



GOVERNING BODY

Agenda Item No.	08
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Title	Ipswich and East Suffolk Alliance
Lead Chief Officer	Maddie Baker-Woods, Chief Operating Officer
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Purpose	<ul style="list-style-type: none"> To provide an update of progress against delivery of the strategy To seek approval of the overarching governance framework To set out the Alliance's approach to risk management and currently listed core risks To describe the priorities for action for 2019/20

Applicable CCG Clinical Priorities:

1.	To promote self care	X
2.	To ensure high quality local services where possible	X
3.	To improve the health of those most in need	X
4.	To improve health & educational attainment for children & young people	X
5.	To improve access to mental health services	X
6.	To improve outcomes for patients with diabetes to above national averages	X
7.	To improve care for frail elderly individuals	X
8.	To allow patients to die with dignity & compassion & to choose their place of death	X
9.	To ensure that the CCG operates within agreed budgets	X

Action required by Governing Body:

- To consider progress in delivery of the Ipswich and East Suffolk Alliance Strategy and priorities for action
- To approve the core elements of the governance framework

1. **Background**

- 1.1 In 2018, the Governing Body, alongside all other partners, approved the Ipswich and East Suffolk Alliance Strategy 2018-2023.

The purpose of this paper is to:

- Provide a progress report
- Seek approval of the core elements of the governance framework
- Describe the priorities for action for 2019/20

The Alliance's vision is that '*Ipswich and East Suffolk is a place of strong communities in which everyone is able to stay well, take control of their mental and physical health and well-being and, when support is needed, receive integrated health and care services.*'

Our Alliance's mission is '*to work seamlessly together with you*'.

- 1.2 Our Alliance has core values of: **C**ollaboration – **C**reativity - **C**o-ordination – **C**ommunity-focus – **C**reating One Team with **C**o-production – **C**ost effectiveness

- 1.3 The Alliance Board members are:

- East Suffolk and North East Essex NHS Foundation Trust (ESNEFT)
- Suffolk County Council (SCC)
- Norfolk and Suffolk NHS Foundation Trust (NSFT)
- Suffolk GP Federation of which all Ipswich and East Suffolk GP practices are members
- Our district and borough councils represented by Mid Suffolk and Babergh Councils
- Suffolk Family Carers representing wider voluntary sector partners

- 1.4 Our Alliance has eight core objectives:

1. To help people to prevent ill health and manage their own care
2. To deliver planned responsive, joined up health and care services
3. To deliver innovative solutions supported by technological and digital infrastructure
4. To provide services as close to people's homes, as possible
5. To create One Team to facilitate the best holistic care and to retain and attract the best talent
6. To reduce duplication and waste
7. To move resources from acute to community and home settings
8. To develop a vibrant, sustainable Alliance between providers and with commissioners

- 1.5 Three sets of actions were agreed to deliver the agreed objectives.

- **Transforming Services** including: Joined up care; Planned care; Mental health and Learning Disabilities; Cancer; Children and young people; Primary care, Maternity; and End of Life
- **Connecting Actions** including: Enabling you to stay well; Joining up in communities; Creating One Team; Changing how we invest; Reducing inequalities; and Planning long-term.
- **STP-wide Enabling Actions** including: Alliance development; Workforce; Digital; Estates; Communication and engagement

2. Progress in Strategy Delivery

2.1 The Strategy included a set of key milestones for Year One. The progress against these and others, within our Delivery Plan, is summarised below. At the centre of each action is how organisations can better work together to deliver our vision.

Our patient and partner story today will describe one very real example of how joined up working between a voluntary sector organisation, Lofty Heights, ESNEFT and wider community colleagues can enable someone to return safely and happily home from hospital.

2.2 An overarching assessment of progress is that:

- The **working relationships between partners are positive**; The Alliance has sustained an ethos of collaborative working through the usual annual rigour of year-end, future budget, contract planning, governance development as well as challenging service issues. There is a strong culture of 'learning by doing' and of continuous improvement.
- **All actions are being progressed; however there is differential pace** between programmes of work, determined by staff capacity, appropriate levels of co-production, national requirements and funding. There is a healthy drive to progress further and faster, whilst respecting the need for shared development and decision making.
- Further work is required and underway to establish **locality and Alliance-wide outcome baselines** and targets, in addition to outputs and Key Performance Indicators.

2.3 Particular progress over the last 12-months is summarised as follows:

1. The new Integrated Urgent Care service is now operational
2. The mental health and wellbeing strategy is agreed and implementation planning is progressing at pace (as detailed in a separate paper and highlighting the simultaneous focus required on immediate quality improvements)
3. An Alliance wide, multi-partner resourced Social Prescribing Strategy has been agreed with leadership for delivery by four voluntary sector organisations: the Citizen's Advice Bureau, Suffolk Family Carers, Access Community Trust and the Shaw Trust for each locality. Implementation has already begun in Ipswich and earlier pilots have been extended in the Leiston and Shotley Peninsula areas. A number of wider social prescribing partnerships have been established with organisations including Park Run, Snape Maltings, ITFC and the Museum of East Anglian Daily Life
4. Joint financial planning has progressed, with examples including:
 - NHS financial control totals were met through joint working and negotiation, enabling additional national funds to be granted.
 - Devolution of Transformation Fund assessment to an Alliance wide group in 2018 enabled a set of system-wide priorities and innovative of working ways to meet our objectives to be further progressed. A shared approach to decision making for this year, is detailed in a separate paper
 - Match funding between Local Authorities and NHS partners has progressed for prevention, out of hospital care and social prescribing programmes.This provides a firm foundation for a further forward collective financial planning
5. Each of the eight Integrated Neighbourhood Team localities has a social care lead, a community lead (three of whom are joint posts with further planned), aligned GP surgeries, social prescribing partner organisation and CCG aligned support. Co-location of community and social care teams is also progressing. The current teams have been meeting to agree their priorities for action, with three plans now submitted. There is a clear set of actions to progress the next steps.

6. There has been a significant improvement in LD healthchecks through partnership working between practices and NSFT LD nurses, working now to a higher than national Ambition Dementia diagnosis rates have been sustained
7. The development of 'One Team' has further progressed as noted above and also including: multi-partner posts of a Director of Social and Community Care and local managers; joint Children's Service appointments; shared District Council and CCG posts; joint CCG and ESNEFT Transformation Programme posts; and through One Clinical Community medical and nursing leadership development.
8. The ICS has awarded £748,000 grant funding to Suffolk Community Foundation for our Alliance area to develop and enable voluntary, community and social enterprise bodies (VCSE) to provide services in our localities, focused on two Higher Ambitions of reducing loneliness and reducing the burden of deprivation. Micro grants of up to £1000, medium sized grants of up to £50,000 and partnership projects of up to £70,000 will enable entrepreneurial individuals and organisations to bid. Alliance partners, specifically including our district, borough and public health colleagues, with particular expertise in community work will be involved in assessing the bids.
9. Public Health colleagues are now developing a detailed locality profile for each Integrated Neighbourhood Team. Each profile will draw on a diverse set of data including locality demography, population projects, deprivation (new Indices are scheduled to be published in September), prevalence of key conditions and service performance. INT Core Leadership Teams will be supported in understanding the data. This will complement local knowledge and help progress agreement of priorities for action.
10. An organisational development stocktake has been completed and actions to progress along the maturity matrix are underway, however, a full development plan is still required.

3. Strategic Risks

- 3.1 The Alliance has adopted the CCG framework for recording risk in delivering our strategy together with associated leadership for mitigation and management plans. Some of the risks are those recorded in the CCG's GBAF but some specific to individual organisations have been excluded and others, as related to the wider partnership, have been added. The core risks are currently listed as follows:

1. Capacity of GP services
2. Securing NSFT quality and performance
3. Delivery of safe, emergency care services (including and beyond the 4-hour A&E target and Ambulance times)
4. Meeting the needs of children with Special Educational Needs
5. Cyber security and the integration of digital systems
6. Brexit
7. Prevention, timely treatment and recovery of cancer
8. Meeting system financial control targets

The assessment and management of risk will continue to evolve.

4. Progress in Development of the Governance Framework

- 4.1 Over the last four months, Ipswich and East Suffolk Alliance, in parallel with colleagues in West Suffolk and NE Essex, has been developing its governance framework. The key tenets of this area as follows:

- The functions of the Alliance as set out ICS Stage Two governance framework
- A small Executive Board of the most senior decision makers, with a rotational chair
- Two key Committees, one on financial performance and the other, on quality.

- A set of wider transformation sub-groups continue focused on our programmes of work. Some will be Ipswich and East specific e.g. for INT development; some will be Suffolk-wide e.g. for children's services and mental health and wellbeing services; and some will be ICS wide e.g. for cancer and stroke.
- The Board, Committees and Sub-Groups to be supported by an Executive Delivery Group, focused on reviewing progress against plans and 'unblocking' barriers.
- A Joint Clinical and Practitioner Council (name to be confirmed) to be established to ensure that the voice of all staff is heard in the development and review of all plans i.e. beyond engagement in single plans or a locality.

The full governance plan will be presented for approval in July alongside ICS plans.

5. Priorities for Action in 2019/20

5.1 Priorities for accelerated action over the next 12-months are:

1. Further development and delivery of mental health and wellbeing plans for adults and children, in line with agreed strategy
2. Finalising, through co-production, our shared End of Life strategy
3. Localising ICS workforce plans with creation of a Local Workforce Action Group with twin-tracks of individual professional development, recruitment and retention and progressing creation of 'One Team'
4. Growing jointly owned and delivered prevention plans with associated investment
5. Maximising opportunities for integrated working and financial management through joint estates planning
6. Developing and implementing an Alliance communication strategy for staff and the public
7. Building on individual initiatives and investments, to create an holistic plan to reduce health inequalities
8. Refreshing our primary care strategy to include support for the growth of Primary Care Networks and creating Core Leadership Teams to drive forward Integrated Neighbourhood Team planning and delivery, using the Public Health supported data packs, noted above
9. Meeting national NHS Constitutional Standards, further quantifying Alliance-wide and locality outcomes, and continuously improving individuals' and families' experience of joined up care
10. Securing system-financial balance

6. Patient and Public Engagement

6.1 The Alliance is committed to co-production, involvement, engagement and communication as appropriate to the whole and each element of its strategy. The original objectives of the Alliance were founded on the learning from the Suffolk Health and Care Review with wide public engagement, led by Healthwatch. Major transformation programmes are led by co-production. There is further work to do to progress co-production, involvement and engagement in our localities in particular but we are well -placed to do this in partnership with our local district, borough, voluntary and community sector colleagues. Our 'One Team' approach and priorities is supporting staff development and involvement in progressing the scope and delivery of core programmes of work. As set out in section 5.0 above, further work is required to develop and implement and staff and public communication strategy to share the difference which Alliance working has made to individuals, families and staff's working lives and to inspire the next stage in our growth and delivery.

7. Recommendations

7.1 The Governing Body is invited to:

- Discuss and note progress over the last 120-months
- Approve the following core elements of the governance framework: (1) An Executive Board with rotating chair; (2) a Financial Performance Committee; (3) an Integrated Quality Committee; a Clinical and Practitioner Council; and (4) An Executive (operational) Delivery Group
- Note the Alliance's current registered risks
- Note the priorities for action for the next 12-months