Mid and South Essex Integrated Care System

NHS
Mid and South Essex

Mid and South Essex ICS

Quality strategy

April 2021 - 2024

'Triple aim better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources'

National Quality Board (NQB)

Introduction

I am delighted to present this quality strategy, our three year strategic plan for quality in mid and south Essex. The strategy is designed to ensure that we strive to become excellent and build upon collaborative working, as we move from individual organisations to one effective and efficient integrated care system.

This strategy sets out a vision for our future, taking with us the solid foundations from the five mid and south Essex Clinical Commissioning Groups and creating new and innovative ways of working to build a framework enabling us to improve quality for all and manage risk effectively.

The strategy has been developed during a pandemic which has severely challenged the NHS and care services as we have provided our COVID 19 response. This has impacted on our ability to provide the usual levels of service with a need to plan our system recovery. It also provides the opportunity to capture the learning that has come out of the pandemic, to transform, raise standards and improve outcomes.

The three year plan sets out our ambitions and priorities to improve health and wellbeing for people in mid and south Essex, supporting our population to live healthier and more independent lives; promoting self care and prevention by putting quality at the heart of decision making, whilst keeping up with the challenges of a rapidly changing world.

In developing this strategy, the Quality Team in mid and south Essex engaged with many external stakeholders and partner organisations across a range of specialties and services and focussed on the National Quality Board's Shared Commitment to Quality.

We would like to take this opportunity to thank everyone who has contributed to assist in the shaping of this vision for the next few years ahead.

Rachel Hearn
Executive Director Nursing and Quality
Mid & South Essex Clinical Commissioning Groups

Our Integrated Care System in mid and south Essex

Mid and South Essex Integrated Care System- who we are

The Mid and South Essex Integrated Care System serves a population of 1.2 million people, living across Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Our System comprises the following partners

Mid Essex
390k population

9 Primary Care Networks
3 - Chelmsford
2 - Braintree
2 - Maldon/Chelmsford
1 - Maldon/Braintree
1 - Braintree/Chelmsford

1 hospital group with main sites in Southend, Basildon and Chelmsford

3 top tier local authorities

and **7** district and borough councils

Over **149** GP practices, operating from over **200** sites, forming **27** Primary Care Networks

3 main community and mental health service providers

3 healthwatch organisations

Basildon & Brentwood
276k population

6 Primary Care Networks
5 - Basildon
1 - Brentwood

Hospices
4 adult
1 CYP

Thurrock
176k population

4 Primary Care Networks
Tilbury & Chadwell
Grays
Purfleet
Corringham

South East Essex
370k population

8 Primary Care Networks
2 - Castle Point
2 - Rochford
4 - Southend

One ambulance trust

9 voluntary and community sector associations

ICSs aim to build on existing quality oversight arrangements, with collaborative working across system partners.

We will resource quality governance arrangements appropriately, including leading System Quality Groups (previously Quality Surveillance Groups) and ensure that clinical and care professional leads have capacity to participate in quality oversight and improvement.

- Our integrated care system will be placed on a statutory footing from April 2022 (Subject to the passage of legislation).
- Each ICS will comprise an ICS NHS integrated care board (ICB) and an ICS Health and Care Partnership.
- CCGs functions will be subsumed into the ICB, along with some responsibilities devolved by NHSE.
- Individual NHS organisations retain responsibilities to ensure their delivery of high-quality care.
- As an ICB we will also have statutory duties to act with a view to securing continuous improvement in quality

Our Shared View of Quality: What does that look like?

High quality, personalised and equitable care for all, now and into the future

What does this mean in practice?

That people working in systems deliver care that is:

- **Safe -** delivered in a way that minimises errors and maximises delivery of safe care; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.

- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.

- **Positive experience**
  - **Responsive and personalised** - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.

  - **Caring -** delivered with compassion, dignity and mutual respect

- **Well led -** driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

- **Sustainably resourced -** focused on delivering optimum outcomes within financial envelopes, reduces impact on publish health and the environment.

- **Quality care is also equitable** - everybody should have access to high quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities

Delivering Quality - How can we do it?

As commissioners and funders

- Set clear quality standards and expected outcomes when commissioning, which are considered as part of performance management
- Have clear governance and accountability arrangements for quality
- Work together to ensure seamless pathways between commissioned services, including identifying and managing quality issues
- Develop a just culture which is open, transparent and continuously improving
- To co produce with local communities to shape the design and delivery of services

For professionals and staff

Increasing support for staff to:

- Enjoy their work and feel motivated and are supported to deliver high quality care
- Receive training and support to enable career progression and allow them to continually improve the quality of care they provide
- Be inclusive and respond to the needs of those who face disadvantage and potentialdiscrimination
- Feel safe and confident to speak up when they have concerns and are supported afterwards

People & communities

- Know what high quality care looks like, what they have the right to expect and what to do when their experience falls short
- Have care that is personalised and empowering, including access to different types of support from voluntary and other organisations
- Are respected, listened to and treated with dignity and equity, as well as able to live the life they want to
- Are equal partners in decision making about their own care
- Shape and coproduce how services are designed, delivered and improved locally

For providers

- Set clear quality standards and expected outcomes
- Experience a coherent system of quality assurance, measurement and regulation
- Are accountable for the quality of care they provide, driving quality improvement which translates into improved health outcomes and reduced health inequalities
- Understand their wider role as an anchor institution, including bringing local people into the health and care workforce and helping them build careers
- Develop a just culture which is open, transparent and continuously improving

Working with regulators

- To ensure that providers are delivering high standards of quality and care, monitoring & inspecting against these standards
- Share learning, best practice & insights across system partners to support improvement
- Work together to share intelligence on quality issues and risks
- Support improvement where potential or actual failures in the quality of care are identified
- Set clear standards of competence and conduct for health and social care professionals

Collaborate with research and innovation partners

- Support the system to continually improve and maintain quality
- Triangulate data and evidence across pathways and services, presenting it in a meaningful way. This includes feedback from those accessing services
- Share learning, best practice & innovations across system partners to influence and improve delivery

Delivering Quality - NQB Seven Steps ICS Ambitions

1 **Setting clear direction and priorities**
To deliver a new service model for the 21st century which delivers better services in response to local needs, invests in keeping people healthy and out of hospital, and is based on clear priorities, including a commitment to reducing health inequalities.

2 **Bringing clarity to quality**
setting clear standards for what high quality care and outcomes look like, based on what matters to people and communities.

3 **Measuring and publishing**
quality Measuring what matters to people using services, monitoring quality and safety consistently sharing information in a timely and transparent way using data effectively to inform improvement and decision making.

4 **Recognising and rewarding quality and learning**
Recognising, celebrating and sharing outstanding health and care, learning from others and helping others learn, recognising when things have not gone well.

5 **Maintaining and improving quality**
Working together to maintain quality reduce risk and drive improvement.

6 **Building capability for improvement**
Providing multi professional leadership for quality; building learning and improvement cultures; supporting staff and people using services to engage in coproduction; supporting staff development and wellbeing.

7 **Staying ahead**
By adopting innovation, embedding research and monitoring care and outcomes to provide progressive, high quality heath and care policy

Delivering Quality – 6 Key Principles

Based on learning from systems to date, there are six key principles that should underpin decisions around quality in health and care systems:

01

A shared commitment to quality
Partners have a single understanding of quality, which is shared across all services. Partners work together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges.

02

Population-focused
Clear quality improvement priorities are based on a sound understanding of quality issues within the context of the local population's needs, variation and inequalities.

03

Co-production with people using services, the public and staff
Meaningful engagement ensures that people using services, the public and staff shape how services are designed, delivered and evaluated.

04

Clear and transparent decision-making
Partners work together in an open way with clear accountabilities for quality decisions, including ownership and management of risks, particularly relatingto serious quality issues.

05

Timely and transparent informationsharing
Partners share data and intelligence acrossthe system in a transparent and timelyway.

06

Subsidiarity
Management of quality largely take place locally; and is undertaken at scale where there is a need to improve the health and wellbeing for the local population.

The NQB's Position Statement on quality in ICSs highlights these principles, as well as some consistent operational requirements that all ICSs are expected to have in place in 2021-22 and beyond.

2021/22 System Priorities

We will develop further our Patient Safety and Quality Committee in Common to provide strategic leadership and oversight for quality across the ICS

Key principles 1, 3 & 4

We will implement the quality governance and assurance mechanisms across the system that reduces duplication & focuses on improvement and sustainability

Key Principles All

We will work to develop a shared definition, vision & understanding of quality to establish a single view of quality across health & social care, including the voluntary & 3rd sector

Key Principles 1, 2 & 6

We will use existing /develop metrics to understand the impact of quality improvements within our system

Key Principle 5

Delivering Quality planning, control and improvement

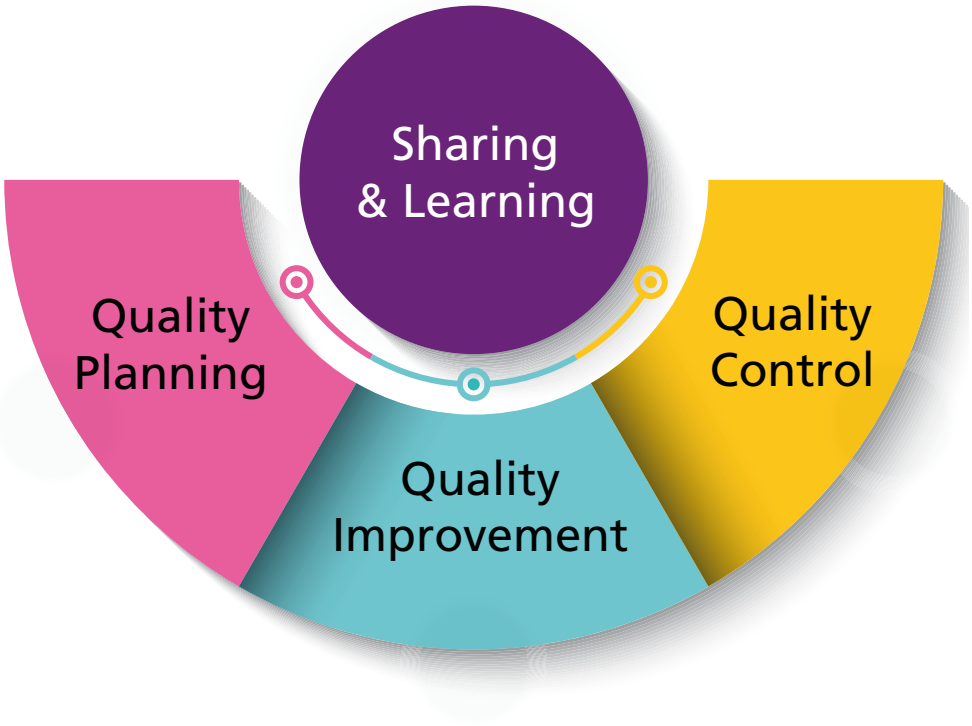
Delivering quality care in our system with consideration of The Juran Trilogy, a quality management model

There are **three** core quality 'functions' that need to be delivered by our system.

Central to these three functions is open sharing and learning. When delivered effectively, these functions work together in an integrated way to ensure that we can:

- Identify and monitor early warning signs and quality risks
- Plan and coordinate transformation locally and at a system level
- Deliver ongoing improvement of quality experience and outcomes

The ICS commits to supporting partners to effectively deliver these functions and in setting up quality management systems, including through the implementation of the NQB Quality Toolkit following its publication and using refreshed guidance on System Quality Groups and Risk Summits where required.



Our Priorities - Co-production

NHS England have devised a model* to enable co- production which is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Co production helps to ground discussions and maintains a person centred perspective. It is a cornerstone of self care, of person centred care and of health coaching approaches.

These are the co-production values and behaviours that we will be guided by relation to Quality during the life cycle of this strategy, ensuring that they become the norm.

Seven steps to make it happen:

1 Agreement from senior leaders to champion

2 Open and fair approach to recruit a range of people

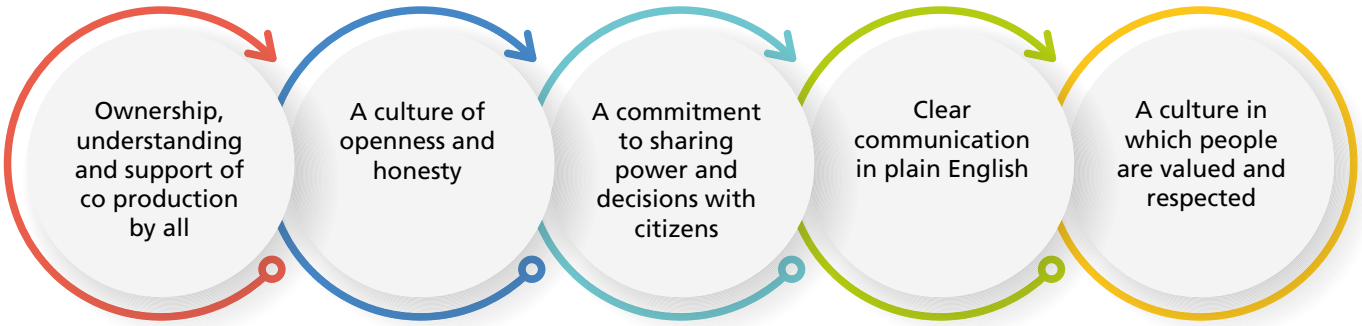
3 Systems to reward and recognise peoples' input

4 Early on in project design think where co-production can have a genuine input

5 Build into our work programmes so that it becomes our way of working

6 Train and develop staff and people

7 Regular review and reporting on progress moving to "We said, We did"



Our Priorities - Co-production

The 'Ladder of engagement and participation' [1] is a framework for understanding different forms and degrees of patient and public participation and we are committed to ensuring that this is adopted and referred to as we move forward

Devolving	Placing decision making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups, and service users participating in policy groups
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases

[1] Sherry R. Arnstein, 'A ladder of citizen participation', Journal of American Planning Association, Vol. 35, No 4, July 1969, pp. 216 224.

Our Priorities - Quality is intrinsic to our Long Term Plan and a foundation that cuts across all priority workstreams

Mental Health

- Strengthen links across the ICS commissioning teams to ensuring reflection in all strategies, contracting and elements of business
- Review and refine mental health quality priorities
- Review and develop mental health quality outcomes balancing the need between secondary care, PLACE, primary care and other community mental health services
- Engagement with partners to encourage joint ownership by the people and partners involved to ensure co production is inclusive
- Review and refine an easy read version

Learning Disability

- Contact Essex Learning disability partnership to seek assistance setting up coproduction meetings with expert by experience
- Produce an easy read version of the strategy
- Refine draft care strategy to shorten following completion of all workshops.

Maternity and Neonatal

- Neonatal added to strategy
- Include staff experiences feedback
- Prevention included in the strategy, with alcohol use in pregnancy to be part of prevention work
- To extend the enhanced support post Covid 19 to women from ethnic minority backgrounds

Children and Young People (CYP)

- Align 6 key priorities for CYP to the quality strategy
- Ensure Maternity and CYP in relation to parenting is linked and dovetail within the strategy
- Ensure that those at risk and health inequalities are identified within the strategy
- Identification of quality lead for CYP to ensure key workstreams have a quality focus Completed
- THINK FAMILY

Ageing Well Integrated

- Partnership approach with improved person, population and system outcomes triple aim
- Shift to a proactive approach to ageing well through the adoption of the FRAIL+ framework
- Tackle inequality of outcomes for our population
- Frailty adopted and understood as LTC
- Making the right collaborative care decisions across traditional health and social care boundaries
- Support delivery and management of the population health and wellbeing at neighbourhood level, alongside coordinated delivery of specialist services over larger geography where beneficial
- Working in partnership for quality End of Life Care

Safeguarding

- As a statutory safeguarding partner, to work collaboratively across the system to support the delivery of safeguarding strategic priorities and statutory responsibilities.
- Within the ICS footprint, to develop our safeguarding strategy and implementation plan
- To ensure that safeguarding is integral throughout the ICS

Primary Care

- Ensure that the Primary Care quality review groups have the right representation
- Ensure Co production of strategy is shared with seldom heard groups for comment
- Consider additional workshops to reach groups where gaps identified

Planned, Emergency and Cancer Care

- Transforming committees, greater inclusion and less duplication
- Meaningful metrics that produce timely information
- Preparing patients for treatment prehab
- Linking partner strategies

Highlights from engagement workshops across the system

Our Accountability Quality Governance

The National Quality Board in its position statement for ICSs have outlined two key requirements for quality oversight in an ICS:

1 **To ensure the fundamental standards of quality are delivered** managing of quality risks, including patient safety risks, and address inequalities and variation;

2 **To continually improve the quality of services,** in a way that makes a real difference to the people using them.

We shall use the 7 step model as described earlier to achieve this, all part of our plan, do, study, act (PDSA) approach.

Our ICS NHS body will be a statutory organisation. Our unitary board members will have collective and corporate accountability for the performance of our organisation and will be responsible for ensuring its functions are discharged. NHS England and NHS Improvement through their regional teams, will agree the constitutions and plans of ICS NHS bodies and hold us to account for delivery through the chair and chief executive.

Providers of NHS services will continue to be individually accountable:

- for quality, safety, use of resources and compliance with standards through the provider licence (or equivalent conditions in the case of NHS trusts) and CQC registration requirements

- for delivery of any services or functions commissioned from or delegated to them, including by our NHS ICS body, under the terms of an agreed contract and/or scheme of delegation.

Developing our direction of travel for Quality - what next?

Our ambition is to continue to work in partnership with providers, partners and our population to drive up the quality of services for our population. As we move to system reform, it becomes even more important to ensure we continue to co-produce and provide services of the highest quality, delivered with respect and compassion, and a positive experience for all.

As our ICS matures, we will implement further review of system wide governance to ensure clear direction and delivery of NHS values and our priorities. This will include a review of Quality and Performance Improvement processes to take collective oversight of clinical risk, problem solving for escalated concerns and the sharing of learning and best practice.

Create new ways of working within our new integrated approach, being openly transparent and sharing for improved outcomes. There will be a robust clinical assurance framework to reflect each level, retaining a clear line of sight for the system, PLACE and individual organisational performance. With the ability to report at each level to ensure accountability .

As a developing ICS we will work with our partners to inform the strategic approach. As part of our Strategic approach to Quality, we will work to make shared decisions with providers on population health, quality outcomes, service transformation and quality improvements, ensuring equality of personalised care provision, as we continue to implement our Long Term Plan. Leading to greater provision of proactive, personalised care.

Links to National and Local Quality Strategies

NHS Patient Safety Strategy:

- NHS Patient Safety Strategy: Update Feb 2021
- The NHS Patient Safety Strategy: Safer culture, safer systems, safer patients July 2019
- NHS England » Framework for involving patients in patient safety
- NHSX Digital Clinical Safety Strategy

NHS England National Quality Board:

- NQB Position Statement on Quality in Integrated Care Systems April 2021
- Shared Commitment to Quality Refreshed edition, April 2021

World Health Organisation:

- WHO Patient Safety Action Plan (Draft)

NICE:

- NICE Strategy

Care Quality Commission:

- A new strategy for the changing world of health and social care (cqc.org.uk)

Safeguarding Children:

- Working Together to Safeguard Children

Looked After Children:

- Promoting the Health and Wellbeing of Looked After Children

Safeguarding Adults:

- Care and Support Statutory Guidance

Essex Partnership University Trust

- Safety First Safety Always.pdf (eput.nhs.uk)

Essex Safeguarding Adults Board

- esab safeguarding strategy 2021 24 final pdf (essexsab.org.uk)

Southend Safeguarding Partnership

- Southend Safeguarding (adults)

Thurrock Safeguarding Adults

- Thurrock Safeguarding Adults

Mid and South Essex Foundation Trust

- Being finalised (@23/09)

Who has been involved in Quality Strategy development?

During Q1 2021/22 a number of Quality Strategy Workshops were held with stakeholders:

Learning Disability 15th April 2021	36 attendees
Mental Health 20th April 2021	37 attendees
Maternity 27th April 2021	35 attendees
Primary Care 4th May 2021	42 attendees
Safeguarding 20th May 2021	43 attendees
Acute Services & Cancer 17th June 2021	9 attendees
Children & Young People 22 nd June 2021	56 attendees
Ageing Well 29th June 2021	24 attendees
Final draft Quality Strategy presented 15th September 2021	

Stakeholders attended from:

Mid & South Essex CCGs
Mid & South Essex NHS Foundation Trust
North East London Foundation Trust
Provide
Essex Partnership University Foundation Trust
Essex County Council/Southend
Borough Council
Hospices
Thurrock
Borough Council
Primary Care
Independent Service Providers
Charities
Voluntary Sector
Outside of the Quality Strategy workshops
Mid & South Essex Clinical Cabinet