




Board meeting in public

Report title:	Collaboration and integrated working update
Agenda item:	
Date of the meeting:	21 st July 2023
Sponsor/executive lead:	Nicola Cottington, chief operating officer
Report prepared by:	Nicola Cottington, chief operating officer Kevin McGuinness, associate director of community adult services Nic Smith-Howell, associate director of community children's services Moira Welham, associate director of operations, surgery, and anaesthetics

Purpose of the report:			
For approval <input type="checkbox"/>	For assurance <input type="checkbox"/>	For discussion <input type="checkbox"/>	For information <input checked="" type="checkbox"/>
Trust strategy ambitions			
Please indicate Trust strategy ambitions relevant to this report.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Executive summary:	<p>In the context of finite resources, increasing demand and health inequalities, it is imperative for organisations to collaborate with partners, where this creates improved outcomes for patients and the population. This is supported by NHS strategy and policy, including the West Suffolk Foundation Trust (WSFT) strategy 2021-2026.</p> <p>This paper provides an update of areas of collaborative activity and ongoing plans to further this, including imaging and diagnostic networks, provider collaboration and joint working across health and social care. It demonstrates the scale of collaboration and integration within services, much of which is led by those closest to service users.</p> <p>Some drawbacks and barriers to collaboration are recognised alongside the benefits. The board have a key role in leading strategy towards collaboration and integration, and creating a supportive culture for this to flourish.</p>		
Action required/recommendation:	The Board is asked to note the update and is asked to take an active role in nurturing system relationships and structures to support the collaborative activity.		

Previously considered by:	N/A
Risk and assurance:	Working collaboratively provides opportunities to address critical risks together, at a larger scale. There is relevance to all risks on the Board Assurance Framework.
Equality, diversity and inclusion:	Working across the Integrated Care System (ICS) and region to pool resources and knowledge enables organisations and systems to address health inequalities more effectively.
Sustainability:	Working together to ensure the most efficient and effective use of our collective resources contributes to a more sustainable health and care system
Legal and regulatory context:	The Trust is a legal entity and subject to the regulatory framework; the collaboration set out in this paper does not undermine those responsibilities.

Collaboration and integration update	
1.	Introduction
1.1	<p>This paper provides an update on areas of collaborative activity and examples of integrated working for the benefit of patients and the population. It is not an exhaustive list but provides a summary and demonstrates the culture of collaboration that will underpin future improvements. It also highlights some of the challenges of collaboration.</p> <p>To note, more detailed updates on the ICB and West Suffolk Alliance are provided elsewhere on the board agenda and are not duplicated in this paper.</p>
2.	Background
2.1	<p>NHS England has set the expectation that healthcare organisations collaborate to improve outcomes for the people we serve. This is demonstrated in the requirements for regional imaging and pathology networks in the NHS Long Term Plan (2019) and the establishment of Integrated Care Boards in 2022. The 2021 guidance, Working Together At Scale, created a requirement for all NHS providers to be part of one or more provider collaboratives by April 2022. The 2022 Health and Care Act removed the requirement for competition between providers and the need for collaboration was further reinforced in the 2023-24 NHS planning guidance.</p> <p>Locally, the five-year Joint Forward Plan (JFP) for SNEE is explicit about the need for organisations to collaborate to deliver the outcomes of the Live Well domains, and the WSFT strategy (2021-26) highlights the Trust’s position as an anchor institution within West Suffolk Alliance.</p>
3.	Collaboration at regional, system and place level
3.1	<p>East Coast Pathology Network (ECPN)</p> <p>ECPN brings together WSFT, ESNEFT and the Eastern Pathology Alliance. The network has been established for over a year and has embedded governance and leadership arrangements. The Senior Responsible Officer (SRO) role has recently transitioned from Neill Moloney, managing director at ESNEFT to Nicola Cottington, chief operating officer at WSFT, following Neill’s secondment.</p> <p>Domain groups have been established comprising of staff from across the network, and each report into a steering group for scrutiny of progress.</p> <p>Key achievements to date include:</p>

	<ul style="list-style-type: none"> • Programme of offsite network workshops for staff, sharing good practice from elsewhere and enabling staff to contribute to the direction of the network • Co-produced strategy, vision, mission, and values • Agreed network operating model and procurement principles • Review of external contracts across the network to align and gain efficiencies <p>Forward plans include:</p> <ul style="list-style-type: none"> • Production of a single contract register • Integration/interoperability of Laboratory Information Management System (LIMS) • Leadership development course co-designed with Trust training leads <p>Using the national pathology network maturity matrix, the network is on track to achieve “developing” status by December 2023, with steady progress towards “mature” status. This assessment has been validated by NHSE.</p>
3.2	<p>Eastern Diagnostic Imaging Network (EDIN)</p> <p>The NHS Long Term Plan (2019) committed the NHS to establishing imaging networks across England by 2023. West Suffolk Foundation Trust (WSFT) is part of EDIN, which encompasses seven other Trusts within the East of England.</p> <p>The constituent Trusts have signed a Memorandum of Understanding (MOU) and the EDIN five-year strategy is currently progressing through each Trust’s governance arrangements for sign off.</p> <p>The network is in the early stages of maturity, and it has taken time to establish effective links between WSFT and the network. The focus to date has been on procurement using the Digital Diagnostic Capability (DDC). Appointments have now been made to all core network leadership roles and the network is gaining pace in establishing its governance structures and engagement.</p>
3.3	<p>Provider collaboration with ESNEFT</p> <p>The Boards of both Trusts agreed a shared vision and principles for collaboration in November 2022, and in March 2023 supported progression to a more formalised governance structure, supported by a collaborative transformation team.</p> <p>To date, areas of collaboration between the Trusts have included:</p> <ul style="list-style-type: none"> • Effective mutual aid between WSFT and ESNEFT in elective care services including orthopaedics, urology, ophthalmology, ENT, and gynaecology • Joint elective care committee in place and planning for shared utilisation of Dame Clare Marx Centre, with WSFT utilising 16 lists per week from August 2024, enabling the delivery of 1,400 procedures per annum • Collaborative working on virtual ward development • Urgent Care Coordination Hub (UCCH) pilot to provide alternatives to ambulance conveyance to emergency departments (see section on UCCH below) • Joint working on procurement <p>Working collaboratively with neighbouring Trusts can be perceived as a threat to the autonomy of individual Trusts and departments. There have been varied perspectives on the future direction, including understandable disappointment that the Trust was not able to secure funding for a local Elective Surgical Centre at Newmarket. It has been critical to listen to a range of views, whilst also providing clear clinical and strategic direction.</p> <p>Forward plans within provider collaboration include:</p> <ul style="list-style-type: none"> • Possible alignment of plastic surgery provision • Shared urology pathways and joint on call provision • Digital collaboration • Improving equality, diversity and inclusion for staff, patients, and communities

3.4	<p>Children’s and young people’s services</p> <p>The Trust’s integrated community paediatric services (ICPS) work in partnership with several agencies to support children and families across both East and West Alliances. The Associate Director for ICPS is a member of the Suffolk County Council children and young people leadership team and sits on several system wide committees and steering groups to support system governance and pathway development. WSFT provide ADHD diagnostic services, as part of an integrated neurodevelopmental disorders (NDD) pathway, alongside a range of support services, Barnardo’s and Norfolk and Suffolk Foundation Trust (NSFT). This service is under increased pressure, and there is currently an ICB-led review of the NDD pathway. It is possible that the number of separate providers involved in delivering the service to children and families has added complexity to the pathway and this should be considered when planning collaborative or integrated services.</p>
3.5	<p>Integrated Neighbourhood Teams (INT)</p> <p>At their core, the INTs are combined WSFT and Suffolk County Council teams working at a place level delivering health and social care to people in the community. They incorporate social workers, district nurses, occupational therapists, physiotherapists, and INT co-ordinators, among other staff. The wider INT also includes system including the voluntary sector, patient and social groups, and the leisure sector.</p> <p>In West Suffolk, leadership is provided by the Locality Lead role which is pivotal in delivering the Health and Care Act reforms and partnership working to integrate services for individuals and to improve local population health. The role provides leadership and operational oversight of the health and social care team, nurturing integration of the team to pool resources, prevent duplication, and promote a culture of value for money which is outcome based and customer focussed. The INTs have benefitted from a joint leadership programme, whereby leaders from health and social care learnt alongside each other.</p> <p>Working in this integrated way can be challenging at times, including the need to respond to the strategic direction of more than one organisation, and the differences in structure and culture between organisations. However, this is often mitigated by the agility of localised, empowered teams.</p>
3.6	<p>Integrated Transfer of Care Hub (TOCH)</p> <p>WSFT hospital discharge processes have been integrated for many years, with health and social care staff working together to plan discharges. The pressures of the pandemic prompted further development and integration (Covid-19 Hospital Discharge Policy, March 2020). In Summer 2022 a review of the hub was undertaken with a view to explore further opportunities for integration, including exploration of pathway 1 (discharge home with care) and pathway 2 (discharge to a bedded facility) processes. A joint Transfer of Care Lead role manages the integrated team of staff from WSFT and Suffolk County Council.</p>
3.7	<p>Urgent Care Co-ordination Hub (UCCH)</p> <p>The UCCH consists of a multi-disciplinary team of clinicians, (working from a mix of provider organisations across the SNEE system); based in one geographical location, with direct links to ambulance control and live visibility of 999 demand. The overarching objective is to provide alternative care, if clinically appropriate, rather than dispatching an ambulance. The team can directly access the patient’s records (both primary and secondary care systems), to participate in multi-disciplinary discussion; jointly identifying and accessing the right care pathway or plan for the individual patient.</p>

	<p>The UCCH went live on 12th April 2023 and is operational 0800-1600, as a pilot. In the first 50 days, 1323 patients were clinically discussed by the hub, with full access to their previous history, and using real time information (considering real time system pressures) the hub deemed what was the most appropriate service according to the patients' need. Of these, 1048 patients were transferred to alternative services, including WSFT Early Intervention Team, and 795 dispatches were avoided.</p> <p>The next steps for the UCCH include:</p> <ul style="list-style-type: none"> • Phase 1 is planned to extend to 30 September 23 • Phase 2 aspirations are 0800-2000, 7 days a week in a permanent location. This is a 124% increase in operational hours and therefore needs 2.73 WTE for every role • A 124% increase would also be needed in the referral services, many of which are at capacity already. Different skill mixes would be need in roles which are difficult to recruit to (paramedics, doctors, ANP) • Phase 2 would also integrate mental health and social care into the UCCH MDT and potentially taking referrals from other sources than East of England Ambulance Service Trust (EEAST) stack
5.	Conclusion
5.1	<p>The benefits to the population, patients, and staff of working collaboratively include addressing health inequalities and disparity in waiting times, ensuring the most appropriate service is deployed, sharing best practice, pooling resources, creating efficiencies and developing career pathways.</p> <p>There are also barriers to collaboration and integrated working. Managing the process and cultural differences between organisations can take time and patience which could undermine the pace of change. Receiving services from multiple providers can be confusing for patients and could lead to lack of accountability. Clear governance structures, such as those in place for ECPN can provide a framework for effective and timely decision-making. Staff training alongside each other, for example in the INTs, can embed trust and understanding.</p> <p>The board have a key role in leading strategy towards collaboration and integration and creating a supportive culture for this to flourish.</p>
6.	Recommendations
	<p>The Board is asked to note the update and is asked to take an active role in nurturing system relationships and structures to support the collaborative activity.</p>