

# Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent  
ICB Meeting

16 November 2023

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

This briefing aims to keep partners informed of the discussions at the NHS Integrated Care Board (ICB) meeting in public. To watch the recording and read the papers [visit the ICB website](#).

### Community Story: Changing Futures Programme

- Gemma Finn, Strategic Manager for the Changing Futures Programme at Stoke-on-Trent City Council and Peter Tomlin, Director of Adult Social Care at Stoke-on-Trent City Council presented an overview of the Changing Futures Programme.
- Changing Futures uses a partnership approach to improve outcomes for those experiencing multiple disadvantages – i.e., homelessness, offending, substance use, mental health difficulties and domestic abuse. It brings together the public sector and community sector to drive the modernisation of public services for people experiencing multiple disadvantages.
- Since April 2022, 335 beneficiaries have been supported by the programme.
- There is a monthly Multi Agency Resolution Group (MaRG) that brings together senior membership from both statutory and non-statutory services including police, probation, adult social care, health, housing and providers of drug and alcohol services. Together partners discuss any system and service barriers that are preventing viable solutions or hindering sustainable progress for the individual.

The Board thanked Gemma and Peter for their presentation and were pleased to see how it fits into the quadruple aim of the Integrated Care System and the five priorities of the Integrated Care Partnership work. The Board discussed how they can make this programme sustainable, how they can link in with the portfolio work, and how they can look at prevention.

### ICB Chair and Executive update

- Peter Axon, CEO, introduced the report and commented that there is work going into the 2024/25 plans, alongside the System Recovery Plan.

The Board thanked Peter and David for the report. The Board commented that there needs to be learnings taken from recovery planning into future planning. Peter agreed and added that we should look at a longer planning period to ensure the sustainability of plans.

### System Recovery Plan

- Paul Brown, Chief Financial Officer, presented the approach being taken to establish our System Recovery Plan. The plan identifies 25 products (key deliverables) which will be achieved through implementing 16 projects underpinning the plan. Going forward, reporting will be against delivery of these 25 products, rather than the projects themselves, to provide the level of granular assurance required.
- A range of workforce challenges and emerging risks have been identified and these will be monitored closely by the weekly system recovery meeting and escalated appropriately.
- A Recovery Dashboard is being created to demonstrate whether the 25 products are having the required impact on the metrics chosen. This will be included in future reports.
- Paul confirmed that progress is being made with Continuing Health Care (CHC) and reiterated that this is not about just saving money, but it is about making things better for patients. There is significant evidence to show there have been improvements in patient care from the recent changes that have been made. In terms of the cost savings, we are on track to reach our yearly run rate target of £100million, by March.
- Paul shared that it is through system working, namely through the work of the CHC Provider Collaborative, that this work has been so impactful. Alongside direct work on the CHC priority, the 'care home' priority is now a fundamental priority as working through this can have a positive impact on CHC.

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The Board thanked Paul for his update and noted that there was a System Financial Recovery Summit that took place, where details of the plans were shared, and it was evident that this is a system-owned plan. The Board acknowledged that we must continue to do what is right for the patient, ahead of the system savings. The Board asked how they were going to mitigate the risk of not having a communications plan in place, and how this plan was going to impact 2024/25 planning. Paul confirmed that by saving money on Continuing Health Care, the planning for 2024/25 will be positively impacted. The Board commented that although it is a financial recovery plan, it was also a transformation plan for how we care for our frail and elderly community and that was exciting to see.

### Digital Update

- Chris Ibell, Chief Digital and Information Officer, introduced the report and explained that a digital road map has been co-produced to address the low level of digital maturity across Staffordshire and Stoke-on-Trent.
- Cyber security has been identified as a key risk, both as a system but also individually as health and care providers. Over the past year, plans have been developed collectively across both healthcare providers and local authorities to enhance, level-up and standardise cyber services across the region.
- The One Health and Care (connected care record) is now four years old and contains a reasonable source of clinical information from health and care providers across all three participating ICSs. Utilisation and adoption have been steadily increasing in support of direct care, and there are plans to expand to support secondary use and population health management.
- There is a risk the system is unable to take full advantage of the data available to use in One Health and Care due to legal and governance constraints. This could negatively impact the forward motion of Population Health Management as well as business intelligence and AI initiatives. The CAG application aims to overcome this challenge and unlock the potential future opportunities to avoid admissions by taking a proactive approach to patient care.
- According to the latest Model Hospital benchmark data for Staffordshire and Stoke-on-Trent, the levels of organisational investment into Digital differ substantially. This could be an opportunity as the 2024/25 budget cycle approaches, to consider adjustments in allocations.

The Board thanked Chris for his update. The Board asked if there was a shared vision for digital across the ICS. Chris confirmed there was, so now there is work ongoing to avoid duplication across the system and to see how we can share digital innovations. The Board commented that there is a cultural piece that supports digital adoption and a focus on this work could mitigate the low levels of funding available for digital innovation.

### Winter Surge Plan

- Phil Smith, Chief Delivery Officer, introduced the plan. The System Surge plan articulates the system approach to mitigating the impacts upon all facets of the Urgent and Emergency Care system during periods of increased demand, specifically during the forthcoming winter period. The plan describes three core principles:
  - 1) The System Capacity plan
  - 2) The System Escalation plan
  - 3) The System Workforce plan
- The forecast activity has been calculated utilising the System Capacity Modelling tool and builds upon previous work to forecast bed requirements and activity levels during the forthcoming months.

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- There has been a strengthened input from the voluntary sector into the plan this year, based on learnings from last year, and the plan is an evolving document that will be under constant review to ensure recalibration and re-assessment regarding operational context and pressures.
- In addition to this plan, we now have an annualised view of demand, to better manage demand at other times of the year, and a five-year view of demand growth to support other system plans.

The Board thanked Phil and other system partners for the work that has gone into this plan. The Board asked how we can include de-escalation in the plan. Phil commented that the annualised view of demand will now be able to support the de-escalation plan. The Board asked if we have the workforce to address the demand predicted. Phil agreed that workforce is a risk of the plan, and each organisation is looking at their individual gaps in workforce to focus their recruitment plans. The Board ratified the decision of the System Finance and Performance Committee and confirmed approval of the System Surge Plan for 2023/24.

### System Level Access Improvement Plan (SLAIP)

- Sarah Jeffery, Primary Care Portfolio Director, introduced the plan. Sarah shared that a national 'Delivery Plan for Recovering Access to Primary Care' was published by NHS England (NHSE) in May 2023. This System-Level Access Improvement Plan (SLAIP) has been written in response to national plan and works through the four national ambitions; to empower people, to build modern general practices, to cut bureaucracy and build capacity. This plan is in draft form; final deadline for submission to NHSE is 31 March 2024.

The Board thanked Sarah for her summary, and for the work that has gone into this plan.

### Quality and Safety Report

- Becky Scullion, Director of Nursing, Quality Assurance and Improvement, presented the Quality and Safety report.
- As part of the Patient Safety Incident Response Plan (PSIRP) each provider of healthcare services must work with their ICB to develop a PSIRP and policy, which identifies how the organisation will respond proportionately to all incidents requiring investigation. Policies have been created by our provider trust colleagues and documents will be published on the relevant provider's websites.
- Megan Nurse, Non-Executive Director, presented the System Quality and Safety Committee report and asked for ratification of the Continuing Healthcare Equity Policy, the partner PSIRF Policies and Plans, and the Quality and Safety Committee Terms of Reference.

The Board thanked Becky and Megan for their updates and approved the recommendations and ratifications.

### Finance and Performance Report

- Paul Brown, Chief Financial Officer, and Phil Smith, Chief Delivery Officer, introduced the report.
- At month 6, at a system level, we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 – year to date deficit £58.6m; variance to plan £45m). The system has reported a net risk of £141m prior to recovery actions. There will also be additional funds coming from NHS England to mitigate the impacts of Industrial Action.

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- Seasonal pressures are starting to appear with a 7% increase in demand. Urgent and Emergency Care (UEC) performance remains challenging with business continuity incidents impacting on performance and delivery at University Hospitals of North Midlands (UHNM).
- Although COVID-19 pressures have dissipated, there is an increase in flu-cases.
- Recovery of long-waiters is being worked through, with one patient still waiting 104+ weeks, although this is a unique case. 78 week waits at UHNM have remained stable despite continued Industrial Action. Eliminating 78+ week waits remains a significant challenge; 158 are forecast for the end of October at UHNM, 93 at the end of November.
- Additional funding from the Cancer Alliance has been received that has positively impacted capacity.

The Board thanked Paul and Phil for their reports. The Board noted and received the exceptions.

### Board Assurance Framework

- Tracey Shewan, Director of Corporate Governance, presented the framework. Tracey shared that there will be a review of the business cycle and how the scrutiny of the objectives can be provided, by each committee, in a timely way.
- One risk was proposed to have a reduction in risk score during the quarter, which is BAF 7 Improving Productivity; however the Board believed that there was not enough assurance to warrant this reduction so it will remain as is.. All other scores have remained static.

The Board thanked Tracey for the update. The Board is assured that the ICB is on course for delivery of the Strategic Objectives by their target dates.

### Assurance Reports from Committees of the Board

- **People, Culture, and Inclusion Committee:** Shokat Lal, Non-Executive Director, shared that there has been a 2% improvement in staff retention on this time last year, and a 1% reduction in sickness and staff absence on this time last year.

The Board thanked Shokat and ratified the decision to proceed to signing up to the Sexual Safety Charter as recommended by NHS England.

**Date and time of next meeting in public:** 21 December 2023 at 12.30pm, in person. To register to attend, please fill out the [registration form](#).