

Sent via email

David Pearson - ICB Chair
Staffordshire and Stoke-on-Trent
Integrated Care Board

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Dear David,

Annual assessment of Staffordshire and Stoke-on-Trent Integrated Care Board's performance in 2023/24

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "*The Act*"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we have had with you and your colleagues throughout the year.

This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2023/24 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of our assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan (JFP) which you have reviewed and re-baselined. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this.

Thank you to you and your team for all your work over this financial year in what remain challenging times for the health and care sector, and we look forward to continuing to work with you in the year ahead.

Yours sincerely,



Rebecca Farmer

Director of System Co-ordination and Oversight (West Midlands)

Cc: Dale Bywater, Regional Director, NHS England – Midlands Region
Peter Axon, Chief Executive Officer, Stoke-on-Trent Integrated Care Board

Section 1: System leadership and management

The ICB has made good progress with developing its approach to governance and leadership, specifically in relation to integrated strategic planning and system collaboration and this has been further supported by the system's leadership compact. The ICB is structured into seven portfolios aligned with eight Integrated Care System (ICS) priorities. The portfolios bring delivery and local service transformation together, building on the expertise within the system to respond to agreed priorities.

The ICB has demonstrated evidence of partnership working across the system, through development of the System Integrated Care Plan and engagement in the development of the JFP. The integrated care plan focuses on five key priorities, using a life course approach to drive forward system integrated care and improve population health and wellbeing outcomes. The ICB has led on the establishment of provider led collaboratives and collaborative system workstreams to deliver the system priorities including the Continuing Healthcare programme, however there is further development needed to clearly define the road map and timelines for future system architecture. Place based architecture and neighbourhood planning is emerging, but this requires further focus, articulation, and clear timelines in 2024/25.

The ICB has outlined within the JFP how it will address nationally mandated targets, as well as seeking to find solutions to local challenges and setting priorities and outcomes. The JFP and annual report have demonstrated the duty to have regard for the effectiveness of strategic decisions by having a continuous theme of the 'Triple Aim' throughout the plan.

The Integrated Care Partnership (ICP) and ICB work in a mutually supportive manner and progress is being made on key NHS deliverables through collaboration and system working. There are positive collective working relationships with system partners and good evidence of strategy and plan development including development of the system Urgent and Emergency Care Strategy and Implementation plan. Further focus on work to drive forward delivery against these plans is required in 2024/25, improving pace and traction, to ensure sustainable improvements in outcomes.

The approach to decision-making is highlighted throughout the ICB annual report including the engagement, consultation and involvement of the Staffordshire and Stoke-on-Trent population, ensuring that they are at the heart of decision-making processes. The ICB has clearly evidenced its duty to obtain appropriate advice, including through the transformation and service change agenda with the engagement of NHS England and the Clinical Senate.

The ICB has been leading on several large-scale transformation and service reconfigurations during 2023/24. Continued focus on these areas during 2024/2025 is required, particularly Urgent Emergency Care (UEC) and Maternity provision.

The ICB has shown commitment to development and continuous learning through a series of Board development sessions and conducting a self-assessment governance review in November 2023 to reflect on areas of improvement as the ICB develops. The Board has demonstrated that it has comprehensive arrangements in place to manage governance and risk with the introduction of the System Board Assurance Framework (BAF), which sets out the objectives of the ICB and the risks on the Corporate Risk Register. This is embedded within the ICB's corporate governance framework and has drawn interest from external agencies such as the *Chartered Governance Institute of UK and Ireland* as an effective system approach to manage escalation and risk.

Governance, assurance, and oversight arrangements continue to evolve and embed. Provider oversight and assurance is an area which could be further developed and strengthened during 2024/25 to ensure visibility and transparency within the ICB formal governance framework.

Section 2: Improving population health and healthcare

During 2023/24, the ICB has made progress against NHS operational planning metrics, local key performance indicators (in the ICB's JFP) and the strategic aims of the NHS Long Term Plan. However, there were key areas of performance across the system which remained challenged during 2023/24, including UEC, Elective and Cancer recovery and Maternity provision. There was improvement in performance of these key headline metrics in 2023/24 such as the achievement of the cancer deliverables and improvement against the 76% 4-hour standard for March 2024, which demonstrated strong system working. It is acknowledged that the ICB have had to put plans in place and mitigations throughout the year, where Industrial Action (IA) may have impacted on delivery.

The ICB faced challenges in meeting cancer standards in 2023/24 and many of the recovery actions will continue to be implemented in 2024/25. Although the system did see improvements in the 62-day backlog position, sustainable outcomes are required going forward. Overall, there has been good progress on elective recovery, although this remains a significant area of challenge for the system and the ambition to have zero patients waiting more than 78 weeks by the end of March 2024 was not achieved. The ICB continues to receive support from NHS England for Cancer and Elective recovery. NHS England has led oversight in these areas through its Tier 1 support but as the system matures it is expected that the ICB will take a stronger role in leading oversight and improvement. The ICB has worked alongside providers to support the delivery of key metrics, and this has been evident in the collaborative approach demonstrated across the year.

Significant Improvements were noted in Maternity and neonatal provision and key metrics during 2023/24 and this was driven by good joint working and oversight by the ICB and NHS England to drive improvements in Maternity care following the CQC Section 29a issued at University Hospitals of North Midlands NHS Trust. Good progress continues in this area.

The Special Educational Needs and Disabilities (SEND) provision is mixed across both local areas with one area receiving an assessment outcome 2 which indicates that 'The local areas partnership arrangements led to inconsistent experiences and outcomes for Children and young people with SEND'. The other area already has statutory intervention, and the progress has slowed in terms of addressing the areas of weakness identified. This is an area which requires further review during 2024/25.

The system has made significant progress delivering the primary care agenda through the portfolio approach, underpinned by a comprehensive primary care dashboard which enables metrics to be tracked across 'key targets' and 'milestones' and for interventions and improvements to be data driven. Reporting the agenda through a committee structure provides robust oversight and assurance of delivery and risk. This approach has demonstrated positive outcomes and continues to strengthen.

There is an established System Quality Group in place which is comprehensive and fully functioning with clear governance in place. The system has a quality strategy that articulates the quality aims and objectives for the ICB. Evidence collated shows that services are improving or there is a clear trajectory/plan for improvements in place. There is evidence that

the System Quality Group is effective in managing safety concerns, capturing patient experiences, and ensuring actions take place.

Local safeguarding leadership and arrangements are clear and embedded within the ICB systems and processes. Routine quality assurance reviews on safeguarding between the ICB, NHS England and external partners are well established, and the outcomes are continuously reviewed to drive forward quality improvements, demonstrating one example of how the ICB carries out its duty to continuously improve the quality of services.

Section 3: Tackling unequal outcomes, access, and experience

Tackling Health Inequalities is a clear priority for the Staffordshire and Stoke-on-Trent system and has been evidenced across the ICB and system strategic plans. One of the system's main priorities is to ensure there is a strong focus on prevention, proactively supporting people to stay well at home, and arranging services so that people receive care from the right people in the most appropriate setting. Personalised care is a golden thread throughout the system's JFP, with an ambition to better manage illness, long term conditions and disease progression and to ensure that services are inclusive and closer to home.

The Health Inequalities agenda has started to evolve across the system, with the development of a Health Inequalities strategy, for implementation in 2024, which will have a focus on access, experience, and outcomes, in line with the ICB's new legal duties.

The system has developed a Population Health Management system and dashboard to support evidence based intelligent decisions for the future and to better understand the needs of inclusion health groups set out by the 2010 Equality Act. The system has already started to use the population health management dashboard with one example being to further identify inequalities in elective care waiting lists. Further areas of work recognised as good practice include collection of demographic data (e.g., ethnicity, age, sex, and deprivation) recording to inform appropriate and equitable service provision, along with the work driven through the Core20PLUS5 initiative where targeted groups within marginalised communities (e.g. Cannock) have been offered access to health improvement programmes and cancer diagnostic services.

Data collection in relation to some of the national prevention agenda initiatives are evolving although financial challenges resulted in some prevention programmes not accelerating as planned, targeted prevention programmes have been prioritised for 2024/25, along with the delivery of a system wide prevention strategy.

The ICB has an incentivisation scheme (The Quality Improvement Framework – QIF), which incentivises elements of secondary prevention, in all GP practices, but funded at a higher rate for GP practices which serve its CORE20 areas. Key areas of focus include (but are not limited to) targeted hypertension treatment, delivery of the 8 diabetic care processes, screening for AF, Asthma reviews (for children), targeted hypercholesterolaemia treatment and Chronic Kidney Disease identification. This is part of the targeted interventions that will be embedded into the neighbourhood or locality model moving forward.

Place based architecture and neighbourhood planning is emerging, but this requires further focus, articulation, and clear timelines in 2024/25 to help drive forward the implementation phase and application of the population health management processes and systems. A

roadmap would help partners and the public understand the ICBs vision in addressing local population needs and bringing care closer to home.

Whilst there are clear actions that the NHS is responsible for, through initiatives such as Core20PLUS5, wider system ownership and recognised importance of the prevention agenda is critical to helping the ICB in the longer-term address some of the demand and financial challenges faced by the system.

Section 4: Enhancing productivity and value for money

In the financial year 2023/24, the system's reported financial performance was £90.7m deficit against an initial plan of break-even. Within the reported value the ICB's financial position was £91.6m deficit.

Total system efficiencies delivered were £174.9m; 6.8% of system allocation. Of this total, £118.8m (67.9%) was recurrent, increasing the recurrent efficiency requirement in future years.

There have been significant challenges in relation to financial delivery across the Staffordshire and Stoke-on-Trent system during 2023/24. The deficit from plan is driven primarily by the ICB from Continuing Health Care (CHC) and prescribing and growth.

The ICB has faced challenges in controlling expenditure, particularly in Continuing Healthcare (CHC) where there were pressures of growing demand, price and acuity, despite actions being taken by the ICB to improve oversight and governance. There has also been a lack of sufficient mitigation in response to key risks and ICB undertakings have been progressed in year due to overspends in commissioned services and the distribution of risk across the system.

The ICB was subject to an independent financial review in December 2023. Several recommendations were made to enhance the efficacy and consistency of controls within all organisations and across the system. The report also included recommendations to enhance system governance and reporting to provide more granular information. The system response to the review was positive and financial strategic plans are now in place to support implementation of the recommendations going forward. NHS England continues to support the ICB to ensure that appropriate financial oversight and assurance is in place.

To support system financial recovery, five System Collaboratives have been created which focus on CHC, Demand Management, Clinical Value and Medicines, Contracts and Enabling Functions and these are underpinned by an established impact assessment process which ensures that the quality and safety of care remains a priority focus during financial recovery.

The ICB has robust governance in place for the delivery and assurance of the People plan and the ICS scored above the regional average for all eight staff survey themes and has a strong and improving staff engagement score. There is dedicated leadership across the system to drive strategic workforce programmes forward and embed system learning.

In terms of the duty to ensure continuous research the ICS has demonstrated this through collaborative steering group arrangements where education, training and development is central to planning and operational delivery. There is a shared research and innovation programme manager for the Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin Health and Care Research Partnership (SSHERPa). The research strategy has been

approved by Staffordshire and Stoke-on-Trent ICB and the JFP incorporated research as a key enabling theme for the ICS. The ICB has also demonstrated that it takes an evidence-based approach to service transformation, working directly with SSHERPa, to ensure evidenced based information is applied and translated to service change decision making.

East Staffordshire Primary Care Network is another example of where localities are implementing research into practice and won the 'Embedding research award' in the Clinical Research Network Awards 23/24.

Section 5: Helping the NHS support broader social and economic development

The ICB has demonstrated its contribution to wider strategic priorities through the Integrated Care Strategy and its input into local Health and Wellbeing Boards and local Joint Strategic Needs Assessments. Over 2023/24 the ICB developed and adopted a systemwide approach to prevention and the reduction of health inequalities, as well as developing joint solutions with partners; this has also progressed a stronger working relationship with voluntary, community and social enterprise (VCSE) partners. The JFP clearly sets out how the ICB and providers support the development and delivery of local strategies across multiple agendas such as addressing climate change, collective procurement, research and innovation with a clear ambition and evidence of impact to date.

The Staffordshire Health and Wellbeing board welcomed the ICB's increasing engagement with Staffordshire's Health and Well-being Board over the last year and continues to encourage the ICB to focus efforts now on long term aspirations rather than dealing with short term pressures such as UEC demand and flow. The board also suggested consideration of using the Health and Well-being Board as the vehicle for 'place based' governance to oversee delivery of the Health and Wellbeing Strategy and the Integrated Care Partnership Strategy across Staffordshire. The ICB has several joint commissioning arrangements with local authorities including the 'Better Care Fund' which are routinely reported to the board and demonstrate the ICB supporting broader health and social care initiatives.

The ICB works in partnership to collaborate as an 'anchor system' using its assets for social, economic, and environmental benefit. Operating as an 'anchor system' the ICB has focused its efforts on several key areas including environmental protection, tackling climate change, and restoring nature. The ICB has extended its influence on the Staffordshire Climate Commission, Staffordshire Wildlife Trust and the voluntary sector including Support Staffordshire. The ICB has also placed a significant focus on the role of education and training in the supply and retention of its workforce, offering opportunities to organisations such as schools and colleges to ensure its workforce represents its local population and ensuring it is equal, diverse, and inclusive.

The ICB is keen to ensure estates are incorporated into its planning and decision making, ensuring an effective return on public sector investment. Within the Anchor Institute framework, the ICB has been assessed as 'maturing' in the recent benchmarking exercise and aspires to reach the 'thriving' category. There has been dedicated commitment and leadership in this area to date and this continues to be a focus for the system going forward.

The Green Board has made good progress during 2023/2024, with clear targets and governance structure in place. The ICB has invested expert leadership and resources into the programme and has demonstrated system leadership by holding all organisations to account

for their component parts of the green plan. Preparations are in place to refresh the existing Green Plan next year.

Conclusions

This has been a challenging year in many respects and in making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. This is the first full year in which you have been operating as well as the first year of your Joint Forward Plan and we are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and look forward to working with you to support improvement throughout your system.

Please can you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations