

Integrated Care Partnership Briefing

Staffordshire and Stoke-on-Trent Integrated Care Partnership (ICP) Meeting

March 2025



Staffordshire and Stoke-on-Trent Integrated Care System

This briefing aims to keep partners and members of the public informed of the discussions at the NHS Integrated Care Partnership (ICP) meeting.

Inspiring Healthy Lifestyles

Lisa Shephard from Inspiring Healthy Lifestyles, who is leading on the Cannock Chase Can programme was welcomed to the meeting. This programme, in partnership with Cannock Chase District Council, aims to improve community wellbeing through education on topics such as food, sleep, and alcohol intake. The initiative includes the Cannock Chase Can Eat Well project, which educates the community on nutrition, food preparation, and cooking simple, healthy meals and snacks like [this chocolate mug cake](#). More information about the Cannock Chase Can Eat Well Project can be found on [this video](#). The programme has developed the Cannock Chase Can App which enables residents to sign up and create personal goals and individual wellness journeys.



[A video](#) was shared with the partnership which showcases the work of the Cannock Chase Can programme. This video presents an inspiring message about wellness in Cannock Chase, focusing on various aspects of health and wellbeing. It introduces the "Wellness Wheel" and highlights the importance of connecting with nature, starting with young children, and fostering growth through activities like planting seeds.

Health Inequalities

Stephen Gunther, Director of Public Health at Stoke-on-Trent Council, introduced the session which focused on the core purpose of Integrated Care Systems (ICS) and how they aim to improve population healthcare while addressing health inequalities, particularly in terms of access, experience and outcomes.

NHS England define **health inequalities** as: Unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Lucy Hegarty, Public Health Specialist from the Public Health and Prevention Team at Staffordshire County Council, who has been collaborating with ICS partners on the health inequalities strategy, shared the following data for Staffordshire and Stoke-on-Trent.

Life Expectancy

- Life expectancy in Burslem Central is 72.6 years for men, the lowest in Stoke-on-Trent, compared to Mere Park, where it is 86.2 years for women (the highest in the area) highlighting a 14-year difference in life expectancy between these areas in Stoke-on-Trent.
- In Staffordshire there is an 11-year difference between the highest life expectancy of 88.7 years for women in Baggots, East Staffordshire and 77.4 years for men in Rawsley, Cannock Chase.
- In both Staffordshire and Stoke-on-Trent, the statistics show that the life expectancy for men is lower than women.

Changing Demography

- Staffordshire has an older population compared with Stoke-on-Trent.

Staffordshire and Stoke-on-Trent Integrated Care System

- The number of people in Staffordshire and Stoke-on-Trent has been steadily increasing, with a significant rise in Stoke-on-Trent over the past few years. This demographic shift presents a challenge for our health and social care systems. In Staffordshire, the age profile is also changing, with the population becoming older. While we started with an aging population, it's clear that this trend will continue, further increasing pressure on our health and care services in the coming years.

Health Inequalities and Deprivation

- People living in the most deprived areas may acquire multiple conditions 10-15 years earlier than those in the most affluent areas.
- People on the lowest incomes are four times more likely to have multiple long-term conditions.

Long Term Conditions in Staffordshire and Stoke-on-Trent

- People living in the most deprived areas are significantly more likely to have:

COPD	Mental health issues	Learning disabilities	Peripheral artery disease
Depression	Dementia	Diabetes	Epilepsy
Congestive heart failure	Coronary artery disease	Chronic kidney disease	Hypertension
Stroke or TIA	Asthma	Rheumatoid arthritis	Atrial fibrillation

- People from ethnic minorities are more likely to have:
 - Diabetes – 1.9 times higher
 - Chronic kidney disease – 1.2 times higher
 - Chronic artery disease – 1.1 times higher
- Female patients are more likely to have:
 - Hyperthyroid – 4.2 times higher
 - Rheumatoid arthritis – 1.8 times higher
 - Depression – 1.6 times higher
 - Asthma – 1.3 times higher
 - Dementia – 1.2 times higher

Health Inequalities Strategy - System Engagement

Lyn Millar, Portfolio Director for Improving Population Health at NHS Staffordshire and Stoke-on-Trent ICB explained that in early 2024, a Health Inequalities Strategy Workshop was held, followed by a series of online sessions. These sessions brought together a diverse group of partners and community champions to share their unique perspectives and experiences with health inequalities. Participants discussed existing priorities, identified collective goals, and worked collaboratively to shape the strategy.

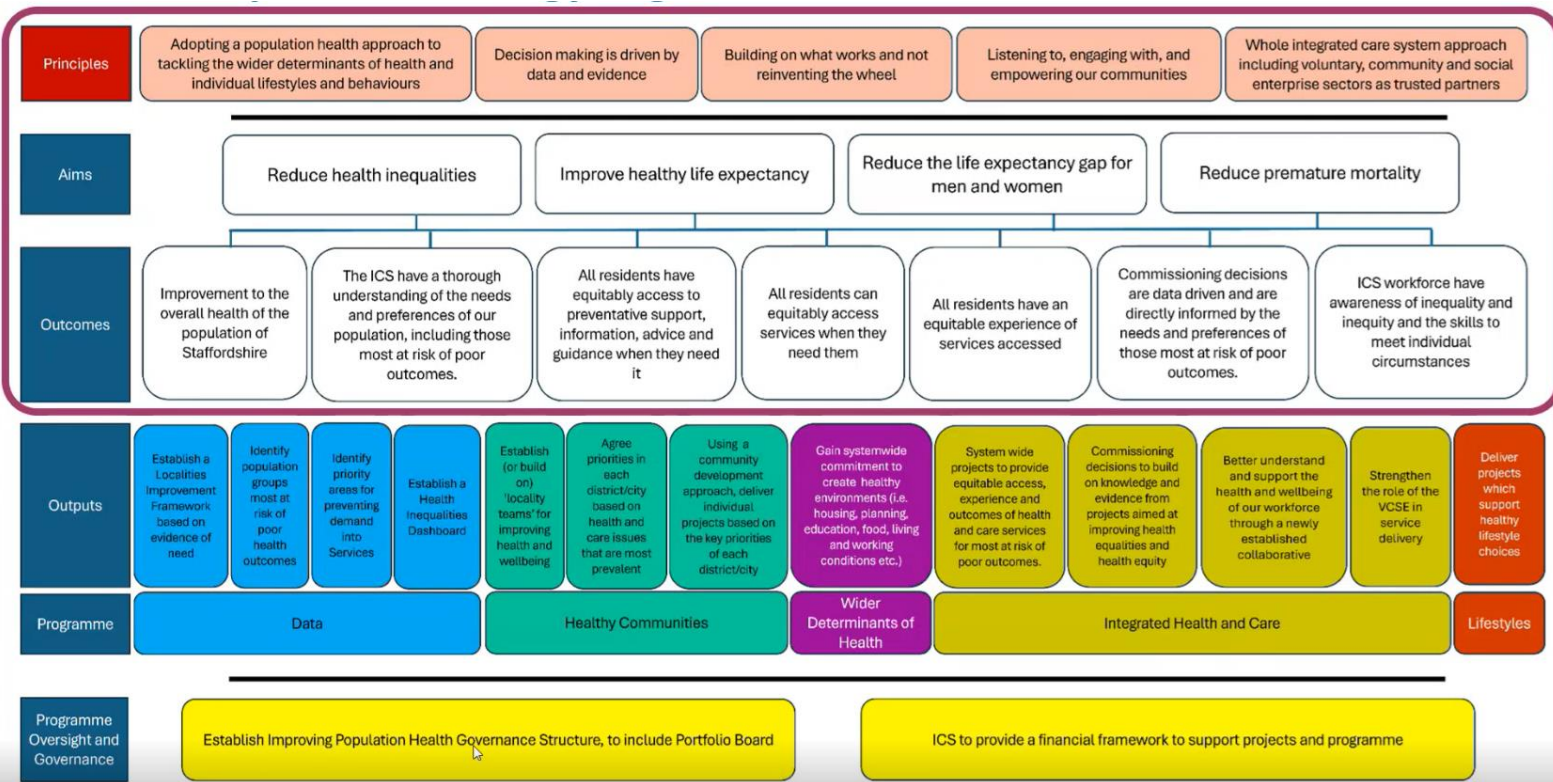
The following principles for delivering health equity in Staffordshire and Stoke-on-Trent were written at this workshop:

- Build on what works and don't reinvent the wheel
- Reducing health inequality is central to everything we do as an ICS

Staffordshire and Stoke-on-Trent Integrated Care System

- Listen, engage and empower our communities
- Work with the VCSE as our trusted delivery partners
- Underpinned by Population Health and the Five P's

Health Inequalities Strategic Model



Driving Better Outcomes

The importance of tackling health inequalities at scale and in a measurable way was discussed as part of the strategy. We have developed a Locality Improvement Framework which aligns primary and secondary prevention efforts, particularly targeting the most deprived populations. The framework aims to identify key drivers of ill health across Staffordshire and Stoke-on-Trent, bringing it together with the Quality Improvement Framework (Primary Care), Integrated Neighbourhood Teams, the VCSE sector, and People and Communities.

The funding that we have for locality development will go into the Locality Improvement Framework, focusing on prevention, lifestyle improvements, and addressing wider determinants of health, while supporting programmes like Cannock Chase Can. The goal is to concentrate efforts and resources on joint objectives, ensuring that all partners are working together towards the same outcomes. This approach not only tackles health inequalities but also promotes integrated team working and strengthens local relationships.

Locality Infrastructure and Funding

We are planning to invest £2.2 million into the locality infrastructure (towns across our districts and boroughs in Staffordshire and Stoke-on-Trent). The funding is distributed based on the Core20 principles, with the majority of the funding directed towards Stoke-on-Trent. Specifically, we are allocating £1.2 million to Stoke-on-Trent and £1 million to Staffordshire.

We've worked closely with Staffordshire to determine how best to allocate these funds using the Core20 approach. This is a new initiative, and we want to ensure all our districts and boroughs are involved. This

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allocation equates to approximately £100,000 per locality in Staffordshire and £250,000 per locality in Stoke-on-Trent.

Additionally, we have allocated £400,000 to our trusted delivery partners, Support Staffordshire and Voluntary Action Stoke-on-Trent (VAST). Their role will be to bridge the gap between statutory services and people and communities through their extensive relationships. This will ensure effective reporting and monitoring, with a strong focus on maintaining connections between services and the communities themselves.

Core20Plus5

The Core20Plus5 is a national NHS framework that focuses on the most deprived communities and identifies five key areas of health and inclusion.

In Staffordshire and Stoke-on-Trent, the Locality Core20plus5 is designed to support each locality to drive targeted action to tackle health inequalities.

Outcomes

Several key initiatives have been implemented to address health inequalities and improve outcomes across Staffordshire and Stoke-on-Trent. The aim was to create collaborative partnerships that deliver greater results than individual efforts. Some notable examples include:

1. **Violence Reduction Collaboration:** A joint appointment with the Police, Fire, and Staffordshire Commissioner's Office was made to focus on reducing violence through a two-year project.
2. **Family Matters Programme:** Working with Stoke-on-Trent City Council, investments were made to support the Family Matters programme. Early results show measurable improvements in the number of children in care.
3. **Warmer Homes Initiative:** Collaborating with Staffordshire County Council, a scheme was launched to tackle fuel poverty.
4. **VCSE Alliance:** Continued investment in the VCSE Alliance to address the needs of vulnerable populations.
5. **Health Screenings (BEAT roadshow):** In collaboration with Stoke-on-Trent City Council and MPFT, three sessions focused on the identification of heart disease, including atrial fibrillation. These events had great success, with 2,000 individuals screened, far exceeding initial targets, and patients were quickly referred to appropriate care.

Plans for 2025/26

We have a range of exciting plans for the year ahead. As mentioned, the Locality Improvement Framework is a key part of our strategy, bringing in funds into communities at a local level. Other plans include:

- System-wide Health Literacy Programme
- Community Connectors – VCSE
- BEAT Roadshows
- Weight management – Tirzepatide/Mounjaro roll out
- CVD, Obesity, Alcohol and Tobacco prevention programme

Feedback

The partnership split into groups to discuss and capture feedback on the following topics of discussion:

- What are some good example of cross-sector collaboration that have led to positive health outcomes in underserved communities?

Staffordshire and Stoke-on-Trent Integrated Care System

- How can organisations practically share resources, data, and knowledge with each other to ensure more equitable health outcomes for disadvantaged groups?
- What are the challenges of cross-collaboration between healthcare services, social services and other public sector departments, and how can these challenges be overcome?

The following points were fed back to the group:

- Programmes like Cannock Chase Can are fundamental assets to the community, we must get a wider understanding of other assets that are available.
- A good example of cross-sector collaboration is the discharge work happening locally within our community, voluntary and faith sectors. Although a challenge of this work would be the longevity and uncertainty of these contracts.
- A challenge would be Primary Care's need for access to information and resources on social prescribing.
- There is a need to measure the success of these community-based initiatives effectively.
- Again, we must focus on the success of neighbourhood initiatives.
- We discussed whether the approach should target a geography or specific groups of people for maximum impact.
- We need to make a log of opportunities to identify where we can work together.
- The importance of developing and measuring the success of ongoing work in these areas was highlighted.
- Innovative examples include:
 - NHS buildings using solar panels to generate funds, which were then reinvested into tackling fuel poverty.
 - Veteran-friendly organisations helping veterans in unique ways to improve their health.
 - Learning from the COVID vaccination rollout, showcasing collaboration for positive outcomes.
- Data and evidence – we acknowledged the improvement in data availability and systems compared to a decade ago. Despite there being more data available, the ongoing issues around data sharing (e.g. information governance challenges) remain.
- There was a discussion on the potential of AI and technology to manipulate and better understand data.
- Data needs to be supplemented with qualitative insights from the voluntary and community sectors, especially to better understand underrepresented communities.
- We discussed tackling the root causes of health inequalities, not just the symptoms, by investing in wider determinants like education.
- We should look into innovative communication methods (e.g. stories, rhymes) to reach people effectively, particularly in addressing health inequalities.
- Broader public engagement is needed for shaping and improving health outcomes.
- It is important to communicate the work being done and encourage more people to become part of the solution.
- We need to shift the thinking and invest in long-term preventative measures.
- We need to encourage the sharing of effective strategies to learn from different sectors.

Date and time of next meeting: Monday 2nd June 2025, 3pm – 5pm, via MS Teams.