



Mid and South Essex
Integrated Care
System



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

Mid & South Essex system would like to present their quality strategy, our 3-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 health and care partnership.

This strategy sets out a vision for our future, taking with us the solid foundations from 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 3-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 Mid and South Essex Quality Team 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 years ahead.



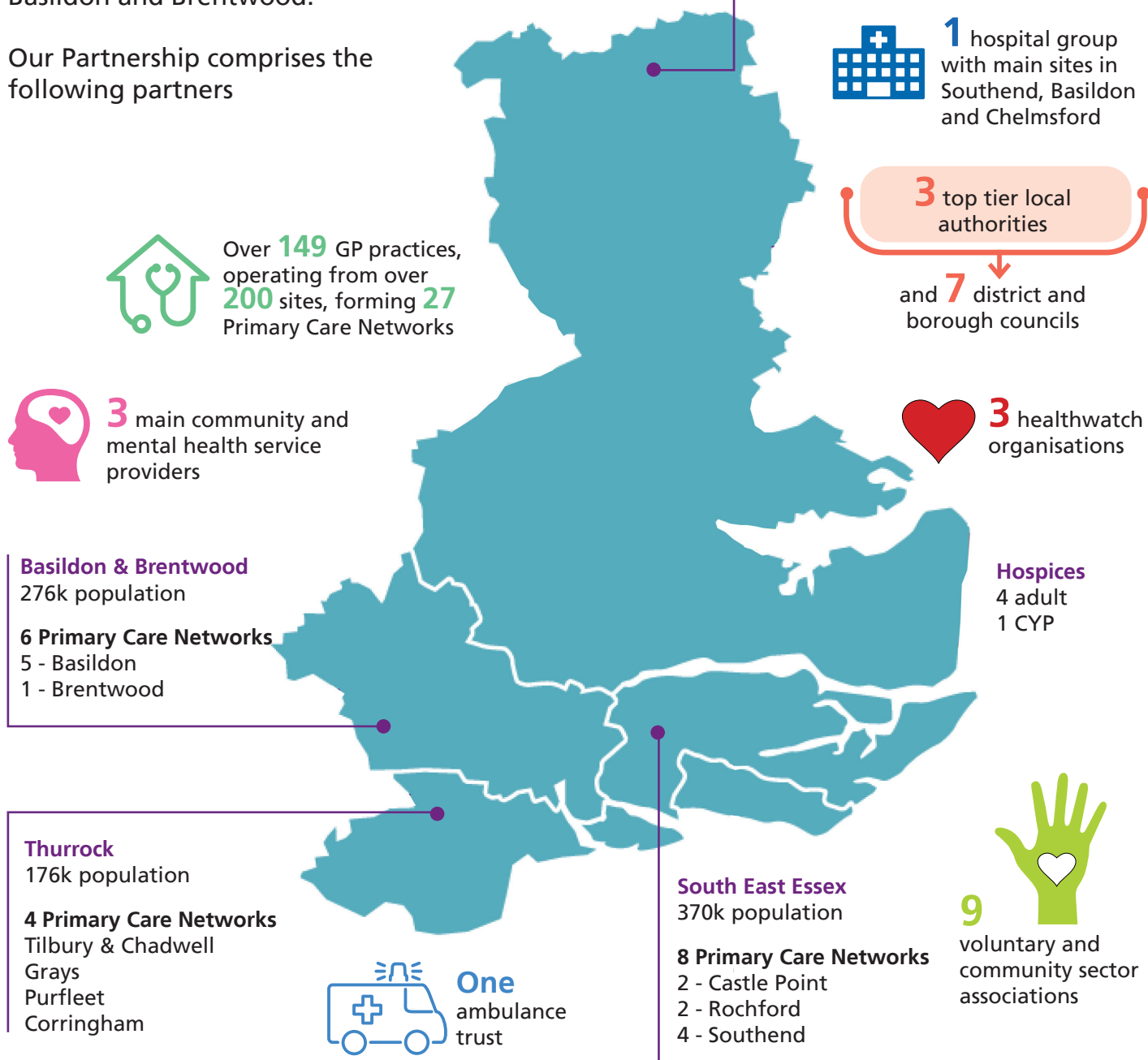
Rachel Hearn
Executive Director Nursing and Quality
Mid & South Essex Clinical Commissioning
Groups

Our Integrated Care System in mid and south Essex

Mid & South Essex Health & Care Partnership - who we are

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

Our Partnership comprises the following partners



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:



Delivering Quality - How can we do it?

Collaboration, trust and transparency, transformation, equity and equality – all by working together

As commissioners and funders

Working with regulators

For professionals and staff
Increasing support for staff

Research and innovation partners

For providers

People & communities

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.

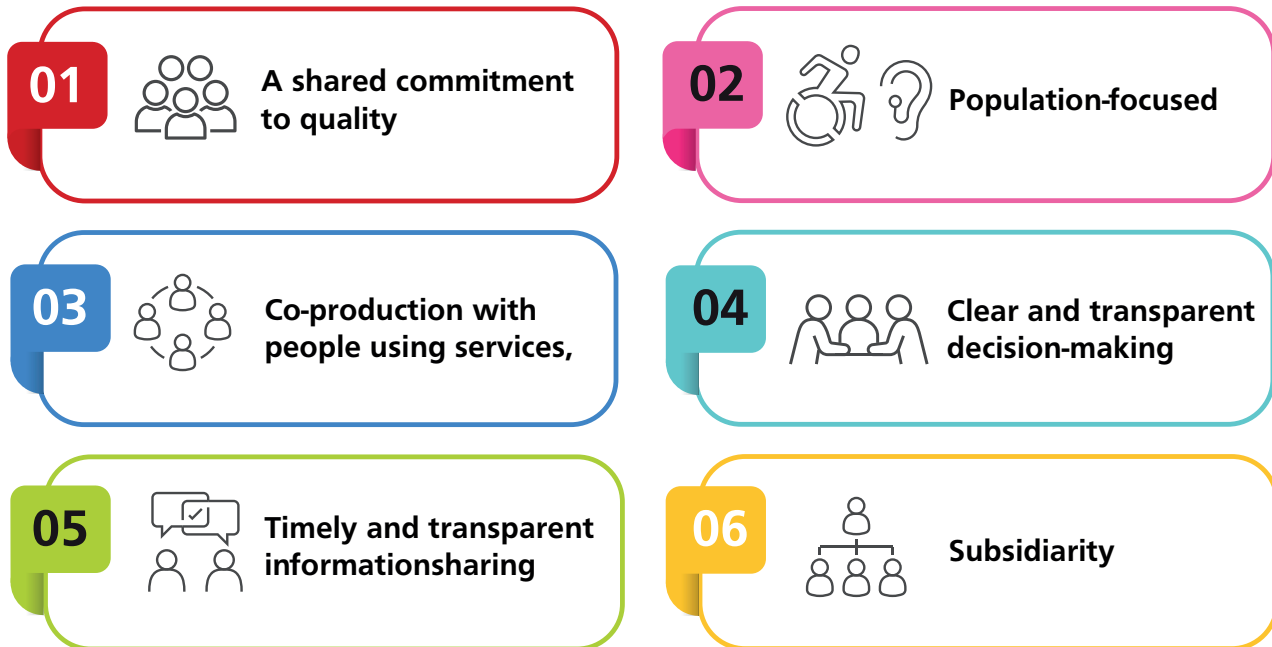
5 Maintaining and improving quality
Working together to maintain quality reduce risk and drive improvement.

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 health 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:



Based on NQB Shared Commitment to Quality–Refreshed edition, April 2021

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

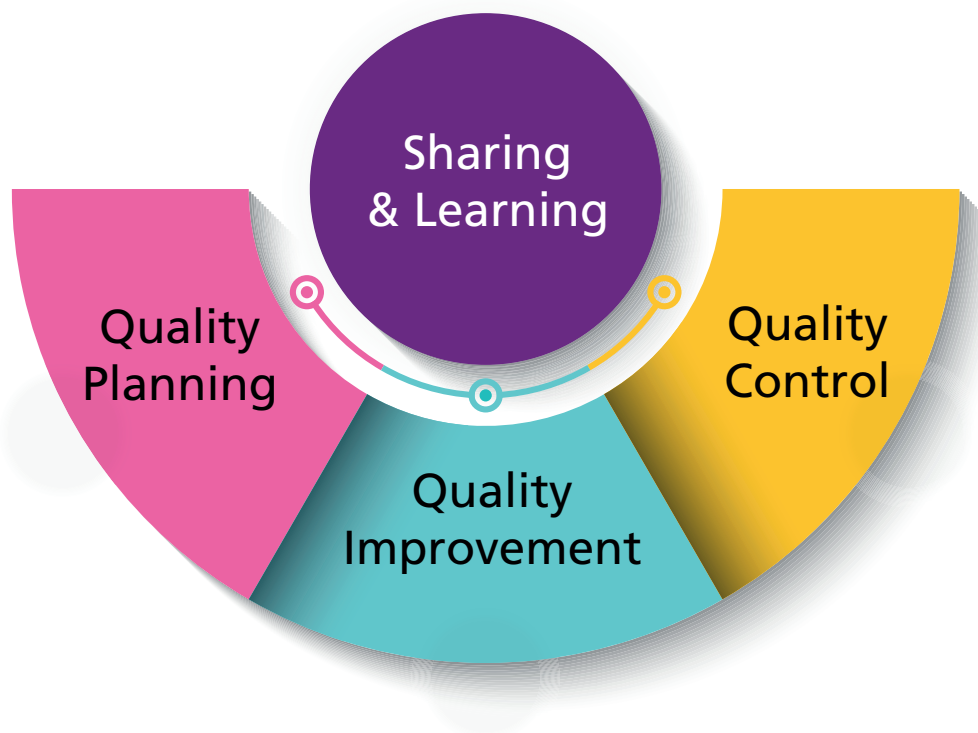
Delivering Quality planning, control and improvement

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.

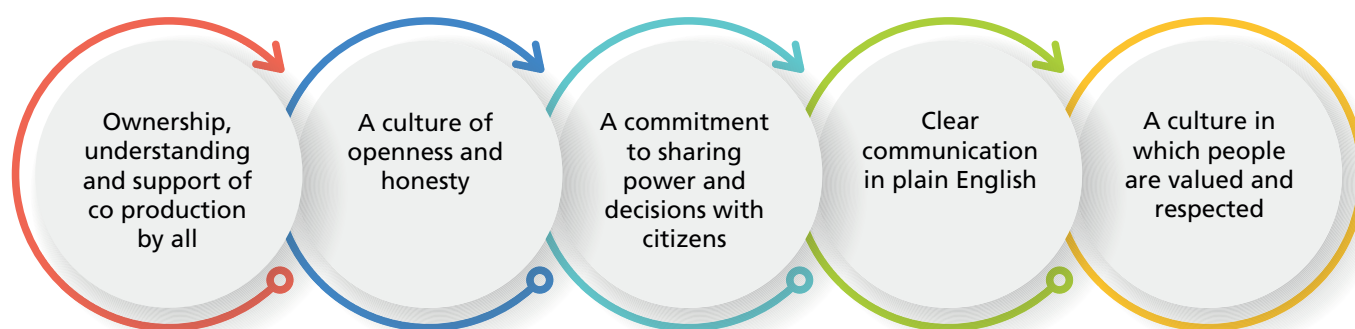
Central to these three functions is open sharing and learning. When delivered effectively, these functions work together in an integrated way to ensure that we can:

- 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



Our Priorities - Co-production

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"

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 Accountability Quality Governance

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.

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 along with delivery of fundamental standards
- 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. Continually improving the quality of services

Who has been involved in Quality Strategy development?

Workshops held throughout 2021 has seen stakeholder participation 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

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.

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