

Staffordshire and Stoke-on-Trent Integrated Care Board Annual General Meeting

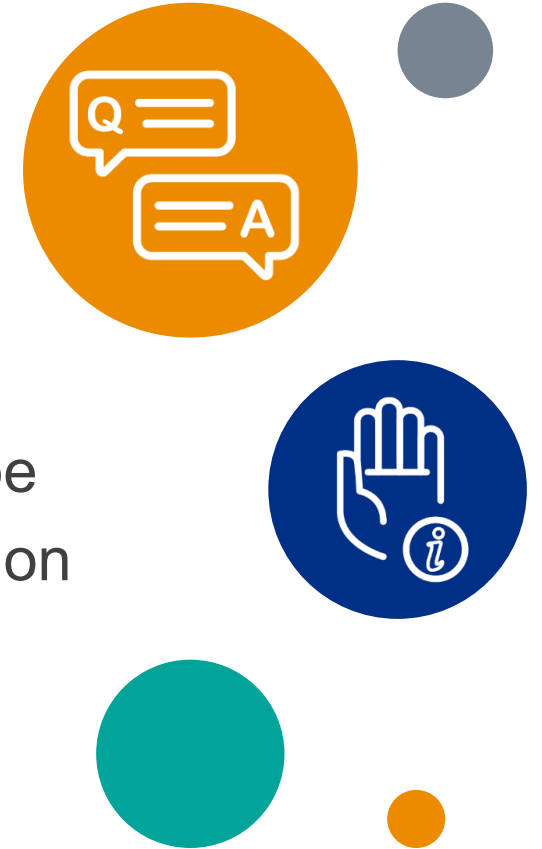
21 September 2023

3:30pm - 5:30pm



Meeting guide for members of the public

- All cameras should be off, except for the Chair and those presenting items on the agenda
- Please make sure your microphone is on mute during the meeting
- Questions submitted via email in advance of the meeting will be addressed by the Chair during the Question-and-Answer session
- Please 'raise your hand' on Teams, if you would like to ask a question 'live' during this session of the agenda.



ICB Partnership Leadership Compact



Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.



Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be **open to changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.



Openness and honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.



Leading by example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.



Respect

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to understand others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.



Kindness and compassion

- We will show **kindness, empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.



System first

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.



Looking forward

- We will **focus on what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

Agenda

Time	Item	Description	Presenter
3:30pm	Welcome	Welcome to the Staffordshire and Stoke-on-Trent Integrated Care Board's Annual General Meeting (AGM)	David Pearson
3:35pm	Annual Reports and Accounts	<ul style="list-style-type: none"> Operating Model Development System Performance System Finance and Accounts Workforce Quality and Safety 	Peter Axon / Chris Bird Phil Smith Paul Brown Mish Irvine Becky Scullion
4:35pm	Video	Highlighting our partnership working	David Pearson
4:40pm	Looking forward	Integrated Care Partnership update	Paul Edmondson-Jones
4:55pm	Public open session	Q&A session	David Pearson
5:25pm	Closing remarks	Annual Summary	David Pearson

Key announcements



Development of the ICB

As a newly formed statutory body, we have worked hard to ensure that our structures are effective and enable our staff to be fully focused on delivering for our population. During the period of change, all statutory functions were fully delivered.



Health Service Journal Nomination

In August 2022, Staffordshire and Stoke-on-Trent ICS was shortlisted for the prestigious national HSJ Award for Integrated Care System of the Year.



Continued impact of COVID-19

While we have been fortunate that the number of people contracting COVID-19 has reduced, we must remember that it has not gone away.



Winter pressures

In December 2022, we experienced some of the longest delays for ambulances and emergency department waiting times in the country at University Hospitals of North Midlands NHS Trust (UHNM).



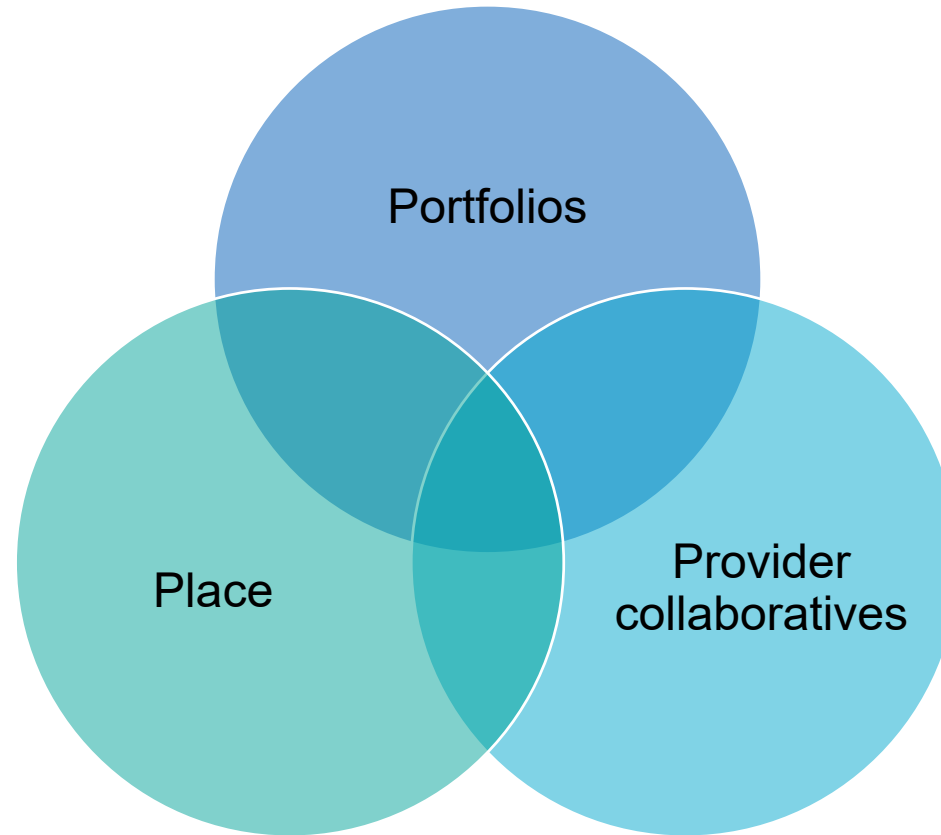
Establishment of the VCSE Alliance

The VCSE Healthy Communities Alliance is the recognised governance structure through which the Staffordshire and Stoke-on Trent Integrated Care System (ICS), including the Integrated Care Board (ICB), Integrated Care Partnership (ICP) and Place based Partnerships (PbPs) have agreed to engage, consult and empower VCSE organisations and networks to be involved in our health and care system on an ongoing basis.

Operating Model Development

Peter Axon, CEO, and Chris Bird, Chief Transformation Officer

- A collaboration of organisations responsible for arranging and delivering health and care services
- Place involves NHS, local government and providers of health and care services working to support the health and wellbeing of a population
- Strategically align all projects and programmes to the goals of the system



- Primary aim is to balance the implementation of transformation and redesign and the maintenance of business as usual
- Partnerships of providers in and out of system (NHS, local authority, IS) to work together at scale to focus on the delivery of system-wide aims

Integrated Care System Portfolios



Improving Population Health

Exec Sponsor:
Tim Clegg (SBC)
/Dave Heywood (SSC)

SRO: Dr Paul Edmondson Jones (ICB)

Portfolio Director: Lynn Millar (ICB)

Clinical Director:
Dr Lorna Clarson (ICB)



Planned care and cancer

Exec Sponsor:
Tracy Bullock (UHNM)

SRO: Helen Ashley (UHNM)

Portfolio Director:
Mark Seaton (ICB)

Clinical Director:
Dr Gary Free (ICB)



Children and young people and maternity

Exec Sponsor:
Jon Rouse (SoTCC)

SRO: Chris Bird (ICB)

Portfolio Directors:
Nicky Bromage (CYP) (ICB)
Lynn Tolley (Maternity) (ICB)

Clinical Director:
Dr Paul Edmondson-Jones (ICB)



Urgent and emergency care

Exec Sponsor:
Pat Flaherty (SCC)

SRO: Matthew Lewis (UHNM)

Portfolio Director:
Phil Smith (ICB)

Clinical Director:
Dr Steve Fawcett (ICB)



End of Life, Frailty and Long-Term Conditions

Exec Sponsor:
Neil Carr (MPFT)

SRO:
Steve Grange (MPFT)

Portfolio Director: Lynn Millar (ICB)

Clinical Director:
Dr Rachel Gallyot (ICB)



Mental health and learning disabilities and autism

Exec Sponsor:
Dr Buki Adeyemo (NSCHCT)

SRO:
Ben Richards (NSCHCT)

Portfolio Director:
Nicky Bromage (ICB)

Clinical Director:
Dr Waheed Abassi (ICB)



Primary care

Exec Sponsor:
Peter Axon (ICB)

SRO: Chris Bird (ICB)

Portfolio Director:
Sarah Jeffery (ICB)

Clinical Director:
Dr Paddy Hannigan (ICB)

Place based Partnerships

Place based Partnerships	Purpose	Policy
<ul style="list-style-type: none">• They are collaborative arrangements across organisations, responsible for arranging and delivering health and care• They were formalised through the Health and Social Care Act 2022• They are not statutory bodies• There are approximately 175 Place based Partnerships across England; generally, covering population groups of 250-500• Each Place based Partnership is different, to suit the population they cover.	<ul style="list-style-type: none">• To understand and respond to local need• To join up and co-ordinate services around people's needs• To impact the factors that influence health and wellbeing• To enhance quality and sustainability of local services• To have a hyper-local focus via neighbourhoods.	<ul style="list-style-type: none">• They have existed in various forms for many years• The Health and Social Care Act 2022 strengthened emphasis on Place based Partnerships as part of wider integration agenda• Thriving Places (NHS England / Local Government Association 2021)• Integration White Paper (Department of Health and Social Care (DHSC) 2022)• Their focus is on delegations based on subsidiarity.

Place based Partnerships

Current position

- Move to a **two Place model**
- **Focus on integrated commissioning**
- **Programme governance** established
- **Priorities for Place identified** and agreed as
 - Care Homes
 - Learning Disabilities and Autism,
 - Transitions/Preparation for Adulthood
 - Adulthood
 - Dementia
 - S117
- **Full review of the Better Care Funds**
- **Alignment meetings** between Place and Provider Collaborative leads commenced.

Key issues

- Continuing to work with **Staffordshire County Council** to determine and define the roles of the Districts and Borough Councils in the Place arrangements
- An **emerging variation in approach to Place between the Local Authorities.**

Actions

- Exploration of aligned commissioning in 2023/24
- Working towards a plan to ensure delegation is undertaken safely, risks are understood and organisational development work is undertaken
- Use of Population Health Management methodologies.

Provider Collaboratives

Current Position

- A **Programme Board** (which is also a **Provider Partnership**) is established.
- A **Development framework** is in place
- There **are a number of well-developed collaboratives**
- A **Board Work Programme** has been agreed
- **Provider collaborations** are developing across the majority of system portfolios and the enabling system workstreams.



Key Points to Consider

- Capacity needs to be considered
- Embedding **Population Health Management** is a key priority
- Consider the opportunity and risk delegation from the ICB could create as in-system collaboratives develop.

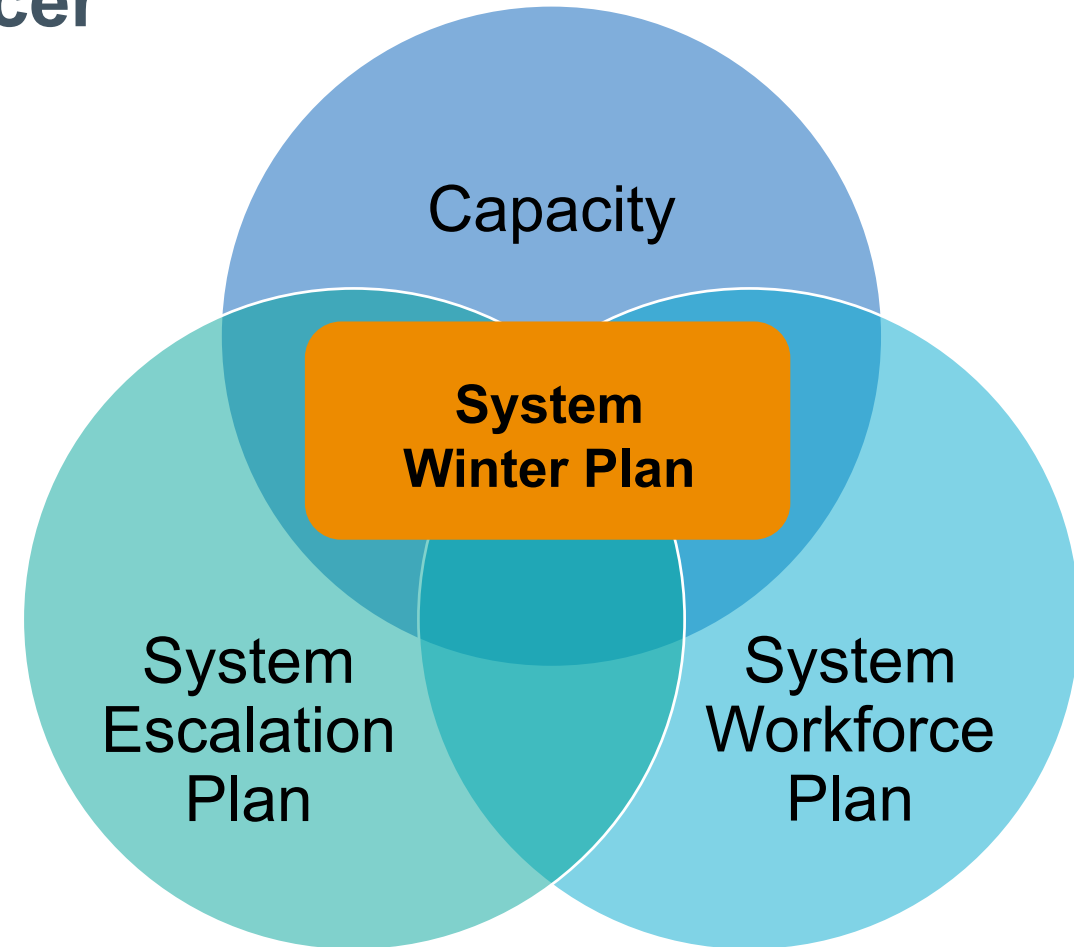
Next Steps

- Further exploration of in system integration opportunities
- Continue to support the development of Portfolio matrix teams.

System Performance

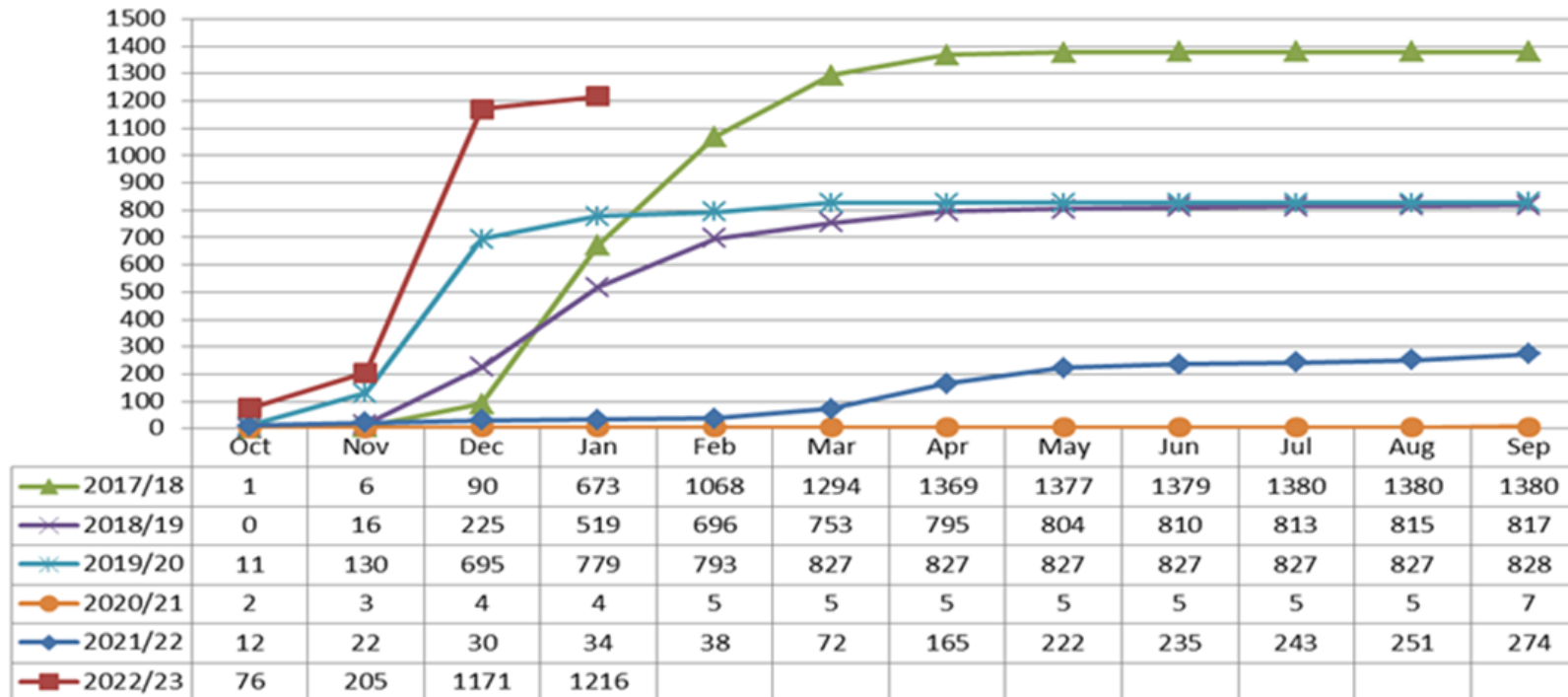
Phil Smith, Chief Delivery officer

- ICS Leadership Compact
- 22/23 System Winter Plan
- System Co-ordination Centre



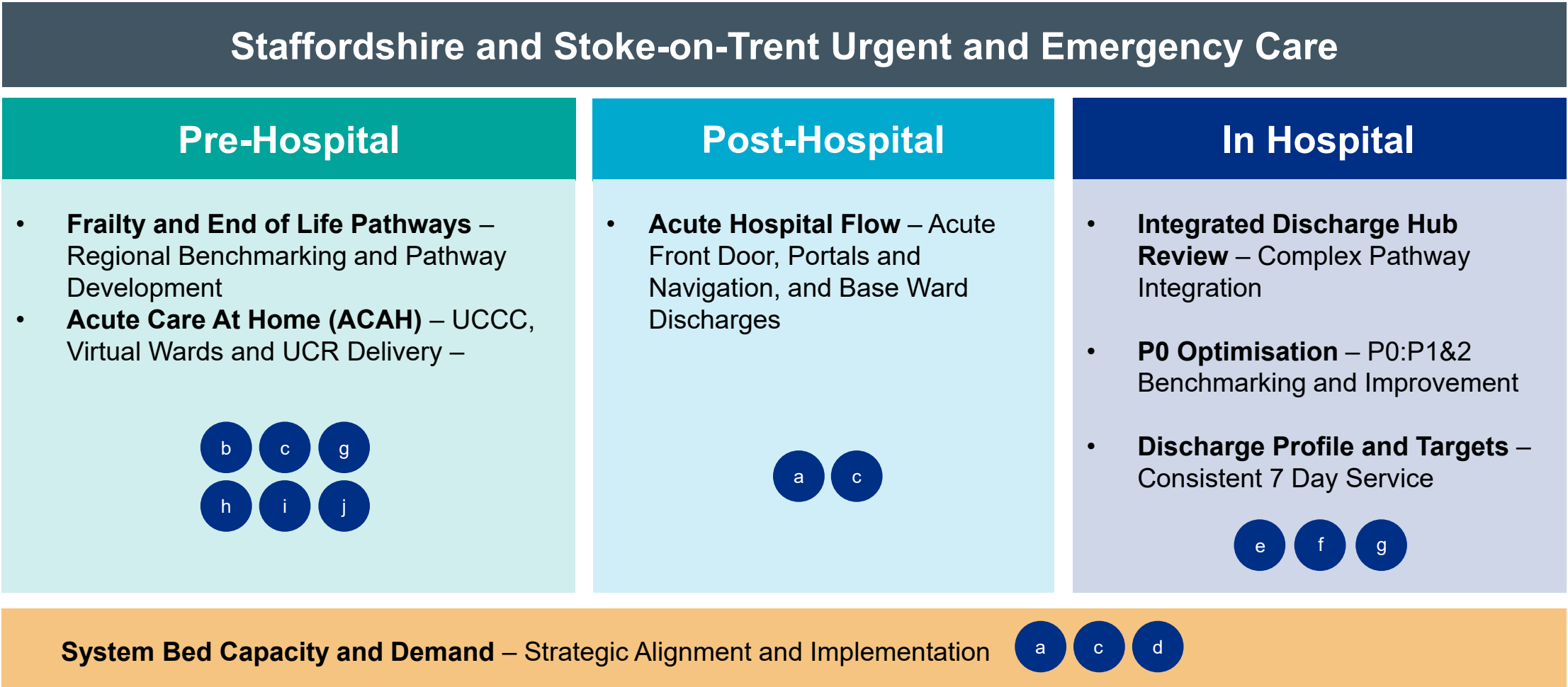
Managing demand

Cumulative Flu Cases Winter 2017/18 to Winter 2021/22 as at January 3rd 2023



- Our Winter Plan modelling assumed worst case flu demand by **predicting 2017/18 levels**
- December 2022 demand **peaked earlier and higher than predicted** and coincided with a COVID surge and Respiratory syncytial virus (RSV) demand
- 68% increase in the number of inpatients with COVID
- 136% increase in the number of inpatients with flu
- 55% increase in the number of inpatients with Respiratory syncytial virus (RSV).

System Focus



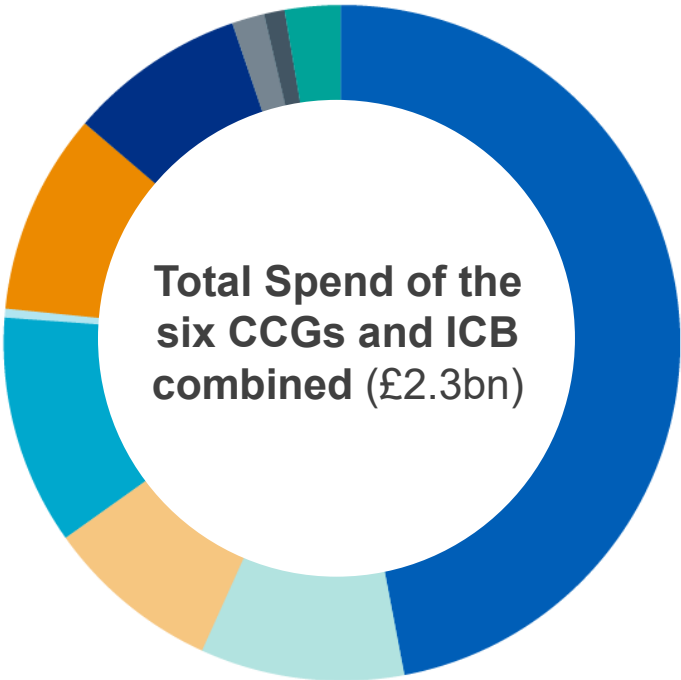
The letters on this slide are linked to the national 10 high impact changes

System Finance and Accounts

Paul Brown, Chief Financial Officer

How we did in 2022/23

	Service	Expenditure
	Acute Services	£1,093m
	Community Health Services	£226m
	Continuing Care Services	£196m
	Mental Health Services	£256m
	Other Programme Services	£10m
	Prescribing	£225m
	Primary Care Co-Commissioning	£198m
	Primary Care Services	£36m
	Running Costs	£23m
	Social Care	£62m



Although the total spend of the CCGs/ICB came to **£2.3bn** the NHS Provider Trusts based in Staffordshire generated **£1bn of income** in addition to what they received from the CCGs/ICB of £1bn meaning that the total resource available to service the patients of Staffordshire in 2022/23 was **£3.3bn**.

How we achieved our targets

ICB/CCGs Surplus/Deficit 2022/23								
Clinical Commissioning Groups							Integrated Care Board	Total
	Cannock	Stafford	East Staffs	South East Staffs	North Staffs	Stoke	Staffordshire and Stoke-on-Trent	Total
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Allocation	58.40	109.91	55.56	86.97	95.45	130.90	1,786.72	2,323.92
Expenditure	- 58.40	- 109.91	- 55.56	- 86.97	- 95.45	- 130.90	- 1,786.24	- 2,323.44
Surplus	-	-	-	-	-	-	0.48	0.48

- The Clinical Commissioning Groups were the statutory bodies covering the period April 2022 – June 2022 until their demise. The Integrated Care Board assumed their statutory responsibilities from 1 July 2022
- Across the Financial year the Clinical Commissioning Groups/Integrated Care Board delivered a surplus of £0.48m.

Current Financial Situation and Outlook

Challenge

- The 2023/24 financial plan is to break even
- Significant risks to this position
- Outlook for 2024/25 is extremely challenging.



Our Approach

- Focus on patients and patient pathways
- Evidence that the best outcomes lead to the optimal financial solution
- Recovery plan has been agreed to improve patient pathways for people requiring Continuing Healthcare and for the +75 age cohort.



People, Culture and Inclusion

Mish Irvine, ICS Director of People

Context

National

- Long Term Workforce Plan
- Delivering People Services at Scale
- Medical pay negotiations
- Funding and financial challenges
- Patricia Hewitt Report – an independent review of Integrated Care Systems.



Local

- Financial envelope
- Operational pressures – COVID, Recovery, Strikes, Winter
- Workforce supply and future pipeline
- Strike Action
- Wellbeing and retention of our workforce.



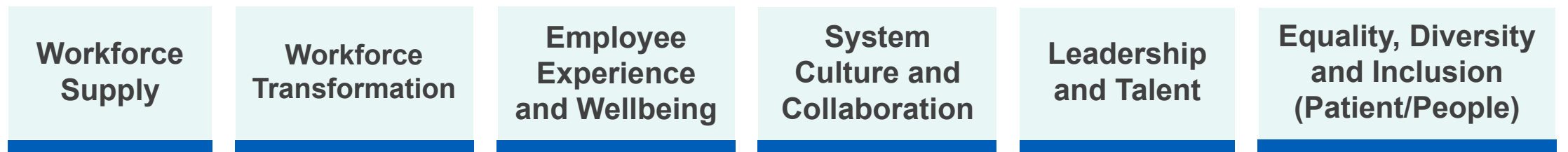
ICS People Collaborative



7 ICS Portfolios



People Workstreams



Delivering at Scale

People, Culture & Inclusion Achievements 2022 - 2023



361 People Hub Staff and **8,810** shifts



53 Health and Social Care Apprentices on system rotational placements



HPMA Award for Innovation for the NHS and Social Care Reserve Model



87 1:1s in **Phase 1** ICS Retention Programme. **Phase 2** commenced.



Levy Transfer
15 Apprentices,
£315,000 in 2022

Regional Apprenticeship Award Winner

5 Virtual Work Experience Programmes delivered to **1,100+**



Shortlisted for **2** **HSJ Digital Awards**



Won **Highly Commended** at the **HSJ Partnership Awards for Primary Care Project of the year** - 'Growing our own together'



Journey to Work concept launched including Schools project with **100** professionals signed up to visit schools



Integrated System Wide Workforce Planning (inc. workforce development funding)



ICS People Web Pages launched, **826,083** clicks to date



205 face to face interventions by our Outreach Advisor with refugees and seldom heard communities

Robust and intuitive **People Metrics and reporting**



Comfortable being uncomfortable with Race and Difference Programme rolled out to **300** ICS Senior Leaders



Over **800** referrals to the **Staff Psychological Wellbeing Hub**

3 ICS Staff Networks



135 people attended **New Futures Race** based leadership development



Delivered Cohort 1 of national pilot **High Potential Scheme 30** commenced Cohort 2



ICS Wellbeing Week held with nearly **12,000** staff taking part

NHS Long Term Workforce Plan

Require 260-360,000 more workforce by 2025

Focus on prevention and early intervention

Train

- Domestic 50-65% in 15 years ↓
- METIP by System
- Int. Rec 9 - 10% by 2036/7 ↓
- Med school places 60-100% in certain geographical areas and trainee placements ↓
- Medical Degree Apprenticeship in development
- GP Specialty Trainees 45-100%
- Nursing training places 80% by 2028 ↑
 - Adult 92% ↑
 - Mental Health 93% ↑
 - Learning Disability 50% ↑
- Implement Ockendon, reduce length of MW degree ↓
- AHP training places 28% ↑
- Pharmacy training places 31-55% ↑
- Psychology/CYP training places 30% ↑
- Healthcare Scientist training places 20-34% ↑
- Volunteers ↑
- All Trusts to implement general Preceptorship
- NHS Enhanced Training
 - Widen general/Core Drs
- More Apprenticeship roles

New Role increases in Mental Health by 2036:

- Clinical Psychologist
- IAPT -> Adults and children
- MH and WB Practitioners
- Paed WB Practitioners
- Emotional MH Practitioner
- Educational MH Practitioner

Retain

- Reduce Leavers rate 9% -7.4-8% ↓
- Consistent staff experience despite organisational boundaries
- Implement Fuller Stocktake in PC
- More support for newly qualified staff
- Total Reward Package
 - Beyond Pension
 - Beyond the money
 - Increased flexible working
- Continue to focus on EDI
- Health inequalities ↓
- CPD funding still in place for in Nurse, AHP, MW
- Workforce development via apprenticeship not resulting in financial penalty
- Create Employee Value Proposition; National/ local benefits:
 - **Flex Working** (retirees/offered for all jobs/ flexible careers)
 - **Wellbeing and voice** (truly listening to workforce/OH/wellbeing services)
- Digital staff passport by 2025
- SAS Doctors to have better career diversification

Reform

- Productivity 1.5-2% ↑
 - £ Core settings ↓
 - Alternate delivery models
- Agency 9-5% (2023) ↓
 - Increase bank
- Time to hire and recruit ↓
- Digital/Innovation
- Staff outside Acute 7% ↑
- Increase use of Artificial Intelligence ↑
 - Surgery
 - Remote monitoring
 - Systems
 - Recommendation to develop E-Patient record
- Develop processes to allow workforce to commence in post more quickly:
 - NMC discussing potential for newly qualifieds to start 4 months earlier
 - MW course (2 years) ↓
 - MSc Paramedic (2 years)
- Increase numbers of Multi professional system rotations

New Roles by 2036:

NAS	64k
PAS	10k
Anaes APP	2k
Adv. Practitioner	89k
APP clinical MH	1k
ARRS Roles	15k
PCN's	5.9k

Along with:

- Care Coordinators
- Health and Wellbeing Coaches
- Social Prescribing Link Worker
- Peer Support Worker for MH and Autism

Current and Future Programme Focus

- Long Term Workforce
- ICS Workforce Summit
- Supply and attraction into health and care careers
- Equality, Diversity and Inclusion
- Education, Training and Development
- Health and Wellbeing
- Retention
- Leadership and Culture
- Delivering People Services at Scale
- Widening Participation

Watch [Aysuda's Story - YouTube](#) here



Aysuda's Story



Quality and Safety

Becky Scullion, Director of Nursing – Quality Assurance and Improvement

Our vision:

“Staffordshire and Stoke-on-Trent Integrated Care Board's vision for quality is to ensure that services provided are safe, effective, and meet the needs of the population, providing the best experience and outcomes possible.”



Functions

1

Assurance

Systematic quality assurance structure, which ensures concerns and risks are escalated and responded to in a timely and transparent way.

2

Improvement

Nurturing a learning culture and sharing best practice putting the people we serve at the centre of change.

3

Safeguarding

Taking a whole system, multi-agency, approach to support our children, young people and adults feel safe across Staffordshire and Stoke-on-Trent.

4

Safety

Empowering patients and staff to continuously build upon the foundations of a patient safety culture and a patient safety system.

5

Quality

Providing the golden thread which ensures care is safe, effective and provides a good patient experience.

Achievements

- Established a robust governance framework
- Developed a collective approach to the implementation of the Patient Safety Incident Response Framework (PSIRF) – recognised as regional front runners
- Continued to work collaboratively with Infection Prevention and Control Leads
- Successful application to pilot the Maternity and Neonatal Independent Senior Advocate (MNISA) role, and selected to be a member on the national Steering Group
- Led the work to develop a Maternity Operational Pressures Escalation Levels (OPEL) Plan for implementation across the region.

- Nominated for a national award in the “Best Workplace for Learning and Development” category
- Developed and implemented a revised approach to Quality Impact Assessments
- Collaborated in the development of the Integrated Care Board Quality Strategy
- Continued improving the delivery of healthcare for people with a learning disability and autism
- Successfully piloted a Paramedic Placement programme with Staffordshire University.

A video, to elaborate on our partnership working with the Voluntary Sector



Looking Forward

Paul Edmondson-Jones, Deputy CEO
and Chief Medical Officer



One strategy for health and care

The ICP is a statutory committee; membership is inclusive and reflects the wider factors on health and social need (for example housing).

The ICP strategy, is the overall, long-term strategy, across health and care.

One strategy for the system:

- National NHS requirement for a single integrated strategy
- 5-year strategy focusses on long-term priorities that will tackle longstanding challenges, reduce inequalities and deliver better care
- Aligned with the local Health and Wellbeing Boards' strategies
- A collaborative approach taken to developing the strategy
- One strategy, but the engine room for delivery will be at a local level.



Strategy and Planning

National expectations for the system

ICP Strategy

- How the assessed health, care and wellbeing needs of the local population are to be met by the ICB, LAs and System Partners.

Joint Forward Plan

- How the ICB will contribute to meeting the health needs of its local population.
- Reflect local priorities and address the four core purposes of ICSs

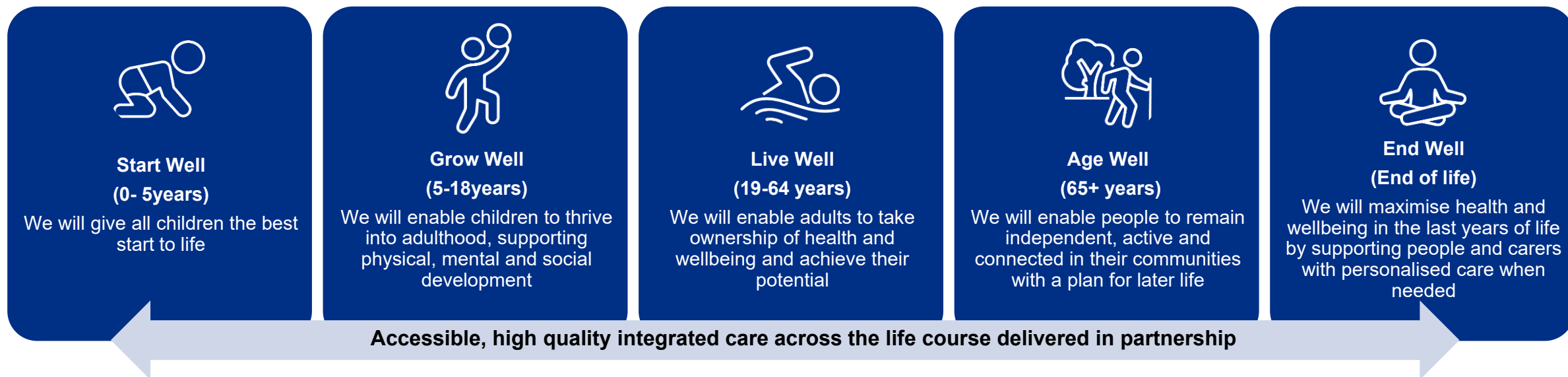
Operational Plan

- Set out the details of our plans for the year covering key areas of delivery, activity, workforce and finance.
- A technical set of templates relating to activity, workforce and finance.

Supported by a set of enabling delivery plans and strategies

Local system plans and strategies





- Our system **challenges** drive the need for system transformation:
- Growing health inequalities
 - Increasing population of people with complex health and care needs
 - Increasing demand on Primary Care and variation in access
 - Increasing unplanned and emergency care demand
 - Recovery of Elective and Cancer Care Services

The **ICP 5P's approach** will transform how we work together in our ICS towards integration of care

Our ambitions

Improve population health and wellbeing outcomes

Address inequalities in access, experience and outcomes from health and social care services

Achieve a sustainable and resilient integrated care system

Working in partnership with communities to achieve social, economic and environmental community development

Improving health and wellbeing 5 Ps



People and communities

working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods



Personalised care

holistic, integrated care designed around personal needs and preferences



Personal responsibility

working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner



Prevention and health inequalities

promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all



Productivity

making best use of resources and targeting those in greatest need, or with greatest ability to benefit



Underpinned by Population Health Management (PHM)

Improve population health outcomes through intelligent decision making

Deep Dive – June 2023

Prevention and health inequalities



We will enable people to remain as healthy and independent in their community for as long as possible. At the same time, we recognise that when people need to use health or care services, it is important to provide high-quality and effective treatment or care at all ages.

Key Messages

- Hewitt Report
 - Need to move 1% of total spend into prevention, rather than treatment.
 - Upfront investment in services to enable us to reduce the amount of reactive activity that occurs.
 - Natural move of money up stream if the correct decisions are made, to allow for investment in prevention to be made.
 - Find a way to share data safely to meet the recommendations in the report.
- Types of prevention - primary, secondary and tertiary.
- Shared cost of alcohol to society in terms of crime, healthcare and productivity is an estimated £21 billion.

ICP Commitment

- Co-produce an **Alcohol Harm Reduction Strategy** during 2023/4.
- Reduce harm through **education at a young age**.
- Ensure we are **make every contact count**.
- **Target interventions** around the different cohorts.
- **Delivery of interventions** by those who are best placed.



Deep Dive – September 2023



Start well
(0-5 years)

Our priority: we will give infants and children the best start to life

Together we will ensure all infants and children experience the best start to life, setting them on a course of improved life-long health and wellbeing. In doing this we will progress on:

- Reduce infant mortality
- Ensuring children achieve good development during early life and are ready for school

Key Messages

- The 1,001 days from pregnancy to age of two set the foundations for an individual's cognitive, emotional and physical development.
- Tackling family/parental issues – particularly domestic abuse, drug & alcohol problems, parental mental health, low rates of adult literacy – will all have a long-term impact on improving the life chances of CYP.
- Recognising our 'in need' families/households are likely to present multiple needs and inequalities, it is important these needs are, where possible, addressed jointly in order to have maximum impact.
- Disinvestment in prevention, early intervention and support services over many years has meant there has been missed opportunities to support children & their families at an early stage.

ICP Commitment

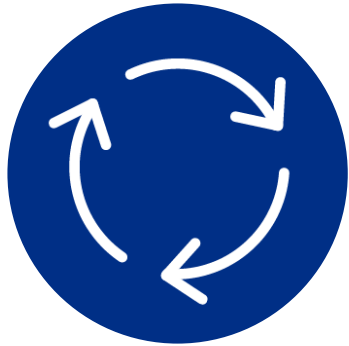
- Ensure we **make every contact count** to educate and empower children and families in all settings.
- Ensure that our wider workforce is designed to **support populations** and not organisations.
- Ensure that we do all we can to **share data, information, and intelligence** across partners.
- Ensure we really **understand populations, communities and families** and not just label them.
- Ensure we **understand, improve, and use existing initiatives** rather than new, shiny projects.



ICP year ahead

September 2023	Start Well (0-5)		September 2024	Mid-year progress review against our strategy	
December 2023	Grow Well (6-18)		December 2024	Age Well (65+)	
March 2024	Year-end progress review against our strategy		March 2025	Year-end progress review against our strategy	
June 2024	Live Well (19-64)		June 2025	End Well	

The ICP is greater than the sum of its parts



**Tri-partite
chair**



ICP Strategy



Deep Dives



**Wide
Participation**



**Good
Relationships**

Q&A open session

- Questions submitted via email in advance of the meeting will be addressed by the Chair during this session.
- Please 'raise your hand' on Teams if you would like to ask a question now.



Thank you for attending Staffordshire and Stoke-on-Trent Integrated Care Board's Annual General Meeting

A recording of this meeting will be available on our website.

