Implement Phlebotomy solutions as agreed by Task & Finish Group

We have learned this and need to share...

Positive learning from development and application of population health pilots and KPI sets
Rigour around governance and management arrangements is developing to plan
Non recurrent Alliance Integrated Health and Care Fund has been essential for resourcing winter resilience but has reduced opportunity for stimulating innovation
There is a need to balance and align strategic development opportunities with operational must dos

We need help with..

Encouragement of practices to refer to NDPP
Mobilisation of new spirometry service within Alliance
Promotion of FIT testing & new guidance in primary care
Support development of solution for community bloods

Key Issues

INT Dashboard - now in draft but issue remains regarding monitoring of performance
Demand for social prescribing
Housebound - phlebotomy
Diagnostic capacity

Key Risks

Workforce capacity, recruitment & retention
Domiciliary care capacity
Primary care estates capacity & integrated estates

Alliance - North East Essex

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
UCR Referrals in 2 hours	70%	CSDS	Aug-22			70.0%	58.4%		
Hospital discharge to usual place of residence		SUS	Sep-22				95.7%		
GP appointments per 10k weighted pop		NHS Digital	Aug-22				4,499		
Experience of making a GP appointment - Good		GP Patient Survey	Apr-22				57.0%		
Antibiotic Items/STAR-PU	0.871 or below	PrescQIPP	Jul-22			0.871	1.010		
Co-amoxiclav, Cephalosporins & Quinolones	Broad spectrum antibiotics - 10% or below	PrescQIPP	Jul-22			10.0%	8.52%		
All 8 diabetes care processes			Oct-22				67.02%		
Supported through NHS diabetes prevention programme			Sep-22			3,323	1,671		
Referrals to NHS weight mgmt services per 100k pop			Sep-22				260		
MMR 2 doses (5 year olds)			Jun-22				86.98%		

Activity currently only taken from SystmOne practices

***Activity from S1 practices and for all weight management services (not just digital)*

Key performance issues & root cause summary

ESNEFT has reported data quality issues on CSDS, which may be affecting performance figures. This is being actively looked at. Prior to CSDS the response was generally around the 80% mark but since the introduction of CSDS performance has dropped to be constantly in the 50 – 60% bracket for 2 hour response.

Other issues impacting performance include referrals coming into the service that do not need a 2 hour response but still need an urgent response (within 4 hours) and referrals coming in from the discharge pathway that are delayed with transport to get the patient home.

In regards to reducing antibiotic usage, the number of items per STAR-PU remains considerably higher than target, however prescribing of broad spectrum antibiotics are below the 10% Target

Key performance recovery actions

The team are looking at resolving data quality issues in CSDS submissions and reporting, which has been affecting UCRS performance figures.

Further information may need to be shared with referrers to ensure only referrals requiring a 2 hour response are sent to UCRS and to ensure patients not suitable for UCRS are signposted to more appropriate services. Transport delays are being discussed with the NEE transport provider to improve timeliness of discharge.

NDDP - 2 engagement officers working with practices to encourage referral of pre-diabetic patients. Also supporting more searches of pre-diabetic patients and contacting about free life changing course
Diabetes care processes – NHSI asked to restore % to above national average of 57%, funding to help with improvement plan across the ICS. NEE were best recovered service for care processes in the country

North East Essex Alliance Committee

Narrative submitted: 24/10/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

Received the Better Care Fund Plan update for 2022/23 with the recommendation to view collectively with Essex County Council strategic ambition.
Endorsed the Southend, Essex & Thurrock Dementia Strategy 2022 – 2026.
Received the Die Well spotlight report - noted the progress the domain had made in supporting people to die in their preferred place of choice.
Received the Alliance operational group highlight report highlights including progress made on discharge support e.g. ward led realement, increase in north reablement hours to build back capacity, continued focus on the seasonal plan and activity on supporting high intensity users.
Received an update on the delegated budgets report for month 5 highlighting an underspend year to date which has mainly been driven by timing differences on expenditure plans and non-recurrent prior year benefits.

Key actvities planned for the next 2 months

Receive spotlight reports from both the Start Well and Be Well domains.
Review findings and recommendations from the Die Well asset mapping report.
Continued oversight of the system response to mitigate against the cost of living challenges.
Continue roll out of the domain funding through voluntary sector partners.
Review NEE Alliance Inequalities stock take report to inform future planning.
Continued system approach to review intermediate care services to support system flow.
Inputting in to the development of the ICS Strategy through the series of workshops.
Key system workshops to take place to support the neighbourhood evaluation process.
Continued oversight of cost of living support across NEE to ensure a co-ordinated offer is provided.

We have learned this and need to share...

Use of the Die Well dashboard in informing future priorities and providing greater understanding in to the progress of the domain. Increased resource being explored to support PHM approach.

The benefits of having external evaluation support in the neighbourhoods programme at an early stage to inform the continued implementation and the creation of a framework to support the wider roll out.

We need help with..

Review of consistent templates to support the function of the NEE Alliance change management office which is due to be reintroduced.

Key Issues

Continued pressures resulting in sustained demand and acuity across the system.

Intensive input through matrix working currently being required to support challenged primary care practices.
The impacts of the cost of living impacts is elected to have operational difficulties for some services. Discussions across partners continue in order to understand the learning and inform mitigation plans.

Key Risks

No key risks to be escalated.

Alliance - West Suffolk

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
UCR Referrals in 2 hours	70%	CSDS	Aug-22			70.0%	96.5%		
Hospital discharge to usual place of residence		SUS	Sep-22				93.9%		
GP appointments per 10k weighted pop		NHS Digital	Aug-22				4,180		
Experience of making a GP appointment - Good		GP Patient Survey	Apr-22				59.7%		
Antibiotic Items/STAR-PU	0.871 or below	PrescQIPP	Jul-22			0.871	1.002		
Co-amoxiclav, Cephalosporins & Quinolones	Broad spectrum antibiotics - 10% or below	PrescQIPP	Jul-22			10.0%	9.38%		
All 8 diabetes care processes			Oct-22				40.78%		
Supported through NHS diabetes prevention programme			Sep-22			2,372	1,252		
Referrals to NHS weight mgmt services per 100k pop			Sep-22				590		
MMR 2 doses (5 year olds)			Jun-22				89.81%		

Key performance issues & root cause summary

The reported UCR % is well above the target of 70% in August. DQ work remains on-going to ascertain whether the currenlty reported UCR % is accurate

Those who had a good experience of making a GP appointment is slightly higher than the 56% reported nationally

In regards to reducing antibiotic usage, the number of items per STAR-PU is higher than the target of 0.871, however, the prescribing of broad spectrum antibiotics is just below the 10% Target

Key performance recovery actions

TBC

**Activity currently only taken from SystmOne practices*

***Activity from S1 practices and for all weight management services (not just digital)*

West Suffolk Alliance Committee

Narrative submitted: 02/09/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

•Mental Health focus at last Committee meeting with presentation from ICS team, local Operations Manager and Clinical Lead GP about integration with primary and community health and Suffolk User Forum about the work they are doing with SMI patients
•West Suffolk District Council are working with NSFT on a rough sleeper project
•Terms of reference and key documents for the Committee agreed, along with membership
•Independent Chair finished her term with the WSA
•Quality Group workshop and first full meeting held
•Place Based Development programme completed
•Community Discovery in 2 localities completed with report expected shortly
•Locality development workshop held with ADG with a focus on how as a system we organise ourselves around localities, building on and connecting work already in train
•Funding made available to support discharge and flow across the system

Key actvities planned for the next 2 months

•PCNs to implement Extended Access services
•Seasonal Planning actions progressed
•OD - Partnership Group discussion re: adoption of the Live Well Domains for outcome focused partnership and delivery - aligned with engagement for ICS strategy and Joint Forward Plan.
•Place Development Programme (PDP) team reporting back and next steps proposed to be shared at PHM Steering Group
•Focus on dementia at the October Committee meeting and CYP at a future one
•Social prescribing business case to be worked up
•Recommendations from locality development workshop to be worked up into a shared plan across the Alliance, Communities, INTs and relationships with PCNs in scope

We have learned this and need to share...

•Our governance is starting to bed down, but still much learning to do especially around delegated accountabilities and budgets
•Place Based Development Programme insight.

We need help with..

•Financial frameworks and funding to support strategic estates plans
•Developing the Live Well Domains framework as part of collaboration with 3 Alliances and as an ICP.

Key Issues

•Seasonal pressure
•Cost of Living impact
•Mental health primary and community team implementation

Key Risks

•Strategic approach to estates in all localities to capacity shortfalls, support population growth, well being vision and future systems and
•Primary Care CQC processes have restarted and are identifying underlying challenges

Workforce

Metric	Planning Requirement	Data Source	Date	SOF	National Target	Local Plan (for this time period)	Actual	Good looks like	SPC
Leadership culture - staff survey (ESNEFT)	Score out of 10	NHS Staff Survey	Mar-21				6.64		
Leadership culture - staff survey (WSFT)	Score out of 10	NHS Staff Survey	Mar-21				6.89		
CQC well-led rating - ESNEFT		CQC	Jan-20				Good		
CQC well-led rating - WSFT		CQC	Jan-20				Requires improvement		
Engagement - staff survey (ESNEFT)	Score out of 10	NHS Staff Survey	Mar-21				6.67		
Engagement - staff survey (WSFT)	Score out of 10	NHS Staff Survey	Mar-21				6.99		
Bullying and harrassment (never experienced) - staff survey (ESNEFT)		NHS Staff Survey	Mar-21				78.0%		
Bullying and harrassment (never experienced) - staff survey (WSFT)		NHS Staff Survey	Mar-21				82.0%		
FTE GPs per 10k weighted pts		NHS Digital	Aug-22				5.3		
Direct pt care staff per 10k weighted pts		NHS Digital	Aug-22				5.6		

Key performance issues & root cause summary

The latest results from the NHS staff survey show that in regards to compassionate leadership both ESNEFT and WSFT staff responses were broadly in line with the national average, with WSFT matching the 6.9 (out of 10) sub-score and ESNEFT only just below

In relation to staff engagement, both Trusts reported similarly to the national average of 6.8 (out of 10), with WSFT above the average and ESNEFT just below

There are 3 survey questions in relation to bullying and harrassment, from patients, from managers and from colleagues. The metric score shown is the average of these 3 percentages

Key performance recovery actions

On going engagement with system partners

Linking with East of England Leadership Academy/ Looking at the system leadership programme

Utilising national staff survey engagement schemes

Developing Health and Wellbeing strategy and action plan

Continuing to develop the Training hub recruitment and retention programmes

Workforce Committee

Narrative submitted: 27/09/2022

NHS
Suffolk and North East Essex
Integrated Care Board

Key activities completed in the previous 2 months

The Nursing, Midwifery and AHP workforce programme has been established
Reservist Model has been scoped with providers to support winter planning .
Healthcare science workforce strategy draft completed
Cost of living finance support events and workshops completed
Pharmacy workforce strategy draft completed
Reducing violence in the workplace, working with provider leads to create strategies to reduce instances of violence.
Wellbeing digital offer "my health my way" launched
Review of the alliance workforce groups

Key actvities planned for the next 2 months

Reservist Model is being launched .
Medical workforce group is developing workforce strategy.
Health and Care Academy strategy being scoped
Workforce Alliance Groups to be established
Occupational Health – System-wide SEQOHS accreditation, consistency of reporting, networking, shared learning and support.
Fast track physiotherapy – Swift access to physiotherapy support for staff.
The Strategic Education Transformation Lead will co-produce a strategic plan with providers including innovations to increase and expand clinical placement capacity and develop a Strategic Education Collaborative Group incl. HEIs to reforming clinical education
Workforce data dashboard being created

We have learned this and need to share...

The workforce in the NHS in England grew by 18.5% in the period between April 2016 and June 2022. In the Eastern region growth was 17.8% in SNEE ICS growth was 25.1%.

Acute Provider Growth
Admin Clerical 4.2%
Allied Healthcare Professionals 0.6%
Healthcare Scientist 1.6%
Medical and Dental 5.2%
Nursing & Midwifery 4.7%
Other Scientific Technical -2.1%
Care Support Worker -1.1%

Acute Leaver Data by Age:
Under 35 36.54%
35 - 44 17.83%
45 - 54 16.00%
55 - 64 21.88%
65 and over 7.74%
(Social care and primary care data limited but available)

We need help with..

Data quality and data sharing. In order for us to best identify risks and issues and come up with informed solutions, we need to have acurate and up to date data, that is shared with the ICB Workforce data team. We would ask organsations to look favorrable on any annoymised workforce data requests and we would like to meet with key stakeholders to agree how to move this forward. Please note that this is different to the digital data warehouse that is currently in development by the ICS Digital Programme.

Key Issues

Retention of staff especially under the age of 35 and the 55-64 age bracketts
Rentention of care support workers
AHP Growth
Data quality and sharing (as above)
NHS Pay Award

Key Risks

Industrial Action (not just health and care)
On going cost of living
Winter pressures (Covid and Flu)

Finance

Financial Position: Performance against Key Targets

- Revenue (YTD and Forecast Outturn) Break-even

Month 6	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Plan £000s	Forecast outturn £000s	Forecast Variance £000s
SNEE ICB (CCGs Q1)	0	0	0	0	0	0
ESNEFT	0	313	313	0	0	0
WSFT	504	322	-182	1,008	1,032	24
Sub-total	504	635	131	1,008	1,032	24
EEAST	-1,694	-2,147	-453	-1,000	-1,000	0
NHS Sub-total	**-1,190**	**-1,512**	**-322**	**8**	**32**	**24**

- System Capital and Capital Departmental External Limit (not to exceed, but deliver close)

Year to Date Month 6	ESNEFT			WSFT			EEAST			System Total		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
System Capital	13,150	6,838	-6,312	12,699	14,592	1,893	5,310	1,602	-3,708	31,159	23,032	-8,127
CDEL	35,299	12,662	-22,637	15,122	15,652	530	12,286	1,860	-10,426	62,707	30,174	-32,533

Forecast	ESNEFT			WSFT			EEAST			System Total		
	Plan £000s	Forecast £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
System Capital	23,619	23,619	0	30,250	34,250	4,000	10,618	10,504	-114	64,487	68,373	3,886
CDEL	99,267	69,076	-30,191	33,201	37,201	4,000	29,645	29,260	-385	162,113	135,537	-26,576

- Mental Health Investment Standard

  The ICB forecast MH spend of £147.929m against a target of £146.334m; exceeding the MHIS target by 1.09% (up from 0.20% last month).

NHS Organisations within the system are reporting positions YTD and Forecast at or close to plan. EEAST are the most financially challenged organisation, although following discussions with both System and Regulators they continue to work towards, and are forecasting an on plan position by the end of the financial year.

Organisations are reporting significant slippage YTD against planned capital expenditure, caused by global commodity shortages and supply chain interruption Following discussions with Regulators ESNEFT have declared a £30.2m forecast underspend on non-system capital schemes (elective recovery, acute reconfiguration projects) and are seeking solutions to ensure the resources are still available in 2023/24. The WSFT CDEL forecast overspend (4.0m) relates to the RAAC replacement project the completion of which has been brought forward from 2023/24. NHSE have yet to reflect this agreed change in a revised plan. It is unlikely that this overspend will be allowed to present a partial solution to the ESNEFT underspend. EEAST are also reporting slippage in delivery of specialist HART/USAR vehicles, but are currently working internally to mitigate the underspend.

Finance

Financial Position: Other Issues

Risks and Mitigations

- There has been an overall reduction in unmitigated financial risks to £12.100m from the £37.777m reported at the end of month 5. ESNEFT and WSFT are reporting that they have no unmitigated financial risk despite continuing high levels of unfunded inflation and higher than planned prevalence of Covid19.
- Organisations that continue to report net risk identify service recovery costs in addition to Covid and inflation as the key risks.

Efficiency Savings

	Year to Date			Forecast Outturn		
	YTD Bud £000s	YTD Act £000s	YTD Var £000s	YTD Bud £000s	YTD Act £000s	YTD Var £000s
ESNEFT	11,120	8,393	-2,727	27,567	21,245	-6,322
WSFT	3,427	3,427	0	7,500	7,500	0
EEAST	3,917	1,116	-2,801	13,200	13,200	0
ICB	8,648	7,457	-1,191	17,293	17,293	0
Total	27,112	20,393	-6,719	65,560	59,238	-6,322

- There is slippage reported both YTD and forecast outturn on efficiency schemes, but not at a level that undermines the ability to deliver financial targets. Non-recurrent solutions have been identified, although this will have an impact on future financial years. Organisations continue to seek additional schemes to address this slippage.
- The current version of the long-term financial plan suggest higher efficiency savings targets than those in the table above in each of the next 5 financial years.
- Capital slippage risk reported last month has now been reflected in the forecast outturn position.

Agency Cap

Agency Spend YTD Month 6	ESNEFT £000s	WSFT £000s	EEAST £000s	Total £000s
2021/22	17,671	4,071	9,532	31,274
Agency Cap	15,904	3,664	8,579	28,147
Extrapolated Spend	19,539	4,344	9,394	33,277
Forecast Spend	21,897	3,715	5,984	31,596

- Systems are required to deliver a 10% reduction in agency spend (c/w 2021/22). The transfer of community services to ESNEFT is not reflected in a revised target and may mean a small overshoot is acceptable to Regulators. Forecast agency spend has increased slightly from last month; it looks unlikely that at system level reductions will be achieved without impacting activity, particularly with the heightened risk of industrial action.

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ICB BOARD

Agenda Item No.	**17**
Reference No.	**ICB 22-35**
Date.	**22 November 2022**

Title	**Board Assurance Framework**
Lead Director	Amanda Lyes (Director of Workforce and People)
Author(s)	Tony Buckle (Risk Manager)
Purpose	To approve the Board Assurance Framework

Recommendation:

The ICB Board is asked to approve the Board Assurance Framework for November 2022.

1. Background

1.1 Content of the BAF document is reviewed by the Executive Committee (EC) every month and by the Board, Quality and Audit Committees at each of its meetings. All BAF updates have been received and are up to date.
As agreed with the Directors, the BAF document is available for examination with this report.

2. Key Issues

The amendments are included in separate table along with this report. The BAF risks are those carried forward from the previous Ipswich and East Suffolk, West Suffolk and North East Essex CCGs.

2.2 Further to discussion at the Audit Committee meeting in September, a number of issues were highlighted, particularly that wider system assurance was now necessary in regard to risks that impact across both health and social care. A number of additional risks were suggested that could be included together with alignment to risks identified by the ICP.

2.3 A process change has already been initiated with the risks around Referral to Treatment, Cancer Targets & A&E waiting times being addressed as system risks rather than separate provider risks in the current iteration of the BAF.

2.4 It has been acknowledged that the format of the BAF document also needs to be addressed and a revised model is currently being designed based on an Excel spreadsheet. This will more clearly set out where ownership and responsibility rests and the proposed design will also ensure that entries are more succinct, focused and aligned. The new design will be presented to the Audit Committee for review at its next meeting in December.

2.5 As the new BAF format aims to ensure risks are succinctly but comprehensively described and updated, the content will in future always be current with changes clearly identified. As such, the summary of amendments as set out in this and previous papers, will no longer be necessary.

2.6 In view of its importance, the Audit Committee has requested that the BAF will be the first substantive item on future agendas.

3. Recommendation

3.1 The ICB is requested to review the BAF document, approve the updates and note the changes to be presented to the Audit Committee in December.

4. Risk Registers

4.1 A summary table of the top directorate risks accompanies this report.

Suffolk and North East Essex BAF

Risk No and Owner	Risk description and actions update
System A&E Risk 1 Paul Gibara	*The ICB continues to be under significant pressure and whilst benchmarks well against other regional systems it continues to fail several established standards.* **Current risk rating 12.** **November 2022 update.** Seasonal plans in place detailing measures to be taken in the coming months to improve performance. Monitored and acted on by the Urgent and Emergency Care Committee.
System RTT Risk 3 Paul Gibara	*System is not meeting Constitutional Referral to treatment Target of 18 weeks.* **Current risk rating 16.** **November 2022 update.** System is on track to reduce 78 week waits to 100 by April 2023. Long term sustainability risk as waiting lists and numbers of patients waiting over 52 weeks are growing.
System Maternity Risk 4 Lisa Nobes	*Concerns about the safety of maternity services across ICS. Specific concerns relate to staffing.* **Current risk rating 12.** **November 2022 update:** Clinical leads and HoM's to actively engage with staff to co-produce new models of care to reduce the likelihood of increased turnover and absence. Vacancy rate at ESNEFT has improved to 9% Colchester and 9.9% Ipswich. WSFT remains at 20% **Target closed date:** 31/03/2023
NSFT CQC Risk 8 Lisa Nobes	*Statutory Duty to ensure patient safety within commissioned services: The Trust inability to demonstrate appropriate safety standards throughout it services present significant patient safety risks to the population of Suffolk.* **Current risk rating 20** **November 2022 update.** Participated in some QSR visits across service lines highlighted through CQC 29a response. Areas of improvement noted in I& E Suffolk Crisis & Home Treatment team. Bury North IDT, significant concerns raised and escalated to CNO in NSFT about Community Forensic team. An update ref CQC, they have revisited the areas of inpatient care. No medical cover in LD&A services. Significant waiting time in Access to all MH services.
NSFT Performance Risk 9 Richard Watson	*Unsatisfactory performance of mental health services.* **November 2022 update.** **Current risk rating 20** Mental Health Committees overseeing recovery plans on a county basis. Significant reform programme in place.
Covid-19 Primary Care Risk 10 Maddie Baker-Woods Peter Wightman Laura Taylor-Green	*Reduction in access to, experience of and outcomes in primary care due to capacity, demand, constraints (workload; workforce; digital and estates).* **Current RAG rating 12** **Last update September 2022** Deliver primary care training hub work programme (2022/23). Develop Fuller implementation strategy at ICB, Alliance and PCN level (Dec-Mar23). Specific targeted actions to support practices with specific immediate challenges including: adverse CQC, patient satisfaction reports, or workforce challenges.
Cyber Security Risk 11 Andrew Kelso	*Potential impact of cyber security incident could lead to wide scale IT system outages, meaning no access to patient records, e-dispensing services etc.* **Current risk rating 20** **November 2022 update** No applicants for Programme Director Security and Standards position. Exploring alternative options with system partners.
Provider Workforce Risk 12 Amanda Lyes	*Workforce challenges across the system.* **Current risk rating 16** **November 2022 update.** As of 2/11/22 – 50 applicants have been received with local comms e.g. Radio to promote scheme. This will support additionality to the workforce to support winter pressures. Primary Care Workforce resilience being supported by Primary Care Training Hub. **Actions.** 1.Cost of living workshops are currently running, work continues on H&WB interventions. **Target date:** 31/03/2023. 2.Activities to support career aspiration, education transformation are being planned **Target date:** 31/03/2023. 3.Attracting people into health and care through school and college-based activities. **Target date:** 31/03/2023.
Covid-19 Outbreak Risk 13	*The Incident Level is currently at Level 3.* **November 2022 update.** No change to incident status. Across the SNEE acute hospitals and Care settings Covid

Lisa Nobes	numbers have risen sharply - Acute settings 33@14/10/2022 (note most of these are incidental findings, not COVID admissions). Challenged occupancy as IPC teams manage this high level of positive cases. Care home discharges have also been impacted due to current Care home guidance. All providers continue to report operational challenges due to demand for UEC and increased impacts of staff absence through C19.
WSFT Infrastructure Risk 14 Paul Gibara	*WSFT have identified and alerted the ICB to risks associated with the Trusts Reinforced Autoclaved Aerated Concrete (RAAC) infrastructure.* **Current risk rating 12** **November 2022 update.** 1**.** Meetings ongoing between structural expert and trust engineers on end bearing work. 2. ICB has requested Trust decision process document from Trust. 3. DAB Beachcroft asked WSFT to provide document scoping SWECO work.
EEAST Quality/Performance Risk 16 Ed Garratt	*EEAST is not meeting performance targets against ambulance response categories.* **Current risk rating 20** **Last update September 2022** a. EEAST Winter Plan is estimating 82k PFSH – requirement average 90k – 95k through winter based on demand trends – NHSE/I and Lead commissioner working with EEAST to see how capacity can be increased, primarily through reducing abstraction rates, and how new models of care can reduce inappropriate 999 pathway responses with C3 – C5 call categories. b. Refreshed handover delay plan in place, critical that Norfolk delivers reduction in delays to reduce SNEE based crews diverting c. Sickness rate target of 9% under review, noting longer term sickness remains over 4% which is high as a trend d. Overtime/Private Ambulance capacity targeted to peak demand shifts, assurances from EEAST that overtime is maximised. e. Local demand management schemes in place f Handover delays managed /monitored weekly.
CYP Access to MH Therapy & Treatment Risk 17 Lisa Nobes	*CYP are unable to access MH therapy and treatment. As a result, YP have been admitted into paediatric wards in acute hospitals across the ICS. This creates a risk to staff, patients and families on these wards.* **Current risk rating 16** **November 2022 update.** Local Protocol for managing, escalating need in acutes in place. Review taking place based on practice based evidence across CYP system agencies and led by ICB. Potential funding being accessed to improve /provide better environments for CYP with acutes needs. Peripatetic support team offer being piloted late 2022 for CYP needing support when presenting with Tier 4 need by ICB/providers. Specialist CYP Practitioners now employed in all SNEE ED departments. CAMHS alternative to admission team pilot underway in Suffolk.
Clacton Hospital Redevelopment Risk 18 Amanda Lyes	*Delay in progressing the Clacton Hospital site redevelopment in accordance with the original bid criteria and stated spend profile could result in withdrawal of STP capital for the project.* **Current risk rating 20** **November 2022 update.** An update from NHSE Regional finance team indicates that the national financial position for the STP Wave 3 funding is still in abeyance and therefore business cases cannot be put forward. Further work to be undertaken to review and streamline business case to put in best possible position. The OBC development has been taken over by ESNEFT.
System Cancer Standards Risk 19 Richard Watson	*System not meeting the outcomes within the NHS constitution in regard to cancer standards* **Current risk rating 16** **November 2022 update** New recovery trajectories developed by the providers with both reporting 62 back log recovery by March 2023. ESNEFT current 62 backlog position is 13.7% of their PTL and WSFT is 11.6% of their PTL. WSFT skin pathway remains 56% of their PTL, they have locums in place and expect to see week on week recovery. ESNEFT LGI PTL is currently 55% and growing week on week. NHSE have released updated information on managing FiT results within the pathway, this has been shared with key partners. 2WW referrals remains high, although improvement has been noted on the LGI Pathway with FiT results available. Tertiary centres remain impacting local pathways, N&N dermatology consultant has recently retired resulting on skin delays at Ipswich – a new one has been appointed.
EPUT Fixed Ligature Points Risk 20	*Patient safety risk in relation to Fixed Ligature Points and clinical governance of EPUT Ligature process.* **Current risk rating 15**

Lisa Nobes	**November 2022 update** NEE has not experienced further incidents however non-fixed ligature deaths have sadly happened elsewhere in EPUT. Ongoing monitoring though PSIRF reference group by the Essex Mental Health collaborative continues.
NEE Special Schools Risk 21 Lisa Nobes	*The 5 Special schools across NEE do not have access to the Universal School Nursing commissioned offer and as such, the healthy Child Programme.* **Current risk rating 16** **November 2022 update** The plan of work has widened out to a piece of work across Transformation and Quality 1. Encompass all 5 special schools in NEE and review their School Nursing/ Training requirements before September term 2. Scope and understand current commissioned offer in NEE from ESNEFT and engage in work to train schools 3. Scope other offers in Essex 4. Link with Head of SEND at ECC re NEE needs 5. develop project plan 6. Governance reporting through ICB structure and SEND partnership Board It has been established that there is a specialised health offer into the schools from local commissioned paediatric services to support NEE special schools children's complex health needs in the form of medical and therapy clinics where needed. Further work is being done to ensure that there are links with local commissioned MH services for the SEMH schools as appropriate. The DCO team continues to offer support to those schools where required to understand any health needs in respect of the D of E guidance and training. ICB linking with ECC/ Head of SEND over these issues and has escalated levels of engagement. The pan Essex Universal School Nursing offer is not available to these special schools, and this remains an issue of concern and for further discussion between ICB/Public Health.
Covid Patient Public Access Risk 22 Paul Gibara	*Patient & Public access to a significant number of NHS services has been disrupted due to Covid 19 pandemic with an increased demand on all commissioned services.* **Current risk rating 15** **No further update.**
Dementia Environment Risk 23 Lisa Nobes	**New Risk.** *Dementia is excluded from MH D2A pathways.* **Granular risks.** The D2A assessment process is undertaken when individuals are in heightened states of distress due to the environmental triggers. There is a risk of Serious Physical and/or Psychological Harm to Patients with Dementia whilst remaining in the wrong environment. **Risk rating 16**
Failure to meeting statutory ICB financial targets Risk 24 Howard Martin	**New Risk.** *Failure to meeting statutory ICB financial targets.* **Current risk rating 15.** **Actions.** Implementation of ICB Finance Committee. **Target date:** January 2023 Delivery against internal audit actions and recommendations. **Target date:** TBC Development of 23/24 efficiency programme. **Target date:** January 2023
Primary care access to Afghan nationals, asylum seeker, and refugees in NEE Alliance Risk 25 Maddie Baker-Woods Peter Wightman Laura Taylor-Green	**New Risk.** *Reduction in access to, experience of and outcomes in primary care due to capacity.* **Initial RAG rating 20.** **November update.** - Contract Variation agreed and signed (Nov 2022) - Service(s) mobilised initial (Nov 22) - Workforce engagement strategies implemented. Broad workforce identified - Service(s) mobilised Full (Nov 22) - Residents screened and stabilised (< 3 months) - Residents successfully discharged to local GP practices (> 3 months)

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Board Assurance Framework

2022 - 2023

Version Control:

MONTH	VERSION No	REVIEWED BY	SUMMARY OF CHANGES
July 2022	1	N/A	N/A
August 2022	2	N/A	N/A
September 2022	3	EMT 5 September 2022 ICB Board 27 September 2022 Audit Committee	Approved
October 2022	4	Executive Committee 7 November 2022 ICB Board 22 November 2022	
November 2022	5		
December 2022	6		
January 2023	7		
February 2023	8		
March 2023	9		

Board Assurance Framework

Overview

The ICB Board Assurance Framework (known as the BAF hereafter) provides the NHS Suffolk and North East Essex ICB with a simple but comprehensive method for the effective and focused management of risk. Through the BAF the ICB gains assurance that risks are being appropriately managed throughout the organisation.

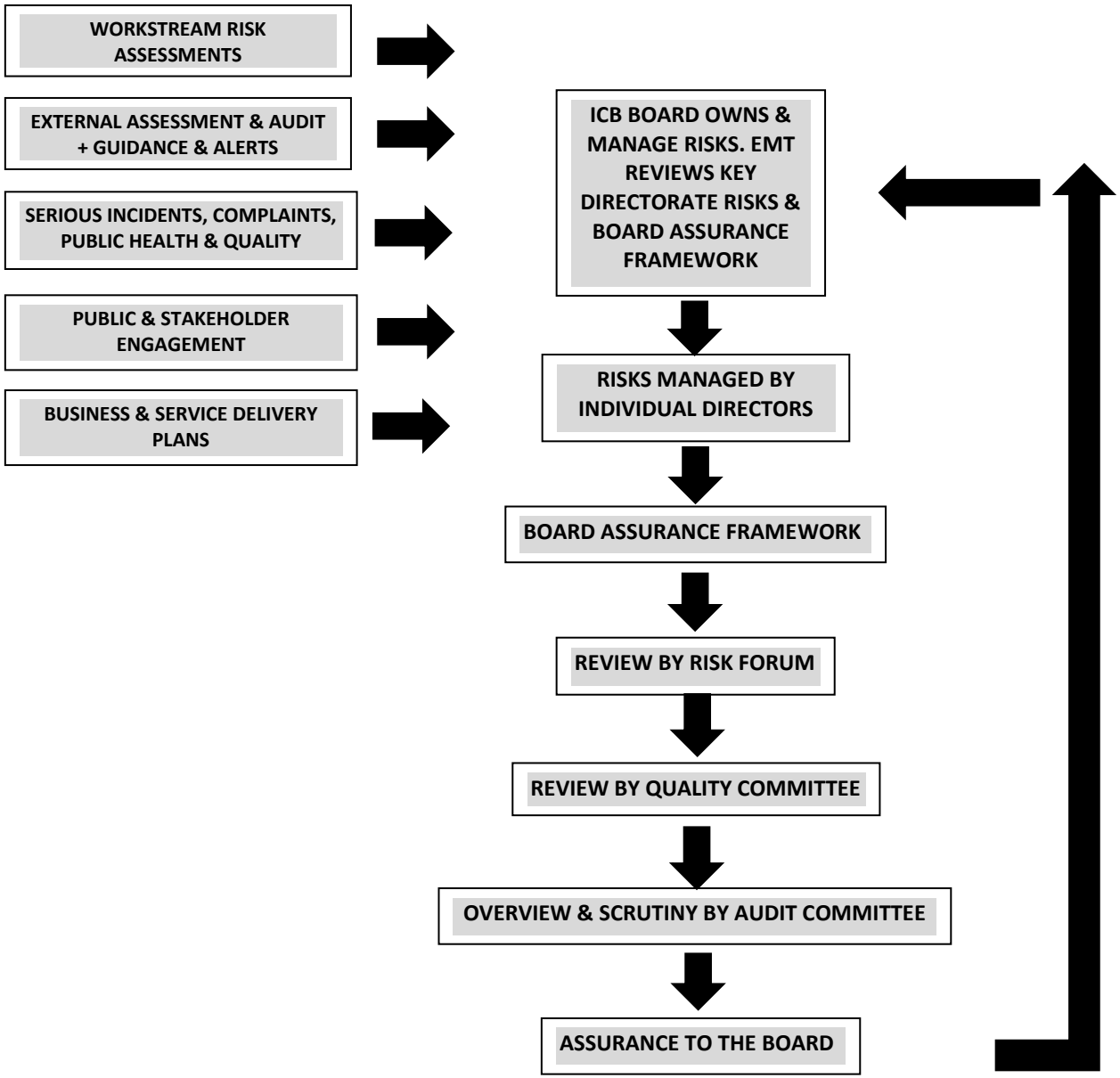
The BAF identifies which of the organisation's strategic objectives may be at risk because of inadequacies in the operation of controls, or where the ICB has insufficient assurance. At the same time, it encompasses the control of risk, provides structured assurances about where risks are being managed and ensures that objectives are being delivered. This allows the ICB Board to determine how to make the most efficient use of resources and address the issues identified to improve the quality and safety of care. The BAF also brings together all the evidence required to support the Annual Governance Statement.

The BAF should be a working document and will be updated regularly by the Executive Committee, monitored by the Audit and Quality Committees and reported to the Board at each of its meetings. The BAF is linked to the Directorate Risk Register's, the content of which is also provided for review by the Committee. A flow chart setting out how risks are identified and managed is set out overleaf.

In order to ensure consistency in the risk assessment process, the likelihood and consequences of all risks on the Directorate Risk Registers are assessed against the former National Patient Safety Agency (NPSA) 5x5 risk matrix and those scoring 15 and above and are of strategic concern migrate to the BAF and thereby inform the ICB Board agenda. **Once added to the BAF, a risk should remain in place until its RAG rating has been mitigated to a score of 1-6 when it is considered manageable and therefore no longer a strategic concern.**

The 5x5 risk matrix and subsequent red, amber, green (RAG) score identify the level at which identified risks will be managed within the organisation. It also assigns priorities for remedial action and determines whether risks are to be accepted based on the colour bandings and risk ratings. In terms of evaluation of effectiveness, the RAG rating system is also used to present how well the agreed controls are operating.

RISKS MANAGED THROUGH:



RAG Score Framework

Likelihood score →	1: Rare	2: Unlikely	3: Possible	4: Likely	5: Almost Certain
Consequence score ↓					
5: Catastrophic	5	10	15	20	25
4: Major	4	8	12	16	20
3: Moderate	3	6	9	12	15
2: Minor	2	4	6	8	10
1: Negligible	1	2	3	4	5

The subsequent red, amber, green (RAG) scores identify the level at which identified risks will be managed within the organisation. It also assigns priorities for remedial action and determines whether risks are to be accepted on the basis of the colour bandings and risk ratings. In terms of evaluation of effectiveness, the RAG rating system is also used to present how well the agreed controls are operating within the following classifications:

Risk Appetite

For all risks that have been agreed and then assessed and rated, an action plan should be drawn up containing the actions that will be taken, with timescales, in order to either totally eliminate the risk or to reduce its consequences to a level that the ICB is prepared to accept.

It is useful to consider the **'Four T's'** when considering the management of risks:

TOLERATE	Where the ICB accepts the risk and lives with it
TREAT	Where the ICB takes action to reduce the risk
TRANSFER	Where the ICB lets someone else carry the risk such as by passing the responsibility for the risk to a contractor
TERMINATE	Where the ICB feels that the risk is too great and does not continue with the activity giving rise to it

In order to determine the likely consequence arising from an identified risk and using the 5x5 matrix:

- Define the risk explicitly in terms of the adverse consequence or consequences that might arise
- Use the table below for examples, by risk domains, to determine the **consequence score** relevant to the risk identified

	Consequence score (severity levels) and example of descriptions				
	1	2	3	4	5
Risk Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
1. **Impact on the safety of patients, staff or public (physical/psychological harm)**	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
2. **Quality/complaints/audit**	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
3. **Human resources/ organisational development/staffing/ competence**	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

4. **Statutory duty/ inspections**	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
5. **Adverse publicity/ reputation**	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
6. **Business objectives/ projects**	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
7. **Finance including claims**	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
8. **Service/business interruption**	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
9. **Environmental impact**	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Risk 1 – System Accident and Emergency Waiting Times

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
PG	The ICB continues to be under significant pressure and whilst benchmarks well against other regional systems it continues to fail several established standards namely: - The 4 hr wait - 12-hour delay (new standard) - Ambulance off load delays - Ambulance response times **Cause** Demand to the department. Insufficient flow through the department. Delays to discharge of medically fit patients. **Effect** Poor patient experience and heightened safety risk	Compounding these difficulties remains the prevalence of Covid-19, Workforce and bed occupancy relating to system flow and operational delivery plans to exceed 2019/20 activity thresholds for elective recovery.	**4 x 4** **16**	Daily system operational system flow meetings to support effective use of available capacity. Routine weekend planning and on call arrangements. Admission avoidance schemes aimed at reducing ambulance conveyancing. Senior system tactical meeting to review pressures and actions required. Alliance based operational delivery meetings to support pressures and improve services. Urgent Care committee established to review to drive urgent care system improvements. Weekly Regional operational delivery meetings established. Clear escalation triggers are in place. Ongoing seasonal surge planning to mitigate risks	Performance dashboard established together with live data feed to monitor system pressures and support appropriate actions. Tactical reviews of system performance and actions UECC oversight of system performance and programme development SOAC oversight of performance and risks Regional oversight of performance and risks	**Treat**	**3 x 4** **12**	**3 x 4** **12**	**2 x 4** **8**	**November 2022 update:** Seasonal plans in place detailing measures to be taken in the coming months to improve performance. Monitored and acted on by the Urgent and Emergency Care Committee.

Risk 3; System Referral to Treatment (RTT)

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
PG	System is not meeting Constitutional Referral to treatment Target of 18 weeks. Patients are not receiving care within expected standards This is a national issue underpinned by Covid-19 pandemic. **Cause** Backlog built up during the pandemic when treatment slowed. Insufficient capacity to treat the incoming demand and backlog. **Effect** Poor patient experience and heightened safety risk	Covid 19 has led to a backlog and continues to provide challenges, namely • Reduced outpatient capacity • Theatre throughput for routine electives activity • Diagnostic capacity back up and running but is restricted in certain areas due to Covid restrictions. Whilst number of long waiting patients are reducing as planned, we are seeing an increased level of patients waiting over 52 weeks Much effort has been diverted to reviewing and ensuring patients waiting long period of time are monitored so as to mitigate risk associated with long waits. Focus continues to be on patient waiting over 78 weeks and patients requiring urgent care	**4 x 4 16**	Recovery is overseen by the Strategic Programme and Elective recovery committee. Committee supported by a joint operational delivery group between WSFT and ESNEFT The system has established plans aimed at reducing patients waiting for a long time over 78 weeks and patients requiring urgent treatment. Mutual aid across organisations is in place with conversation extending into regional support Weekly review of performance against plan Focus on productivity and efficiency across waiting list management, theatre utilisation and outpatient	ICB attend/active part of Elective Care Programme Board. Long waits and overall length of wait are both on downward trend although mutual aid support to WSFT (system long waiters) has affected over last few months. ICB monitoring new targets in 22/23 operational targets to: a. eliminate waits of over 104 weeks as priority and maintain this position through 22/23 (except if patients choose to wait longer) b. reduce waits of over 78 weeks and conduct three-monthly reviews for this cohort, extend three-monthly reviews to patients waiting over 52 weeks from 1 July 2022 c. develop plans that support overall reduction in 52-week waits	**Treat**	**4 x 4 16**	**4 x 4 16** 	**2 x 4 8**	**November 2022 update.** System is on track to reduce 78 week waits to 100 by April 2023. Long term sustainability risk as waiting lists and numbers of patients waiting over 52 weeks are growing.

Risk 4; System Maternity

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
LN	Concerns about the safety of maternity services across ICS. Specific concerns relate to staffing. **<u>Cause</u>** **<u>Effect</u>**	Staffing continues to impact on incident reviews, Quality improvements projects such as Triage and PPH, safety assurance and audit **Smoke-free pregnancy** – LMNS SATOD rate high due to High smoking in pregnancy rates ESNEFT Colchester site and WSH. Sustained improvement work requires to meet target of 94% smoke free pregnancies by March 2023. Pilot Enhanced Midwifery Model in line with NHS LT Plan funded for I year. Learning will inform adopt, adapt and spread across LMNS.	**4 x 5 20**	ESNEFT have engaged in active recruitment drive. ICB is sighted on staffing levels and recruitment work. Diverts implemented as required. ICB has monthly maternity incident review meetings, as part of assurance for PSIRF. ESNEFT Smoking cessation services continue on both sites. New smoking QI project to be launched at Colchester site to increase smoking cessation services in line with NHS long term plan. Project planning underway, awaiting receipt of funding before recruiting additional midwife and 3 MSWs.	Maternity as standard agenda item at QCPM. LMNS safety forum initiated for assurance. Maternity dashboards shared with LMNS. Unit diverts are frequent. CQC report - no serious safety concerns raised. New Governance lead in post. Weekly assurance meetings with LMNS clinical lead. ESNEFT is being supported by the maternity safety support program (MSSP) and has been assigned an external improvement lead	**Treat**	**3 x 4 12**	**3 x 4 12**	**2 x 2 4**	**November 2022 update:** Clinical leads and HoM's to actively engage with staff to co-produce new models of care to reduce the likelihood of increased turnover and absence. Vacancy rate at ESNEFT has improved to 9% Colchester and 9.9% Ipswich. WSFT remains at 20% **Target closed date:** 31/03/2023

Risk 8; Norfolk and Suffolk NHS Foundation Trust (NSFT) – CQC Inspection

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
LN	Statutory Duty to ensure patient safety within commissioned services: The Trust inability to demonstrate appropriate safety standards throughout it services present significant patient safety risks to the population of Suffolk. CQC link to report below https://www.cqc.org.uk/provider/RMY/reports **Cause** **Effect**	• Inability to meet performance/clinical quality targets in access to service/care in service/discharge arrangements. • Inability to maintain safer staffing levels in accordance with NICE/ NQB guidance • Lack of confidence in performance data • Lack of patient safety culture impacting clinical risk assessment, care planning. • Lack of clinical leadership structure • NSFT have lack of willingness to work as part of the system. 5 high risk areas are: All age eating disorders Emotional wellbeing hub ADHD all ages Youth secondary care teams. First Response Service	**4 x 4 16**	Quality assurance process initiated jointly with NSFT to review every service line in NSFT. Monthly meetings to review / challenge quality performance. Quality dashboard. Attendance at monthly stakeholder assurance meetings led by NHS Improvement / CQC. Oversight of quality improvement plans (trust / local) and monthly monitoring of progress. Monitor primary care contract issues and Trust response. New Chair appointed and partnership arrangement agreed with East London Foundation Trust (ELFT). Quality Improvement methodology introduced by Trust and training rolled out. Weekly ICB/ NSFT Director meeting to check progress against actions and escalate concerns. Escalation through joint NHSI: ICB oversight meeting. Service user tracker list commenced, and patient harm review process commenced.	Improvements to patient safety and experience noted through QA process. Demonstrated improvement against identified contractual key performance indicators evidenced through quality dashboard escalation of issues via Contract Quality Performance Review (CQPR) meetings. Confidence that NSFT have capability and capacity to deliver the required quality improvements. Assurance that actions detailed in the quality improvement plan have been implemented. **ICB Priority** *To improve access to mental health services*	**Treat**	**4 x 5 20**	**4 x 5 20**	**2x2 4**	**November 2022 review** Participated in some QSR visits across service lines highlighted through CQC 29a response. Areas of improvement noted in I& E Suffolk Crisis & Home Treatment team. Bury North IDT, significant concerns raised and escalated to CNO in NSFT about Community Forensic team. An update ref CQC, they have revisited the areas of inpatient care. No medical cover in LD&A services. Significant waiting time in Access to all MH services.

Risk 9; Norfolk and Suffolk NHS Foundation Trust (NSFT) – Performance

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
RW	Unsatisfactory performance of mental health services <u>Risk to the ICB</u> If performance does not improve to the contractual agreed standard then service users will continue to receive an inadequate service and the ICB would have failed in its duty to commission quality safe services **<u>Cause</u>** Capacity insufficient to meet the rising demand for services and resolve the backlogs. **<u>Effect</u>** Poor patient experience and heightened safety risk	Poor performance against a number of performance indicators. National standards: 1. Early intervention in psychosis (14 days referral to treatment) 2. Eating disorder (1-week urgent referral to treatment) 3. Eating disorder (4-week routine referral to treatment) Local standards: 4. Emergency referrals (4 hours referral to assessment) 5. Routine referrals (28 days referral to assessment) 6. Referral to treatment (15 weeks) 7. Children's emotional wellbeing hub (10 days referral to discharge) 8. Increasing waiting times for ADHD assessment and treatment	**4 x 4** **16**	National standards scrutinised by NHS E/I. ICB teams working closely with NSFT counterparts to identify root causes of problems: • Demand over plan • Throughout under plan • Workforce gaps • System gaps • Underinvestment. Monthly MDT meetings in place. Monthly joint quality/ performance meetings. Regular joint meetings of ICB and NSFT boards. Task and finish groups for eating disorders, EWB Hub and ADHD services Detailed demand and capacity reviews underway with these. teams due to long waits. ED has had additional investment agreed. Director attendance at Trust Finance/Business Investment Committee. During Covid 19: NSFT have expanded their virtual and telephone offering. ICB has invested in more voluntary sector to manage lower risk patients.	<u>Previous CCG Assurances</u> Reported to the multi-disciplinary team, clinical scrutiny, Clinical Executive and Governing Body as appropriate. CAHMS issues also overseen by EWB Hub Board Progress routinely monitored at monthly Quality Contracts & Performance (QCPM) meeting. **ICB Priority** *To improve access to mental health services*	**Treat**	**4 x 5** **20**	**4 x 5** **20**	**2 x 5** **10**	**November 2022 Update:** Mental Health Committees overseeing recovery plans on a county basis. Significant reform programme in place.

COVID 19 Outbreak - Primary Care: Risk 10

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
MBW, PW and LTG	Reduction in access to, experience of and outcomes in primary care due to capacity, demand, constraints (workload; workforce; digital and estates) **<u>Cause</u>** Workforce shortages, staff sickness levels and inability to recruit. Patient expectation. IT pressures availability of laptops **<u>Effect</u>** Potential quality of outcomes for patients. Increased Workforce issues remain challenging and exacerbated by estate issues and workload pressures	- Waiting resulting in deterioration - Further reduction in GP numbers - Increased referral to acute services - Increased attendance at A&E - Continuity of care and daily acute demand pressures	**4 x 4** **16**	- Recruitment and retention programme - New models of dare development - Workload management models Patient comms Increase use of ARRS roles	- Primary Care Commissioning Groups - Training Hub - Operational Support (PM meetings / PCN CD and PCN Business Manage Meetings)	**Treat**	**3 x 4** **12**	**3 x 4** **12**	**2 x 3** **6**	**September update:** - Deliver primary care training hub work programme (2022/23) - Develop Fuller implementation strategy at ICB, Alliance and PCN level (Dec-Mar23) - Specific targeted actions to support practices with specific immediate challenges including: adverse CQC, patient satisfaction reports, or workforce challenges

Risk 11; Cyber Security.

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
AK	Potential impact of cyber security incident could lead to wide scale IT system outages, meaning no access to patient records, e-dispensing services etc Risk to the ICB The ICB would suffer significant service disruption and potential patient harm and financial loss **Cause** **Effect**	▪ National requirements have increased, in respect of the need to achieve cyber essentials + accreditation. ▪ No national funding has been identified specifically for cyber security work to mitigate against the increased risk, and the increased requirements. ▪ No access to systems – would require frontline services to fully enact Business Continuity and Disaster Recovery procedures. ▪ Potential for lack of access to relevant IT skills and insight to develop a recovery plan (dependent on type of attack). Restoration of services complex, would involve multiple vendors and take a significant period of time	**4 x 5 20**	Service provider (NEL) have achieved cyber essentials accreditation and cyber essentials + accreditation. ICB has own domain and has achieved cyber essentials. RSM reviewed cyber controls. Assurance received. Additional ETTF funds have been successful to implement a NAC solution, details being worked up with NEL. W10 rollout 99.95% complete. Handful of remaining W10 PCs will be decommissioned in service transition, they remain supported. Improved access controls and enabling multi-factor authentication with OKTA. Implementation of effective incident response plan via ICC. Regular patch of systems and planned forced machine restarts. Ensure that backups, restore mechanisms and online defences are working as BAU, monthly reporting and live dashboards. NEL have team to keep up to date with latest threat and mitigation information.	Previous CCG Assurances External Audit. Internal audit complete Monthly SLA provider meetings. Monthly service review provider meetings. Monthly Joint Digital and IT Services Board. Audit Committee review.	**Treat**	**4 x 5 20**	**4 x 5 20**	**3 x 4 12**	**November 2022 Update:** No applicants for Programme Director Security and Standards position. Exploring alternative options with system partners.

Risk 12; Provider Workforce

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
AL	**Workforce challenges across the system** **<u>Cause</u>** Staff burnout. Acuity of patients. Increased demand. Seasonal pressures. **<u>Effect</u>** Leading to risks to patient safety, care and services.	Retention of staff continues to be an issue, particularly HCSWs to nursing and adult care. Staff absence due to Mental Health and MSK. Staff absence due to seasonal flu and Covid-19. Cost of living pressures and impact especially staff in lower paid roles. Risk of breaching constitutional obligations. Primary care risk of some practices not being able to function and list closures.	**4 x 5 20**	SNEE People Committee established to implement the system People Plan and associated initiatives. Local Workforce Transformation Groups established in each Alliance PC WIG and GPCC that report into People Board for Primary Care. Plans for Retention in place incl. workshop in Jan '23, and associated system oversight group Targeted groups established to identify system oversight and intervention such as Cost of Living Group Health and Care Academy and Apprenticeship strategy in place to support grow your own Reservist Programme now launched	SNEE People Committee, IES, NEE and WS Local Workforce Transformation groups, PC WIG and GPCC reporting to SNEE People Committee, Working groups to address topic specific challenges e.g. retention, 50K nursing, H&WB Workforce Intelligence & Planning Workforce workshops for challenged areas such as maternity and EoL Care Strategies in place for: Pharmacy, Nursing, Healthcare Science	**Treat**	**4 x 4 16**	**4 x 4 16**	**2 x 3 6**	**November 2022 Update:** As of 2/11/22 – 50 applicants have been received with local comms e.g. Radio to promote scheme. This will support additionality to the workforce to support winter pressures. Primary Care Workforce resilience being supported by Primary Care Training Hub **Actions** 1.Cost of living workshops are currently running, work continues on H&WB interventions. **Target date:** 31/03/2023 2.Activities to support career aspiration, education transformation are being planned **Target date:** 31/03/2023 3.Attracting people into health and care through school and college-based activities. **Target date:** 31/03/2023

Risk 13; COVID 19 Outbreak

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
LN	**The Incident Level is currently at Level 3.** <u>Cause</u> <u>Effect</u>	Increased risk of fraud from Covid-19 related claims. The impact of a widespread Epidemic on the ICB will see an increase in demand on all commissioned services. The ICB could see significant changes to establish ways of working. The ICB may have absenteeism as staff self-isolate / ill over the period of the outbreak	**4 x 5 20**	Business continuity plan in use. SNEE incident room 0800-1800 Mon-Fr, 1000-1600 Sat/ Sun/ Holidays, on-call cover outside these hours. Daily SNEE operational meetings, with Place based Tactical escalation calls as required Tactical resource supporting the Suffolk Outbreak Management Centre. Local Outbreak Management Plan in place. Daily tracking of case numbers in place. On-going liaison with Local Resilience Forums (currently stood down). ICB staff working virtually where possible and controls in place at office locations. LCFS distributed warnings re Covid related fraud and passed to relevant finance staff. Invoice checking in place, where there are changes to these they do not relate to new suppliers and all items will be reconciled as required.	SNEE Covid-19 Incident room staffed on rota basis. Virtual support from Primary Care / Care homes / Communications and IPC teams. Business continuity plans in full operational use.	**Treat**	**4 x 5 20**	**4 x 5 20**	**2 x 2 4**	**November 2022 update.** No change to incident status. Across the SNEE acute hospitals and Care settings Covid numbers have risen sharply - Acute settings 33@14/10/2022 (note most of these are incidental findings, not COVID admissions). Challenged occupancy as IPC teams manage this high level of positive cases. Care home discharges have also been impacted due to current Care home guidance. All providers continue to report operational challenges due to demand for UEC and increased impacts of staff absence through C19.

Risk 14; West Suffolk NHS Foundation Trust (WSFT) Infrastructure

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
PG	WSFT have identified and alerted the ICB to risks associated with the Trusts Reinforced Autoclaved Aerated Concrete (RAAC) infrastructure **Cause** **Effect**	May 2019 Standing Committee on Structural Safety (SCOSS) alert identified a risk of shear failure in buildings made from RAAC planks. Dust released from a plank failure is likely which will require decontamination of those affected. What is currently not known is the quantity of dust that may be released.	**3 x 5 15**	WSFT have established a significant surveyance program/remedial plan to ensure safety of patients, visitors and staff are met. ICB is required to ensure WSFT who are legal owners of estate and provider of services give assurance as to the safety of services. The ICB developed a governance structure to monitor the level of assurance together with a set of measures to assess and give the ability to respond to any adverse changes and consequence of the risks identified. WSFT internal expert leadership team in place. System has developed initial plans which will be reviewed. The ICB has worked with Region to ensure regional/local plans are aligned	The ICB has established a RAAC Risk Committee independently chaired to ensure that the ICB undertakes all necessary actions required to provide assurance to mitigate risks. These include: • Emergency preparedness • Alternative service provision • Internal WSFT governance and remedial works • New hospital build • Quality and physical environment. • Exercise programme at Trust, System and Regional Levels. • Attendance of WSFT to ICB Risk committee for regular updates and assurance.	**Treat / Tolerate**	**3 x 4 12**	**3 x 4 12**	**2 x 3 6**	**November update.** 1. Meetings ongoing between structural expert and trust engineers on end bearing work. 2. ICB has requested Trust decision process document from Trust. 3. DAB Beachcroft asked WSFT to provide document scoping SWECO work.

Risk 16; East of England Ambulance Service NHS Trust (EEAST) – Performance/Quality.

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION

EG	EEAST is not meeting performance targets against ambulance response categories. A particular concern is delays in the higher acuity Category 1 and 2 calls. Particular concern to patient safety are delays & that patient waits are longer than previous winters. **Cause** **Effect**	<u>Leadership</u> New CEO recently appointed, there are many substantive vacancies in the current exec team. <u>Workforce</u> EEAST had previously recruited to 2019/20 ISR plan levels, the level of PFSH available to deploy on the road is less than last winter. Sickness levels and abstraction rates are high in the sector as main causes of this. <u>Handover delays</u> Arrival of ambulance to handover at ED delays now worse than previous winters running at circa 3,000 hours lost a week, more than double in previous years. <u>COVID 19</u> Continuing threat of rising infection rates means that this could increase already high sickness levels. <u>Response times</u> Unprecedented system pressure in Eastern Region is causing ambulance response delays; risk an ambulance resource cannot be immediately deployed to Cat 2 calls, which require an average response time of 18 minutes.	**5 x 5 25**	Bi-Monthly Oversight & Assurance meeting. (Regulator and Lead Commissioner). Review of serious incidents caused by delays. Bi-Monthly Oversight and Support meetings (Regulator and Lead Commissioner). Fortnightly Working Group meetings (Regulator and Lead Commissioner) Monthly regional quality and performance meetings. Monthly quality and performance meetings held locally at ICS level. Commissioner attendance at EEAST internal Strategic Efficiency and Capacity review meetings. ICS/Alliance UEC System meetings. Reporting of Serious Incidents to Commissioner and Lead Commissioner oversight. ICB to seek assurance on any immediate actions following each incident raised. Standing agenda item at regional QSM. EEAST are creating a single action plan to address findings from system delays SI's.	<u>Previous CCG Assurances</u> Escalation of EEAST capacity issues to NHSE/I Regional Team. AACE Peer Review of Winter Plan. Joint Review of Winter Plan by NHSE/I and Lead Commissioner. New CEO assembling substantive executive team. Regular reviews of handover performance and action plans in place based upon Best Practice. Monthly review of NHS 111/IUC clinical validation performance. Clinical review of serious incidents through SI panel. Escalation to Exec Quality & Safeguarding, QSAF, Quality and Scrutiny Committees. Previous Winter Plans estimated 85k to 90k capacity on front line with lower abstraction rates than current position. **ICB Priorities** *To ensure high quality local services where possible.* *To improve the health of those most in need.*	**Treat**	**5 x 4 20**	**5 x 4 20**	**4 x 4 16**	**September Update** a. EEAST Winter Plan is estimating 82k PFSH – requirement average 90k – 95k through winter based on demand trends – NHSE/I and Lead commissioner working with EEAST to see how capacity can be increased, primarily through reducing abstraction rates, and how new models of care can reduce inappropriate 999 pathway responses with C3 – C5 call categories. b. Refreshed handover delay plan in place, critical that Norfolk delivers reduction in delays to reduce SNEE based crews diverting c. Sickness rate target of 9% under review, noting longer term sickness remains over 4% which is high as a trend d. Overtime/Private Ambulance capacity targeted to peak demand shifts, assurances from EEAST that overtime is maximised. e. Local demand management schemes in place f. Handover delays managed /monitored weekly.

Risk 17; Children and Young Peoples (CYP) Access to Mental Health (MH) Therapy & Treatment

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
LN	CYP are unable to access MH therapy and treatment. As a result, YP have been admitted into paediatric wards in acute hospitals across the ICS. This creates a risk to staff, patients and families on these wards. **Cause** **Effect**	1. Availability of Tier 4 Beds 2. Blocking of Paediatric Beds 3. Safety of CYP 4. Safety of other Patients 5. Safety of Staff 6. Safety of Families / Visitors / Carers 7. HWB of Staff 8. Increased Complaints 9. Adverse Publicity	**20**	1.local CYP MH providers regular calls with provider collaborative to review capacity for admissions 2. Introduction of risk matrix (et to be seen and confirmed) by CYP NHSE provider collaborative to review requests for admission 3. ICB Escalation and flow management in acute hospitals 4. ICB financial support to provide care input for YP in acute settings where and seeking regular oversight to all admissions 5. Regular reporting and escalation through QSAF/ NEE QC/ ICB CYP MDT 6. Regular system calls for CYP with involvement of all partners and ICB to manage clinical risk, share information and plan delivery of care	Previous CCG Assurances Involvement of the CCGs Governing Bodies. Regular reports to Clinical Executive & other statutory committees. JLT Assurance Board for CCG Closure. Chaired by EG.	**Treat**	**4 x 4 16**	**4 x 4 16**	**2 x 2 4**	**November 2022 update.** Local Protocol for managing, escalating need in acutes in place. Review taking place based on practice based evidence across CYP system agencies and led by ICB. Potential funding being accessed to improve /provide better environments for CYP with acutes needs. Peripatetic support team offer being piloted late 2022 for CYP needing support when presenting with Tier 4 need by ICB/providers. Specialist CYP Practitioners now employed in all SNEE ED departments. CAMHS alternative to admission team pilot underway in Suffolk.

Risk 18; Clacton Hospital Redevelopment Delay

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
AL	Delay in progressing the Clacton Hospital site redevelopment in accordance with the original bid criteria and stated spend profile could result in withdrawal of STP capital for the project. **Cause** **Effect**	If significant monies are not obtained through the bidding process for the STP Capital, the primary care estate in Clacton will not be fit for purpose for the future model of primary care. The initial financial risk gives rise to a variety of other risks, so grip on the project and its finances acts to control the other risks.	**16**	Controls over quality, performance, reputational and financial risk: Programme governance established with project board, which includes representation from NHSE via SEA. NHSE Regional team engaged in early page turns of business case to ensure correct content and context provided. Wider master planning taking place to look at options beyond phase one project and ensure maximum efficiencies are implemented. NHSE to explore potential of site ownership from NHS PS to a NHS Provider organisation which may reduce costs of the scheme. Full business case being developed at risk to reduce overall programme.		**Treat**	**5 x 4 20**	**5 x 4 20**	**4 x 3 12**	**November 2022.** An update from NHSE Regional finance team indicates that the national financial position for the STP Wave 3 funding is still in abeyance and therefore business cases cannot be put forward. Further work to be undertaken to review and streamline business case to put in best possible position. The OBC development has been taken over by ESNEFT. **Target date:** Dec 2023

Risk 19; System Cancer Standards.

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
RW	System not meeting the outcomes within the NHS constitution in regard to cancer standards Risk to ICB if the system does not meet the 62 day target then the ICB would have failed to meet its own constitutional performance requirements as stipulated by the Department of Health **Cause** **Effect**	• Clinical risk of patients not being seen in appropriate timescales • Risk of deteriorating patient outcomes and experience due to long waits. • Risk of breaching constitutional obligations. • Risk of increasing patient harm both physically and mentally due to being on Cancer pathway for extended period of time. In addition to the above there is a new risk emerging relating to patients not attending cancer appointments.	4 x 4 16	Contractual arrangements MDT tracking MDT oversight of clinical diagnostics and treatment dates SOP for diagnostic reporting and next step actioning SI reporting procedures and LEAPS Mortality Review Committee. ESNEFT Cancer board. ESNEFT Breach reporting Process to board level. East of England Cancer Quality Task and Finish Group. SNEE Cancer System Oversight Meetings. Cancer Programme Delivery Board. ESNEFT elective care programme Board. Time Matters board Programme. STP cancer Transformation programme. Weekly specialty reporting and cancer focused ESNEFT PTL in place.	Elective care programme Board. Time Matters Board. Programme oversight of the elective care programme Board. Cancer Board. Breach reporting process to board level. East of England Cancer Quality Task and Finish Group.	**Treat**	4 x 4 16	4 x 4 16	2 x 2 4	**November 2022 update** New recovery trajectories developed by the providers with both reporting 62 back log recovery by March 2023. ESNEFT current 62 backlog position is 13.7% of their PTL and WSFT is 11.6% of their PTL. WSFT skin pathway remains 56% of their PTL, they have locums in place and expect to see week on week recovery. ESNEFT LGI PTL is currently 55% and growing week on week. NHSE have released updated information on managing FiT results within the pathway, this has been shared with key partners. 2WW referrals remains high, although improvement has been noted on the LGI Pathway with FiT results available. Tertiary centres remain impacting local pathways, N&N dermatology consultant has recently retired resulting on skin delays at Ipswich – a new one has been appointed.

Risk 20; Essex Partnership University NHS Foundation Trust (EPUT) Fixed Ligature Points

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
LN	Patient safety risk in relation to Fixed Ligature Points and clinical governance of EPUT Ligature process. **Cause** **Effect**	Patient serious harm of death as a result of inappropriate management and or inappropriate mitigation of risk of fixed ligature points.	**3 x 5** **15**	Robust ligature assessment process that aligns with Trust policy. No reported Serious Incidents in relation to Patient Harm due to fixed ligature points.	Quality Assurance Visits NHSE/I Mental Health Task Force	**Treat**	**3 x 5** **15**	**3 x 5** **15**	**1 x 5** **5**	**November 2022 update** NEE has not experienced further incidents however non-fixed ligature deaths have sadly happened elsewhere in EPUT. Ongoing monitoring though PSIRF reference group by the Essex Mental Health collaborative continues.

Risk 21; NEE Special Schools

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION

LN	The 5 Special schools across NEE do not have access to the Universal School Nursing commissioned offer and as such, the healthy Child Programme. **Cause** **Effect**	All pupils attending this school have an Education Health and Care Plan. There is variable or no commissioned special school nursing service supporting these schools. There may not currently be health representation at safeguarding meetings for these students. Young people currently not offered health consultation in 'drop-in sessions' or sexual health and relationship advice. Consequences are that young people do not receive the Universal School Nursing Service which impacts on their health and wellbeing.	4 x 4 16	Raised as a risk at SEND Health Subgroup. Raised at Essex SEND Health Improvement board. DCO team to meet with headteacher to offer ongoing support. Audit of 20% of Langham Oaks EHCP's to identify Health needs and provision. Working with LA colleagues to scope the extent of health provision detailed in EHCP plans. Liaising with key health providers to Map provision historically and to re-establish links. NELFT to offer regular consultation with Langham Oaks and offer support as required. DCO team to meet with headteacher to offer ongoing support.	Minutes of meetings. Action Plan for Langham Oaks. Audit results 08/21 NEE Health Sub- group Minutes.	Treat	4 x 4 16	4 x 4 16	2 x 2 4	**November 2022 Update:** The plan of work has widened out to a piece of work across Transformation and quality 1. encompass all 5 special schools in NEE and review their School Nursing/ Training requirements before September term 2. Scope and understand current commissioned offer in NEE from ESNEFT and engage in work to train schools 3. Scope other offers in Essex 4. Link with Head of SEND at ECC re NEE needs 5. Develop project plan 6. Governance reporting through ICB structure and SEND partnership Board. It has been established that there is a specialised health offer into the schools from local commissioned paediatric services to support NEE specials schools children's complex health needs in the form of medical and therapy clinics where needed. Further work is being done to ensure that there are links with local commissioned MH services for the SEMH schools as appropriate. The DCO team continues to offer support to those schools where required to understand any health needs in respect of the D of E guidance and training. ICB linking with ECC/ Head of SEND over these issues and has escalated levels of engagement. The pan

										Essex Universal School Nursing offer is not available to these special schools and this remains an issue of concern and for further discussion between ICB/Public Health.

Risk 22; Covid – Patient and Public Access

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
	Patient & Public access to a significant number of NHS services has been disrupted due to Covid 19 pandemic with an increased demand on all commissioned services. **Cause** **Effect**	Risk that patients will present with late symptoms or not at all with worsening outcomes for both acute and longer term conditions. Risk to increased mortality due to both Covid and Non Covid presentations. Increased risk of fraud from Covid related claims.	**3 x 5 15**	Clear local/national communications that NHS services are open. Online options for consultations rolled out across primary and secondary care Virtual content and support networks set up by providers for all ages with support of voluntary services. Response to Covid managed at ICS, Alliance and LRF levels and will step up and down linked to covid waves for recovery actions to be managed. Business continuity plan in use. SNEE incident room established. SNEE operational and tactical meetings stood up and down dependant on waves. Local Outbreak Management Plan. Tracking of case numbers in place. LRF stood down both TCG & SCG meetings but will stand up again as needed.	Activity Reporting via Contract meetings, F/P Tactical Cell information and Feedback BI team data reporting regarding referrals. Monitoring of virtual appointments for the Acute via the elective care programme board. PH reporting on excess death reporting. Virtual support from Primary Care / Care homes / Communications and IPC teams. Cancer Programme Board Oversight. Alliance Operational Group overseeing local recovery planning related to community and urgent care services.	**Treat**	**5 x 3 15**	**5 x 3 15**	**3 x 3 9**	**November 2022: No Further Update** Messaging to patients, public and professionals around service changes and NHS is open for urgent care other than Covid19 at national and local level. Cancer promotions underway re early checks with primary care teams. Support to services caring for vulnerable groups enhanced, staff redeployed to alternative care settings and support with a focus on supporting UCRS for admission avoidance. Increased demand across CYP ad Adult MH services, with focus on supporting delivery of services including suicide prevention across Alliance Partners including Police and Fire Services, and other services. Focus on Ambulance handover delays and ED performance at Alliance and SNEE Tactical Meetings. Support to hospital discharge flow with ECC and partners working together. National Cancer campaign amplified on previous CCG comms. Primary care focused on recovery and returning to BAU - referrals to return to normal level.

Risk 23; Dementia Environment **NEW RISK**

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
LN	Dementia is excluded from MH D2A pathways.	The D2A assessment process is undertaken when individuals are in heightened states of distress due to the environmental triggers. There is a risk of Serious Physical and/or Psychological Harm to Patients with Dementia whilst remaining in the wrong environment.	**5 x 4 20**	There are regular patient flow meetings involving both NSFT & ACS to discuss barriers to discharge. There are individually funded packages of D2A for this cohort, which alleviates some pressure but is done on a SPOT purchase approach. Consideration for extending the use of Wickham House with additional resources is currently being explored. Transformation MH team within ICB are sighted upon this issue.		**Treat**	**New Risk**	**4 x 4 16**	**2 x 2 4**	**New Risk**

Risk 24; Failure to meet statutory financial targets **NEW RISK**

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
HM	Failure to meet statutory ICB financial targets to: - At least break even. - Ensure both capital and revenue resources do not exceed the limit set by NHS England. - Ensure expenditure on running costs does not exceed the limit set by NHS England.	Prescribing price inflation. Non NHS contract inflation. Delivery of efficiency target. Cost of waiting list recovery. Additional cost of Urgent and Emergency Care pressures. Cost of supporting organisations in financial distress. Increased workload and staffing requirements due to additional organisation responsibilities. Lack of clarity on financial allocations and operational deliverables for 23/24.	**3 x 5 15**	Guaranteed Income Contracts resumed with key providers in 22/23. ICB Financial Recovery Group in place to ensure delivery of efficiency programme. Clear internal expenditure controls in place to ensure spend is only authorised within limits and funding available. Inflationary pressures reserves established.	Internal audit of key financial controls. Internal audit against HfMA Financial Sustainability Checklist. Financial Recovery and Sustainability Group scrutiny of financial position and efficiency delivery. Monthly director budget scrutiny meetings. Alliance Committees scrutiny of financial position for delegated budgets.	**Treat**	**3 x 5 15**	**3 x 5 15**	**2 x 5 10**	Implementation of ICB Finance Committee. **Target date:** January 2023 Delivery against internal audit actions and recommendations. **Target date:** TBC Development of 23/24 efficiency programme **Target date:** January 2023

Risk 25; Primary care access to Afghan nationals, asylum seeker, and refugees in NEE Alliance NEW RISK

ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RISK APPETITE (Treat, Tolerate, Transfer, Terminate)	RAG RATING LAST MONTH	REVISED RAG RATING	TARGET RISK	ACTION POINTS & TARGET DATES FOR COMPLETION
MBW, PW and LTG	Reduction in access to, experience of and outcomes in primary care due to capacity **Cause** Home office policy to stand up sites at short notice to reduce the backlog of people held at receiving/holding sites for people entering the country **Effect** High expectation of local health services to respond to the needs of hotel residents. The scale and complexity of cases leading to impact of demand and capacity for primary care contractors already under pressure within existing resources	- Delay in patients being registered - Reputational risk of ICB for perceptions of lack of access - Health and wellbeing of primary care staff, increased workforce pressures - Opportunity costs of enhanced investment redirected from other budget areas - Where patients not registered risk of duplicate records by supporting providers - Lack of workforce to be deployed to preferred model.	**4 x 5 20**	- Commissioned service (Enhanced Assessments) - Commissioned Service (GP open access) - Local working groups with system partners - Clinical and governance processes underpin preferred models - Meetings with Hotel to monitor emerging risks for mitigation and review - additional support commissioned from voluntary sector e.g Colchester Refugee Action	• ICB governance followed inc. due diligence • Contract variation and contracting • Engagement with primary care via ICB GP lead and LMC	**Treat**	**N/A**	**N/A**	**2 x 3 6**	- Contract Variation agreed and signed (Nov 2022) - Service(s) mobilised initial (Nov 22) - Workforce engagement strategies implemented. Broad workforce identified - Service(s) mobilised Full (Nov 22) - Residents screened and stabilised (< 3 months) - Residents successfully discharged to local GP practices (> 3 months)

Directorate Risk Register summary of top risks

Date: November 2022

Department	Risk Description / consequences	Current controls / assurance	RAG	Actions with status	Completion date	Responsible person
1. Corporate Services	Lack of access to NEE / Suffolk tenancy	NEE staff are reliant of Suffolk colleagues to assist	**16**	Actions taken by NHSE will prevent any work being progressed on this until after the transition work is completed	March 2023	Amanda Lyes
2. Corporate Services	EU Exit - Consequences arising from ending of the Transition Period.	Continued focus on strong financial & contract management. ICS engagement on coordinated management of issues arising. Engagement with NHSE full Incident Coordination Centre DHSC EU Exit Operational Readiness Guidance including Action Card for Commissioners Senior Responsible Officer identified and supported by Emergency Planning and Resilience Manager.	**12**	SNEE APC meetings discuss implications of EU Exit in relation to medicines.	March 2023	Amanda Lyes
	Risk Description / consequences	**Current controls / assurance**	**RAG**	**Actions with status**	**Completion date**	**Responsible person**
1. COO Ipswich & East and West	A practice in IES have encountered significant GP staffing issues which may impact on their ability to see patients in a timely manner	ICB is working with local practices and the current provider to develop a plan to deal with this issue.	**12**	Work on the way with the practice in respect of building project. Staffing issues have stabilised	Ongoing	Caroline Proctor
	Risk Description / consequences	**Current controls / assurance**	**RAG**	**Actions with status**	**Completion date**	**Responsible person**
1. Performance Improvement	Suffolk CYP Community services There have been longstanding concerns around the waiting times for autism spectrum disorder assessment & diagnosis for CYP up to 11 yrs. The pandemic has exacerbated waiting times. >400 CYP are waiting over 12 months for an autism assessment vs NICE guidance which is	A progress summary paper was shared by the trust in April 2022 and several areas of concern have been identified. Concerns have been shared with the trust and a meeting has been scheduled for 27 April to discuss the concerns. Concerns were raised at the April Community contract meeting and on-going discussions with the trust will be supported by colleagues from clinical quality and transformation.	**16**	Waiting list restoration plan developed and ICB investment agreed in October 2021. Restoration plan implemented by WSFT. A progress summary paper was shared by the trust in April 2022 and several areas of concern have been identified. These concerns have been shared with the trust Families have been provided with information/signposted to	No end date	Nicola Brunning

	assessment/diagnosis within 6 months	Concerns will be summarised at the CYP MDT in April to understand any other mitigation options. There is currently limited assurance that WSFT has implemented the service restoration plan.		support resources. Additional resources due to be available from summer 2021 following the completion of the NDD procurement. Service has contacted all families to support signposting.		
2. Performance Improvement	Pandemic Disease Hazard: On both the Suffolk and Essex Community Risk Registers Pandemic Influenza is the highest noted. During an outbreak we could see significant staff shortages from the ICB and provider organisations, disruption to supply chains. Changes in both local and national priorities for NHS Care that will translate in to changes within teams to deliver them. Consequences include inability to provide services, temporary loss of staff (through sickness/ caring for relatives), permanent loss of staff. Inability to discharge from hospitals due to lack of care facilities (inclusive of domiciliary care, residential and nursing homes). Increase in deaths likely to create significant pressure on hospital mortuaries and wider fatality management services (funeral homes etc). Impacts of the pandemic linked to changes in elective programs (both urgent and non-urgent) will involve a recovery plan, while potentially mitigating subsequent pandemic waves. Any prophylaxis or vaccination program will also add a huge demand on NHS services.	UKHSA monitoring for potential outbreaks. Resilience Forum Pandemic Plans. Resilience Forum Mass Fatality and excess death plans. ICB Business Continuity Plan, ICB Emergency Response Plan, Provider business continuity plans. NHS EPRR Core Standards process.	**15**	Annual ICB Business Continuity exercise. Annual flu vaccination campaign.	01/04/2023	Chris Chapman

3. Performance Improvement	Practice Plus Group are unable to deliver the 20 second response target for 111 The risk is that patients with urgent needs are delayed or missed due to the longer than standard waits.	Regular monitoring and action meetings are in place, Director Level conversations occurring.	**16**	Additional funding for Think 111 First given to PPG. Regular System Escalation conversations occurring	March 2023	Greg Brown
	Risk Description / consequences	**Current controls / assurance**	**RAG**	**Actions with status**	**Completion date**	**Responsible person**
1. Finance	Failure to achieve in year financial balance, secure financial sustainability and deliver optimum service from financial resources available.	Guaranteed Income Contracts in place with key providers. Clinical Executive and Governing Body review expenditure and significant investments. Project management approach to delivery of QIPP through PMO	**10**	Regular executive level dialogue between CCG and providers. Regular FPC reporting. Risk rating may need to increase further for FY 22/23 – discussion recommended. Uncertainty over non-recurrent funding brings a risk to overall financial stability. Financial sustainability work underway with planned investments committee to review unfunded proposals for expenditure. Planning work continues to minimise any gap.	November 2022 **Risk transferred to BAF**	Howard Martin
	Risk Description / consequences	**Current controls / assurance**	**RAG**	**Actions with status**	**Completion date**	**Responsible person**
1. Nursing	Due to unprecedented system pressure in the Eastern Region causing ambulance response delays, there is a risk an ambulance resource cannot be immediately deployed to Category 2 calls, which require an average response time of 18 minutes.	Reporting of Serious Incidents to Commissioner and Lead Commissioner oversight. ICB seek assurance on any immediate actions following each incident raised. Standing agenda item at regional QSM. EEAST are creating a single action plan to address findings from system delays SI's. ICB co-ordinating system response to facilitate improved response times across the region.	**16**	EEAST are updating their single action plan to address findings from system delays SI's. ICB remain developing the system response UEC meetings to help facilitate improved response times across the region	March 2023	Joe Allen
2. Nursing	Risk of reputational impact as the lead commissioner of NSFT services, which show organisational risks in relation to clinical safety of services, timeliness of access to commissioned clinical services	Quality assurance reviews of all 41 service lines within Suffolk NSFT. Actions from visits shared with NSFT, progress monitored through CQRM. ICB support with trust quality and safety review process.	**15**	Safe and Wellbeing reviews for LD inpatients completed. Minor learning points very positive feedback from patients and families. Currently waiting for the CQC inspection report to be published.	Sept 2022	Wendy Scott

	and the quality of care planning and risk assessments. This also create a risk of lack of public confidence including stakeholders in the ability of NSFT to provide the service.	Monthly CQRM meetings focus on quality / contractual requirements / appropriate actions / trajectories to meet required quality and contractual requirements. Joint support process from alliance system, with the allocation of SRO and project lead roles to support NSFT with progress for operational delivery to enable MCP process in 2022.				
	Risk Description / consequences	**Current controls / assurance**	**RAG**	**Actions with status**	**Completion date**	**Responsible person**
1. Transformation	Failure to achieve national Dementia diagnosis target for WS of 67% in line with the Prime Minister's Challenge on Dementia 2020. Length from referral to diagnosis currently c. 6 months with scanning across the locality being a key issue for delays.	System recovery funding in place with both diagnostic services as well as support agencies which also pick up pre-diagnosis. Recovery plan in place with projected achievement of 66.7% come March 2023 Current attainment for locality 56.9% at April 22	**9**	Transformation programme active with additional NHSE/I funding received as part of Covid recovery which includes supporting primary care, memory services and support services in addressing capacity, pathway flow and navigation of the system.	March 2023	Rob Chandler
	Risk Description / consequences	**Current controls / assurance**	**RAG**	**Actions with status**	**Completion date**	**Responsible person**
NEECCG	Children under 16 years are no longer legally allowed to be accommodated in unregulated or semi-independent accommodation.	Designated Nurses for LAC aware of any unregulated placements currently in use for CYP placed by SET LAs. Assurance gained from the respective LA that High Court Jurisdiction in place alongside a (where required) a (DoLS). Designated Nurse for LAC maintains close working relationship with the LAC Named Nurses within provider health team, attending escalation meetings for young people where concerns for their safety and wellbeing are escalating and where placements are at risk. Close working relationship between CCG safeguarding team/safeguarding	**12**	One NEE YP under the age of 17, is currently placed in an unregulated accommodation setting. Assurance has been gained from the respective LA that legal proceedings are being initiated for High Court Jurisdiction alongside community (DoLS).	31 Dec 2022	Lisa Nobes

		leads across SET systemwide to support LAC population. Transforming Care team are sighted to and involved with any CYP with an ASD or LD diagnosis. Use of Care and Treatment Review (CETR) process, including a Blue Light CETR, remains a priority to reducing admissions and unnecessarily lengthy hospital stays. Where concerns exist for management of individual cases, the SET escalation process is followed in addition to escalation within individual CCG structures.				

NHS
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Integrated Care Board

ICB BOARD

Agenda Item No.	**18**
Reference No.	**ICB 22-36**
Date.	**22 November 2022**

Title	**Procurement within the Integrated Care Board**
Lead Director	Paul Gibara - Director of Performance Improvement
Author(s)	Jane Garnett – Procurement Lead
Purpose	To outline current work being undertaken and future developments within the SNEE ICB Procurement Team.

Recommendation:

Members of the ICB Board are asked to:

- acknowledge the information presented in this paper and to provide any feedback on the content outlined, which will be taken forward by the SNEE ICB Procurement Team.

1. Background

1.1 The SNEE ICB Procurement Team is undertaking a number of procurement projects and initiatives which are outlined below.

2. Current procurement workplan

2.1. Procurement Pipeline

Below are the procurements which are currently in planning or in progress across SNEE ICB, this includes those which are potentially to be directly awarded through a waiver process.

Project	Status	Location
Urgent Primary Care (Parachute) - round 2	Live	Pan Essex
Non-Emergency Patient Transport Service	Live	ICS
Home Oxygen Service (HOS)	Live	East of England
Autism Navigation Support Service	Planning	NEE
Applicant Tracking for Primary Care Careers	Planning	NEE
Integrated Community Equipment Services	Live	Essex
TB Screening	Planning	NEE
Arrangements for GP Clinical Waste	Planning	ICS
CYP Short Stay	Planning	IES & WS
Primary Care Pathology Services	Planning	ICS
Secure PTS	Planning	IES & WS
L2B Neuro beds	Planning	IES & WS
Special Allocation Scheme - Primary Care	Planning	ICS
Affordable accommodation for nursing	Live	ICS
Elective Ophthalmic Procedures	Planning	tbc
Evaluation - Neighbourhoods	Planning	NEE
NEE Family Therapy Service	Live	NEE
Wellbeing / IAPT	Planning	IES & WS
Fast-Track Physiotherapy Services	Live	ICS
IF Hosting	Live	ICS
ASD Post-Diagnostic Psychoeducational Resource	Live	Essex
Frailty Services - Clacton	Planning	NEE
Dementia Ward Support	Planning	NEE
Blue Badge Support	Planning	NEE
Admission Avoidance/Hospital Discharge & Furniture Aid	Planning	NEE
Ambulance Early Intervention Vehicle (EIV)	Planning	NEE
Ambulance- Early Intervention Vehicle (EIV) FALLS	Planning	NEE
ICOPE	Planning	NEE
Operation Pendant	Planning	NEE
Realising Ambitions & Alliance Domain initiatives	Planning	NEE
Primary Care: PRIME Team – Proof of Concept	Planning	NEE
Needham Market CP capacity increase	Live	ICS
SNEE OD Strategy Development	Live	ICS
SMI Service - Suffolk	Planning	IES and WS
CYP Waiting list support	Planning	IES and WS

Please note those highlighted yellow are being co-ordinated externally to SNEE ICB

2.2. Agreed and processed spend

This section will start to be updated once the Governance Expenditure Form is capturing information electronically.

2.3. Supporting projects

Atamis

Atamis 3.0 is a fully integrated, cloud-based modular procurement solution supporting the strategic sourcing cycle. It empowers users to analyse and understand spending behaviour, plan procurement pipelines, complete e-tenders. manage contracts and support the performance management of key suppliers.

NHS England and DHSC have arranged a centrally funded proposition for all NHS organisations to be able to use Atamis 3.0 for 3 years with the potential for an extension beyond that time at zero cost to the ICB.

https://www.atamis.co.uk/

The intention is to implement the contract management module first to allow the collation of all clinical and non-clinical contracts, grants and agreements held by the ICB. Once this has been achieved the solution will provide a single database of contracts which is easily interrogated, allowing for a more in depth and collated understanding of the contract lifecycle and the procurement pipeline.

3. Procurement and governance update

3.1. Internal Governance

Work is ongoing with the Finance Directorate to increase awareness around governance processes around spending ICB funds. This has generated the following:

Governance Expenditure Process

The process has been approved by the Directors and Deputies group and we are now progressing with a phased implementation. Once up and running across the ICB the Governance Expenditure form will populate a database with information to create a log of all spend, and this will be used to support the following requirements.

- Audit and finance reviews
- Provider Selection Regime transparency and audit requirements
- Contract Management database

The form collates information surrounding spend on goods, people and services, regardless of whether it is clinical or non-clinical spend. The form is a simple online form which asks the user simple questions which are easily answerable when the correct governance processes have been followed. It also provides prompts for individuals to help them navigate the internal ICB governance processes.

Awareness raising & training

A number of training sessions have been delivered within different teams and meetings across the ICB supporting people to understand the changes to the internal governance processes which have been introduced, due to the creation of the ICB and the imminent changes to the procurement of clinical services.

These sessions will continue to be delivered by the Procurement Lead in conjunction with the finance training when it would be beneficial to the audience.

SNEE ICB Procurement Intranet Page

The intranet page for the Procurement Policy and the associated guidance has now been released, and this will be kept up to date as the single place to find templates and procurement support.

4. Procurement supporting SNEE ICB strategies

4.1. Social Value and Greener NHS

As part of the SNEE ICB Procurement Policy and the wider NHS strategies the procurement team have adopted the requirement for a minimum of 10% of any quality weighting within a tender / quotation to be assigned to a social value question. The Procurement team has also been working with other NHS and Local Authority procurement professionals across the SNEE ICS to share methodologies around evaluating social value and to start to create joint initiatives, such as a joint Social Value Policy which can be adopted by NHS entities and shared resources to support providers.

The Procurement Team has been working closely with the SNEE Sustainability Lead to develop a Supply chain, procurement & commissioning action plan for Net zero & social value which will be adopted in order to achieve the requirements under the Greener NHS initiative.

4.2. Voluntary, Community and Social Enterprise Sector

Finding ways to support the voluntary, community and social enterprise sector within the SNEE locality is a key focus for Procurement moving forward. There are a number of ways in which procurement can be used as a tool to provide support to allow more access to opportunities for funding, such as:

- Ensuring opportunities to deliver services are developed and arranged in a way that encourages VCSE involvement, i.e., using lots, or encouraging partnerships
- Providing practical training and support to the sector
- Ensuring Social Value is embedded into commissioning, from need identification through to contract management, so the social value which VCSE organisations generate can be more routinely recognised and build upon.
- Creating easier routes to the VCSE market such as the Mental Health and Learning Disabilities and Autism Support Framework. This framework allows VCSE organisations to register in a less burdensome manner and be eligible to quote for opportunities as they arise.

4.3. Procurement Target Operating Model (PTOM)

PTOM is an advisory model created by NHSEI and aims to achieve a greater level of procurement integration and collaboration across ICS footprints. There is already a Memorandum of Understanding in place across the NHS entities within the SNEE ICS which agrees the ways in which the parties will look to implement the operating model which has been published.

This collaboration is mainly between East Suffolk and North Essex NHS Foundation Trust, West Suffolk NHS Foundation Trust and the SNEE ICB and this will continue to influence the strategies for procurement moving forward.

5. Regulation and Horizon Scanning

The Provider Selection Regime is on its way and the documentation around the details of the regulations are due to be released this calendar year. The new regime will impact on clinical services procurement only. As soon as the regime is published the Procurement Team will start to disseminate the changes and requirements through training and guidance.

An element which is already understood is the additional transparency requirements and this has been one of the main drivers around the development of the Expenditure Governance Form.

The Procurement Act 2022 is likely to come into force later in 2023 and will be the biggest change in procurement law in a decade.

The first draft of the Bill was published on 11 May 2022 when the Bill began its legislative journey in the House of Lords. Throughout the summer and into the autumn, the Bill worked through the "committee stage" – in which MPs debated and agreed certain amendments to the first draft.

A second draft of the Bill has now been published and the Bill has begun a further stage – the "report stage" – following which the Bill will move to be considered by the House of Commons.

The Procurement Act 2022 will replace the current Public Contract Regulations 2015 (as amended) and will impact all public sector procurement. This is a significant change and as soon as details are released the Procurement Team will again start to disseminate the requirements throughout SNEE ICB

6. Patient and Public Engagement

A key project which is actively seeking to involve patient and public involvement is the Non-Emergency Patient Transport tender. The Procurement Lead has been discussing opportunities for involvement in the dialogue stages of the procurement with Healthwatch Essex, Healthwatch Suffolk and the SNEE ICB Patient Involvement team and these discussions are progressing well.

7. Recommendation

The Board is asked to acknowledge the information presented in this paper and to provide any feedback on the content outlined, which will be taken forward by the Procurement Team.

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ICB BOARD

Agenda Item No.	**19**
Reference No.	**ICB 22-37**
Date.	**22 November 2022**

Title	**Chair/Chief Executive Action ICB 02-2022**
Lead Director	Amanda Lyes, Director of People and Workforce Richard Watson, Director of Strategy and Transformation
Author(s)	Jo Mael, Corporate Governance Manager
Purpose	To endorse Chair/Chief Executive action ICB 02-2022 with regard to the delegation of the commissioning of specialised services.

Recommendation:

To endorse action taken by the Chair and Chief Executive as per attached.

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Integrated Care Board

CHAIR AND CHIEF EXECUTIVE ACTION – No: ICB 02/2022

Delegation of Commissioning of Specialised Services	
Background	Specialised Commissioning functions and budgets for some Specialised Services will be delegated from NHS England (NHSE) to Integrated Care Boards (ICBs) from April 2023. For systems in the EOE agreement is sought that the date for delegation of specialised services move to be April 2024 rather than April 2023. ICBs not ready for delegation from April 2023, then 2023/24 would be an interim year, where NHSE would set up a statutory Commissioning Committee, which would require ICB representation and leadership. The six East of England ICBs are proposing to defer delegation to 2024/25. The proposal is for the delegated specialised services to be managed initially through a multi-ICB Joint Commissioning Committee which will have representation from each of the six East of England ICBs. There are ongoing discussions with Bedfordshire, Luton and Milton Keynes (BLMK) ICB to manage the organisation of the committee and host a central specialised commissioning team, on behalf of the six ICBs.
Key Points	From 2022/23 a Joint Commissioning Committee for Specialised Commissioning has been established, with NHS England and ICB representation, to ensure ICBs have greater involvement in the commissioning of specialised services and to provide a forum for joint working on the delegation of services to ICBs. This provides a platform for the planned future delegation. During 23/24 as part of the shadow year, in preparation for full delegated responsibility, SNEE ICB will be expected to support and participate in the following: • a regional multi-ICB committee for Specialised Services from April 2023 (Joint Commissioning Committee for Specialised Commissioning). • to work with NHSE who will maintain the regional specialised commissioning team, that will provide commissioning functions both to ICBs (for delegated functions) and NHSE (for retained regional services). This team would be hosted by the lead specialised commissioning ICB. • to support arrangements for the East of England specialised commissioning team to be hosted within one ICB on behalf of all EoE ICBs and NHSE. (BLMK ICB has emerged as the primary partner for

	oversight and hosting of the specialised commissioning functions. This is subject to BLMK Board approval and due diligence on the financial and managerial impacts.) On commencement of the delegation of Specialised Services, including the funding for the services, which will be to the six individual ICBs who will execute their responsibilities through the Committee. SNEE ICBs will have equal representation on the Committee and the responsibilities and working of the Committee will be set out in a Memorandum of Understanding (MoU) and /or other appropriate agreements. The ICBs will jointly have responsibility for: • commissioning decisions • agreeing the work programmes • financial risk sharing on specialised services • representation on Partnership Boards or Commissioning Committees that have oversight of patients flows to Providers outside the East of England region. • representation at the national Delegated Commissioning Group which is the national group that has oversight of national service specifications and clinical policy. • oversight of providers and provider collaboratives, with respect to quality of service, performance, and service transformation. • oversight of the East of England Collaborative (Mental Health) • agreeing on specialised services that could be managed outside the multi-ICB Joint Committee approach, directly within each ICB, where this makes sense from an overall pathway management perspective. Each ICB, working with NHSE has needed to complete a pre-delegation assessment framework (PDAF) and return this with local approval by the 25 October 2022. The proposal for ICB and regional arrangements for specialised services will be tabled at a Regional Leadership Team meeting on the 3rd November. The NHS-EoE Regional Director will submit their recommendations, on delegation of specialised services, to a National Moderation Panel by 23rd November. Within the East of England, all six ICBs have come to consensus and recommendation that there should be a deferment of full delegation of specialised services until April 2024. The proposed recommendation for 2023/24 will be '*Further support required via joint commissioning arrangements with NHS England'.*
Approval	Approval by Chair/Chief Executive under delegated powers is therefore sought to approve the Pre-Delegation Assessment Framework proforma ahead of submission to NHSE
Chair Signature:	
Date:	7/11/22

Chief Executive Signature:	
Date:	7/11/2022

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**20**
Reference No.	**ICB 22-38**
Date.	**22 November 2022**

Title	**Executive Committee Terms of Reference**
Lead Director	Amanda Lyes, Director of People and Workforce
Author(s)	Colin Boakes, Governance Advisor
Purpose	To present terms of reference for the ICB's Executive Committee for approval.

Recommendation:

To approve.

Suffolk and North East Essex Integrated Care Board

NHS Suffolk and North East Essex Integrated Care Board

Executive Committee

Terms of Reference

1. Overview

1.1 The Integrated Care Board (the ICB) must ensure it can effectively discharge its full range of statutory functions and duties. This includes establishing Committees, Groups and Teams to support the Board and exercise any delegated functions, to help effective discharging of their range of functions and responsibilities.

2. Purpose

2.1 The Executive Committee (EC) is established by the ICB as a formal Committee of the Board as part of its overall governance processes.

2.2 The EC is established as a collegiate, co-ordinating forum that contributes to overall delivery of ICB objectives by providing Executive oversight and assurance to the Board.

2.3 The EC acts as the Executive body for day-to-day operations management for delivery (finances, performance, transformation, workforce), jointly exploring the implications of holding the system collectively to account for delivery of the shared agenda.

2.4 The EC is therefore a formal Committee of the Board, acting as its key operational management forum. Its members are thus bound by the ICB's Constitution, Standing Orders and other key policies.

2.5 The EC exists to:

a) Provide oversight and management of the day-to-day management functions of the ICB and supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care

b) Review, support and agree key reports and business critical documents, suggesting amendments, prior to submission to relevant Committees and Groups and the Integrated Care Board for agreement and ratification

c) Provide a medium for sharing expertise and good practice

d) Support collaborative working to ensure efficient and effective health care provision across Suffolk and North East Essex

e) Provide a medium in which Directors can discuss shared positions regarding individual commissioning decisions and other key management issues.

3. Authority

3.1 The EC is a formal committee of the ICB.

3.2 The EC holds only those powers as delegated in these Terms of Reference and as determined and agreed by the ICB Board.

4. Remit and Responsibilities

4.1 The EC will:

a) Be assured that there are robust processes in place for the effective management of the day-to-day functions of the ICB.

b) Agree and put forward policies for ratification by the ICB

c) Oversee and monitor delivery of the ICB key statutory requirements.

d) Review risks on the BAF to ensure risks are adequately and accurately portrayed.

e) Oversee the ICB's response to relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.

f) Hold delegated responsibility for approval of expenditure up to a limit of £3m.

5. Relationship with the ICB Board

5.1 The EC is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

5.2 The EC has delegated powers from the ICB Board as delegated in these Terms of Reference and as determined by the ICB Board.

5.3 Formal minutes, together with an action and decision log, shall be kept of the proceedings.

6. Membership

6.1. Membership of the EC compromises:

a) ICB Chief Executive (Chair)
b) ICB Director of Nursing
c) ICB Medical Director
d) ICB Director of People & Workforce
e) ICB Director of Strategy & Transformation/Deputy Chief Executive
f) ICB Director of Performance Improvement
g) ICB Director of Finance
h) Alliance Directors

7. Chair and Vice Chair

7.1 The EC will be chaired by the ICB Chief Executive with the Deputy Chief Executive as Vice Chair

7.2 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

7.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

8. Attendees

8.1 Only ICB Directors have the right to attend meetings of the EC but relevant staff will be invited to attend to present papers for discussion and be in attendance for that agenda item only.

8.2 In the absence of a Director, a Deputy Director should be nominated to represent them at the meeting.

8.3 The Integrated Care Partnership Director will be invited to attend one meeting per month

8. Administration

8.1 The EC shall be supported by the Executive Assistant to the Chief Executive, to ensure that:

a) Meetings are timetabled and agreed in advance
b) The agenda and papers are prepared and distributed, 3 days in advance of each meeting; having been agreed by the Chair with the support of the relevant executive lead
c) Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept
d) A record of attendance is kept
e) The Executive Team are updated on pertinent issues/ areas of interest/ policy developments
f) Action points are taken forward between meetings
g) A forward plan of agenda items is in place

9. Quorum

9.1. For a meeting to be quorate there will be a minimum of 3 Executive Directors.

9.2 If a quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

10. Decision Making and Meeting Frequency

10.1 Decisions will be guided by national NHS policy and best practice, whilst ensuring proper regard to wider influences such as national consistency.

10.2 The EC will ordinarily reach conclusions by consensus. Where there is no clear majority, the Chair will hold the casting vote.

10.3 The EC will convene weekly on a Monday, except on the third Monday of the month. Meetings will be held virtually, with one in person (or hybrid) meeting per month

11. Conduct of the Committee

11.1 ICB Values

a) Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

b) Members, and those attending, shall behave in accordance with the ICB's Standards of Business Conduct Policy.

11.2 Equality, Diversity and Inclusion

a) Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

12. Declarations of Interest

12.1 All members, and those in attendance, must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

13. Review

13.1. These Terms of Reference will be reviewed on an annual basis.

Date Approved:	
Next Review:	

Suffolk and North East Essex Integrated Care Board

ICB BOARD

Agenda Item No.	**21**
Reference No.	**ICB 22-39**
Date.	**22 November 2022**

Title	**Declarations of Interests and Gifts and Hospitality**
Lead Director	Amanda Lyes, Director of People and Workforce
Author(s)	Colin Boakes, Independent Governance Advisor
Purpose	The report provides a public record of relevant and material interests declared by members of the Integrated Care Board its sub-committees, and decision making staff, together with the current Gifts and Hospitality Register.

Recommendation:

The ICB Board is asked to review the registers and consider whether any action is required prior to them being placed on the ICB's website.

1. Background

1.1 Integrated Care Boards manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

1.2 Conflicts of interest are inevitable. It is how we manage them that matters. Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the Act") sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest.

1.3 As a minimum, we must have robust systems in place to identify and manage conflicts of interest. This should involve creating an environment in which staff, ICB Board and sub-committee members feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts. Transparency in this regard is expected to lead to effective identification and management of conflicts. The effect should be to make everyone aware of what to do if they suspect a conflict and ensure decision-making is efficient, transparent and fair.

1.4 ICBs are required to have systems in place to satisfy themselves that their registers of interest and gifts and hospitality are accurate and up-to-date.

2. Key Points

2.1 As regards declarations and registers of interest, guidance requires that all ICB Board and Sub-Committee members and staff complete declarations. However, only those staff classed as 'decision makers' will be included in the register published on the ICB's web site.

2.2 Declarations are sought by the ICB on a six-monthly basis – in October and April. The decision makers declarations constitute the register published on the ICB's website. The current register is attached to the report at Appendix 1. *(Dates highlighted in 'Red' denote where there has been no response to the request for declarations in October 2022)*

2.3 The current gifts and hospitality register is also attached for review at Appendix 2.

3. Recommendation

3.1 The ICB Board is asked to review the current registers as attached to the report and consider whether any action is required prior to them being placed on the ICB's website.

Register of Interests

Suffolk and North East Essex (SNEE)

Integrated Care Board

Oct-22

Interests of:

Integrated Care Board and Sub-Committee Members
Decision Making Staff

Integrated Care Board - Board Members

Title	First Name	Last Name	Declared Interest	Type of Interest			Direct or Indirect	Date of Interest		Date of Receipt	Action Taken to Mitigate	Consent to Publish
				Financial Interests	Non Financial Professional Interests	Non Financial Personal Interests		From	To			
VCSE Sector Assembley	Kirsten	Alderson	SFC is commissioned by SCC and Health in Suffolk and frequently submits bids that have been competitively tendered.	✓			Direct		Ongoing	28/10/2022	To be declared when necessary	Yes
Primary Care Essex Partner	Freda	Bhatti	GP partner, Gt Bentley Surgery, Colchester, cCO78PJ							04/10/2022	To be declared when necessary	Yes
			NEE LMC Member							04/10/2022	To be declared when necessary	Yes
			Spouse Consultant Gastroenterologist							04/10/2022	To be declared when necessary	Yes
Provider Partner - Community	Craig	Black	Nil							18/10/2022		Yes
Non Executive - Finance and Audit	Steve	Clarke	Strategic Adviser to Liaison Group, which provides financial services, human resource management and clinical services to the NHS	✓			Direct	Apr-22	Ongoing	06/10/2022	To be declared when necessary	Yes
			Independent Board Director, University of Suffolk		✓		Direct	Aug-19	Ongoing	06/10/2022	To be declared when necessary	Yes
			Strategic Advisor, Royal College of Physicians		✓		Direct	Dec-21	Ongoing	06/10/2022	To be declared when necessary	Yes
			Trustee and Hon Treasurer, Dementia UK		✓		Direct	Jul-16	Ongoing	06/10/2022	To be declared when necessary	Yes
			Trustee and Hon Treasurer, Young Dementia UK		✓		Direct	Nov-20	Ongoing	06/10/2022	To be declared when necessary	Yes
Suffolk County Council Partner	Sue	Cook	Nil							19/10/2022		Yes
Non Executive - People, Remuneration and Diversity	Tanya	Curry	Nil							17/10/2022		Yes
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk		✓		Direct	Apr-21	Ongoing	05/10/2022	To be declared when necessary	Yes
Non Executive - Quality and Safety	Steven	Feast	Honorary Professor, University of East Anglia Mainly teaching on the MBA programme	✓			Direct	Jun-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Senior Advisor, Lexington Communications Ad hoc advice for engaged clients in relation to government affairs	✓			Direct	Feb-20	Ongoing	04/10/2022	To be declared when necessary	Yes
			Ad hoc work for Innovate UK, part of UKRI. Assessing applicants for government funding	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
			Owner and director, Steve Feast Ltd, ad hoc coaching, mentoring and provision of strategic advice to clients	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
Provider Partner - Acute	Nick	Hulme	CEO of East Suffolk and North Essex NHS Trust, an organization that could benefit from commissioning decisions	✓			Direct	Apr-13	Ongoing	05/10/2022	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary	Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required	Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required	Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary	Yes
Director of Finance	Howard	Martin	Nil							08/11/2022		Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022		Yes
Chair	William	Pope	Professor at the University of Suffolk		✓		Direct	Jul-22	2020	12/10/2022	To be declared when necessary	Yes
Primary Care Suffolk Partner	Nick	Rayner	Director of online pharmacy- L&R Pharma Ltd	✓			Direct	Apr-17	Ongoing	04/10/2022	To be declared when necessary	Yes
			GP Partner at Suffolk Primary Care	✓			Direct	Jan-13	Ongoing	04/10/2022	To be declared when necessary	Yes
			Non-exec Director, Suffolk GP Federation CIC ltd							04/10/2022		Yes
Provider Partner - MH	Stuart	Richardson	Nil							04/10/2022		Yes
Essex County Council Partner	Patrick	Warren-Higgs	Nil							04/10/2022		Yes
Other Regular Attendees:												
Director Ipswich and East Suffolk Alliance	Maddie	Baker-Woods	Trustee of Suffolk ArtLink		✓		Direct	Mar-20	Ongoing	10/10/2022	Declaration when necessary	Yes
Director of Performance and Improvement	Paul	Gibara	Nil							12/10/2022		Yes
Integrated Care Partnership Director	Susannah	Howard	My daughter is an employee of Healthwatch Suffolk			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
			My daughter is an employee of Capsule Marketing Ltd who provide services to the ICB and other health and care organisations			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
			My step-son is an employee of St Elizabeth Hospice			✓	Indirect		Ongoing	19/10/2022	No further action required	
			I am in advocate for people living with obesity and a member of the APPG and national strategic council for obesity		✓		Direct	Jan-14	Ongoing	19/10/2022	To be declared when necessary	Yes
			I am a shareholder of East Harbour Group Ltd, which supplies chemicals and PPE to the ministry of defence and Tendring District Council	✓			Direct	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	✓			Direct		Ongoing	05/10/2022	No further action required	Yes
ICP Chair Suffolk	Andrew	Reid	Nil							04/10/2022		Yes
ICH Chair Essex	John	Spence	Chairman Spicer Haart Group Ltd (Estate Agency)	✓			Direct	2021	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member Business Banking Resolution Service	✓			Direct	2021	Ongoing	19/10/2022	To be declared when necessary	Yes
			Chairman Cambridge Building Society.	✓			Direct	2021	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member and Joint Chair Suffolk and North-East Integrated Care System (ICS)	✓			Direct	Jul-22	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member and Vice-Chair Mid- and South-Essex ICS	✓			Direct	Jul-22	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member Herts and West Essex ICS	✓			Direct	Jul-22	Ongoing	19/10/2022	To be declared when necessary	Yes
			Board Member Chelmsford Business Improvement District Ltd	✓			Direct		Ongoing	19/10/2022	To be declared when necessary	Yes
			Membership or other Roles in Charities/Political Parties/Pressure Groups/Public Bodies/Trade Unions. •Church of England Archbishops Council - Finance Chairman (involves inter alia Church of England Central Services Ltd & numerous other CofE bodies) •Essex Community Foundation - Life Vice President •Chelmsford Constituency Conservative Association - Member •Royal Zoological Society of Scotland - Fellow •The J's Hospice - Honorary Patron •Chelmsford Cathedral Council - Member •Royal Society of Arts - Fellow •Chartered Institute of Bankers (Scotland) - Fellow •Conservative Councillors Association - Member •Anglia Ruskin University Philanthropic Foundation - Member		✓		Direct	Jan-13	Ongoing	19/10/2022	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for Ipswich and East Suffolk, North East Essex CCGs and West Suffolk CCGs	✓			Direct	Jan-15	Ongoing	04/10/2022	No further action required	Yes
			Husband is employee of Hadleigh Group Practice			✓	Direct	Oct-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Deputy Chief Executive SNEE CCGs	✓			Direct		Ongoing	04/10/2022	No further action required	Yes
			Trustee Anglia Ruskin University Students Union			✓	Direct	Aug-22	Ongoing	04/10/2022	No further action required	Yes
Director of West Sufolfk Alliance	Peter	Wightman	Nil							18/10/2022		Yes
Director of North East Essex Alliance	Laura	Taylor-Green	Brother-in-law works for SilverCloud UK LTD as a product manager			✓	Indirect		Ongoing	09/11/2022	No further action required	Yes
			Close friend is employed by Tiptree Medical Practice (part of COLT PCN)			✓	Indirect		Ongoing	09/11/2022	To be declared when necessary	Yes
			NEE Alliance director with role accountability to Tendring District Council, Colchester Borough Council and Essex County Council			✓	Direct	Aug-22	Ongoing	09/11/2022	To be declared when necessary	Yes
			Mother is a Healthwatch Essex ambassador and member of the West Mersea GP patient participation group			✓	Indirect	Nov-22	Ongoing	09/11/2022	To be declared when necessary	Yes

Integrated Care Board Sub Committee Members

Title	First Name	Last Name	Declared Interest	Type of Interest			Direct or Indirect	Date of Interest		Date of Receipt	Action Taken to Mitigate	Consent to Publish
				Financial Interests	Non Financial Professional Interests	Non Financial Personal Interests		From	To			
Audit Committee												
Non Executive - Finance and Audit	Steve	Clarke	Strategic Adviser to Liaison Group, which provides financial services, human resource management and clinical services to the NHS	✓			Direct	Apr-22	Ongoing	06/10/2022	To be declared when necessary	Yes
			Independent Board Director, University of Suffolk		✓		Direct	Aug-19	Ongoing	06/10/2022	To be declared when necessary	Yes
			Strategic Advisor, Royal College of Physicians		✓		Direct	Dec-21	Ongoing	06/10/2022	To be declared when necessary	Yes
			Trustee and Hon Treasurer, Dementia UK		✓		Direct	Jul-16	Ongoing	06/10/2022	To be declared when necessary	Yes
			Trustee and Hon Treasurer, Young Dementia UK		✓		Direct	Nov-20	Ongoing	06/10/2022	To be declared when necessary	Yes
Non Executive - People, Remuneration and Diversity	Tanya	Curry	Nil							17/10/2022		Yes
Non Executive - Quality and Safety	Steven	Feast	Honorary Professor, University of East Anglia Mainly teaching on the MBA programme	✓			Direct	Jun-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Senior Advisor, Lexington Communications Ad hoc advice for engaged clients in relation to government affairs	✓			Direct	Feb-20	Ongoing	04/10/2022	To be declared when necessary	Yes
			Ad hoc work for Innovate UK, part of UKRI. Assessing applicants for government funding	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
			Owner and director, Steve Feast Ltd, ad hoc coaching, mentoring and provision of strategic advice to clients	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
External Independent Member	Phanuel	Mutumburi	Director for Ipswich and Suffolk Council for Racial Equality (ISCRE) Partnership project between ISCRE and IESCCG/IES Alliance for support for the multicultural communities health and wellbeing programme	✓			Direct	Aug-20	Ongoing	10/10/2022	To be declared when necessary	Yes
			Chair IES Alliance Primary Care Commissioning Committee		✓		Direct	Dec-20	Ongoing	10/10/2022	To be declared when necessary	Yes
			Chair IES Alliance Executive Delivery Group		✓		Direct	Jul-22	Ongoing	10/10/2022	To be declared when necessary	Yes
			Finance Director for the Suffolk Law Centre	✓			Direct		Ongoing	10/10/2022	To be declared when necessary	Yes
			Trustee at Asset Education Trust		✓		Direct		Ongoing	10/10/2022	No further action required	Yes
			Trustee at Gecko Theatre		✓		Direct		Ongoing	10/10/2022	No further action required	Yes
Remuneration and HR Committee												
Non Executive - People, Remuneration and Diversity	Tanya	Curry	Nil							17/10/2022		Yes
Non Executive - Quality and Safety	Steven	Feast	Honorary Professor, University of East Anglia Mainly teaching on the MBA programme	✓			Direct	Jun-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Senior Advisor, Lexington Communications Ad hoc advice for engaged clients in relation to government affairs	✓			Direct	Feb-20	Ongoing	04/10/2022	To be declared when necessary	Yes
			Ad hoc work for Innovate UK, part of UKRI. Assessing applicants for government funding	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
			Owner and director, Steve Feast Ltd, ad hoc coaching, mentoring and provision of strategic advice to clients	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	✓			Direct		Ongoing	05/10/2022	No further action required	Yes
Chair	William	Pope	Professor at the University of Suffolk		✓		Direct	Jul-22	2020	12/10/2022	To be declared when necessary	Yes
Estates Committee												
ECC	Chris	Bandy	Nil							19/10/2022		Yes
SCC	Quentin	Cass	Nil							15/08/2022		Yes
NSFT	Richard	Chilcott	Nil							04/10/2022		Yes
Chair	Paul	Fenton	President of the Institute of Healthcare Engineering and Estate Management (IHEEM)		✓		Direct	Dec-19	Ongoing	05/08/2022	To be declared when necessary	Yes
			Director of the Institute of Healthcare Engineering and Estate Management (IHEEM)		✓		Direct	Dec-19	Ongoing	05/08/2022	To be declared when necessary	Yes
ECC	Nicoli	Fleming	Nil							16/08/2022		Yes
	Charles	Hanford	Nil							07/07/2022		Yes
SNEE ICB - Digital	John	Lamont	Nil							05/10/2022		Yes
Deputy Director of Estates	Steve	Last	Nil							10/10/2022		Yes
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	✓			Direct		Ongoing	05/10/2022	No further action required	Yes
GP Partner Framfield House	John	Lynch	PCB Clinical Director	✓			Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
			GP Partner Framfield House	✓			Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
			Suffolk GP Federation Non Executive Member			✓	Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
EEAST Representative	Zoe	May	Nil							05/10/2022		Yes
Head of Communications	Simon	Morgan	Broadcaster with Global Radio			✓	Direct	Nov-21	Ongoing	03/05/2022	To be declared when necessary	Yes
St Edmundsbury Borough Council	David	Osborne	Nil							04/10/2022		Yes
NHS Property Services	Chris	Philbedge	Wife – Planner at the charity Suffolk Preservation Society and I am a family member			✓	Indirect		Ongoing	04/10/2022	No further action required	Yes
			Member of RICS		✓		Direct		Ongoing	04/10/2022	No further action required	Yes
SCC	Brian	Prettyman	Member of Royal Institution of Charered Surveyors. Member (and regional chair) of The Association of Chief Estates Surveyors and Property Managers in the Public Sector (ACES)			✓	Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
Estates Development Manager	Jane	Taylor	Volunteer with EEAST			✓	Direct	May-21	Ongoing	10/10/2022	To be declared when necessary	Yes
	Richard	Taylor										
WSFT Representative	Christopher	Todd	Nil							18/08/2022		Yes
Estates Development Manager	Daniel	Turner	Member of Royal Institution of Chartered Surveyors		✓		Direct	Oct-22	Ongoing	06/10/2022	No further action required	Yes
			Member of Institute of Healthcare Engineers and Estate Managers		✓		Direct	Oct-22	Ongoing	06/10/2022	No further action required	Yes
Sustainability Lead	Andrew	Urquhart	Member of Chartered Institution of Wastes Management (CIWM) & Society of the Environmental Sciences (Soc Env)		✓		Direct		Ongoing	18/10/2022	To be declared when necessary	Yes
			Princes Trust volunteer mentor for young people			✓	Direct	Jan-23	Ongoing	18/10/2022	To be declared when necessary	Yes
LMC	Raja@Essexlmc	Essexlmc	Nil							04/10/2022		Yes
Finance Committee												
Ipswich and East Suffolk Alliance												
Suffolk Family Carers	Kirsten	Alderson	SFC is commissioned by SCC and Health in Suffolk and frequently submits bids that have been competitively tendered.	✓			Direct		Ongoing	28/10/2022	To be declared when necessary	Yes
Director Ipswich and East Suffolk Alliance	Maddie	Baker-Woods	Trustee of Suffolk ArtLink		✓		Direct	Mar-20	Ongoing	10/10/2022	To be declared when necessary	Yes
NEM Ipswich and East Suffolk Alliance	Edward	Creasey	Chair - Ipswich and St Edmundsbury Diocesan Board of Finance – may support charities within our area	✓			Direct	Apr-22	Ongoing	11/10/2022	To be declared when necessary	Yes
			Trustee - British Racing School, Suffolk – SEND educational charity		✓		Direct	Sep-22	Ongoing	11/10/2022	To be declared when necessary	Yes
			Member - Pilotlight – has the potential to support and advise individual charities in Suffolk		✓		Direct		Ongoing	11/10/2022	To be declared when necessary	Yes
NSFT	Kathryn	Ellis										
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk		✓		Direct	Apr-21	Ongoing	05/10/2022	To be declared when necessary	Yes
Director of Performance and Improvement	Paul	Gibara	Nil							12/10/2022		Yes
ESNEFT Representative	Shane	Gordon	Trustee (non-remunerated) of Tendring Specialist Stroke Service; registered charity number 1054049		✓		Direct	Jun-21	Ongoing	10/10/2022	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary	Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required	Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required	Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary	Yes
East Suffolk District Council	Nick	Khan	Nil							20/10/2022		Yes
Suffolk County Council	Paul	Little										

Director of Finance	Howard	Martin	Nil							08/11/2022		Yes
Deputy CEO ESNEFT	Neil	Moloney	My wife Elizabeth Moloney works for the ICB			✓	Indirect	Jan-03	Ongoing	04/10/2022	To be declared when necessary	Yes
St Elizabeth Hospice	Judi	Newman	Chief Executive of St Elizabeth Hospice: Voluntary sector leader for healthcare charity	✓			Direct	Dec-19	Ongoing	17/10/2022	To be declared when necessary	Yes
			Board member of St Elizabeth Care Agency, domiciliary care social enterprise	✓			Direct	Nov-21	Ongoing	17/10/2022	To be declared when necessary	Yes
			Director of East of England Co-operative Society: Unlikely for any conflict of interest but it is a secondary income and does include the East of England Co-op Funeral Services	✓			Direct	May-17	Ongoing	17/10/2022	To be declared when necessary	Yes
Babergh District Council	Kathy	Nixon	Nil							05/10/2022		Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022		Yes
Suffolk GP Federation	David	Pannell	Director Suffolk GP Federation CIC. The Federation provides services to the ICB	✓			Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
Suffolk County Council	Martin	Seymour	Nil							04/10/2022		Yes
ESNEFT Representative	Giles	Thorpe	Not for publication			✓	Indirect	Jun-22	Ongoing	04/10/2022	To be declared when necessary	No
Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for Ipswich and East Suffolk, North East Essex CCGs and West Suffolk CCGs	✓			Direct	Jan-15	Ongoing	04/10/2022	No further action required	Yes
			Husband is employee of Hadleigh Group Practice			✓	Direct	Oct-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Deputy Chief Executive SNEE CCGs	✓			Direct		Ongoing	04/10/2022	No further action required	Yes
			Trustee Anglia Ruskin University Students Union			✓	Direct	Aug-22	Ongoing	04/10/2022	No further action required	Yes
Healthwatch Suffolk	Andy	Yacoub	None that are relevant							04/10/2022		Yes
North East Essex Alliance												
Chief Officer, CVST	Sharon	Alexander	CVST has been commissioned by the CCG to deliver a number of services including but not exclusive: -Seasonal Resilience -Social Prescribing -Cultural Awareness -Community Asset Mapping	✓			Direct		Ongoing	26/07/2022	To be declared when necessary	Yes
Director of North East Essex Community Services, East Suffolk & North Essex NHS Foundation Trust	Alison	Armstrong	Nil							04/10/2022		Yes
Primary Care Essex Partner	Freda	Bhatti	GP partner, Gt Bentley Surgery, Colchester, cCO78PJ							04/10/2022	To be declared when necessary	Yes
			NEE LMC Member							04/10/2022	To be declared when necessary	Yes
			Spouse Consultant Gastroenterologist							04/10/2022	To be declared when necessary	Yes
Clinical Director/Partner Colchester Medical Practice	Louise	Bishop	CD in PCN in NEE	✓			Direct		Ongoing	05/10/2022	To be declared when necessary	Yes
			Medical director GPPC	✓			Direct		Ongoing	05/10/2022	To be declared when necessary	Yes
			Husband is DME and ITU consultant at ESNEFT			✓	Direct		Ongoing	05/10/2022	To be declared when necessary	Yes
Colchester Borough Council	Lucie	Breadman	Nil							04/10/2022		Yes
Essex County Council	Peter	Fairley	I am employed by Essex County Council (ECC). ECC is a commissioner and provider of social care services; is a commissioner of care technology services; is a partner organisation behind the Essex Centre for Data and Analytics; and is party to the pooled Better Care Fund with the North East Essex Health and Wellbeing Alliance	✓			Direct		Ongoing	12/10/2022	To be declared when necessary	Yes
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk		✓		Direct	Apr-21	Ongoing	05/10/2022	To be declared when necessary	Yes
CEO - St Helena	Mark	Jarman-Howe	Non-executive director, Dignity in Dying			✓	Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
			Trustee, Compassion in Dying			✓	Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
			NICS Subcontract held by St Helena	✓			Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
			Chief Executive of St Helena and Director of St Helena trading companies (lotteries, Radfield Homecare	✓			Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary	Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required	Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required	Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary	Yes
North Essex Essex child and family wellbeing service	Elizabeth	Kingsford	Nil							18/10/2022		Yes
Patient Representative	Myrna	Liles	Patient and PPG Member of Caradoc Surgery			✓	Direct		Ongoing	19/10/2022	To be declared when necessary	Yes
			Community Engagement member with EEAST			✓	Direct		Ongoing	19/10/2022	To be declared when necessary	Yes
EEAST Representative	Paul	Marshall	Nil							21/06/2022		Yes
Director of Finance	Howard	Martin	Nil							08/11/2022		Yes
Deputy CEO ESNEFT	Neil	Moloney	My wife Elizabeth Moloney works for the ICB			✓	Indirect	Jan-03	Ongoing	04/10/2022	To be declared when necessary	Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022		Yes
Children and Families North Essex, ECC	Nicky	O'Shaughnessy	Nil							13/10/2022		Yes
CEO Community360	Tracey	Rudling	As a VCSE we receive both commissioned work and grant payments; Alliance member NEE Nics Contracts for Home from Hospital and Discharge work	✓			Direct	Apr-22	Mar-23	12/10/2022	To be declared when necessary	Yes
Public Health Consultant with Essex County Council	Danny	Showell	I am employed by Essex County Council		✓		Direct		Ongoing	04/10/2022	To be declared when necessary	Yes
Assistant Director, Partnerships TDC	Anastasia	Simpson	Management of Careline, a Tendring District Council service that provides a control centre response and mobile service to vulnerable residents.	✓			Direct	Jan-20	Mar-23	19/10/2022	To be declared when necessary	Yes
CEO GP Primary Choice	Jo	Sunderland	Nil							21/04/2022		Yes
Director of North East Essex Alliance	Laura	Taylor-Green	Brother-in-law works for SilverCloud UK LTD as a product manager			✓	Indirect		Ongoing	15/07/2022	No further action required	Yes
			Close friend is employed by Tiptree Medical Practice (part of COLT PCN)			✓	Indirect		Ongoing	15/07/2022	To be declared when necessary	Yes
			Registered volunteer marshall for Covid-19 vaccination programme through EPUT			✓	Direct		Ongoing	15/07/2022	No further action required	Yes
ESNEFT Representative	Giles	Thorpe	Not for publication			✓	Indirect	Jun-22	Ongoing	04/10/2022	To be declared when necessary	No
Chief Medical Officer ESNEFT	Angela	Tillett	Chair of Lifelong Congenital Heart Disease Network Brompton and Harefield Hospitals	✓			Direct	Jan-19	Ongoing	23/10/2022	To be declared when necessary	Yes
Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for Ipswich and East Suffolk, North East Essex CCGs and West Suffolk CCGs	✓			Direct	Jan-15	Ongoing	04/10/2022	No further action required	Yes
			Husband is employee of Hadleigh Group Practice			✓	Direct	Oct-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Deputy Chief Executive SNEE CCGs	✓			Direct		Ongoing	04/10/2022	No further action required	Yes
			Trustee Anglia Ruskin University Students Union			✓	Direct	Aug-22	Ongoing	04/10/2022	No further action required	Yes
People and Communities Committee												
NSFT	Sophie	Bagge										
Public Health, Essex	Charlotte	Britton	Nil							10/10/2022		Yes
NSFT	Jodie	Butcher	Nil							28/07/2022		Yes
IBC	Jo	Daniels	Mother – Ipswich Borough Councillor Team Leader @ Citizens Advice Connect4Health Welcome Home			✓	Indirect		Ongoing	28/07/2022	To be declared when necessary	Yes
			Sister – Delivery Lead East of England @ Volunteering Matters			✓	Indirect		Ongoing	28/07/2022	To be declared when necessary	Yes
Non Executive - Quality and Safety	Steven	Feast	Honorary Professor, University of East Anglia Mainly teaching on the MBA programme	✓			Direct	Jun-19	Ongoing	04/10/2022	To be declared when necessary	Yes
			Senior Advisor, Lexington Communications Ad hoc advice for engaged clients in relation to government affairs	✓			Direct	Feb-20	Ongoing	04/10/2022	To be declared when necessary	Yes
			Ad hoc work for Innovate UK, part of UKRI. Assessing applicants for government funding	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
			Owner and director, Steve Feast Ltd, ad hoc coaching, mentoring and provision of strategic advice to clients	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary	Yes
Healthwatch Essex	Samantha	Glover	We may be commissioned directly by ESNFT or SNEE ICB to carry out specific work	✓			Direct		Ongoing	04/10/2022	To be declared when necessary	Yes

ESDC	Stuart	Halsey	Nil							05/10/2022		Yes
The Chair of the Alliance Engagement Forums x3	Ray	Hardisty										
CBC	Ella	Humphris	Nil							01/11/2022		Yes
BMSDC	Emma	Lea	Nil							27/10/2022		Yes
Public Health, Suffolk	Gemma	Levi										
The Chair of the Alliance Engagement Forums x3	Ann	Nunn	Nil							28/07/2022		Yes
The Chair of the Alliance Engagement Forums x3	Claire	Martin	Nil							12/08/2022		Yes
ICB Head of Patient & Public Involvement Experience	Sophie	Martin										
WSFT	Cassia	Nice	Nil							19/10/2022		Yes
St Eds BC	Lucy	Petfitt	My mother is the Chair of the West Suffolk SANDs (Still and neonatal death) charity			✓	Indirect	Jan-16	Ongoing	10/10/2022	To be declared when necessary	Yes
Representative from strategic programmes	Katie	Sargeant										
ESNEFT	Tammy	Shepherd	Nil							18/10/2022		Yes
EPUT	Matthew	Sisto	Nil							04/10/2022		Yes
The Chair of the Alliance Engagement Forums x3	David	Taylor	Chairman of Hargrave Parish Council		✓		Direct	Jan-22	Ongoing	18/10/2022	To be declared when necessary	Yes
Healthwatch Suffolk	Andy	Yacoub	None that are relevant							04/10/2022		Yes
People Committee												
NSFT Representative	Ade	Adetukasi								22/06/2022		Yes
Principal and Chief Executive, Colchester Institute	Alison	Andreas	Spouse is part time vaccinator for EPUT			✓	Indirect	Mar-21	Ongoing	20/10/2022	No further action required	Yes
Primary Care Representative	Penny	Ashbee										
ICS Strategic AHP Workforce Lead, Suffolk and North East Essex ICS	Ganesh	Baliah								22/06/2022		Yes
Suffolk County Council	Jeanette	Bray										
NSFT Representative	Cath	Byford										
IES Alliance Workforce Transformation Group	Penny	Cason	Nil							09/08/2022		Yes
EEAST	Steve	Colmer	Nil							18/07/2022		Yes
Non Executive - People, Remuneration and Diversity	Tanya	Curry	Nil							17/10/2022		Yes
HEI Representative	Paul	Driscoll-Evans	Nil							25/10/2022		Yes
Chair, East Anglia Pharmacy Local Professional Network	Paul	Duell	Trustee of Havens Hospices			✓	Direct	Jan-19	Ongoing	25/07/2022	To be declared when necessary	Yes
Colchester Borough Council	Jessica	Douglas	Nil							28/07/2022		Yes
EPUT	Natalie	Hammond	Nil							12/07/2022		Yes
Integrated Care Partnership Director	Susannah	Howard	My daughter is an employee of Healthwatch Suffolk			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
			My daughter is an employee of Capsule Marketing Ltd who provide services to the ICB and other health and care organisations			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
			My step-son is an employee of St Elizabeth Hospice			✓	Indirect		Ongoing	19/10/2022	No further action required	
			I am in advocate for people living with obesity and a member of the APPG and national strategic council for obesity		✓		Direct	Jan-14	Ongoing	19/10/2022	To be declared when necessary	Yes
			I am a shareholder of East Harbour Group Ltd, which supplies chemicals and PPE to the ministry of defence and Tendring District Council	✓			Direct	Jan-20	Ongoing	19/10/2022	To be declared when necessary	Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary	Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required	Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required	Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary	Yes
Chair of NEE Alliance workforce Transformation Group;	Sean	Leahy										
Digital & Workforce – ICS Programme Lead	Jo	Lennox										
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	✓			Direct		Ongoing	05/10/2022	No further action required	Yes
Acting Head of People, Performance and Projects, TDC	Carol	Magnus	No Interests to declare other than that of being employed by a non NHS organisation and therefore also representing their interests.							25/07/2022		Yes
Director of Finance	Howard	Martin	Nil							08/11/2022		Yes
Senior Responsible Partner for Skills for Care	Lee	Mummery	I am a representative of Skills for Care, a national charity supporting WFD for the ASC sector and support integration with ICSs.	✓			Direct		Ongoing	28/10/2022	To be declared when necessary	Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022		Yes
EPUT	Alison	Norman										
HR Director – West Suffolk Hospital Foundation Trust	Jeremy	Over	Nil							20/10/2022		Yes
Age Concern	Simon	Prestney	Age Well East is a provider within the health and care network. On the People Board I represent the wider voluntary sector (VCSE) and feed back on opportunities for closer working across the VCSE, NHS and Local Government. As part of this the VCSE has been awarded a workforce tender for which the sector will benefit. However, the other sectors will also benefit, and it is in line with the ICS approach, so it is of mutual interest.	✓			Direct		Ongoing	21/10/2022	To be declared when necessary	Yes
			By representing the interests of the sector on the board it elevates my / the organisations standing as a system-focused organisation. This is also true of the leadership panel and representation for them as it elevates the standing of the sector. Whilst this is unavoidable, I approach the meetings from a system leadership perspective with the goal of taking the ICS forwards, based on the strength of each of the parts working together better and equally.		✓		Direct		Ongoing	21/10/2022	No further action required	Yes
			By representing the interests of the sector on the board it elevates my / the organisations standing as a system-focused organisation. This is also true of the leadership panel and representation for them as it elevates the standing of the sector. Whilst this is unavoidable, I approach the meetings from a system leadership perspective with the goal of taking the ICS forwards, based on the strength of each of the parts working together better and equally.			✓	Direct		Ongoing	21/10/2022	No further action required	Yes
ICS HR Directors Group Representative.	Kate	Read	Director at ESNEFT	✓			Direct	Jan-21	Ongoing	27/07/2022 Leave Oct 22	To be declared when necessary	Yes
Workforce Transformation Manager – HEE EoE	Saffron	Rolph-Wills										
Head of Workforce Transformation	Graham	Seward	Nil							18/07/2022		Yes
ICS Clinical Lead & ICS Integrated Care Academy	Mark	Shenton	Integrated care academy provides courses for workforce development, workforce planning	✓			Direct		Ongoing	18/07/2022	To be declared when necessary	Yes
			Non -Exec Director of Suffolk Primary Care, a super partnership of General Practices in Suffolk	✓			Direct		Ongoing	18/07/2022	To be declared when necessary	Yes
			Shareholder and professional advisor to VirtTuri, a technology company developing an AI powered digital assistant avatar for deployment in the NHS	✓			Direct		Ongoing	18/07/2022	To be declared when necessary	Yes
ESNEFT Representative	Giles	Thorpe	Not for publication			✓	Indirect	Jun-22	Ongoing	04/10/2022	To be declared when necessary	No
Clinical Lead for Maternity, Primary Care Training Hub,	Ayesha	Tu Zahra										
Primary Care Representative	Julie	Yaxley	Nil							02/11/2022		Yes
Procurement Committee												
Quality Committee												
Ipswich and East Suffolk Alliance	Sarra	Bargent	Spouse works for EPUT as Clinical Lead in PCN, Clacton			✓	Indirect	Nov-21	Ongoing	11/10/2022	To be declared when necessary	Yes
North East Essex Alliance	Jackie	Bland	Sister in law works in the NEE Alliance quality team, and I line manage her. She assists with EQIA and will advise on mitigation where services within the alliance and potentially more widely are failing. She will advise me closely on areas of concern in respect of patient harm risks and potential regulatory action.			✓	Indirect	May-22	Ongoing	04/10/2022	To be declared when necessary	Yes
Suffolk County Council Partner	Sue	Cook	Nil							19/10/2022		Yes
Public Health	Richard	Cracknell	Director of Richard Cracknell Consulting Ltd	✓			Direct	Sep-21	Ongoing	04/10/2022	To be declared when necessary	Yes
			Family members employed by ESNEFT, Practice Plus and GP Federation			✓	Indirect		Ongoing	04/10/2022	To be declared when necessary	Yes
West Suffolk Alliance	Nichole	Day	Nil							04/10/2022		Yes

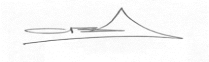
EEAST Representative	Melissa	Dowdeswell	Nil							17/10/2022			Yes
Non Executive - Quality and Safety	Steven	Feast	Honorary Professor, University of East Anglia Mainly teaching on the MBA programme	✓			Direct	Jun-19	Ongoing	04/10/2022	To be declared when necessary		Yes
			Senior Advisor, Lexington Communications Ad hoc advice for engaged clients in relation to government affairs	✓			Direct	Feb-20	Ongoing	04/10/2022	To be declared when necessary		Yes
			Ad hoc work for Innovate UK, part of UKRI. Assessing applicants for government funding	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary		Yes
			Owner and director, Steve Feast Ltd, ad hoc coaching, mentoring and provision of strategic advice to clients	✓			Direct	Jan-18	Ongoing	04/10/2022	To be declared when necessary		Yes
Essex County Council	Simon	Froud	Nil							24/10/2022			Yes
Healthwatch Essex	Samantha	Glover	We may be commissioned directly by ESNFT or SNEE ICB to carry out specific work	✓			Direct		Ongoing	04/10/2022	To be declared when necessary		Yes
EPUT	Natalie	Hammond	Nil							12/07/2022			Yes
NSFT	Diane	Hull	Nil							05/07/2022			Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary		Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required		Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required		Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary		Yes
WSFT Representative	Paul	Molyneux	I undertake a Private Neurology Clinic at the BMI in Bury St Edmunds	✓			Direct		Ongoing	06/10/2022	To be declared when necessary		Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022			Yes
Essex Public Health	Danny	Shovell	I am employed by Essex County Council		✓		Direct		Ongoing	04/10/2022	To be declared when necessary		Yes
ESNEFT Representative	Angela	Tillett	Chair of the lifelong congenital heart disease network linked to Royal Brompton and Evelina Childrens Hospitals		✓		Direct	Jan-19	2020	25/10/2022	To be declared when necessary		Yes
Practice Plus Group	Rebecca	Thompson	Nil							04/10/2022			Yes
ESNEFT Representative	Giles	Thorpe	Not for publication			✓	Indirect	Jun-22	Ongoing	04/10/2022	To be declared when necessary		No
Healthwatch Suffolk	Andy	Yacoub	None that are relevant							04/10/2022			Yes
WSFT Representative	Susan	Wilkinson											
Strategic Digital Investment and Assurance Board													
SNEE ICS Digital Programme Director													
Exec Lead SCC	Chris	Bally	Deputy Chief Executive, Suffolk County Council	✓			Direct		Ongoing	05/10/2022	To be declared when necessary		Yes
			Independent Board Member, University of Suffolk	✓			Direct		Ongoing	05/10/2022	To be declared when necessary		Yes
CIO EEAST	Stephen	Bromhall	Public Governor South Central Ambulance Service NHS Trust representing Buckinghamshire	✓			Direct		Ongoing	31/10/2022	To be declared when necessary		Yes
			Shareholder in Microfocus	✓			Direct		Ongoing	31/10/2022	To be declared when necessary		Yes
			Shareholder in General Electric	✓			Direct		Ongoing	31/10/2022	To be declared when necessary		Yes
			Shareholder in HPE	✓			Direct		Ongoing	31/10/2022	To be declared when necessary		Yes
Essex County Council	Peter	Fairley	I am employed by Essex County Council (ECC). ECC is a commissioner and provider of social care services; is a commissioner of care technology services; is a partner organisation behind the Essex Centre for Data and Analytics; and is party to the pooled Better Care Fund with the North East Essex Health and Wellbeing Alliance	✓			Direct		Ongoing	12/10/2022	To be declared when necessary		Yes
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk		✓		Direct	Apr-21	Ongoing	05/10/2022	To be declared when necessary		Yes
CNIO ESNEFT	David	Grannell											
Integrated Care Partnership Director	Susannah	Howard	My daughter is an employee of Healthwatch Suffolk			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary		Yes
			My daughter is an employee of Capsule Marketing Ltd who provide services to the ICB and other health and care organisations			✓	Indirect	Jan-20	Ongoing	19/10/2022	To be declared when necessary		Yes
			My step-son is an employee of St Elizabeth Hospice			✓	Indirect		Ongoing	19/10/2022	No further action required		Yes
			I am in advocate for people living with obesity and a member of the APPG and national strategic council for obesity		✓		Direct	Jan-14	Ongoing	19/10/2022	To be declared when necessary		Yes
			I am a shareholder of East Harbour Group Ltd, which supplies chemicals and PPE to the ministry of defence and Tendring District Council	✓			Direct	Jan-20	Ongoing	19/10/2022	To be declared when necessary		Yes
Exec Lead NSFT	Dave	Huggins											
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary		Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required		Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required		Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary		Yes
CIO WSFT	Liam	McLaughlin	Nil							31/10/2022			Yes
CIO ESNEFT	Mike	Meers	Spouse Sharon Meers Practice Manager Burlington Road Surgery, Ipswich Suffolk			✓	Indirect		Ongoing	04/11/2022	To be declared when necessary		Yes
			Executive Director ESNEFT	✓			Direct		Ongoing	04/11/2022	To be declared when necessary		Yes
CCIO WSFT	Dermot	O'Roirdan											
NHS E / I	Sarah	Stone	Nil							14/09/2022			Yes
Exec Lead EPUT	Zephan	Trent											
Independent Chair	Alison	Wigg	Non-Executive Director for the East Of England Ambulance Service NHS Trust	✓			Direct	Jan-18	Ongoing	18/10/2022	To be declared when necessary		Yes
SNEE ICS Finance Lead	Keith	Wood	Treasurer of Suffolk Artlink, a Suffolk-based charity supporting disadvantaged groups through engagement in the arts. Suffolk Artlink has historically received(and may in future receive) NHS funding, either directly from the NHS, or via Suffolk Community Foundation.		✓		Direct	Oct-22	2020	04/10/2022	To be declared when necessary		Yes
			Spouse of deputy chair of Essex Partnership University Foundation NHS Trust, an NHS partner (not hosted in SNEE) providing primarily mental health services in North East Essex			✓	Indirect		Ongoing	04/10/2022	To be declared when necessary		Yes
System Oversight and Assurance Committee													
Provider Partner - Community	Craig	Black	Nil							18/10/2022			Yes
	Phil	Carver	Nil							18/10/2022			Yes
NHSEI	Adam	Cayley	Not for publication	✓			Direct	Nov-15	Ongoing	19/10/2022	To be declared when necessary		No
WSFT	Nichola	Cottington	Nil							21/10/2022			Yes
Chief Executive	Ed	Garratt	Visiting Professor of Integrated Care – University of Suffolk		✓		Direct	Apr-21	Ongoing	05/10/2022	To be declared when necessary		Yes
Director of Performance and Improvement	Paul	Gibara	Nil							12/10/2022			Yes
Provider Partner - Acute	Nick	Hulme	CEO of East Suffolk and North Essex NHS Trust, an organization that could benefit from commissioning decisions	✓			Direct	Apr-13	Ongoing	05/10/2022	To be declared when necessary		Yes
Director of People and Workforce	Amanda	Lyes	Director of Workforce & People for Suffolk & North East Essex ICB	✓			Direct		Ongoing	05/10/2022	No further action required		Yes
	Catherine	Morgan	Trustee - St Helena Hospice	✓			Direct	Nov-20	Ongoing	24/10/2022	To be declared when necessary		Yes
Director of Nursing	Lisa	Nobes	Nil							05/10/2022			Yes
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary		Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required		Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required		Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary		Yes
ESNEFT	Neill	Moloney	My wife, Elizabeth Moloney, works in ICB.			✓	Indirect	Jan-03	Ongoing	04/10/2022	To be declared when necessary		Yes
Provider Partner - MH	Stuart	Richardson	Nil							04/10/2022			Yes
	Paul	Scott											
EEAST	Kevin	Smith	Nil							17/10/2022			Yes
	Lee	Taylor	Chair Board of Trustees for Aspect Living Foundation. The charity provides meals on wheels to population of Suffolk.			✓	Direct	Aug-22	Ongoing	11/08/2022	To be declared when necessary		Yes
Director of Strategy and Transformation	Richard	Watson	Director of Strategy and Transformation for Ipswich and East Suffolk, North East Essex CCGs and West Suffolk CCGs	✓			Direct	Jan-15	Ongoing	04/10/2022	No further action required		Yes
			Husband is employee of Hadleigh Group Practice			✓	Direct	Oct-19	Ongoing	04/10/2022	To be declared when necessary		Yes
			Deputy Chief Executive SNEE CCGs	✓			Direct		Ongoing	04/10/2022	No further action required		Yes
			Trustee Anglia Ruskin University Students Union			✓	Direct	Aug-22	Ongoing	04/10/2022	No further action required		Yes

West Suffolk Alliance													
Community Action Suffolk	Christine	Abraham	Nil							20/10/2022		Yes
Provider Partner - Community	Craig	Black	Nil							18/10/2022		Yes
Suffolk County Council	Allan	Cadzow	Nil							19/10/2022		Yes
Suffolk County Council	Georgia	Chimbani	Nil							17/10/2022		Yes
Deputy Director of Nursing WS Alliance	Nicole	Day	Nil							04/10/2022		Yes
St Edmundsbury Borough Council (Chair)	Ian	Gallin	Chief Executive Officer, West Suffolk Council	✓			Direct		Ongoing	17/10/2022	To be declared when necessary	Yes
Deputy Director of Integration	Rebecca	Jarvis	Nil							10/10/2022		Yes
Director of Public Health	Stuart	Keeble										
Medical Director	Andrew	Kelso	Member Association of British Neurologists		✓		Direct	Jan-04	Ongoing	05/10/2022	To be declared when necessary	Yes
			Master, Essex Association of Change Ringers (Registered Charity No 292250)			✓	Direct	Jan-18	Ongoing	05/10/2022	No further action required	Yes
			Trustee, Music in Hospitals and Care (Registered Charity No 1051659)		✓		Direct	Jan-17	2020	05/10/2022	No further action required	Yes
			Consultant Neurologist at West Suffolk Hospital (holding clinics the first and third Wednesday morning of each month)	✓			Direct	Oct-22	Ongoing	05/10/2022	To be declared when necessary	Yes
Director of Finance	Howard	Martin	Nil							08/11/2022		Yes
Babergh-Mid Suffolk District Councils	Kathy	Nixon	Nil							05/10/2022		Yes
Deputy Director for Performance Improvement	Jon	Reynolds	I volunteer for Hope Church Ipswich and Christians Against Poverty (CAP), running a life skills course that is available via social prescribing. I am also the chair of the CAP Debt steering group			✓	Direct	Nov-18	Ongoing	05/10/2022	To be declared when necessary	Yes
			Wife employee of Hope Church and volunteers for Family First			✓	Indirect	Oct-05	Ongoing	05/10/2022	No further action required	Yes
NSFT Representative	Stuart	Richardson	Nil							04/10/2022		Yes
Acting Director of Integration	Sandie	Robinson	Nil							14/04/2022		Yes
Director WS Alliance	Peter	Wightman	Nil							18/10/2022		Yes
Healthwatch Suffolk	Andy	Yacoub	None that are relevant							04/10/2022		Yes

ICB Decision Making Staff

Employee Name	Position Title	Consent	Interest Type	Interest Description	Comments	From	To	Declaration Date
Amodio, Mrs. E	Head of Alliance Development and Outcomes	Y	Indirect interests	Sister in law works for ESNEFT as a physiotherapist	No further action necessary	01/11/2009	05/10/2022	05/10/2022
Anderson, Mrs. P	Primary Care Development Officer	Y	I have no interests to declare			26/07/2022		26/07/2022
Bacchus, Miss C	Contract Manager	Y	I have no interests to declare			05/10/2022		05/10/2022
Bartholomew, Mrs. L	Senior Medicines Management Technician Band 6 RBH	Y	Financial interests	Secondary employment at GP surgery under an ad-hoc basis providing dispensary advise	To be declared when necessary	10/04/2013		05/10/2022
Bartholomew, Mrs. L	Senior Medicines Management Technician Band 6 RBH	Y	Financial interests	Secondary employment with GPhC as a Pharmacy CPD reviewer	To be declared when necessary	01/07/2022		05/10/2022
Bartholomew, Mrs. L	Senior Medicines Management Technician Band 6 RBH	Y	Financial interests	Secondary employment with GPhC as a Revalidation and Accreditation Panel Member	To be declared when necessary	01/04/2021		05/10/2022
Bartholomew, Mrs. L	Senior Medicines Management Technician Band 6 RBH	Y	Financial interests	Secondary employment with West Suffolk College as Pharmacy Services Assessor and IQA	To be declared when necessary	05/06/2000		05/10/2022
Bhagwat, Mrs. A	Deputy Director of Finance	Y	I have no interests to declare			04/10/2022		04/10/2022
Bland, Mrs. J	Deputy Director of Nursing	Y	Indirect interests	family member - I line manage my sister-in-law, Maisey Dear	To be declared when necessary	19/05/2022	31/12/2022	04/10/2022
Bosley, Miss E	Financial Governance Accountant			On Secondment				
Brown, Mr. G	Contracts Manager	Y	Indirect interests	Family Member has Autism	No further action necessary	01/04/2018		19/10/2022
Brunning, Mrs. N	Deputy Director of Performance and Contracts	Y	Indirect interests	My sister is a nurse working for ESNEFT at the Ipswich Hospital site	No further action necessary	06/10/2022		06/10/2022
Bryant, Mr. A	Digital & IT Programme Manager							
Burman, Mrs. J	Implementation Administrator	Y	I have no interests to declare			13/10/2022		13/10/2022
Butcher, Mrs. V	Head of Acute Commissioning Finance	Y	I have no interests to declare			04/10/2022	04/04/2023	04/10/2022
Bye, Mrs. J	Senior Medicines Management Technician Band 6 RBH	Y	Financial interests	NVQ Assessor and Internal Verifier in Pharmacy Services for West Suffolk College, Bury St Edmunds. Casual paid contract.	To be declared when necessary	01/08/2004	04/10/2022	04/10/2022
Bye, Mrs. J	Senior Medicines Management Technician Band 6 RBH	Y	Financial interests	Revalidation CPD Reviewer, Return to Practice Reviewer and Accreditation and Recognition panel member for General Pharmaceutical Council (GPhC). Casual paid contract.	To be declared when necessary	03/01/2010	04/10/2022	04/10/2022
Carnegie, Ms. S	Transformation Project Support Manager	Y	I have no interests to declare			06/10/2022		06/10/2022
Chambers, Mrs. S	Business Support Manager	Y	I have no interests to declare			17/10/2022		17/10/2022
Chandler, Mr. R	Transformation Lead - Mental Health & Learning Disabilities							
Chesa, Mrs. O	Deputy Director of Primary Care and Medicines Management	Y	Non-financial professional interest	NICE Medicines and Prescribing Associate (from 04/2014) NICE Adoption and Impact Programme Reference Panel Member (from 12/2015)	To be declared when necessary	01/04/2014	11/10/2022	11/10/2022
Choudhury, Mr. D	Deputy Chief Pharmacist	Y	Non-financial professional interest	Spouse works as a PCN pharmacist and as a locum pharmacist in the Ipswich and East Alliance	To be declared when necessary	01/07/2021		05/10/2022
Clinton, Mr. M	Senior Finance Business Partner	Y	Indirect interests	My wife works as an Occupational Therapist for Livability at Icanho.	No further action necessary	13/09/2021		19/10/2022
Colley, Miss S	Digital Content and Campaigns Manager	Y	I have no interests to declare			28/10/2022		28/10/2022
Cooper-Squirrell, Mr. T	Finance Assistant	Y	I have no interests to declare			05/10/2022		05/10/2022
Cummings, Mrs. C	Training Hub Project Officer	Y	I have no interests to declare			13/10/2022	13/04/2023	13/10/2022
Daramola, Mrs. O	Head of Medicines Management	Y	Indirect interests	Supporting the development of the new EOE Pharmacy Foundation Training Programme , by the provision of teaching and support for pharmacy trainees and pharmacy training managers within SNEE ICB	To be declared when necessary	Oct-22		04/11/2022
Decroo, Mrs. V	Deputy COO	Y	Indirect interests	Husband is an employee of ESNEFT working as a technician on the Children's ward Uncle in law and cousin are a directors of Wiremek a company that bids for NHS electrical contracts	No further action necessary	10/10/2022	10/10/2023	10/10/2022
Dunkling, Mrs. C	Designated Nurse Safeguarding Children							
Ellis, Mr. K	Head of Contract Finance and BI	Y	I have no interests to declare			04/10/2022	04/10/2023	04/10/2022
Farrow, Mrs. H	Senior Executive Assistant	Y	I have no interests to declare			20/10/2022		20/10/2022
Fennell, Miss V	Workforce Programme Manager (50K Nursing)							
Game, Mr. Mark Trevor	Deputy Director of Finance	Y	Indirect interests	Spouse (Lucy Game) is Head of CHC (Operational Lead) for SNEE ICB.	To be declared when necessary	17/10/2022	16/04/2023	17/10/2022
Game, Mrs. L	Head of CHC - Operational Lead	Y	Indirect interests	My husband is Deputy Director of Finance for the ICB	To be declared when necessary	05/10/2022		05/10/2022
Garner, Miss S	Designated Nurse Safeguarding Children	Y	I have no interests to declare			21/10/2022		21/10/2022
Garnett, Miss J	Lead for Procurement	Y	I have no interests to declare			20/10/2022		20/10/2022
Gilhooly, Miss G	PALS Manager	Y	I have no interests to declare			04/10/2022		04/10/2022
Hardwick, Mrs. L	Head of Partnerships and Alliance Delivery	Y	I have no interests to declare			11/10/2022		11/10/2022
Hawkes, Mrs. V	Senior Contract Finance Accountant	Y	I have no interests to declare			04/10/2022		04/10/2022
Holt, Mr. R	Financial Accounts Manager	Y	I have no interests to declare			25/10/2022		25/10/2022
Hunt, Mr. M	IM&T Coordination Manager	N		Not for publication		27/07/2022	27/07/2023	27/07/2022
Isaacs, Miss S	EPIC Workforce Development Centre Business Lead	Y	I have no interests to declare			05/10/2022		05/10/2022
Jacobs, Mrs. M	Payments Officer	Y	I have no interests to declare			04/10/2022		04/10/2022
Jayatilleka, Mrs. T	Senior Finance Manager	Y	Indirect interests	Husband – Consultant Psychiatrist employed by EPUT	No further action necessary	20/10/2022		20/10/2022
Joyce, Mr. G	Associate Director of Transformation Children & Young People	Y	Indirect interests	My wife if the Associate Director of Nursing within the ICB	To be declared when necessary	26/10/2022		26/10/2022
Joyce, Mrs. L	Associate Director: C&YP MH							
Kerridge, Mrs. J	Senior Finance Business Partner	Y	I have no interests to declare			19/10/2022		19/10/2022

Kirkpatrick, Mrs. M	Head of Community Services Redesign	Y	I have no interests to declare			19/10/2022		19/10/2022
Mackenzie, Mrs. C	Head of Finance							
Martin, Mrs. K	CHC Process Officer	Y	I have no interests to declare			04/10/2022		04/10/2022
Moore, Mrs. W	Clinical Review Nurse	Y	I have no interests to declare			07/10/2022		07/10/2022
Morgan, Mr. S	Associate Director of Public Relations							
Morgan, Mrs. H	Management Accountant							
Morris, Ms. J	EA and Manager to Transformation Business Support Team	Y	I have no interests to declare			10/10/2022	10/04/2023	10/10/2022
Newbery, Miss V	Head of CHC - Clinical Lead	Y	I have no interests to declare			04/10/2022		04/10/2022
Osborne, Mrs. A	Contracts Manager	Y	I have no interests to declare			19/10/2022		19/10/2022
Pemberton, Miss C	Head of Primary Care (EAST)	Y	I have no interests to declare			25/10/2022		25/10/2022
Pomroy, Mr. S	Commissioning Support Officer	Y	I have no interests to declare			04/10/2022		04/10/2022
Portway, Mrs. S	Head of Primary Care Lead West	Y	I have no interests to declare			25/10/2022		25/10/2022
Procter, Mrs. C	Associate Director of Primary care	Y	I have no interests to declare			19/10/2022		19/10/2022
Rayment, Mr. G	Senior Case Manager							
Reynolds, Mr. J	Deputy Director of Performance and Contracts	Y	Indirect interests	My wife is an employee of Hope Church Ipswich and volunteers for Family First	No further action necessary	01/01/2010		19/10/2022
Reynolds, Mr. J	Deputy Director of Performance and Contracts	Y	Non-financial personal interests	I volunteer for Hope Church Ipswich and Christians Against Poverty (CAP) running a life skills course that is available via social prescribing. I also chair the CAP Debt Steering Group in Ipswich.	To be declared when necessary	01/11/2018		19/10/2022
Robinson, Mrs. S	Head of Planning and Delivery							
Saunders, Mrs. E	Performance Improvement Manager	Y	Indirect interests	Sister is employed at ESNEFT as a midwife.	To be declared when necessary	Apr-20		02/11/2022
Sawtell, Miss V	Deputy Director of Performance and Contracts	Y	Indirect interests	Close friend is Chief Operating Officer at GP Primary Choice Ltd	To be declared when necessary	May-22		25/10/2022
Scott, Mrs. W	Head of Quality MH & LD&A							
Seabrook, Miss E	Corporate Governance Officer	Y	I have no interests to declare			04/10/2022		04/10/2022
Seago, Mrs. R	Practice Support Manager	Y	Indirect interests	Husband is a consultant for Fellowship on non-digital branding projects.	No further action necessary	28/10/2022	31/10/2023	28/10/2022
Seward, Mr. G	Head of Workforce Transformation							
Staunton, Mr. E	Head of Planning and Delivery	Y	Indirect interests	Wife works for Macmillan	No further action necessary	21/10/2022		21/10/2022
Stearn, Mrs. V	Lead Clinical Review Nurse	Y	I have no interests to declare			06/10/2022		06/10/2022
Sutton, Miss F	Contracts Manager	Y	I have no interests to declare			18/10/2022	18/03/2023	18/10/2022
Taylor, Mrs. D	ICS Personal Health Budgets Delivery Advisor	Y	I have no interests to declare			20/10/2022		20/10/2022
Taylor, Mrs. J	Senior Estates Development Manager	Y	Indirect interests	I am a registered community first responder with the ambulance service	No further action necessary	10/10/2022	31/05/2024	10/10/2022
Taylor-Allum, Mrs. J	Senior Management Accountant	Y	Indirect interests	Brother works for Norfolk ICB as Digital Change Manager	To be declared when necessary	04/10/2022		04/10/2022
Thompson, Mr. J	Financial Accounts Manager	Y	Indirect interests	Spouse works for SCC - she often attends panel requesting funding from healthcare.	To be declared when necessary	06/10/2022		06/10/2022
Toner, Mrs. L	Head of Transformation - NEE Alliance	Y	I have no interests to declare			03/11/2022		03/11/2022
Trinder, Mrs. R	Finance Assistant	Y	I have no interests to declare			05/10/2022		05/10/2022
Troup, Mr. J	Head of Communications	Y	I have no interests to declare			20/10/2022		20/10/2022
Wadey, Mrs. L	Finance Assistant							
Ward, Miss E	IGPR Project Officer							
Watkins, Ms. C	Business and Finance Manager	Y	I have no interests to declare			05/10/2022		05/10/2022
Welham, Mrs. R	Lead Management Accountant	Y	I have no interests to declare			10/10/2022		10/10/2022
West, Mr. A	Head of Primary Care and Alliance Transformation							
West, Mrs. K	Clinical Priorities Manager	Y	Indirect interests	Married to Mr Anthony West, SNEE ICB Head of Transformation - Primary Care	To be declared when necessary	04/10/2022		04/10/2022
White, Mrs. J	Suffolk and North East Essex Training Hub Lead	Y	I have no interests to declare			27/07/2022		27/07/2022
Whitehorn, Mrs. N	IFR/Prior Approval Coordinator (Drugs and Devices)							
Willcox, Mrs. A	Head of Financial Accounting & Control							
Worger, Mrs. K	Corporate Services EA	Y	I have no interests to declare			04/08/2022		04/08/2022
Zeneli, Mrs. B	Transformation Lead	Y	I have no interests to declare			04/10/2022		04/10/2022



Colin Boakes - Independent Governance Advisor (on behalf of Amanda Lyes - Director of Workforce & People)
Review Date: 8/11/22

LOG OF DECLARATIONS				
Meeting Date	**Committee/Body**	**Individual**	**Declaration Made**	**Attendance Capacity**
01/07/2022	Remuneration and HR Committee	Chris Armitt Amanda Lyes	Chris Armitt and Amanda Lyes declared an interest in agenda item 05 (Approval of the Statutory and Non-Statutory Executive Directors Remuneration).	At the discretion of the Chair they were permitted to remain in the meeting.
26-Jul-22	ICB Board 'Private'	Steve Feast	Steve Feast declared a conflict of interest in the Newmarket Community Diagnostic Centre Business Case in so far as it related to the UEA in light of his role as Honorary Professor, University of East Anglia.	At the discretion of the Chair they were permitted to remain in the meeting.
01/08/2022	ICB Board Electronic Email Meeting	Will Pope - ICB Board, Chair Steve Clarke (Chair) - Non Executive, Finance and Audit Tanya Curry - Non Executive, People, Remuneration and Diversity Steve Feast - Non Executive, Quality and Safety	All declared interests as proposed members of the Audit and Remuneration and HR Committees	Quorum achieved for each decision without proposed members.
27-Sep-22	ICB Board	Stuart Keeble Peter Fairley	Stuart Keeble, Suffolk County Council and Peter Fairley, Essex Council both declared an interest in Agenda item 11 (SNEE Intelligence Function Development) as each County Council was bidding to be a provider. Peter Fairley also declared a general interest in agenda items as a local partnership member of Mid Essex Integrated Care Board.	At the discretion of the Chair they were permitted to remain in the meeting.
27-Sep-22	ICB Board	Nick Hulme	Nick Hulme, Provide Partner Member – Community declared an interest as Chair of the regional Cancer Alliance, and went on to emphasis the need to review risks such as cancer in order to ascertain the key issue which at present was that of late diagnosis.	At the discretion of the Chair they were permitted to remain in the meeting.
19/10/2022	ICB People Committee	Jo Cowley	Jo Cowley, ICB Personalised Care Manager declared an interest in agenda item (SNEE Personalised Care – Upskilling the Workforce) as a member of the team	At the discretion of the Chair they were permitted to remain in the meeting. Not a member of the Committee and no decision made

APPENDIX 2

Suffolk and North-East Essex Integrated Care Board - Hospitality and Gifts Register

No	Recipient/ Position	Date of Offer	If known, details of any previous offers made by the supplier:	Accepted/ Declined A/D	Reason for Accepting/ Declining	Details of Gift/Hospitality	Value	Supplier/Offerer	Reviewing Officer
ICB 01-22	L Hardwick	12/7/22	No	A		Attend National LGA awards at Grosvenor House London to support East Suffolk Councils shortlisted nominations: 1.Outstanding Individual Contribution 2.Health and Social Care Award Award ceremony – 3 course meal, wine and overnight stay in hotel	£300	Nick Khan, Strategic Director, East Suffolk Council	Amanda Lyes
ICB 02-22	L Hardwick	19/7/22	No	A		Attend Suffolk Dog Day on 31 July 2022	£30	Andrea Pittock. Suffolk Community Foundation	Amanda Lyes

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**22**
Reference No.	**ICB 22-40**
Date.	**22 November 2022**

Title	**Technical Amendments to the ICB Constitution**
Lead Director	Amanda Lyes – Director of Workforce and People
Author(s)	Colin Boakes – Independent Governance Advisor
Purpose	Endorsement of the technical amendments to the ICB Constitution previously approved by the Chair and Chief Executive.
Recommendation: Endorsement	

1. Background

1.1 Further to commencement of the Health and Care Act (2022) NHS England's legal team conducted a review of the model constitution that was published by them in May 2022 and identified several small technical amendments that need to be made.

1.2 NHS England indicated that these amendments needed to be agreed by the Chair & CEO by 30 September 2022 but endorsement by the Board did not need to happen by that date and could be deferred until a later meeting.

2. Key Issues

2.1 The technical amendments necessary are summarised as follows:

- **Section 1.4.7(f)**: Health and Care Act reference 'section 14Z44' corrected to read 'section 14Z45'

- **Section 3.2.4**: Reference to the 'sections 56A to 56K of the Scottish Bankruptcy Act 1985' replaced with 'Part 13 of the Bankruptcy (Scotland) Act 2016'.

- **Section 3.2.7**: 'A health care professional (within the meaning of section 14N of the 2006 Act)….'. First line updated to remove reference to section 14N of the 2006 Act and capital letters for 'Health Care Professional'. Line to read as follows 'A Health and Care Professional or other professional……..'.

- **Section 7.1.1**: Reference to 'paragraph 11(2)' amended to 'paragraph 12(2)'.

- **Appendix 1**: Definition of 'Health Care Professional' added to the table: 'An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.

2.2 NHS England were informed on 26 September 2022 that the amendments had been approved by the Chair & Chief Executive.

2.3 NHS England responded on 4 October 2022 that the amendments had been duly authorised and a copy of the revised version of the Constitution was thus immediately placed on ICBs web site.

3. Patient and Public Engagement

3.1 Not Applicable

4. Recommendation

4.1 The Board is requested to endorse the decision by the Chair and Chief Executive to approve the technical amendments to the ICB Constitution.

NHS
Suffolk and North East Essex
Integrated Care Board

ICB BOARD

Agenda Item No.	**23**
Reference No.	**ICB 22-41**
Date.	**22 November 2022**

Title	**Committee Minutes and Highlight Reports**
Lead Director	Amanda Lyes, Director of Corporate Services and System Infrastructure
Author(s)	Jo Mael, Corporate Governance Manager
Purpose	**Minutes and Highlight Reports:** ***To receive*** *minutes and highlight reports from the following ICB Sub Committees.* a) **Audit Committee** *The unconfirmed minutes of a meeting held on 26 September 2022* b) **Remuneration and HR Committee** *No part one meeting held since the previous ICB Board* c) **Quality Committee** *The minutes of a meeting held on 15 September 2022.* d) **Finance Committee –** *(none to present)* e) **People Committee** *The unconfirmed minutes from a meeting held on 19 October 2022* *f)* **People and Communities Committee** *Highlight report October 2022* *g)* **Estates Committee** *Highlight report October 2022* *h)* **Strategic Digital Investment and Assurance Board** *A summary of minutes of a meeting held on 1 September 2022.* i) **Procurement Committee** *(none to present)*

Recommendation:

To receive the minutes and highlight reports as attached to the report whilst noting that 'unconfirmed' minutes remain subject to change by the relevant Committee/Group.

NHS
Suffolk and North East Essex
Integrated Care Board

Meeting of the ICB Audit Committee held on Monday 26th September 2022 at 10.00

PRESENT:

Steve Clarke **(Chair)**	SC	Non-Executive, Finance and Audit
Tanya Curry	TC	Non - Executive, People, Remuneration and Diversity
Steve Feast	SF	Non - Executive, Quality and Safety

IN ATTENDANCE

Chris Chapman	CC	EPRR Manager
Chris Armitt	CA	Acting Director of Finance
Lisa Blake	LB	External Audit Partner, BDO
Colin Boakes	CB	Governance Advisor
Emily Bosley	EB	Financial Governance Lead
Nick Fanning	NF	Internal Audit Manager, RSM
Mark Game	MG	Deputy Director of Finance (Financial Reporting and Governance)
Mark Kidd	MK	Local Counter Fraud Specialist (LCFS)
Phanuel Mutumburi	PM	External Independent Member
Emma Seabrook (Minutes)	ES	Corporate Governance Officer

12.0 **WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting. Apologies were received from Amanda Lyes and Liz Wright.

13.0 **DECLARATIONS OF INTEREST**

The Committee noted the register of interests. There were no declarations in relation to the agenda items and the meeting was confirmed quorate.

14.0 **MINUTES OF THE PREVIOUS MEETING**

The minutes of 18th August 2022 were **agreed** as an accurate record.

15.0 **MATTERS ARISING AND REVIEW OF ACTION LOG**

It was suggested a front page accompanies future reports highlighting key points and the recommendation with hyperlinks to supportive papers.

15.1 The Committee received an update in relation to exit packages and were advised the audit team are awaiting a decision as to whether the exit package in question is considered a special severance payment. An update is anticipated following the October NHS England Audit Committee.

16.0 **INTERNAL AUDIT**

INTERNAL AUDIT PROGRESS REPORT

The Committee were presented with the schedule for the 2022/23 Internal Audit Plan noting the first review (Risk Management) commenced today.
For Ipswich and East Suffolk, West Suffolk and North East Essex CCG a total of 6 actions remain open, 4 management actions were flagged as outstanding past the original due date.

16.1 The NHS News Briefing included within the papers was presented for information. It was raised future papers will be more ICB specific.

16.2 The Committee were informed a payroll overpayment benchmarking exercise is being undertaken by RSM across the NHS. The Chair asked that the review looks at payroll errors and the speed of response and correction. **As this is a national exercise the Internal Audit Manager agreed to feed this into the working group.**
The Local Counter Fraud Specialist added the variation of pay will be covered as part of the exercise.

16.3 **It was agreed internal audit run some analytics on payroll data and present as part of the internal audit report for: Core HR Controls.**

16.4 There was a discussion around the risks financial and operational business activities present following the establishment of the ICB. It was raised the HMFA Sustainability Checklist forms part of the Internal Audit Plan focusing on the financial element and will commence this October. There is also a phase 1 and phase 2 audit on Governance to look at the wider governance of the ICB. It was added there is the opportunity to scope phase 2 of the Internal Audit Plan.

The Committee **noted** the report.

17.0 **COUNTER FRAUD**
LCFS PROGRESS REPORT
The report provided an update in respect of counter fraud work undertaken including the review of compliance against the NHSCFA requirements for the former CCGs, in line with the Government Functional Standard GovS013: Counter Fraud. The Counter Fraud Functional Standard Return (CFFSR) was submitted with an overall green rating.

17.1 The 21/22 national benchmarking report capturing reactive fraud investigative work undertaken was presented for information.

17.2 The Committee were informed Fraud and bribery training is currently being rolled out across the ICB.

17.3 23 intelligence bulletins and alerts have been issued and disseminated during the reporting period; the Finance team were thanked for their support to respond. It was flagged there is likely to be an increase in phishing emails and scams in the cost-of-living crisis.

17.4 It was asked how staff are being encouraged to be mindful of such scams whilst working remotely. It was reported alerts are sent to staff via the ICB newsletter. As part of international fraud awareness month in November it was suggested aids such as screensavers are used to highlight important messages to staff.

17.5 It was clarified there is routine two factor authentication throughout the organisation and any known scam emails are blocked by NHS digital. It was agreed any intelligence can be shared across partners via the ICS wide newsletter. The Local Counter Fraud Specialist confirmed attendance of training will be captured and reported at future meetings.

17.6 **REACTIVE BENCHMARKING REPORT**
The Reactive Benchmarking Reports were presented for information.

The Committee **noted** the LCFS Progress Report and Reactive Benchmarking Report.

18.0 **EXTERNAL AUDIT**
BRIEFING ON IMPLEMENTATION OF ISA315
The Committee were presented with a briefing note summarising the changes arising from ISA (UK) 315 Revised (June 2020), and the expected implications of this on the external audit approach. The Committee were referred to the indicative timeline which highlights key dates and activities.

The Committee **noted** the update.

19.0 **Q1 2022/23 CCG DRAFT ACCOUNTS AND ANNUAL REPORT**
April-June for initial review and comment
The Committee were presented with the latest version of the 3 CCGs' Annual Reports and Accounts for April to June 2022 which are subject to audit. It was highlighted materiality is significantly reduced for these audits due to the fact that expenditure (on which materiality is based) is much lower than in a full 12 month period.

19.1 It was raised in future a front sheet highlighting generic sections and differences would be helpful.

19.2 It was asked if there is any risk the organisation will not be able to meet the required timeframe for sign off. It was confirmed the team remain on track however there is the risk that the issuing of any late guidance or changes which is out of the ICBs control can impact on the timeframe.

The Committee **reviewed** and **noted** the annual reports and accounts for the 3 CCGs for April to June 2022.

20.0 **BOARD ASSURANCE FRAMEWORK (BAF)**
There was a request that the BAF is the first substantive agenda item at future meetings.

20.1 The Committee were presented with the current version of the BAF. It was reported that the design of the document requires some amendment in order to make it more succinct, easier to read and aligned; work has begun to view risks at system level. External Audit noted this will form a key part of the use of resources value for money assessment.

20.2 There was a discussion around the wider system assurance and the need for the BAF to highlight where the ownership and responsibility sits. The need for the document to be embedded into our processes and enable a clear throughput from the organisation was also raised. **It was agreed this would be picked up as part of the review.**
A shadow ICP and ICB assurance framework was encouraged as a next approach.

20.3 **It was flagged risks around organisational change and refugees are missing from the document, it was suggested that the risk around workforce is reviewed.**
It was clarified the content of the BAF document is reviewed by the Executive Management Team (EMT) on a monthly basis.

20.4 An updated design will be presented at the December meeting.

The Committee **reviewed** and **noted** the BAF document.

21.0 **EXTERNAL AUDIT TENDER**

It was reported the ICB is able to tender for new auditors during 22/23. There will be a procurement undertaken by further competition under a framework agreement. A paper is being taken to the next Board to appoint the Auditor Panel, who will review the procurement process and make a recommendation for appointment.

21.1 The Committee were informed that the market for External Audit services to the NHS is known to be difficult due to the competing forces of downward pressure on price and increases in costs and quality requirements.

The Committee **noted** the proposed tender.

22.0 **POLICIES/DOCUMENTS FOR APPROVAL**

ICB EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE CORE STANDARDS SELF-ASSESSMENT

22.1 The Committee were presented with the self-assessment against the EPRR standards. On 29th July NHS England wrote to all ICBs to initiate the annual assurance process against the Emergency Preparedness Resilience and Response (EPRR) Core Standards. This is the annual means in which NHSE are assured that NHS organisations are resilient.

22.2 This year the ICB is Substantially Compliant against the Core Standards with 43 out of 47 standards fully compliant and 3 partially compliant.

22.3 The three standards requiring additional work are:
Standard 13: Duty to maintain plans - New and Emerging Pandemics
Standard 30: Situation Reports
Standard 43: Information Sharing

The Committee **approved** the self-assessment score on behalf of the ICB for submission to NHS England.

23.0 **GOVERNANCE LOGS**
WAIVERS OF COMPETITIVE TENDERING

The Committee were presented with a report on the use of waivers. It was raised internal processes are being reviewed in line with the introduction of the new Procurement Regulations. Consideration of future presentation of the report was discussed to provide the assurance waivers have been appropriately signed off. It was reported work is taking place within the Contracts team to ensure contracts are reviewed in good time.

The Committee received and noted the report.

24.0 **SPONSORSHIP, HOSPITALITY AND GIFTS REGISTER**

Nothing to report.

25.0 **ANY OTHER BUSINESS**

Nothing declared.

26.0 **DATE AND TIME OF NEXT MEETING**

Thursday 15th December 2022, 10.00-12.00

NHS
Suffolk and
North East Essex
Integrated Care Board

Minutes of a meeting of the ICB Quality Committee held on 15 September 2022

PRESENT:

Steve Feast	Non-Executive, Quality and Safety (Chair)
Sarra Bargent	Ipswich and East Suffolk Alliance Representative
Jackie Bland	North East Essex Alliance Representative
Nettie Burns	Public Health, Suffolk County Council
Nichole Day	West Suffolk Alliance Representative
Samantha Glover	Healthwatch, Essex
Natalie Hammond	Essex Partnership University NHS Foundation Trust (EPUT) Representative
Dr Andrew Kelso	Medical Director
Lisa Nobes	Director of Nursing
Lynda Steele	Deputy Clinical Director (EEAST)
Rebecca Thompson	Practice Plus Group Representative
Giles Thorpe	East Suffolk and North Essex NHS Foundation Trust (ESNEFT)
Susan Wilkinson	West Suffolk NHS Foundation Trust (WSFT) Representative
Andy Yacoub	Healthwatch, Suffolk

IN ATTENDANCE:

Ganesh Baliah	ICS Strategic AHP Workforce Lead, Suffolk and North East Essex ICS
Tanya Curry	Non-Executive, People, Remuneration and Diversity (Observer)
Karen Egan	Associate Director Infection Prevention and Control
Jo Mael	Corporate Governance Manager (Minutes)
Stephen Woods	Patient Safety Manager

22/013 INTRODUCTION, APOLOGIES AND QUORACY

The Chair welcomed everyone to the meeting introductions were made and apologies for absence were noted from;

Sue Cook	Suffolk County Council (SCC) Representative
Melissa Dowdeswell	East of England Ambulance Service NHS Trust (EEAST)
Richard Cracknell	Asst Director of Public Health and Communities
Simon Froud	Essex County Council (ECC) Representative
Diane Hull	Norfolk and Suffolk NHS Foundation Trust (NSFT) Representative
Paul Molyneux	West Suffolk NHS Foundation Trust (WSFT) Representative

The meeting was noted as quorate.

22/014 DECLARATIONS OF INTEREST

No declarations of interest were received.

The Chair requested that those individuals that had not yet submitted declarations be sent a reminder.

22/015 MINUTES OF THE PREVIOUS MEETING

The Committee approved the minutes of the ICB Quality Committee meeting held on 14 July 2022 as a correct record.

22/016 MATTERS ARISING AND REVIEW OF ACTION LOG.

Having requested any items of other business, the following were notified and subsequently discussed;

A recent incident has highlighted the growing system risks associated with young people's mental health

The ESNEFT representative reported a risk and challenge to the system associated to children and young people that were presenting to the emergency department and then being held there without timely provision of a mental health assessment. There was a recent serious breakdown of communication that caused increased pressure on the acute system.

This highlights a pressing requirement for system partners to review management escalation processes which had been agreed in principle. More clarification was also being sought from user groups and providers and how senior staff and directors can best support colleagues.

The ongoing problems associated to accessing appropriate support for children and young people were acknowledged as a wider system issue. EPUT was looking at work associated to suicide rates amongst young people and the growth of self-harm incidents. There were gaps in capacity in all provision and this is a national issue. Relevant committee leads agreed to continue the discussions outside of the board meeting and to escalate as and when appropriate.

Quality Committee Development Session – 23 August 2022

The Chair gave a summary of the development session held on 23 August 2022. He reported that the steer from discussion on the day was that it was not the responsibility of the Quality Committee to manage risk reporting and actions at organisational levels of risk, but that its primary role is to assure that the system and its partners had adequate systems and processes in place to report, mitigate and act upon ongoing or emerging risks. At an operational level there is already significant assurance reported and scrutinised across partners. It was also agreed that there were always a smaller number of emerging or common risks that because of their system level impact need to be escalated to the Committee in order for report and dis cussed at the ICB Board and upon which the Committee at times would carry out some 'deep dive' work. There is an assumed and implicit trust that individual organisations were collecting and monitoring their own data and reporting to their own Boards. The developing Quality System Assurance Framework will help the committee achieve the system assurance role set out.

Members of the Quality Committee had indicated a desire to meet face to face at least twice a year although remote working was valued as it was more time efficient. There was intention that meetings would be structured so that people did not have to attend for the whole meeting if that was not necessary. A proforma for the report of key issues was welcomed.

Development of a Collaborative System Assurance Framework

It was felt that a timely discussion on the development of a collaborative system assurance framework would be helpful and that it would be challenging to operate in a way that did not delve into the detail and which supported the right culture and environment of openness and sharing of risks and quality/safety issues. Creating a supportive self-improving system.

The ICB Medical Director proposed an action be taken to seek to identify someone to commission to assist with the development work and in support of this an outline commissioning document has been drafted. It was hoped that the development of the framework will help further improve outcomes and quality and deliver an outcome based accountability approach with a culture focussed on high quality and safe outcomes. Key issues would be how to breakdown commissioner /provider behaviour and better understand problems and that the whole system performance was our business. Questions included the need to agree system sponsors and timescales.

Comments included;

- There was interest to get national drivers into the agenda national drivers such as the National Patient Safety Strategy. Infection, prevention and control, and safeguarding should be key areas of focus. There needs to be facility for escalation reporting in order to obtain confidence of resolution.
- Behaviours are important as the needed to develop a space in which everyone felt safe to highlight issues and seek to resolve them.
- There was a need to be mindful that there were services and teams within the system that were not health focussed, were on the boundaries of core services but never the less are important for system risk management and a with our many partners using a common language understood by all is key.
- There was concern at how collaborative assurance might be facilitated.
- Previously case studies had highlighted complex issues across a number of providers but had been seen through one provider's lens. There was now opportunity to look across organisations via the use of case studies.
- If there was desire to be joined up there should be a programme encompassing all as risks developing at different tangents could be brought together.

In summary it was reported that there was a need to be aware of national drivers and conscious of what was reported to the Board. Communications should be used to drive improvement and recognise the wider system. The use of case studies should be explored. Culture and behaviours was fundamental to development of assurance framework.

The Committee agreed commissioning of the collaborative system assurance framework work and the **ICB Medical Director agreed** to circulate information and suggest a date for further discussion.

The Chair asked that further thought be given as to how 'soft intelligence' and emerging issues be shared across members via the ICB in parallel with more formal reporting mechanisms.

There were no matters arising and the action log was reviewed and updated.

22/017 PARTNERSHIP UPDATES

The Committee was in receipt of updates from the following partners with comment in respect of each as per below:

a) Suffolk County Council (SCC)

Key issues reported:

In the absence of a representative from Suffolk County Council, the Director of Nursing reported that the request for information and bimonthly reports to the committee is challenging for local authorities as they do not routinely generate collated quality and safety reports reports that match to the committee schedule. Whilst there was no lack of desire to submit information further clarification on what was required was being sought. **The ICB**

Director of Nursing agreed to discuss the matter with Local Authority representatives outside of the meeting so it can be better determined how and at what frequency reports are shared.

b) Suffolk Public Health

Key issues reported:

- Procurement and commissioning capacity was a key risk.
- Refugees and their access to trauma was a key focus and resulted from language difficulties and them not being used to the system.
- The use of intelligence and how to connect through data systems was a risk as there was currently a lot of data that could be used and which would impact on quality but a shortage of capacity to turn that in to useful actionable intelligence.
- The impact of the cost of living crisis is a growing and critical issue for health outcomes.
- Emerging issues included the commissioning of smaller services such as drug and alcohol services and capacity to complete timely reviews of serious incident reporting and investigation.

c) Essex County Council (ECC)

As per item (a) above.

d) Essex Public Health – no report received

e) West Suffolk NHS Foundation Trust (WSFT)

Key issues reported:

- Workforce shortages and recruitment challenges remain a key priority and specifically for nursing assistants. Staff turnover was high due in part to the cost of living crisis meaning people leaving for higher paid roles and there is linked a need to look at the career progression for Band 2 staff.
- There was a slight increase in Covid infection and a further wave is predicted in October. Routine asymptomatic testing has ceased together as has the use of masks in all areas. The had been two outbreaks of C.difficile infection which had been challenging with regard to the placement of patients.
- The Trust had stepped down the maternity support programme. The recruitment of midwives remained challenging.
- The cost of living was affecting patients, with some end of life patients being concerned at the cost of using equipment they had been supplied with due to energy price rises.

f) East Suffolk and North Essex NHS Foundation Trust (ESNEFT)

Key issues reported:

- Covid numbers had decreased and the Trust had stopped asymptomatic testing and was opening up unrestrictive visiting from next week. There were environment concerns with regard to the management of other viruses and infections.
- Harm free care – the Trust was within standard variation and a quality improvement programme was in place.
- Focus was being retained on maternity and people's experience of the service. There was a lack of neo-natal capacity regionally which was not helped by a local high prevalence of twin births and late presentation. The need to incorporate maternity reporting into Sitrep reporting was emphasized.

The Chair requested that thought be given as to where the following cross committee and system level concern with regard to neo-natal capacity might be discussed prior toan updated verbal report back to the next meeting.

g) Norfolk and Suffolk NHS Foundation Trust (NSFT) – no report received.

h) Essex Partnership University NHS Trust (EPUT)

Key issues reported:

- Demand, flow and capacity were key issues related to the cost of living, population increase and the transition of children and young people into the adult space.
- Peri-natal reports – now achieving over target to 14% of birth population compared to national expectation of 10%.
- Workforce remained a key issue with key factors including fatigue from Covid, the availability of nurses which linked to shortage and high retirement rates. Mental health nurses were in demand due to transformation pressures and new roles created across the system. The job was also changing in complexity due to the risk tolerance surrounding mental health. There is a plan to look to more broader supportive roles in order to release expert clinical time.

i) East of England Ambulance Service NHS Trust (EEAST)

Key issues reported:

- Delays was the key issue for patient safety. There were continued delays re collection which impacted on staff morale and resilience.
- There was mismatch at times between who was doing what and who was focus of attention – and patients are deteriorating if left untreated when waiting outside hospitals
- Quality and safety – the Trust was working with system partners to resolve the situation. Development of an urgent and emergency care strategy was being explored.
- Significant system discussions with partners are already underway.

The Committee agreed that there was a lot of discussion already taking place across the system associated to ambulance delays with no specific action by the Committee required at present.

The Committee was informed that providers were also carrying out a lot of work to seek to resolve the issue which included work to reduce delays by community services and those experienced delays when fit for discharge that are having major impacts. There is an acknowledged need to come together with the support of the ICS and region to resolve this.

j) North East Essex Alliance

Key issues reported:

- Primary care – there were currently some areas of concern with assurance not at the level desired and some surgeries are being offered targeted support. Development of a quality assurance framework to help with managing risks was being pursued.
- Development and active membership of the Alliance Quality Group remains a key issue and how it might best engage with those doing work at the ‘coal face’.
- The rising suicide rate in Colchester and Tendring is an ongoing issue.
- High learning disability rates and known disparities in health inequalities are causing additional pressures.

The Chair requested that thought be given to the need and frequency of future Alliance reports given the different time scales and impacts of quality and safety actions and mitigations at a primary care system wide level.

The Chair advised that a number of key themes had been highlighted from the reports and methods for flagging those issues would be discussed further at a forthcoming debrief.

The Chair thanked members for their presentations.

The Committee noted the partnership updates.

22/018 QMS MAPPING – WHERE DO WE DO PLANNING, CONTROL, ASSURANCE AND IMPROVEMENT IN EACH PROVIDER/ALLIANCE?

The Director of Nursing explained that following discussion at the development session as to where the quality management function sat within organisations, the mapping exercise had been initiated in order to inform the Quality Strategy.

As a result the Committee was in receipt of QMS mapping information from various partners.

The ICB Medical Director reported that the ICB was keen to understand from partners where they mapped out quality management across the ICB in order to generate discussion. Having completed the exercise there was a need to identify any significant gaps or areas for closer work.

Comments included;

- It was felt that the template should not be difficult for organisations to populate and there was general agreement to provide the information.
- The Committee was informed that the Care Quality Commission had provided update on its system framework; and it might be helpful to seek to align some elements.
- As a core function of the Committee was to provide assurance it was felt the mapping exercise would be useful.
- Information provided would form part of the assurance framework and overall work plan.

The Committee noted the updates.

22/019 CLINICAL HARM REVIEW NARRATIVE AND DATA

The Committee was informed that the agenda item had come about from concerns raised with regard to seeking assurance that the system was reviewing and overseeing patients on waiting lists in respect of any potential clinical harm. As a result, providers had been asked to provide information as presented.

Provider representatives were asked whether it was felt the area of work required focus or whether there were already robust internal systems in place.

The Committee was informed that ESNEFT already had significant oversight of those on its waiting lists and a blue card system was in place for patients with chronic conditions. Patient initiated follow up was also in place. There were regular conversations and report via various internal meetings for oversight. Current focus was on 78 week waits as the Trust currently did not have anyone waiting 104 weeks. Discussions were also taking place with primary care in respect of referral pathways.

Similar monitoring processes were in place at WSFT and EPUT.

Having queried how collective assurance might be obtained with regard to clinical harm, it

was suggested that the conversation take place via the elective care programme board although subsequently highlighted that mental health nor primary care had representation at that board.

The ICB Medical Director and Director of Nursing agreed to consider assurance mechanisms and at what point further report to the Committee might be appropriate.

The Committee noted the report.

22/020 QUALITY DASHBOARD / TOOLKIT

The Medical Director reported that whilst an exercise was underway to produce a quality dashboard it was not progressing as well as anticipated. The Committee was informed that a report should be available for the next meeting.

22/021 SYSTEM QUALITY GROUP (SQG) HIGHLIGHT REPORT

The report provided an update on the work of the System Quality Group. Key issues for the Group were detailed in Section 2 of the report.

Comments included;

There was a need to be mindful of mental health pressures and children and young people crisis work to ensure those conversations were fed into the System Quality Group (SQG). It was anticipated that the SQG would morph into the driver for the system quality strategy although the need to avoid duplication was recognised.

It was highlighted that the report was to note and accepted that as there were a number of SQG members amongst the Committee membership any issues or themes raised at SQG would be communicated through to either this Committee or others such as the People Committee as and when appropriate.

Assurance was provided that issues requiring escalation would be reported.

The Committee noted the report.

22/022 PATIENT SAFETY UPDATE REPORT

The report sought to provide an update on key patient safety issues.

The report contained information and update on the Patient Safety Strategy and implementation of the Patient Safety Incident Response Framework. The report went on to provide an update on transition from the National Reporting Learning System (NRLS) to the Learning from Patient Safety Events (LFPSE) database.

The ICB patient safety team were scheduled to deliver a presentation on patient safety to the ICB board in October 2022, which would explain the patient safety strategy to the Board and provide a short update on progress. Board members would be asked to complete the NHS England Board training on patient safety as part of the national patient safety syllabus.

Comments included;

- As previously mentioned, the national patient safety strategy had been launched.
- Discussions continued with regard to the timescale for launch of the LFPSE as it had the sense of a large transformational piece.
- The ICB Medical Director advised of his intention to pursue establishment of three sub-committees with regard to patient safety, mortality and learning from death, and medicines safety.
- The Essex Partnership University NHS Foundation Trust (EPUT) Representative

extended an offer to the ICB Medical Director to link in with EPUT's Director of Patient Safety **and agreed** to provide contact details outside of the meeting.

- The Committee was informed that ESNEFT had had discussions with the national patient safety team with regard to maternity and how incidents should be investigated and managed. The form and function of the intended patient safety group was queried in light of other groups already in existence and the Committee was assured that an assessment of its value would take place prior to its instigation.

The Committee noted the report.

22/023 ICB CORE QUALITY SUB-GROUP UPDATES

Infection Prevention and Control Annual Report.

The Committee was in receipt of the Infection, Prevention and Control annual report. A supporting presentation detailed achievements areas of focus and proactive elements.

Going forward, whilst there remained much to do the IPC team had clearly defined strategies, work plans and an assurance framework in place. There were shared aims and aspirations with all providers to achieve reduction in HCAIs and improve quality standards. Monthly ICB IPC reports would evidence progress.

Comments included;

- Key challenges going forward included new and emerging infections
- There was a need to recognise the achievements of the IPC team over the past two years. Learning from the pandemic would help to shape things going forward.
- It was queried whether there might be appetite to use ICB networks to pursue collaborative infection prevention work. It was reported that there was appetite to move away from assurance to a network of learning and development. Quality improvement capacity and capability requires ongoing development as an asset for the system to help focus its attention in the emerging more traditional infection rates in providers and community settings.
- While work would return to focus on basics following the pandemic there should be opportunity to explore early intervention work.

The Committee noted the report and the **ICB Director of Nursing and Medical Director agreed** to consider the need for future updates and draft a letter to the IPC team from the Chair recognising its achievements.

22/024 ANY OTHER BUSINESS

No items of other business were received.

22/025 DATE OF NEXT MEETING

Thursday 10 November 2022 – 1400-1700

NHS
Suffolk and
North East Essex
Integrated Care Board

Meeting of the Integrated Care Board People Committee held on 19 October 2022 (via MS Teams)

PRESENT:

Ed Garratt	EG	ICB Chief Executive (Chair)
Ganesh Baliah	GB	ICS Strategic AHP Workforce Lead, Suffolk and North East Essex ICS
Marie Alexander	MA	ESNEFT
Alison Andreas	AA	Principal and Chief Executive, Colchester Institute
Jeanette Bray	JB	Suffolk County Council
Jessica Douglas	JD	Colchester Borough Council
Paul Driscoll-Evans	PDE	HEI Representative
Paul Duell	PD	Chair, East Anglia Pharmacy Local Professional Network
Dr Andrew Kelso	AK	Medical Director
Amanda Lyes	AL	Director of People and Workforce
Carol Magnus	CM	Tendring District Council
Jeremy Over	JO	WSFT HR Director

IN ATTENDANCE:

Dr David Cargill	DC	GP
Shahid Bashir	SB	ICB Equality, Diversity and Inclusion Lead
Lisa Booth	LB	ICB Practice Nurse Education Facilitator
Steve Colmer	SC	EEAST
Jo Cowley	JC	ICB Personalised Care Manager
Debs Crelly	DC	ICB Strategic Lead for Health Wellbeing and Retention
Sudeep Dhillon	SD	Pharmacist
Vic Fennell	VF	ICB Senior Workforce Programme Manager
Jo Lennox	JL	Digital & Workforce – ICS Programme Lead
Simon Morgan	SM	ICB Head of Communications
Deborah O'Hara	DO	ESNEFT
Robert Perrement	RP	ICB Project Support Officer
Saffron Rolph-Wills	SRW	HEE Workforce Transformation Manager
Graham Seward	GS	ICB Head of Workforce Transformation
Mark Smith	MS	Allied Health Professional
Giles Turner	GT	ICB Head of Workforce
Ayesha Tu Zahra	ATZ	Clinical Lead for Maternity, Primary Care Training Hub
Julie White	JW	ICB Primary Care Development Manager

ACTION

22/013 WELCOME, INTRODUCTION AND APOLOGIES

In the absence of the Chair, Ed Garratt, ICB Chief Executive welcomed everyone to the meeting and apologies for absence were noted from:

Tanya Curry, Non-Executive, People, Remuneration and Diversity, Chair
Lisa Nobes, Director of Nursing
Dr Mark Shenton, ICS Clinical Lead & ICS Integrated Care Academy Representative
Simon Prestney, Age Concern

22/014 MINUTES OF PREVIOUS MEETING, MATTERS ARISING AND REVIEW OF ACTION LOG

The minutes of the previous ICB People Committee meeting held on 10 August 2022 **were approved** as a correct record.

The action log was reviewed and updated.

22/015 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

Jo Cowley, ICB Personalised Care Manager declared an interest in agenda item (SNEE Personalised Care – Upskilling the Workforce) as a member of the team.

PERFORMANCE AND DELIVERY

22/016 SNEE WORKFORCE DATA AND INTELLIGENCE

The Committee received a presentation on workforce data and intelligence with key points highlighted being;

- The aim was to have up to the minute data that would invite sharing and facilitate a flexible, safe and developed workforce.
- Although there had been good overall progress in respect of recruitment, certain specialities required further input. The system was currently 299 nurses away from its target and the best performing within the region at present.
- Retention was key going forward and the presented information showed resignations due to work/live balance.
- Relocation data indicated that people were seeking development opportunities and care support workers, in particular, were returning to education and training.
- Turnover rates high but progress was being made.
- Benchmarking with regard to sickness/absence rates indicated that the current rate of 17.1% was high. Benchmarking had taken place with the five main providers, and it was intended that be extended to social care colleagues going forward. Acutes sickness/absence rates were under 20% absence for mental health with large areas being unknown and some minor illnesses. Since 2020, mental health issues had resulted in over 85,000 sickness/absence days in nursing alone. Further investigation was required. 50,000 days had been lost due to musculo-skeletal issues since 2020 and benchmarking against different employers would be carried out.
- It was important to use the data to answer questions in respect of work/life balance and retention.

Comments included;

Having queried next steps, the Committee was informed that a workshop on retention

was being planned for the New Year.

It was felt that the data was echoing what we knew already and, going forward, it was important to address the key issues and have investment in primary and secondary care. It was important to work with existing staff to retain trained staff within the east of England.

In response to questioning it was confirmed that the breakdown of demographic group information was available.

The need to obtain balance between recovery and staff wellbeing after Covid-19 was highlighted and it was recognised that a conversation was required with operational colleagues in respect of their wellbeing approach. It was important to build on work carried out in May 2021 with regard to health and recovery and plan to be in a position to take something to the ICB Board with an aim for roll-out across the ICS.

Workforce was everyone's issue and there was a need to ensure people were equipped with the skills to deal with the issue.

It was important to remember that some people really enjoyed their work and it would be helpful to share and celebrate good achievement.

The Committee noted the report.

STRATEGY

22/017 SNEE HEALTH AND WELLBEING INTERVENTIONS

The Committee was in receipt of a Health Wellbeing and Retention update which detailed feedback from a recent survey of staff across partner organisations and went on to outline learning from the feedback and next steps. Points highlighted included;

The Committee was reminded that following presentation of the outcome of the 2021 staff survey, which had indicated that morale and engagement had dropped, a Group had been tasked to respond to that information. As a result, focus groups, deep dive work and pulse surveys had taken place with each organisation establishing priorities and actions. There had been an aim to gain system understanding and share learning to level up support for all staff.

The medium term response had utilised a model from the Kings Fund regarding the use of data to meet core needs of autonomy, longing and contribution. ESNEFT was using pulse surveys, cultural audits and staff briefings and the ICB had Health and Wellbeing ambassadors, with WSFT having established a focus group and its 'what matters to you' campaign.

Flexible working was seen as important to achieve work/life balance. Retention was affected by the cost of living crisis and current focus had been on production of a resource pack for staff.

There was a large cohort of menopausal staff, with 78% having considered giving up their careers, reducing hours or changing jobs. Trained menopause advocates were now in place across the organisation.

With regard to belonging, organisations were working on culture and 'freedom to speak up' guardians.

It was important to ensure that everyone had a voice and work on Equality, Diversity and Inclusion (EDI) continued. Work had been initiated on a violence in the workplace campaign.

Contribution – people wanted to feel enthusiastic, and initiatives were in place to address to facilitate such as 'my job makes a difference' and leadership programmes.

Housing affected recruitment and attention and scoping work was underway with regard to the facilitation of key worker housing and the offer of 'home stay' to workers.

ESNEFT did not currently have occupational therapy or physiotherapy availability for staff and work was underway to fast track physiotherapy from January 2023. 104 GP practices also had access.

The aim had been to seek to address all elements of the staff survey people promises and audit of each organisation had demonstrated that initiatives and campaigns had been instigated across the elements.

In the long-term work would be carried out on the national health and wellbeing framework and diagnostic tool which now included financial wellbeing. Work was underway to support completion of the diagnostic tool and learn from other systems. There was an aim to create a long-term strategy for staff, students and volunteers across the system.

The team were congratulated on the variety and extent of their work.

It was queried how to minimise initiatives and maximise strategy. In response, it was reported that working with NHSE involved continual evaluation. Short term initiatives were of benefit and work would continue to link with staff and invite feedback through different forums and events. Work was also taking place with the University of Suffolk to ensure we are talking to the diverse nature of the workforce.

The Committee noted the report.

22/018 SNEE PHARMACY WORKFORCE STRATEGY

The presentation outlined a Pharmacy Workforce Strategy for 2022-2027 as developed by the Pharmacy Workforce Collaborative Group.

The presentation set out the purpose of the strategy, key issues impacting the pharmacy workforce, key risks to addressing the strategy, digital disruption and its impact, and the strategy's initiatives and outcomes together with a proposed delivery timeframe and recommendations and next steps.

Key points highlighted during discussion included;

The aim was to obtain system ownership and sign off of the Strategy to enable move forward to implementation. Another challenge was the need for some alignment of HR and finance as new models of employment were being sought.

Implementation was key and how the work was linked to data in order to measure impact of the Strategy. Pharmacy needed to be included in digital discussions to facilitate digital enablers for work. Educational reforms for pharmacies were expected going forward and a key issue was that newly graduated pharmacists would be independent prescribers.

It was suggested that conversations outside of the meeting with the University of Suffolk might be helpful as the University was committed to exploring a different type of school for pharmacy.

The Committee was informed that a System workforce workshop was scheduled to take place on 30 November 2022 with the aim to obtain system support to enable development of an implementation plan.

A digital workforce event was due to take place on 8 November 2022 and it would be helpful if pharmacy could be represented.

The Committee noted the report.

22/019 PRIMARY CARE WORKFORCE

The Committee was in receipt of a presentation from the Training Hub which provided an update on key workstreams. The Training Hub aimed to develop a workforce model which would provide a foundation for developing Primary Care Network (PCN) workforce plans.

The presentation provided information on the support being provided to practices in respect of recruitment and retention and education and training.

Comments included;

At present frontline staff felt demoralised and demotivated by the continuous negative rhetoric associated to primary care. Work was underway to explore what could be done to alter the current negative messaging and generate a feeling that staff were valued by the public and patients.

The positive transformation of the training hub from where it was previously was highlighted.

The Committee was informed that work was taking place to produce a communications plan to address the issue of retention and create a feel good factor within the workplace.

Having queried work on anti-racism education, it was reported that the Deanery and primary care school had a transition project set up to support graduates.

The system had two key roles, providing health and care for patients and training people to provide health and care. It currently invested 99% in the provision of health and care and 1% in training and there was a need to improve that situation by growing apprenticeships in teams and accommodating work experience students where feasible.

The need to ensure that nurses that were not ready to retire were put onto the reservist programme was highlighted.

The Committee was informed that the participation programme was being widened and work was underway to expand on the utilisation of apprenticeships and work experience, recruitment and retention.

The Committee noted the report.

PARTNER ENGAGEMENT

22/020 SNEE PERSONALISED CARE – UPSKILLING OF THE WORKFORCE

The Medical Director introduced a report which invited discussion with regard to staffing for the Personalised Care Programme, and how to best remove risks to the successful delivery of the Strategy by creating a permanent structure to support the delivery of personalised care.

Personalised Care was a key part of the NHS Long Term Plan which projected that up to 2.5 million people would benefit from Personalised Care by 2024, enabling the same

choice and control over their physical and mental health and wellbeing as they had in all other areas of their life.

The NHS Comprehensive Model of Personalised Care had been implemented across England with the ambition to increase personalised care to five million people by 2028/29.

The report went on to highlight key issues and the costs associated to development of a revised workforce structure.

Recommendations set out within the report were as follows:

1) That roles within the team structures were made permanent where those were currently fixed term or secondments.
2) That Programme Manager roles within NEE and Ipswich and East Suffolk Alliances were funded through the programme, releasing the budgets currently used to be returned to original purposes.
3) That the Committee supported further work to develop links with the Training Hub, and the potential for a champion role.
4) That the Committee supported further work to develop an apprenticeship role within the team.

Comments included;

Whilst discussing the recommendations it was recognised that the issue of fixed term contracts was complex and agreed that further discussion was required prior to return of the item at a later date.

As a result, the Committee noted the report.

PRIORITY AREAS

22/021 EQUALITY, DIVERSITY AND INCLUSION (EDI) SYSTEM PROGRAMME UPDATE

The update outlined an approach and key messages, went on to set out a proposed way forward, shared objectives and monitoring framework prior to seeking feedback.

Key points highlighted included;

The presentation was informative and highlighted the issue. It had potential to provide a good framework that would assist delivery of the EDI agenda at system level. There was value in coming together as a system and scaling up to make a difference.

Good leadership was required to drive the work forward, and if EDI was addressed it should improve patient care, there was also opportunity to use story telling in the work.

The importance of EDI training was emphasized and to facilitate mandatory training for all staff groups.

Consider was required as to how improved links with the digital team could be facilitated.

Next steps included the intention to obtain feedback from the presentation prior to scheduling a System workshop.

The Committee noted the report **and welcomed** progress of the work.

UPDATES AND ITEMS FOR INFORMATION

22/022 WORKFORCE TRANSFORMATION PROGRAMMES

The Committee received and noted the Workforce Transformation updates.

22/023 ANY OTHER BUSINESS

Inclusive Recruitment Project

The Committee was reminded that the issue had been presented at its previous meeting although there had been a lack of decision makers present. Since then feedback had been sought widely across the System with general support although there remained a few more organisations to obtain feedback from. The aim was to facilitate a desktop review and target newly qualified AHP professionals to develop evidence based methodology for use across the system.

EEAST was keen to be involved as well, and work continued to seek to share across the system and build the work into strategy going forward.

Further work included discussion with acutes and County Councils, together with obtaining a primary care viewpoint.

Digital, Data and Technology (DDAT) Workforce Day

A DDAT workforce day was scheduled to take place on 8 November 2022. The event would be held in person at the Holiday Inn, Ransomes Europark and would facilitate informed and inclusive conversation around digital data and technology to inform the DDAT strategy. Those invited included workforce, digital, transformation and operational leads.

22/024 DATE AND TIME OF NEXT MEETING

21 December 2022 – 1500-1700 hrs

NHS
Suffolk and North East Essex
Integrated Care Board

Title	**People and Communities Committee - - October Highlight Report**
Lead Director	Lisa Nobes, Director of Nursing
Author(s)	Sophie Martin

At the October meeting of the People and Communities Committee the focus was on peoples experience of the Cost of Living Crisis and how this may be impacting on their health and wellbeing.

1 Cost of Living Crisis

Significant amounts of work are being done at neighbourhood, place and system level to reduce the impact for individual. There are significant interventions being delivered to increase income, minimise debt and reduce expenditure. For many in dire poverty this will be making a significant contribution to their ability to manage. However there are many others who are making small life adjustments which are having an impact on their health and well being.

Direct Health impact

- Turning off pressure relieving mattresses – there are increasing numbers of people at home who are choosing to swift off their pressure relieving mattresses in a bid to save money. Consequently an increase in the number of pressure ulcers presenting is already being noted.
- Prescription refill – some people are choosing not to refill or collect their prescriptions due to the cost. In some cases support workers are stepping in to pay for those prescriptions but this is unsustainable.
- Attending outpatient appointments – The is increasing number of people not attending their outpatient appointments due to
- Rise is referrals and requests for assessment – there has been a noticeable rise in the numbers of people seeking DLA and other assessments associated with a benefits payment or increased funding. There is some concern that this may be due to people seeking to top up their income additional benefits payments.

Impact on workforce

- Care workers (and low paid workers) – there is increasing concerns for carers and those on the lowest wages are struggling to make ends meet. They are increasingly accessing support from foodbanks and community support.
- Volunteer numbers decreasing – As the reality of the financial crisis takes hold fewer people are coming forward to volunteer or make themselves available. This is either due to now being able to afford the spare time or the cost of volunteering is too great.

Widening inequalities

- Community Warm spaces – This is a fantastic initiative for many, however not accessible or inclusive of everyone. There is concern that people who are housebound or unable to access communal spaces are disadvantaged by this approach.
- Culturally appropriate food – The ability to source and pay for culturally appropriate food is more challenging and the price is increasingly significantly. It is also becoming increasingly difficult to source culturally appropriate food in food banks.

- Older people seem far more resistant to personal interventions and help, instead preferring to 'struggle on'. There is a fear that by adopting this approach they will put themselves at increased risk and in a far worse position later down the line.
  Wider determinants of health

- Accessing community groups – there are increasing reports of people beginning to stop attending local support/exercise/activity group to save money on the subs. The concern here is two fold, firstly the person is not accessing the friendship support, physical activity or meaningful occupation they might have. This puts them at increased risk of social isolation and deteriorating physical and mental health. However the impact is also on the wider community infrastructure. If community groups cease to meet because of decreasing membership it poses a risk to those organisations who rely on the income through rent or passing trade. The fabric of the community is under threat.

2 <u>Further Updates</u> –

Collaboration with communities on communications – Following early discussion about how we ensure reports, documents and public facing information are accessible, meaningful and written in plain English there was a discussion about whether a communication reading group should be set up. However instead of setting something new up the Group asked in the Engaged Communities Group, supported by Suffolk Public Health could be used for this purpose. The group were asked, and it was agreed that this would be an appropriate use for the meeting.

People and Communities Event - The People and Communities Committee discussed hosting a public event in December to reflect the changes which have occurred over the last 6 months across the NHS and wider system. With the implementation of new Health and Care Act our system has to work more collaboratively, and the opportunities to deliver real change are greater than ever before. We have agreed to plan an event for the public to discuss these changes, present the vision for the future and think about how we can work with them more effectively in the future.

The NHS Lead for Participation, Olivia Butterworth, has agreed to attend the event to open it and work with us for the day to develop our next steps. In the afternoon Ed Garrett, Andrew Kelso and the Alliances will also present.

The event being held at Ipswich Town Hall, Cornhill, Ipswich IP1 1DH

NHS
Suffolk and
North East Essex
Integrated Care Board

Title	**Estates Committee Highlight Report**
Lead Director	Paul Fenton, Director of Estates and Facilities - ESNEFT and Chair of the SNEE ICB Estates Committee
Author(s)	Corporate Governance Officer

1. Summary

1.1 The ICB Board is asked to note the decisions made by the ICB Estates Committee since its form in July 2022.

2. Key points to note

The Committee appointed John Lynch Suffolk LMC representative as the Vice Chair.

The Committee discussed and agreed next steps in relation to the Clacton Community Diagnostic Centre and options for car parking.

The Committee approved progression of the PID in relation to the relocation of Hawthorn Surgery as part of an Estate Regeneration Scheme led by Colchester Borough Council into a Community Hub noting the need for this to be taken to the NEE Alliance Committee.

SNEE is one of 11 ICSs across the country been put forward for phase 1 of the 'Estates Infrastructure Plan' (EIP) pilot and the only ICS within the EoE region; a first draft of the EIP will be required by the end of December 2022. The lead who will draft the document is yet to be established. Mott MacDonald have been assigned from the NHSEI National EFM Team to support the critical path of requirements however additional professional advisors support may be required by the ICS. An EIP subgroup will be set up to collate the information, meetings are likely to be held weekly to support the ask.

The Chair spoke of an emerging plan in relation to an Estates baseline assessment and or clinical strategy/future model of care for each of the three alliances which will feed into the overall ICB Estates Infrastructure Plan. The Chair confirmed that he, along with some members of the Committee are attending the NEE Alliance Estates Strategy Workshop on the 20th October 2022, with the work around the PCN estates strategies commencing soon in Suffolk.

The Committee received the quarterly update presentation from Andrew Urquhart, SNEE ICB Sustainability Lead regarding progress against the Net Zero Carbon reduction plan.

The Committee received update reports from the One Public Estate partners regarding progress on schemes within the Ipswich and East Suffolk, West Suffolk and Essex areas.

The Committee received reports from EEAST, EPUT, NSFT, ESNEFT, WSH, Ipswich and East, West Suffolk and North East Essex Alliance partners.

The Committee approved the revised Terms of Reference for the North East Essex Local Estates Forum. The document has been updated to reflect the forum reports directly into the ICB Estates Committee.

Suffolk & North East Essex ICS
Strategic Digital Investment and Assurance Board

Meeting held on Friday 1st September 2022 from 14.00 - 17.00

Britton Room, Endeavour House, Ipswich.

Summary of minutes taken

Ref:	Item
1	**Welcome & Introductions** A welcome address was provided by Ed Garrett Andrew Kelso was introduced to the meeting as the new Medical Director and CIO for the ICB Mark Gladwell and Sarah Stone both gave a brief description of their plans and aspirations. Peter Fairley (Director for Health and Social Care Integration ECC) joined virtually and outlined some things on the County Council agenda for Essex.
2	**Minutes, Actions & Matters Arising** Previous minutes were approved. Matters arising: None declared. **SDIAB Term of Reference** Members were happy to approve the Terms of Reference and will nominate deputies who have the authority to be in the room and contribute towards decisions. **SDIAB 220901-03. Declarations of interest**: Members and deputies of the group will be sent a declaration of interest form for completion, which will be collated as part of the ICB governance.
3	**22/23 Investments** Update of investment cases that have happened since the last meeting: **Virtual Wards:** Discussion and explanation of the match funding for next year which will need to be in the operational delivery plan and financial plan. The majority of funding is around the clinical time to monitor and run the virtual environments. **Digitising Social Care Records (Independent Providers):** The ambition is high for the current investment and a lot of activity will focus on smaller care homes with poor infrastructure. Expressions of interest will be circulated and will be looking at additional mobilization resources to help support the DSRC. Baselining is ongoing, after which investment routes to address vulnerabilities can be investigated. Will need to coordinate our Wi-Fi infrastructure connections and basic infrastructure in the smaller care homes. A reminder was given that we are committed to not widening inequalities and should prioritise our activities accordingly. **EPR / Minimum Digital Foundations (ESNEFT)**: Previously shared the strategic outline case. Ongoing programme of work to unify the EPR solution in both Ipswich, Colchester and our community inpatient sites. Working closely with WSFT as part of the EPR steering board, moving to an OBC stage and submitted funding request into

	the frontline digitisation levelling up piece. The OBC will be shared openly across the system and scheduled to have a discussion at the board to board on EPR with WSFT on 8.10.22. Post OBC will go out to tender formally with an award and FBC expected in March 2023 with implementation plan late 2024 early 2025. Will be doing some convergence work with WSFT and have put in the bid with a 50/50 match funding over a 5-year period. Some funding for capital reserves is available this year for organisations that need more than what was available in the core allocation - a prioritization exercise is underway at Region.The East of England has four priority organisations to support. There is an anticipate capital underspend nationally this year so there is an opportunity to put forward amounts of capital that can be match funded 50/50 and spent this year working towards meeting the criteria for the minimum digital foundation. If there are additional schemes to support that members asked to let SS know, who will put them forward to national. EPUT are looking at a joint EPR programme – discussions to be opened with ESNEFT for collaboration opportunities. **ROSI National investmen**t: Initial feedback has been positive. During the user acceptance test a problem was discovered which was felt to be a clinical risk so a pause was put in place. Now have a variety of solutions which will be implemented prior to the go live date. The relationship with the supplier has continued to improve. London have adopted the clinical app and common platform (not the patient / care app as yet), mobilised across London within 7 months. It is expected that SNEE (West Suffolk Alliance) will go live in quarter 3.
4	**Strategic Delivery Programme Update** JF provided an update around Smartsheet. Now focusing the dashboard more on the 8 pillars. Links to projects are still in place, listed in terms of status, ie. planning, implementation or in closure. The link to the dashboard will be shared along with user guides. Smartsheet is replacing the day-to-day inputting of templates, spreadsheets etc. and gives agility and usefulness, this will help to raise the transparency of all areas. Most things in the dashboard are in the delivery phase. When projects come to a close JL will work with people to do a post project review to establish the lessons to recycle to the next stage. SS it is key to align how we assure to make things easier.
5	**Post Project Reviews and Findings:** 8 projects approaching closure: 1. Digitising Pathology, 2. Provider Digitisation (NICS and Community Uplift), 3. Frontline Digitsation,

	4. HIE ShCr MSE Connection, 5. Digital Aspirant (Seed funding), 6. Digital Aspirant, 7. DFPC AccuRx, 8. Frontline digitisation Cyber NSFT. Following the ICS assurance process and doing post project evaluations. Working with the key stakeholders to get the benefits, lessons learnt and financial position of the projects. The findings will be presented to the DSI and SDIAB.
6	**DDaT Strategy (2022-25)** KW outlined the thinking behind the strategic delivery plan and the need to understand if the plan is affordable. KW went through the background and recent steps as a reminder. The DDaT strategy was agreed at the ICS board in June. Discussion is needed about how to build a successful operating model that allows us to work as one team. The strategy had to be built on existing investments. This is built on our successes and learning. The new strategy was needed because of the goals from the last strategy have been delivered and the ICB and changing governance. Nationally we were required to outline a 3-year strategic investment plan against What Good Looks Like. It is necessary to make sure our strategy and delivery plan is aligned to the national system. It was noted that it is a challenge to set a three-year investment plan set against the strategy without an assured investment profile and it is key to have an annual review of the operational delivery planning and the risk profile. Need to be overt in saying we will carry out an annual risk review. Reviewed the mission and goals, principles and values. The 8th pillar was added as all felt strongly that 'sustainable change' is something that needs to be tackled collectively, and in line with the national policy of Who Pays For What. Given the landscape, an adaptive programme approach is important. Have developed road maps with the vision outlining the journey etc and have held 'focus' sessions with a number of groups to help discover what individual organisations are focusing on. To support this the team have mapped all this information into a mind map to look at all the interdependencies. This has been done to plan the resource and confidence, the plan needs to be adaptable. KW outlined the priorities in the delivery plan. There was discussion about the risks of the primary care infrastructure and a need to look at cyber collaboratively which should be a focus for the next three months.
7	**DDaT Strategic Delivery Plan (22-25)** The DDaT SDP will be afforded with emergent and expected funding and an investment tool kit has been created. Slides available. DDaT is in transformation but needs to become part of the DNA of health and care. DDaT is unlike any other form of transformation, ultimately the delivery leads to a technology service that needs to be run as business as usual. Reviewed the slides to outline how to support Provider Collaboratives and deliver DDaT transformation to the system, then move onto BAU. Process and policy is needed to support delineation between the areas and ongoing review once in BAU.

	Outstanding action from the last meeting was lessons learnt from the HIE to HIE connection and the need to broaden the shared care records and care planning governance as well as the unified digital care governance, so have created a word and template version of the ToRs. Looking to form two delivery boards: 1. Shared Care Records & Personalisation (Car Planning) Delivery Optimisation Board 2. Digital Care Delivery Board. Looking to develop and approve the ToRs and to nominate people through to these groups – to be reviewed and discussed again at the next SDIAB. **Investment Profile.** Documents available in FNHS. All slides relate to a potential income that is still to be treasury approve but relates to the scale and magnitude of the programme and portfolio for our partners. Also slides related to organisations that provide services in SNEE but are not formally footed in SNEE, so for information awareness. The slides help individual organisations with the rules around match funding. KW drew members attention to some key slides. MM commented that we should major on the benefits realization and the return on the investment, to have a more global view. Extensive cost efficiency is delivered each year and should be showing the benefits. It is important to be totally open about our capital and investment schemes and as a system should discuss where best to spend the money, pay much more attention to our existing spend. Aligning our spend is getting better but there still seems to be a fear about sharing financial information. There was discussion if an MOU between all organisations would resolve this issue. It was agreed that the DOF's and digital leads all need to be discussing things together to show the same level of ambition and to align the organisations risk appetites. The information has been shared but there are a lot of red caveats, there will be change and adaptability so hope to maintain the trust and keep being transparent. AK asked if there were national examples of digital collaboratives that have resolved these problems. SS agreed to look into this but doesn't think there are any examples in the East but will look further afield. KW referred to some successes internationally, and how the East Accord model had been developed with that in mind LMc noted that the shared domain model is happening a lot around the country which is a level of sharing that needs clinical engagement across the organisation. Not sure that this is appropriate for us at this stage but it is a direction of travel.
8	**Prioritising Areas of Focus** Review of slides about sessions held covering the action leaning sets for developing our strategy. One of the key critical success factors in this programme is to enable these things to happen, whilst building and maintaining our trust between one another. Relationships are really important. Reviewed why trust is important. AK – Trust is identified as one of the key critical success factors for our digital collaborative. Invited discussion about what the other factors are that are important over and above trust. Points raised were: - The need to be transparent about what we are doing and how we can bring those into the sight of everyone else. - Making sure everyone is on the same level of understanding. - Need to have some blueprint principles one of which should be if you are providing services on behalf of the system it is not done to make a profit. - Need to have respect and appreciation of what the relative stakes are for each

	partner. - Being willing to be vulnerable and respecting each other's vulnerabilities and strengths. - Covid was a massive leveler and created the drive to go forward as an ICS but we now need a cultural shift. - One cultural shift is the change from knowledge is power to knowledge is currency, people hold on to knowledge because it makes them feel more important, whereas we need to share knowledge. - The NHS has undergone a lot of changes and there is a fear, larger organisations may be seen as a threat but some of the initiatives have helped this, ie. putting the lead for something in a smaller organisation. - There is a fear of going back to a fully shared service model, there are some services that work well as a shared service and others that do not due to their complexities. - Nervousness comes from what people don't know. - From a local government perspective respect and understand of the different systems is important, politics plays a big part and government funding is very different. - Sometimes we ascribe motivations to our partners that are not really there. - Sometimes we have to act differently due to other motivations. - Need to find shared interests. - During the covid response we were working together, helping each other, sharing ideas, barriers came down and we need to get back to that rather than going back to BAU and all the barriers. - Trust can be communal, if we know someone doesn't have a relationship or is new to an organisation we can help build trust around them, for them and with them as part of the work that we do, need to highlight positive rather than negative interactions and be aware of the motivational aspects which will help build better trust even if we don't have a direct connection with another organisation. - A barrier to trust is our appetite to risk and governance within organisations, social care and health work at different speeds which has proved to be a barrier and has prevented the trusting relationship developing as quickly as it could have done but this has also happened in organisations within health, it is within our gift and power to do something about this to ease these relationships. - The way we work at the moment works well and this should be continued, continue formal conversations, openness and transparency, the relationship there is with SNEE is mature with NHSe/i than other ICS's and this needs to continue. - ESNEFT is a good example of how collaboration works and can be beneficial to all partners. - People fear that by collaborating it might threaten their jobs. - We need to get better at how we communicate and who we communicate with. - Need to filter ideas down so people at a lower level are talking to peers in other organisations; organisations shouldn't feel threatened by amalgamation. **Priorities:** There was discussion about what we need to do to deliver the priorities (especially relating to development of Provider Collaboratives) and the points raised were: - Need to strike a balance, we need assurance but sometimes this loses the people relationships. - Need to encourage people to find their own connections across the system, and empower them to be strong. - Making formal structures may detract from that relationship. - Need to get the formality, decision rights and the relationship right. - Always need a formal structure but leadership is about facilitating those areas of work. - We need everyone to take a share of the facilitation and can't expect one organisation to take ownership of all the points.

	- Smaller organisations with not much resource could deliver a project, take on the coordination function bringing all system partners to help, that would be a good way to build trust across the system, this would require true collaboration. - Filtering information down to all the team is important, the elements need to be sited by all in the system and given time to be considered to get a bottom up approach, informal networks naturally flow and empower staff. - Leaders need to get the projects running within the time scale and allow the natural relationships to form and let the projects be delivered from below. - Something that shapes the way we work is the annual cycle of finances, if the strategic investment group or finance directors could do something to level out the pressure point that hits with annual cycles or anything that could allow continuity it would be helpful and remove a real barrier. - Some work done is not on the list ie. tenancies, an amazing enabling piece of work. KW outlined the information about the priorities, financial readiness/commitment, DDaT Readiness &/or commitment and things to consider.
9	**Agreed Actions & Next Steps** AK asked for KW's recommendations on how we move forward. KW suggested that collaborations are formalized, each with a small steering group with a digital lead from each lead organisation, someone from the PMO and someone from finance to enable rapid decision making in line with the strategic delivery plan, and to develop the wider stakeholder group to help with the trust and confidence. Important that the leads are empowered with the finances and guiding principles to make it happen. When there is money coming down to a lead organisation there should be a natural join of people and others willing to say they want to be involved, would like to add their skill and expertise even if they might not be able to lead they can be involved. Appendix A has been produced as an appendix to the SDIAB ToRs which is available for review showing responsibilities that might come as part of driving the delivery. An outline proposal to be considered particularly based on pressured being faced and using this board as an assurance to the success based on the critical success factors that have already been delivered. It was noted that the digital community don't celebrate the success we have had as much as we should. Should collaborate to celebrate success at every single level. It was felt that the real successes are when people start using services and you see the exponential growth in HIE. The real ask to everyone around the table is to go to their own boards and ask them about what they feel about leading and being part of some of these things. AK suggested that leads need to have discussions and come back with some clarity over these priorities at the next SDIAB, the ones that are most important and how they are going to work based on what we have discussed today. CB noted that the list seemed to be health dominated. Need to map what we are doing anyway within our organisations and how we are collaborating rather than saying which ones need programmes. Formalizing collaboration can be difficult. Some things on the list are happening and perhaps we should keep an eye on things and interreact at the right moment. MM suggested all members have discussions with their own boards about leading or being a participant in these areas, and part of the discussion has to be about the risk to the organisation, the boards need to be sited on this. AK said he was happy to take this in principle to the ICB board development session to follow on the discussions to get their thoughts and approval. Also suggested the PMO teams have discussions with organisations to get some clarity of the priorities, which are most important and how it is going to work, whether they will be led by one organisation or several and how it is going to be organized based on today's discussions.

	It was felt that a concerted effort has been made and we should continue to drive forward for the next 12 months. Need to give people space to discuss projects right through the structure which will help informal working.
12	**AOB** Meeting arrangements for 22/23: Dates set, need deputies to be nominated if members unable to attend. Minutes: need to be formally referred to the ICB from now on and will go in the public domain Federated Data Platform (FDP) and Secure Data Environments (SDE): Documents in FNHS - A slide deck is available that explains what a FDP and SDE for a non technical person. Data Protection Bill: there will be a second reading of this bill on 5.9.22. If this is successful next year it will give the NHS legal powers to address standards from suppliers.

Integrated Care Board - Attendance Log

Role	Name	01-Jul-22	Part 1 and 2 26-Jul-22	Via Email' 01-Aug-22	Part 1 and 2 27-Sep-22
Director of Finance	**Armitt Chris**	Yes	Yes	Yes	Yes
Partner Member Primary Care Essex	**Bhatti Freda**	Yes	No	Yes	Yes
Provider Partner Member - Acute	**Black Craig**	Yes	Yes	Yes	No
Non Executive, Finance and Audit	**Clarke Steve**	No	Yes	Yes	Yes
Partner Member Suffolk County Council	**Cook Sue**	No	Yes	Yes	No
Non Executive, People, Remuneration and Diversity	**Curry Tanya**	Yes	No	Yes	Yes
Non Executive, Quality and Safety	**Feast Steve**	Yes	Yes	Yes	Yes
Chief Executive	**Garratt Ed**	Yes	Yes	No	Yes
Partner Member Essex County Council	**Higgs Patrick**	No	P1 only (part)	Yes	No
Provider Partner Member - Community	**Hulme Nick**	Yes	No	Yes	Yes
Medical Director	**Kelso Andrew**	Yes	No	Yes	Yes
Director of Nursing	**Nobes Lisa**	Yes	Yes	Yes	Yes
Chair	**Pope Will**	Yes	Yes	Yes	Yes
Partner Member Primary Care Suffolk	**Rayner Nick**	Yes	Yes	No	Yes
Provider Partner Member - Mental Health	**Richardson Stuart**	No	Yes	Yes	No
Member VCSE Sector	**Alderson Kirsten**				
Deputies:					
Partner Member Essex County Council	**Fairley Peter**				Yes
Partner Member Suffolk County Council	**Keeble Stuart**				Yes
Provider Partner Member - Community (Deputy)	**Moloney Neill**		Yes		
Other Regular Attendees					
Director of Ipswich and East Suffolk Alliance	**Baker-Woods Maddie**	Yes	Yes		No
Director of Performance and Improvement	**Gibara Paul**	Yes	No		Yes
Integrated Care Partnership Director	**Howard Susannah**	No	Yes		Yes
Director of People and Workforce	**Lyes Amanda**	Yes	No		Yes
ICP Chair Suffolk	**Reid Andrew Cllr**	No	No		No
ICP Chair Essex	**Spence John Cllr**	Yes	No		No
Director of North East Essex Alliance	**Taylor-Green Laura**	Yes	No		Yes
Director of Strategy and Transformation	**Watson Richard**	Yes	Yes		Yes
Director of West Suffolk Alliance	**Wightman Peter**	Yes	Yes		Yes