

Interim ICS Partnership Board

DRAFT Minutes of the meeting of the meeting held on:

Thursday, 8 April 2021, via MS Teams

Part 1

Present:

- Rt Hon Patricia Hewitt (PH), Independent Chair, Norfolk and Waveney Health and Care Partnership
- Melanie Craig (MC), Chief Officer of NHS Norfolk and Waveney CCG, and Executive Lead of the Norfolk and Waveney Health and Care Partnership
- Dr Anoop Dhesi (ADh), Chair, NHS Norfolk and Waveney CCG
- David White (DW), Chair, Norfolk and Norwich University Hospitals NHS Foundation Trust
- Anna Davidson (ADa), Chair, James Paget University Hospitals NHS Foundation Trust
- Professor Steve Barnett (SB), Chair, Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Pip Coker (PC), Non-Executive Director, Norfolk and Suffolk NHS Foundation Trust
- Geraldine Broderick (GB), Chair, Norfolk Community Health and Care NHS Trust
- Tony Osmanski (TO), Chair, East Coast Community Healthcare CIC
- Cllr Bill Borrett (BB), Cabinet Member for Adult Social Care, Public Health and Prevention at Norfolk County Council, and Chairman of the Norfolk Health and Wellbeing Board
- Cllr John Fisher (JF), Cabinet Member for Children's Services at Norfolk County Council
- Cllr Tony Goldson (TG), Chair, Suffolk Health and Wellbeing Board
- Neville Hounsome (NH), Non-Executive Director, East of England Ambulance Service NHS Trust

In attendance:

- Karen Barker (KB), Associate Director of Corporate Affairs and ICS Development, NHS Norfolk and Waveney CCG
- Josie Spencer (JS), Chief Executive, Norfolk Community Health and Care NHS Trust (for item 6)
- Denise Smith (DS), Chief Operating Officer, Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (for item 6)

- Dr Bernard Brett (BBR), Consultant Gastroenterologist and Deputy Medical Director, Norfolk and Norwich University Hospitals NHS Foundation Trust (for item 8)
- Simon Hackwell (SH), Director of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust (for item 8)
- Mark Flynn (MF), Director of Finance / Deputy Chief Executive at the JPUH, and SRO for our estates programme (for item 9)
- Andrew Palmer (AP), Director of System Planning and Transformation, Norfolk and Waveney Health and Care Partnership
- Chris Williams (CW), Special Projects Manager, NHS Norfolk and Waveney CCG (minutes)

Item	Comments	Actions
1	Chair's introduction and welcome	
	<p>The Chair welcomed everyone to the inaugural meeting of the interim ICS Partnership Board.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • The Terms of Reference for the interim ICS Partnership Board were agreed. • It was agreed a deputy chair would be approved at the Board's next meeting. 	
2	Apologies for absence	
	<p>Apologies were received from:</p> <ul style="list-style-type: none"> • Marie Gabriel (MG), Chair, Norfolk and Suffolk NHS Foundation Trust • Dr Sean O'Kelly (SO'K), Regional Medical Director and Chief Clinical Information Officer, NHS East of England • Cllr Stuart Dark (SD), Norfolk County Council 	
3	Declarations of interest	
	<p>The Chair noted that declarations of interest would be kept up to date online.</p>	
4	ICS Chair's report	
	<p>The report was noted.</p>	
5	ICS Executive Lead's report	
	<p>MC introduced her report and noted that since it was written the national NHS planning guidance had been published.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • Is the system getting a good operational feed from EEAST? Yes, the system does. For example, the recent bank holiday 	

	<p>went well and was the result of lots of good planning and coordination across the system, including with the ambulance service.</p> <ul style="list-style-type: none"> • Paramedics are also now getting access to more clinical information which is enabling us to provide better care. 	
Main agenda		
6	System pressures	
	<p>JS and DS introduced the item by highlighting key points from the paper, including the need to balance the restoration of services with the health and wellbeing needs of the workforce.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • It is important we recognise the contribution and the pressure on all parts of our workforce, including private providers in the care market and council social care workers. The care market have really risen to the challenge, along with the VCSE sector and district councils too. It is paramount that we act as a system to address our workforce challenges, so that we don't recruit to one part of system at the expense of another. • It is positive to see discharge to assess and the impact it has had recognised. • Thank you for the report. I'd like us to hear more about the People Board and system approaches to progress being made, so that we can learn from each other and replicate good ideas within our individual organisations. • Clinical and patient engagement in the recovery of services is vital. The length of the waiting list is concerning. Clinicians in primary and secondary care need to work with patients to understand their needs and to ensure they are treated in order of clinical need. • We need to have an honest conversation with the public and patients about restoration and what can and can't be done. • Restoration of services shouldn't be about reverting to how services were before the pandemic, we have to build on what we have learnt. <p>Agreed:</p> <p>It was agreed that a report on the work programme and progress of the People Board would be brought to the June 2021 meeting of the interim ICS Partnership Board.</p>	
7	COVID-19 vaccination programme	
	<p>MC introduced the item, noting that the vaccination programme remains a significant piece of work with many colleagues from across the system involved. She added that the programme has been a real success, which is the result of strong partnership working, and that a focus of our work is to make sure that no-one is left behind.</p> <p>The report was noted.</p>	

8	System Clinical Strategy	
	<p>BBr introduced the item, noting that much of our five year plan remains valid, but that we need to reflect the impact of the pandemic on our health and care system, and in our planning for the future. He added there is a feeling of opportunity amongst staff to change how we work and to build on our collaboration and improvements in digital technology.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • It is important to note that this is a system strategy and there is a system team working on this. • Engagement is key to the success of our strategy. • It is right that we are not starting again, but building on our plans from before pandemic. We need to ensure that all our plans and our strategies fit together so that collectively they makes sense and work for all parts of the system. • The research we have commissioned is an opportunity to help us understand what success would feel like and how to make accessing health and care services feel different. • We should look again at the order the clinical priorities are listed in. • The implementation of the strategy will be important. We need to be systematic, to scale-up and industrialise those solutions that have worked well. • Our Clinical and Care Transformation Group provides good oversight and input into transformation planning, but we also need clinicians on the ground to be involved in their areas. • Our objectives for the work need to be SMART. • The work being done is to be commended and will form a vital part of our future arrangements. The initial drafts in early summer will take account of patient and clinical research. We are not waiting for strategy to be drafted before we do anything though, we are getting on with important pieces of work. • Managing the scope of the strategy is important. • It will be interesting to hear the findings of the research at our meeting in June. 	
9	Estates programme	
	<p>MF introduced the item.</p> <p>Comments and observations made during the discussion included:</p> <ul style="list-style-type: none"> • It is excellent that the James Paget University Hospitals NHS Foundation Trust was included in the hospital building programme. We share the aspirations and plans of the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust for a new build and for them to be included in next round of the hospital building programme. 	

Public questions and any other business

10	Questions from the public	
	<p>The following questions were submitted in advance of the meeting:</p> <p>Question 1: What do the ICS and provider collaborative developments mean for the future of our acute hospitals in Norfolk? Will this mean one hospital board? Reducing services in the smaller hospitals?</p> <p>Question 2: How will the views of patients be considered before any potential service changes or patient pathway changes between hospitals?</p> <p>Question 3: Is getting QEH a new hospital one of the ICS's priorities?</p> <p>The Chair noted that these topics had been discussed during the course of the meeting and that full written responses would be added to the partnership's website.</p> <p>The following questions were asked at the meeting:</p> <p>Question 1: Do you foresee any role for governors in this forum? About half of governors are elected by the public and they play an important role in organisations.</p> <p>The Chair recognised that governors do play an important role in their organisations and will continue to do so under the new legislation. She added that we will look to engage governors in the work of our Integrated Care System.</p> <p>Question 2: I strongly support the previous point, it would be remiss to not tap into the knowledge and experience of governors. It's important that we brief governors well and engage them in designing system architecture.</p> <p>MC noted that this is an important area that we'll need to give consideration to. She added that once the health and care bill is published and when we have more detailed guidance, we will have a clearer idea of what is expected.</p> <p>TO noted that in the past we've brought together non-executive directors and governors from across the partnership to engage them in the development of our Integrated Care System, and that this is something we could look to do again.</p> <p>The Chair commented that leadership at every level in our system is important.</p> <p>Question 3: I am pleased that Waveney has not been forgotten. It is important that the partnership doesn't forget about district councillors. They have a good knowledge of what local people think and feel.</p>	

	The Chair recognised that councillors do have real insight and a deep understanding of the areas that they represent, and that it is important we use this alongside the data we have to build a complete picture of our communities.	
11	Any other business	
	No other business was raised.	
Meeting finished at 12.11pm		
Date, time and venue of next meeting: Thursday, 10 June 2021, 1.30 to 3.30pm, via MS Teams		
Any queries or items for the next agenda please contact: nwccg.communications@nhs.net .		

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