

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

19 December 2024

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](#).

ICB Chair and Chief Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- The Chair acknowledged that Megan Nurse has been appointed Chair of Mid Cheshire Hospitals NHS Foundation Trust. The Chair praised the appointment as a fantastic achievement and wished Megan Nurse the best for her future role.
- The Chair was assured by the Quality and Safety update and thanked Josie Spencer, Heather Johnston and the team for their oversight.
- The Chair acknowledged the Nursing Times Award for UHNM and commented that he has seen the work of this team first hand, and it is a well-deserved award.
- Peter Axon mentioned the significant pressure on the urgent and emergency care departments due to a peak of flu cases. Peter Axon shared the importance of being vaccinated and the need for people to use other available services, and not only attend A&Es in the first instance.
- Peter Axon thanked everyone involved in the urgent and emergency care work.

The Board thanked the Chair and Peter Axon for the report. The Board asked why the dental spend has been drawn back. Peter Axon shared any dental underspends are being managed centrally to ensure an overall balanced position and cannot be used to offset the local financial position. The Board asked about what is being done to manage the increased staff absence levels. Peter Axon responded that the Staff Wellbeing Psychological Hub is available and has supported staff who otherwise would have gone off sick. Mish Irvine, Chief People Officer, further responded that we are working with Deloitte to review staffing and look at ways to further manage staff wellbeing.

Specialised Commissioning Delegation

- Elizabeth Disney, Chief Transformation Officer, presented the report.
- Elizabeth Disney advised that the report aims to update the Board on the progress that is being made in relation to the next phase of Specialised Commissioning Delegation.
- Elizabeth Disney noted that there have been previous rounds of delegation. This paper outlines the process of implementing a range of acute specialised services, including mental health, learning disabilities, and autism specialised services.
- Elizabeth Disney confirmed engagement with the regional team is underway, largely through governance structures and a single operating group.
- Elizabeth Disney mentioned that there is an ICB working group that ensures intelligence for the next phase is being brought back into the organisation.
- Elizabeth Disney assured the ICB Board that there is formal governance in place overseeing the delivery of delegation.
- Elizabeth Disney added that the current focus is on the safe transition of the next phase of service delegation.
- Elizabeth Disney acknowledged that a future paper is expected in March, which will recommend the exact arrangements for the delegation. The Board will be asked to consider the work that has been undertaken, and to make a decision on the next steps.

The Chair thanked Elizabeth Disney for the report. The Board asked if there is an ambition to improve other services for the population, once the delegation is pinned down. Elizabeth Disney assured the Board that the ICB working group will continue conversations around the potential value of the delegation once this process has taken effect. The Chair acknowledged thanks to David Melbourne, Chief Executive Officer of Birmingham and Solihull ICB, who is co-ordinating a

webinar on 28 January for Chairs and Non-Executive Directors, regarding the delegation process.

The Board accepted the recommendations presented to them, which include:

1. The task and finish group members are actively involved with the regional workstreams established, to oversee the delivery of the delegation agreement.
2. To be advised that SSOT ICS have expressed an interest in 'option 3' for the contracting arrangements with regards to the management of the NHS lead provider collaborative.
3. To agree that the regional specialised commissioning reports are presented to the strategic commissioning and transformation committee, once this has been established in early January.

Medium Term Plan

- Paul Brown, Chief Finance Officer, and Elizabeth Disney, Chief Transformation Officer, presented the report.
- Paul Brown advised that two areas of the Medium-Term Plan have been agreed. Firstly, the creation of the medium-term model has been completed, and widely supported across the system. Secondly, it has been noted that high levels of inpatient care is not leading to better health outcomes, so this is an area that will be focused on.
- Paul Brown advised that the Medium-Term Plan is being looked at over a five-year period, acknowledging the financial challenges for the system.
- Paul Brown advised the model sets out what the potential savings are for the system over the five-year period, noting three key areas that will be focused on:
 - Allocative efficiency, which Paul Brown explained as reducing the number of inpatient episodes where evidence shows it is not leading to better health outcomes.
 - To address the cost of Continuing Health Care (CHC)
 - To consider the aging population, with the number of people aged 70 and above expected to increase by 20% over the five-year period, and therefore measures need to be in place to avoid this being a further pull on the inpatient sector.
- Paul Brown noted that helpful conversations have taken place with the System Performance Group and Chief Executives around these elements and the delivery of the plan.
- Elizabeth Disney reiterated the work that has been undertaken on the model and the implications expected across the system, mentioning four key focus areas:
 - To acknowledge the significant levels of transformation, including community transformation that will aim to reduce the demand for bedded care settings, i.e. residential and acute care, with the need to provide more proactive and preventative care in people's homes and communities. A workshop was held to establish how this might look, and those in attendance will be reconvening in January to produce a set of commissioning and delivery arrangements for 2025/2026, and onwards.
 - Clinical optimisation, which is supported by clinicians and operational transformation finance managers across the system to consider pathway redesign, driven by population of health management data.
 - A more structured program on productivity, using benchmarking data, with national data to be expected in January 2025.
 - Cash efficiency, with significant opportunity to drive work around this in CHC, prescribing, and cash releasing opportunities that potentially still exist in the system.

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- Elizabeth Disney advised that the next step is to drive the work that is needed across the four areas mentioned, with a clear plan ready to be implemented from 01 April 2025.
- Elizabeth Disney advised that although challenging, it is possible to deliver better outcomes and better experiences for staff and patients, and to get the system back into a better sense of financial balance.

The Chair thanked Paul Brown and Elizabeth Disney for the report. The Board asked about community transformation and the approach to training, education, and skills, and how this has been modelled into the plan so far. Elizabeth Disney responded to the Board explaining that it will require strategic workforce planning, including a different approach to the way professionals work together and creating an environment to make this possible, whilst utilising multi-disciplinary teams on a bigger scale. The Board asked how improvements to specialised services will go into the three-year planning process. Mish Irvine, Chief People Officer, responded that engagement with partners will be undertaken throughout the development of the new model and organisations will be supported in this. The Board asked about the short-term external demands, versus the ability to deliver in the long term. Paul Brown responded that short-term targets will be in place to manage this, and conversations around this will be taking place, which the Board will be informed and updated on. The Board was asked about the role of the ICB Board, in regard to the proposed changes, approval and impacts. Elizabeth Disney responded that work undertaken by subcommittees and associated working groups will be reported to the ICB Board, who will remain the decision makers for any significant decisions and changes. The Board commented that it is important to get the right message to clinicians, and to encourage a freedom to make changes to current ways of working that might not be so efficient. The Chair reiterated the point made, commenting on the importance of social movement and the freedom for clinicians to challenge current ways of working. Peter Axon added thanks to everyone involved in the work around the Medium-Term Plan. Peter Axon acknowledged the scale of the challenge within the financial pressures and the controlled budgets in place over the next five years. Peter Axon assured the Board that conversations will take place across the system and with the population to address mitigations for these challenges.

Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Officer, presented the report.
- Heather Johnstone thanked the Chair for making reference to the Quality strategy in the Chair and Chief Executive report.
- Heather Johnstone addressed general mortality and infant mortality, noting the high rate of infant mortality in Staffordshire and Stoke-on-Trent.
- Heather Johnstone advised that new mortality groups have been established over the past month, including a system mortality oversight group, and work being undertaken across the region in respect of infant mortality. Heather Johnstone added that a conference around infant mortality took place on 03 December 2024, noting positive feedback from this.
- Heather Johnstone advised a peer approach is being taken within the Deteriorating Patient Network, adding that further updates will be provided in the future as work continues.
- Heather Johnstone advised that a joint learning forum has been set up for maternity services with Shropshire, Telford and Wrekin.
- Heather Johnstone added that the Care Quality Commission (CQC) have visited the maternity units at UHNM and RWT, with positive feedback from both visits.

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- Heather Johnstone noted the CQC have visited the Moorland unit, with a good rating as an outcome.
- Heather Johnstone reassured the Board that the Quality and Safety Team will continue to be very active in their role of overseeing the work around the MTP and transformation.

The Chair thanked Heather Johnstone for the report and for the reassurance around the Quality and Safety team's role in the Medium- Term Plan (MTP) and transformation work. The Chair asked whether granular reports with benchmark data will be obtained and presented to the Board. Heather Johnstone assured the Chair this will be presented to the Board in the near future.

Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report

- Dr Paul Edmondson-Jones, Chief Medical Officer, presented the report.
- Paul Edmondson-Jones confirmed that there are no alerts to highlight.
- Paul Edmondson-Jones highlighted several elements of the Integrated Medicines Optimisation Group (IMOG) to the Board, including medications, a sensory toolkit for processing needs, pathways for breathlessness and Upper Gastrointestinal, the NHS oversight framework and prison health care.
- Paul Edmondson-Jones commented that prison healthcare is an emerging issue in Staffordshire and Stoke-on-Trent, and a wider workshop on prison health care is taking place to look at associated issues that are arising.
- Paul Edmondson-Jones acknowledged two decisions to be escalated to the Board, including those that are outlined in the Integrated Medicines Optimisation Group report and the sensory toolkit.

The Chair thanked Paul Edmondson-Jones for the report. The Board was asked whether schools have been involved in the design of the sensory needs toolkit. Paul Edmondson-Jones assured the Board that local authorities and partners across the system have been involved in the toolkit, which includes educational teams. A further update on this will be provided at January's Board meeting. The Chair thanked everyone involved in the Senate AAA Chairs Report.

The Board noted and accepted the recommendations presented to them, which include:

1. The decisions laid out in the IMOG report to be accepted by the Board
2. The sensory toolkit to be accepted by the Board

ICS Finance and Performance Report and Finance and Performance Committee AAA Chairs Report

- Paul Brown, Chief Finance Officer, and Megan Nurse, Non-Executive Director, presented the ICS Finance and Performance report.
- Paul Brown commented that the efficiency program has been a success this year. Although it's not quite where it should be, Paul Brown advised it is moving in a positive direction with efficiency growing.
- Paul Brown confirmed that the month seven position is a £33.7m variance from the plan.
- Paul Brown commented on the shortfall of efficiency, flagging the higher cost for the out of system acute provider contracts and the conciliation, noting this as just under £30m, and the impact of rebanding clinical band 2 staff to band 3 staff, noting this as £8m.
- Paul Brown advised that the forecast outturn position has increased to £64m, in comparison to £56m as previously reported, due to the drawback of the dental

underspend and other costs associated with acute delays for the West Midlands Ambulance Service.

- Paul Brown explained that regulators have advised we must break even.
- Paul Brown added that there is a high level of intense work being undertaken with the Investigation and Implementation team to deliver improvements, noting key focus points for the Investigation and Implementation regime, including:
 - Moving from a standard level of control to an enhanced level control.
 - Addressing the high cost of Continuing Health Care, where work is being undertaken to identify improvements that can be made. Paul Brown advised that Deloitte and Kingsgate are investigating the Continuing Health Care pathway to provide a more detailed understanding of these costings.
 - Investigating where costs can be reduced within other services.
 - Reducing spend within the independent sector, particularly Elective Care, with a need to utilise NHS resources, for example, theatres and day case facilities.
- Paul Brown commented on the significant concerns around ambulance holds and acute performance, which continues to be of concern.
- Paul Brown acknowledged University Hospitals of North Midlands being deescalated from Tier One for elective cancer and diagnostics.
- Paul Brown noted that University Hospitals of Derby and Burton are still in Tier Two, but cancer has been stepped down, which is an improvement.
- Megan Nurse advised the Board that a report has been received around the pressures on Urgent and Emergency Care as a result of declaring Critical Incident.
- Megan Nurse also advised that the financial impact of the winter schemes outlined in the revise system surge update report will be continuously monitored.

The Chair thanked Paul Brown and Megan Nurse for the report. The Chair commented on the overview of the ICB performance ratings for mental health, learning disabilities and autism, noting this is relatively low. Elizabeth Disney assured the Board that the system is addressing key problem areas within mental health, learning disabilities and autism, with three focus areas being:

- The access and quality issues around Perinatal services. Elizabeth Disney confirmed that there is a data reporting issue, also noting a group has been established to understand how the additional investment from mental health and SDF related investments.
- Child and Adolescent Mental Health Services (CAHMS) and the additional investment into the children and young people's crisis service, along with the additional investment into the children and families Single Point of Access service.
- ADHD and autism service waiting times. Elizabeth Disney confirmed there is an agreed improvement plan around autism waiting times, which has been agreed by the Learning Disabilities and Autism Board, with ADHD service waiting times being the next focus.

Buki Adeyemo, Chief Executive at North Staffordshire Combined Healthcare NHS Trust and partner member with the ICB for Mental Health, added that the work underway to improve perinatal services is being discussed at regional level, and the impact of the additional investment should be visible around February/ March 2025, noting that this will be closely monitored. Buki Adeyemo assured the Board that data reporting issues are being investigated. The Board asked if the key priorities for portfolios can be made clearer, in terms of detailing how the objectives will move key metrics away from 'Red'. Paul Brown assured the Board that reviews on the impact of objectives are undertaken

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quarterly. Megan Nurse added that improvements have been made around the specifying the key deliverables, but there are still improvements to be made.

The Board accepted the acknowledgements and recommendations presented to them, which include:

- The high-level performance against the five priorities
- The high-level key program deliverables update
- The financial position
- To receive and note Megan Nurse's AAA Chair Report

People, Culture and Inclusion Report and People Culture and Inclusion Committee Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, and Mish Irvine, Chief People Officer, presented the report.
- Shokat Lal acknowledged the positive feedback obtained from the Sexual Safety conference and the implementation of the Sexual Safety Charter within healthcare.
- Shokat Lal advised that a detailed update on the system surge plan has been referenced at the previous Board meeting in November, with no further updates to be made.
- Shokat Lal acknowledged the increasing number of staff sickness absence, advising that this is being monitored closely, highlighting the importance of the Psychological Wellbeing Hub.
- Mish Irvine added that data for November shows that operational figures are increasing, highlighting an overperformance for workforce numbers within the system, primarily in Bank, which needs to be considered in terms of the financial situation, along with the work being undertaken with Deloitte, providing the assurance needed for the committee and the Board.
- Mish Irvine also added that a proposal around the Psychological Wellbeing Hub will be brought forward at the next Board meeting in January 2025.

The Chair thanked Shokat Lal and Mish Irvine for the report. The Board accepted the recommendations to note the workforce position, risks and mitigations in place to address.

Staffordshire and Stoke-on-Trent ICB Remuneration Committee Summary and Escalation Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat Lal acknowledged the formal ratification of the permanent appointment of the Chief People Officer.

The Chair thanked Shokat Lal for the report. The Board noted and approved the appointment.

Date and time of next meeting in public: 16th January 2025 at 12.30pm held in Public, via MS Teams