NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board Meeting HELD IN PUBLIC

Thursday 20 April 2023
1.00pm-3.00pm
Via Microsoft Teams

[A = Approval / R = Ratification / S = Assurance / D = Discussion / I = Information]

	Agenda Item	Lead(s)	Enc.	A/R/S/ D/I	Time	Pages
1.	Welcome and Apologies • Leadership Compact • Quoracy • Conflicts of Interest	Chair	Enc. 01 Verbal Enc. 02	S	1.00pm	1-4
2.	Minutes of the Meeting held on 16 March 2023 and Matters Arising	Chair	Enc. 03	A		5-16
3.	Action Log Progress Updates on Actions	Chair	Enc. 04	D		17
4.	Questions submitted by members of the public in advance of the meeting	Chair	Verbal	D	1.05pm	
	Strategic and System Development					
5.	ICB Chair and Chief Executive Update	DP/PA	Enc. 05	D/I	1.10pm	18-26
6.	Living my best life with Autism: Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023-2026	CB	Enc. 06	A	1.20pm	27-73
7.	General Practice Five Year Forward Strategy	CB	Enc. 07	A	1.30pm	74-112
8.	2022/23 PSED Equality Diversity and Inclusion Annual Report	AB	Enc. 08	A	1.40pm	113-144
	System Oversight and Governance					
9.	Board Assurance Framework • Close Down of 2022/23 BAF • Draft Strategic Objectives for 2023/24 BAF	SY	Enc. 09	A	1.50pm	145-181
10.	Quality and Safety Report	HJ	Enc. 10	S	2.00pm	182-191
11.	2022/23 Performance and 2023/24 Plan	PB/PSm	Enc. 11	D	2.10pm	192-215
12.	Freedom to Speak Up Report • FTSU Recommendations	SY	Enc. 12	R	2.25pm	216-237
	Committee Assurance Reports					
13.	Quality & Safety Committee	JS	Enc. 13	S	2.35pm	238-239
14.	Finance and Performance Committee	MN	Enc. 14	S	2.40pm	240-241
	Any other Business					
15.	**Items notified in advance to the Chair**	All		D		
16.	**Questions from the floor relating to the discussions at the meeting**	Chair				
17.	**Meeting effectiveness**	Chair				
18.	**Close**	Chair			3.00pm	
19.	**Date and Time of Next Meeting** 18 May 2023 at 1.00pm in public – Face to Face					

ICS 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**.

NHS
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Integrated Care Board

STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2023-2024
INTEGRATED CARE BOARD (ICB)
AS AT 14 APRIL 2023

Kev
Declaration completed for financial year 2023/2024
Declaration for financial year 2023/2024 to be submitted

Note: **Kev relates to date of declaration**

Date of Declaration	Title	Forename	Surname	Role	Organisation/Directorate	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken *to mitigate identified conflicts of interest*
3rd April 2023	Dr	Buki	Adeyemo	Chief Executive	North Staffs Combined Healthcare Trust	Nothing to declare	1. Membership of WRES - Strategic Advisory Group (ongoing) 2. CQC Reviewer (ongoing)	1. Board of Governors University of Wolverhampton (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company.
1st April 2023	Mr	Jack	Aw	ICB Partner Member with a primary care perspective	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Principal Partner Loomer Medical Partnership Loomer Road Surgery, Haymarket Health Centre, Apsley House Surgery (2012 - present) 2. Clinical Director - About Better Care (ABC) Primary Care Network (2019 - ongoing) 3. Staffordshire and Stoke-on-Trent ICS Primary Care Partner Member (2019 - present) 4. Director Loomer Medical Ltd Medical Care Consultancy and Residential Care Home (2011 - ongoing) 5. Director North Staffordshire GP Federation (2019 - ongoing) 6. Director Austin Ben Ltd Domiciliary Care Services (2015 - ongoing) 7. CVD Prevention Clinical Lead NHS England, West Midlands (2022 - ongoing)	1. North Staffordshire GP VTS Trainer (2007 - ongoing) 2. North Staffordshire Local Medical Committee Member (2009 - ongoing)	1. Newcastle Rugby Union Club Juniors u11 Coach (ongoing)	1. Spouse is a GP at Loomer Road Surgery (ongoing) 2. Spouse is director of Loomer Medical Ltd (ongoing) 3. Brother is principal GP in Stoke-on-Trent ICS (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
1st April 2023	Mr	Peter	Axon	CEO ICB	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) interest recorded on the Conflicts Register.
6th April 2023	Mr	Chris	Bird	Chief Transformation Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Interim Chief Transformation Officer, NHS Staffordshire & Stoke-on-Trent ICB until 31.07.23. Substantive role - Director of Partnerships, Strategy & Digital , North Staffordshire Combined Healthcare NHS Trust (April 2023 - July 2023)	1. Chair of the Management Board of MERIT Pupil Referral Unit, Willeton Street, Bucknall, Stoke-on-Trent, ST2 9JA (April 2023 - March 2024)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mr	Paul	Brown	Chief Finance Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Previously an equity partner and shareholder with RSM, the internal auditors to the ICB. I have no on-going financial interests in the company (January 2014-March 2017) 2. Previously a non-equity partner in health management consultancy Carnall Farrar. I have no on-going financial interests in the company (March 2017-November 2018)	Nothing to declare	Nothing to declare	No action required
1st April 2023	Ms	Tracy	Bullock	Acute Care Partner Member and Chief Executive	University Hospitals of North Midlands NHS Trust (UHNM)	Nothing to declare	1. Lay Member of Keele University Governing Council (November 2019 - November 2023) 2. Governor of Newcastle and Stafford Colleges Group (NSCG) (ongoing)	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
3rd April 2023	Ms	Alexandra (Alex)	Brett	Chief People Officer	Midlands Partnership NHS Foundation Trust Staffordshire & Stoke-on-Trent ICB	Nothing to declare	1. Chief People Officer- Midlands Partnership NHS Foundation Trust (June 2019 - ongoing) Chief People Officer - Shropshire Telford and Wrekin	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) Recorded on Conflicts Register.
4th October 2022	Mr	Neil	Carr OBE	Community Services Partner Member and CEO of MPFT	Midlands Partnership NHS Foundation Trust	1. Member of ST&W ICB (ongoing)	1. Fellow of RCN (ongoing) 2. Doctor of University of Staffordshire (ongoing) 3. Doctor of Science Keele University (Honorary) (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.	
3rd April 2023	Dr	Paul	Edmondson-Jones	Chief Medical Officer and Deputy Chief Executive	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Charity Trustee of Royal British Legion Industries (RBLI) who are a UK wide charity supporting military veterans, the unemployed and people with disabilities	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
1st April 2023	Mrs	Gillian (Gill)	Hackett	Executive Assistant	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
1st April 2023	Dr	Paddy	Hannigan	Clinical Director for Primary Care	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Salaried GP at Holmcroft Surgery integrated with North Staffordshire Combined Healthcare Trust and contract responsibilities taken over by NSCHT (1st January 2020 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
4th April 2023	Mr	John	Henderson	Chief Executive	Staffordshire County Council	1. Salaried Employment as CE of Staffordshire County Council. (May 2015 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mrs	Julie	Houlder	Non-Executive Director Char of Audit Committee	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Owner of Elevate Coaching (October 2016 - ongoing) 2. Owner Craftykin Limited (July 2022 - ongoing)	1. Chair of Derbyshire Community Health Foundation Trust (January 2023 - ongoing) (Non-Executive since October 2018) 2. Non-Executive George Eliot NHS Trust (May 2016 - ongoing) 3. Director Windsor Academy Trust (January 2019 - ongoing) 4. Associate Charis Consultants Ltd (January 2019 - ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on ICB conflicts register
1st July 2022	Mr	Chris	Ibell	Chief Digital Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
1st April 2023	Ms	Mish	Irvine	Associate Director of People	ICS/MPFT (hosted)	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required

Date of Declaration	Title	Forename	Surname	Role	Organisation/Directorate	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken *to mitigate identified conflicts of interest*
1st July 2022	Mrs	Heather	Johnstone	Chief Nursing and Therapies Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Visiting Fellow at Staffordshire University (March 2019 - March 2025)	Nothing to declare	1. Spouse is employed by UHB at Heartlands Hospital (ongoing) 2. Step-sister employed by MPFT as a nurse (ongoing) 3. Brother-in law works as an Occupational Health Nurse for Team Prevent at UHNM (ongoing) 4. Daughter is marketing executive for Voyage Care (LD and community service provider in Staffordshire) (August 2020 - ongoing) 5. Daughter-in-law volunteers as a maternity champion as part of the maternity transformation	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mr	Shokat	Lal	Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Local government employee (West Midlands region) and there are no direct or indirect interests that impact on the commissioning arrangements of the ICB (ongoing)	Nothing to declare	Nothing to declare		(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company.
1st July 2022	Ms	Megan	Nurse	NED/Chair of Finance and Performance Committee	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Independent Mental Health Act Panel member, MPFT. (May 2016 - ongoing) 2. NED at Brighter Futures Housing Association (ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register
1st April 2023	Mr	David	Pearson	Chair	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Non-Executive Chair Land based College linked with Chester University (2018 - ongoing) 2. Membership of the Royal College of Nursing (RCN) (1978 - ongoing) Membership cancelled with effect from 30/11/2022 (declaration to be removed from the register on 1st [illegible])	Nothing to declare	1. Spouse and daughter work for North Staffs Combined Health Care NHS Trust (2018 - ongoing: redeclared 21.11.21)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
4th October 2022	Mr	Jon	Rouse	Local Authority Partner Member and CEO of Stoke City Council	Stoke-on-Trent City Council	1. Employee of Stoke-on-Trent City Council, local authority may be commissioned by the ICS (June 2021 - ongoing) 2. Director, Stoke-on-Trent Regeneration Ltd, could be a future estates interest (June 2021 - ongoing) 3. Member Strategic Programme Management Group, Staffordshire & Stoke-on-Trent LEP, may have future financial relationship with the ICS (June 2021 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
8th March 2023	Mrs	Tracey	Shewan	Director of Communications and Corporate Services	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Works shifts on Chebsey ward at MPFT (March 2023 - ongoing)	Nothing to declare	1. Husband in NHS Liaison for Shropshire, Staffordshire and Cheshire Blood Bikes (ongoing) 2. Sibling is a registered nurse with MPFT (ongoing) 3. Daughter has commenced a student paramedic at West Midlands Ambulance Service (WMAS) (February 2021 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
4th April 2023	Mr	Phil	Smith	Chief Delivery Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
4th April 2023	Mrs	Josie	Spencer	Independent Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Non-Executive Director Leicestershire Partnership Trust (May 2023 - ongoing)	1. Chief Executive Coventry and Rugby GP Alliance (May 2022 - ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) interest recorded on the conflicts register
1st July 2022	Mr	Prem	Singh	Chair - Staffordshire and Stoke on Trent ICB	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Chair of Derbyshire Community Health Services NHS Foundation Trust (November 2013 - ongoing) 2. Independent Coach (October 2021 - ongoing)	Nothing to declare	1. Spouse holds position of Chief Executive at Rotherham, Doncaster and South Humber NHS Foundation Trust (June 2015 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
1st April 2023	Mr	Baz	Tameez	Manager	Healthwatch Staffordshire	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
3rd April 2023	Mrs	Sally	Young	Director of Corporate Governance	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required

ANY CONFLICT DECLARED THAT HAS CEASED WILL REMAIN ON THE REGISTER FOR SIX MONTHS AFTER THE CONFLICT HAS EXPIRED

1. Financial Interest *(This is where individuals may directly benefit financially from the consequences of a commissioning decision, e.g. being a partner in a practice that is commissioned to provide primary care services)*
2. Non-financial professional interests *(This is where an individual may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the ICB)*
3. Non-financial personal interests *(This is where an individual may benefit personally, but not professionally or financially, from a commissioning decision e.g. if they suffer from a particular condition that requires individually funded treatment)*
4. Indirect interests *(This is where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g. spouse, close relative (parent, grandparent, child etc) close friend or business partner*
5. Actions taken *to mitigate identified conflicts of interest*
(a) Change the ICB role with which the interest conflicts (e.g. membership of an ICB commissioning project, contract monitoring process or procurement would see either removal of voting rights and/or active participation in or direct influencing of any ICB decision)
(b) Not to appoint to an ICB role, or be removed from it if the appointment has already been made, where an interest is significant enough to make the individual unable to operate effectively or to make a full and proper contribution to meetings etc
(c) For individuals engaging in Secondary Employment or where they have material interests in a Service Provider, that all further engagement or involvement ceases where the ICB believes the conflict cannot be effectively managed
(d) All staff with an involvement in ICB business to complete mandatory online Conflicts of Interest training (provided by NHS England), supplemented as required by face-to-face training sessions for those staff engaged in key ICB decision-making roles
(e) Manage conflicts arising at meetings through the agreed Terms of Reference, recording any conflicts at the start / throughout and how these were managed by the Chair within the minutes
(f) Conflicted members to not attend meetings, or part(s) of meetings: e.g. to either temporarily leave the meeting room, or to participate in proceedings but not influence the group's decision, or to participate in proceedings / decisions with the agreement of all other members (but only for immaterial conflicts)
(g) Conflicted members not to receive a meeting's agenda item papers or enclosures where any conflict arises
(h) Recording of the interest on the ICB Conflicts of Interest/Gifts & Hospitality Register and in the minutes of meetings attended by the individual (where an interest relates to such)
(i) Other (to be specified)

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board Meeting HELD IN PUBLIC

Thursday 16 March 2023
2.00pm-4.00pm
Newcastle Suite, Stafford Education and Enterprise Park, Weston Road, Stafford ST18 0BF

Members:	**Quoracy**	**01/07/22**	**18/08/22**	**20/09/22**	**17/11/22**	**19/01/23**	**16/03/23**
Prem Singh (PS) Chair, Staffordshire & Stoke-on-Trent ICB	Over 50% of the quantum (nine out of seventeen members) with there being an equitable balance to represent that of a Unitary Board, split between proportions of Executive, Non-Executive and Partner Members, including: • the Chief Executive plus one other Executive Director (from CFO, CTO, CDO) • either the Medical Director (CMO) or the Director of Nursing & Therapies (CNTO) • three Independent Members: i.e. Chair plus two Non-Executive Members • three Partner Members: with ideally at least one from each of the three cohorts	✓	✓	✓	✓		
David Pearson (DP) Chair, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Peter Axon (PA) Interim Chief Executive Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Paul Brown (PB) Chief Finance Officer, Staffordshire & Stoke-on-Trent ICB		✓	✖	✓	✓	✓	✓
Phil Smith (PSm) Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Sally Young (SY) Director of Corporate Services, Staffordshire & Stoke-on-Trent ICB		✓	✓	✖	✓	✓	✓
Alex Brett (AB) Chief People Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Heather Johnstone (HJ) Interim Chief Nursing and Therapies Officer, Staffordshire & Stoke-on-Trent ICB		✖	✓	✓	✓	✓	✓
Dr Paul Edmondson-Jones (PE-J) Chief Medical Officer, Staffordshire & Stoke-on-Trent ICB		✖	✓	✓	✓	✓	✓
Chris Bird (CB) Chief Transformation Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✖	✓	✓
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Megan Nurse (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Shokat Lal (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✖	✓	✓	✖	✓	✓
Josephine Spencer (JS) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓
Jon Rouse (JR) City Director, City of Stoke-on-Trent Council		✖	✓	✓	✖	✓	✖
John Henderson (JH) Chief Executive, Staffordshire County Council		✓	✖	✓	✖	✓	✖
Dr Paddy Hannigan (PH) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓	✓	✓	✓
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓	✓	✓	✖
Tracy Bullock (TB) Chief Executive, University Hospitals of North Midlands		✖	✓	✖	✖	✓	✓
Neil Carr (NC) Chief Executive, Midlands Partnership NHS Foundation Trust		✖	✓	✓	✖	✓	✖
Dr Buki Adeyemo (BA) Interim Chief Executive, North Staffordshire Combined Healthcare NHS Trust		✖	✓	✓	✖	✓	✓
Simon Fogell (SF), Stoke-on-Trent Healthwatch						✓	✖
Baz Tameez (BT), Staffordshire Healthwatch						✓	✓
Present:							
Paul Winter (PW) Deputy Director of Corporate Governance, Compliance & Data Protection, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✖	✓
Steve Grange, Director of Commercial Development, Midlands Partnership NHS Foundation Trust							✓
Mish Irvine (MI) Associate Director of ICS People Function, Midlands Partnership NHS Foundation Trust							✓
Gill Hackett (GH) Executive Assistant, Staffordshire & Stoke-on-Trent ICB					✓	✓	✓

		Action
1.	**Welcome and Introductions**	
	DP welcomed attendees to the ICB Board meeting. DP advised that this was a meeting being held in public to allow the business of the Board to be observed and members of the public could ask questions on the matters discussed at the end of the meeting. DP advised that the Leadership Compact document was included in the Board papers as a reminder that meetings should be conducted in accordance with the agreed principles. It was noted that the meeting was quorate.	
2.	**Apologies**	
	Apologies were received from Neil Carr (Steve Grange attending), John Henderson, Jack Aw and Jon Rouse.	
3.	**Conflicts of Interest**	
	Members confirmed there were no conflicts of interest in relation to items on the Agenda other than those listed on the register.	
4.	**Minutes of the Meeting Held on 19 January 2023**	
	The minutes of the meeting held on 19 January 2023 were **AGREED** as an accurate record of the meeting and were therefore **APPROVED**.	
5.	**Action Log**	
	Actions were noted on the actions log.	
6.	**Questions submitted by members of the public in advance of the meeting**	
	Questions submitted by Ian Syme and answered by Heather Johnstone: - Clarification regarding the specified paragraphs in Enclosure 14:- (i) Mention is made of increasing numbers of children and young people who present to urgent and emergency care services with complex needs being admitted to inappropriate settings. What does this actually mean? Could a flavour of such be given to explain and how is this specific safeguarding issue being addressed to minimise and hopefully eventually nullify this cohort of individuals being placed in inappropriate settings? ***This relates to children who fall between mental health and behavioural issues where there is limited access to suitable accommodation which means that as s system we have to work hard to ensure they are placed in the most appropriate available place to ensure they are kept safe. We are currently exploring how we might be able to provide a much clearer local safe place for them to be cared for.*** (ii) A January 2023 section 42 increase and concomitant backlog. Is there any analysis as to why there was such a surge in January 2023 and if so what has been identified as key 'reasons' and when is it expected that the identified backlog will be cleared?	

	The backlog is due to workforce pressures in my team, including sickness but also their focus on admission avoidance and timely discharge but also the complexity of cases. Will be cleared as soon as possible and we are considering capacity within the team to ensure this happens. (iii) A Malign interpretation of the mention of an increase in numbers of Asylum Seeker/Refugee in our patch is that such are a major cause of Safeguarding pressures. Can we all be assured that whilst any increase in any identified vulnerabilities will pressurise any care system especially with the workforce shortage issues now endemic in all 'Care Systems'', Asylum Seekers/Refugees are not the cause of such pressures? ***Yes agree – these vulnerable groups are not the sole cause of pressures but what we were reporting is that by the nature of large groups arriving locally at one time and with numerous complex health issues and often unknown histories, there will always be an initial increase in demands on our safeguarding teams.***	
7.	**Sarah's Social Care Story**	
	MI gave a brief background before playing a video by Sarah to the Board Sarah. Sarah was a Deputy Care Manager for Home Instead in Stoke-on-Trent. Sarah shares her journey from working in retail for 22 years to realising her passion for social care and starting with Home Instead to progressing along the Professional Care Pathway to Deputy Care Manager. Sarah shared her experience of working in social care to date and her career highlights. She advised that the system had been working with Home Instead and wanted to share Sarah's story to showcase the flexibility, support and opportunities the social care sector had to offer. Colleagues via SSOT ICS People Programme Board have agreed there was a lot that could be learnt from Sarah's story with regard to recruitment supply pools, supporting passionate individuals to stay and progress in the sector and how they could share stories like Sarah's further and wider. DP asked where videos like this were stored and stated that people could get inspiration from them. MI confirmed that they were stored on the website and they were using them as part of a campaign for schools and colleges to encourage pupils to come into health and care. TB agreed that one place would be good for these videos. She stated that it would have been nice to have Sarah present at the meeting to see if there was anything else we could have done to make things smoother for her. SL thanked MI and the team and added that these case studies were great to see the progress being made. JHo commented that the education and young people should also be able to talk in person with these people. JS asked about how they were getting people more interested to join the healthcare sector. MI advised that they had pilots where they were working with schools through a Health and Care Task Force and the feedback so far was the students wanted to ask questions as they could see that not everyone needed to be an academic or a doctor. MI confirmed that they have had a positive impact, but it was a little early to say and we are working as a system on that collectively.	

	MI stated that there would be another story in a couple of months from a work experience pupil in UHNM. SG felt the video was a great demonstration of someone that could reach out to their peers and community. SG raised the point on social value and anchor systems to demonstrate the change in communities.	
8.	**ICB Chair and Chief Executive Officer Report**	
	DP expressed sincere thanks to front line staff, third sector and other sectors, as well as everyone who was involved over the last few months to keep the system running. PA thanked everyone all system partners for a good quality narrative in the Planning that described the journey we will go on through 23/24. He also praised the work behind the scenes to mitigate the impact of the recent industrial action. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report.	
9.	**ICP Strategy and Joint Forward Plan Update**	
	PEJ spoke to the presentation. He explained that this was a different strategy to many they have had before. • It was a national requirement but, more importantly locally owned • It was co-produced and owned by the Integrated Care Partnership and local communities • It set out the ambition, vision and approach over the next 5 years • It described how the health, care and wellbeing needs of the local population would be met • It builds upon local knowledge and strategies to ensure • It addressed how they would work towards increased integration of health, social care and other services • It was underpinned by population health management, outlining how the ICP would sustainably deliver more joined-up, preventative, and person-centred care for the whole population PEJ listed what they were hearing from the communities:- • Long waits for ambulances, delayed handovers & corridor care • Crowded Emergency Departments with long waits • Long waits for elective care, planned operations & cancer care • Difficulty accessing primary care and/or seeing your GP • Difficult to arrange social care and/or community services PEJ explained the 5 P's of the strategic approach. **P**revention & Inequalities – to offer equal opportunity to access and benefit from preventative service, use personalised care to present progression of illness and make tackling heath inequalities core business to the work or the ICS. **P**roductivity – they would adopt an intelligence led continuous quality improvement approach across the work of our Integrated Care System. Innovation in use of digital technology, our workforce and models of care will be crucial to how we make best use of the resources we have. **P**ersonalised Care – they would work with people as equal partners to deliver co-ordinated care centred on individual's physical, mental and social needs. They would	

	empower people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life **P**ersonal Responsibility – they would work with people and communities to enable them to meet their health and wellbeing needs independently in the community. If people needed care, they would use personalised care and shared decision making to empower them to take ownership and manage their health and wellbeing as an active partner **P**eople & Communities – They would adopt a strengths-based approach in how they work with people and communities to develop community networks and resources offering health & wellbeing, social, education and welfare support, recognising the value that the partnership can bring in improving the wider determinants of health. All of the above would be underpinned by Population Health Management – where they would offer equal opportunity to access and benefit from preventative services, use personalised care to prevent progression of illness and make tackling health inequalities core business to the work of the Integrated Care System. PEJ gave an update on the engagement that was ongoing. • Programme of engagement events based on requests from community groups • Stakeholder briefing, including links to an online survey had been developed and shared • Website had been amended to make the ICP strategy and survey more visible • Website now included the stakeholder brief and a link to the survey • Developed assets to share the ICP strategy survey via social media channels • Signposted people to the engagement/survey as we attend the events for Inpatient Mental Health Services consultation • Planned 'open-invite' online event(s) to which they had invited the public to attend DP liked the live approach and that it had been socialised widely across the system. TB asked about the delivery and mechanism and where it would report to to ensure they were going to deliver the strategy. PEJ responded that the ICP owned the strategy and confirmed that he would report back to the partnership on how well they were delivering the strategy. He added that the strategy would then be interpreted into the five-year plans and in-year plans of every organisation within the partnership. The ICB were developing the Five-Year Forward Joint plan together with the operational plan. TB asked how they would make sure there was alignment and how it would link to the delivery of the strategy. PA stated that the Operational plan, the Five Year Forward Joint plan and the strategy would map all three elements across the system and would be presented to both the ICP and the Board. MN stated that there was the pressure of national objectives and aligning those with a local care strategy and they needed to understand the fit between them. MN also raised concern in relation to prevention and inequalities and they needed to ensure there was equal access and she was concerned about the word of opportunity being used. PEJ added that it would need to be equal ability to access as well as equal ability to benefit from that access. The Staffordshire and Stoke-on-Trent Integrated Care Board: - • **ACKNOWLEDGE** the progress that has been made in developing an Integrated Care Partnership Strategy for Staffordshire and Stoke-on-Trent. • Actively **SUPPORTED** the continued development of the Integrated Care Partnership Strategy for Staffordshire and Stoke-on-Trent, in particular of the 5P's approach and ambitions across the life course, as well as the creation of an Integrated Health and Care Outcomes Framework for the short-medium and medium-long term.	

10.	**2023/24 Operating Plan Update**	

	PB explained that the draft planning submission was an NHSE facing submission primarily focused around recovering core services and productivity for activity in urgent care, planned care, cancer and diagnostics.
	
	• At ICB level draft activity and performance plans indicate that there were currently four areas of non-compliance with national recovery ambitions. All our acute providers contribute to the non-compliance in one or more metrics.
	  ○ Cost weighted activity (target 103%) draft plan 102.8%
	  ○ Elective Recovery Fund (ERF) total activity 91%.
	  ○ Reduction of 52 week waits
	  ○ Elimination of 65 week waits
	• University Hospital of North Midlands were indicating one area of non-compliance (65 week waits).
	• Work would continue on the plan by ICB portfolio leads and providers up to final submission to address gaps or areas of non-compliance with national ambitions.
	
	PB reported that the final version of the broader system plan, which included national and local ambitions for the population during 2023/24, would be finalised by end of March 2023.
	
	He added that the work already started to co-produce and consult on the JFP would continue up to the final version and would be published in June 2023.
	
	SG confirmed that all the national targets were translated into various different vehicles for delivery and agreed that it was important for them as a system to get together to deliver. He added that they had been working with everyone over the last few weeks to get a five-year vision of that they were trying to achieve and by when and then line of sight into the delivery vehicles that would demonstrate this to the regulators and to the public.
	
	CB gave a brief update on the JFP. He stated that locally they had agreed that it needed to play to the ICP strategy; it needed to be reflective of national plans and it also needed to play to local priorities and had been working with the portfolios to do that. It would also be anchored to the partner organisations forward plans. CB advised that they were moving into phase 2 where they would be compiling the material from Phase one into a cohesive plan which would be socialised over the next few weeks towards June. However, he reminded the Board that they did have purdah during the timeline and would need to navigate that carefully.
	
	DP made the point that this was one plan, one direction and was encouraged from the feedback from the event on 13 February where the system came together. It was a huge opportunity to bring everyone together to drive this forward. He added that this process was also endorsed and supported at the ICP meeting.
	
	JS asked if there had been any feedback from NHSE. PB confirmed that there was generally positive feedback in terms of where they were.
	
	PA felt that the portfolio work was vitally important and linked to that the principle of accountability and specifically how they monitor the programmes of work.
	
	AB referred to the workforce information data and commended all providers.
	
	MN acknowledged the work that had been done to try and match up national requirements with finances, workforce etc. which was enormously challenging.	

	The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the Planning update.	
11.	**NHSE Delegations**	
	CB advised that the Health & Care Act 2022 set an ambition to reconnect fragmented pathways of care by giving ICBs delegated responsibility for some aspects of services currently commissioned by NHS England. He explained that this national policy was recognised as a key enabler for integrating care and improving population health. It gave the flexibility to join up key pathways of care, leading to better outcomes/experiences for patients, less bureaucracy and duplication for clinicians and other staff. From the 1st of April 2023, ICBs would receive delegated responsibility for Primary Pharmacy and Optometry services as well as Primary and Secondary Dental Services (POD). These delegations would complement the already-delegated duties for Primary Medical Services (General Practice). NHS England's Specialised Commissioning duties had been assessed through a national clinically led process and categorised into those services which are suitable for delegation to ICB and those that should remain nationally commissioned. During 2023/24, NHS England will retain responsibility for specialised commissioning but there will be much closer working with ICBs in preparation for delegation from April 2024. The ICBs in the Midlands have worked together to develop arrangements to jointly commission POD on an East and West footprint. The governance arrangements are set out in this report together with the detailed agreements necessary to establish the proposed operating model. These arrangements will enable close and collaborative working between NHS England and the ICBs in the West Midlands in respect of specialised commissioning as well as a partnership approach to the coordination and delivery of delegated POD services across the ICBs in the West Midlands. This multi-ICB approach has been developed with consideration to the future delegation of other NHSE commissioning functions that will also be delivered on a regional or sub-regional basis. There would be continued focus throughout 2023/24 to fully assess all aspects of the delegated services and embed the new responsibilities into the ICBs own governance arrangements. JHo commented that there had been a lot of work done on the NHSE Delegations and she was pleased that the presentation of a very complex issue was made very clear. She added that the Audit committee had also received the documentation on 6 March and supported this. TB confirmed that she was aware of the risks and assurance received and fully supported the proposal. MN echoed her support and reiterated that this was national guidance. JS also gave assurance from the Quality committee and supported the proposal and added that the committee had asked for sight of the covering letter to NHSE.	

	It was agreed to add the recommendation from the side committees of a letter to NHSE. The Staffordshire and Stoke-on-Trent Integrated Care Board • **FORMALLY APPROVED:** Tier 1 Part A Joint Working Agreement – ICB/NHS E West Midlands re Specialised Commissioning Tier 1 Part B Joint Working Agreement – ICBs West Midlands re Pharmacy, Optometry and Dentistry • **RATIFIED** the national Delegation Agreement • **DELEGATE FINAL SIGNATURE** of the national Delegation Agreement to the ICB Chief Executive by 31st March 2023 with a supporting letter to NHS England outlining the need for sustained focus via the Phase 1 process outlined in this report • **NOTED** the supporting reference material to establish the operating model	
12.	**Stoke-on-Trent Joint Commissioning Strategy for SEND**	
	CB explained that the Stoke-on-Trent Joint Commissioning Strategy for children and young people (CYP) with special educational needs and disabilities (SEND) was a high-level strategic document that set out the vision and intentions for improving children's lives in Stoke-on-Trent over the next 5 years. With implementation starting in Spring 2023. The Stoke-on-Trent City Council and ICB had worked jointly through the Stoke-on-Trent Inclusion Partnership Board and shared a common vision that CYP with SEND, and social, emotional, and mental health, living in Stoke-on-Trent would have the opportunity to be the best that they can be, live their best life and be as aspirational as they want to be. One way in which this vision could be achieved was through joint commissioning of services. The Strategy identified a set of shared principles and priorities that would set a road map for all joint planning and commissioning decisions. This had been informed by current data and intelligence on service provision as well as feedback from our communities. This strategy development was in-line with the requirements of the SEND Code of practice:0-25 years where local authorities and clinical commissioning groups (now Integrated Care Board) must make joint commissioning arrangements for education, health, and care provision for CYP with SEND. The NHS Long Term Plan Implementation Plan highlighted the need for a shift towards localised integrated care in response to health inequalities across prevention and treatment spectrum. CB explained that the Stoke-on-Trent SEND Delivery Group would have responsibility and oversight of managing improvements in services, systems and processes that were detailed in the Strategy. The Strategy was presented ICS CYP Board in January 2023. Following feedback and changes made, the Strategy was then presented at the Health & Care Senate in February 2023, where the Senate recommended its approval for ratification at the ICB Board meeting in March 2023. It was then presented at the ICB Quality & Safety Committee in March 2023, where the Committee recommended its approval at the ICB Board meeting in March 2023 CB advised that an action plan was currently in development and would be reviewed annually.	

	JHo asked for clarity on how the education sector had been involved. CB confirmed that two schools had been involved – Hazel Trees and Water Mill Special School. The Staffordshire and Stoke-on-Trent Integrated Care Board **APPROVED** the Stoke-on-Trent Joint Commissioning Strategy for children and young people with SEND 2023-2028	
13.	**Mental Health & Wellbeing Strategy**	
	CB reported that the existing Mental Health Strategy "Mental Health is Everybody's Business", went live in 2014 and was joint between Staffordshire County Council, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (now known as the ICB (Integrated Care Board)) and Stoke City Council. During December 2020, the Staffordshire Health and Wellbeing Board approved a recommendation for a joint approach, by Staffordshire County Council and the then Staffordshire CCGs to co-ordinate, contribute and develop a new Staffordshire Joint Mental Health Strategy to replace the existing strategy 'Mental Health is Everybody's Business'. At that time, the Stoke-on-Trent City Council were not party to the development of this new joint Strategy and a separate strategy was under development via the City Council. CB explained that the development of the strategy across Staffordshire included a period of engagement that took place in partnership with people with lived experience, their families and carers, as well as a range of organisations across the public sector, private sector, and the voluntary and community sector. CB advised that the revised and updated strategy considered a range of national changes, the impact of the Covid-19 pandemic and complimented the existing strategies and work programmes to address mental ill-health and wellbeing. It was planned that the strategy would be presented to the Staffordshire County Council Cabinet for approval in March 2023 and launched in April 2023. The delivery plan would be developed during April-June 2023. SG confirmed that he supported this strategy. BT confirmed that they were talking to Staffordshire County Council about the health and wellbeing of the population and agreed that this strategy would add value rather than duplicate. The Staffordshire and Stoke-on-Trent Integrated Care Board **RATIFIED** the new joint Staffordshire Mental Health and Wellbeing Strategy and **NOTED** that work would continue to develop the delivery plan to sit alongside the strategy	
14.	**Board Assurance Framework (BAF) - Summary**	
	SY advised that the BAF had been through four of the committees of the Board and had received feedback below. She confirmed that the full BAF came to the Board in February. She confirmed that there had not been any major changes to the BAF since the last report and risk owners would be updating the BAF for Q4 at the end of March and would provide a detailed update which would include how and if, the actions set against the risks had been achieved or not and whether the risk tolerances set were achievable. The Q4 BAF would be presented to the Board at the April 2023 meeting for the 2022/23 closedown of the BAF.	

	SY added that the draft BAF for 2023/2024 would also be presented to the Board for approval in April 2023. JHo thanked Claire Sutton, Sally and everyone involved in developing the BAF. The Staffordshire and Stoke-on-Trent Integrated Care Board • **RECEIVED** assurance on the report. • **CONSIDERED** the Audit Committee's recommendation not to support the reduction of the scores for BAF risk 3 and 6 • **CONFIRMED** that Health Inequalities sits under the remit of the Quality and Safety Committee	
15.	**Risk Register**	
	SY introduced the Risk Register and stated that although they still had further work to do, the Governance team were working with colleagues and partners across the system to align the Risk Register. She added that explained that Risk owners were required to review risk to identify where there was any possible cross-over between committees to determine if any of the risks should be reviewed any another committee. The Staffordshire and Stoke-on-Trent Integrated Care Board **RECEIVED** the Risk Register for discussion and assurance of the risks highlighted.	
16.	**Quality and Safety Report**	
	HJ took the report as read. HJ updated the Board on the WMAS review by the CQC which had now been published and reported that they had received criticism on the impact of delays. She advised that the CQC review at Ivetsey had also been published and the latest rating was inadequate. MN asked who the provider for Ivetsey was. HJ confirmed that it was Birmingham Women's and Children's Foundation Trust. She advised that the Q&S Committee was presented with a refreshed Freedom to Speak Up policy and approved it subject to agreed amendments. HJ therefore asked that the Board ratify the decision made by the committee. The Staffordshire and Stoke-on-Trent Integrated Care Board • **RECEIVED** the report and sought clarification and further action as appropriate • **BE ASSURED** in relation to key quality assurance, quality improvement and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System. • **RATIFIED** the approval of the revised Freedom to Speak Up Policy	
17.	**System Finance and Performance Report**	
	PB gave an overview of the System Financial position: • The net risk to break-even has reduced due to £6m as a result of the receipt of further non-recurrent income and growing confidence in the delivery of the year end position. It is understood that nationally many ICBs are struggling to achieve break-even. • Pressures remain in both Continuing Health Care and primary care prescribing however mitigations have been identified PSm gave an overview of the Operational Performance:	

	• The pressure in Urgent and Emergency Care reduced in January to more normal levels for the time of year, and the System in now back in line with the assumptions made in the Winter Plan. Significant improvements have been made with hours lost due to ambulance handover delays and the number of category 2 calls outstanding. • It had been confirmed that the target to eliminate 78+ week waits by the end of March 2023 would not be achieved. As at 19th February 1,144 ICB patients were waiting more than 78 weeks. • Performance against the Cancer 28 Day Faster Diagnosis Standard in December increased to 65.1% - below the 75% standard but increasing for the third consecutive month. • The number of GP appointments continues to be above plan - 100.9% of the plan year to date. GP FTE increased by 6.5% on November – the increase is due in part to a higher number of ST2 trainees starting in December. Compared to December 2019, GP FTE is 2.9% higher. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report.	
18.	**Assurance Reports from Committees of the Board**	
	<u>Quality and Safety Committee</u> No questions were raised. <u>Finance and Performance Committee</u> MN reported that there had been positive movement relocating two GP surgeries in Cannock and they were working with Cannock Chase Council to obtain an appropriate site. <u>Audit Committee</u> No questions were raised <u>People, Culture and Inclusion Committee</u> No questions were raised The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the Committee Assurance Reports.	
19.	**Any Other Business/Close**	
	No other business	
20.	**Questions from the floor relating to the discussions at the meeting**	
	No questions were received from the floor. Questions received online: - **Mr Ian Syme** Thank you for the earlier response to my question at the meetings commencement. Finance and Performance Report Enc 15 (i) Updated RTT position. Elective Care 104 and 78 week position: At UHNMs Board Meeting 8th March 2023 it was reported that there had been a recent deterioration in the 104 and 78 week standards position which was to be then discussed at the UHNM closed Board meeting.	

	A system deterioration is also highlighted in today's ICB Chair and Chief Executive Report para 3.1 Elective Care (104 and 78 week). The ICB Finance and Performance Report states UHNM have 62 (sixty-two) 104w waiting patients which at March 31st 2023 is forecasted to be 8 (eight) 104w waiting. Is that still the case or is there an updated forecast? **PSm responded in terms of the 104 week waits where they were originally aiming to have zero. However, the emerging risk over the last few weeks has increased the forecast and they were now working in the region of 30-40 at the end of the financial year.** (ii) Same Report (Finance and Performance) Mental Health Summary: Clarification please. • Why are there limited numbers of 'Female Beds" as is stated in the MH Summary? Has this been quantified? • (ii Why are "Out of Area Placements" above plan? • What mitigations are being enacted throughout the system to address (i) and (ii) above. **It was agreed that Mr Syme's second questions on the mental health summary would be taken away and responded offline.**	
21.	**Meeting Effectiveness**	
	The Chair confirmed that the meeting followed the compact and closed the meeting at 4.00pm	
22.	**Date and of Next Meeting**	
	20 April 2023 at 1.00pm via MS Teams	

DATE	ITEM	AGENDA ITEM	ACTION	ACTION OWNER	UPDATE	DUE DATE
22/09/2022	12	Healthier Ageing And Frailty Strategy Implementation Update	A workshop to be held to establish actions and priorities and the results presented to the Board in spring 2023.	NC	Date of workshop held on 28 February 2023 - results will be published in due course.	**20/04/2023**

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**05**

Title:	**Chair and Chief Executive Officer Report**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
David Pearson, ICB Chair and Peter Axon, ICB Interim Chief Executive Officer		Peter Axon, ICB Interim Chief Executive Officer

Clinical Reviewer:	**Clinical Sign-off Required Y/N**

	Action Required (select):										
Ratification-R		**Approval -A**		**Discussion - D**		**Assurance - S**		**Information-I**	**x**		

Is the [Committee]/[Board] being asked to make a decision/approve this item? N			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
• N/A			
Within SOFD Y/N		**Decision's Value / SOFD Limit**	

History of the paper – where has this paper been presented		
	Date	A/D/S/I

Purpose of the Paper (Key Points + Executive Summary):
This report provides a strategic overview and update on national and local matters, relevant to the Staffordshire and Stoke on-Trent system that are not reported elsewhere on the agenda. Specifically, the paper details a high-level summary of the following areas: **1. System & General Update** **2. Finance** **3. Planning and performance** **4. Quality and safety**

5. COVID-19 6. Transformation

Is there a potential/actual Conflict of Interest?	N
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
Legal and/or Risk	
CQC/Regulator	
Patient Safety	
Financial – if yes, they have been assured by the CFO	
Sustainability	
Workforce / Training	

Key Requirements:			
1a.	How can the author best assure the Board that the decision put before it meets our statutory duty to reduce inequalities by ensuring equal access to services and the maximising of outcomes achieved by those services? **The Board will need to consider this statutory duty and how we reduce these.**		
1b.	How can the author best assure the Board that the decision put before it meets our new statutory duty to have regard to the wider effects of our decisions in relation to health & wellbeing, quality and efficiency? (If the paper is 'for information' / for awareness-raising, not for decision, please put n/a) **N/A**		
		Y/N	**Date**
2a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
2b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		

2c.	Were there any conditions? If yes, please state details and the actions in taken in response: • **Condition 1 & action taken.** • **Condition 2 & action taken.**		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • **Stage 1** • **Stage 2**	**N**	
3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
3c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
4.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N**	
5.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: • **Note the updates in the report.**			

1.0 System and general update

1.1 Joint Forward Plan

The Integrated Care System's Joint Forward Plan (JFP) is due to be published by 30 June 2023. The initial working draft has been shared with a wide range of partners for review and comments.

To support the development of the JFP, there is a national requirement for wider engagement and consultation. This will be achieved by building on the outputs from previous activities, including the Integrated Care Partnership Strategy, and individual partners own strategies and plans. Further engagement carried out over the coming weeks will be considerate of the pre-election period.

As part of the development of the JFP there will be a Non-Executive workshop in late May/early June before progressing through Health & Wellbeing Boards, towards the June Integrated Care Board meeting.

1.2 Health Service Journal (HSJ) Awards

The Staffordshire and Stoke-on-Trent Integrated Care System (SSOT ICS) People Function and Staffordshire Training Hub have recently been awarded highly commended in the Primary Care Project of the Year category at the HSJ Partnership Awards. The award recognises outstanding dedication to improving healthcare and effective collaboration with the NHS.

At the upcoming HSJ Digital Awards, the Staffordshire and Stoke-on-Trent Integrated Care Board (SSOT ICB) and SSOT ICS have been shortlisted for the following awards:

- Staffordshire and Stoke-on-Trent ICS People Function for the 'Enhancing Workforce Engagement, Productivity and Wellbeing through Digital' award.
- Staffordshire and Stoke-on-Trent ICB and Med Optimise Limited for the 'Generating Impact in Population Health through Digital' award.
- Staffordshire & Stoke-on-Trent ICS People Function for the 'Improving Back-office efficiencies through Digital' award.
- Staffordshire and Stoke-on-Trent ICS and HN for the 'Improving Urgent and Emergency Care through Digital' award.

The ICB is also nominated twice in the same category at the Make a Difference Awards 2023. An 'Inclusion School' offering interactive workshops to health and care staff about different groups in society has been specifically nominated for a Make a Difference Award, along with SSOT ICB's larger inclusive programme giving all staff a voice shortlisted in the same category.

HSJ Digital Awards winners will be announced at a ceremony in Manchester on Thursday 22 June, while the Make a Difference Awards will be handed out at the Watercooler Event on Tuesday 25 April in London.

Other local partners nominated for the HSJ Digital Awards include Midlands Partnership University NHS Foundation Trust (MPFT), which is up for three awards.

MPFT is shortlisted for its MySENSE project and Sandbox digital mental health platform, with the latter being nominated twice.

North Staffordshire Combined Healthcare NHS Trust is nominated for its All Age Wellbeing portal.

Congratulations to everyone who has been nominated.

1.3 Integrated Care Partnership (ICP) Strategy

The Integrated Care Partnership (ICP) Strategy was published on 31 March 2023. This strategy outlines how the Staffordshire and Stoke-on-Trent ICP will work over the next five years to improve services for our people and communities. By working closely together we can spot new opportunities and have a greater impact than any partner can achieve on their own. We are setting out how each organisation in the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) can integrate their existing strategies to enhance what they are already doing. A first step towards that is creating a shared target for our ICS, identifying what we want to change and how we will improve the health and wellbeing of our population. This is about far more than health and care services. We will address the key things that influence people's health, including social, economic and environmental factors that we know make a difference.

1.4 Self-referral weight management pilot

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) has been selected to run a three month digital weight self-referral pilot programme from April – June 2023. The programme is being introduced and tested as part of the NHS Digital Weight Management Programme, to support adults aged 18 and over, living with obesity in Staffordshire and Stoke-on-Trent. The aim of the study is to test the existing technical pathway, understand the potential demand and measure the effectiveness of local communication strategies to reach and engage those experiencing health inequalities.

1.5 Population Health Management (PHM) procurement

Following a successful procurement exercise, we are pleased to announce that Optum will be partners in providing the digital support to our Population Health Management programme within Staffordshire and Stoke-on-Trent ICB. Population Health Management is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. This means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources. PHM uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time.

2.0 Finance

We are now in the process of closing down the accounts for 2022/23 ready for audit. The system is confident that a breakeven position will be delivered, subject to any material audit issues emerging. Nationally, we understand that many ICBs are struggling to get to a break-even, and if we were to achieve this we believe that we would be in a minority.

The Operating Plan, supported by the finance, activity and workforce plans was submitted to NHS England on 30 March. Work by all four system partners resulted in improvements to the individual plans and the plan was submitted with a system-wide deficit of £39.4m with the additional of a net risk of £48m. The system will use the Intelligent Fixed Payment System mechanism to manage the allocation of resources and the Chief Finance Officers have agreed that all the deficit will sit within the ICB allowing the three providers to submit balanced, but challenging plans. At a system level, this remains a non-compliant plan, given all NHS organisations have a statutory duty to breakeven. We understand however that no system within the Region has submitted a compliant plan. Work continues to further develop the efficiency plans and operational plans which underpin the current plan.

3.0 Planning and performance

3.1 Elective care

Elective Waits (104 and 78 week waits): University Hospitals of North Midlands NHS Trust (UHNM) remained under tier 2 reporting with NHS England (NHSE) during March, but notice has been given that the Trust will move to Tier 1 from mid-April due to ongoing concerns regarding the number of long-waiters for elective care. This will result in UHNM receiving both national and regional NHSE scrutiny and support to improve the position. There were 46 104 week waits (ww) at the end of March. Plans are in place to aim to treat all patients by the end of April, but these are reliant on mutual aid from providers outside the system. The number of 78 ww awaiting treatment at the end of March was 558. A “a route to zero” plan is in development with the aim of tackling backlogs by the end of Q1. The Tier 1 scrutiny and support will help facilitate this. However, the ICB Board is advised to recognise the risks associated with industrial action being taken by junior doctors for four days from 11 April. The impacts of this are being monitored daily.

Cancer performance: UHNM continues to remain in Tier 2 reporting for cancer but there have been significant improvements in waiting times and performance. NHSE has indicated that UHNM has met the requirements for stepping down the Tier 2 scrutiny and the formal approval process to do so has commenced. The 62-day backlog continues to reduce. UHNM has set themselves an ambitious target that exceeds the national ask in terms of recovery. The cancer “faster diagnosis standard” has increased from 46% in September 2022, to a provisional figure of 71.8% in February (subject to validation).

Diagnostics: Cancer diagnostic times have improved. The ICB has taken steps to implement a Faecal Immunochemical Testing (FIT) negative pathway to support appropriate 2ww referrals. The system wide teams continue to develop plans for 2023/24 to ensure there is a complaint submission to NHSE by the deadline. Whilst this report focusses on UHNM as our main system acute provider, the Board is advised that both University Hospitals of Derby and Burton (UHDB) and Royal Wolverhampton NHS Trust (RWT) have submitted plans that deliver the ambitions set out in the national planning guidance for 2023/24 which will benefit patients in the South of the County.

3.2 Urgent Care

Operations:

- 111 has continued to perform well in Staffordshire, including during the Industrial Action (IA) taken by Junior Doctors during March. There was a clinical decision during the IA to extend Clinical Validation of Category 3 Ambulance dispositions which resulted in a reduction of these dispositions.
- Our Emergency Departments (EDs) have continued to be very busy and have recently experienced a COVID spike. This has led to an increase of >60 mins ambulance delays. Although the number of handover delays has risen slightly in March since February, it is still lower than in January. There were 105 beds occupied by COVID at Royal Stoke University Hospital (RSUH), up from 84 in February.
- We have continued to have 12-hour breaches at RSUH and County Hospital, but there have been less in March than in January.
- Provider of Last Resort (POLR) continues to improve but demand is persistent so reducing this to zero is becoming a challenge to ensure flow is maintained.
- Complex discharges have been sustained with approximately 30-35 leaving each day from the UHNM site due to acuity, the number of Infection Prevention and Control (IPC)

restrictions and high COVID numbers. Simple & Timely discharges have been low, and this has impacted on our Length of Stay (LoS) data.
- The Complex discharges at weekends have been positive which shows good discharge planning from our community provider.

Delivery:

- The final submission of the UEC Recovery Plan was sent on 30 March. The plan aligns closely to the System Operational Plan and emergent System UEC Strategy and fully describes the system approach to managing UEC demand throughout the year. In particular, capacity assumptions have been assessed utilising the bed modelling tool and expected bed gaps have been mapped, with a focus on the peak winter months. Mitigations to close the peak bed gap include the use of additional capacity from the winter monies, capacity released through actions described in the UEC Recovery Plan and also the additional 45 beds from the successful allocation of our capital bid. We are mindful of the risks involved in terms of timescales around mobilisation.
- The submission details the system approach to mitigation of increased demand, periods of surge and pressures. Mitigations relating to the utilisation of Acute Care at Home (including Virtual Wards) are outlined and profiled.
- The system continues to work collaboratively to ensure that surge capacity is deployed appropriately for periods of increased demand. Alongside this, system partners are working with ICB colleagues to ensure timely de-escalation of capacity.
- Underpinning the UEC Strategy is the new UEC governance structure, which reports into the UEC Board. The System Delivery group meets weekly.
- Work continues on the seven-system high impact programme areas with good system engagement and initial progress observed.
- Senior colleagues from across all system partner organisations came together for a “Winter, Lessons Learned” workshop on 27 March. A thorough assessment and review of system plan effectiveness was undertaken with an emphasis upon learning from this winter, to inform future surge planning. A paper was received for assurance at the Finance and Performance Committee on 4 April and will be taken to ICB Board in due course.
- System work continues regarding the future provision of Urgent Treatment Centres (UTCs) with a system technical event held on 30 March. All system partners were present and initial recommendations and outputs are being collated, with a briefing paper for respective CEOs imminent.

3.3 Key figures for our population:

	Nov-22	Dec-22	Jan-23	Feb-23
* **111 calls received**	29,161	52,748	30,580	27,926
Percentage of 111 calls abandoned	3.4%	35.0%	8.3%	4.6%
A&E and Walk in Centre attendances (UHNM)	20,562	22,180	18,739	17,924
A&E and Walk in Centre attendances (other providers)	17,328	19,051	16,106	15,388

	Non elective admissions (UHNM)	6,791	7,038	6,958	6,895
	Non elective admissions (other providers)	5,682	5,385	5,479	5,074
	Elective and Day Case spells (UHNM)	6,853	5,955	6,829	7,163
	Elective and Day Case spells (other providers)	8,150	6,632	7,870	7,756
	Outpatient procedures (UHNM)	5,118	3,848	4,213	4,387
	Outpatient procedures (other providers)	7,405	6,425	7,735	6,850
	GP Appointments (all)	556,735	469,981	520,189	485,869
**	**Physical Health Community Contacts (attended)**	141,355	121,165	136,805	122,295
**	**Mental Health Community Contacts (attended)**	46,995	37,120	46,105	

**NHS 111 - latest month is provisional and subject to change*

***Physical and Mental health contacts - latest month is provisional and subject to change and both datasets can sometimes be one month behind the other datasets*

Other datasets also subject to change - latest months are often refreshed and can therefore change

4.0 Quality and safety

4.1 Clinical Quality Improvement

Continuous Quality Improvement (CQI) within the ICS focuses on building a learning and sharing culture, embedding CQI in all levels of change and building capacity, capability and confidence to practice CQI. The CQI agenda in the ICS is managed through the Quality and Safety Committee CQI Sub Group, the QI network and selected CQI project support. The two groups work in partnership to deliver the CQI agenda, the Sub-Group explores the strategic deployment and development of CQI in the ICS and the QI Network is the main delivery arm connecting people interested in Quality Improvement encouraging them to connect, learn, share and improve.

Currently the CQI work programme continues to support a range of projects including Complex Hospital Discharge and Community Equipment. Work is in development to explore how CQI can

be built into the priority programmes of work and how this might be best supported and collectively resourced based on the testing of two suggested ways of working.

The last joint ICS (SSOT & STW) QI Network took place on 19 January 2023 and focused on exploring the impact of Human Factor and Psychological safety with 65 people attending the session. The total membership of the network continues to grow with 258 people now on the distribution for these network meeting which is a 16% increase on the previous position reported in November 2022.

5.0 COVID-19

As spring approaches, the NHS is offering eligible people across Staffordshire and Stoke-on-Trent a spring COVID-19 vaccine. COVID-19 is still circulating and people continue to become seriously ill. The fact that we are not seeing it so much in the news is thanks to the impact of the largest vaccination programme ever undertaken by the NHS.

Immunity wanes and so topping up with vaccine booster doses is essential to keeping yourself and those around you safe from COVID-19. As more and more people become vaccinated, we can help secure the health and safety of our communities. And now, with the arrival of spring, the NHS is calling on patients to have their spring dose, if they are eligible.

The spring COVID-19 vaccination will be available for those who are at increased risk from COVID-19 – people aged 75 and over and people aged 5 and over who are immunosuppressed. Vaccinations will begin in care homes before becoming available to the wider eligible population.

The National Booking Service (NBS) – available at the NHS Website and by calling 119 – opened on 5 April 2023.

6.0 Transformation

The ICB has been conducting a public consultation on in-patient mental health services previously provided by the George Bryan Centre. The consultation ran for six weeks as planned. The responses received are now being analysed and will be reviewed by the Steering Group before proceeding to the next stage of the governance process.

A three-week involvement process has now concluded in relation to the interim policy for accessing assisted conception services. The feedback from the work will be reviewed and a further update will follow.

7.0 Summary of recommendations and actions from this report

ICB Board members are asked to note these updates.

David Pearson, ICB Chair

Peter Axon, Interim ICB Chief Executive Officer

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**06**

Title:	**Living My Best Life with Autism: Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023-2026**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Chris Bird	Y	Nicola Bromage, Associate Director MH, LDA, and CYP

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
Dr Waheed Abbasi	Y

	Action Required (select):										
Ratification-R		**Approval -A**	x	**Discussion - D**		**Assurance - S**		**Information-I**	

Is the Committee being asked to make a decision/approve this item? Y			
Is the decision to be taken within Committee delegated powers & financial limits? Y			
• Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits			
Within SOFD Y/N	N/A	**Decision's Value / SOFD Limit**	N/A

History of the paper – where has this paper been presented		
	Date	A/D/S/I
Heath & Care Senate	08/12/2022	D
Learning Disability and Autism Partnership Board	28/03/2023	D
Finance and Performance Committee	04/04/2023	A

Purpose of the Paper (Key Points + Executive Summary):

Purpose of Report

To present to Committee 'Living my best life with Autism - Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023 - 2026' for recommendation to the ICB Board for approval to publish and implement.

1.0 Background and Introduction

1.1 This strategy is the high-level strategic document that sets out our vision and intentions for improving life in Stoke-on-Trent over the next three years, from 2023 to 2026 for autistic children, young people and adults. The strategy takes a whole life course approach to improving outcomes; from childhood into adolescence, adulthood and older age.

Our focus is in line with the Children and Families Act 2014, Care Act 2014 and the Health and Social Care Act 2012 in:

- Supporting young people in preparing for adulthood.
- Creating better physical and mental health and social care outcomes for people living more actively in their local communities.
- Generating greater satisfaction for people using services and their carers.

2.0 Report Details

2.1 The strategy has been co-produced with partners and stakeholders to set the direction and is a joint strategy with Staffordshire and Stoke-on-Trent Integrated Care Board and Stoke-on-Trent City Council.

In developing this strategy, we:

- Set up a steering group, including representatives from the City Council (i.e. children and family services, adult social care, commissioning), Integrated Care Board, Police and Advocacy Services.
- Initial engagement based around our five local outcomes was undertaken during 2020-21, then paused as the launch of the National Strategy was delayed.
- Undertook a survey to gain insight into autistic adults experiences.
- Examined the data and information we already have to check what we know and to identify any gaps.
- Benchmarked good practice and what is happening in other areas.
- We undertook further engagement (during May and June 2022) following the publication of the National Strategy.
- Undertook a survey to gain feedback on the national themes and what they mean for Stoke-on-Trent.
- Undertook public consultation during November 2022 to January 2023.

2.2 The strategy links to 'Living My Best Life: A Life Course Strategy for People with a Learning Disability in Stoke-on-Trent 2021 – 2026' and the five local outcomes are deliberately the same across the two strategies to reflect the prevalence of co-occurring learning disabilities and autism on some individuals.

Local Outcomes	
Safe	I feel safe within and valued by the community in which I live and the environments I am in.
Healthy	I have equal opportunities to good health and wellbeing.
Achieve	I am aspirational in my life goals which are purposeful and valued.
Live	I live in a home that I choose, that meets my needs.
Enjoy	I have equal opportunity to good quality social and leisure activities in my community.

2.3 The National Strategy is focussed on the following six themes:

1. Improving understanding and acceptance of autism within society.
2. Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
3. Supporting more autistic people into employment.
4. Tackling health and care inequalities for autistic people.
5. Building the right support in the community and supporting people in inpatient care.
6. Improving support within the criminal and youth justice systems.

2.4 The additional engagement work was based on the six themes, our local commitments and how we could develop them within Stoke-on-Trent.

We met with;

- Early years (private, voluntary and independent) providers
- Adult Social Care including the transition team
- Children and Family Service 14-25
- Commissioners from North Staffs Combined Healthcare Trust and the Staffordshire and Stoke Integrated Care Board
- Schools including MPFT 0-19 team
- Inclusion Team
- Paediatrics UHNM
- Parents from PEGIS
- Children and Young People Milton Youth Group
- Autistic adults via Lifework
- Reach
- The Social Agency via Reach

In addition to this an on-line survey was published for members of the public to share their views on the national themes and local commitments.

For each theme, we:

- **Identify** current issues through data analysis and engagement feedback
- **Commit** to actions
- **Develop** measures that will evidence that change is happening

2.5 During our conversations to develop the strategy, we heard about the importance of parents and carers to autistic people's lives and the value of their care, support and advocacy from childhood and into adulthood.

We also know there are autistic parents and carers who may sometimes need support with family life and navigating the structures in healthcare, education and the wider world, for themselves and their loved ones.

We have therefore created an additional local theme in recognition of the role of parents and carers.

2.6 The delivery of the strategy will be taken forward by the development of a new Autism Partnership Board/Forum. This Board/Forum will include autistic people as experts by experience. Delivery plans will be developed with clear actions and measures to demonstrate the outcomes are being achieved.

2.7 Next steps

- Strategy to be launched in May 2023, following City Council Cabinet call-in and the end of Purdah.
- Continued work with comms team to raise awareness of the strategy.
- Development of a new Autism Partnership Board/Forum to lead delivery of the strategy.
- Continue development of Delivery Plan in conjunction with partners.

- **Conclusion and Reasons for Recommendations**

  To approve the 'Living my best life with Autism - Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023 – 2026' to be published and implemented. To ensure that the Local Authority, ICB and relevant local partners can take forward the key priorities in the National Strategy in accordance with our legal duties to identify and support autistic adults, children and young people as stipulated in the following legislation and underpinning statutory guidance; the Autism Act 2009, the Care Act 2014, the Children and Families Act 2014, the Children Act 1989 and the Equality Act 2010.

Is there a potential/actual Conflict of Interest?	**N**

Outline any potential Conflict of Interest and recommend how this might be mitigated

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
If the strategy is not approved for implementation the Local Authority and ICB will not be able to respond to the National Strategy and take forward key priorities.

Implications:	
Legal and/or Risk	N/a
CQC/Regulator	N/a
Patient Safety	N/a
Financial – if yes, they have been assured by the CFO	No financial implications identified as a direct result of the implementation of the strategy,
Sustainability	Strategy aims to improve outcomes
Workforce / Training	N/a

Key Requirements:			
1a.	How can the author best assure the Board that the decision put before it meets our statutory duty to reduce inequalities by ensuring equal access to services and the maximising of outcomes achieved by those services? The Strategy takes into account national policy changes and related local strategies that sets out our vision and intentions for improving life in Stoke-on-Trent over the next three years, from 2023 to 2026 for autistic children, young people and adults. The strategy takes a whole life course approach to improving outcomes; from childhood into adolescence, adulthood and older age.		
1b.	How can the author best assure the Board that the decision put before it meets our new statutory duty to have regard to the wider effects of our decisions in relation to health & wellbeing, quality and efficiency? (If the paper is 'for information' / for awareness-raising, not for decision, please put n/a) Through the development of the strategy, it is recognised that inequalities span much wider that just health; this can involve differences in life expectancy, access to care, quality and experience of care, behavioural risks to health and the wider determinants of health including the quality of housing. This Strategy is a joint strategy with Stoke-on-Trent City Council which looks to address all aspects to ensure that our statutory duty is met.		
		N	**Date**
2a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group? **The Strategy is a joint strategy led by Stoke-on-Trent City Council who have completed an Impact Assessment. This demonstrates that there is no disadvantage to any group. The assessment shows autistic children, young people and adults and their families and carers will benefit from the strategy.**	**N**	

2b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
2c.	Were there any conditions? If yes, please state details and the actions in taken in response: • **Condition 1 & action taken.** • **Condition 2 & action taken.**		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • **Stage 1** • **Stage 2**		
3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? **The Strategy is a joint strategy led by Stoke-on-Trent City Council who have completed an Impact Assessment. This demonstrates that there is no disadvantage to any group. The assessment shows autistic children, young people and adults and their families and carers will benefit from the strategy.**		
3c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
4.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients • Undertook public consultation during November 2022 to January 2023.	**Y**	
5.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	

Recommendations / Action Required:

The Integrated Care Board is asked to:

Recommend for Approval to the ICB Board 'Living my best life with Autism - Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023 - 2026' to be published and implemented.

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

City of
Stoke-on-Trent

Living my best life with Autism

Stoke-on-Trent Strategy for Autistic Children, Young People and Adults 2023 - 2026

I would like a house that I could feel safe in where there is someone who can help me if I feel scared and security to move on trouble makers

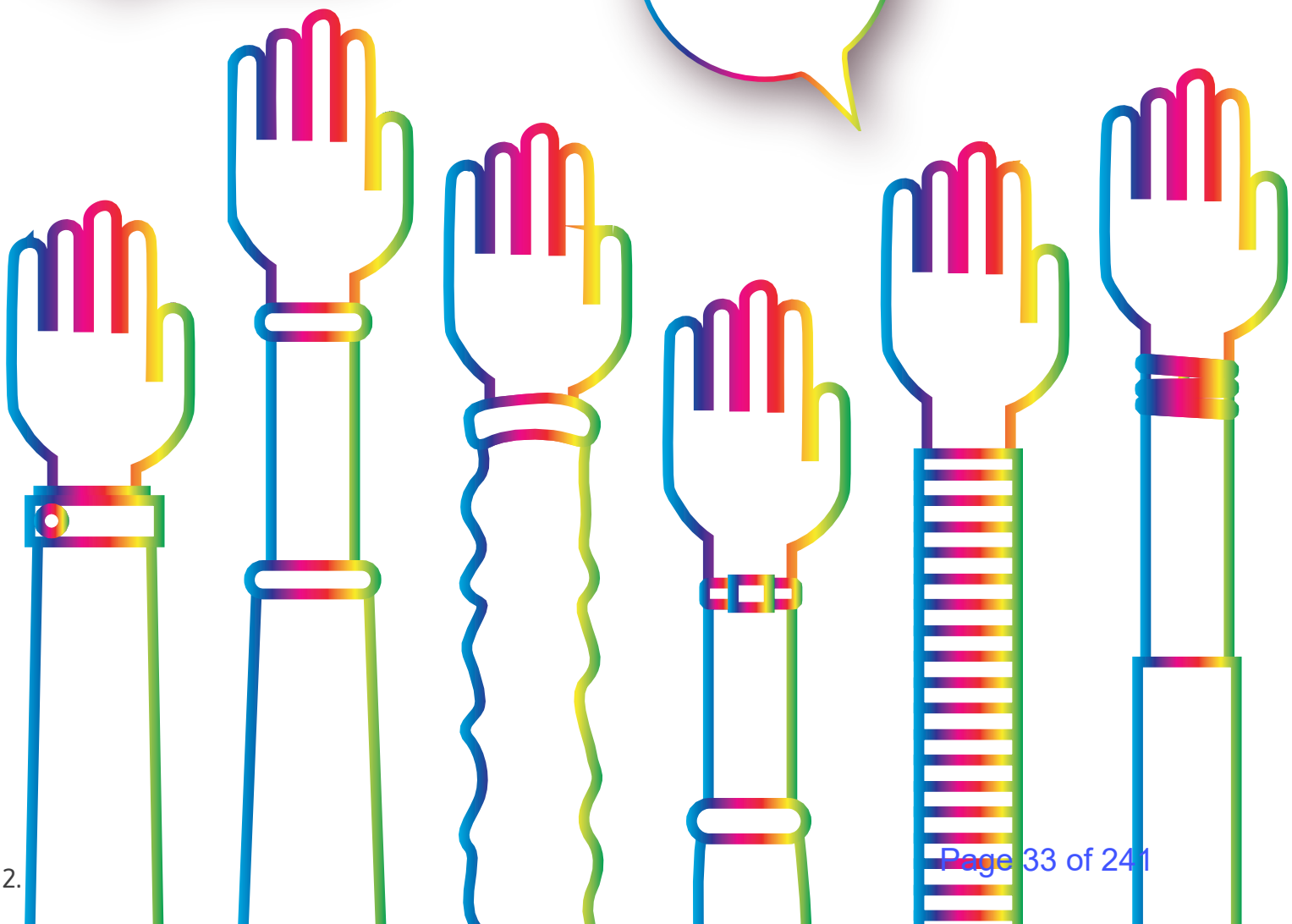
It is struggle to connect with people and also when you have to explain that you are on the spectrum people and services do not understand the condition

I have a fantastic supportive family who help me if I need them to

I feel more should be done to provide mental health services to autistic people as I struggle to say what help I need as I feel I would be judged

Autistic people need more encouragement and support in education and career aspirations.

School should be a safe place.



CONTENTS

FOREWORD

The quotes at the start of this strategy are from autistic people living in Stoke-on-Trent.

Their words illustrate the challenge to improve health, wellbeing, community safety and to raise aspirations. This means receiving a timely diagnosis, being supported by professionals with a good understanding of autism, finding services, organisations and employers that make reasonable adjustments when required and being included in community life.

The strategy sets out the outcomes autistic people told us were important to them. Raising expectations and ambitions is key: autistic children, young people and adults need to be valued and feel valued. By delivering this strategy in partnership with autistic people and their families, we will rise to the challenge, making Stoke-on-Trent a place where autistic people can feel safe, be healthy, aspire, live independently, have control over and enjoy their life.

We welcome the National Strategy for Autistic Children, Young People and Adults 2021- 2026 and accompanying NHS investment to support improvement of provision for autistic people, this offers a real opportunity for us to make a difference.

We are, therefore, delighted to introduce “Living my best life with Autism”, our joint life-course strategy for Stoke-on-Trent.

Acknowledgements

We want to say a big “thank you” to those who were able to help us shape this strategy, initially under the very unusual circumstances of Covid-19 pandemic and its accompanying restrictions. Thanks especially to our local third sector organisations; Reach, PEGIS, Caudwell Children and Lifeworks who were able to connect us to autistic people to ensure they were engaged from the very start of the development process for the strategy and in our more recent conversations to localise the national themes. Moving forward, we plan to strengthen co-production approaches to ensure autistic children, young people and adults are fully involved in developing, directing and overseeing our plans to make Stoke-on-Trent an autism friendly city.

EXECUTIVE SUMMARY

Autistic people, like most, aspire **to have fun, make new friends, learn new skills and build their self-esteem, confidence and resilience**. By aligning with the aims of the government's National Strategy for improving the lives of autistic people, their families and carers in England, Stoke-on-Trent City Council, working in partnership with Staffordshire and Stoke Integrated Care Board (ICB) have developed a strategy that sets out the outcomes autistic people told us were important to them.

Access to mainstream public and community services can be hard for autistic people. We recognise the need for early help and support, particularly during childhood and early adulthood and then in later life. Whilst some services are improving data collection and analysis, we need better data so we can target support.

Autistic people in Stoke-on-Trent told us that inclusion in school life and educational achievement is very important to them. A majority of parents felt that mainstream schooling was the best way of educating their child. There were positive stories about nurseries and schools that have supported parents and children.

Young people need to be given employment opportunities as an alternative to staying on at college. Changes such as bereavement, moving home, getting married and divorced, having children or becoming unemployed can have a significant effect on an autistic person. It is important to support people to be as independent as possible at all times. Choice and control are particularly important, having a say, being able to choose the support needed and planning for the future.

When autistic people come into contact with the criminal justice system it is often up to them, or their carer, to explain what having autism means. Parents and carers are critical to the health and wellbeing of autistic people and want to ensure a positive future for their loved one and want support when they themselves are an autistic individual.

The seven themes, detailed on page 12 of the strategy, underpinned by the four key principles - community first, equality, strengths based, person centered and five outcomes – safe, healthy, achieve, live and enjoy – set out the commissioning and strategic intentions; a focus on achieving the right model of care for autistic people.

We also welcome the government's implementation plan for subsequent years of the National Strategy, setting out further actions. A detailed plan with resource allocation working in partnership with Local Authorities, the NHS and the voluntary sector, as well as autistic people, to move closer towards a united vision.

The next steps after the launch of this strategy, working with the ICB, is to develop an implementation and a delivery plan, develop an autism partnership board using person-centred, joined up approaches across multiple organisations to contribute to enabling autistic people to live within a community of their choice.

Living my best life with Autism in Stoke-on-Trent 2023 – 2026 Plan on a Page

In Stoke-on-Trent, autistic people thrive within the communities they live and when help, advice or support is needed, it is easily accessible and person centred.

Commissioners aim to move to a system that is focused on improving the outcomes that matter to autistic people. Commissioners will improve commissioning and market development to ensure good quality, cost efficient services that work together and find more innovative solutions to care that focus more on preventative services and self-management.

National Theme 1: Improving understanding and acceptance of autism within society.	**National Theme 2:** Improving autistic children and young people's access to education and supporting positive transitions into adulthood.	**National Theme 3:** Supporting more autistic people into employment
National Theme 4: Tackling health and care inequalities for autistic people	**National Theme 5:** Building the right support in the community and supporting people in inpatient care	**National Theme 6:** Improving support within the criminal and youth justice systems
	Local theme 7: Supporting parents and carers	

INTRODUCTION

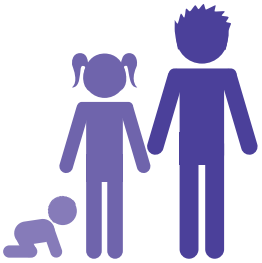
This strategy is about autistic people's lives – where they live, where they go to school or work and the communities they live within. Since the ground-breaking Autism Act 2009 and the new National strategy for autistic children, young people and adults 2021-2026[1], progress has been made in improving support for autistic people in Stoke-on-Trent. We now have dedicated assessment services for children, young people and adults, better data and a better understanding as to the hopes and aspirations of autistic children and adults. We acknowledge there is much more to do and we set out, in this local joint strategy, our intentions for making the required changes in Stoke-on-Trent.

The Autism Act 2009 and new National Strategy 2021-26 provides the strategic framework for improvement across all services to support autistic people. The related statutory guidance[2] sets out local authorities' and NHS organisations' duties to support autistic adults, so local areas must continue to deliver on existing requirements, including having autism partnership boards.

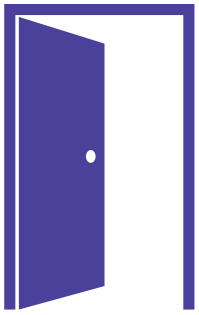
For public services, autism must not be seen as an add-on. Such services will already be in contact with, and providing support to, many autistic people. By encouraging more innovation in the way services are delivered and through services making more reasonable adjustments, individuals can experience good quality education, attend their local council office, GP or hospital feeling confident that these services are aware of their autism and know that adjustments can be made for them.

The local outcomes in our strategy align to the approach and six key themes in the new National strategy for autistic children, young people and adults 2021-26:

Improving understanding and acceptance of autism within society



Improving autistic children and young people's access to education, and supporting positive transitions into adulthood



Supporting more autistic people into employment

Tackling health and care inequalities for autistic people

Building the right support in the community and supporting people in inpatient care

Improving support within the criminal and youth justice systems

By taking an integrated and whole life approach, from childhood into adolescence, adulthood and older age, we can work better in ensuring support is person-focused, strengths based, equitable and available within local communities wherever possible.

In producing this strategy, we have engaged with local partners within health, the city council and police, with care and education and training providers and with autistic children, young people and adults as well as parents and carers and advocacy groups. We have used the stories autistic people and their carers shared with us and included findings from our surveys and workshops to demonstrate where we are in relation to the five outcomes and six national themes. We will publish this insight as a separate document.

This strategy links to the "Living my best life" strategy for those living with a learning disability. Deliberately, the outcomes are the same in both strategies to account for some autistic people having a learning disability. This approach means we have a better understanding of the specific needs, expectations and aspirations for autistic people and those who also have a learning disability.
It is our intention that this strategy will inform local delivery plans and commissioning strategies (where applicable) so that the ambitions and outcomes are achieved.

This strategy links to and is informed by the following key strategies for Stoke-on-Trent:

- Local Policy and Guidance
- Joint Health & Wellbeing Strategy 2020 – 2023
- Stoke-on-Trent City Council Strategic Plan (Stronger Together)
- Sustainability and Transformation Plan (Together We're Better)
- Stoke-on-Trent Life Course Strategy for people with Learning Disability in Stoke-on-Trent 2021-26
- Stoke-on-Trent Room to Grow - Children and Young People's Strategy 2020 - 24
- Stoke-on-Trent Inclusion Strategy 2021-24
- Stoke-on-Trent 14- 25 Learning and Skills Strategy 2022-2027
- Stoke-on-Trent Joint All Age Carers Strategy 2021 – 2023
- "Lets Talk" Adult Community Mental Health Strategy for Stoke-on-Trent 2022 – 2025
- Stoke-on -Trent Housing Strategy 2017 – 2022
- Stoke-on-Trent Community Safety Strategy 2020 - 2023 & Community Cohesion Strategy 2020 – 2024
- Staffordshire Police Early Intervention Strategy 2018 – 2021
- Office of the Police & Crime Commissioner
  (Safer, fairer, united communities for Staffordshire 2017-2020

The strategy is also guided and supported by wider national legislation and other local strategies and procedures[3].

WHO IS THE STRATEGY FOR?

The strategy is for any autistic child, young person or adult.

Throughout the strategy, we use the term "autism" as an umbrella term for all autistic spectrum conditions. We use the term "autistic adult/child/person/people" in line with the terminology in the National strategy.

Nationally, as well as locally, there is limited data relating to autism. Recent estimates by NHS Digital suggest that around one in one hundred people in England (over 500,000 people in total) have autism. In Stoke-on-Trent, this equates to approximately 2564 people (based on ONS mid-year population estimates 2020).

What is Autism?
Autism is a lifelong developmental disability which affects how people communicate and interact with the world.

Autism is different for everyone
Autism is known as a spectrum condition, both because of the range of difficulties that affect autistic adults and the way in which these can present in different people. The definition of autism has changed over the decades and could change in future years as we understand more.

Available evidence suggests that more men and boys have a diagnosis of autism than women and girls, with estimates of male to female ratios varying from 2:1 to 16:1 as women and girls have been underdiagnosed compared to men and boys[4].

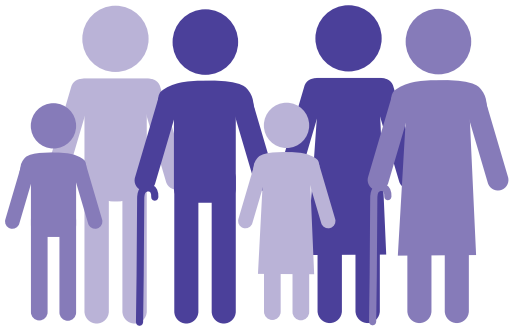
Autistic children and young people may also have special educational needs and disabilities (SEND). A child or young person may be classed as having SEND if they require more help to learn and develop than children and young people of the same age[5].

Autism is not a mental health condition or a learning disability, however, around half of autistic people have a learning disability and three quarters are likely to have a mental health condition at some point during their lives[6]. Neurodiversity is a term that includes a range of conditions that may co-occur with autism[7]. A relatively small number of such people will require additional care and support. This strategy applies to autistic people with these additional needs, so that meaningful and seamless pathways to care are available.

Autistic people will have had very different experiences, depending on factors such as their position on the autistic spectrum, the professionals they have come into contact with and even how and when they received their diagnosis. Autistic people may never come to the attention of services because they have developed strategies to overcome any difficulties with communication and social interaction, have supportive relationships, live in strong communities and have found fulfilling employment.

AUTISM IN STOKE-ON-TRENT

253,375
people live in Stoke-on-Trent



of which in 2020
2,564 **are estimated to have autism.**
This is 1% of the population

This equates to
2,308 **males**
256 **females**

As of January 2022,

124 **of our children in care**
were recorded as having either a learning disability, autism or both

This is **18.2%** of the children in care population of our city

By **2035** it is estimated that there will be approximately
2,740 **people in the city with autism** (POPPI & PANSI predictions for autism in adults)

Health and social care services are currently likely to know only a small number of all local autistic people. There are many reasons for this, including:

- many autistic people are likely to be undiagnosed;
- not all autistic people will come into contact with social care services and so local authorities are unlikely to have information on them or their needs;
- many people, especially older adults or people from certain communities, have managed through the support of family and friends and are unknown to statutory services. This may be because they are not eligible for statutory services or because they do not know what help is available;
- the way local services are organised (e.g. learning disability and mental health teams may miss autistic people who don't also have these needs).

OUR VISION

In Stoke-on-Trent, autistic people thrive within the communities they live and when help, advice or support is needed, it is easily accessible and person centred.

OUR PRINCIPLES

We have developed four key principles that will underpin the delivery of both the Autism strategy and Learning Disability strategy for Stoke-on-Trent:

Community First

- Living within the community where appropriate.
- Access to community activities and community life.
- Support services easily available when help is needed.

Equality

- Needs are understood and reasonable adjustments made
- Equal opportunities e.g. access to health services, learning, employment, housing, social and leisure activities
- Equality and Diversity is respected and valued.

Strengths based

- Focus on what people can do, not what they can't. Thinking what's strong, not what's wrong.
- Involvement of families and carers and prioritising carer's needs

Person Centred

- Everyone is treated as an individual with their own needs, ambitions and desires.
- Everyone is treated with dignity and respect and able to make their own choices.
- A flexible approach which means pathways and services are coordinated around the needs and wishes of the person

OUR OUTCOMES

Five outcomes emerged from the conversations with autistic people and their carers in Stoke-on-Trent.

I feel safe

I feel safe within, and valued by, the community in which I live and the environments I am in.

I am healthy

I have equal opportunities to good health and wellbeing

I achieve my goals

I am aspirational in my life goals which are purposeful and valued

I love where I live

I live in a home that I choose, with who I choose, that meets my needs.

I enjoy my life

I have equal opportunities to a good quality life, to feel included in my community and enjoy my life.

A detailed breakdown of each outcome across the life course can be found in Appendix 1.

Development of the strategy

In developing this strategy, we revisited the engagement work undertaken prior to publication of the National strategy. This work was based on the six themes in the National strategy, our local commitments and how we could develop them within Stoke-on-Trent.

This involved extended engagement sessions during May and June 2022 with a diverse range of stakeholders including parents, carers, autistic children, young people and adults. This was achieved via virtual group and 1-1 sessions and written feedback.

In addition to this an on-line survey was published for members of the public to share their views on the national themes and local commitments.

NATIONAL STRATEGY THEMES

The outcomes in our strategy align to the six key themes in the new National strategy for autistic children, young people and adults 2021-26.

Theme 1:

Improving understanding and acceptance of autism within society

Theme 2:

Improving autistic children and young people's access to education, and supporting positive transitions into adulthood

Theme 3:

Supporting more autistic people into employment

Theme 4:

Tackling health and care inequalities for autistic people

Theme 5:

Building the right support in the community and supporting people in inpatient care

Theme 6:

Improving support within the criminal and youth justice systems

In our strategy, for each national theme, we:

- **Identify** current issues through data analysis and engagement feedback
- **Commit** to actions
- **Develop** measures that will evidence that change is happening

Additional Local Theme 7

Supporting parents and carers

During our conversations to develop the strategy, we heard about the importance of parents and carers to autistic people's lives and the value of their care, support and advocacy from childhood and into adulthood.

We also know there are autistic parents and carers who may sometimes need support with family life and navigating the structures in healthcare, education and the wider world, for themselves and their loved ones.

We have therefore created an additional local theme in recognition of the role of parents and carers.

Theme 1:

Improving understanding and acceptance of autism within society

As an autistic adult I find that unless you shout and scream that your (sic) autistic and wear a huge badge to say so no-one understands your difficulties. It's like walking around in a costume 24/7. A fake smile, a well-planned reaction.

What are the issues?

Autistic adults want an everyday life, romantic relationships, family and meaningful employment. Autistic people told us that, on the whole, they enjoy their life and get along with people but for many autistic people, mainstream public and community services can be hard to access. Some of this is due to a lack of understanding of autism among staff but this is not the only factor. Many autistic people are hypersensitive to light and noise; they can have significant difficulties with communication and can struggle with the formats, language or instructions in written and verbal information.

Locally, this lack of understanding extends to parents and carers of autistic children. Such children, of school age often struggle to find a job to work around school hours. Additionally there are few before or after school club opportunities for these children.

For children, this means having more opportunities to socialise and mix with others and be safe from bullying.

We also heard about the lack of understanding regarding autistic people who are transgender and where autistic people do not necessarily recognise gender and identify in the way non-autistic people do. This can lead to misdiagnosis of mental health issues and mean autistic people do not have access to support.

What will the future look like?

We recognise the need for early help and support, particularly during childhood and early adulthood and then in later life to support autistic people to be healthy, happy and independent for as long as possible. We understand much of what is available from statutory services requires a diagnosis of autism and we will improve the assessment process and post-diagnosis support, regardless of the age of the person.

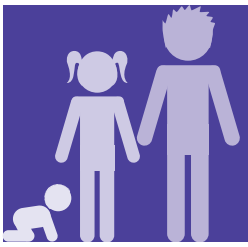
Whilst some services are improving data collection and analysis, we need better data so we can target support for autistic children, young people and adults, especially at key points in life – those who are moving from childhood to adulthood, those who are carers, getting older or when there is a life changing event.

Accessibility to community and leisure facilities across the city needs to improve, as well as access to public transport. Reasonable adjustments and increased awareness of autism, to include training for public transport driver's/staff and more accessible transport at all times of the day. Initiatives such as autism friendly drivers would help ensure confidence both in the client and the taxi driver.

Earlier support to autistic adults to navigate issues such as housing advice, advice on documentation, such as letters and bills, and opportunities to stay healthy. This type of support could prevent crisis situations from occurring by reducing anxiety and isolation and maintaining a level of independence.

Mandatory training to raise awareness of autism is being rolled out in health and social care[8]. Elsewhere, service providers, schools, businesses and community facilities should look at providing awareness training on autism and neurodiversity for all frontline staff to enable them to make reasonable adjustments to their services and staff behaviour. Training needs to focus on the reality of day to day life for an autistic person and needs to be designed and delivered with autistic people. This will increase the accessibility of mainstream and community services for autistic people and lead to a better understanding of autism.

Commitments	Measure of success
Improve data and reporting.	Data action plan developed.
Increase early support offer e.g. housing, employment, health advice.	New Prevention, Early Intervention and Enablement Service in place.
Support opportunities to make friends and have places to go.	Reported impact via monitoring and evaluation activity.
Roll out mandatory Oliver McGowan training to health and social care staff.	Numbers completing training.
Improve access to public transport.	Reported impact via monitoring and evaluation activity.



Theme 2:

Improving autistic children and young people's access to education and supporting positive transitions into adulthood

I feel that for autistic children there are not as many opportunities for them to learn new skill join clubs because adults are not trained to deal with SEN behaviour.

What are the issues?

Autistic children and young people in Stoke-on-Trent told us that inclusion in school life and education achievement is very important to them. They identify life ambitions and report wanting to have a job with an understanding employer and gain the independence that this brings. They report feeling pressure to be the same as everyone else in school. To help them prepare for moving into adulthood and regardless of education setting, they request consistent support, more opportunities around work experience, the opportunity to gain qualifications and good quality careers advice.

The majority of parents felt that mainstream schooling within Stoke-on-Trent was the best way of educating their child and we heard many positive stories where nurseries and schools have supported parents and children. Parents felt that there should be more provision for autistic students particularly in support with promoting positive behaviour and that schools should be more autism aware. Some schools are more aware than others of autism and there is a growing movement to promote neurodiversity awareness in schools. Parents worry for their young person and are not always confident that their child will get the support they need as they move into adulthood.

Waiting times for specific assessment such as Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessments can have an impact on reasonable adjustments in schools and education opportunities. The impact of Covid on developmental assessments in pre-school age children is having an impact on preparation for school, education health care (EHC) planning and transition from nurseries to primary school.

Where EHC plans are in place, these are often generalised and are not specific to the needs of the autistic child. This has an impact for preparation for adulthood, which does not always happen at year 9.

What will the future look like?

Better transition planning and progress checks will enable autistic children to move from early years to school and for young people to move to further education and universities will help to support autistic people to lead independent lives and fulfil their potential.

Neurodivergence is the term for when someone's brain processes, learns, and/or behaves differently from what is considered "typical". If children have a diagnosis of a neurodivergence, it helps adults around them reframe "impulsivity", "not listening" and "meltdowns" as being part of a condition that requires support, rather than "bad behaviour" that requires sanctions. A better understanding of neurodivergence would potentially lead to a reduction in the number of exclusions in schools.
We will explore opportunities to build on the "Autism in schools" pilot, currently running in three schools, which is aimed at improving links and training, leading to improved attendance and reduced exclusions.

We will limit the use of Out of Area residential education placements so that autistic children and young people remain in the city, able to make friends and linkages to their community.
EHC plans need to strengthen considerations on housing, employment, health, independence and social inclusion.

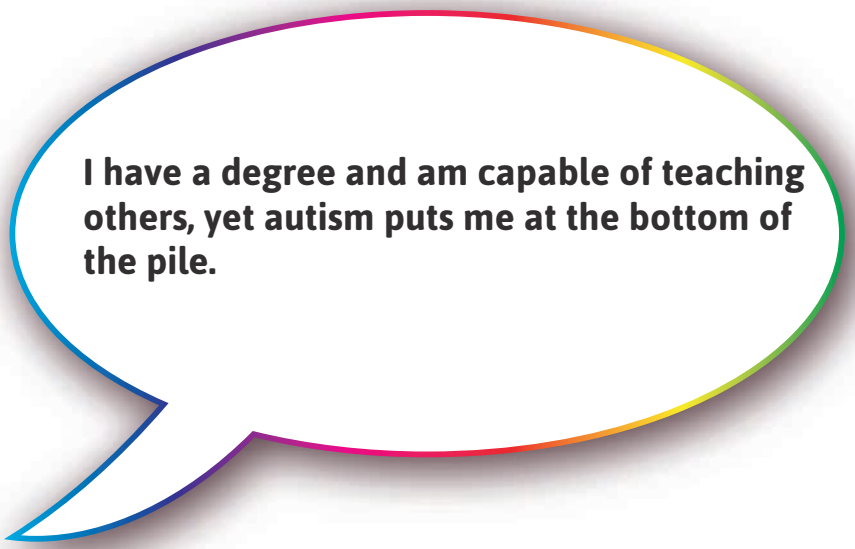
The proposed Skills and Post-16 Education Bill will make provision for local skills improvement plans relating to further education[9]. Locally, the council is developing a strategy for 14-26 year olds to increase the opportunities available to young people with SEND in the city.

A Supported Work-Based Training Team (SWBT) based in Learning Services at the city council will bring together employers, education providers, the EHC team and careers specialists to create a high-quality, city-wide service to support young people into sustainable paid employment. This includes supported internships which are now live, inclusive apprenticeships/traineeships and supported employment programmes that will offer individual tailored in-work support from a skilled and qualified job coach to help a young person learn a job and adapt to the workplace.

Commitments	Measure of success
Improve preparation and transition from early years to primary school.	• NHS autism assessments undertaken in a timely manner. • EHC plans in place.
Improve preparation for adulthood.	• Improved pathways in education, health and care. • Increased opportunities for training and employment. • Autism training and professional development in schools and colleges. • GCSE attainment
Evaluate the autism in schools' pilot and agree next steps.	The evaluation report is produced and agreed and next steps identified.
Strengthen and promote pathways to employment, such as Supported Internships, Traineeships and apprenticeships.	• Develop 14-25 year olds employment and skills offer. • Number of Internships, Traineeships and apprenticeships. • Training programme in place for employers.

Theme 3:

Supporting more autistic people into employment



What are the issues?

Autistic adults are currently significantly underrepresented in the labour market and our local engagement found that they often report wanting to work and have skills and talents that would be useful in the workplace. However, autistic people report feeling they do not have choice over whether they have a job and also report feeling they are not able to achieve what they want from life.

Work environments are not accommodating nor accepting of those who do not conform to normal/ usual expectations of employees. This is a waste for the individual and for the economy and we need to remove the glass ceiling and lift the lid on expectations to ensure that autistic people have the opportunity to achieve their aspirations. This means support to apply for jobs, support with interview techniques and support within the work environment, including reasonable adjustments and training for employers and work colleagues.

Young people need to be given employment opportunities as an alternative to staying on at college.

What will the future look like?

For work experience and employment, the NHS will set an example locally, becoming an autism friendly place to work. Nationally, supported internship opportunities within the NHS targeted at people with a learning disability, autism or both will increase by 2023/24, with at least half converted to paid employment over the first five years of the Long Term Plan. The number of NHS internship and employment programmes/sites delivered through 'Project Search' and 'Project Choice' will increase. Work is ongoing with Department for Work and Pensions and their programme for "Disability Confident Employers". Part of the supported employment for vulnerable groups is about training and supporting employers to work with those groups, offering work experience, work placements and permanent employment. With support, autistic people can both get and keep a job.

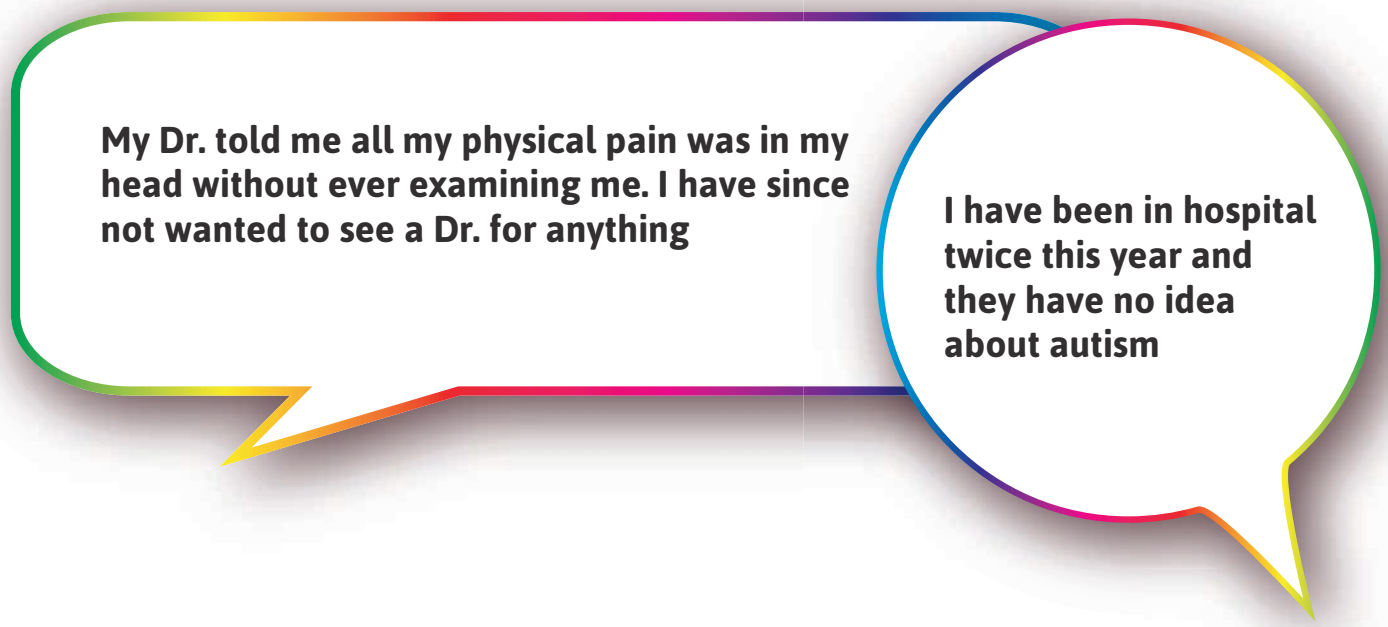
Innovative opportunities for other work-based approaches such as self-employment should be offered.

We will redesign short breaks/day opportunity to develop age appropriate person-centred activities that provide opportunities for learning and skills. We will also explore suitable work or volunteering opportunities within these programmes.

Commitments	Measure of success
Increase career, training, volunteering & work experience opportunities for those young people and adults who want them.	• Increase in number of autistic people in paid employment. • Increase in number of apprenticeships. • Increase in volunteering opportunities.
Redesign of short breaks and day opportunities.	New offer with a focus on learning and skills.
Increase the availability of support roles (e.g. Occupational Therapy etc.)	Increased support for preparation for employment.

Theme 4:

Tackling health and care inequalities for autistic people



What are the issues?

Changes such as bereavement, moving home, getting married and divorced, having children or becoming unemployed can have a significant effect on an autistic person. Amongst those who support people at these critical points in life, such as psychiatrists, counsellors and psychiatric nurses, staff who are trained about autism should be available and counselling should be adapted as appropriate. When services such as these do not meet the needs of autistic people, the result can be that they can spiral into mental health crises with parents/carers left to pick up the pieces, or if they are not available, expensive and inappropriate inpatient admissions or to contact with the criminal justice system.

Our engagement found that significant numbers of autistic adults reported not feeling listened to at medical appointments They stated they do not feel mentally and emotionally well most of the time and they also do not expect to live a long and healthy life. Access to mental health support is a particular issue, autistic people reported feeling they would benefit more where mental health practitioners were suitably qualified and experienced in relation to autism. Access to social workers was also raised as an issue and where people do have a social worker, they do not report feeling joined up working across health and social care is always good.

Some autistic people and those that support them, continue to report gaps in provision or waits for diagnostic services. Diagnosis can be particularly important for adults who did not have their condition recognised as children. Their life to date may have been affected by a sense of not fitting in, of not understanding the way they respond to situations or why they find social settings difficult. They may also have been in learning disability or mental health services, where their autism was not recognised or supported. A diagnosis can be an important step in ensuring that support takes account of how a person's autism affects them and their whole family.

What will the future look like?

The NHS Long Term Plan identifies that the NHS has a crucial role to play in helping autistic people, a learning disability or both, lead longer, happier and healthier lives, and: **'aims to improve people's health by making sure they receive timely and appropriate health checks, while improving the level of awareness and understanding across the NHS of how best to support them as patients'**

Assessment and post diagnoses support
Additional capacity to undertake autism assessments in children and young people has been commissioned by the Integrated Care Board (ICB) and further expansion for capacity in the Discovery Group led by paediatrics is being explored to address the waiting times for assessment. Support post diagnostic interventions such as ARFID (avoidant restrictive food intake disorder) are being held by children and young people mental health services. Paediatrics are running sleep clinics to reduce dependency on drugs to help children sleep.

Mental health and suicide prevention
Autistic people are almost never mentioned in local suicide prevention plans. This lack of recorded diagnoses amongst autistic adults and the manner in which suicide datasets are currently collated means they are unlikely to reliably represent their deaths. The guidance informing local authorities about suicide prevention planning is currently being reviewed and The Health and Wellbeing Alliance are currently developing a pro-forma to support coroners in identifying relevant factors surrounding deaths by suicide.

Annual health checks
NHS England and NHS Improvement, in partnership with **Autistica.org.uk (external link)**, have supported the development and piloting of an autism-specific health check in primary care. Newcastle University are currently running this pilot in the North East to determine its effectiveness and ease of use by practitioners. Results from the study are expected late in 2024, with an economic evaluation.

The Learning Disability Mortality Review produced by LeDeR - (a service improvement programme for people with a learning disability and autism)
Review of the impact and planning to include our population with autism from January 2022. In Staffordshire and Stoke-on-Trent, we have worked collaboratively with our system partners, and through the use of the national platform, maintained a comprehensive monthly record of the deaths of people with learning disabilities which has helped us to support the identification of required service changes. This has also helped in the forecasting and planning of services for our patients with learning disabilities and autistic adults.

Digital flags
NHS England commissioned NHS Digital to create a Reasonable Adjustment Flag on the NHS Spine for the benefit of all relevant patients covered by the definition of impairment under the Equality Act with the requirement that by 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism. All organisations are legally responsible for making reasonable adjustments to their services for relevant individuals. These adjustments may be recorded in some clinical systems but are not always recorded or shared consistently across health and care, or when the patient moves from one care setting to another. The Flag will provide an immediate visible alert, provide basic context, is a prompt for key adjustments and can signpost to further information in shared clinical records or from other organisations, other healthcare professionals, individuals' carers or individuals themselves.

Screening
Health facilitation nurses have been looking at making screening programmes more accessible locally.

STOMP / STAMP
We will ensure health care providers who prescribe psychotropic medicine to people with a learning disability, autism or both adopt these health care pledges:
- STOMP – Stopping over medication of people with a learning disability and/or autism
- STAMP – Supporting treatment and appropriate medication in paediatrics.

We will review the levels of prescribing especially for children and young people. We will develop a multi-agency steering group following that review to create an action plan with a focus on raising the awareness and training not only within the NHS but with schools, local authority staff and families in the issues of inappropriate prescribing. Our vision is to bring our prescribing levels down to the level of the best, with the first offer to people of talking therapies support for mental health issues rather than prescribing.

The Long-Term Plan promises the provision of specialist community teams to support autistic children and their families. This will improve assessment, diagnosis and post diagnosis support.

We will ensure whole system approaches that enable joined up responses across health, social care, housing, employment and beyond to tackle some of the wider determinants of poor health[10]. Reducing Out of Area residential placements for children, young people and adults will be a key objective for this strategy, as well as innovative alternatives to hospital placements.

We will continue to work towards having an integrated commissioning pooled budget for autistic people to develop appropriate and timely services. Personal Health Budgets (PHBs) are already available.

We have recently been accepted into the National Development Team for Inclusion (NDTi) "Small Supports" pilot which will enable individual tailored support to those autistic adults who are still living in hospital settings or who are at risk of hospital admission[11].

We need alternatives to inpatient admission for someone in crisis and better crisis plans to prevent escalation. This includes better trained care staff (e.g. in positive behaviours support) and a range of options that avoid hospital admission.

For those at risk of, or already admitted to, inpatient units, we will review and look to strengthen the quality assurance and representation for existing Care, Education and Treatment Review provision and Care and Treatment Review policies, in partnership with autistic people to assess such policies' effectiveness in preventing and supporting discharge planning.

The ICB will ensure that autistic children have their healthcare needs met and that the needs of children and young people are included in reviews as part of general screening services and are supported by easily accessible, ongoing care.

Stoke-on-Trent is an early adopter of the Keyworker programme for children and young people aged 0-25 with a learning disability and/or autism. It is time limited targeted support aimed at those children and young people on the Dynamic Support Register that are at risk of an inpatient admission or already in an inpatient bed. Keyworkers will work as part of a multi-agency approach to offer specific support and coordination above and beyond what may be provided by multi-disciplinary teams. They will develop an integrated multi-agency approach to working with children and young people at risk of admission or those in crisis and ultimately identify and support in a proactive manner to avoid escalation of needs. In addition, we will develop learning and development initiatives that define key competencies to enable people who have roles that include care coordination to improve support.

Commitments	Measure of success
Review of the NHS autism diagnosis pathway (adults and children), to include post diagnosis support that links to increased support from voluntary organisations and peer support.	• By 2023/24 children and young people with learning disabilities, autism or both who are at risk of admission to hospital will have a designated key worker. • Improved life expectancy and quality of life.
Address gaps in mental health services around supporting autistic children, young people and adults.	New offer with a focus on learning and skills. Mental health practitioners better able to support autistic people with mental health issues.
Support engagement in health and wellbeing processes.	• Increase in reasonable adjustments for access to health. • Increase uptake of screening services.
Accelerate the roll out of Personal Health Budgets to give people greater choice and control over how care is planned and delivered.	• Increased uptake of Personal Budgets to give people greater choice and control over how care is planned and delivered. • Increase uptake of screening services.

Theme 5:

Building the right support in the community and supporting people in inpatient care

The safe spaces programme around Hanley and Stoke is good and helpful to know where I could go if I needed a safe space.

What are the issues?

Autistic people told us it's important to support people to be as independent as possible at all times. This means there needs to be good information to help people choose the right care and support and having good accessible services and a good design for the people who use them so that things work well. Choice and control are particularly important, having a say, being able to choose the support needed and planning for the future.

For those children and young people who are living in Stoke, they are, on the whole, happy where they live and with their family. However, too many children and young people with SEND are placed in residential settings (including schools) that are outside of Stoke-on-Trent. As well as the high economic cost, this means local linkages, family relationships and the ability to form life-long friendships is limited. Older teenagers sometimes find family life difficult and this can lead to crisis and a breakdown in family relationships.

Autistic adults report feeling they have a choice over where they lived and felt safe and supported by care staff (where applicable), family and friends and within their home environment. Most reported feeling that they lived in a home of their choice, with whom they wish to live with, feeling safe and cared for and having as much independence as they chose. They did report feeling that there was insufficient access to personal assistants and personal budgets. Older carers reported worrying about where their loved one is going to live in the longer term and if they will be able to stay in the family home.

Our supported living offer is limited and we are too reliant on residential homes. As autistic people live longer, health needs are likely to increase as is the prevalence neurological conditions such as dementia[12].

Reported views on feeling part of the community are mixed, some autistic people felt safe, valued, respected and others do not feel safe, connected or cared for by their community. The feeling of safety comes from being with family, carers and friends. This links to low numbers of autistic adults feeling they have the opportunity to connect with other people.

When autistic people face barriers and when adjustments are not made, they can find themselves in crisis and this can lead to admission to inpatient hospital facilities, sometimes for significant periods of time.

What will the future look like?

Keeping autistic people safe in their homes and supporting communities to be strong and inclusive requires a joined-up response from key agencies such as schools, police, criminal justice and the city council as well as support from local communities.

Taking an asset-based approach, we need to understand what is available in our communities and develop/adapt where there are difficulties accessing community activities. We want to enable autistic people to be included as part of the community. This means looking at how we build communities that are more aware of, and accessible to, the needs of autistic people, bringing together champions for change.

Through the Inclusion Partnership Board, we will support autistic children to stay close to home for their education so they know and are known in their community.

Care providers of specific specialist services to autistic people should be exploring the use of assistive technologies with the people they support to help develop their confidence, sense of achievement and independence.

When autistic people find themselves in crisis, they should spend the minimal time possible in inpatient settings. Nationally, the number of beds is being reduced, with the focus on community-based support and, if someone is admitted to an inpatient bed, that the admission period is short, with a focus on recovery and using the Care Treatment Review (CTR) and Care Education Treatment Review (CETR)[13] processes to address the issues that led to the crisis.

We know that autistic adults are more likely to be known to health and social care services if they also have a learning disability or mental health issue. Otherwise the offer for them is limited. Our engagement suggested people do not necessarily want more support from social care, rather they wanted a better understanding in other services as to reasonable adjustments to improve their daily lives. We wish to develop innovative local ideas, services or projects which can help people in their communities, particularly for early support for those not meeting eligibility criteria for statutory support. This includes models which will support early intervention or crisis prevention or which support people to gain and grow their independence, or to find employment, potentially delivered by peer support and "community of interest" voluntary groups.

For people with the most complex needs, we will continue to improve access to care in the community, so that more people can live in or near to their own homes and families and not in hospital settings.

Commitments	Measure of success
Support communities and local services including schools to be welcoming and accessible to autistic people.	• Reduced incidences of bullying in schools. • Number of children in out of area school placements. • Reporting of hate and mate crime. • Number of Safe Places offering support
Improve digital connectivity and use of technology.	Increased independence.
Increase options for where individuals can choose to live, including supported living, across the life course.	• Local Authority care and support framework in place. • Increase in choice and type of accommodation.
Review the use and impact of CTR/CETR.	Improved outcomes and reduced inpatient stay.

Theme 6:

Improving support within the criminal and youth justice systems

All the police and emergency services should have autism awareness training.

What are the issues?

Autistic adults want an everyday life, romantic relationships, family and meaningful employment. Autistic people can experience problems with understanding social interactions, having sensory acuity that can easily lead to overwhelming anxiety and reaction and other associated issues, which can mean that they become involved with criminal justice agencies because of their autism rather than through intention or be subject to bullying or harassment.

The lack of awareness from wider society, understanding in schools and impact on behaviours can lead to children and young people finding themselves excluded from school and coming to the attention of the youth justice system. The health team based in the youth offending team have identified that many children and young people are not being assessed, do not meet the criteria for formal diagnosis and are facing multiple disadvantages as a result.

At least 1 in 3 people moving through the justice system are thought to be neurodivergent; many will not have been diagnosed during school days[14].

When autistic people come into contact with the criminal justice system it is often up to them, or their carer, to explain what having autism means.

We found there is strong partnership working between health agencies, the council and the police. This strategic partnership approach needs to translate into more joined up working on a day to day basis for front line staff.

What will the future look like?

The Early Intervention and Prevention unit within Staffordshire Police is analysing the prevalence of incidents whereby autism is noted to highlight and understand key themes. The police will also include autism in hate crime training and awareness packages and work alongside communities and partners to support earlier reporting of incidents and seek to remove any barriers that are preventing reporting.

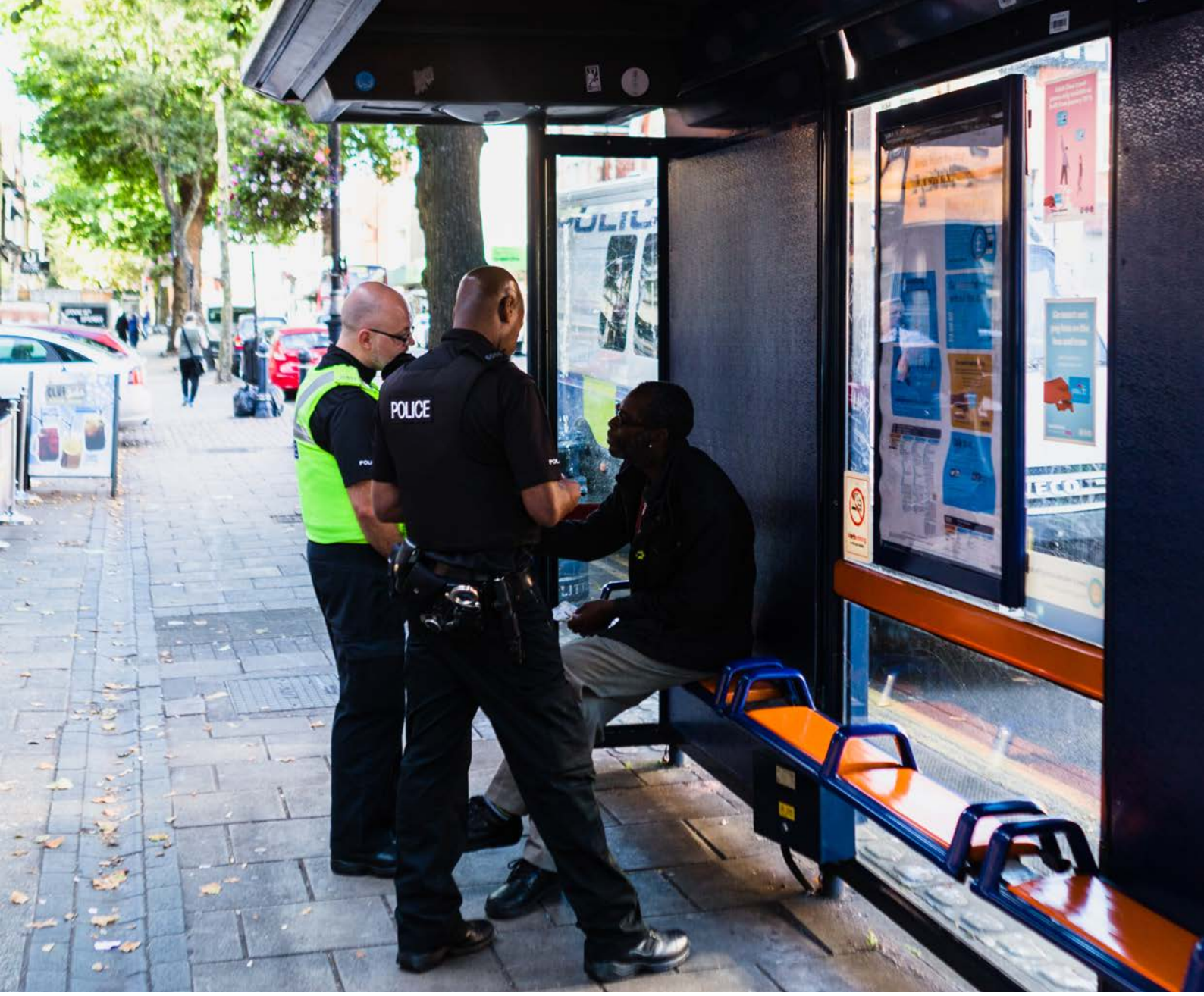
Staffordshire Police have also:

- identified Autism Champions within the force who have had additional enhanced training. These champions offer support to their colleagues when dealing with a member of the public, either witness, victim or offender with autism and additional guidance is needed;
- introduced Autism Awareness Training into Officer Personal Safety Training sessions in order for officers to be cognisant of people who are neurodiverse;
- introduced Autism Alert Cards which is a small credit card style card helping autistic people disclose their autism to others when in difficult or emergency situations, and
- developed a Vulnerability Toolkit to support custody units and investigative services.

Our youth offending team are also working with custody suites to improve understanding of autistic/ neurodiverse children and young people and adults.

Prison healthcare services have an important role and opportunity in reducing the health inequalities experienced by autistic people. Services need to be fully accessible to all, with robust care pathways in place that form part of a whole-prison approach to meeting people's needs. NHS England and NHS Improvement will retain accountability for Health and Justice commissioned services which includes prison healthcare[15]. Regionally, a number of initiatives and pilots are planned to develop and improve pathways, NHSE/I led, these include:

- A scoping exercise regarding learning disabilities & autism (adult specific) looking at the identification and needs of those within our secure estates but also on their journey into the secure estate.
- A scoping exercise regarding children and young people with learning disabilities and/or autism in the criminal justice pathway (this includes those in the non-custodial pathway and those within Werrington Youth Offending Institute.
- The Staffordshire & Stoke-on-Trent Liaison & Diversion Service will be an all age, all vulnerability service which is part of a wider Integrated Offender Health Service. The new service will be in place by April 2023. The current service identifies those with autistic needs and helps individuals into support and/or treatment services to support with their vulnerabilities.
- A number of initiatives have been funded by NHSE/I for health and justice staff, including Children and Young People Learning Disability & Autism Train the Trainer.



Commitments	Measure of success
Training and awareness raising in criminal justice system.	• Fewer young people engaged in crime and anti-social behaviour. • Rate of offending and reoffending
Services are in place to ensure there are timely interventions in place to support children and adults that may come into the criminal justice system, if needed.	Increased offer in relation to designated support around autism.
Range of initiatives and pilots to improve autistic people's experience of the criminal justice system.	• Pathways developed. • New Liaison and Diversion service in place.

Theme 7:

Supporting parents and carers

Parents and carers are critical to the health and wellbeing of autistic people and want to ensure a positive future for their loved one and want support when they themselves are an autistic individual. Through our engagement, parents and carers said they want to be valued as advocates, many feel they have to fight to ensure their loved one gets the support they need at every age and stage in life. Being a parent or carer of an autistic person can require additional skills and knowledge that can be hard to find and we heard how much our local groups run by parents and carers and autistic people are valued.

We heard examples about the impact of slow transition in nursery on working parents and the lack of support in some cases around such things as toileting and eating issues, especially when a child is not diagnosed. We also heard positive stories about services that have gone the extra mile to help families and good quality day services and health services.

Older carers have told us they worry about what will happen when they are no longer able to care for their loved ones.

Autistic parents of children reported feeling there was too heavy a focus on safeguarding and parenting ability if they themselves needed help, when the focus should be on need and a whole family approach. In some cases, children were being removed from their parents. Support is needed so that autistic parents can parent, rather than being seen as abusive. Autistic parents felt a better multi-agency response is needed, taking a whole family approach, which may then prevent the need for court proceedings.

Autistic people may themselves be caring for parents informally as part of family life.

There is a need to expand support for parents and carers – with help to manage and understand and implement changes in approaches to management of their loved ones. The Carers Strategy and Carers Partnership Board will link closely with this strategy to deliver joint initiatives that benefit carers.

Commitments	Measure of success
Identify Autism Champions within relevant public sector organisations.	Number of Autism Champions in place.
Expand support for autistic individuals who are caring for children and young people and/or parents, if needed.	Improved outcomes for families.
Implement quality reviews using people with lived experience.	Complaints, comments and compliments.

STAFFORDSHIRE AND STOKE-ON-TRENT LDA 3 YEAR ROAD MAP

As part of a move towards an integrated care partnership for Staffordshire and Stoke-on-Trent, there is a focus on achieving the right model of care for autistic people. To make this a reality, we need to understand across the system where we are in relation to:

- A system-wide approach across specialised and ICB commissioning, health and social care and other services – such as housing, for those in Staffordshire and Stoke-on-Trent with autism and challenging behaviours.
- Care and support services to minimise inpatient care – such as crisis prevention, respite or assessment when community provision is not possible, or when it is mandated by the courts.
- A 'whole life' preventative approach –for care and support with a much greater emphasis of addressing or reducing the impact of challenging behaviours from a young age.
- Market development and provider liaison – to achieve the changes required by building the skills and capacity in the market, and to avoid destabilisation. There is a greater need to future-proof community solutions based on the needs of children and young people.
- Reducing the reliance on inpatient care through person-centred care.
- Transferring care into a community setting – that offers high quality, safe, and wherever possible, local services.
- Developing and maintaining the right workforce – who have the necessary skills and knowledge.
- Improving integration and communication across the system.

HOW WILL WE BE ACCOUNTABLE?

The engagement and consultation exercises provide the basis for the strategy and we recognise that there is much more to do to develop further our approach to co-production. We pledge to build on this work as we develop a new autism partnership board to lead the delivery of the strategy as we move forward. This board will include autistic people as experts by experience.

This Stoke-on-Trent focussed partnership will be part of a wider collaborative approach with Staffordshire partners to oversee the delivery of the NHS-led 3 year Road Map[16] and is responsible for any funding allocations to support implementation of the Road Map.

At an individual level, accountability will be via client feedback and satisfaction surveys within services and via self and group advocacy so that autistic children, young people, adults and older people can tell us what is changing for them.

CONCLUSION

This strategy is in response to the National strategy, building on the engagement work with local autistic people who developed the outcomes framework for Stoke-on-Trent. It aims to maximise opportunities for autistic people to live fulfilling lives. The values and principles in this strategy are important to the outcomes. Autistic people, regardless of their age, want to enjoy the same opportunities as other people in education, employment and relationships, feeling part of their local community and wider society.

Autistic disorders exist on a wide spectrum – we need to look at needs as the label 'Autism' means different things to different people. For children, neurodiverse needs are not being supported because children don't 'fit the tick box' and this follows into adulthood. Autistic people and their families need support to understand options, navigate services and plan for the future.

It is difficult to determine how many autistic people will need care and support. Personal circumstances will have a bearing on specific requirements. We need to avoid, as much as possible, admissions to institutions and long stay hospitals.

Our engagement exercise showed that most autistic people report wanting to live an ordinary life, but are prevented by a society that does not understand or adjust. This can lead to them feeling isolated and misunderstood and increases the likelihood of ill health and other issues that will need support from services; yet when they do seek help, they often report finding that services are not autism friendly.

We want to improve outcomes for autistic people, across the life course. We will utilise continuous steps to promote social inclusion and increase an individual's ability to become an active citizen within their local community, have a job and meaningful relationships. Person-centred, joined up approaches across multiple organisations will contribute to enabling people to live within a community of their choice.

We can't make all the changes needed all at once, but by fast tracking improvements in the assessment/diagnosis process and investing in staff training, we can begin to make Stoke-on-Trent much more autism friendly.

We recognise we need to strengthen linkages to autistic people and their representative organisations to improve their participation developing strong local partnerships that are based on trust and respect.

There are many elements of change needed and we need to present this in a tangible and simple way, so partners and stakeholders can understand how and when we will be focussing on key areas so autistic children, young people, adults and older people in Stoke-on-Trent can live a full life.
In response to the National Autism strategy, Skills for Care[17] have developed a comprehensive commissioning framework and the council and Staffordshire and Stoke-on-Trent ICB will explore adopting this.

Everyone, whatever their support needs, should be

"able to live fulfilling and rewarding lives within a society that accepts and understand them"[18].

CONTACT US

If you want to tell us something about the strategy or you would like to get involved you can contact us:
By email: **commissioningandpartnerships.sp@stoke.gov.uk**

APPENDIX 1

Life course outcomes matrix

Outcomes	Children & young people	Adults & older people
Safe I feel safe within, and valued by, the community in which I live and the environments I am in	I am happy and safe at a school that is as close to home as possible. I feel valued as an individual, cared for and respected by the community. I am free from bullying and know how and who to ask for help if it happens. I feel understood by the police and justice system if I come into contact with them.	I can get around freely and safely. I feel valued as an individual, respected and cared for by the community. I am able to access community activities and facilities and connect with other people. I am free from hate and mate crime and know how and who to ask for help if it happens. I feel understood by the police and justice system if I come into contact with them.
Healthy I have equal opportunities to good health and wellbeing	I can use high quality health services that are co-ordinated in ways that meet my needs. I am happy and fulfilled, feeling physically, mentally and emotionally well. I am able to make informed choices about healthy and safe lifestyles as I get older and given lots of opportunities to be physically active.	I can use high quality health services that are co-ordinated in ways that meet my needs. I am happy and fulfilled, feeling physically, mentally and emotionally well. I am socially connected. I expect to live as long as other people that don't have learning disabilities.
Achieve I am aspirational in my life goals which are purposeful and valued	I have opportunities to develop my education and skills and am encouraged to make the most of my abilities. I have a past, present and future with people who are important to me. I get the right support to help me influence and make choices about my life and the future.	I can choose to have a job. I can volunteer and contribute to the community, if I choose. I have opportunities to continue developing and using my skills and make the most of my abilities. I have a past, present and future with people who are important to me. I know where I can get help or support to make informed choices about my life. I am supported to be financially independent

Outcomes	Children & young people	Adults & older people
Live I live in a home that I choose, with who I choose, that meets my needs.	I live with family/carers or in another environment that meets my needs and where I can thrive. I am able to choose who and where I live as I get older.	I have choice as to where and with whom I live, family/carers/ Independent/supported living. I have as much independence as I choose. I feel safe, cared for and I can thrive.
Enjoy I have equal opportunities to a good quality life, to feel included in my community and enjoy my life.	I have a wide range of social and leisure opportunities and activities to choose from. I have friendships and relationships that are good for my wellbeing. I am able to connect with friends in person and on line.	I have a wide range of social and leisure opportunities and activities to choose from. I have friendships and relationships that are good for my wellbeing. I am able to make my own decisions even if they are considered unwise or risky by others.

APPENDIX 1

[1]**gov.uk/national strategy for autistic children young people and adults 2021 to 2026 (external link)**
[2]2015 Adult autism strategy: supporting its use - **gov.uk/adult autism strategy statutory guidance (external link)**, **gov.uk/Autism strategy implementation plan: 2021 to 2022 (Annex A) (external link)**
[3]High impact actions for service improvement and delivery by Transforming Care Partnerships (published November 2016), Building the right support (published October 2015), Children's Commissioning Strategy, Transforming Care for People with Learning Disabilities – Next Steps; progress report (published July 2015), Special Educational Needs and Disability Code of Practice (2015) SEND 2018 Protocol, Winterbourne View – Time for Change 2014, The Housing Act 1996, 'Statutory Guidance for Local Authorities and NHS organisations' in March 2015 (updated 2018), Skills and Post-16 Education Bill
[4]women and girls have been underdiagnosed compared to men and boys,
women and girls with 'high-functioning' autism may be better at masking their difficulties than men and boys, women and girls may be less likely to develop autism, but are more severely impaired when they do
[5]**mencap.org.uk/advice-and-support/children-and-young-people/send-system (external link)**
[6]NICE has made recommendations about the delivery of care to children and young people on the autism spectrum. This includes a recommendation that local services should work with and support the families of children and young people on the autism spectrum. It also recommends that local services should be coordinated by a local autism multi-agency strategy group.
[7]neurodiversity : attention deficit hyperactivity disorder, dyspraxia, dyslexia, dyscalculia and language impairments
[8]The Oliver McGowan Mandatory Training in Learning Disability and Autism. | Health Education England - **hee.nhs.uk (external link)**
[9]Skills and Post-16 Education Bill [HL] - Parliamentary Bills - **bills.parliament.uk (external link)**
[10]Poverty, poor housing conditions and unemployment.
[11]Small support organisations have a number of things in common including: planning and delivering in a truly person centred way; person led staff recruitment and training; structuring and using funding around the person; a separation of housing and support; strong partnerships between the individual and family, commissioners, and providers; and staying small.
[12]Considering and meeting the sensory needs of autistic people in housing | Local Government Association - **local.gov.uk (external link)**
[13]Care Treatment review NHS England » Care and Treatment Reviews Care, education, treatment review **england.nhs.uk/ctr (external link)**. NHS England » Care, Education and Treatment Reviews (CETRs) **england.nhs.uk/cetr (external link)**
[14]Neurodiversity in the criminal justice system: A review of evidence - HMICFRS **justiceinspectorates.gov.uk (external link)**
[15]B0707 meeting the healthcare needs of adults with a learning disability and autistic adults in prison **england.nhs.uk/B0707 (external link)**
[16]NHS Long Term Plan - **longtermplan.nhs.uk/learning-disability-and-autism (external link)**
[17]Commissioner framework - supplement FINAL 210621 - **skillsforcare.org.uk (external link)**
[18]Fulfilling and Rewarding Lives: The strategy for adults with autism in England 2010

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**07**

Title:	**General Practice Strategy**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Chris Bird Chief Transformation Officer	Y	Sarah Jeffery Portfolio Director – Primary Care

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
Dr Paddy Hannigan Clinical Director Primary Care	Y

Action Required (select):									
Ratification-R		**Approval-A**	**x**	**Discussion-D**		**Assurance-S**		**Information-I**	

Is the [Committee]/[Board] being asked to make a decision/approve this item? Y			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
• Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits			
Within SOFD Y/N	N/A	**Decision's Value / SOFD Limit**	N/A

History of the paper – where has this paper been presented		
	Date	**A/D/S/I**
Finance and Performance Committee	4th April 2023	A
Primary Care Collaborative	29th March 2023	A

Purpose of the Paper (Key Points + Executive Summary):

Executive Summary

The Integrated Care System (ICS) with our partners, have agreed an ambitious vision which is: 'working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.' We have a strong commitment from all our partners to make our vision a reality and to make a real difference to our residents and communities, by working together.

Our strategy aims to continue its vital contribution to the health and wellbeing of our population. It therefore outlines the direction of travel for general practice in terms of how we will support its sustainability and development as well as playing a key role as a partner in the ICS.

A good health service relies on a bedrock of robust, functioning, and sustainable general practice service. GPs and their teams make up the vast majority of NHS patient contacts that take place and in doing so, alleviate pressure across the health service, including in Emergency Departments. This is largely through the important “gatekeeper” role they hold, ensuring as many people as possible receive the care they need close to home.

It is recognised that general practice is working under intense workload and workforce pressures and is struggling to maintain a service that meets demand.

In line with our Integrated Partnership Strategy (ICP) we will look to describe how the health, care and wellbeing needs of the local population are to be met through a positive ambitious vision for the future of general practice. This will include the support we will we put into place for GPs and their teams to achieve it.

Our vision

- Patients will have more choice over when, where and how they access a consultation, with a range of workforce to meet their needs
- Enable patients with the most complex needs to have more time with their GPs to support their continuity of care.
- Patients will be empowered to self-care and lead healthier more independent lives closer to home based on general practice being at the core of a revitalised approach to the delivery of integrated working.
- That general practice is recognised as a high status, rewarding, career of choice
- General practice workload will be manageable, resulting in reduced stress and burnout
- General practice will be part of system decision making
- Patients will receive a universal offer of general practice provision, with equitable access to high quality services regardless of postcode, age, race, gender or need.

This document sets out our strategy for the next five years to deliver this vision as we fulfil our purpose of contributing to achieving the key purpose of the Integrated Care System (ICS):

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

This strategy supports the system in achieving these aims by ensuring that we have robust, sustainable high quality general practice. This strategy also aims to facilitate the role of general practice as a main provider having a strong and consensus voice locally and within the system.

In summary

Patients have a right to high quality services, irrespective of who they are, their social status, where they live or what needs they have. General practice has a key role to play in delivering this. By supporting changes in general practice we will address the changing needs of our patients, improve outcomes, tackle inequalities, and maximise limited resources to secure a sustainable service for the future.

This bold and ambitious strategy embraces and develops existing ways of working in Staffordshire and Stoke on Trent that have been built on and valued by general practice and aligns with our track record of making positive difference.

We aim to support general practice, as a critical partner of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Stocktake Review and national policy.

Our anticipation is that the approach, principles, and priorities described in this strategy provide direction for telling the story of how we can develop general practice over the next five years – for our population and communities, for a diverse multi-disciplinary workforce, and for our local health and social care system.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
Legal and/or Risk	Nil
CQC/Regulator	Strategy outlines ambition to improve CQC ratings. Will continue to work in partnership with the regulator
Patient Safety	There will be reduced variability and better outcomes for patient across general practice services
Financial – if yes, they have been assured by the CFO	To be determined as the strategy evolves working on a flat cash principle
Sustainability	The general practice strategy is essential in order to ensure sustainability of GP services and capacity meets demand
Workforce / Training	Builds on the already strong work programmes in place to tackle the challenges around recruitment and retention of the workforce and unsustainable workload Consistent training and development, as well as health and wellbeing initiatives, to support our general practice workforce is included within in the strategy

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N/A**	

2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? **EIA will be undertaken for elements of the strategy and plans as they evolve**		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients The ICB have engaged with general practice to build on the already broad spectrum of work taking place and will be continuing to engage on an ongoing basis including with the public linking in through our local communications campaigns. Engagement with LMC and PCN clinical directors Engagement with Provider Collaborative Board		
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: **Support and approve the general practice strategy**			

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

General Practice Five Year Forward Strategy

March 2023

Table of Contents

Executive Summary

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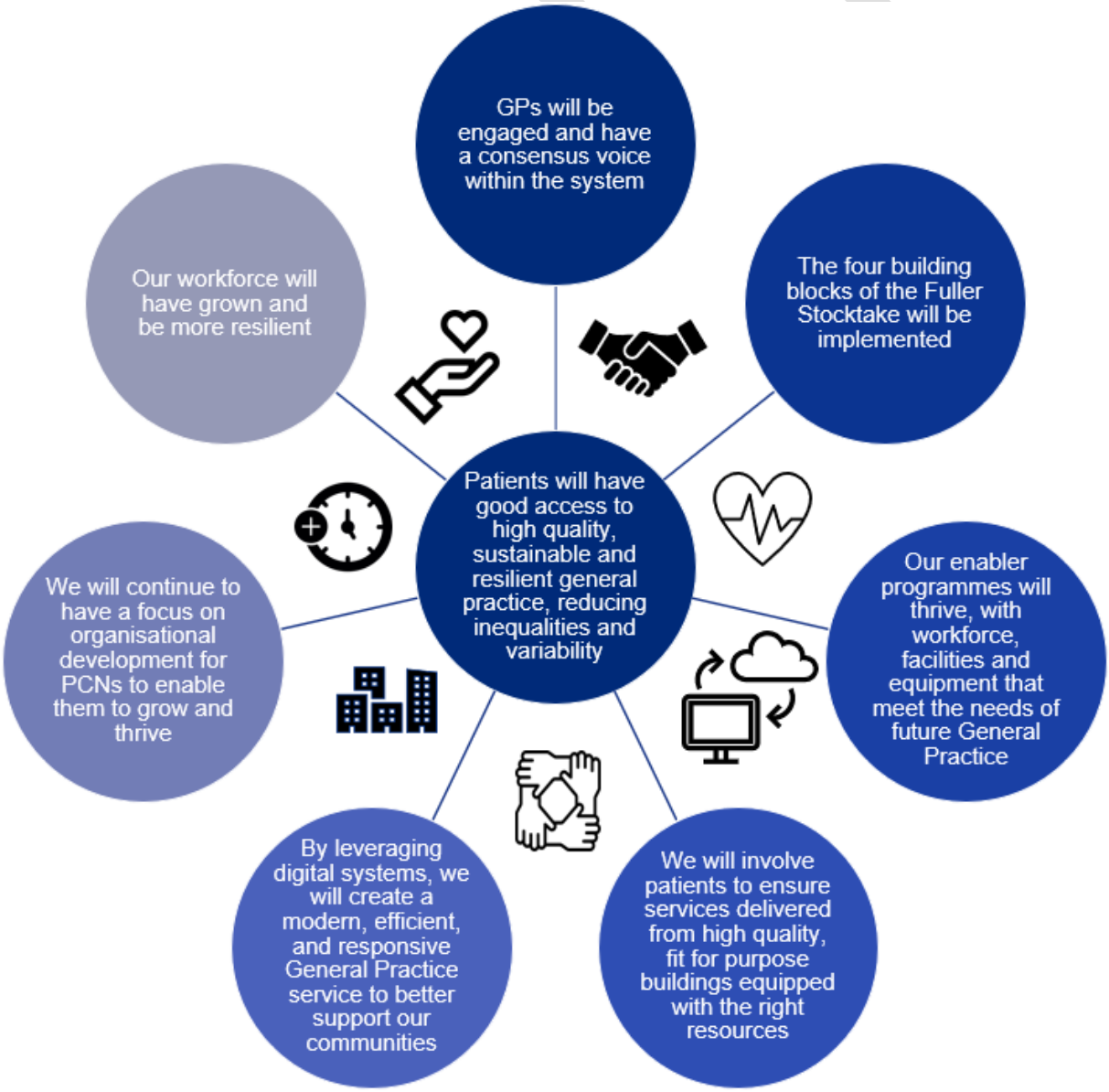
This strategy supports the system in achieving these aims by ensuring that we have robust, sustainable high quality general practice. This strategy also aims to facilitate the role of general practice as a main provider having a strong and consensus voice locally and within the system.

We will have ongoing conversations with the public to understand the themes around the 'what matters to me' approach. By adopting the agreed principles from the ICB Working with People and Communities Strategy and integrating these into our engagement with the public, we will use feedback to shape and plan future services in general practice. The ICB have engaged with general practice to build on the already broad spectrum of work taking place and will be continuing to engage on an ongoing basis.

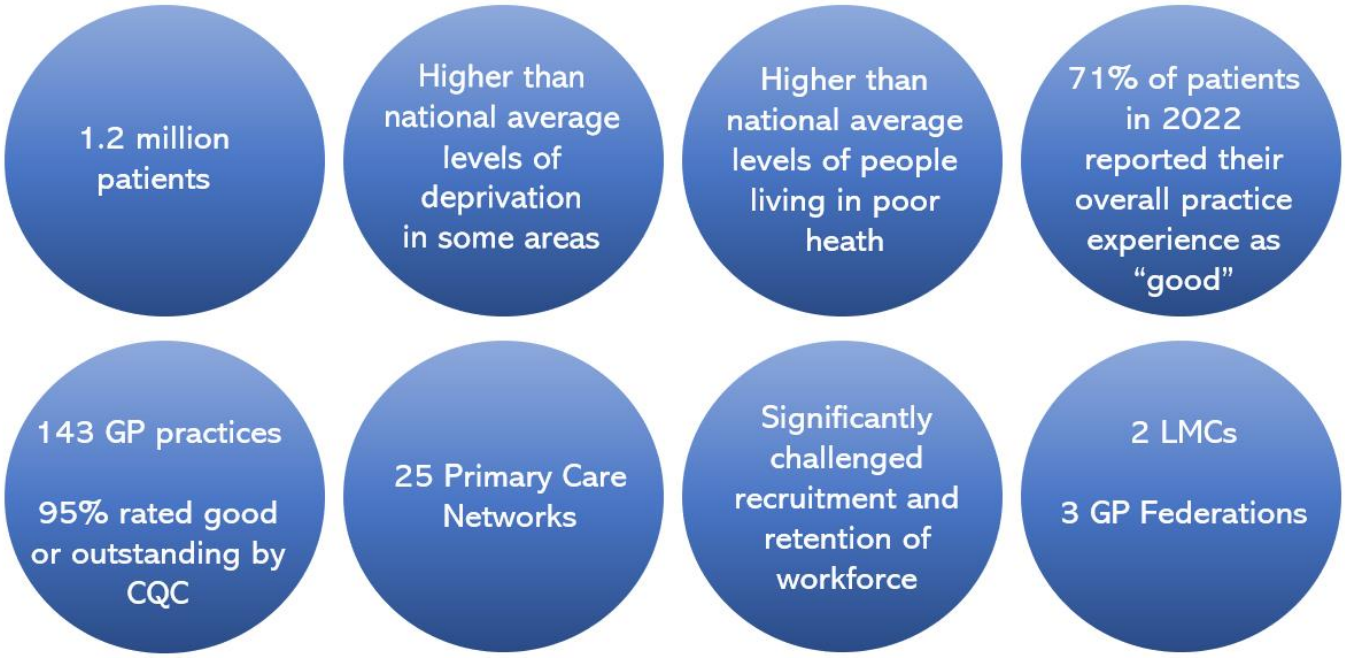
This strategy brings a renewed focus on our model of care which builds on the Fuller Stocktake Report around population health management and integrated teams whilst continuing to develop and deliver on the ongoing work programmes that already exist. The strategy focuses less on organisations and boundaries, and more on people (patients and workforce) and places. The strategy and its implementation will be overseen by the Primary Care Collaborative which is a collective of senior leadership across general practice including Primary Care Networks (PCNs) and Local Medical Committees (LMCs).

Our Ambition

Our ambitions over the next five years



The Current Picture



What difference will we make?

Our patients will experience:

- More integrated, personalised, and flexible care
- An equitable offer of general practice provision
- Reduced variation in care, services, and outcomes
- Empowerment to self-care

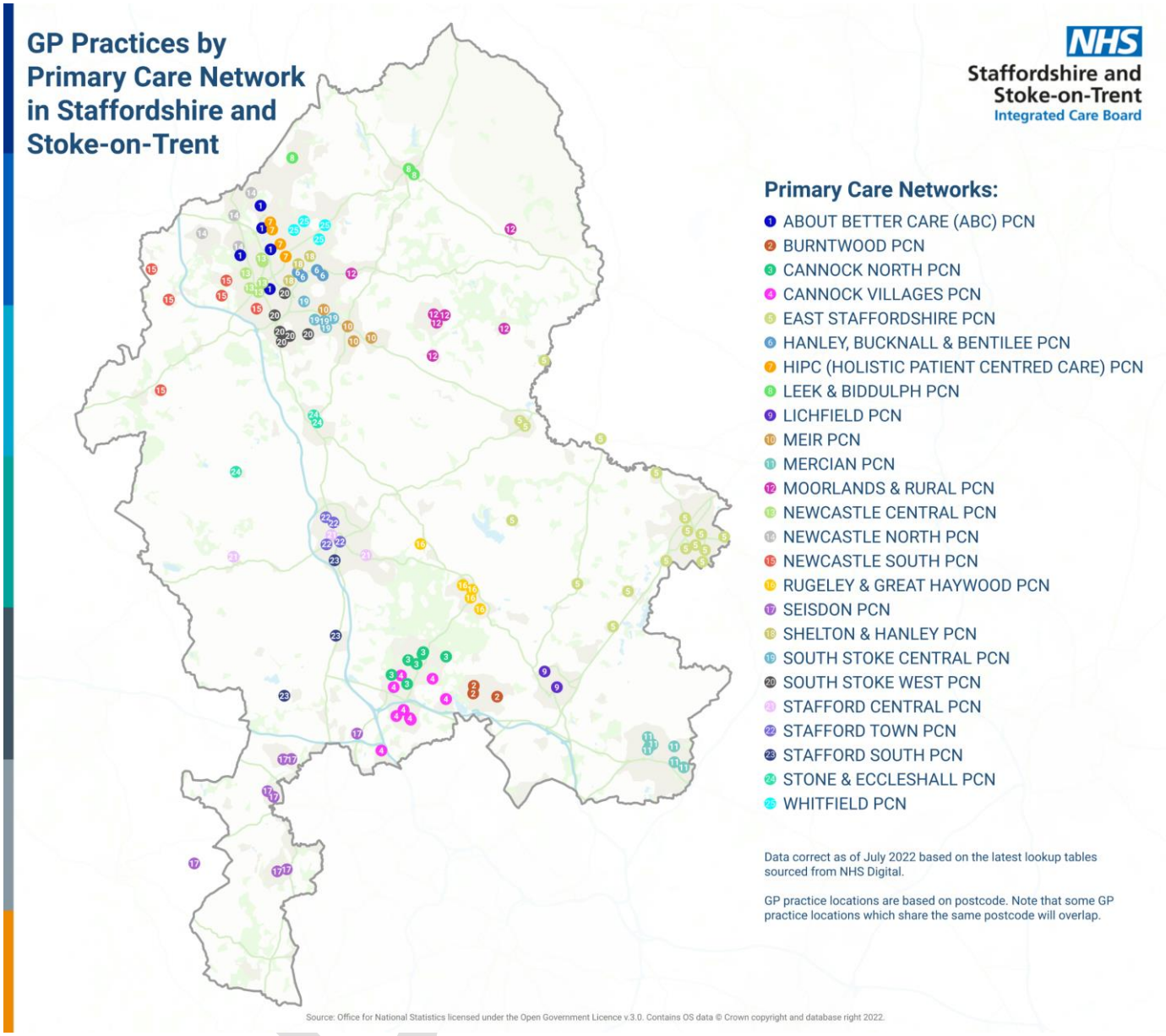
Our practices will:

- Work in partnership on the existing work programmes to tackle the challenges around recruitment and retention of the workforce and addressing workload pressures
- Receive consistent training and development, as well as health and wellbeing initiatives, to support its workforce
- Be supported to have a consensus general practice voice within the system

How will we know we are making a difference?

- All patients will have good access to a consistent general practice service offer
- We will see a measurable improved patient experience through for example the National GP Patient Survey
- There will be reduced variability and better outcomes for patients across general practice services
- There will be an increase in workforce numbers, with more GPs and general practice nurses recruited and retained and a further increase of additional roles to compliment the general practice skill mix
- General practice will be fully participating in conversations about the designing of services at both a system and place levels of the ICS
- General practice staff will feel supported, valued, and developed

Where are we now?



General practice in Staffordshire and Stoke-on-Trent consists of 143 practices across 25 Primary Care Networks* (PCNs), serving a population of 1.2 million.

**A Primary Care Network is a group of GP practices working together to focus local patient care.*

Please see Appendix 1 for demographics of population, workforce data, latest appointment numbers and access measures from the latest national GP patient survey, CQC status for practices.

How we engage and make decisions

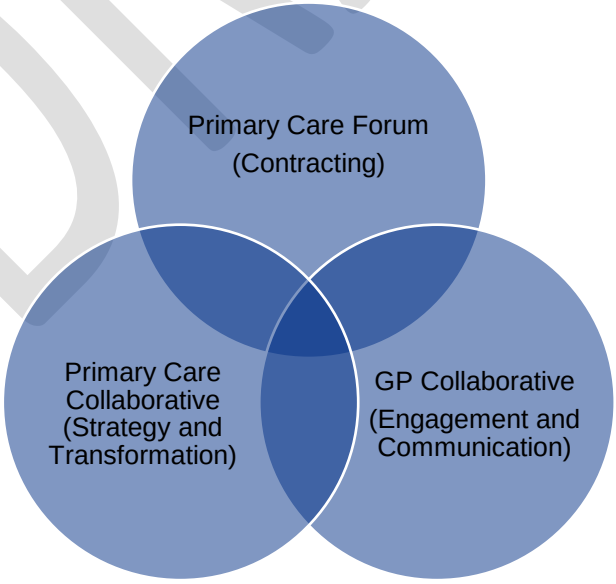
General practice needs to be connected to system working, as this is where transformational change programmes happen. It is also important for general practice to be involved in provider collaboratives, where they can work with system partners to determine and develop pathways of care together.

The ICB also needs to ensure it fulfils its delegated commissioning duties on behalf on NHS England, which means that that ICB makes local decisions about how general practice is commissioned for our local population. This includes a responsibility to engage with patients as set out under Section 13Q of the NHS Act 2006.

The **Primary Care Forum** oversees the Staffordshire and Stoke-on-Trent ICB's role as delegated commissioners exercising of its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

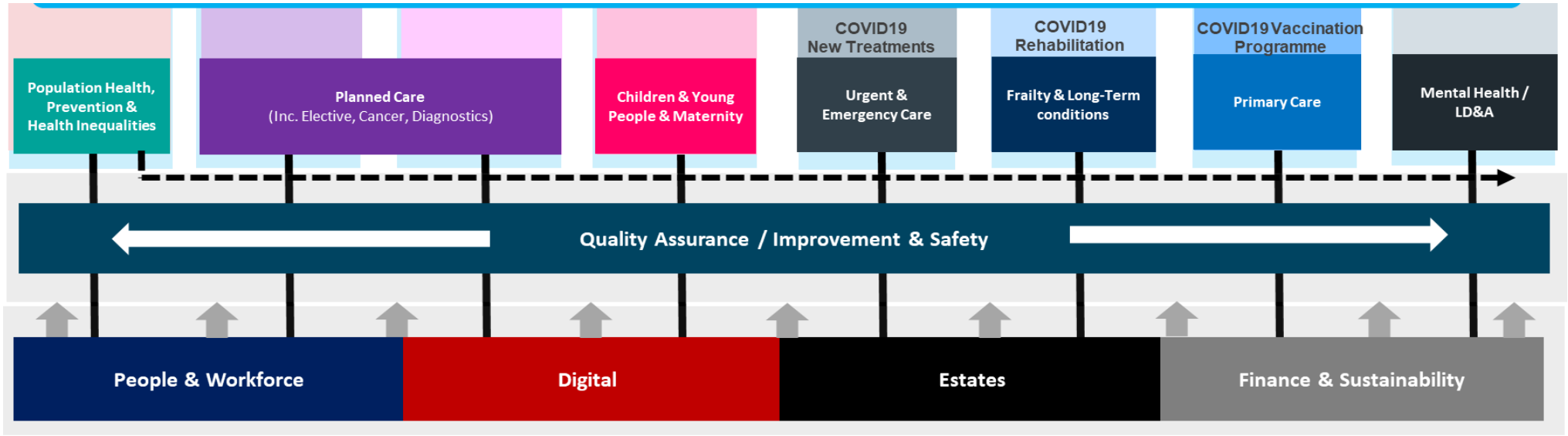
The **Primary Care Collaborative** supports development and oversees the general practice strategy and workstreams relating to transformation. It promotes and champions primary care in the system, regionally and nationally, and is a forum for innovation and sharing best practice.

The **GP Collaborative** is developing the consensus voice of general practice in the system, to become a single unified leadership voice for local general practice

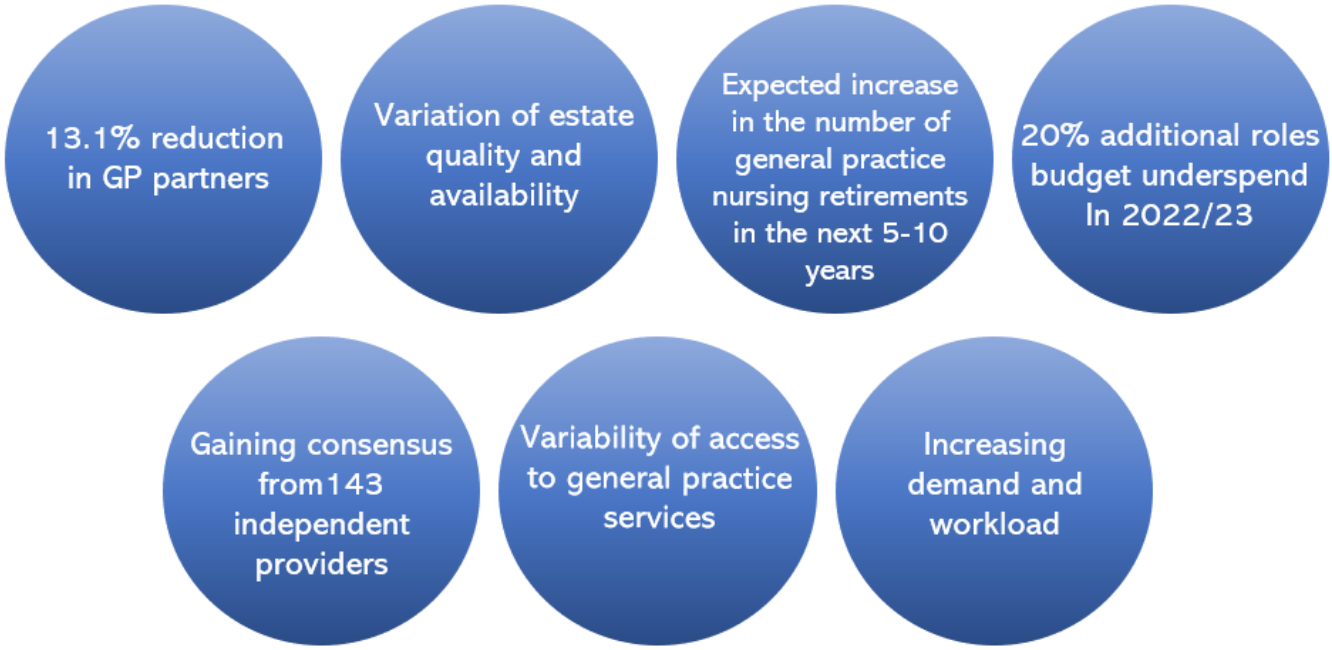


Our interdependencies

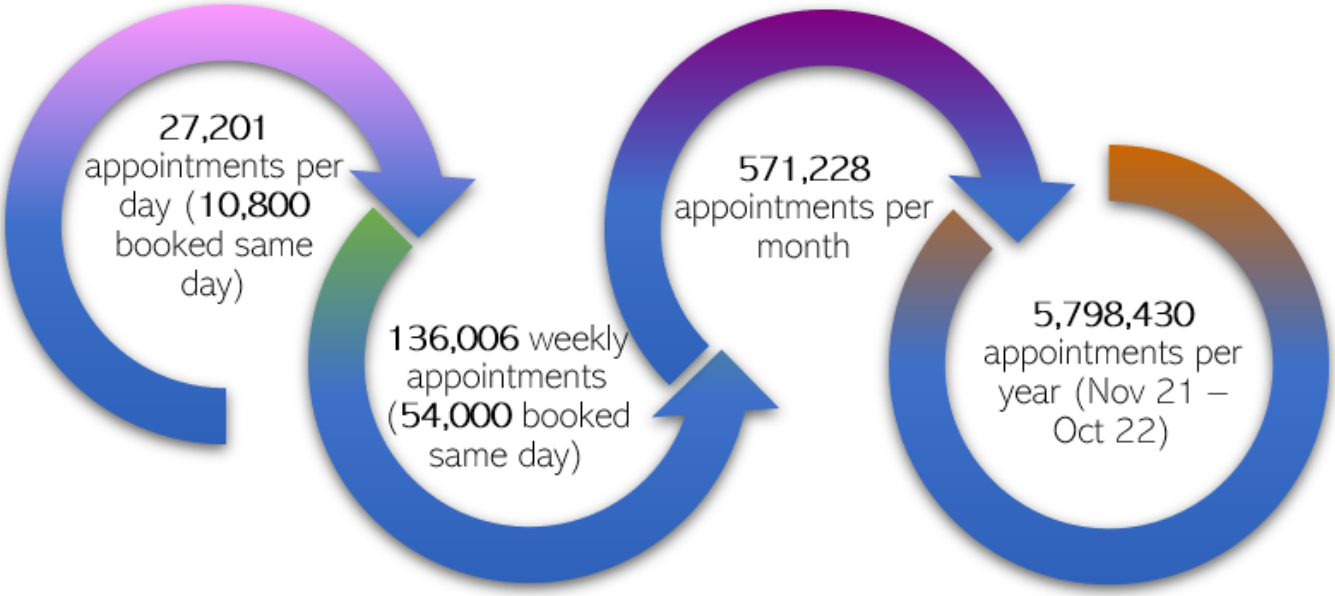
Our ICB is made up of 7 key portfolios which operate as a matrix approach to deliver the ICS priorities, aims and ambitions, underpinned by 4 enabling functions with quality assurance, improvement and safety running throughout. It is essential that our primary care portfolio works in collaboration with our other portfolios, enabling functions and provider collaboratives to deliver this strategy. As described, our Primary Care Collaborative will be the vehicle in which we will operate a programme approach to delivery. Our Primary Care Collaborative will report to the Provider Collaborative Board as part of our governance arrangements.



Challenges within general practice



Activity in general practice: a snapshot



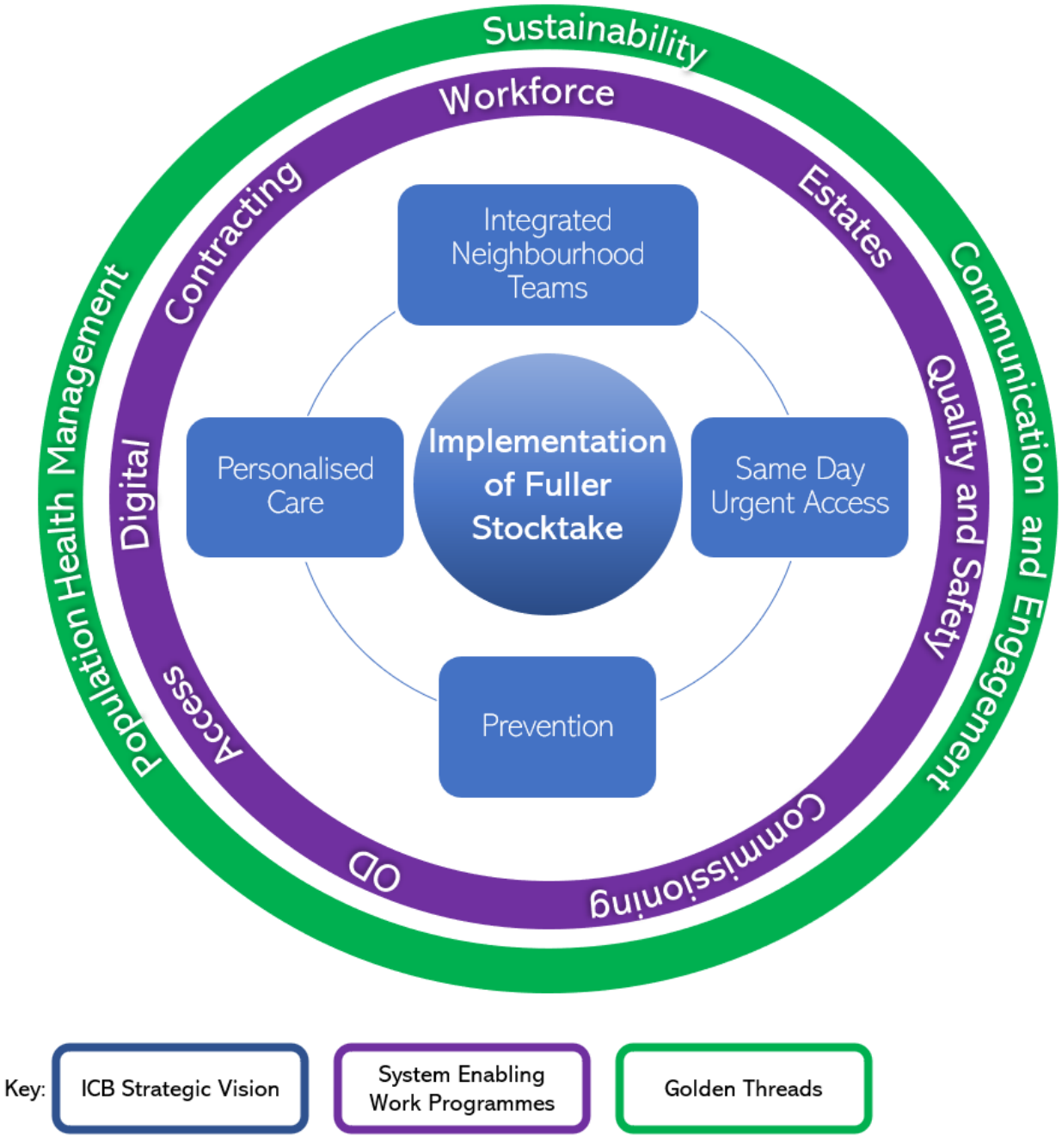
What general practice has told us

How we plan to make a difference

Our priorities and commitments

In May 2022, the NHS England commissioned Fuller Stocktake Report was published outlining a vision for primary care focusing on a population health management approach through the building of integrated neighbourhood teams, streamlining access and helping the population to stay healthy. All ICSs nationally including Staffordshire and Stoke-on-Trent have signed up to the implementation of the Fuller Stocktake and this forms the basis of our strategy. This also takes into consideration our ongoing discussions and engagement with general practice and the wider system.

The four building blocks from the Fuller stocktake integrate into our existing 8 work programmes and 3 golden threads that will underpin the work we do with general practice for the benefits of our patient population.



The Four Building Blocks: What we are aiming to deliver

Integrated Teams in Neighbourhoods

- Working across health and social care
- Dedicated local community multidisciplinary teams (MDTs) – improve health/wellbeing and health inequalities
- Partnership working – Co-production and personalised care
- Ability to tackle determinates of health and help people live happy and healthy lives

Same Day Urgent Primary Care

- Same day urgent care and continuity of care hand in hand
- Single urgent care teams to offer patients the care appropriate to them
- Care from most clinically appropriate service and professional in most appropriate mode

Prevention

- Primary care having an essential role in preventing ill health
- Preventative healthcare – Core20PLUS5 focussed on reducing healthcare inequalities
- Building on successful national programmes
- Positive local community action
- Making every contact count

Personalised Care

- Continuity of care where this is most needed
- Supported by risk stratification
- “What matters to me”
- Shared decision making
- Central to improving access

Integration

What does the Fuller Report say?

Teams from across general practice, wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff need to work together to share resources and information, forming multidisciplinary teams dedicated to improving the health and wellbeing of a local community and tackling health inequalities.

Integrated neighbourhood 'teams of teams' need to evolve from PCNs and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space to problem solve together, building relationships and trust between primary care and other system partners and communities.

There needs to be a cultural shift towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and realignment of the wider health and care system to a population-based approach.

What are we achieving already?

- Community teams are aligned to PCN footprints.
- Strong relationships have been established between community and general practice in several areas.
- Single electronic referral portal launched for GPs to access community services, with wider rollout planned.
- Plans being developed to bring together community nursing and county wide services.
- Community Wound Care Multi-Disciplinary Teams being piloted in small areas to roll out to include General Practice Nurses.

What else are we planning to do?

- We will review the existing structures that we have in place for Integrated Care Teams and refresh our operating model in line with best practice and feedback to ensure we are maximising the benefits as outlined in the Fuller stocktake. This will include working across the other system portfolios to maximise opportunities and ensuring that care is delivered seamlessly making a positive impact for our patient population.
- We acknowledge that general practice cannot be supported and developed in isolation. We require a model of care that supports and enables practices and wider general practice providers such as GP Federations to be part of the solution with existing system partners to enable the aims of the ICS to be delivered.
- We will continue to work collaboratively with our partnering Community Trust, supporting general practice and community services to foster relationships even further so that neighbourhood teams are recognised and known by their communities. We will expand the Organisational Development enabling programme to support with this.

Same Day Urgent Primary Care

What does the Fuller Report say?

The bottom line of this building block is that by creating an infrastructure and resilience around GP practices that enables same-day access to urgent care, this then creates space to deliver more continuity of care for patients. To get there, we are going to need to look beyond a traditional definition of primary care and understand that NHS urgent care is what patients access first in their community, a lot of the time from home, without needing to see their GP. It could be online advice on symptoms and self-care, going to a community pharmacy, a GP appointment, an urgent treatment centre, or the 111 out-of-hours clinical assessment service.

There is recognition that people accessing an appointment with their GP practice prioritise different things. Some need to be seen straightaway while others are happy to wait, providing they can book their appointment in advance. A lot of people with more chronic, long-term conditions need or want continuity of care, while others may want to be seen quickly by any appropriate clinician. It also needs to be recognised that for some people it's important to be seen face to face while others want more convenient, digital ways of accessing treatment. It's important that our local system can offer all these things to our population.

What are we achieving already?

- Same day urgent care built in as a key component of the General Practice Access Programme.
- Access service being delivered providing additional access Monday – Saturday.
- We are the highest in the region for use of the Community Pharmacy Consultation Service (CPCS) which allows patients to be referred to a pharmacist where appropriate.
- We have invested in our practices to provide additional appointments during winter, equating to approximately 2,200 additional appointments per week.
- We have worked with the Urgent and Emergency Care portfolio to deliver a plan to respond to the surges in patient demand during winter 22/23.
- Ongoing communications campaign in place to educate patients on different ways of accessing appropriate healthcare.

What else are we planning to do?

- We will support our General Practice teams to provide high quality, appropriate healthcare to our local population, ensuring access to a variety of different appointment types, whilst being assessed by the most suitable member of staff, at a convenient time for the patient.
- We will develop the provision of same day urgent access as part of the integrated urgent care pathway.

Personalised Care

What does the Fuller Report say?

Continuity of care, specifically the relationship between a named GP and their patient, especially those more complex, is directly linked to improvements in patient experience and lower mortality rates. As described above, not all patients want or need continuity of care. By managing urgent care differently and supporting the growth and development of integrated neighbourhood teams, capacity can be created to focus team-based continuity of care on those people most likely to benefit, such as our frail older population. Teams should be supported to determine who to focus on through conversations with patients and using clinical judgement, as well as risk stratification. The Fuller Stock says that a personalised care approach means 'what matters to me, not what's the matter with me'. This means starting with people's abilities and work with them to support self-care and self-management of complex and long-term conditions, as well as shared decision-making with patients and carers.

What are we achieving already?

- We have started using risk stratification and artificial intelligence tools to predict the needs of patients.
- Social Prescribers embedded into Primary Care teams delivering community-based support and co-producing personalised care plans with patients.
- Educating general practice on the use of Population Health Management tools, to identify specific groups of patients to prioritise for specific services or interventions.
- Participation in a national Population Health Management pilot.
- Implemented work around health coaching, guiding, and prompting people to change behaviour.

What else are we planning to do?

- We will provide proactive and personalise care with support from Integrated Care Teams which we will evolve this through our Primary Care Networks. The core of this is to have a shared ownership in improving the health and wellbeing of the population using collaborative approaches and having built up trust and relationships between general practice and wider system partners and communities.
- We will further expand the role of social prescribing by understanding 'what matters to patients' when coproducing personalised care and support plans to enable patients to take control of their health and wellbeing. This will consider the patients' personal preferences, circumstances, goals, values, and beliefs whilst making the most out of community-based assets and informal support.
- We want to create space for general practice to fully understand and utilise Population Health Management tools to better understand their patient demographics.
- We will support reduction of inequalities by ensuring good data is available to analyse using appropriate risk tools, to help with early prediction of an individual's need for support. This will enable targeted activities to support the patient with their needs.
- We will support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them by making the most of the expertise, capacity and potential of people, families, and communities in delivering better outcomes and experiences. We will further develop self-management to enable our population to develop the knowledge, skills, and confidence to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education.

Prevention

What does the Fuller Report say?

General practice has an essential role to play in preventing ill health and tackling health inequalities, working in partnership with other system players to prevent ill health and manage long-term conditions. People in the most deprived areas of England develop multiple health conditions 10 years earlier than people in the least deprived areas. The incidence of multiple conditions is rising; without concerted, targeted responses in our most deprived communities, progress on inequalities in healthy life expectancy will continue to stall

The Core20PLUS5 approach provides a focus for reducing healthcare inequalities across systems, identifying a target population comprising the most deprived 20% of the population of England (the 15 Core20) and other groups identified by data (plus groups), alongside five clinical priorities for action to reduce inequalities.

This needs to go alongside positive action in local communities; health coaches and social prescribing link workers provide a fantastic opportunity for neighbourhood teams to take a more active role in improving health, and where successfully incorporated into primary care, teams are transforming not just the lives of people and families they work with but also the culture and function of the clinical teams they work alongside. Where used most effectively, these roles can help form an effective bridge into local communities, building trust, connecting services, and galvanising the wealth of expertise in the Voluntary Community and Enterprise sector. We know that healthy life expectancy (a key measure of the quality-of-life years) locally is around 65 years, meaning men spend 16 years and women 19 years in poor health; this continues to put pressure on our health and care services.

What are we achieving already?

- General Practices has been taking a more active role in creating healthy communities and reducing the incidence of ill health: by working with communities, more effective use of data, and through close working relationships with local authorities.
- We have been educating General Practice on the use of Population Health Management.
- Some practices are actively involved in the Stoke-on-Trent Community Lounges project, part of a new community-led support programme led by the council working alongside a network of partners, organisations, and local community groups as well as GPs, North Staffordshire Combined Healthcare NHS Trust, and Midlands Partnership Foundation Trust. Stoke-on-Trent is one of the 20% most deprived districts in England which makes projects like this even more critical in keeping people well.
- Health and wellbeing coaches embedded in several of the PCNs, and each PCN has a dedicated Health Inequalities Lead.
- General practice have been working to identify their populations who experience inequality in health provision, to then develop a plan to implement which tackles the unmet needs. Long Term Conditions have been a central focus of these plans, with a specific focus on reducing Type 2 Diabetes and respiratory conditions, including the impact of long covid.
- We have used Core20Plus5 approach in ICBs Quality Improvement Framework (QIF) to support practices to address the backlog that the covid pandemic created and to prioritise reviews for those most at risk.

What else are we planning to do?

- We will work with General Practice to embed the principles of Making Every Contact count (MECC), an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities, and populations. We will increase the level of Social Prescribing available to our population and encourage the uptake of the Health and Wellbeing Practitioner role and other skill mixes.
- We will support general practice to identify further unmet needs in their population and develop a population health management approach to prevention for long term conditions. This will include improved use of technology to enable them to do this. We will also continue to support the system with tacking health inequalities by building on the Core20Plus5 approach to support the reduction of health inequalities experienced by adults, children, and young people.
- The system wide frailty work currently with a focus on Staying Well and Frailty Assessment Area will be expanded to focus on falls prevention advice, in addition to increasing the use of frailty indexes and falls assessments to reduce the incidence of falls.
- We will ensure that adult mental health remains a focus, working to prevent suicide and poor mental health by achieving the national Long Term Plan targets.

Our 8 Enabling Programmes

To support the implementation of the Fuller Stocktake Report recommendations, in addition to managing commissioning duties and responsibilities, we have 8 established work programmes in place for general practice.

1. Access

We want patients to experience good access to general practice care, including location, times, ease of arranging appointments, and speed of access with a range of general practice workforce to meet their needs.

What we are achieving:

- Working with system partners on identifying and developing solutions to allow patients to access care using a variety of methods, professionals, and new technology.
- Enhanced Access Implemented across through the 25 PCNs.
- The highest regional Midlands system for use of the Community Pharmacy Consultation Service (CPCS).
- Far reaching local public communications campaign.
- Practice participation in an NHS England Accelerate Access Programme (17% of practices).
- Using Behavioural Science to engage 'underserved,' communities.

What we will do:

- Delivery of the NHS England General Practice Access Recovery Plan once details of this are published.
- Delivery of same day access to general practice in line with Fuller Stocktake.
- Multidisciplinary team advice including building on use of data and technology to enable patients' needs to be met.
- Continued focus on unwarranted variation for access, experience, and outcome.

2. Workforce

We recognise the workforce is a key and vital element to this strategy. We want to enable comprehensive and sustainable improvements in capacity and capability of the general practice workforce. We will strive to have a workforce that feels sufficiently motivated, supported, and empowered, equipped to deliver high quality services and able to drive sustainable improvements that positively influence the health and wellbeing of the population. General practice has seen an increase in the number of GPs working in a salaried role, and a trend towards more part-time and flexible working. We want to build on these opportunities whilst also promoting the benefits of the partnership model.

What we are achieving:

- Two clinical workforce champions in post to support engagement at ground and system level and driving the implementation of initiatives to support the recruitment and retention of GPs.
- We have a suite of 6 local GP retention initiatives in place.
- Working in collaboration with Staffordshire Training Hub to launch a proof-of-concept innovative General Practice Nursing (GPN) School. The GPN School will offer places to newly qualified nurses and provide consistent approaches to education, training, supervision, and support to be a sustainable approach to GPN recruitment and education now and in the future.
- Across the 25 PCNs, 475 additional roles staff have been recruited to date.
- We have a task and finish group to discuss and implement support for Practice Managers and Assistant managers aimed at recruitment, retention, upskilling and succession planning.
- We have a package of health and wellbeing support across all general practice staff including working closely with the system psychological wellbeing hub to support all our general practice workforce and including the recruitment of health and wellbeing ambassadors.
- Close working with Staffordshire Training Hub, supporting general practice to advise and support with the recruitment of new roles, as well as aid the retention of the existing clinical and non-clinical workforce through the delivery of education, development, training, up-skilling, and wellbeing.
- There is a structured Protected Learning Time programme in place linked to our local system priorities.

What we will do:

- We will develop a Staffordshire and Stoke-on-Trent general practice workforce strategy by 2024 that considers our future direction of travel building on initiatives for recruitment and retention and making our system an attractive place to work.
- We will use population health management as part of our workforce planning approaches.
- We will look for further opportunities to support the health and wellbeing of our workforce building on the good work we have already done.

3. Digital and IT

The flow of information between care providers, both within and beyond organisational boundaries, as well as between care providers and patients, is a critical component of our digital strategy. Access to general practice data is fundamental to our success in achieving this goal.

Our digital strategy focuses on engaging with online services and using technology to facilitate the sharing of data, which will enable us to better serve our people.

What we are achieving:

- Increase in NHS App registrations supporting our ICS aim to have a single Digital Front door for our population.
- Digitalised over 500,000 paper patient records.
- Delivered online consultation solutions for 100% of our practices.
- Secured local funding for the development of Advanced Telephony to improve telephone systems in practices and supporting accessibility to general practice.
- Delivered an at scale digital offer to support patients to identify and manage some long-term conditions.
- Improved use for electronic prescribing and repeat dispensing making it easier for patients to obtain and manage their prescriptions.
- Increased utilisation of online access tools to give patients alternative ways to access their practice and their records.

What we will do:

A Digital Strategy will be developed by 2024, along with a programme of work and projects that will see SSOT continue to develop and enhance the range of support to general practice and patients to include but not limited to:

- Increasing patient access to records to empower patients to take better control of their own healthcare.
- Embed digital inclusion across our programmes of work to ensure no patients or staff get left behind due to technology advances.
- Review and explore different modes of consultation to support patient access to general practice.
- Developing the NHS @home programme, which is an approach to providing better connected, more personalised care in people's homes including care homes. It aims to ensure people have faster access to more appropriate and targeted care, without necessarily having to attend emergency care or arrange GP appointments.
- Utilising digital solutions to develop efficiencies in practices to increase the time available for clinicians to spend with patients.

4. Estates

We will act as an estate system putting patients at the heart of decision making and ensuring we make the best use of our estate, maximising shared space and digital alternatives and regularly challenging how services are provided.

What we are achieving:

- We have developed two large estates projects built in Longton South and Burntwood providing new, modern facilities for patients
- We are maximising the use of existing NHS estate generating efficiency savings.
- Supporting PCNs to create clinical and estates plans for their area.
- Establishing working relationships with the nine different planning authorities – working on both strategic policy and plan-making and decision-making matters in support of health infrastructure.
- Developed a process to enable general practice to request funding for the use of additional clinical and non-clinical rooms engaging with system partners.
- Secured over £3m in Section 106 funding, Section 106, also called 'planning obligations', which are an important means for NHS trusts and foundation trusts to improve and upgrade their estate when housing growth places additional pressures on services.

What we will do:

We will develop a General Practice Estates plan aligning to the system wide estates strategy, and will consider the short-, medium- and long-term ambitions and solutions. As part of this we will:

- Work with local authority partners in understanding current and future needs of estates which will be reflected in their delivery plans.
- Build on PCN estates plans in progress and working towards place and neighbourhood level plans in line with system.
- Support net zero commitment within our estates to support the national level action on climate change and sustainability.

5. Quality and Safety

The aims and ambitions of the Primary Care Quality and Safety Programme of work is for all of our GP practices to provide and maintain good quality, safe and clinically effective general practice services for the residents of Staffordshire and Stoke-on-Trent.

What we are achieving:

- 95% practices rated good or outstanding with the Care Quality Commission (CQC).
- We have a Quality Improvement Framework (QIF) in place to build on the national Quality Outcomes Framework (QOF) targets and drive local patient outcomes.
- High quality and consistent Protected Learning Time programme in place for all general practice staff to access.
- Working closely with The Staffordshire Training Hub on high quality training and development utilising an annual training needs analysis for general practice staff.
- Intranet in place for general practice acting as a central store of key up to date information.
- Ensuring that we build quality improvement methods into everything we do.
- Proactive reviewing of CQC inspection reports and evidence tables where practices have been rated as 'Requires Improvement' or 'inadequate' to share learning and support.
- Consistent approach to quality monitoring of GP practices.
- We have strengthened triangulation of soft intelligence relating to practices, with information obtained from a variety of sources, indicators and domains which are aligned to the domains of quality (Patient Experience, Quality of Service and Clinical Effectiveness).

What we will do:

- We will strive for an ambition of 100% practices rated good or outstanding with the Care Quality Commission (CQC).
- Continued focus on unwarranted variation in terms of quality outcomes utilising local schemes to support.
- We will have a continued focus on patient safety working closely with our Medicines Optimisation teams.
- We will continue to build on proactive targeting and engagement with general practice in relation to tackling quality and safety concerns.
- Facilitate system wide learning shared by general practice in relation to quality and safety improvements in primary medical services.
- We will have a standardised culture and clear reporting of comparative data to enable practices to monitor and benchmark.
- Continue to foster a culture of continuous quality improvement across general practice.

6. Contracting

From 1st July 2022 all ICBs assumed delegated responsibility for primary medical services from the legacy Clinical Commissioning Groups. A Primary Care Forum is in place to enable the ICB to exercise its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

What we are achieving:

- We have supported 13 practice mergers in the last 5 years building sustainable and at scale general practice services.
- To support our patients with communication barriers we have reviewed and procured translation and interpretation services to ensure that general practice is able to communicate with their whole practice population.
- We ensure the links with other work programmes as part of undertaking our statutory delegated function including responsibility for premises improvement grants and how we manage quality.
- Standard operating procedures are in place across all elements of our delegated commissioning responsibilities.

What we will do:

- Enable and support new models of primary care where this makes sense.
- Exploit opportunities within existing contracts and changes to national contracts expected to drive development and transformation in general practice.

7. Commissioning

Patients should be able to access the same level of service no matter what practice they are registered with. We aim to reduce the current variability of services and commission services from primary care to deliver care closer to home.

What we are achieving:

- Roll out of 11 local enhanced services known as the "Universal Offer", achieving an equitable offer of services for patients with consistent service specifications across general practice. This is ensuring:
    - Reduction of inequity of provision
    - Service provision is closer to home for patients
    - Acknowledgement of the movement of services from secondary to primary care
    - A new model of care for the future which will is built around general practice and Integrated Care Teams aligns to the long-term plan and the system priorities
- Rolling annual plan in place for commissioning of additional capacity during winter.

What we will do:

- Develop further phases of the Universal Offer to provide more consistent local enhanced services for our population working with and across portfolios on pathway redesign.
- Continue to support the development of the new model of care.
- Evaluation of winter schemes to inform future planning and commissioning.
- Support general practice to develop further to become recognised by the system as credible, at scale providers of services.

8. Organisational Development

In order for our population to receive the best possible services general practice needs to be supported to think about their development and to differentiate between their internal and external needs. Internal needs are the needs of the practices, the strength of the relationships between the practices, and the ability of them to work effectively together and deliver services as PCNs. This joint working between the practices is the bedrock of their success. External needs reflect the ability of the PCN to work collaboratively with community services and other teams, to understand the local population health needs, and to be an active partner within the wider ICS system.

What we are achieving:

- OD Specialists recruited to work with PCNs to support the shaping and development of shared purpose and vision, commonality of mission and goals, and support team and personal development.
- Through our OD specialists, we have supported PCNs to have a shared understanding of the PCN's development needs to identify development opportunities. This has been through large workshops through to PCN board level meetings and focused stakeholder conversations.
- We have provided facilitated workshops where we have seen groups coming together to agree further development and support and build a shared vision and purpose.
- We have supported leadership development predominantly to support team building and individual effectiveness using the Everything Disc and Behaviours of a Cohesive team approach and to support the effectiveness of PCN leadership models.

What we will do:

We will identify OD interventions and commission or provide support needed at a PCN and a practice level so that both can develop at similar pace and in support of each other. The OD programme is being designed currently based on observations and data collection and is looks at:

- PCN Board level development.
- Bespoke OD Intervention to support Primary care team to implement the Primary care strategy.
- GP Collaborative development to ensure general practice is supported to establish influence within the system with a consensus voice.
- Developing the PCN Maturity Matrix to make it fit for purpose and to enable the PCN development plans to become part of PCN business as usual.
- Develop a primary care maturity matrix and development plan to support the primary care team in achieving their development objectives.

The Golden Threads

Sustainability

In order to deliver the vision outlined in this strategy for patients, general practice needs to be resilient and sustainable. We have engaged and listened to practices and PCNs on the challenges they face regarding sustainability and will work with them on an operating model that supports them on a day-to-day basis. This feeds into the outputs of our 8 work programmes but will also be reliant on how we work with other ICB portfolios on pathways and ways of working with other partners.

We recognise that the partnership model of general practice delivers benefits for the NHS. It allows GP teams to innovate and tailor care and services to their local patient populations, it is good value for money because it relies on the goodwill of GP partners going above and beyond for their patients. The partnership model has underpinned general practice since before the establishment of the NHS and is a major component of the success of English general practice.

The GP Partnership Review undertaken by Dr Nigel Watson in 2019 stated that the disintegration of the partnership model would be a real loss to both general practice and the patients and communities it serves. We also know that in recent years partnerships have become less popular with GPs and there is a risk that, without both the continued commitment of existing partners and the input of new partners, the model could be lost.

The review encourages the consideration of the strengths of the partnership model of general practice, and what value the model offers above and beyond an alternative salaried model. Some of these have been identified as:

- a freedom to innovate
- relative autonomy in decisions relating to patient care, with the ability to act as a powerful independent advocate for patients
- being part of, and accountable to, a community
- creating the desire to succeed as business owners
- providing value for money

The partnership model is also not the only model currently delivering general practice and, while partnerships holding a GP contract will continue to be in the majority, it is important that as a system we ensure practices are supported to adopt sustainable alternative models where the difficulties of recruitment and retention mean that a partnership model cannot thrive.

The NHS in England is also an outlier by international standards with regard to the extent it has used financial incentives to try and improve primary care although the evidence base to suggest that financial incentives or target setting improve primary care is surprisingly thin.

Whilst much of this policy is centrally determined the ICS needs to consider how to both deliver improved outcomes whilst ensuring the financial sustainability of practices

Population Health Management

We will support and enable general practice to provide a consistently high level of care, address unwarranted variation, and improve access, quality, and outcomes by using a population health management approach which includes building on our local Quality Improvement Framework (QIF) which are standards that are over and above those that are already nationally defined.

Engagement and Communication

We will have ongoing conversations with the public to understand themes around the “what matters to me” approach. We will do this in a way that reflects how local people would like to be engaged, whilst empowering them to become active participants in their own health and wellbeing. This will be done by adopting the agreed principles of the ICB Working with People and Communities Strategy.

We will continuously engage with general practice to co-produce and provide a range of support offers that are valued and support the sustainability of general practice. We will listen to practices to understand and respond to their challenges and needs.

The Kings Fund have previously said that the voice of GPs as providers of care is largely absent at the system level. We know that general practice has struggled to find a united voice in the wider system because of the number and diversity of practices. But we also know that practices do work together, and that GPs are passionate about their populations and communities. We will ensure that the general practice voice is developed and credible through the GP Collaborative, with the support of the underpinning OD work programme, so that general practice is involved in setting the direction and building better services for everyone in their community.

Conclusion

Patients have a right to high quality services, irrespective of who they are, their social status, where they live or what needs they have. General practice has a key role to play in delivering this. By supporting changes in general practice we will address the changing needs of our patients, improve outcomes, tackle inequalities, and maximise limited resources to secure a sustainable service for the future.

This bold and ambitious strategy embraces and develops existing ways of working in Staffordshire and Stoke-on-Trent that have been built on and valued by general practice and aligns with our track record of making positive difference.

We aim to support general practice, as a critical partner of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Stocktake Review and national policy.

Our anticipation is that the approach, principles, and priorities described in this strategy provide direction for telling the story of how we can develop general practice over the next five years – for our population and communities, for a diverse multi-disciplinary workforce, and for our local health and social care system.

Appendix 1

Staffordshire and Stoke-on-Trent ICB - PCN and GP Practices

Registered Population: as of 1st February 2023

Demographics

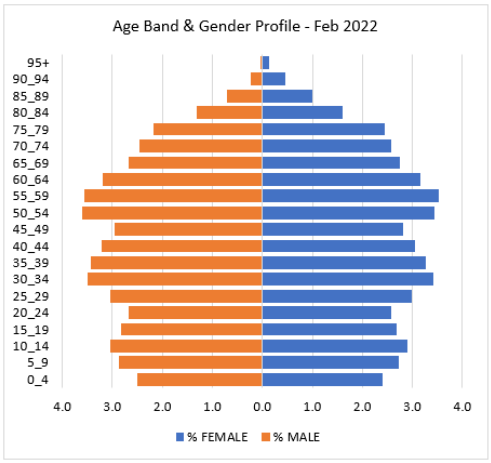
Population

The current GP registered population for Staffordshire and Stoke-on-Trent is 1,180,919 (Feb 2023), with an almost equal number of males and females[1].

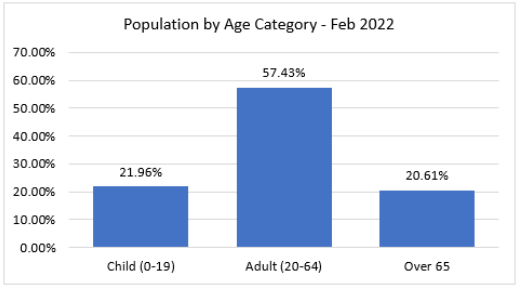
The population continues to increase year-on-year with a 5% increase since April 2019.

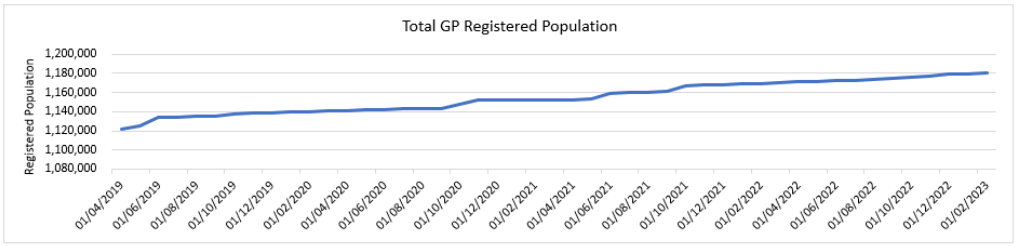
[1] Data source NHS Digital – Patients Registered at a GP Practice - NHS Digital

NHS Staffordshire and Stoke-on-Trent Integrated Care Board



589,755 (49.9%) Female	591,164 (50.1%) Male	1,180,919 Total Registered Population





Data Source: NHS Digital - GP Registered Population Publication

The overall population in SSOT is expected to continue to increase, with an estimated increase to 1.2 million by 2035 (6%). The largest increase is expected in the population aged 65+, while the younger age groups will see little change[2].

Future population estimates

Staffordshire and Stoke-on-Trent upper tier local authorities

Sources: 2018-based subnational population projections, local authorities in England. Office for National Statistics.

[2] Sources: 2018-based subnational population projections, local authority in England. Office for National Statistics

Health Inequalities

Stoke-on-Trent is one of the 20% most deprived districts in England and the health of people within Stoke-on-Trent is generally worse than the England Average. Life expectancy is lower than the England average for both men and women. Further disparities are seen within life expectancy between the most and least deprived areas of Stoke-on-Trent. Obesity for both children and adults are higher than the England average. The prevalence of smoking is higher than the England average. Under 75 mortality rates for cardiovascular diseases and cancer are also worse than the England average[3].

The average deprivation score (IMD) is lower in Staffordshire than the England average. Life expectancy is similar to the England average for both men and women, although this varies between the most and least deprived area of Staffordshire. Obesity in adults is higher than the England average. Smoking prevalence in adults is lower than the England average prevalence. Rates of employment, homelessness and violent crime are better than the England average.[4]

Quintiles Best Worst | Better 95% | Similar | Worse 95% | Compared with England

	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2018 - 20	79.3	75.9	78.5	79.4
Life expectancy at birth-Female	2018 - 20	83.1	79.7	82.5	83.1
Healthy life expectancy at birth-Male	2018 - 20	63.1	55.9	61.9	63.1
Healthy life expectancy at birth-Female	2018 - 20	60.7	55.1	62.6	63.9
Reception: Prevalence of overweight (including obesity)	2021/22	25.0	25.4	23.7	22.3
Year 6: Prevalence of overweight (including obesity)	2021/22	37.8	44.7	40.8	37.8
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	68.7	68.7	66.8	63.5
Percentage of physically active adults	2020/21	65.9	57.5	66.8	65.9
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	9.9	16.5	13.8	13.0
Self-reported wellbeing - people with a low satisfaction score (%)	2021/22	7.6	4.9	5.2	5.0
Infant mortality rate (per 1,000)	2018 - 20	5.0	6.5	5.6	3.9
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	103.8	192.7	110.7	103.6
Suicide rate	2019 - 21	11.9	16.4	10.7	10.4
Deprivation score (IMD 2019)	2019	16.6	34.5	25.3	21.7

Data Source: Fingertips PHE - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Ethnic Group

Area name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	White	Other ethnic group
Stoke-on-Trent	9.9%	2.7%	2.3%	83.5%	1.7%
Cannock Chase	1.2%	0.5%	1.4%	96.6%	0.3%
East Staffordshire	9.3%	1.1%	2.2%	86.3%	1.1%
Lichfield	2.3%	0.6%	1.9%	94.8%	0.4%
Newcastle-under-Lyme	3.8%	1.0%	1.6%	92.9%	0.7%
South Staffordshire	2.8%	0.9%	2.0%	93.7%	0.5%
Stafford	3.0%	1.1%	1.9%	93.4%	0.7%
Staffordshire Moorlands	0.7%	0.2%	0.9%	98.0%	0.2%
Tamworth	1.4%	0.6%	1.9%	95.8%	0.4%
SSOT Total	**4.8%**	**1.2%**	**1.9%**	**91.3%**	**0.8%**
England & Wales	**9.3%**	**4.0%**	**2.2%**	**81.7%**	**2.1%**

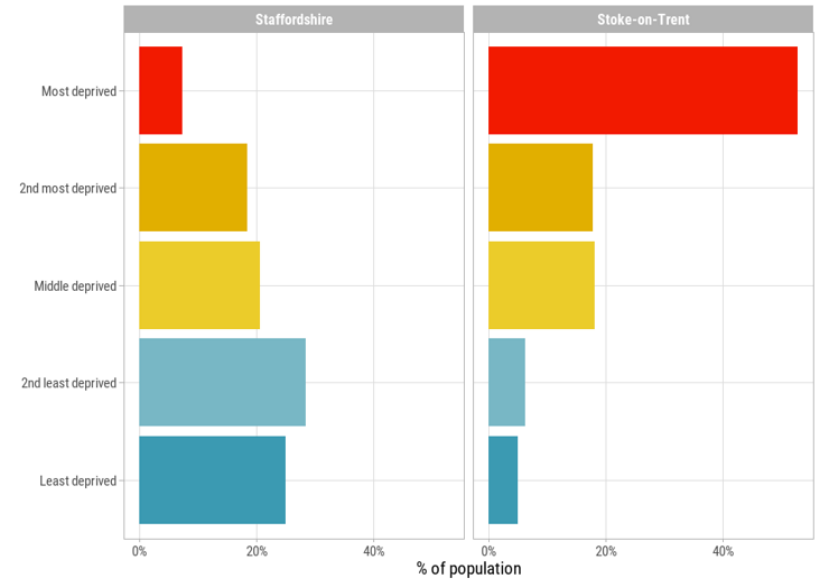
Source: 2021 Census

[3] Fingertips PHE – Local Authority Health Profile – Stoke on Trent E06000021 (phe.org.uk)
[4] Fingertips PHE – Local Authority Health Profile – Staffordshire E10000028 (phe.org.uk)

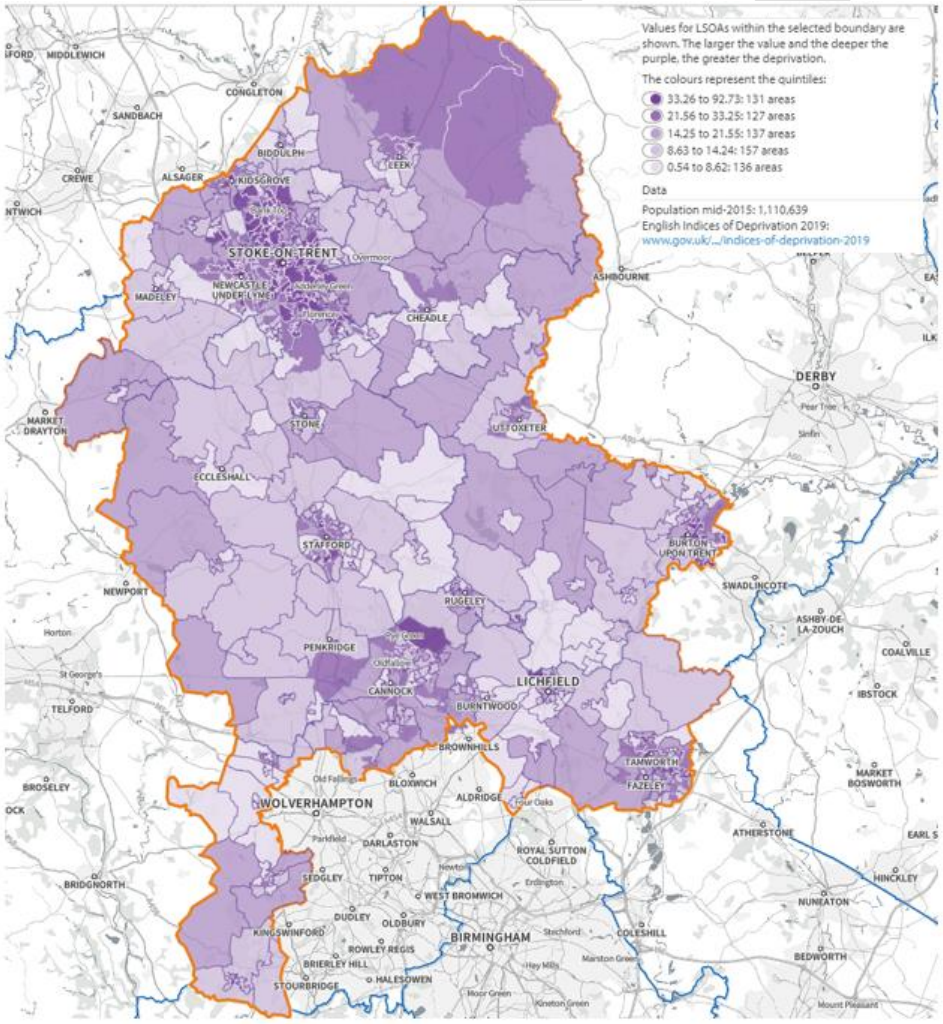
Deprivation

Population by deprivation quintile

Staffordshire and Stoke-on-Trent upper tier local authorities



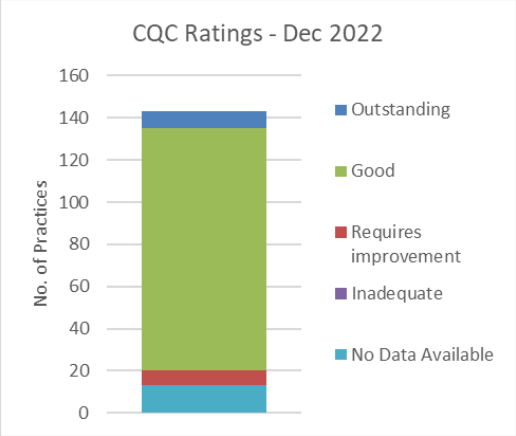
Sources: The Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government.



Source: Shape Atlas - https://shapeatlas.net/

CQC Ratings

Out of 143 practice 123 practices have an overall rating of outstanding or good, 7 practices require improvement, and zero practices have an inadequate overall rating. 13 practices are currently pending new ratings to be published.



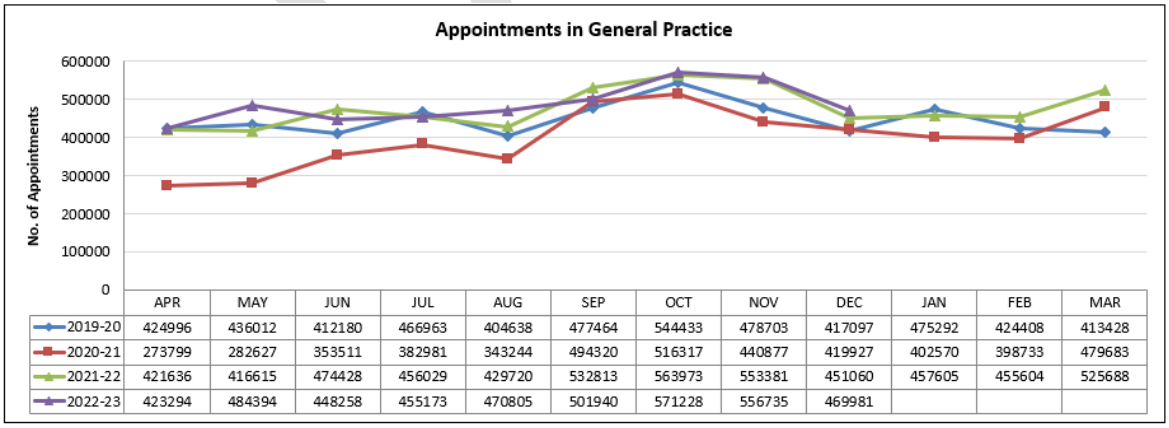
Appointments in General Practice

After an initial drop in general practice appointments at the start of the COVID pandemic the number of appointments has since been steadily increasing above 2019/20 levels (pre-covid), reaching a peak of 571,228 appointments during October 2022[5].

In December 2022, primary care appointment activity was 13% higher than the same period in 2019/20. There has been an 8% increase so far, this financial year (Apr to Dec).

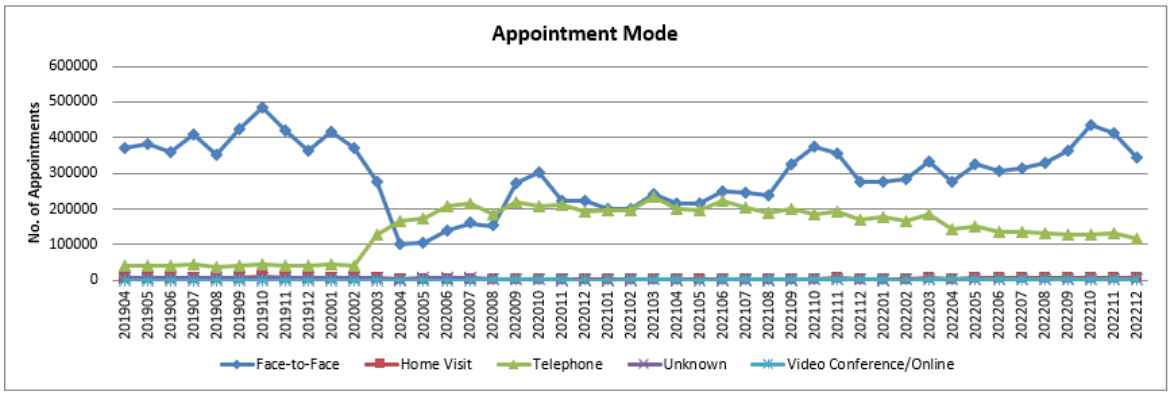
The proportion of face-to-face appointments stands at 73% (compared with 87% in the equivalent month in 2019/20). This is higher than the National average standing at 68% for December 2022. Practice variation ranges from 32% to 100% face-to-face, with 70% of practices above the National average.

Whilst the level of appointments has exceeded the 2019/20 baseline, the appointment rate per 10,000 weighted population is lower for SSOT compared to the National rate and is in the lowest performing quartile [6].

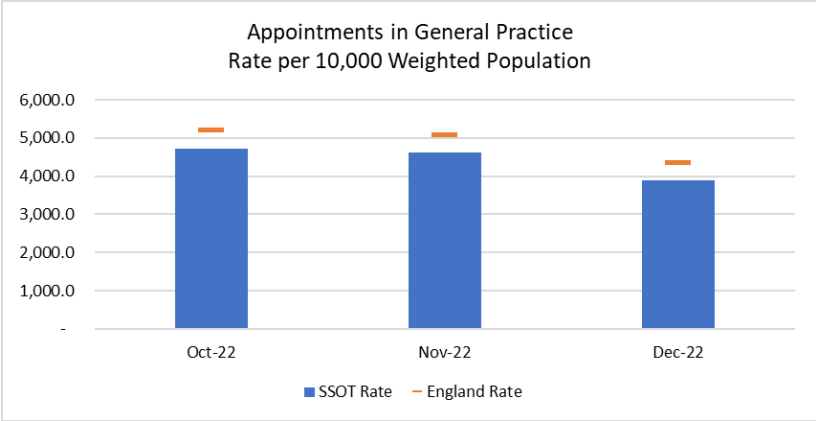


	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2019-20	424996	436012	412180	466963	404638	477464	544433	478703	417097	475292	424408	413428
2020-21	273799	282627	353511	382981	343244	494320	516317	440877	419927	402570	398733	479683
2021-22	421636	416615	474428	456029	429720	532813	563973	553381	451060	457605	455604	525688
2022-23	423294	484394	448258	455173	470805	501940	571228	556735	469981			

[5] Data source - Appointments in General Practice - NHS Digital
[6] NHS Oversight Framework



	12 months - Jan to Dec 2022		Current Month Dec 2022	
	England	SSOT	England	SSOT
No. of Appointments	328,445,050	5,820,705	26,750,950	469,981
Rate per 10,000 weighted pop.	53,407	48,181	4,350	3,890
% GP	49.0%	46.8%	49.6%	47.5%
% F2F	65.5%	68.7%	68.3%	73.4%
% Same Day	44.0%	45.8%	48.1%	49.6%
% Within 2 Weeks	84.7%	86.3%	85.0%	86.9%



General Practice Workforce

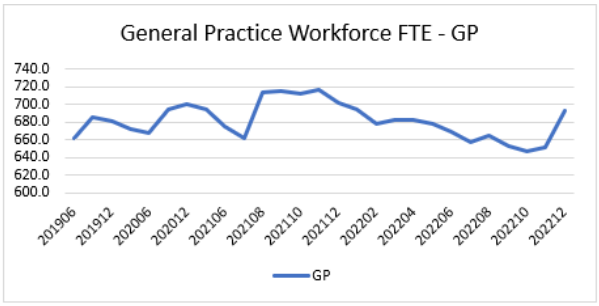
The overall number of GPs has steadily declined from 2015 to mid-2018 where levels then rose to a peak of 717 (FTE) by November 2021. Since this point there has been a downward trend until November 2022.

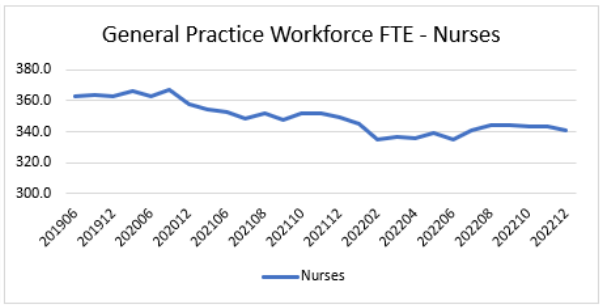
December 2022 saw a steep increase to GPs in Training Grade ST2.

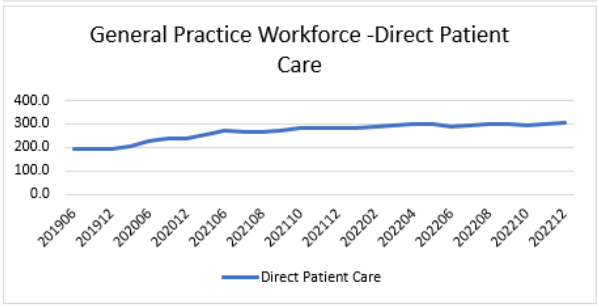
In the year between March 2021 and March 2022, SSOT lost 16.2 (FTE) GP partners and 5.7 (FTE) salaried/locums GPs. This means that the number of fully qualified GPs decreased by 21.9 (FTE) within a year[7].

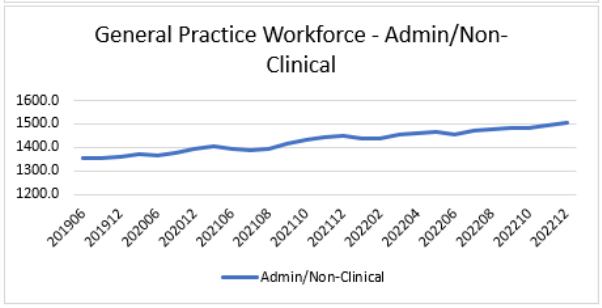
The GP FTE and Direct Patient Care (DPC) FTE as a rate per 10,000 weighted population are lower for SSOT compared to the National rate, whereas the rate for Nurses is marginally higher than National.

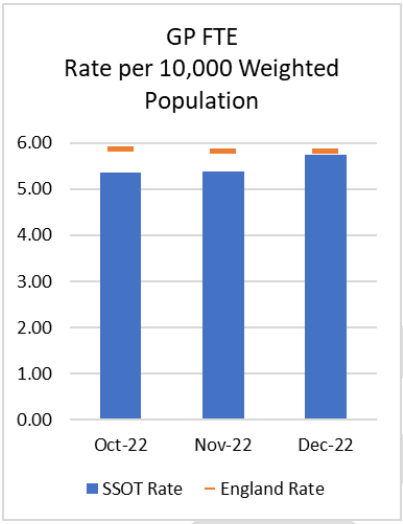
[7] General Practice Workforce - NHS Digital

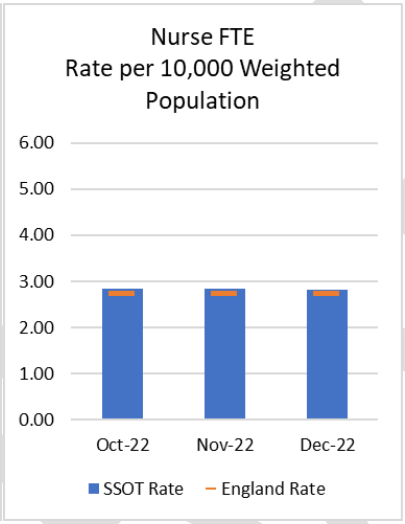

General Practice Workforce FTE - GP
740.0
720.0
700.0
680.0
660.0
640.0
620.0
600.0
201906
201912
202006
202012
202106
202108
202110
202112
202202
202204
202206
202208
202210
202212
GP

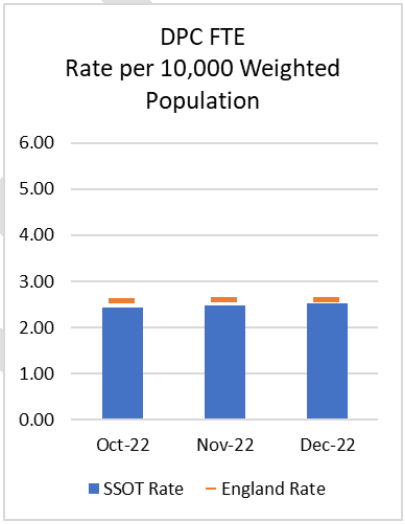

General Practice Workforce FTE - Nurses
380.0
360.0
340.0
320.0
300.0
201906
201912
202006
202012
202106
202108
202110
202112
202202
202204
202206
202208
202210
202212
Nurses


General Practice Workforce -Direct Patient Care
400.0
300.0
200.0
100.0
0.0
201906
201912
202006
202012
202106
202108
202110
202112
202202
202204
202206
202208
202210
202212
Direct Patient Care


General Practice Workforce - Admin/Non-Clinical
1600.0
1500.0
1400.0
1300.0
1200.0
201906
201912
202006
202012
202106
202108
202110
202112
202202
202204
202206
202208
202210
202212
Admin/Non-Clinical


GP FTE
Rate per 10,000 Weighted Population
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Oct-22
Nov-22
Dec-22
SSOT Rate
England Rate


Nurse FTE
Rate per 10,000 Weighted Population
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Oct-22
Nov-22
Dec-22
SSOT Rate
England Rate


DPC FTE
Rate per 10,000 Weighted Population
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Oct-22
Nov-22
Dec-22
SSOT Rate
England Rate

Sources:

Next steps for integrating Primary Care: Fuller stocktake report May 2022
NHS England » Next steps for integrating primary care: Fuller stocktake report

The GP Partnership Review undertaken by Dr Nigel Watson in 2019 - GP partnership review - GOV.UK (www.gov.uk)

The Kinds Fund: Levers for change in primary care: a review of the literature April 2022
https://www.kingsfund.org.uk/sites/default/files/2022-05/Levers-change-primary-care-literature-review.pdf

Fit for the Future 2019 – Royal College General Practitioners
Fit for the Future - A vison for general practice (rcgp.org.uk)

The Future of General Practice – Forth Report of Session 2022-23 – UK Parliament
The future of general practice - Health and Social Care Committee (parliament.uk)

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**08**

Title:	**Public Sector Equality Duty Equality Diversity and Inclusion Annual Report 22/23**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Alex Brett, Chief People Officer	Y	Caroline Nokes-Lawrence Head of ICB People, OD and Inclusion

Clinical Reviewer:	**Clinical Sign-off Required Y/N**

Action Required (select):									
Ratification-R		**Approval-A**	**x**	**Discussion-D**		**Assurance-S**		**Information-I**	

Is the [Committee]/[Board] being asked to make a decision/approve this item? Y			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
• Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits			
Within SOFD Y/N	Y	**Decision's Value / SOFD Limit**	

History of the paper – where has this paper been presented		
	Date	**A/D/S/I**
Directors meeting	20.03.23	A
General Purposes and Resources Group	27.03.23	A

Purpose of the Paper (Key Points + Executive Summary):

Background

In February the ICB Chief Executive received a letter (appendix 1), from the Equalities and Human Rights Commission outlining the requirement of ICBs as public sector bodies who have a vital role in tackling inequalities in access to and outcomes from health and social care services.

The letter set out the ICBs responsibilities and important requirements of the public sector equality duty (PSED).

The PSED is designed to support ICBs and other public bodies to think about equality across all its work and to identify the major challenges and to take action to tackle them. The PSED consists of a

general duty which requires ICBs to actively think about how they can prevent discrimination, advance equality, and foster good relations.

The specific duties require the ICB to be transparent about our work on equality and that we are meeting the requirements of the general duty. Each year the ICB must publish equality information that sufficiently demonstrates how we are thinking about equality across the services we provide and the workforce. This information should be published by 30th March 2023 on the website.

The enclosed report (appendix 2) reflects the **equality programme of work** during the reporting period and how the ICB have considered and evidenced the Equality Act, and Public Sector Equality Duty (PSED) responsibilities.

Addressing inequality and health inequalities continues to be a key focus across all levels of the ICB and the wider Staffordshire and Stoke-on-Trent Integrated Care System. The ICB have adopted, adapted, and implemented the EDI principles developed by the previous CCGs and will continue to advance the agenda through a range of initiatives, activities and collaborations.

The report has been published subject to approval to ensure reporting deadline is met.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

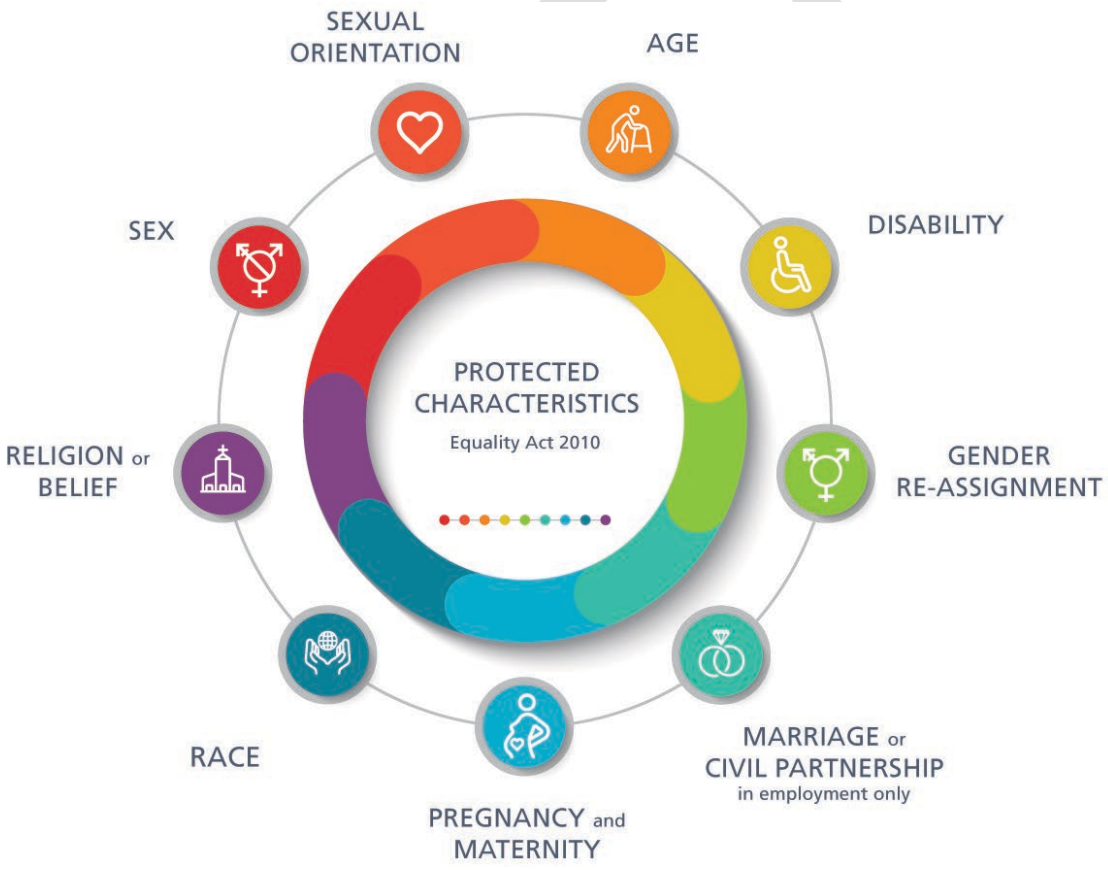
Implications:	
Legal and/or Risk	There is a requirement to publish the report on the ICB website by 30th March 2023
CQC/Regulator	The Equality and Human Rights Commission (EHRC) England
Patient Safety	The report ensures that all relevant legislation is adhered to and that the workforce is aware of the commitment to delivering safe practices relating to patient care
Financial – if yes, they have been assured by the CFO	None identified
Sustainability	The report provides a rolling programme of activity within the ICS and ICB
Workforce / Training	Staff will undertake relevant EDI mandatory training modules to ensure they are aware of relevant requirements relating to patients, other staff and in relation to health inequalities

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken.		

	• Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**Y**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: **i) Note the contents of the PSED report** **ii) Approve the report to be confirmed as the final version on the ICB website (currently in draft but compliant with the deadline)**			

2022/23 PSED Equality Diversity and Inclusion Annual Report

STAFFORDSHIRE & STOKE-ON-TRENT Integrated Care Board (SSOT ICB)



Contents

If you would like to receive material from the Staffordshire and Stoke-on-Trent ICB websites or our key publications in another format – such as audio, Clear Information, Easy Read, British Sign Language, interpreter services, large print, or Braille – please contact the general reception number and speak to any member of the administration team - 01782 298002 or use 'Next Generation Text' service for deaf and hard of hearing patients, carers and staff.

Introduction

This will be Staffordshire and Stoke-on-Trent Integrated Care Boards (ICB) first Equality Diversity and Inclusion Annual Report. As of 1stJuly 2022, Staffordshire and Stoke-on-Trent (ICB) became the new organisation via legislation replacing the six Clinical Commissioning Groups (CCG's). For more information regarding the ICBs, click the Integrated Care Boards link.

During the transition from CCGs to an ICB, our staff had access to various support and communication mechanisms including:

- Consultation – Transfer of Undertakings Protection of Employment TUPE to ICB which included supporting documentation, access to wellbeing resources and drop-in sessions.
- Appointment of Change Ambassadors
- Ask Peter (an opportunity to raise any questions or concerns with the Chief Executive)
- Health and Wellbeing Conversations
- Access to the Staff Psychological Wellbeing Hub
- Care First, Employee Assistance Programme
- Freedom to Speak Up Guardian

This report will reflect the equality programme of work during this reporting period and how the ICB have considered and evidenced their Equality Act, and Public Sector Equality Duty (PSED) responsibilities.

Addressing inequality and health inequalities continues to be a key focus across all levels of the ICB and the wider Staffordshire and Stoke-on-Trent Integrated Care System. The ICB have adopted, adapted, and implemented the EDI principles developed by the previous CCGs and will continue to advance this agenda through a range of initiatives, activities and collaborations which will be highlighted throughout this report.

Primary Legislation

2010 Equality Act and its Public Sector Equality Duty (PSED)

The Equality Acts PSED is supported by specific equality duties designed to facilitate the better performance of the PSED. In carrying out day to day functions, the ICB are required to 'have due regard to the three equality aims set out below.

1. eliminate discrimination, harassment, victimisation, and any other conduct that is

prohibited by or under this Act.
2. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
3. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties) Regulations 2011 require the ICB to

- Publish information to show compliance with the PSED, at least annually
- Produce Equality Objectives at least every 4 Years.

Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to ensure that an individual's basic needs as a human being are recognised and met.

Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Act.

It is unlawful for a healthcare organisations to act in any way that is incompatible with the Act. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy known as the **FREDA** principles.

More information on the Human Rights Act can be found here

Associated Legislation

Health and Social Care Act 2022

Statutory obligations on ICBs under the NHS Act 2006 (as amended by the Health and Care Act 2022)

Section 14Z35 of the 2006 Act (as added by section 25(2) of the 2022 Act) imposes the general inequality duty on an ICB that it: "must, in the exercise of its functions, have regard to the need to —

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3)".

Modern Slavery Act 2015

The Modern Slavery Act 2015 applies to all organisations within the United Kingdom with a turnover of £36 million or above. A key element of the Act is the 'Transparency in Supply Chains' provision, which requires businesses above a certain threshold to produce a 'Slavery and Human Trafficking Statement' outlining what steps they have taken in their supply chain to ensure slavery and human trafficking is not taking place.

To view our Modern Slavery Act Statement on our website, please click on to the following link: Modern Slavery Act Statement – SSOT ICB

ICB Equality Objectives 2022 – 2025

The proposal to adopt the Equality Diversity System as the ICB Equality Objectives originated from the CCGs who approved the proposal and has now been adopted by the ICB. The EDS had been specifically designed towards the new way of working within the NHS restructure.

The ICB considered its role within the upcoming new Integrated Care Systems (ICS) and the need to develop stronger new partnerships between local NHS, local public bodies, and voluntary organisations to meet health and care needs across Staffordshire and Stoke-on-Trent, to coordinate services and to plan in a way that improves our populations health and reduces inequalities between diverse groups.

The ICB Equality Objectives duplicate the Equality Delivery System's 3 Domains and the 11 outcomes that support them. They had been designed to:

- align to the new way of working;
- encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010 and
- helps NHS organisations meet the public sector equality duty (PSED) and set equality objectives.

Most ICBs have considered 2022/2023 to be a planning year for the full implementation of the EDS next year. However, the Staffordshire and Stoke on Trent ICB decided to complete Domain 2 (Workforce Health and Wellbeing).

The ICB have produced and published its EDS Template and EDS Report which outlines the process and activity including the grading assessment and participants feedback. The documents can be found on the ICB EDS webpage. Please click this link to view the EDS 2022 Report and Template.

Any EDS or other EDI associated actions if not reflected in the Race Equality Code (REC) 31 actions will be added to the overall ICB EDI 2023-2024 Action Plan. The ICB have adopted the RACE Equality Code as a commitment to addressing race equality. The Race Equality Code is an accredited Leadership focused programme which requires the completion of two diagnostic assessments which were completed

in January and March 2023. The assessment process produced a total of 31 short to long term actions. The implementation of these actions will form a significant part of the ICB's EDI work for 2023-2024

The table below show the results of the assessment and grading event which was held in February 2023 which focused on EDS Domain 2 – Workforce Development and Well-Being. A large thank you to the ICB Staff Network members, Mental Health first aiders, Diversity Champions, ICB Staff Engagement Group Representatives, Integrated Care System Staff Side Representatives, Menopause and Domestic Abuse Ambassadors who participated in this year's EDS grading event.

ICB Equality Objectives	Equality Outcomes	Status
ICB Objective 1 EDS Domain 1: Commissioned or provided services	1A: People can readily access the service.	Not measured this year
	1B: Individual people's health needs are met	Not measured this year
	1C: When people use the service, they are free from harm.	Not measured this year
	1D: People report positive experiences of the service.	Not measured this year
ICB Objective 2 EDS Domain 2: Workforce development and well-being	2A: When at work, staff are provided with support to promote healthy lifestyles and manage their long term conditions	Voted as **Achieving**
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Voted as Developing
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	Voted as **Achieving**
	2D: Staff recommend the organisation as a place to work	Voted as **Achieving**
ICB Objective 3 Domain 3: Inclusive Leadership	3A: Board members and senior leaders (Band 9 and VSM) routinely demonstrate their commitment to equality.	Not measured this year
	3B: Board/Committee papers (including minutes) identify equality related impacts and risks and how they will be mitigated and managed	Not measured this year
	3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Not measured this year

Statutory and Mandated Requirements

The table below identifies the key reporting tools and mechanisms typically used in an annual reporting period. As the ICB is a new emerging organisation having not yet completed a full annual cycle, some of these activity timelines have been altered and/or new benchmarking figures are being established.

NHS Accessible Information Standard	NHS Equality Delivery System 2022	Workforce Disability Equality Standard
Workforce Diversity Profile Report	Race Disparity Ratio	ICB Annual Equality Action Plan
ICB Equality Strategy and Objectives	Gender Pay Gap	Workforce Race Equality Standard
PSED Equality Diversity and Inclusion Annual Report		

Equality legal and mandated information has been published throughout this reporting period by the ICB. This information is published on the ICBs dedicated equality webpages and internally through the ICB's Intranet. These webpages will be refreshed as required and reviewed annually.

Commissioning and Procurement

ICB buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations, or private sector providers. This means better care for patients, designed with knowledge of local services, and commissioned in response to their needs.

The ICB commission a wide range of services including mental health services, urgent and emergency care, elective hospital services, and community care.

Equality, Diversity and Inclusion (EDI) continues to play a significant role in the commissioning cycle, namely, in relation to Procurement. During the procurement process EDI questions are designed and evaluated. The initial process requires all services to undertake an EHIIRA.

During 2022/23 the following procurements were carried out:

- Staffordshire and Stoke-on-Trent Wheelchair Service
- NHS East Staffordshire Community Outpatients Service and Minor Procedures
- Staffordshire ICB Non-Emergency Patient Transport Service
- Staffordshire and Stoke-on-Trent GP Out of Hours Services
- NHS Staffordshire ICB Termination of Pregnancy Services
- Pulmonary Rehabilitation Services to East Staffordshire and South East Staffordshire

Equality Health Inequality Impact and Risk Assessments (EHIIRA)

Equality Health Inequality Impact and Risk Assessments (EHIIRAs) are a well-established and embedded tool within the ICB. This assures services, policies and day to day functions are fair, accessible, and inclusive. Through a process of questions and data analysis EHIIRAs help to identify gaps, potential risk and highlight opportunities. EHIIRA's are evidence-based tools, requiring stakeholder engagement.

During this reporting period a total of eighteen assessments were completed and approved, ranging from ICB HR/OD policies to commissioning systemwide services.

Throughout the year, ICB staff are able to access one-to-one training and support, completing Equality, Health Inequality Impact and Risk Assessments. Quarterly updates reports are produced and presented to the General Purpose Committee for assurance

Improving patient experience and health outcomes

In response to the Equality and Human Rights Commission recent request that ICBs demonstrate the steps being taken to tackle the inappropriate detention of people with a Learning Disability and Autism and also at action to tackle disproportionate rates of detention of ethnic minority people under the Mental Health Act.

Children, young people, and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. This was the mandate within Building the Right Support which was published in 2015 by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) as part of the Transforming Care Programme.

The guidance supports NHS and local authority commissioners to reduce the number of people with a learning disability and autistic people in a mental health inpatient setting and to develop community alternatives to inpatient care in line with the National Service Model. NHS England » National plan – Building the right support NHS England » Building the Right Support: one year on and two years ahead

Locally the system has worked together to respond to Building the Right Support Plan and The NHS Long Term Plan. The below relates to preventing inappropriate admission:

Dynamic Support Register (DSR)

The DSR was developed across the system and was coproduced with Experts by Experience which has been live since August 2022. The DSR has a local web page

on the ICS web site, with a link to the Digital DSR please see:- Staffs and Stoke DSR web page and other supportive information. Currently both Local Authorities are developing a web page within their respective 'local offer' sites to provide further information and links to the DSR. The DSR data is embedded within the Learning Disability and Autism Dashboard which is presented to the Learning Disability and Autism Partnership Board monthly.
The DSR enables systems to identify adults, children, and young people with increasing and/or complex health and care needs who may require extra support, care and treatment in the community as a safe and effective alternative to admission to a mental health hospital. Additionally, they play a role in ensuring that people's needs are included in commissioning plans, financial plans, service delivery and development.
DSRs are also a mechanism for local systems to:

- Use risk stratification to identify people at risk of admission to a mental health hospital
- Work together to review the needs of each person registered on the DSR
- Mobilise the right support (e.g., a C(E)TR, referral to a keyworker service for children and young people, extra support at home) to help prevent the person being admitted to a mental health hospital.

There were 152 people registered on the DSR as of 2 March 2023 - 69 CYP and 83 Adults:

- 14 individuals or 9.2% identify as BAME
- 3 individuals or 2% have not stated ethnicity
- 132 individuals or 86.8% identify as White - British
- 3 individuals or 2% identify as White – Any other White background

NHS England published Dynamic support register and Care (Education) and Treatment Review policy and guide on the 31 January 2023 NHS England » Dynamic support register and Care (Education) and Treatment Review policy and guide This new policy aims to prevent unnecessary hospital admissions for people with a learning disability and autistic people. The policy includes new guidance on the implementation of dynamic support registers and updates to the Care (Education) and treatment reviews.
Staffordshire and Stoke-on-Trent have evaluated compliance against the new policy and are proud to say that there are only two areas which are new to the guidance:

1. Self-referral - there is a working group coproducing the self-referral with people with lived experience.
2. ICS CETR panel – the system is in the process of implementing this within 23/24.

Key worker
The local keyworker service is linked to the DSR. The new guidance is clear that by March 2024 children and young people with a learning disability, autism or both aged 0–25 years with the most complex needs will have a designated keyworker. Initially, children and young people who are inpatients or at risk of being admitted to hospital (as a minimum those with a red/amber rating on the DSR) should have access to support from the keyworker service. Keyworkers support children, young people and their families to avoid admission to a mental health hospital wherever possible.

Where admission to hospital cannot be avoided, the keyworker should remain as a core member of the professional network throughout the person's period of admission and be included in CETRs and support through to discharge. The system is currently working with the Council for Disabled Children who will be commissioned to independently evaluate the key worker service during quarter one of 2023.
PR1486-Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide.pdf (england.nhs.uk)
The keyworker performance will be a feature of the Learning Disability and Autism dashboard from 1/4/2023 which will be monitored by the LDA Partnership Board. In addition, the system is working for the Council for Disabled Children who will be evaluating the current model to ensure it is fit for the future.

Transforming Care
By March 2024 there should be no more than 30 adults with a learning disability and autistic adults out of I million adults should be in mental health hospitals. There should also be no more than 15 children and young people with a learning disability and autism out of 1 million in mental health hospitals.
The system is monitored very closely against this trajectory by:
NHS England – the system submits data through Assuring transformation. This is what we call the information we collect about people with a learning disability, autism or both who are getting care in hospitals for their mental health or because they have had behaviour that can be challenging.
This information tells us:

- how many people are in hospital.
- how long they have been in hospital for
- when their care and treatment is checked
- what kind of hospital they are in

This is done so that NHSE can make sure people are not in hospital if they would be better looked after in the community.

Learning Disability and Autism Partnership Board is a system wide partnership which includes people with lived experience. The Board has seen a consistent reduction in discharges over the last 5 years and as such has moved from one of the worst performing systems to one of the best.
Current performance as at 24/3/2023

- 25 Adults
- 5 CYP
- 0% of inpatients are BAME

Each inpatient is monitored through the CTR process which was 100% complaint as of 2 March 2023. In patients placed out of area also receive a 6–8-week face to face visit as part of the quality oversight. The system has recently undertaken a safe and well process to ensure that all in patients have the care, treatment and discharge planning as appropriate NHS England » Monitoring the quality of care and safety for people with a learning disability and/or people who are autistic in inpatient care
S117 – Preventing inappropriate readmission.
Section 117 (S117) requires local authorities and the NHS to jointly provide or arrange for the provision of mental health aftercare services to people detained in hospital for treatment under section 3,37,45A,47 or 48 of the Act following their

discharge into the community. The ICS's Section 117 webpage provides an overview, detail guidance and procedures, training and multiple contact details. For people with Learning Disabilities and/or Autism and/or ethnic diverse backgrounds there are a range of community services that provide support. We work in partnership with Staffordshire and Stoke-on-Trent local authorities who also play a significant role in the provision of community services.

Workforce Diversity Profile and Reporting

Our aim is to employ a diverse workforce that is representative of our local communities as we believe this will support and improve our decision making in the development of health and care services.

This section of the report illustrates the demographics of Staffordshire and Stoke on Trent ICB workforce as of 30th September 2022. The ICB will use this data as a baseline to measure the diversity of staff across the full range of NHS pay grades as well as future workforce action planning.

The table below provides a summary of the key findings

Protected Characteristic	Narrative
Age – 16-19 yrs.	Age ranges 16-19 and 20-24 years are not so well represented in the ICB Workforce
Disability	People with a disability are not represented within the ICB workforce as a proportion of the population of Staffordshire and Stoke. The highest percentage staff band not declaring if they have a disability or not, is Non-Agenda for Change (Very Senior Managers) 10.42%.
Gender - Re-assignment Data Gap	Data is not collected for this characteristic. No National agreement on the collection of data or what question/s to ask.
Marriage & Civil Partnership	Civil relationships were reported to be at 0.33% this is above the combined Staffordshire and Stoke-on-Trent (SSoT) profile figure of 0.2%. 63% of the ICB workforce identified as being married which is higher than the (SSoT) profile figure of 50%. The highest percentage staff band range where marital status is unknown is Non-AfC (Very Senior Managers) 16.67%.
Pregnancy and Maternity	Data is not currently collected.

Race	88.3% of the workforce identifies as White which is lower than Staffordshire and Stoke-on-Trent (SSoT) population profile of 94%. Asian ethnicity of 8.33% is higher than the SSoT combined population average of 4%. Asian staff are positively represented (29.17%) at the non-AfC pay bands. Black staff are represented in the middle of the ICB broad pay band ranges and overall are slightly underrepresented when compared to their population size has a whole (1%). While certain ethnic groups are positively represented at senior positions within the ICB, data has shown this varies across roles e.g Board and/or Executive Team positions, departments and/or directorates. The highest percentage staff band not stating their Race, was Non-AfC (Very Senior Managers/Professionals) 2%.
Religion and Belief	Staff who identify as Christian is 43.3% less than the (SSoT) population average of 67%, non-disclosure among staff is 37% overall. Islam is slightly below the (SSoT) population average. Sikhism, Hinduism Buddhism and other religious groups are representative. A significant figure in relation to religion and belief is the percentage of non-AfC (very senior managers/professional) who did not wish to disclose this information 87%.
Part time – Full Time	Age, Disability Religion and Belief Race Pregnancy and Maternity are all determining factors to consider in better understanding the dynamics of full and part time working arrangements. While ensuring organisational operating needs are met, assuring due regard to equality of opportunity between the protected characteristics is given.
Sex	When we compare the NHS National workforce figure of 76.7% female 23.3 male % this is similar to the ICB staff figure of 75.67% female and 24.33% male. This is also reflected at Pay Band levels 8a-9. When looking at the most senior (non-AfC) roles, male staff are significantly overrepresented as a proportion of the ICB workforce 56%. Males are also significantly underrepresented at both pay band groupings 1-4 (2.78%) and 5-7 (11.8%) respectively when measured against their overall workforce size of 24.33%
Sexual Orientation *(LGBT) Data Gaps	Staff who identified as LGB are found in the middle broad pay band ranges 8a-9 (1.63%). A total of 70.3 % of staff identified as Heterosexual or Straight. 28% were asked but declined to provide

	their sexual orientation status of the 28% who declined to disclose. This makes it difficult to establish if the workforce is representative of the National estimated figure of 3.1% of the population over 16 years of age. 66.7% of staff in non-AfC roles did not state this characteristic.

Any actions resulting from these recommendations and considerations which be included in the 2023/2024 ICB EDI Action Plan. The plan will be approved, with implementation to commence April/May 2023.

Recruitment Process Data by Protected Characteristic

The ICB has started to collect recruitment data on this. Data will be analysed by protected characteristics on a quarterly basis by the MLCSU EDI Team. The information provides a breakdown of applicants by protected characteristics and how they fared within the recruitment process. **Staffordshire and Stoke-on-Trent ICB is the first ICB to do any monitoring of this data.**

From July – September 2022 (Quarter 2) there were total of 152 applicants 40 were short listed 23 were interviewed and 6 were appointed. For periods October – December (Q3) there were no staff appointments (1 conditional offer). The low number being a direct result of the Management of Change/ICB Restructure consultation.

As this will be the first time the ICB has produced and published this information, no clear messaging, analysis or comparisons can be drawn from this first set of data. It should be used as a baseline for identifying any future trends where potential disparities between certain protected groups may exist during the recruitment process, where any such disparities be mitigated or rationalised.

Click the link to view the ICBs full Workforce Diversity Profile and Recruitment Report.

Workforce Race Equality Standard (WRES) 2022

The WRES requirement for ICBs was paused during this reporting year as we were newly established organisations. NHSE WRES Team suggest that ICB's will only be required to produce data around its board level representation by Race which is equivalent to WRES indicator 9. While data on the other metrics/indicators will not be collected and reported nationally, the NHSE WRES Team will support ICB's that want to produce this data themselves by providing templates and guidance. To learn more about the WRES click here.

Workforce Disability Equality Standard (WDES) 2022

WDES data for 2022 was not required to be produced by ICBs. Regarding future WDES data it is likely that ICB's will be asked to produce board membership representation by Disability (the equivalent of metric 10), and the opportunity to provide this will be during May and June. To learn more about WDES click here.

Gender Pay Gap Reporting 2022

The forthcoming deadline for reporting is 30 March 2023 for public sector employers with 250 or more employees on the relevant snapshot date, which is March 2022 for the public sector. This will not apply to the ICB, which were not yet established at the time of the snapshot date.

Therefore, the ICB will take a snapshot of data in March 2023, for data relating to 2022 figures. This will act as a baseline. ICB will then be required to produce data on 2023 figures and report their gender pay gap before the reporting deadline of March 2024 comparing 2022 against 2023 figures.

Race Equality Code 2022

The ICB have adopted the RACE Equality Code as a commitment to addressing race equality. The Race Equality Code is a Leadership focused programme which provides the ICB the opportunity to use a robust and comprehensive framework to which an organisation can demonstrate accountability. Real change only happens when you are able to influence leadership – the board and executive management –and hold organisations to account. The Race Equality Code does just that.

As part of the programme the ICB completed two Diagnostic Assessment which were completed in January and March 2023. The code is developed around 12 core principles focusing around 3 areas, Resources, Competency and Execution. The assessment process resulted in a total of 31 short to longer term actions.

The sessions were positively received and attended by the ICB leadership:

- ICB Board Chair
- ICB CEO
- Director of Corporate Governance
- Chief People Officer
- Non-Executive Director/Chair of the People, Culture and Organisational Development Committee
- With support from MLCSU EDI Team and Head of People, OD and Inclusion

The ICB's EDI 2023/2024 action plan's main focus will be on the implementation of the 31 Race Equality Code actions, as these actions are far reaching and though the focus being on Race, many will also translate and be relevant to other protected characteristics.

Any actions resulting from the EDS process, the Workforce Profile reports or the NHS Staff Survey which are not reflected in the 31 Race Equality Code actions will be included in the 2023/2024 EDI action plan. The EDI action plan will be approved and implementation to commence April/May 2023.

ICB Equality Policy

The ICB have reviewed and updated their Equality Policy to be more aligned and reflective of its new functions and structure, while renewing their continued commitment for the provision of inclusive and accessible health and care services.

The Policy provides details of how, in carrying out its day to day functions and activities, the ICB will consider its due regard responsibilities to the Equality Act and its associated duties. The Policy includes details of:

- Roles and Responsibilities.
- Having Due Regard to Equality.
- Assessing Equality Performance.
- ICB Equality Objectives
- Reporting Mechanisms
- Communication, Monitoring and Review
- Staff Training.

The ICB Equality Policy is published on the ICB dedicated equality webpage. To view the policy please click the following link here

ICB Staff Network and Support Groups

During 2022/2023 staff networks and support groups continue to be active and provide a platform for staff to support, express and voice a range of experiences. Information and feedback from these network groups progress through the governance process with the aim to influence ICB policies procedures and day to day functions.

ICB Ethnic Diverse Group

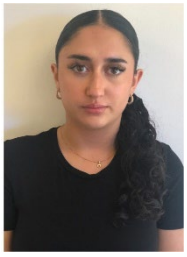
The ICB Ethnic Diverse Group (EDG) continued to play an active role throughout 2022/2023. The Group provides a confidential space for members to discuss any issues or concerns but also gives a platform to comment on key workstreams and ICB Policies. For example, the EDI Policy was circulated to the Group for comment in January 2023. The group also welcomes allies from the ICB workforce

The EDG formed an action group and decided that as part of their contribution to Black History Month, members of the group would provide a small biography around three questions. Take a look at this small biography of Denis Kanu who is a member of the EDG.

The EDG participated at the Stoke-on-Trent Festival for Practice week at the end of June 2022. As part of the festival's agenda various organisations including - police, social care, health, came together to help organisations across Staffordshire and Stoke-on-Trent in the future feel better equipped to deal with hate crime in whatever form.

Key achievements of the EDG throughout 2022/2023:

- Supported the development of unconscious bias training which is now mandatory for all staff.
- Recruitment Standard Operating Procedure in place where one interview question is dedicated to equality and diversity, emphasising the importance our organisation places on this.
- Procedures in place where prior to an interview taking place, an EDG member or Diversity Champion, is invited to take part in the panel which provides an added assurance no bias is taking place.
- Successfully delivered presentation on how to commission culturally sensitive services which resulted in guidance for dermatology on darker skin being rolled out to primary care.
- Supported the development of the ICB EDI Policy



Leyla Laksari started her apprenticeship with the CCGs in September 2021 Most recently, a vacancy became available for a Band 2 Patient Care Advisor and Leyla applied along with other applicants and was successfully appointed following her interview. The interview panel was the first one to include a member of the Staff Ethnic Diverse Group to support the process.

ICB Disability and Neurodiverse Staff Network

The Disability and Neurodiverse Staff Network was established in 2021. Virtual meetings take have continued to take place monthly, and anyone is welcome to join. Staff who are currently members of the group have various disabilities, invisible disabilities and either new or existing long-term conditions. Members can comment on key HR policies and initiatives.

Key achievements of the Disability and Neurodiverse Group throughout 2022/2023:

- Supported to raise awareness around the group with the wider organisation by presenting on team briefings
- Highlighted the importance of treating people as individuals not conditions
- Provided a safe environment to discuss issues and problems and obtain support from each other
- Shared learning, opportunities for outside support
- Worked with the equality and inclusion team to support staff with disabilities and neurodiversity
- Support and advice provided to the organisation on policy development
- 3 Disability/Neuro-diverse champions in place for staff to link in with if they feel they need support

Next steps for the group in 2023/2024:

- Raise awareness of the Group again, through the Staff Engagement Group during April/May
- Link with diversity champions and support understanding through this network
- Explore the opportunity to work with the other staff groups within the organisation on how we can support each other and work together to support staff

LGBT+ Staff Network

The ICB continue to encourage and support the development of an LGBT+ organisational network group with support from the Head of People/OD and Inclusion lead and the Equality Diversity and Inclusion Team and EDI allies.

LGBTQ+ staff an encouraged to engage and attend the system wide LGBTQ+ staff network. Its members covers Staffordshire and Stoke-on-Trent and includes NHS provider organisations as well as other public sector staff. Meetings and activities are promoted through several ICB Internal communication media platforms. Example include Stoke-on-Trent Pride and LGBT+ Month

ICB Support Group (originally Staff Shielding/Vulnerable or Living Alone

This group meets informally, and anyone is welcome to join if they wish to share any experiences, ways of coping and what may be needed going forward. The group provides an opportunity for staff to connect, talk and support each other.

Individual ICB Appointed Roles Allied to Equality Diversity Inclusion

In addition to these staff support groups over this reporting period the ICB have continued the appointments of several voluntary EDI related ally/staff support roles. These roles taken up staff across arrange of pay bands including very senior managers, the role include:

- Diversity Champions
- Menopause Ambassadors (with Executive sponsor)
- Invisible Conditions Reps
- Mental Health First Aiders
- Wellbeing Champions
- Wellbeing Guardian (NED)
- Freedom to Speak Up Guardian and Champion
- Domestic Abuse Ambassadors
- Change Ambassadors

Human Resources, Organisational Development, and Inclusion.

As mentioned at the beginning of the report as of July 2022, Staffordshire and Stoke-on-Trent (ICB) replaced the functions of the six Clinical Commissioning Groups (CCG's). The process included a restructure implemented under the Management of Change policy.

During the transition from CCGs to an ICB our staff had access to various support and communication mechanisms including:

- Consultation – Transfer of Undertakings Protection of Employment TUPE to ICB which included supporting documentation, access to wellbeing resources and drop-in sessions.
- Appointment of Change Ambassadors
- Ask Peter (an opportunity to raise any questions or concerns with the Chief Executive)
- Health and Wellbeing Conversations
- Access to the Staff Psychological Wellbeing Hub
- Care First

Further information on how staff were supported through this process is provided further on in the report.

NHS Staff Survey 22/23

Staffordshire and Stoke-on-Trent ICB had an overall response rate of 79.58% *(226 respondents from an eligible sample of 284 staff)*. The average response rate for similar organisations is 79%.

Everyone will own the Action Plan for the Staff Survey, with the Staff Survey discussions being a new Standing Item on the Staff Engagement Group formal meetings each month.

The data is currently being collated and analysed and will be published and presented to ICB staff. Any EDI associated actions if not reflected in the Race Code 31 actions will be added to the ICB EDI 2023-2024 Action Plan which will be approved and implemented in April/May 2023.

Accreditations and Initiatives

Disability Confident Employer Scheme

The ICB have signed up to become a Disability Confident Organisation. As a Disability Confident Committed Employer, commitments include anticipating and providing reasonable adjustments as required and supporting any existing employee who acquires a disability or long term health condition, enabling them to stay in work.

Differently Abled Buddy Scheme

This work is being developed at system level, for example our ICS partner - North Staffordshire Combined Healthcare have secured Innovation funding from the Workforce Disability Equality Standard (WDES) team to establish a Differently Abled Buddy Scheme.

This project will provide a 'buddy' to support new and recently recruited staff with a disability, a long term health and/or a neuro-diverse condition to help them get settled in their new role. However, the ICB already have similar roles from staff in the Disability/Neuro Diverse network group.

Equality Statement used in Recruitment

Our Equality Standard

To support our Public Sector Equality Duty, The ICB participates in external monitoring standards which hold us accountable for improving workforce equality diversity and inclusion. These are the Workforce Race Equality Standard, The Race Equality Code, the Workforce Diversity Profile Report, the Gender Pay Gap. The ICB are also committed to reporting on the Workforce Disability Equality Standard and

Ethnicity Pay Gap monitoring, when further guidance is agreed and released by NHS England. Additionally, all non-mandatory training and CPD undertaken by ICB will be monitored by protected characteristics.

EDI Staff Related Training and Development Opportunities

Throughout this reporting period ICB staff have been offered and invited to a wide range of voluntary and mandated equality related training and awareness sessions.

As of February 2023, the compliance figure for ICB staff completing their mandatory Equality, Diversity and Human Rights training was 88.4%

Equality Monitoring of Staff in relation to the Training and Development Catalogue Programme

- As of February 2023, 65 Equality Monitoring Forms were sent out to staff applying for training with 23 responses received.
- From the responses received of 4 members of staff who have made applications who have declared an ethnic diverse background (2 males and 2 females)

ICB Mandated Unconscious Bias Training

The aim of the training sessions is to give participants a general understanding of issues in relation to Unconscious Bias to support inclusive decision making across the ICB. A total of 5 training sessions took place from June 2022 to March 2023

An Unconscious Bias training session will be delivered by the Midlands and Lancashire Commissioing Support Unit (MLCSU) Equality and Inclusion Team each quarter, for new starters. A refresher session will also be provided to those that have attended the Unconscious Bias training session previously.

ICB Mandated Invisible Disability Training

The aim of the training session is to give a general understanding of invisible disabilities, what they are, how they can affect people's lives and what we can do to raise awareness of invisible disabilities as individuals and an NHS Organisation. Between December June 2022 and March 2023, the MLCSU Equality and Inclusion Team provided 4 Invisible Disability training sessions.

An Invisible Disability training session will be delivered by the CSU Equality and Inclusion Team each quarter, for new starters. A refresher session will also be provided to those that have attended the Invisible Disability training session previously.

Other training opportunities

ICB staff also have attended or had access to the following training (please note that this is not an exhaustive list):

- All new staff receive an Equality and Inclusion Induction Session.
- One to One Equality Impact Assessment/U-Assure Sessions.
- Recruitment and Selection training.
- Diversity Masterclass.
- Healthy Ageing in Staffordshire Workshop.
- Population Health Management training.

ICB Corporate Communications and Involvement

The Staffordshire and Stoke-on-Trent ICB have a number of ways in which they engage with staff, patients and the public on an on-going basis. There are occasions when the ICB is required to carry out a formal consultation and this is usually when the ICB is considering a change to existing services and the ICB wants to seek the views and opinions of its patients.

Patients and the Public

Patients and the public are at the heart of everything that the NHS does, in line with the NHS Constitution.

Below you will find links to examples of formal consultations and engagement activities that have taken place during this reporting period:

- Inpatient Mental Health Services South-East Staffordshire
- The families of children and young people who have asthma are being asked for their views about a 'new' nursing service in Stoke-on-Trent

The ICB communicate regularly with patients and the public in a variety of ways:

- Surveys (online and printed)
- Social media
- Healthwatch reports
- Patient Participation Groups
- Care Quality Commission (CQC) reviews
- Public events
- Interviews
- Focus groups
- Insight from the Patient Advice and Liaison Service (PALs)
- Data from previous public involvement exercises

The ICB has social media profiles on the main four platforms:

- Facebook - @StaffsICB
- Twitter - @StaffsICB
- Instagram - @StaffsICB
- YouTube - Staffordshire & Stoke-on-Trent ICB

Staff

ICB Restructure – Management of Change

The ICB produced a Communication and Engagement Plan to provide staff the opportunity to voice any issues or concerns and for the ICB to inform staff and offer support where needed.

Team Brief via Teams each Monday as usual, if an urgent communication is needed, we will arrange a special Team Brief.

Wednesday Wellbeing Message the vehicle for documents for structural change, and key messages about process, policy and system updates

Friday Message a message directly from the CEO, these are stored on IAN.

Time Out Sessions the main sessions are recorded but not if there are breakout rooms. Jam board or an alternative is used to collate questions and answers, allowing people to ask their questions confidentially.

Raising Questions people can raise their questions or issues through various channels i.e., Ask Peter (a dedicated line of communication direct to the ICB CEO Peter Axon) or via SEG rep

FAQs were developed as the process continued and were shared in the various communications and stored on IAN structural change page.

A new information page was developed on the ICB's intranet called Speak UP

The page included the various ways that staff could get support Including:

• Leadership Team
• Chief People Officer and People Function Team
• Staff Side reps
• Change Ambassadors
• Diversity Champions
• Care First
• Psychological and Wellbeing Hub

Zero Tolerance to Bullying

Message from Peter Axon, Chief Executive Officer and Alex Brett, Chief People Officer

The ICB has a zero tolerance approach to bullying of staff, at any level. This was reinforced in a staff message from the leadership team.

'All staff should be treated with civility and respect at all times, and everyone is reminded that as part of the NHS People Promise we should be compassionate and Inclusive in carrying out our duties and responsibilities, and even more so if you are a line manager.'

Staff Time Out Session

Staff Time out sessions have continued in the same format throughout 2022/2023 and provide staff with the opportunity to discuss a range of issues, which includes EDI. Since July 2022, the sessions have focused on the transition from CCGs to an ICB and the ICB Management of Change. Examples of sessions include:

- Developing the Portfolio Approach
- Integrated Care Board (ICB) Functions and Decisions
- Cultivating courage and compassion for ourselves and others

Friday and Mid-week Staff Messages

Regular weekly messages continue to be provided by the Chief Executive Officer, staff are updated on a range of topics affecting the ICB and the wider system, patients, staff and stakeholders. Equality related information and activity is published.

Below you will find a sample of equality related themes throughout the year:

- Health and Wellbeing Week
- Black History Month "Time for Change: Action not Words"
- Disability History Month
- Alzheimer's Awareness Month
- Race Equality Week in the Midlands
- LGBT+ History Month – Participation request
- Diversity Champions

- Launch of the Midlands Menopause Network
- Race Equality Awareness Week
- Equality Delivery System (EDS) 2022
- Development Opportunities for Ethnic Diverse staff
- HR Drop-in sessions regarding the Consultation Process
- Freedom to Speak up Month

Weekly Staff Team Briefs

Hosted by the ICB Chief Executive Officer, and accompanied by various executive team members, who updates staff on a range of equality related topics affecting the ICB and the wider system, patients, local communities, staff, and stakeholders. During the team briefs staff received information, updates, introductions, awareness, and discussion points on several equality related topics and have included:

- NHS Equality Delivery System
- Menopause Ambassadors
- Domestic Abuse Ambassadors
- Management of Change and Consultation updates
- Staff Development Days
- Agile working support mechanisms
- Black History Month
- Wellbeing Apps
- LGBT Month
- Disability Month
- Equality related training and development opportunities
- Freedom to speak up Guardians
- NHS Staff Survey
- Staff Time Out Sessions

Information and News (IAN)

IAN is a digital resource for ICB staff and members, it holds a wealth of information. For example, IAN stores information on health and wellbeing, organisational development, there is a dedicated equality diversity and inclusion section and a general resource section. It is designed to support, inform and to communicate with staff. Friday and Mid-week Staff Messages have links to this internal resource.

Monthly Awareness Articles

Throughout the year the Equality Diversity and Inclusion team provide Equality Awareness Articles which are distributed and published via the Friday Message and internal internet IAN including:

From July 2022 to February 2023, the ICB has promoted a range of events that promote awareness and celebration of protected characteristics and other groups including (but not limited to):

- Eid al-Adha
- South Asian Heritage Month
- World Alzheimer's Day
- International Day of Older people
- Black History Month
- World Mental Health Day
- Events for International Men's Day
- Anti-bullying week
- Race Equality Week
- LGBTQ+ History

Integrated Care System (ICS) Activity

This section of the report provides a snapshot of key equality related activity in Staffordshire and Stoke-on-Trent. Most of this work this year has also been influenced by National and Regional directives as a result of several reports highlighting health inequalities within and between the different protected characteristic and other vulnerable communities that make up the population we serve.

Midlands/Staffordshire & Stoke-on-Trent Workforce Race Equality and Inclusion (WREI) Strategy

The Midlands Workforce Race, Equality and Inclusion Strategy was launched in May 2021. Information and the lived experience of staff shows us how discrimination can make staff unhealthy and how race discrimination affects people's health the most. The disproportionate level of discrimination among BAME staff is evident in our NHS staff survey and WRES data.

This regional plan does not just support staff from an ethnic diverse background. By making the Midland region fairer it will support other protected groups in the Equality Act 2010 which includes people of different ages, disabled people, people who are changing their gender, pregnant women and mothers, people who believe in a religion or have no religion, people attracted to the same sex or the opposite sex

This regional strategy is supported by local/system actions / deliverables/specific steps to be taken at a local (Staffordshire and Stoke-on-Trent) level.

For further information on the WREI strategy, please click the following link.

Staffordshire & Stoke-on-Trent Six High Level Action Plans

Staffordshire and Stoke-on-Trent Six High Impact actions on recruitment and promotion were implemented along with the regional WREI Strategy to address disparities among particular staff with protected characteristics in recruitment and promotion outcomes. The six high level actions are:

1. Ensure Executive Senior Managers own the agenda.
2. Introduce a system of 'comply or explain' to ensure fairness during interviews.
3. Organise talent panels.
4. Enhance equality, diversity, and inclusion support.
5. Overhaul interview processes.
6. Adopt resources, guides and tools for productive conversations about race.

The ICB provide regular updates to Staffordshire and Stoke on-Trent Human Resource Development and Equality Diversity Inclusion leads who monitor and assess progress against the WREI strategy and high-level actions.

Staffordshire and Stoke-on-Trent System Wide Staff Networks

In addition to ICB support groups, system wide networks have been set up to look at a collaborative approach towards Equality, Diversity, and Inclusion. The system equality staff support networks are an opportunity for members of our staff to come together and share their experiences in a safe and respectful space. It is where staff can connect and have a voice. Members share their insight as experts by lived experience. These groups are:

System Wide Equality Network of Race Inclusion and Cultural Heritage (ENRICH) - activity and guest speakers have included:

- Workforce Race Equality and Inclusion Strategy: Kuvy Seenan Head of Equality and Inclusion- Midlands Region: NHS England and NHS Improvement.
- Celebrating Our Staff: Paul Singh, Equality and Inclusion WRES Manager – Midlands Region
- Discussion on Midlands CNO Work on Race Equality and Nursing and Midwifery: Tom Warner, Nurse Equalities Manager and Jennifer Pearson, Lead Nurse for Shared Governance, Birmingham.
- Black History Month Initiatives and programmes

System Wide Disability and Neurodiversity Equality Staff Network - activity and guest speakers have included:

- Introduction by Network Sponsor: Our Developing ICS: Alex Brett. Director of People, Midlands Partnership Foundation Trust and Director of People, Staffordshire & Stoke-on-Trent Shadow ICS
- Health Passports and Reasonable Adjustment Passports

- ICS Health and Well-being Programme of work
- Disability History Month
- Proposal for Network Survey

System Wide (Lesbian Gay Bi-Sexual Transgender (LGBT+) Equality Staff Network - activity and guest speakers have included:

- Introduction by Network Sponsor: Paul Bytheway Chief Operating Officer
- LGBTQ+ History Month Activities/Promotion
- Stoke Pride event – June 2022
- EDI System Update to include - LGBTQ+ Proposal for Network Survey
- Planning for LGBTQ+ History Month 2023

System Carers Peer Support Group

The system Carer Peer Support Group was launched at the end of September 2022. The focus of the hub is to host a space so that carers and allies are all able to come together to support each other. For more information follow the link: Carers Peer Group overview.

ICS Leadership and System Wide training programmes

Inclusion Schools are particularly aimed at leaders of all levels from across the ICS, along with colleagues at any level with ethnic diverse heritage or a passion for inclusion.

A summary of the Inclusion Schools that have taken place over this reporting period can be found below.

ICS Spring Inclusion School 2022

The ICS hosted its first 2022 Inclusion School session on Tuesday 10 May 2022.

This event welcomed influential guest speaker John Amaechi OBE. John spoke about inclusion and intersectionality, looking at the big questions that cut across different inclusion groups, piling on layers of advantage or disadvantage depending on the blend of characteristics held by the individual and how these are perceived in different situations.

ICS Winter Inclusion School 2022

Inclusion School kicked off 2023 with a session on race inclusion, to update and follow on from the original Let's Talk About Race session in November 2020. The session was entitled, **'RACE Forward: Your Role in Creating an Anti-Racist ICS'** and was held online on Wednesday 8th February 2023. The session will had a strong focus on progressing leadership action to bring about sustained progress towards becoming an anti-racist system, using the RACE Code as a key change vehicle.

Development Opportunities for Ethnic Diverse Staff

New Futures Programme

The ICS is delighted to launch our second cohort of the New Futures Programme. This positive action leadership and personal development programme is offered to system colleagues*:

- with ethnic diverse heritage
- in AFC band 5-7** roles (or equivalent non-AFC pay band)
- with drive and ambition to advance your leadership career

The NHS WRES tells us that ethnic diverse colleagues across the NHS have typically had unequal access to development opportunities and career progression due to deeply rooted historic inequalities. Here in Staffordshire, we are determined to change this, making our vision of an inclusive and representative system at every level a reality.

Developing Aspirant Leaders Programme

This innovative programme supports ethnic minority nurses and midwives Bands 6 – 8a aspiring towards a senior leadership role. The Developing Aspirant Ethnic Minority Nursing and Midwifery Leaders (DAL) Programme, which aims to provide a holistic and bespoke leadership support for aspiring ethnic minority nursing and midwifery leaders within health and adult social care sectors.

High Potential Scheme

The High Potential Scheme (HPS) has been positioned to support staff from all backgrounds, including Black, Asian and minority ethnicity groups plus those who consider themselves to have a disability, or who are in the LGBTQ community.

In Cohort 2, five ICB staff members have been successful and have gained a place on the 2 year programme.

ICB Priorities for 2023-2024

- Continue to work, support and develop EDI across the Integrated Care System
- Implement the Race Equality Code and actions
- Agree and Implement the ICB 2023-2024 Equality Action Plan
- Provide timely and appropriate training and development to the workforce

This report was produced by Midlands and Lancashire Commissioning Support Unit (MLCSU) Equality & Inclusion Business Partners March 2023

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**09**

Title:	**Board Assurance Framework 2022-23 Close Down Report**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Sally Young	**Y**	**Jane Chapman**

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	**N**

Action Required (select):									
Ratification-R		**Approval-A**	**x**	**Discussion-D**	**D**	**Assurance-S**		**Information-I**	

Is the Board being asked to make a decision/approve this item? Y/No			
Is the decision to be taken within Board delegated powers & financial limits? N/A			
• Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits			
Within SOFD Y/N	N/A	**Decision's Value / SOFD Limit**	N/A

History of the paper – where has this paper been presented		
	Date	**A/D/S/I**
Audit Committee	06/03/2023	D
Highlight Report to F&P	07/03/2023	A
Q&S Committee	12/04/2023	A

Purpose of the Paper (Key Points + Executive Summary):

The paper presents a review of the strengths and weakness of the BAF used in the first year of the ICB and is followed by the full BAF, updated by the risk owners for the final quarter of the 22/23 financial year.

The ICB Board Assurance Framework Report identifies good practice that should be carried over into the 22023-24. There is much to celebrate, and it should be noted that not all ICBs have developed a BAF in their first year.

In addition, the BAF development has been recognised as a good example of system working which the Risk and Governance Group have presented to the North-West ICBs and will be developed by the Good Governance Institute as a case study on the subject of system risk, for HFMA.

The paper will also identify areas for improvement based on reviews of best practice and feedback from our Committees and Partners, which we need to ensure are maintained as we approve the BAF Reporting for 2023-24.

The full BAF for Quarter 4 Report, has been updated by all risk owners for the final quarter of the 22/23 financial year, including issues that led to any gaps between the target and final score.

There are six BAF risks, which have been organised within the four Strategic Objectives, agreed by the Board.

Two of the BAF Risks are reporting a recommendation for a reduced risk score. They are:

BAF risk one which maps to the Strategic Objective, Better Health and Wellbeing for the Whole Population, and is the Director's recommendation that the score is reduced its current score from 12 to 6 which is the target score.

BAF Risk two which maps to the Strategic Objective, Better Health and Wellbeing for the whole population, and is the Director's recommendation that the score is reduced its current score from 16 to 12 which is the target score.

The risk score for the remaining strategics objectives risks remain unchanged and their target scores have not been achieved.

In future the full BAF will only be presented quarterly to the Committees in the month prior to presentation at Board. At the meetings without a full BAF the Committee will be presented with a highlight report, demonstrating any changes.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
N/A	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
The BAF captures and monitors the treatment of the ICBs strategic risks. All risks in the Risk Register are aligned to one or more BAF risks.

Implications:	
Legal and/or Risk	The BAF is a fundamental tool in our management of risk.
CQC/Regulator	Considered and N/A
Patient Safety	Patient safety is one of the areas of strategic risk and is monitored through the BAF report
Financial – if yes, they have been assured by the CFO	While there are no financial implications related to the report, Finance is one of the areas of strategic risk and is monitored through the BAF report
Sustainability	Considered and N/A
Workforce / Training	Workforce sustainability & Training is one of the areas of strategic risk and is monitored through the BAF report

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		

1c	Were there any conditions? If yes, please state details and the actions in taken in response: • **Condition 1 & action taken.** • **Condition 2 & action taken.**		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • **Stage 1** • **Stage 2**	**N**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? **The report makes no recommendation to change services to users or conditions for safe so is not applicable.**		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients **The development of the BAF and its reporting has been an iterative process and involved discussion and feedback with the ICB NED, Directors, ICB Committees and our Partners, through the Risk and Governance Group**	**Yes**	
4.	Has a Data Privacy Impact Assessment been completed? **No Personal Data is used to produce or monitor the BAF**	**No**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: **Discuss the report and approve the recommendations for improving the 2023-24 BAF Report**			

2022-23 Board Assurance Framework Closedown

1.0 Introduction

The Board Assurance Framework (BAF) is a document that brings together all the relevant information on the risks relating to the Board's Strategic Objectives. Along with other key documents such as the Quality, Finance and Performance reports it provides assurance to the Board that risk is being recognised, monitored and where possible, managed. The BAF identifies the sources and gaps in assurance so that the Board gain a clear and objective picture of the risks faced by the organisation in the pursuit of the strategic objectives.

2.0 Development of the 2022-23 BAF

Within the shadow ICB there was early recognition that the new organisation needed to operate as a "system by default". To support this aim, the ICB Director of Corporate Governance led the development of a Governance and Risk Group, made up the company secretaries from our partner organisations. The Group has shared best practice from their organisations and facilitated harmonisation of BAF documents in both style and content.

In year one the Strategic Objectives and risks to their delivery were set based on the quadruple aims that ICBs were formed to deliver. Following a discussion in the September Board a final set of objectives and risks were presented and agreed in December 2022. It was recognised that the BAF would need to be refreshed when the ICP Strategy was completed.

Reporting to both the ICB Board and their Committees is quarterly with the option to present a highlight report if there are urgent changes.

3.0 What has worked well

Format

The format of the BAF Risk Report has been developed through the Risk and Governance Group and particularly with input from Claire Cotton, at UHNM. The Report has been refined to present both at a glance tables, showing the latest position and links to the Risk Register.

The BAF has remained at the top of the ICB & Committee agendas, so that all business discussions are framed by an understanding of our strategic risks.

Reporting schedule

The reporting schedule of quarterly reporting at Committees & Boards, with the option to present by exception, is adequate and has permitted more focused discussion. The Audit Committee continues to oversee assurance on the reporting mechanisms and the remaining Committees provide assurance through their Report to Board

Role of the Governance & Risk Group

The Group review the document on a quarterly basis to help with the alignment of risks across the system. While this is not a system BAF, at present, as each organisation must rate the risk with regard to their organisation rather than at a system level, there is good alignment of risks and scores.

Other Partner organisations are considering opportunities for further harmonisation of reports.

4.0 SMART Objectives

To enable the Committees and Board to better assess progress the objectives need to be written in a SMART format (Specific, Measurable, Achievable, Relevant and Timebound). For some complex objectives, with long term delivery dates this can be achieved by the presentation of a clear annual plan.

Clarity will also be improved if the report shows which actions are aimed to reduce impact & which to reduce likelihood.

5.0 Risk Appetite (Target)

The targets were set by the Risk owners and approved by the ICB. A review of the minutes indicates that little or no discussion at Committees or Board took place and it is not clear whether the Committees or Board felt that the targets were realistic or appropriate.

In year two Committees and Board may wish to pay further attention to this part of the report and to assure themselves that the actions taken are on track to achieve the target by the estimated delivery date.

Tracking progress will be made easier if trajectories show a steady improvement and achievement dates are not all in the final quarter.

Feedback from the Risk owners where delivery was not achieved included the following explanations:

> *"With hindsight the Urgent & Emergency Care target was not realistic but the focus was on improvement and the target was not revisited"*
>
> *"The Workforce and Quality target were realistic when set but was not re-visited when national events such as strike action and maternity recruitment difficulties were announced"*

6.0 Sources of Control & Assurance

One of the key areas that we aim to improve in the 2023-24 BAF is how we use the Controls and Assurance updates.

When the BAF risks are agreed Boards and Committees will be asked to discuss whether they are satisfied with the Controls in place and the level of Assurance they are seeking and whether they have identified any gaps.

As the ICB was in its formative year much of the reporting related to the setting up of structures and systems that would monitor the position. However, reports sometimes failed to draw out the elements from the mitigations that make a difference to delivery, the "so what factor" and this needs to be enhanced in future reporting.

A review of the BAF shows that meetings have been recorded as a source of assurance, and while action plans may have been signed off, the details were rarely presented to the Committees and Boards as evidence. Further evidence needs to be presented to enable the Board and Committees to assess the level of assurance that can be taken.

While ICB can be satisfied that good progress has been made towards developing an effective BAF and that it has been delivered through a system approach these lessons learnt will be taken forward into our approach for the 2022-23 BAF.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Integrated Care Board

Board Assurance Framework (BAF)

Quarter 4 2022/23

1. Introduction

Situation

The Board Assurance Framework (BAF) provides a structure and process which is designed to focus the Board on the key strategic risks which might compromise the achievement of its Strategic Objectives. In identifying those risks, consideration is also given to the key controls in place to mitigate the impact of risk and also the sources of assurance which the Board can reply upon to determine the effectiveness of those controls. Where gaps in control or assurance are identified, further actions are identified which are aimed at either providing additional assurance or to reduce the likelihood or consequence of the risk towards the target. The target risk score or 'appetite' is aligned with our Risk Appetite Statement (appendix 4 of our Risk Management Strategy).

Background

In developing the ICB BAF, the strategic risks contained within this document were identified by lead directors in November 2022. The BAF is a dynamic, ever evolving document and it continues to be improved in terms of format and function and it is envisaged that it will continue to be developed throughout the remainder of 2022/23 and beyond.

In assessing our strategic risks, consideration has also been given to the Strategic Objectives that these risks pose a threat to. Our Strategic Objectives are set out within section 2 of this report; again, as the ICB continues to develop and mature, these Objectives will be revisited and the BAF will be realigned to any revised ICB Strategy.

Assessment

Updates have been collected and the assessment below reflects these updates. The high-risk log at the back of this document has also been updated in line with the risks presenting on the risk register. For update/completion of actions the BRAG rating is being used.

B = Blue, action completed
R = Red, action not delivered
A = Amber, action at risk
G = Green, action on track

	**BAF Risk 1 - Commissioning Intentions –** Now that the portfolios are live there is clarity on the scope of each portfolio which includes system transformation, commissioning, contacts and procurement. With the key controls in place and the establishment of the Procurement Operations Group the risk has reached it's target score of 6 at the end of the quarter.	**Overall risk score – 6** **Completed**
	**BAF Risk 2 - Inadequate Winter Capacity to maintain system flow** – The risk has been updated for the Q4 closedown. It was noted that there was an unprecedented demand of flue and infectious conditions which was expected in January 2023 but arrived in December 2022. Spikes in activity at certain times in Q4 have resulted in ambulance handover delays, to note however, the position in Q4 has improved significantly from that in Q3. Although there is, in the majority, capacity to meet demand, the consequence of not having capacity remains a consequence score of 5. The target score of **12** has not been met.	**Overall risk score – 20** **Actions to deliver:** **Two on track** **One at risk**
	**BAF Risk 3 – Improving Quality and Safety of care for all** Workforce remains challenging across the system with Maternity Induction of Labour (IOL) continuing to be an area of concern. UHNM have recruited and increased their establishment, they are still waiting for several midwives to commence employment. Periods of escalation are being managed. The risk was reduced in the Q3 review to 12, but this was not supported by the Audit Committee and the ICB Board in March and therefore the risk remains at **16**.	**Overall risk score – 16** **Wo Actions to deliver at risk** **One on track**

	Risk score at the end of Q4 remains at **16**. Target score of **9** has not been met. Although the target score was realistic at the time it was set, however, due to the challenges within maternity the score remains at **16**.	
	**BAF Risk 4 - Insufficient Workforce** – The risk score for this risk remains at **20** at the end of Q4 and continues to be monitored through the People Culture and Inclusion Committee. A new ICS People Collaborative meeting bringing colleagues from across the system together will hold it's first meeting in June 2023. Target score of **16** has not been met at the end of the quarter.	**Overall risk score – 20** **Actions to deliver on track**
	**BAF Risk 5 - Unable to achieve statutory financial duties** – It is anticipated that the outturn position for 2022/23 will show a system and an ICB break-even position. Therefore, the risk has been significantly reduced in terms of score and has been reduced to 8 to reflect the high likelihood that the risk has been mitigated. The financial position for 2023/24 is showing a System deficit plan of £40m, which would mean that the System would fail in it's statutory duty to break even. This risk will be scored as part of the 2023/24 BAF. The target score for this risk was set at **12** the risk owner has been down-graded the score to **8** and therefore the target score has been exceeded.	**Overall risk score – 8** **Actions to deliver:** **Four on track** **One at risk**
	**BAF Risk 6 – Reducing Health Inequalities –** Several of the Strategic Objectives 6a-g are long-term and not achievable in year 2022/23. The foundations to achieving these though have been progressed in terms of the Integrated Care Partnership Strategy (6b), procurement of a Partner to support the scale, spread and sustainment of a Population Health Management approach for SSOT that will positively impact on HI (6c, 6d), HI is included throughout the 1YOP (6e). The target score of 4 was ambitious and related only to in year deliverables. The score at the close of Q4 is therefore recommended to be reduced to **15** and is reflective of the in-year achievements but that positive impact on HI remains to be evidenced.	**Overall risk score – 15** **Actions to deliver:** **One completed** **Two on track**

Recommendations

The Executive Weekly Team is asked to:

- **Discuss** the refreshed Board Assurance Framework and to inform the governance team of any further updates/amendments.

The BAF can be viewed on SharePoint; [Staffs CCGs | Communications and Governance - Board Assurance Framework (BAF) - All Documents (sharepoint.com)]

BAF Action Plans – Key to Progress Ratings		
	On Track	Improvement on trajectory, on track, or completed
	Problematic	Delivery remains feasible, actions not completed, awaiting further interventions
	Delayed	Off track / trajectory / milestone breached. Recovery plan required.

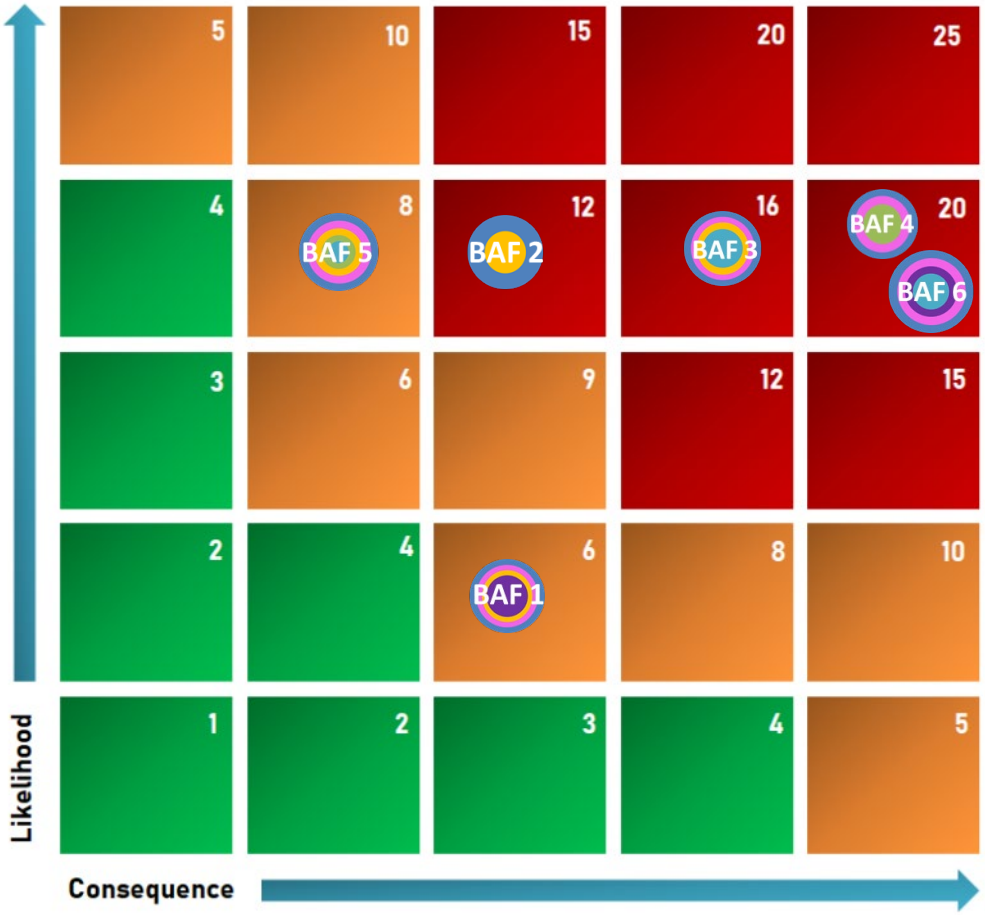
Our Strategic Objectives

	S01: Better Health & Wellbeing for the Whole Population
1a	To create a model of system-led integrated care to improve population health as measured through the NHS System Oversight Framework together with locally agreed performance metrics.
1b	To restore services following the Covid-19 pandemic by delivering agreed recovery trajectories and targets.
1c	To work across all partners to transform services through the introduction of national policy changes (e.g., the Fuller Stocktake, UTC) alongside system developed service models.
2a	Delivery of a system wide Winter Plan with external partners, consisting of: • A robust capacity and demand model by October 2022 • Development and assurance of additional capacity schemes to close the bed gap identified through demand and capacity modelling • System escalation triggers • An underpinning workforce development plan • System approach to escalation and clinical risk management
	S02: Better Quality for all Patients and Service Users
3a	Establish effective and fully inclusive forums for both quality assurance and quality improvement which fulfil the requirements of the National Quality Board guidance by October 2022.
3b	Create a quality dashboard which highlights key risk areas to support targeted quality improvement activity by December 2022.
3c	Implement systems and processes to monitor, measure, report and reduce incidence of harm linked to key indicators, e.g., waiting times and undertake quality improvement activities to demonstrate reduced harm (or the risk of harm) by March 2023.
3d	Develop (by October 2022) and implement (by March 2023 the System Quality Strategy including all National Quality Board (NQB) requirements and demonstrating quality aspects of quadruple aim for the ICS.
3e	Develop and implement a streamlined Quality Impact Assessment to ensure commission and other funding related decisions do not adversely impact on the quality of care by April 2023.
	S03: Sustainable Services for the Taxpayer
In relation to our **Workforce**:	
4a	To assure and deliver the SSOT ICS People Plan.
4b	To ensure there is sufficient workforce supply, which is representative of our local population, to deliver care to patients; both now and in the future.
4c	To ensure that our System culture and behaviours support a universal positive experience for our staff to aid retention.
In relation to our **Finances**:	
5a	Ensure the ICB achieves breakeven for the period 1st July 2022 to 31st March 2023.
5b	Create a system savings programme that supports delivery of the financial strategy of avoiding acute activity growth, holding costs steady and using the growth to support the bottom line, leading to a system breakeven from the current c. £135m underlying deficit by 2025/26.
5c	Ensure that the ICB achieves value for money for the use of its financial and other resources (e.g., workforce and estates) for the period 1st July 2022 to 31st March 2023.
	S04: A Reduction in Health Inequalities
6a	Reduce the difference in life expectancy and healthy life expectancy between the most and least deprived communities in Staffordshire and Stoke-on-Trent ICS over the next 10 years.
6b	Co-develop a Health Inequalities Strategy and outcomes framework to underpin the Staffordshire and Stoke-on-Trent ICP Integrated Care Strategy by 31st March 2023.
6c	Establish an ICS Health Inequalities Steering Group to co-ordinate, scale and sustain action on heath inequalities, responsive to population needs by JSNA and Population Health Management, by the ICB and ICS partners by March 2024.
6d	Establish population health management for health inequalities and prevention, enabling prioritisation of action at system, Place and PCN on Core20Plus5 population health inequalities and local priorities identified by JSNA by March 2024.
6e	Establish governance and process mechanisms so that health inequalities and opportunities for prevention are identified, considered and addressed in planning and decisions across all programmes in the ICB Delivery Plan by October 2023.
6f	Identify the 'Core20' population of Staffordshire and Stoke-on-Trent and work with all ICB portfolios to reduce inequalities in health outcomes compared to the Staffordshire and Stoke-on-Trent population at agreed intervals.
6g	Identify the 'Plus5' population groups in Staffordshire and Stoke-on-Trent and work with aligned portfolios to reduce inequalities in health outcomes compared to the Staffordshire and Stoke-on-Trent ICS population at agreed intervals.

2. Summary Board Assurance Framework (BAF)

No.	Risk Title	Q1			Q2			Q3			Q4			Target			Target Date	Change	Impact on Objectives			
		L	C	S	L	C	S	L	C	S	L	C	S	L	C	S			S01	S02	S03	S04
BAF 1	Commissioning improved outcomes				3	4	12	3	4	12	3	2	6	3	2	6	31/03/2023	→	✓	✓	✓	✓
BAF 2	Delivery of Winter Plan				4	5	20	4	5	20	3	4	12	3	4	12	31/03/2023	↓	✓	✓	✓	
BAF 3	Improving Quality and Safety of care for all				4	4	16	3	4	16	3	3	16	3	3	9	31/03/23	→	✓	✓	✓	✓
BAF 4	Workforce				4	5	20	4	5	20	4	5	20	4	4	16	31/03/23	→	✓	✓	✓	
BAF 5	Finance				5	4	20	5	4	20	**2**	**4**	8	4	3	12	31/03/23	→	✓			
BAF 6	Health Inequalities				4	5	20	4	5	20	4	5	20	2	2	4	31/03/23	↓	✓	✓	✓	✓

Strategic Risk Heat Map



Initially this will plot the current score for Strategic risks.

To evolve when ICB Strategy is in place to show impact on strategic objectives

3. Board Assurance Framework (BAF)

	BAF 1: Commissioning outcomes	ICS	✓
		ICB	✓

Risk Description and Impact on Strategic Objectives		
Cause (likelihood)	**Event**	**Effect** (Consequences)
If the ICB approach to commissioning is uncoordinated	Then services will not be commissioned which meet the health needs of our local population	Resulting in poor health outcomes, lack of value for money and gaps in service provision

	S01: Better Health & Wellbeing for the Whole Population	✓		S02: Better Quality for all Patients and Service Users	✓
	S03: Sustainable Services for the Taxpayer (Finance)	✓		S04: Reduction in Health Inequalities	✓

Responsibility for Risk			
Committee:	**Finance and Performance**	**Lead Director:**	**Chief Transformation Officer**

Risk Scoring and Tolerance							
Quarter / Score	Q1	Q2	Q3	Q4	Appetite (Target)	Target Date	Risk Tolerance Statement
Likelihood		3	3	3	3	31/03/23	Tolerance is set low as commissioning services should benefit from a structured approach which serves to reduce risk
Consequence		4	4	2	2		
Risk Level		12	12	6	6		

Rationale for Risk Score and Progress Made in the Quarter:

Quarter 4

Portfolios went live December 2022 and now have clarity on the scope of each Portfolio including system transformation, commissioning, contracts and procurements. Key controls are in place including the establishment of the Procurement Operations Group and produces monthly highlight report to FPC, together with any topic specific reports as required. Contract Steering Group is established and supported by Contract Management Team working across the Portfolios.

Key Controls and Assurance Framework	
Key Controls:	• The ICB commissioning function now sits within scope of the Chief Transformation Officer which promotes visibility across all commissioning issues • Topic specific reports, including Single Tender Waivers, procurement approaches and contract awards, are routed through Finance and Performance Committee and/or ICB Board (depending on contract value) • A Procurement Operations Group has been established to coordinate all future procurement activity to bring more structure and coordination • Contract Steering Group established across the Portfolios
Key Assurances:	• Procurement Oversight Group • Finance and Performance Committee

	• ICB Board
Gaps in Control / Assurance:	• Portfolios continue to evolve and further development of matrix working across ICB Directorates and the CSU to maximise the skills and expertise of the wider matrix team continues to optimise key controls established

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
1	A small number of legacy issues need to be resolved on an individual basis outside of wider control mechanisms. Once resolved the future approach will form part of the wider programme	All commissioning activity is coordinated through Procurement Oversight Group	Chris Bird	31/03/23	Procurement Operations Group established and produces monthly highlight report to FPC, together with any topic specific reports as required.	
2	Portfolio Transition Plan to ensure transfer of responsibility from former CCG strategic/locality commissioning to portfolios	All commissioning activity is safely transferred to new portfolios	Chris Bird & other Portfolio Leads	31/03/23	Portfolios went live December 2022 and now have clarity on the scope of each Portfolio including system transformation, commissioning, contracts and procurements.	
3						
4						

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**3**	**5**

BAF 2: Inadequate Winter Capacity to maintain system flow

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Objectives

Cause (likelihood)	Event	Effect (Consequences)
If demand exceeds expected levels or capacity is reduced	Then the demand for urgent care will overwhelm all parts of the health & social care system	Resulting in poor patient experience and outcomes, low staff morale, increased regulatory intervention and inefficiencies

	S01: Better Health & Wellbeing for the Whole Population	✓		S02: Better Quality for all Patients and Service Users	✓
	S03: Sustainable Services for the Taxpayer (Finance / Workforce)	✓		S04: Reduction in Health Inequalities	

Responsibility for Risk

Committee:	Winter Steering Group manages the Winter Plan Performance reports to Finance and Performance Committee	Lead Director:	Chief Delivery Officer/Winter Director

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Appetite (Target)	Target Date	Risk Tolerance Statement
Likelihood		4	4	3	3	31/03/2023	*Tolerance is set at high (12), as the workforce related system pressures and possible further waves of influenza and Covid make it difficult to predict what can safely be achieved.*
Consequence		5	5	5	4		
Risk Level		20	20	15	12		

Rationale for Risk Score and Progress Made in the Quarter:

Q4 update

Whilst the tail end of the critical incident was within Q4, it is recognised and acknowledged across the UEC System that a key cause of the CI was an early and unprecedented demand of Flu and infectious conditions. The peak capacity was expected in January and arrived in December when not all capacity was open.

Post CI, the UEC System has maintained a reasonable flow compared to comparable winters and the SSOT bed modelling tool demonstrates that there is sufficient capacity to meet the expected demand.

Spikes in activity have compromised flow at points within Q4 resulting in ambulance handover delays, recognising the position in Q4 has improved significantly from that in Q3.

Industrial action has compromised UEC flow, with often impacts hitting the system post IA periods.

Whilst there is (in the majority) capacity to meet the demand, the consequence of not having the capacity remains at a consequence score of 5.

Key Controls and Assurance Framework

Key Controls:	• System Winter Steering Group mobilised in November 22 post ICB Board sign off of plan; led by system COOs to monitor mobilisation impacts, assess risk and flex plan as required. • Daily COO calls, weekly system MDT and Ambulance Handover Delay T&F are continually assessing risk and managing pressure accordingly. System MDT will evolve into System Winter. • Winter risks uploaded to the corporate risk register and will be continually assessed. • Industrial action plans and de-brief for lessons learnt. • Critical Incident debrief and lessons learnt. • Overall, 22/23 winter lessons workshop happened on 23rd March 2023 • Mobilisation of System Control Centre. • Enacted super surge plan and level 4+ escalation actions – all managed through system meetings.
Gaps in Control:	• Workforce deliverability across all areas of UEC pathway • Industrial action • Surge beyond the predicted peak • COVID restrictions applied in Care Home market • Unforeseen demand due to major incident • Individual organisation risk management
Key Assurances:	• System fully aligned on plan and actions taken daily to flex capacity. Capacity plan and Workforce Plan are complete and mobilised as per trajectory. • Capacity and demand model has been completed in draft form. • Bed deficit in modelling has been closed through mitigation schemes. Winter Plan has been signed off and approved by all partner organisations. Ratified at November ICB Board and continually managed through tactical calls and System Winter Steering Group. • The Winter Plan and Ambulance Handover Delay Plan are aligned. • System Escalation Plan that included Level 4+ Escalated actions.
Gaps in Assurance:	• System Workforce position remains a significant risk.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	National Adult Social Care discharge monies. System sign-off to derive benefit. Mobilisation required.	Improved flow through UEC system	Phil Smith	16/12/2022	Discussion around allocation in progress. Full oversight of ASC impacts and mobilisation remains a gap.	
2	Continued re-calibration of winter capacity plan in line with demand modelling	Maximised delivery of winter plan	Phil Smith	Continual to 31/05/22	Weekly winter Steering Group established. Finalised demand modelling due 07/12/22	
3	System Escalation Plan to enable true risk share throughout the system	Risk share and reducing patient harm risk	Paul Edmondson Jones/ Heather Johnstone	31/12/2022	Enacted	

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
1	**3**	**7**

BAF 3: Improving Quality and Safety of care for all

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Objectives		
Cause (likelihood)	**Event**	**Effect** (Consequences)
If we cannot maintain a competent Nursing, Midwifery & Social Care workforce	Then we will be unable to deliver a sufficient and safe levels of services	Resulting in bed reductions and safety issues in wards, maternity units and care homes

	S01: Better Health & Wellbeing for the Whole Population	✓		S02: Better Quality for all Patients and Service Users	✓
	S03: Sustainable Services for the Taxpayer (Finance)	✓		S04: Reduction in Health Inequalities	✓

Responsibility for Risk			
Committee:	**Quality & Safety Committee**	**Lead Director:**	**Chief Nursing & Therapy Officer**

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Appetite (Target)	Target Date	Risk Tolerance Statement
Likelihood		4	3	3	3	31/03/23	*Tolerance is medium (9) as the system will prioritise quality & safety over performance and finance to prevent patient harm but will tolerate medium risk levels resulting from system pressures*
Consequence		4	4	4	3		
Risk Level		16	16	16	9		

Rationale for Risk Score and Progress Made in the Quarter:

All areas progressing well, but workforce is challenged across the system

- Maternity Induction of Labour (IOL) continues to be an area of concern, however UHNM are reviewing management of these to enable a less reactive Provider back log position.
  - Although UHNM have recruited and increased their establishment, several midwives have not yet commenced in employment. UHNM maternity are experiencing increased levels of activity, acuity, and sickness, leading to several periods of escalation which is being managed.
  - Quality strategy requires a collaborative approach. A draft has been circulated to system partners with a workshop held in February 2023. The strategy is now in its final stages.
  - PSIRF training has been agreed using a system wide approach and we continue to meet the planned September 2023 deadline.

Key Controls and Assurance Framework	
Key Controls:	• Quality and Safety Committee is established with TOR agreed • System Quality Group is established with TOR agreed • Interim Quality Impact Assessment agreed and implemented (Policy and Procedures) • Quality features as an enabler to all portfolios and all have allocated quality links

	• Continuous Quality Improvement Group/network established and sharing best practice • Local Maternity and Neonatal Service Board (and sub-groups) • Strong maternity transformation plan • Established system wide Safeguarding arrangements • Portfolio groups/boards or other meetings • CQC and LA information sharing meetings • NHSE meetings and attendance to SQG monthly meetings • NHQAIG – system partner attendance • LeDeR – system partner attendance and shared learning as well as implantation of initiatives – hospital passport, educational materials also being developed based on learning from reviews • Serious Incident process still in place until Patient Safety Incident Response Framework (PSIRF) established and fully embedded
Key Assurances:	• Key quality meeting chaired by Non-Executive Director(s) • SQG chaired by the ICB CNO • Senior leadership attendance at QSC and SQG – feeding in from their internal quality assurance and improvement meetings. • Strong system wide clinical nursing/midwife/medical/Allied Health Professional involvement in key quality activity • Patient Safety Incident Response Framework (PSIF) progressing well towards implementation September 2023. • Minutes of all relevant Committees and associated sub-groups. • Safeguarding boards assurances /reviews • Joint quality assurance – Provider assurance meetings, LA and CQC • Maternity Programme Board and its subgroup LMNS quality &safety oversight forum meet monthly • Robust reporting structure through from SQG to QSC and then reporting into ICB • The QIA process has been refreshed, strategy developed and will be presented at Februarys QSC for approval • Work being progressed to evolve current quality assurance processes aligned to the QNB priorities
Gaps in Control / Assurance:	Portfolios are now established and evolving. Further development of matrix working across directorates and wider ICB/C to maximise and utilise experience and knowledge. Progression of the maternity transformation progression is being impacted upon by current workforce/operational challenges to maintain safety within this speciality.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Develop a collaborative Quality Strategy that meets ICS requirements and NHSE guidance	Additional Assurance	Heather Johnstone	31/03/2023	• A draft has been circulated to system partners with a workshop held in February 2023. The strategy is now in its final stages. • System partners committed to developing the strategy	

2	Quality Impact Assessment	Additional Assurance	Heather Johnstone	31/03/2023	• Quality impact assessment has been approved at the February 2023 QSC as planned	
3						
4						

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	3	6

BAF 4: Insufficient Workforce

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Objectives		
Cause (likelihood)	**Event**	**Effect** (Consequences)
If we are unable address the current national shortfall of staff in health & social care in Staffordshire	**Then there is a risk of increased vacancy rates in key services**	**Resulting in insufficient capacity to deliver current services, transformation & the Winter Plan and further increase staff sickness & burnout**

	S01: Better Health & Wellbeing for the Whole Population	✓		S02: Better Quality for all Patients and Service Users	✓
	S03: Sustainable Services for the Taxpayer (Finance)	✓		S04: Reduction in Health Inequalities	✓

Responsibility for Risk			
Committee:	**People, Culture & Inclusion Committee**	**Lead Director:**	**Chief People Officer**

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Appetite (Target)	Target Date	Risk Tolerance Statement
Likelihood		4	4	4	4	31.03.23	*Tolerance is high (16) in recognition of the recruitment pressures in health & social care. As it may not be possible to significantly improve the levels of recruitment the system aims to maintain the staffing levels & develop operational &innovative approaches to reduce the impact.*
Consequence		5	5	5	4		
Risk Level		**20**	**20**	**20**	**16**		

Rationale for Risk Score and Progress Made in the Quarter:

The risks to delivery of the strategic People objectives are well known and managed through the People Culture and Inclusion Committee. The residual risk scores were increased following review by the Committee in view of the additional workforce pressures (strike action) and the ability to effectively deliver mitigating actions at present.

The ICS People Function continues to work with partners to explore and implement innovative approaches and solutions to workforce supply. ICS People Culture and Inclusion governance reviewed and now in operation. Formation of a new ICS People Collaborative meeting which brings together the previous People ad OD, Leadership, HWB and Inclusion Boards – first meeting to be held in June 2023.

Overall delivery of the People Plan is led by the ICS People Function and programme delivery across all schemes is currently on track. The plan covers a number of schemes and programmes which seek to improve supply, retention, staff experience, health and wellbeing of the workforce, belonging and our approach to OD, Leadership and Culture. The system EDI agenda is a crucial element of the plan and all programmes. 2022-23 Programme Annual report drafted, detailing achievements and progress made across all programmes system wide.

Key Controls and Assurance Framework	
Key Controls:	• System CPO and deputies group provide oversight of approach to strategic pieces of work and final agreement of blocks and joint system solutions

	• Bi-monthly People Programme and OD Boards articulating risk / mitigations • Bi- weekly system CPO/CFO finance meetings held to support system meetings • CPO and CNOs forum established
Gaps in Control	• None identified
Key Assurances:	• ICS People Culture and Inclusion Committee oversight • Systems scrutiny around recruitment activity and agency spend in line with the operational workforce plan and financial strategy • ICS People Plan and strategic delivery plan • ICS Operational Workforce Plan • ICS People Hub, Reserves winter schemes • Workforce Cell in operation during incidents and significant pressure periods • System CPO Forum and joint CPO/CFO forum. • System People report to system FS&P and SPG. • TDU support to People ICS transformation workstreams. • System Workforce Planning and Resourcing Group
Gaps in Assurance:	• Workforce planning and forecast suggests reduction in agency spend and workforce growth could not be delivered

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
1	Collaboratively review and update the ICS People Plan in line with the National Workforce Strategy	Additional Assurance	Alex Brett	31/03/2023	• Still awaiting release of the National strategy – expected early 2023 TBC. • Once available, system partners will collectively review and update the plan and associated delivery plans • Identify priority activities to address the immediate and future workforce risks in line with the local JFP • Currently compiling annual report to reflect on 2022/23 activities • ICS People Function operating framework continues to be developed with CPOs and deputies	
2	Establish CPO and CNO/CMO forum to join up and collaborate on critical workforce challenges	Additional Assurance	Alex Brett	28/02/2023	• CPO & CNO forum established • CPO & CMO forum discussions ongoing	

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**1**	**8**

BAF 5: Unable to achieve statutory financial duties

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Objectives

Cause (likelihood)	Event	Effect (Consequences)
If financial pressures are not controlled	Then we will not achieve a break-even position in 2022/23 and 2023/24.	Resulting in cuts to services, reputational damage

	S01: Better Health & Wellbeing for the Whole Population			S02: Better Quality for all Patients and Service Users	
	S03: Sustainable Services for the Taxpayer (Finance)	✓		S04: Reduction in Health Inequalities	

Responsibility for Risk

Committee:	Finance & Performance Committee	Lead Director:	Chief Finance Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Appetite (Target)	Target Date	Risk Tolerance Statement
Likelihood		5	5	**2**	4	31/03/23	*Tolerance is* high (12) *as costs related to maintaining patient safety and workforce issues may cause additional financial demand.*
Consequence		4	4	**4**	3		
Risk Level		**20**	**20**	**8**	**12**		

Rationale for Risk Score and Progress Made in the Quarter:

In respect of 2022/23, the outturn position is currently being compiled and we are expecting this to show a System and an ICB break even for the financial year. Consequently, the risk score has been significantly reduced to 8 to reflect the high likelihood that this risk has been mitigated.
In respect of 2023/24, the latest position is a System deficit plan of £40m which would mean that the System would fail in its statutory duty to break even. This risk will be scored as part of the 2023/24 BAF.

Key Controls and Assurance Framework

Key Controls:	• System DoF group provide oversight of approach to strategic pieces of work and final agreement of blocks and system allocations (e.g., IFPS) • Monthly system finance reports articulating risk / mitigations • Weekly system/IFP finance deputies meetings held to support system meetings
Key Assurances:	• System DoFs meeting weekly • Systems savings scheme has led to a reduction in activity in line with the financial strategy • System savings schemes overseen by SROs through separate groups supported by system operational, BI and finance. Continued progress being made on the implementation of most PIPs. • Longer term plans will be prepared during Q 3 and 4 of 2022/23. • F&P Committee • System Finance, Strategy & Performance Committee. • System Chief Execs Forum. • System Transformation SROs report to system FS&P. • TDU support system transformation workstreams. • System Planning Group has revised membership • System Deputy FD Group.

Gaps in Control / Assurance:	Initial financial planning outputs suggests breakeven plan could not be delivered and as such unidentified mitigation included in plan for 2022/23

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
1	Detailed financial planning timetable to deliver a financial plan by 31 March in line with the national operating planning framework.	Approved financial plan	Paul Brown	31/03/2023	Agreed timetable with system and monthly updates being provided to F&PC	
2	PIPs to be prepared at the same time as the financial and operating plan is prepared.	Process agreed and PIPs approved	Paul Brown	30/04/2023	Each portfolio will develop a single PIP to set out their projects aimed at delivering the financial strategy ask of demand management and productivity improvement for April SPG meeting. Monthly updates on existing PIPS are provided to F&PC and all future PIPs to be reviewed and signed off by F&PC.	
3	Review all cost pressures and investments and planning assumptions as part of the planning/budget setting process in order to have a robust forecast for 2022/23.	Month 9 forecast outturn with reduced range of financial outcomes	Paul Brown	31/03/2023	Monthly updates to F&PC	
4	To finalise the ICS and ICB financial strategy by 31 March 2023 which will include a glide path to recurrent balance.	Agreed financial strategy	Paul Brown	31/03/2023	Draft financial strategy presented to October F&PC. Will be updated as plans are submitted and finalised by F&PC.	
5	System CFOs meeting weekly to agree the detailed underpinning plans. This to include sessions with COOs, Medical Directors, Nurse Directors, HR Directors and Digital Directors to agree connecting actions so that the financial strategy is linked to those other plans and strategies.	Joined up operating and financial plans	Paul Brown	31/03/2023	System CFOs engaged in meetings with relevant directors of stakeholder groups to discuss impact and delivery.	

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
1	**2**	**5**

BAF 6: Reducing health inequalities

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Objectives

Cause (likelihood)	**Event**	**Effect** (Consequences)
If we are unable to work together as an integrated care system across organisation and sector boundaries	**Then we will have less (or no) impact on reducing health inequalities of the population of Staffordshire and Stoke-on-Trent**	**Resulting in sustained or increased health inequalities, worsening health and wellbeing of the population, potentially increased cost of health and care and worsened quality of service experienced**

	**S01: Better Health & Wellbeing for the Whole Population**	✓		**S02: Better Quality for all Patients and Service Users**	✓
	**S03: Sustainable Services for the Taxpayer (Finance)**	✓		**S04: Reduction in Health Inequalities**	✓

Responsibility for Risk

Committee:	**TBC Committee**	**Lead Director:**	**Chief Medical Officer**

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Appetite (Target)	Target Date	Risk Tolerance Statement
Likelihood		4	4	3	2	31/03/2023	**Tolerance is low (4) as reducing health inequalities and working in partnership impacts on all SO's.**
Consequence		5	5	5	2		
Risk Level		**20**	**20**	**15**	4		

Rationale for Risk Score and Progress Made in the Quarter:

Early targets for progress to reduce health inequalities are set against the agreement of an Integrated Care Partnership Strategy, to be published at the end of March 2023, (this was reflected in the target risk).

Evaluation of the reduction of health inequalities will be over a longer period of time (SO4 6a 10 years) (the target risk was to be reviewed on this basis post 31/03/2023).

Several of the Strategic Objectives 6a-g are long-term and not achievable in year 2022/23. The foundations to achieving these though have been progressed in terms of the Integrated Care Partnership Strategy (6b), procurement of a Partner to support the scale, spread and sustainment of a Population Health Management approach for SSOT that will positively impact on HI (6c, 6d), HI is included throughout the 1YOP (6e).

The target score of 4 was ambitious and related only to in year deliverables. The score at the close of Q4 is therefore recommended to be reduced to **15** and is reflective of the in-year achievements but that positive impact on HI remains to be evidenced.

Key Controls and Assurance Framework

Key Controls:	• NHSE Guidance reviewed • Steps to develop the ICP Strategy agreed • Key Groups Established with cross ICP membership (Executive Group, Writing Group, Editorial Function, Working Group) • Involvement Strategy produced to ensure effective stakeholder engagement • Integrated Care Partnership owned; SRO/Lead confirmed
Key Assurances:	• Planning and Assurance representation • Clinically driven

	• ICP approved ICP Strategy • Governance: ICP, ICB • Dedicated HI resources in post
Gaps in Control / Assurance:	• Maintaining stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners • Shared understanding and development of delivery vehicles that ICP Strategy priorities can be passed to

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
1	Collaboratively develop an Integrated Care Partnership Strategy that meets NHSE guidance as a minimum and is agreed by all partners by 31 March 2023	Additional Assurance	Paul Edmondson-Jones	31/03/2022	• NHSE Guidance reviewed • Steps to develop the ICP Strategy agreed • Key Groups Established with cross ICP membership (Executive Group, Writing Group, Editorial Function, Working Group) • Involvement Strategy produced to ensure effective stakeholder engagement • Outline Strategy framework (headings) drafted • Timeline produced • Key intelligence materials sourced • Data requirements discussed • Integrated Care Partnership owned; SRO/Lead confirmed.	All actions completed
2	Delivery of ICP Strategy into Partners and Portfolios to turn strategy into reality	Additional Assurance	Paul Edmondson-Jones	30/06/2023	• Continued comms and engagement • Alignment with JFP • Alignment with Portfolio outcomes	Work In Progress
3	Develop key supporting/ underpinning strategies	Additional Assurance	Paul Edmondson-Jones	31/09/2023	• Health Inequalities Strategy • Prevention Strategy	Work in Progress

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**2**	**1**

High level Risks (12+)

Risk No.	Risk Title	Link to Strategic Risk	Inherent Score	Residual Score
001	Underlying deficits from 2023/24	5	16 (4x4)	16 (4x4)
003	Capital Regime	5	12 (4x3)	12 (4x3)
032	Maternity and Neonatal Services	1, 5	16 (4x4)	12 (4x3)
048	Digital Cyber Security	1, 2, 3	20 (4x5)	20 (4x5)
059	Confidential Risk – Cannock	1, 3, 6	16 (4x4)	12 (4x3)
073	Transfer of Primary Care PODs to ICB	1	15 (3x5)	15 (3x5)
077	Implementation of the Fuller Report	1, 4	16 (4x4)	16 (4x4)
083	Ageing Workforce	4	16 (4x4)	12 (4x3)
082	Agency Usage & Spend	3, 4, 5	20 (4x5)	16 (4x4)
085	Care Home and Home Care Workforce Capacity	3, 4	16 (4x4)	16 (4x4)
086	Supporting workforce modelling for Transformation, ICP, Restoration & Recovery plan	4	16 (4x4)	16 (4x4)
089	Maternity and Neonatal Services (interventions to the induction of labour pathway)	3	12 (3x4)	12 (3x4)
090	High levels of Covid and viral illnesses	1, 2, 4, 5	16 (4x4)	12 (4x3)

Risk No.	Risk Title	Link to Strategic Risk	Inherent Score	Residual Score
094	Staff sickness, wellbeing and burnout	4	20 (4x5)	12 (3x4)
095	Vacancies and Workforce growth required; Supply and availability of Registrants	1, 2, 3, 4	20 (4x5)	16 (4x4)
096	Industrial Action Strike	4	20 (4x5)	16 (4x4)
097	Cost of Living impact	4, 6	20 (4x5)	16 (4x4)
098	Winter Plan Workforce/Staffing	2, 4	25 (5x5)	25 (5x5)
102	UHDB Winter Plan	2	16 (4x4)	12 (3x4)
105	Virtual Wards	2, 4	15 (3x5)	12 (3x4)
106	D2A Capacity	2, 4	15 (3x5)	12 (3x4)
108	CAMHS Tier 4 Care concerns (Independent)	3	16 (4x4)	16 (4x4)
111	Ambulance Handover Delays	2	25 (5x5)	20 (5x4)
112	Industrial Action	2, 4	16 (4x4)	12 (4x3)
113	CHC Cost pressure	5	20 (5x4)	20 (5x4)
114	Children and Young People Placements for complex behaviour	1, 2, 3, 4	20 (5x4)	16 (4x4)
115	Looked After Children initial health assessment	3, 4, 6	20 (4x5)	16 (4x4)
116	Running Cost Target	5	12 (4x3)	12 (4x3)

Risk No.	Risk Title	Link to Strategic Risk	Inherent Score	Residual Score
117	**Changes to GP contract 2023/24**	**2, 3**	**12 (4x3)**	**12 (4x3)**
119	**Potential Counter-Fraud Risk**	**5**	**12 (3x4)**	**12 (3x4)**

Total number of high risks noted on the register is 30, however, total high risks per risk owner are 32, this is where a risk is assigned to more than one risk owner.

Staffordshire and Stoke on Trent ICB

Developing our Board Assurance Framework (BAF)

Strategic Risks 2023/24

Overview & Purpose

Overview:

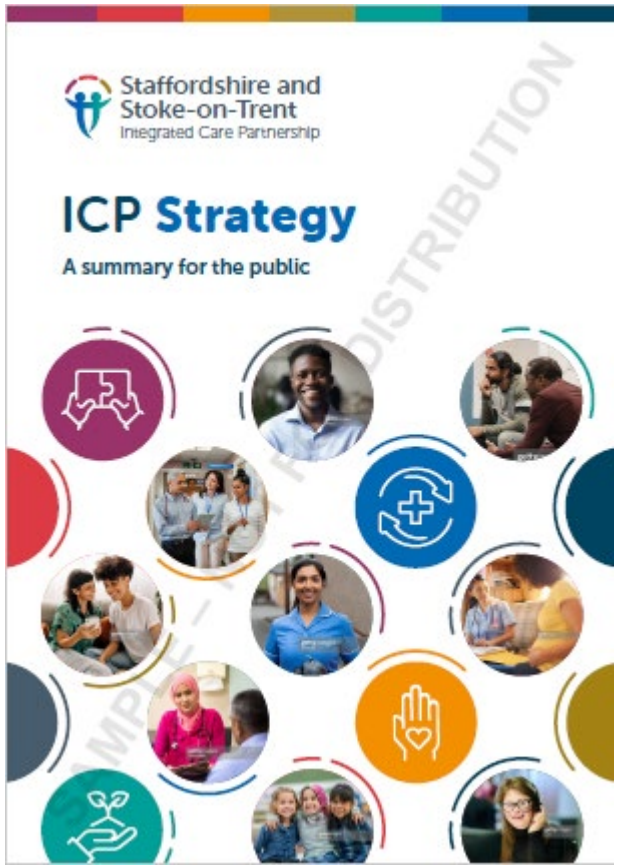
- Key Progress to date
- Executive Away Day – process / identification of Strategic Risks

Purpose:

- To agree high level content of the 2023/2024 BAF
- Outline next steps

Key Progress to Date

- 2022/2023 BAF developed and presented to Committee/Board
- Positive Internal Audit findings
- National recognition – ahead of the game
- Sharing of good practice to North West Company Secretary Network
- Case Study – Good Governance Institute
- Development of ICP Strategy



We are on a journey…..

Strategy / Strategic Ambitions

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

Executive Away Day – 14th March

Points Considered:

- Strategic Risks in 2022/23 BAF
- Strategic Ambitions & 'High Level Strategic Challenges'
- 2023/24 System Plan Priorities
- NOF (Oversight Themes)
- Provider BAF's
- What 'keeps you awake at night?

The Executive Session is a crucial element of the BAF Development process

Board Assurance Framework (BAF)

Strategic Risks 2023/24

Refreshed Strategic Risk for 2023/24 from 2022/23 BAF

NEW New Strategic Risk for 2023/24 BAF

BAF 1: Responsive Patient Care - UEC

BAF 2: Responsive Patient Care – Elective

NEW **BAF 3:** Proactive and Needs Based Community Services

BAF 4: Reducing Health Inequalities

BAF 6: High Quality, Safe Care Outcomes

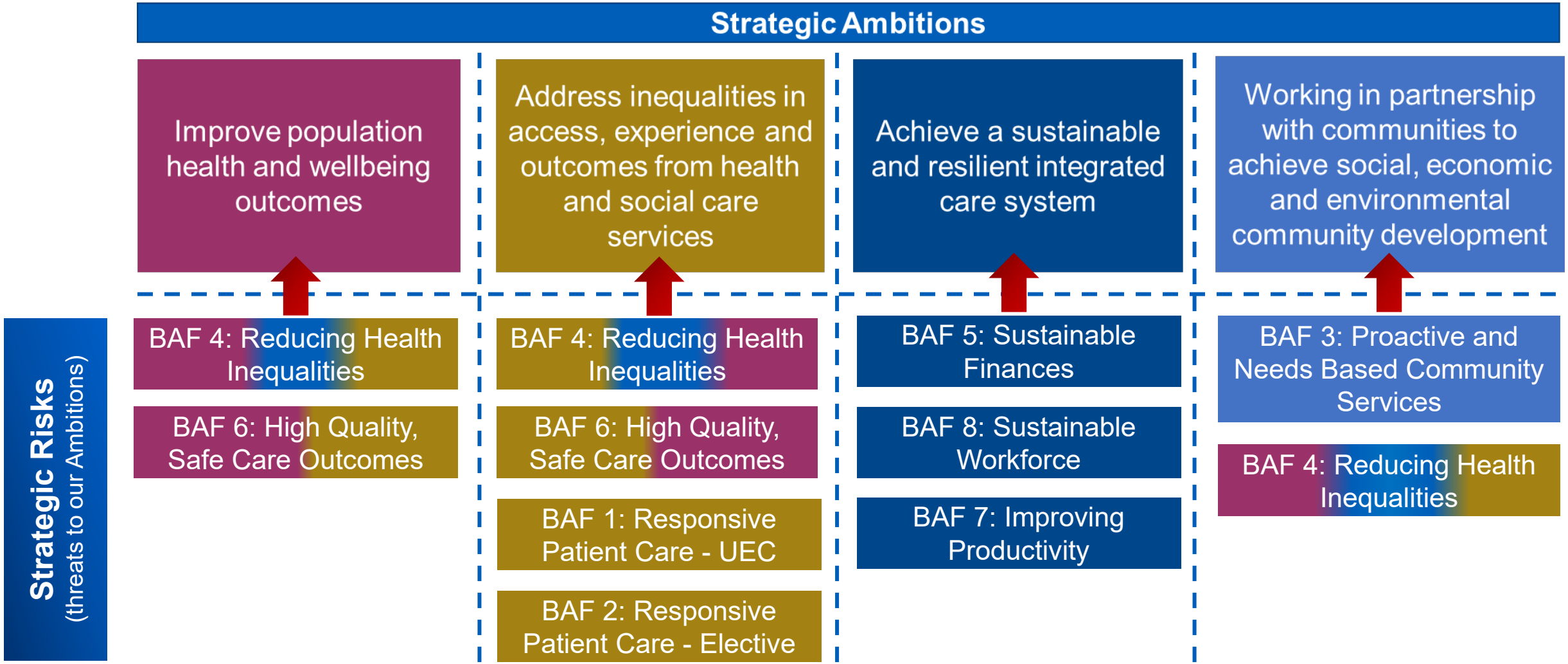
BAF 5: Sustainable Finances

NEW **BAF 7:** Improving Productivity

BAF 8: Sustainable Workforce

Threat to Strategic Ambitions

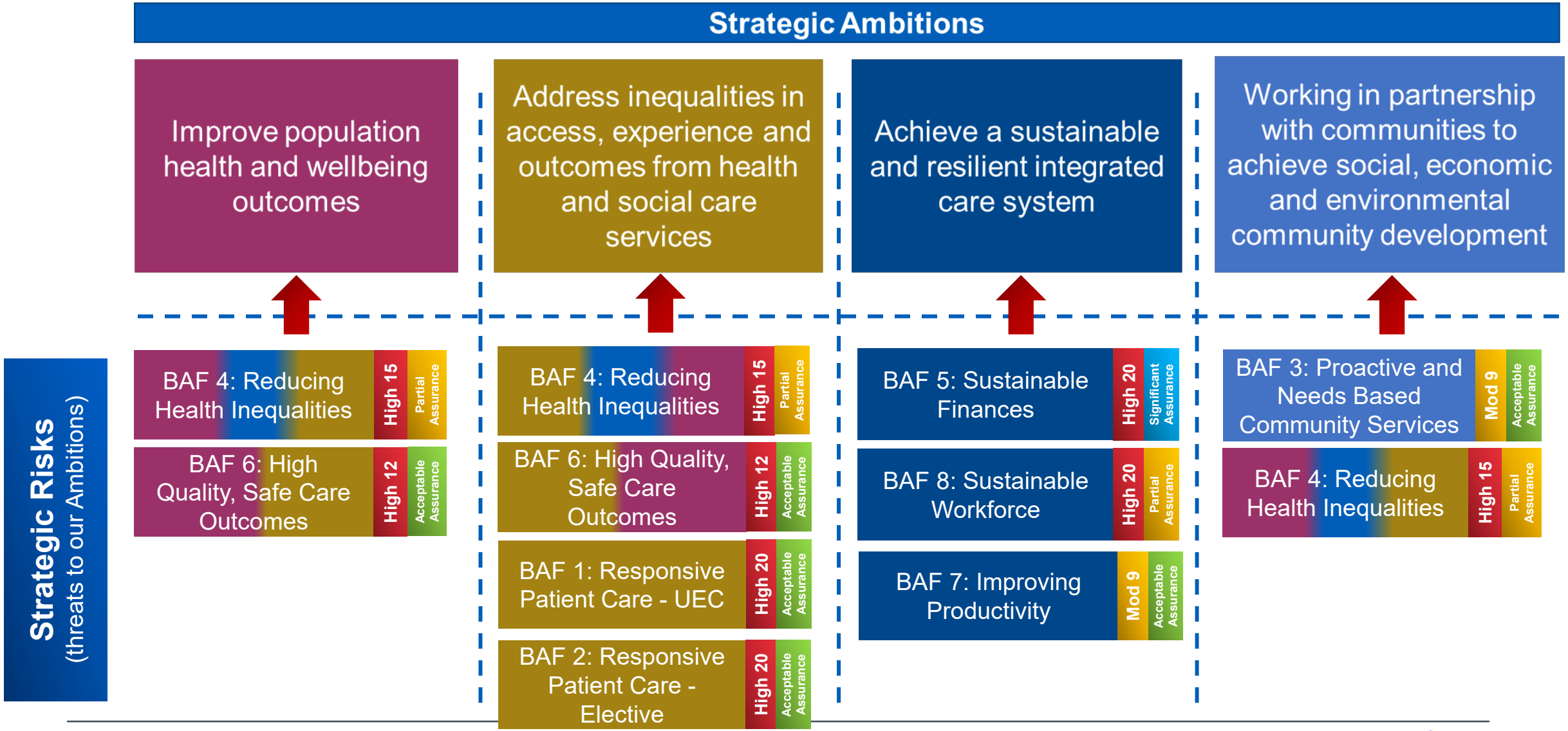
Strategic Risks 2023/24



Threat to Strategic Ambitions

Strategic Risks 2023/24 (illustration only)

Assurance Assessment	
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern
No Assurance	No confidence in delivery



Assurance Mapping in the 2023/24 BAF

Assurance Model

Assurance - 3 Lines of Defence Proposal

Development of an Assurance Map based on the BAF which identifies 3 Lines of Defence as the following:

- 1st Line Assurance available to ICB by our Providers
- 2nd Line Assurance available via the System / ICB
- 3rd Line Assurance available from our Regulators / External Bodies

This provides a model for 'integrated assurance' identification as part of the BAF

Assurance Assessment	
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern
No Assurance	No confidence in delivery

2023/24 BAF Presentation

Assurance Map					
Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (Organisation)		●	●	●	●
2nd Line (System)					
3rd Line (External / Independent)					

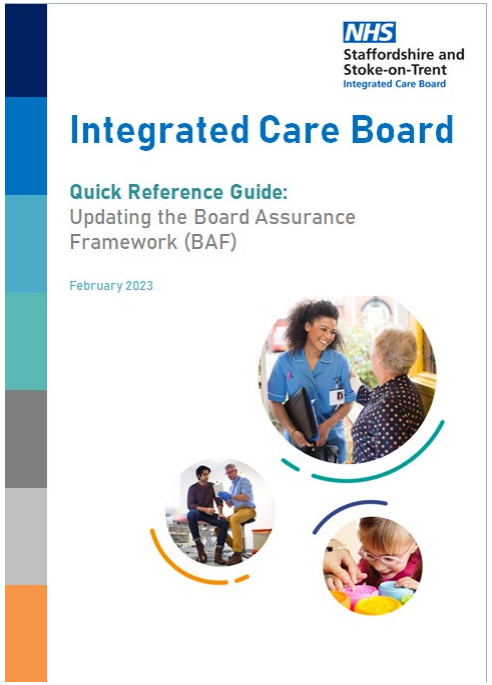
Assurance Assessment		
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Gaps in Control or Assurance
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?
•

Next Steps

- Executive Leads work up the detail for Quarter 1 2023/24 – using our new **'Quick Reference Guide'** for consistency of completion

- Governance & Risk Group to scrutinise **Q1 BAF 2023/24** ahead of presentation to Committees / ICB in July 2023



NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**10**

Title:	**Quality and Safety Report**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Heather Johnstone – Chief Nursing and Therapies Officer	Y	Cath Marsland - Associate Director of Quality and Patient Safety Lee George - Associate Director of Quality Assurance and Improvement Karen McGowan - Associate Director of Nursing and Quality Claire Underwood – Associate Director for Safeguarding

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N

Action Required (select):									
Ratification-R		**Approval-A**		**Discussion-D**		**Assurance-S**	x	**Information-I**	

Is the [Committee]/[Board] being asked to make a decision/approve this item? Y/N			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
N/A			
Within SOFD Y/N		**Decision's Value / SOFD Limit**	

History of the paper – where has this paper been presented		
This paper is a combination of those corresponding papers presented and discussed at the Quality and Safety Committee. There was no System Quality Group this month due to a clash with the long bank holiday weekend.		S

Purpose of the Paper (Key Points + Executive Summary):

This paper is intended to provide assurance to the ICB in relation to the key quality matters. These include:

Routine updates from subgroups including the Local Maternity and Neonatal System Board.

Provider updates by exception (including Primary Care)

Current ICB updates include:

- Infection Prevention and Control
- Safeguarding
- Quality Strategy Update
- UHNM – Excellence Framework
- UHNM – Chief Nurse Fellowship Scheme

Is there a potential/actual Conflict of Interest?	**Y/N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
No conflicts of interest were identified.	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Risks aligned to these areas of work are submitted as a separate agenda item and discussed fully at the Quality Safety Committee

Implications:	
Legal and/or Risk	Risks identified and discussed within the agenda of QSC
CQC/Regulator	Discussed as appropriate and against the relevant organisation.
Patient Safety	All key areas in response to system assurance for patient safety have been identified within the report
Financial – if yes, they have been assured by the CFO	Potential financial implications on the quality of services across the system due to restoration and recovery
Sustainability	N/A
Workforce / Training	Many current quality issues relate to workforce matters including areas where gaps in workforce present ongoing challenges.

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	N	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2		

2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	N	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	N	

Recommendations / Action Required:

Members of the Integrated Care Board are asked to:

- Receive this report and seek clarification and further action as appropriate
- Be assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System.

Quality and Safety Report to the Integrated Care Board – April 2023

1. Introduction

The purpose of this report is to provide assurance to the Integrated Care Board regarding quality matters whilst also providing a summary of the discussions and emerging issues raised at the key quality forums throughout March 2023.

2. Quality Risks on the Register

No new quality risks have been reported.

3. Provider Updates by Exception

University Hospital of North Midlands (UHNM)

The impact of Your Next patient and corridor care continues to be monitored and whilst no 'serious harms' have been identified, there does appear to be an increase in 'low harms' reports, potentially as a consequence of long waits. A deep dive has commenced to understand themes and to identify associated actions which can be undertaken across the system to reduce incidence and impacts.

Harm reviews also continue for delays in planned care and whilst performance is still a challenging but managed issue, no harms have been identified through the harm reviews.

The backlog in radiology reporting of paediatric scans is reducing as per the plan and via the Trust's managed Risk Assessment and Action Plan.

UHNM are refreshing their Clinical Excellence Framework (CEF), a process which has been in place since 2016. The CEF is an internal unique, integrated measurement and accreditation tool that includes clinical observations, review of clinical indicators, and patient and staff feedback to enable benchmarking and improvement and is aligned to the CQC fundamental standards considering data analysis, feedback and face to face assessments/discussions.

There are bespoke toolkits for inpatients, paediatrics, maternity, outpatients, theatres and the emergency departments and areas are assessed once per year and accreditation ranges from Bronze to Platinum.

Areas flagged as achieving Bronze level within any of the domains will receive direct support from the Chief Nurse to develop and embed robust improvement plans with planned reassessment within 3 months. Where successes and achievements are seen these can be celebrated and shared.

In response to the ongoing workforce pressures UHNM have developed a fellowship programme which offers opportunities across the breadth of a person's working life from early to late career. The fellowship programme is managed via the Centre for NMAHP Research and Education Excellence and has a number of key objectives:

- To create new development opportunities for nurses, midwives and AHPs
- Talent managing by identifying skills and supporting staff members throughout their career
- Professional development to advance the delivery of clinical excellence across patient outcomes, patient experience and staff experience
- Support appropriate succession planning
- Retention of our highly valued, skilled and experienced workforce

- Showing flexibility and innovation around workforce challenges
- Making UHNM is a great place to work - improving recruitment, retention and staff satisfaction

If successful it is hoped that this programme will be rolled out across the system.

North Staffs Combined Healthcare Trust (NSCHT)

Both MPFT and NSCHT are working with the ICB and all system partners in the Mental Health and Learning Disabilities and Autism portfolio (MH/LDA), on the MH/LDA Inpatient Quality Transformation Programme. Quality are key members of this newly established Task and Finish Group.

Quality visits to the Trust's Assessment Centre were planned for the week commencing 3rd April 2023 and remain ongoing. The outcomes of these visits will be reported in due course.

Midlands Partnership University NHS Foundation Trust (MPFT)

At the start of the month, MPFT were made aware that they had been awarded University trust status by Keele University, just one of 50 trusts in the country to achieve this. Consequently, their title has been amended to that shown above.

The CQC undertook a focused inspection of the core service Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units during November and December 2022. The visit focused on the Safe and Well-led domains and included site visits to wards at the Redwoods Centre (Birch Ward) in Shrewsbury and St George's Hospital (Brocton ward) in Stafford on 2nd and 3rd November 2022. In response to a CQC Section 29A warning notice, the Trust has returned an action plan showing evidence of progress made to date. The Trust reports significant progress, to be shared during Quality Standards Assurance Visits with both Staffordshire and Stoke-on-Trent ICB and Shropshire, Telford and Wrekin ICB, planned during April 2023.

The 2022 NHS Staff Survey results were published in March 2023. MPFT scored amongst the top Trusts in all categories. Highlights include:

- MPFT had the highest number of responses to the survey in the benchmarking category and are in the top 25% of all Trusts of type for response rate.
- MPFT is in the top 15% of Mental Health, Learning Disability and Community Trusts, being 1 of only 8 Trusts to achieve all 7 elements of the People Promise and the themes of staff engagement and morale in the Above Average range
- MPFT is 1 of 2 Trusts in their category who have seen statistically significant improvement in 6 or more elements/themes. This means that MPFT is in the top 4% for improvement.
- Rated 1st in the Midlands as MH, LD and Community Trust to work for, as recommended by staff

Ramsay Health Care UK – Rowley Hall & Beacon Park Hospitals

Throughout March 2023, there was a significant change in the local leadership team, with a new interim Hospital Director, and substantive new starters in the posts of Head of Clinical Services and Theatre Manager.

A Remedial Action Plan (RAP) to strengthen surgical safety processes at Rowley Hall and Beacon Park Hospitals in Stafford, has been in place since November 2022. Actions are on track and

monitored monthly (escalated from quarterly) at the CQRM (Clinical Quality Review Meeting). The ICB is working closely with the new leadership team and regional team to support the RAP with a view to closing the RAP over the next 2 months. The CQC inspected both Rowley Hall and Beacon Park in August and September 2022, respectively. The reports following the visits were published on the 6th April 2023 giving both hospitals a rating of Good.

The ICB undertook quality visits on the 27th February and 2nd March 2023, supported by a Quality Assurance Advisor from UHNM who has extensive theatre experience and knowledge. The visits were positive overall and demonstrated significant improvement in the implementation of surgical safety processes. Actions identified from the audits and quality visits will be collated and monitored at future CQRMs.

Medequip – Community Medical Equipment

It was previously agreed by all system partners that improvement opportunities focusing on 5-day equipment requests and reducing inefficiencies primarily focussing on cancelled orders would have the greatest benefit for the patients, services and the system. Three of five Rapid Improvement Workshops have taken place led by MPFT's Continuous Improvement Transformation Lead with good engagement from all system partners. Quality improvement methodology is being used to guide the programme. The next steps are to analyse the outputs of the workshops, provide the Community Equipment Prioritisation & Advisory Group with an update and to agree the commencement of several Task and Finish groups to develop, test and evaluate the changes put forward with the aim of improving performance, patient experience and reducing waste.

University Hospitals of Derby & Burton NHS Foundation Trust (UHDB)

On 20th March 2023 at Derby Magistrates Court, UHDB were fined for failing to provide safe care and treatment to a patient, and causing them avoidable harm, following a serious incident on the 15th of July 2019. A patient with advanced dementia absconded three times from the emergency department at Queens Hospital, Burton. The third time, the patient sustained significant traumatic injures following a fall and was airlifted to UHNM where they died of their injuries. The Root Cause Analysis (RCA) identified multiple failings in care, factoring into the patient absconding. An update regarding Mental Capacity Act compliance and action planning was presented to the CQRM in March 2023 which highlighted that whilst some good progress has been made there remain areas where improvement is still required. As lead ICB for this Trust, Derby and Derbyshire ICB have requested a Mental Capacity Act update for discussion at the CQRM in May 2023.

University Hospital of Birmingham NHS Foundation Trust (UHB)

Following concerns raised in December 2022 relating to patient safety, leadership, culture and governance, three independent reviews have been commissioned focusing on:

- Patient safety and governance (Bewick Review) - commissioned by NHS Birmingham and Solihull ICB and overseen by an experienced senior independent clinician, Professor Mike Bewick, former NHS England Deputy Medical Director.
- Well-Led review of leadership and governance – in conjunction with NHSE, using an established methodology.
- Culture - commissioned externally by UHB's Interim Chair and incorporating findings from the above reviews.

The Bewick Review was published on 28th March 2023, and identified several areas where clinical safety concerns exist, however, their "…overall view is that the Trust is a safe place to receive care…". There are 17 recommendations across clinical safety, governance and leadership, staff welfare and culture which UHB have accepted and are being supported by NHS Birmingham and Solihull (BSoL) ICB. Future reports are expected to be published in summer 2023.

West Midlands Ambulance Service NHS Foundation Trust (WMAS)

The CQC carried out a short notice announced focused inspection on 21st, 22nd and 23rd November 2022, and an additional focus on the urgent and emergency care pathway across the integrated care system in Worcestershire. The full report was published on 15th March 2023 and reported that WMAS staff treat patients with compassion and kindness, respect their privacy and dignity, especially when moving them long distances from ambulance to the emergency department, and support the system by supplying paramedics to aid in emergency departments. However, the CQC also reported that:

- Response times and handover targets were not being met. Delays in handing patients over at hospitals meant that ambulances and crews could not be made available to attend other calls.
- Lengthy delays at hospitals increased risks to patients, particularly those that had been lying on trolleys or stretchers in ambulances for longer periods.
- It was unclear who was responsible for the personal care of patients whilst waiting in the ambulance. Ambulance staff were not trained in personal care or to use some personal care equipment, even though they performed these tasks.
- Alternative pathways to avoid conveyance to hospital, were not always available or known to staff from outside the area.
- Ambulance staff told us that communication about processes, like cohorting patients and sourcing nutrition for a patient waiting in an ambulance, was not clear.

The Black Country ICB asked that a summary, including system wide learning and actions, was discussed at the April 2023 CQRM.

Primary Care

Work continues to ensure quality engagement with the delegated commissioning of PODs (Pharmacists, Optometrists and Dentists) to the ICB from 1st April 2023. The main focus is upon dentists, primarily because of the clinical risks associated with their work. Pharmacists and Optometrists are regulated by their own professional bodies, whereas Dentists are subject to CQC (Care Quality Commission) inspections. There are three key processes being utilised currently to ensure the ICB is in the best position to be able to respond appropriately, and provide assurance about the quality of care:

- Engagement with the CQC in order to share any available intelligence.
- CNO meeting led and chaired by the BSoL ICB, who will be the lead commissioner for the ICBs in the West Midlands and host the NHSE staff who are transferring across.
- ICB meetings chaired by the Director for Transformation, with updates from Quality, Finance, Primary Care and Contracting.

It is difficult to understand the ask or the potential challenges for the Nursing and Quality directorate in the ICB. Conversations to date indicate that the Quality work is where it should be and will continue to evolve.

Totally Urgent Care - providers of Out Of Hours care and 111

Quality visits have taken place this month with ICB Doctors, Quality Leads and Urgent and Emergency Care (UEC) Leads. Initial feedback demonstrates evidence of very positive system working and no concerning issues identified. Reports will follow and any actions agreed, as required. A full report will be shared with the UEC Delivery Board.

Ivetsey Bank Hospital CAMHS Tier 4

Ivetsey Bank Hospital remains closely supported by the Provider Collaborative at Birmingham Women's and Children's NHS Foundation Trust with 2 further issues identified for escalation:

1. **The CQC report** has now been published from a visit in November 2022 following national media concerns raised about Ivetsey Bank and another hospital in the south of the country, run by the same organisation, Active Care Group. The ICB Quality and Safeguarding Teams worked closely with the Provider Collaborative to ensure safety and make the necessary improvements following the media release, and whilst awaiting publication of the report. The overall rating has deteriorated to 'Inadequate', with the Safe and Well-Led domains also rated as 'Inadequate'. Enforcement and Requirement Actions within the report are being reviewed and action plans developed, a number are already completed.
2. **A Safeguarding Allegation** has been made against an agency member of staff and managed as per safeguarding polices, with involvement from the Local Authority LADO and Police. The person in care is safe and being supported. An escalation meeting between the ICB as Host/Functional Commissioners, the Placing Commissioner for the person in care, and the Provider Collaborative resulted in shared actions to investigate the incident and ensuring the safety of others in that setting. The allegation was reported in the national press.

4. ICB Updates

Maternity and Neonatal Services

Oversight and assurance of maternity and neonatal services continues to be delivered via the LMNS (Local Maternity and Neonatal System).

Operational pressures continue within maternity and neonatal services providing care in Staffordshire, however slight improvements have been noted since the recruitment of new staff members. Both UHNM and UHDB continue to report an unsafe staffing position and are therefore unable to provide intrapartum care at either freestanding birth unit (FMBU) and unable to provide a home birth service. The LMNS are working with both Trusts to gain a full understanding of the strategic intent for the FMBUs and ensure a plan is in place for the provision of home births.

The CQC undertook an inspection of UHNM maternity and neonatal services on 7th March 2023. There was one immediate action on the day for Maternity Assessment Unit (MAU)/ triage where no supervision of the waiting area was in place. An interim measure has been established and a project manager is working on a longer-term solution. Following the visit, a Section 29a warning notice has since been received to which a response is being written.

The three-year single delivery plan for Maternity and Neonatal care was published on 30th March 2023 and sets out how the NHS will make maternity and neonatal care safer, more personalised and more equitable for women, babies and families. The plan is framed around 4 high level themes:

1. listening to women and families with compassion
2. supporting our workforce
3. developing and sustaining a culture of safety, and
4. meeting and improving standards and structures that underpin the national ambition.

The LMNS board will review the plan and develop next steps.

Some maternity services in England have identified unsafe levels of Entonox (known as gas and air) in their labour ward environments, leading to high exposure for staff. This has led to the withdrawal of Entonox as an option for pain relief. High exposure can cause anaemia, due to vitamin B12 depletion and has been linked to fertility issues. The ICB has requested an update from each provider with an expectation they will work with their estates teams to test the atmosphere and ensure adequate ventilation. Providers are in the process of getting readings performed by estates.

The Ockenden report includes an Immediate and Essential Action (IEA) for maternity services across England, that “Maternity services must ensure that women and their families are listened to with their voices heard”, and that, Trusts must create an independent senior advocate (ISA) role which reports to both the Trust and the Local Maternity Systems (LMS) boards. The National Maternity Transformation Programme Board endorsed implementation of a pilot phase for the programme, funding Integrated Care Boards (ICBs) through their Local Maternity & Neonatal Systems (LMNSs) to recruit and employ ISAs, and to evaluate the approach. The ICB, through the LMNS, has successfully recruited to the ISA role, which is funded until the end of March 2024, as part of the national pilot.

Safeguarding

The Phase 2 proposal for the development of a Provider Collaborative for safeguarding is ongoing. This will ensure the most efficient and productive use of health safeguarding resources with oversight and assurance remaining the responsibility of the ICB. Phase 2 will provide the opportunity to consider the development of improved and robust governance for safeguarding across the system, aligned to key priorities and programmes of work.

A deep dive considering Initial and Review Health Assessments for Looked After Children has commenced due to recent decline and variance in data. This analysis will consider available capacity to meet what anecdotally appears an increasing demand. Update will be provided once understood.

Similarly, work has commenced to consider the delivery of section 42 enquiries in line with the Care Act. This work is considering where these enquiries should sit and be hosted and how we support these from the future opportunity of the Provider Collaborative.

Quality Strategy Update

Quality Strategy Working group attendance has been challenged however drafts are in progress and the Quality Committee have been asked to agree an approach. Either the Quality Strategy is full and detailed with clear drivers and measurable outcomes for 3 years, or a narrative strategy is

agreed to for 2023-2024 which will develop into a full three-year quality strategy once place and provider collaboratives are all established.

5. Other System Quality Matters by exception:

Industrial Action

A system wide approved plan has been developed to respond to the Junior Doctors industrial action spanning the 11th to 15th April 2023. Actions associated with the plan will be monitored at both regional and local operational calls throughout this period.

Infection Prevention and Control (IPC)

COVID-19 Testing Guidance - As of the 1st of April 2023, new COVID-19 guidance has been issued to providers and social care settings. There are some significant changes to the management of patients discharged from acute settings into care homes, including the requirement for an LFD test, prior and within 48hrs of discharge, as opposed to a PCR and repeated test on arrival in the care home.

Other changes include management of outbreaks, staff testing and routine patient testing. There may be a transition period where a mixture of the old and new guidance is in place, but IPC leads will support the changes moving forward with continued support from NHSE and UKHSA.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**11**

Title:	**Finance, Performance and Operational Planning Update**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Paul Brown Chief Financial Officer	Yes	Finance, Planning and Intelligence Directorate

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	**No**

Action Required (select):										
Ratification-R		**Approval-A**		**Discussion-D**		**Assurance-S**	x	**Information-I**	x

Is the [Committee]/[Board] being asked to make a decision/approve this item? Y/N			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
No			
Within SOFD Y/N		**Decision's Value / SOFD Limit**	

History of the paper – where has this paper been presented		
	Date	**A/D/S/I**
Finance and performance committee	04/04/23	D/S/I

Purpose of the Paper (Key Points + Executive Summary):

The purpose of this report is to provide an update for the ICB Board on

- The key financial and operational performance issues
- Progress to date for the NHSE activity submissions and the 2023/24 Operational Plan

Key points on **Finance**

- The system remains committed and on track to delivering a year end breakeven position for 2022/23. The forecast outturn is breakeven with the net risk being fully mitigated. It is understood that nationally many ICBs are struggling to achieve break-even.
- Pressures still increase in both CHC and primary care prescribing however mitigations have been identified.

Key points on **Performance**

- Pressures in Urgent and Emergency Care remained in line with January; flu, RSV and Covid admissions continued to decline.
- Ambulance handover delays of over 60 minutes reduced by 41%.
- The national target to eliminate 78+ week waits by March 2023 will not be achieved. As at w/e 12 March 901 breaches are recorded.
- As at w/e 12 March 71 104+ week waits are recorded.
- In Cancer, 89.2% of patients were seen within 2 weeks (national standard is 93%).
- GP appointments, Social Prescribing referrals and Learning Disability Annual Health Checks are on track to achieve their year end targets.

Key points on the **NHSE Activity Submissions**

- UEC – Complaint
- Planned Care – Partially compliant
- Workforce - Compliant
- Finance – Not compliant

Key points on the **2023/24 Operational Plan**

- A first draft of the 2023/24 one year plan based on work to date with leads and portfolios has been developed and shared with feedback required by 19th April. The plan;
- is clear on system priorities
- explains who is doing what and when
- links portfolios to providers and place – the 3 Ps
- is a living document

The ICB Board is asked to discuss and note the contents of this report.

Is there a potential/actual Conflict of Interest?	**Y/N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
None	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

- BAF Strategic Aim '(3C) (**Risk 961**) - Support the delivery of system financial balance by 2025/26'. (BAF submissions being reviewed by ICB Board and are subject to change)
- **Risk 001** - Underlying deficits from 2023/24: If the system saving schemes do not deliver the financial strategy, the system, its providers and consequently the ICB will be unable to deliver a financially sustainable position, in line with the operating and planning framework.
- **Risk 068** – Finance: there is a risk that the ICB does not achieve break even in the current period 2022/23, resulting in additional cost pressures in 23/24.
- **Risk 111** – If continued delays to ambulance handovers are incurred and sustained, or levels increased there will be significant pressures placed onto ED, ambulance crews and the wider UEC system resulting in increased instances of patient harm, increased system capacity issues, 'lost' ambulance time and associative issues.

Implications:	
Legal and/or Risk	Monitoring performance is a statutory duty of the ICB.
CQC/Regulator	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team.
Patient Safety	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team.
Financial – if yes, they have been assured by the CFO	The report provides a headline summary of finance and the financial strategy developed by the CFO with system partners.

Sustainability	N/A
Workforce / Training	The finance strategy is realistic about workforce availability and suggests a focus on retention of the people we have and replacing high agency use with substantive.

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	

Recommendations / Action Required:

The Integrated Care Board is asked to:

- Discuss and note;
  - The contents of the Finance and Performance report
  - The contents of the Update on the 2023/24 operational plan
  - The further actions required to finalise the operational plan.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Report to the ICB Board on Finance, Performance and Planning

ICB Board Meeting – 20 April 2023

Finance and Performance Update

Paul Brown – Chief Finance Officer

Executive Summary

The purpose of this report is to summarise the **key financial and operational performance issues for the ICB Board**.

Headlines

Finance

- The system remains committed and on track to delivering a year end breakeven position for 2022/23. The forecast outturn is breakeven with the net risk being fully mitigated. It is essential to note that pressures still increase in both CHC and primary care prescribing however mitigations have been identified. A number of these mitigations utilise budgetary underspends, including non-recurrent underspends from allocations, and we continue to work under the assumption these will not be clawed back centrally.
- Nationally we understand that many ICBs are struggling to get to a break-even, and if we were to achieve this we believe that we would be in a minority. Our relatively strong position is down to a culture of transparency and collective working between all system partners, and a huge amount of hard work by our operational and clinical colleagues who are mainly managing within their budget.

Operational Performance by Exception – *please note that this summary contains updated RTT positions for March using the latest available operational information.*

- In February, the pressure in the **Urgent and Emergency Care** system remained in line with January. There was a continued decline for flu, RSV and Covid-19 admissions. Improvements continued with a 41% reduction in **ambulance** offload delays over 60 minutes. Staffing shortfalls were challenging across all areas at the end of February, due in part to half term, and to the ongoing Industrial Action.
- The national target to eliminate **78+ week** waits by the end of March 2023 will not be achieved. As at 12th March 901 ICB patients were waiting more than 78 weeks.
- **104+** week waits have also increased; 71 patients were waiting over 104 weeks as at 12 March compared to 60 at the end of January.
- **Diagnostic** activity increased by 12.9% from December to January, and was the highest in-month activity recorded so far in 2022/23. Year to date 81.7% of 19/20 activity is being delivered. In January 63% of our patients were seen in less than 6 weeks against the constitutional target of 95%. Ultrasound accounts for 44.7% of all breaches and Echocardiography 14.9%.
- **Cancer waiting times:** 89.2% of patients were seen within 2 weeks (against the 93% national standard). 22.6% more patients were seen this month than last and 22.6% more patients were seen within 2 weeks.
- Performance against the **Cancer 28 Day Faster Diagnosis Standard** in January was 65.1% (national standard is 75%). Performance improved for skin cancer patients but declined for suspected lower GI cancers.
- **Primary care:** The number of GP appointments and Learning Disability Annual Health Checks remain in a positive position and are on track to achieve the year end targets. February data for Social prescribing referrals shows a much improved position and we expect to achieve the year end target.
- **Mental Health**: Inappropriate out of area bed days at ICB level decreased from 160 in Q2 to 120 in Q3, however the total remains significantly above the plan (60). Plans to secure additional bed capacity with independent hospitals have been delayed.

Financial Position – Year to date

The general themes driving our financial position remain constant as previous months. These include: workforce vacancies, offset by CHC price & volume challenges and efficiency under-delivery. We continue to operate with a more favourable ru rate position than expected due to a continuation of non recurrent favourable items falling into the position. Strong emphasis to close the efficiency gap remains, see following slide.

The deterioration in the YTD position was mostly driven by the increased costs relating to CHC and prescribing within the ICB position. This is an issue out of our control and something affecting regions across the country.

System	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance	Month 10 £m Plan	Month 10 £m YTD	Month 10 £m Variance
Income	3,621.7	3,670.5	48.8	3,284.6	3,325.9	41.3
Pay	(969.7)	(982.9)	(13.2)	(879.9)	(890.0)	(10.1)
Non Pay	(545.3)	(582.5)	(37.2)	(495.7)	(528.6)	(32.9)
Non Operating Items (exc gains on disposal)	(29.0)	(26.1)	2.9	(26.4)	(24.2)	2.2
ICB/CCG Expenditure	(2,075.6)	(2,080.1)	(4.6)	(1,879.0)	(1,880.6)	(1.6)
Total	2.1	(1.1)	(3.3)	3.7	2.5	(1.2)
			-0.1%			0.0%

ICB	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance	Month 10 £m Plan	Month 10 £m YTD	Month 10 £m Variance
Allocation	2,075.6	2,075.6	0.0	1,879.0	1,879.0	0.0
Expenditure	(2,075.6)	(2,080.1)	(4.6)	(1,879.0)	(1,880.6)	(1.6)
TOTAL ICB Surplus/(Deficit)	0.0	(4.6)	(4.6)	(0.0)	(1.6)	(1.6)
			-0.2%			-0.1%

UHNM	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance	Month 10 £m Plan	Month 10 £m YTD	Month 10 £m Variance
Income	892.4	923.5	31.1	811.3	838.1	26.8
Pay	(532.4)	(539.4)	(7.0)	(482.6)	(487.2)	(4.5)
Non-Pay	(335.3)	(361.5)	(26.2)	(305.3)	(329.8)	(24.5)
Non Operating Items (exc gains on disposal)	(23.6)	(22.7)	1.0	(21.5)	(20.8)	0.7
TOTAL Provider Surplus/(Deficit)	1.2	(0.0)	(1.2)	1.9	0.3	(1.6)
			-0.1%			-0.2%

MPFT	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance	Month 10 £m Plan	Month 10 £m YTD	Month 10 £m Variance
Income	518.0	528.5	10.6	470.9	479.4	8.5
Pay	(362.6)	(364.1)	(1.5)	(329.3)	(330.6)	(1.4)
Non-Pay	(152.0)	(160.7)	(8.7)	(137.6)	(144.5)	(6.9)
Non Operating Items (exc gains on disposal)	(2.4)	(0.5)	1.9	(2.2)	(0.7)	1.6
TOTAL Provider Surplus/(Deficit)	1.0	3.3	2.3	1.9	3.7	1.8
			0.4%			0.4%

NSCHT	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance	Month 10 £m Plan	Month 10 £m YTD	Month 10 £m Variance
Income	135.7	142.9	7.2	123.4	129.4	6.0
Pay	(74.7)	(79.5)	(4.7)	(68.0)	(72.2)	(4.2)
Non-Pay	(58.1)	(60.3)	(2.2)	(52.8)	(54.3)	(1.5)
Non Operating Items (exc gains on disposal)	(2.9)	(2.9)	0.0	(2.7)	(2.7)	(0.0)
TOTAL Provider Surplus/(Deficit)	(0.0)	0.2	0.2	(0.1)	0.2	0.3
			0.1%			0.2%

Urgent Care – Ambulance delays

	Indicator	Target	Period / Description	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	YTD to current month	Change on previous period	Y/E (Actual/FOT)	YTD monthly trend
Ambulance	Ambulance handovers @ UHNM (all Patients at UHNM)		Handover delays of over 60 minut	1,400	874	1,495	1,561	1,022	1,376	1,717	1,567	1,606	1,003	595	14,216	▼	15,508	
			Variance to 19/20	1,390	857	1,442	1,472	992	1,342	1,656	1,506	1,301	923	542				
			Handover delays of over 30 minut	2,398	1,969	2,439	2,496	2,101	2,273	2,566	2,374	2,368	1,935	1,385	24,304	▼	26,513	
			Variance to 19/20	2,080	1,540	1,828	1,348	1,445	1,586	1,689	1,471	802	775	551				
			Handover delays of over 15 minut	3,558	3,824	3,778	3,653	3,659	3,518	3,636	3,629	3,507	3,629	3,281	39,672	▼	43,279	
			Variance to 19/20	1,360	1,299	1,057	367	861	607	386	277	-428	85	46				
	Response Standards (WMAS - all responses) Times in hh:mm:ss	00:07:00	Category 1 mean	00:09:25	00:08:32	00:08:58	00:09:08	00:08:54	00:08:59	00:09:29	00:09:39	00:10:17	00:08:53	00:08:58	00:09:23	▲		
			Time variance to 19/20	00:02:17	00:01:22	00:01:46	00:01:51	00:01:43	00:01:26	00:01:53	00:02:14	00:02:32	00:01:27	00:01:31				
		00:18:00	Category 2 mean	01:28:01	00:40:26	01:01:39	01:11:07	00:43:06	00:59:23	01:35:19	01:05:13	02:25:40	00:34:07	00:30:55	01:12:09	▼		
			Time variance to 19/20	01:14:55	00:27:47	00:47:48	00:56:59	00:29:32	00:45:42	01:20:52	00:49:39	02:08:47	00:21:04	00:16:58				
	Time Lost		Hours lost in total (Handover)	3,800	2,264	3,572	4,116	2,728	3,178	4,532	3,921	4,839	2,498	1129	36,577	▼		

Ambulance Activity

The data on this slide is for the West Midlands Ambulance Service (WMAS) and, in terms of response performance, reflects the service's responses across their area of operation. The 'Time Lost' line is the total time WMAS lost to Handovers (UHNM).

- During February WMAS received 19,748 calls (average 705 per day). This is an increase on January (19,904 calls or 642 per day).
- The category 1 [mean] response time worsened slightly on January, and remains below target despite a 5.9% reduction in the count of Category 1 incidents.
- February saw a decrease in 60 minute + handover delays compared to January. At Royal Stoke there was a 38.3% decrease, and at County Hospital a 91% decrease.
- At Burton Hospital the proportion of ambulance conveyances arriving via EMAS reduced from 26.8% in January to 25.8% in February. Average arrivals per day for the month remained steady at 43.

Date Source: Performance data published by NHSE.
Time Period: Note the data is subject to a 2 month 'lag' for Provider re-submission, data published by NHSE. This is normal process.

Urgent Care - Performance against NHS Constitutional Standards

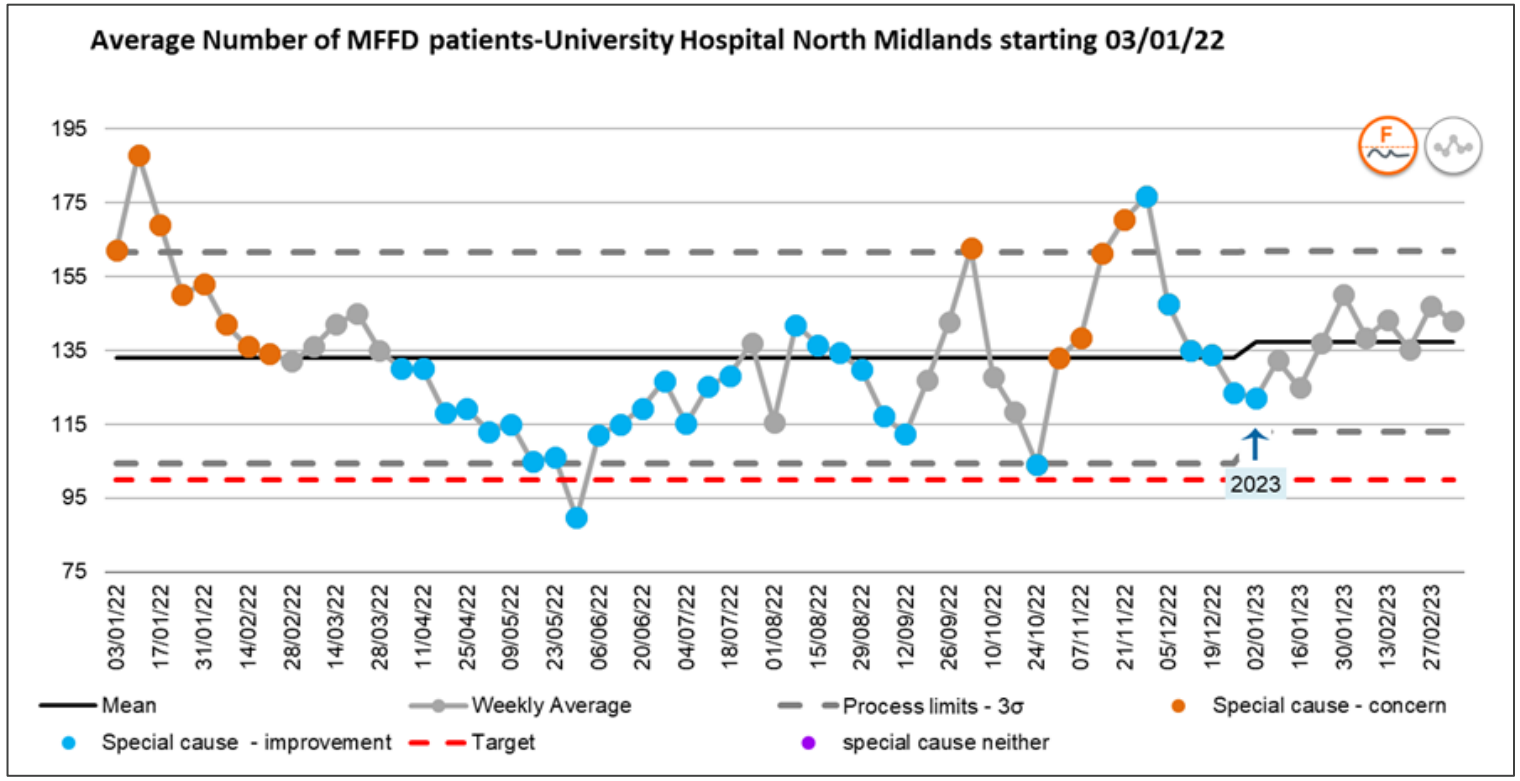
	Provider	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	YTD	Change on previous period	Trend
A&E 4 Hour Performance (% seen in <4 hours)	University Hospitals North Midlands	95%	62.9%	62.8%	62.3%	63.4%	64.9%	66.0%	64.0%	62.9%	55.2%	63.1%	62.7%	▲	
	University Hospitals Derby & Burton	95%	62.0%	64.2%	61.7%	62.4%	63.0%	62.5%	61.0%	61.3%	55.9%	61.9%	61.5%	▲	
	The Royal Wolverhampton	95%	76.8%	79.5%	78.9%	80.4%	80.5%	79.3%	79.1%	73.5%	70.1%	76.8%	77.4%	▲	
	University Hospitals Birmingham	95%	54.7%	54.6%	53.2%	49.8%	52.7%	52.1%	52.1%	51.1%	49.9%	54.7%	52.5%	▲	
	The Dudley Group	95%	80.3%	74.7%	74.0%	75.6%	75.9%	75.0%	74.8%	72.5%	68.4%	75.1%	74.5%	▲	
	Walsall Healthcare	95%	73.9%	72.3%	72.5%	72.4%	73.9%	74.5%	70.6%	72.8%	69.7%	74.4%	72.6%	▲	

	Provider	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	YTD	Change on previous period	Trend
A&E 12 Hour Trolley Breaches	University Hospitals North Midlands	0	878	390	555	665	346	695	1028	947	1289	1039	7832	▼	
	University Hospitals Derby & Burton	0	432	388	256	333	348	394	785	323	872	648	4779	▼	
	The Royal Wolverhampton	0	30	20	30	194	130	100	208	84	487	101	1384	▼	
	University Hospitals Birmingham	0	271	211	552	749	525	775	1384	1233	1830	1493	9023	▼	
	The Dudley Group	0	31	79	49	67	90	95	129	20	67	56	683	▼	
	Walsall Healthcare	0	6	10	1	35	13	14	63	91	259	148	640	▼	

- Constitutional targets around 4 hour performance and 12 hour trolley breaches continue to be a challenge.
- Performance against both targets recovered in January to levels consistent with October, as pressures on the urgent and emergency care system reduced.

Date Source: Performance data published by NHSE.
Time Period: Note the data is subject to a 2 month 'lag' for Provider re-submission, data published by NHSE. This is normal process.

Urgent Care – Medically Fit For Discharge



SPC analysis of key areas of focus at UHNM. Data period: 26th September to 12th March 2023

- Medically Fit For Discharge (MFFD) numbers at Royal Stoke continued to vary over the last fortnight, however when matched with the variation reported at County Hospital the overall picture was one of a degree of stabilisation just above the mean for 2023, and the position for the same time period during 2022.
- Average weekly MFFD for RSUH has currently stands at 111 as of the 12th March, still above the target (of below 90).
- The latest values remain within the process limits and at the final point of record were above the mean and trending upwards.

Planned care and Cancer – Month 10

- The total RTT waiting list in January was 64% more than the 19/20 volume (or 57,402 patients).

28 day waits (faster cancer diagnosis standard (FDS) performance for January was 64.7%, decreasing from December's 65.1% - ending the period of [three consecutive months] of growth. The number of patients receiving diagnosis increased in January (from December), as did the number told within 28 days.

	2019/20										2022/23										YTD 1920 v YTD 2223			Y/E (Actual/FOT)	
Indicator	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	19/20	22/23	% Var	19/20	22/23
RTT - admitted, completed	5,423	5,794	5,427	6,076	5,440	5,599	6,247	5,818	5,100	5,777	4,143	5,107	5,004	4,801	4,766	4,775	5,173	5,510	4,358	5,474	56,701	49,111	-13%	66,046	58,933
RTT non-admitted, completed	21,951	23,159	21,735	24,049	21,320	22,606	25,314	23,282	20,641	24,094	19,410	22,194	20,723	20,294	22,400	22,067	22,722	24,728	19,707	24,556	228,151	218,801	-4%	268,666	262,561
Incomplete Pathway - Total Waiting List	85,296	86,968	87,398	89,266	90,289	89,986	89,297	89,788	88,771	89,429	144,518	146,503	148,018	150,901	150,307	150,584	150,849	149,380	148,645	146,831	89,429	146,831	64%	88,982	152,413
Incomplete Pathway - 52+ Weeks	0	1	1	0	0	1	0	0	0	0	8,415	8,550	8,498	8,920	8,926	9,164	9,246	9,287	9,559	8,819	0	8,819		11	9,946
Incomplete Pathway - 78+ Weeks	0	0	0	0	0	0	0	0	0	0	2,041	1,828	1,488	1,420	1,351	1,368	1,296	1,284	1,494	1,336	0	1,336		0	1,011
Incomplete Pathway - 104+ Weeks	0	0	0	0	0	0	0	0	0	0	445	235	64	59	85	69	41	37	44	60	0	60		0	0
GP and other (non-GP) referrals first consultant-led outpatients3	35,448	36,394	34,198	37,420	33,230	33,854	36,836	35,056	30,255	35,785	34,894	38,797	36,348	36,202	37,130	35,793	38,173	38,551	32,337	38,250	348,476	366,475	5%	406,751	439,770
Cancer 28 days FDS - Total Patients Diagnosed	1,510	1,945	1,858	2,015	2,723	3,102	3,527	3,382	3,322	3,136	4,564	5,017	4,653	5,139	5,487	5,600	5,380	6,004	4,571	5,105	26,520	51,520	94%	33,199	61,824
Cancer 31 day Treatments	539	524	523	591	526	560	614	563	529	573	550	546	615	586	625	635	547	609	545	617	5,542	5,875	6%	6,672	7,050

Updated RTT position as at 12 March (data is weekly)

- 52+ week waits: 9,049 across all providers, of which 4,645 are at UHNM and 310 at the Independent Sector providers. The ICB and UHNM totals are a decrease on the position as of the previous week, the ICB total decreasing by 36. Decreases are driven by the 65+ and 78+ wait bands.
- 65+ week waits: 3,396 across all providers, of which 2,066 are at UHNM and 38 at the Independent Sector providers. 65+ week waits remain on a shallow upward trend across the ICB.
- 78+ week waits: 901 across all providers, of which 637 are at UHNM and 10 at the Independent sector providers. Those in the Independent Sector are focused at Nuffield Health North Staffordshire (4) and Beacon Park Hospital (3). The ICB total remains on a sharp downward trend with weekly reductions.
    - The **forecast** at UHNM (trust-wide) is for 653 patients to be waiting >78 weeks at the end of March. In addition 2 patients are forecast to be waiting >78 weeks at the end of March at Independent Sector providers based outside Staffordshire and Stoke-on-Trent.

      Please note this data is not a final position and will change.
- 104+ week waits: 71 across all providers, of which 64 are at UHNM, 5 at UHB and 1 at another NHS provider. The ICB total remains on a downward trend however there have been small increases across late February and early March
- UHNM forecasts 59 patients to be waiting >104 weeks by the end of March.

Date Source: SUS and Performance data published by NHSE. Time Period: Note the data is subject to a 2 month 'lag' for Provider re-submission data published by NHSE. This is normal process.
Y/E Actual/FOT: When year end actual position is yet available, estimated FOT is used: RTT waiting list FOTs are calculated using linear regression; Other metrics are derived by applying the current YTD monthly average to the entire financial year.

Planned care activity – Month 10

	2019/20										2022/23									
Indicator	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Elective Ordinary Spells	1,537	1,770	1,663	1,751	1,613	1,577	1,829	1,739	1,445	1,464	1,213	1,410	1,441	1,331	1,317	1,349	1,402	1,546	1,359	1,548
Day cases	12,887	13,222	12,309	13,665	12,486	12,763	13,753	13,321	12,050	13,615	10,844	12,466	12,207	12,073	12,318	12,062	12,522	13,455	11,289	13,779
Outpatient procedures (Cons Led)	13,708	14,216	13,744	15,297	13,588	14,194	15,246	14,193	12,611	14,589	10,411	12,200	11,169	11,219	11,778	12,010	11,322	12,498	10,256	11,868
Outpatient first attendances without a procedure (Cons Led)	26,313	27,224	25,683	28,824	24,826	27,192	29,681	27,507	24,620	28,229	23,166	27,884	26,687	25,552	26,693	29,082	29,438	31,844	24,960	29,715
Outpatient follow-up attendances without a procedure (Cons Led)	43,191	45,665	42,944	48,318	42,218	45,885	50,110	46,857	39,981	48,568	38,223	44,412	41,593	38,851	41,800	45,460	45,430	49,014	38,366	46,900
Diagnostic Tests (Specific 7 Tests)	37,950	39,669	39,235	40,563	37,767	37,914	40,824	39,753	36,898	40,327	29,625	32,536	30,406	31,850	32170	32103	32818	33641	29944	34,393

YTD 1920 v YTD 2223			Y/E (Actual/FOT)	
19/20	22/23	% Var	19/20	22/23
16,388	13,916	-15%	19,137	16,699
130,071	123,015	-5%	152,523	147,618
141,386	114,731	-19%	164,216	137,677
270,099	275,021	2%	317,277	330,025
453,737	430,049	-5%	535,884	516,059
390,900	319,486	-18%	458,445	383,383

Elective Activity

- Year to date
  - Elective ordinary spells, day cases and outpatient procedures remain below the volume in 2019/20
    - Elective Ordinary Spells are at 90.7% of the 2022/23 plan.
    - Day cases are at 99.6% of the plan
    - Outpatient procedures are at 89.4% of the plan
  - Outpatient first attendances have exceeded 2019/20 activity levels by 2% and are at 110.9% of the 2022/23 plan.
  - Outpatient follow ups remain above plan; activity increased sharply in January, well above the planned increase. The year end forecast is an 11% surplus to the plan.

Diagnostics

- Diagnostic activity increased by 12.9% from December to January, and was the highest in-month activity recorded so far in 2022/23. However year to date activity is 18% below this point in 2019/20.

*Note: The current Year End FOT is set to be **below** the 19/20 FOT for the above indicators (with the exception of outpatient follow-up attendances). This indicates that activity must increase for Elective Ordinary Spells, Day Cases, Outpatient and Diagnostics if the 2019/20 volume [target] is to be met.*

Primary Care Summary

Appointments in General Practice

Indicator	Currency	Q1			Q2			Q3			Q4	YTD	Y/E (Actual/FOT)	Change on previous period	Trend
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23				
Appointments in General Practice	Count	423,294	484,394	448,258	455,173	470,805	501,940	571,228	556,735	469,981	520,189	4,901,997	5,906,727	▲	
	% to Plan	99.4%	114.6%	93.5%	98.8%	108.5%	93.3%	100.3%	99.6%	103.1%	106.1%	101.4%	103.8%	▲	
	% to 19/20	99.6%	111.1%	108.8%	97.5%	116.4%	105.1%	104.9%	116.3%	112.7%	109.4%	108.0%	109.9%	▼	

- Year to date the ICB is delivering 101.4% of the plan (66,982 more appointments than 19/20).
- Activity remains above that delivered in 2019/20, for the sixth consecutive month.
- The year end plan is forecast to be exceeded by 1.4%, although some impact may be seen due to Junior Doctor strikes affecting capacity in training practices (29% of GP WTEs in the ICB are Junior Doctors).

Metrics by Exception – Performance against Target

Indicator	Targets / Variance	Q1			Q2			Q3			Q4		YTD	Y/E (Actual/FOT)	Change on previous period	Trend
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23				
Total number of social prescribing referrals (cumulative)	*Cumulative target Q1: 3365, Q2: 6730, Q3: 11,780, Q4 16830*	3,103			6,692			9,991			12,120	15,096	15,096			
Learning Disabilities annual health checks (quarterly targets, cumulative data)	*Targets: Q1 12.29%, Q2 31.0%, Q3: 49.8%, Q4: 75%*	12.0%			29.4%			50.0%			59.0%	70.1%	70.1%			
Antimicrobial resistance: total prescribing of antibiotics in primary care	0.871	0.989	1.003	1.008	1.013	1.019	1.013	1.013	1.024	1.073			1.073	1.038	▲	
	Variance to 19/20 (rate)	-0.063	-0.046	-0.037	-0.033	-0.027	-0.034	-0.032	-0.019	0.023			0.023		▲	

- **Social Prescribing referrals** (cumulative): The position has improved in February. The shortfall against the plan year to date is 51 referrals. This is a significant improvement on the December position, where we were below target by 1789 referrals.
- **LD Annual Health Checks** (cumulative): Provisional data for February shows that 70.1% of eligible patients received a health check, which exceeds the interim target of 66.6% for February.
- The **Antimicrobial Resistance** rate increased in December (latest data) and remains above the target set for our ICB (an adverse position). Performance has been impacted by ongoing support for the asylum seeker population (Diphtheria) and a large increase in prescribing of antibiotics due to Strep A. Year end FOT indicates the target will not be met.

Data Source: *Appointment in General Practice – Appointments in General Practice data collection (NHS Digital)*
Time Period: Note the data is subject to a 2 month 'lag' for Provider re-submission, data published by NHSE. This is normal process. Y/E Actual/FOT calculated using the 3 year cumulative average

Mental Health Summary

Indicator	Currency	Q1			Q2			Q3			Q4	YTD	Y/E (Actual/FOT)	Change on previous period	Trend
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23				
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - ICB level	Count	15			160			120				295	393	▼	
	% to Plan	8.3%			133.3%			200.0%				245.8%	109.3%	▲	
	% to 19/20 (count)	12.0%			66.7%			88.9%				59.0%	61.0%	▲	
	Provider wide actual - NSCHT*	0			115			20				135	270	▼	
	Provider wide actual - MPFT*	565			885			675				2,125	2,833	▼	
Access to NHS Talking Therapies (formerly IAPT)	Count	6,025			5,935			6,630				18,590	26,992	▲	
	% to Plan	75.5%			70.9%			76.6%				74.4%	79.8%	▲	
	% to 19/20 (count)	116.4%			110.4%			120.1%				115.7%	124.2%	▲	
Estimated diagnosis rate for people with dementia	Count	10,157			10,476			10,586			10,506	10,506	10,917	▼	
	% to Plan (numerator)	102.8%			105.2%			105.8%				104.1%	108.2%	▲	
The proportion of CYP with ED (**routine** cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	Percentage <4 weeks	78.3%			77.8%			77.1%				77.1%	76.3%	▼	
	Variation to plan (rate)	-0.5%			0.5%			-9.1%				-9.1%	-18.6%	▼	
	Variation to 19/20 (rate)	-13.9%			-13.7%			-17.3%				-17.3%		▼	
	Variance to National Target (95%)	-16.7%			-17.2%			-17.9%				-17.9%		▲	
The proportion of CYP with ED (**urgent** cases) that wait one week or less from referral to start of NICE-approved treatment (rolling 12 months)	Percentage <1 week	91.7%			98.1%			93.9%				93.9%	96.0%	▼	
	Variation to plan (rate)	8.3%			13.9%			3.9%				3.9%	-4.0%	▼	
	Variation to 19/20 (rate)	-0.6%			-1.9%			-6.1%				-6.1%		▼	
	Variance to National Target (95%)	-3.3%			3.1%			-1.1%				-1.1%		▼	

Metrics by Exception

- **Out of Area bed days** (at ICB level) remain above plan in Q3, by 200% - 120 bed days to a plan of 60. Current demand exceeds the bed base available due to high levels of patient acuity and a limited number of female beds. Females are more likely to be affected because there are no female-only hospitals within Staffordshire.
  - **note that Provider data includes all patients not just SSoT and is rounded by NHSE to the nearest 5 and must be used as an indicative guide only.*
- Access **to IAPT** Services is forecast to be below plan at year end, although the forecast outturn is above 2019/20 levels.
- **CYP eating disorder** service for **routine** cases variation to the plan has increased with activity 9.1% below the Q3 plan value. The National target has not been met again and the variation to the 2019/20 rate and the target has widened in Q3.
- The **CYP eating disorder** service for **urgent** cases recorded a notable drop in the percentage of patients waiting less then 1 week (of 10% in Q3). The variation to 2019/20 has increased in Q3 (to 6.1%) and the 95% national target breached by 1.1%.

Data Source: Performance data published by NHSE. Time Period: Note that Mental Health data is updated in different intervals to performance and activity data. This data is presented from the most recent [data] available.
Note re. CYP eating disorders (ED) data; the source is the initial cut of the data direct from NHSE/D and remains consistent (as a source) across the financial year. This may not match the published data as that is often subject to change and has a time lag.

Mental Health Summary

Indicator	Currency	Q1			Q2			Q3			Q4	YTD	Y/E (Actual/FOT)	Change on previous period	Trend
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23				
People with severe mental illness receiving a full annual physical health check and follow up interventions	Count	3,697			3,801			3,976				3,976	4,104	▲	
	% to Plan	112.4%			102.5%			87.5%				87.5%	73.8%	▼	
	% to 19/20 (count)	141.1%			149.1%			149.6%				149.6%	152.7%	▲	
Women Accessing Specialist Community Perinatal Mental Health Services	Count	305			450			525			560	560	668	▲	
	% to Plan	85.4%			83.6%			71.8%				69.5%	74.5%	▼	
	% to 21/22 (count)	95.3%			97.8%			90.5%			89.6%	89.6%	94.8%	▼	
Access to Individual Placement and Support Services	Count	345			460			550			595	595	714	▲	
	% to Plan	156.6%			104.4%			83.2%				81.0%	81.0%	▼	
	% to 19/20 (count)	328.6%			270.6%			224.5%			212.5%	212.5%	219.7%	▼	
Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	Count	10,560			11,040			10,995			10,815	10,815	11,319	▼	
	% to Plan	93.9%			97.7%			96.9%				94.0%	98.4%	▼	
	% to 21/22 (count)	102.5%			111.6%			107.7%			106.0%	106.0%	108.5%	▼	
Access to Children and Young People's Mental Health Services	Count	14,885			14,945			14,845			14,905	14,905	15,045	▲	
	% to Plan	75.2%			74.8%			73.2%				73.7%	74.4%	▼	
	% to 21/22 (count)	121.9%			114.4%			108.4%			106.6%	106.6%	103.9%	▼	

Metrics by Exception

- Severe Mental Illness (SMI) annual health checks – There is no new data for January as the metric is reported quarterly, however actions to address the drop in activity are ongoing.
- Perinatal Access – Q4 to date shows a surge in the number of contacts during January, however the plan is forecast not to be met at year end.
- Access to Individual Placement and Support Services - Q4 to date shows a surge in the number of contacts during January.
- Overall Access to Core Community Mental Health Services (for Adults with SMI) - year end forecast is 98.4% of plan.
- Access to Children and Young People's MH Services – activity levels are forecast to be below plan at year end.

Notes:

- *(*) Where metrics do not have a FOT they either do not have a plan or they are a combination of monthly data and quarterly plans therefore it is not possible to generate a linear forecast*
- *Overall Access to Core Community Mental Health Services for Adults and Older adults with Severe Mental Illnesses and Access to Children and Young People's Mental Health Services continue to be impacted by the move to ICBs. NHS Digital are working on getting the data for August and September into next month's publication of the MHSDS.*
- *Published First Episode Psychosis treatment data is currently withheld because the data has yet to be released by NHS Digital in a usable format (being only available at Sub-ICB level and rounded to the nearest 5/ suppressed where values fall below 5).*

Data Source: Performance data published by NHSE. Time Period: Note that Mental Health data is updated on different intervals to performance and activity data. This data is presented from the most recent [data] available.

Planning Update

Update on the 2023/24 Operational Plan and NHSE activity submissions

Paul Brown – Chief Finance Officer

Introduction

The system is required to agree three planning documents, all due to be published at about the same time:

- A plan for the financial year 2023/24 (plan reflecting local and national priorities)
- A five year 'Joint Forward Plan'
- A Strategy

The following slides provide an update on the progress to date for the NHSE activity submissions and the 2023/24 Operational Plan

The ICB Board is asked to note the update and progress to date.

2023/24 Plan

Urgent Care	Planned Care	Workforce	Finance
Compliant	**Partially compliant**	**Compliant**	**Not compliant**
76% A&E 4 hours and 92% Bed Occupancy However significant pressures	Achieved the 103% CWA target Not achieving 65 week wait target	Broadly flat establishments. Planning increase in headcount by c700 after c100 reduction in agency	Deficit of £40m. Region will expect us to improve that, although we are second best in the Midlands

2023/24 Financial plan update

- The Operating plan, supported by the finance, activity and workforce plans was submitted to NHS England on 30 March.
- Work by all of the four system partners resulted in improvements to the individual plans and the plan was submitted with a **deficit of £39.4m** following the agreement of the CEOs to submit a plan containing a stretch target.
- The table below sets out the improvements made between 23 February and 30 March and the document updates the complete system story board to the £39.4m deficit position.
- **This remains not a compliant plan, given all NHS organisations have a statutory duty to breakeven.** We understand however that no system within the Region has submitted a compliant plan. Further escalation meetings are already planned by the Regulators.
- Work continues to further develop the efficiency plans and operational plans which underpin the current plan and the Committee will wish to note that the plan continues to contain **£48m of unmitigated risk**.

Timeline of Position Surplus\()deficit	ICB £m	UHNM £m	MPFT £m	NSCHT £m	ICS £m
Submission 23rd Feb	(85.0)	(34.2)	(2.2)	(1.3)	(122.7)
Movements to Flash Report 13/03/23-					
Prescribing - Cat M & NCSO	8.0				8.0
Use of NR flex				0.4	0.4
Agency Reduction				0.4	0.4
ULP Improvement - reduction in cost pressure				0.5	0.5
Slippage			2.2		2.2
Position - Flash Report 13/03/23	(77.0)	(34.2)	-	-	(111.2)
Movements to Flash Report 20/03/23-					
Revision of planning assumptions	6.0				6.0
Release of BCF & NR flexibility	9.1	3.0			12.1
Position - Flash Report 20/03/23	(61.9)	(31.2)	-	-	(93.1)
Movements to Flash Report 27/03/23-					
RWHT Contract	3.1				3.1
UHDB Contract	1.5				1.5
Discharge budgets review	5.1				5.1
NR Slippage		3.0			3.0
NR Contract adjustment	1.0				1.0
Position - Flash Report 27/03/23	(51.2)	(28.2)	-	-	(79.4)
Movements to submission 30th March-					
System stretch target	40.0				40.0
Position - March Submission	(11.2)	(28.2)	-	-	(39.4)

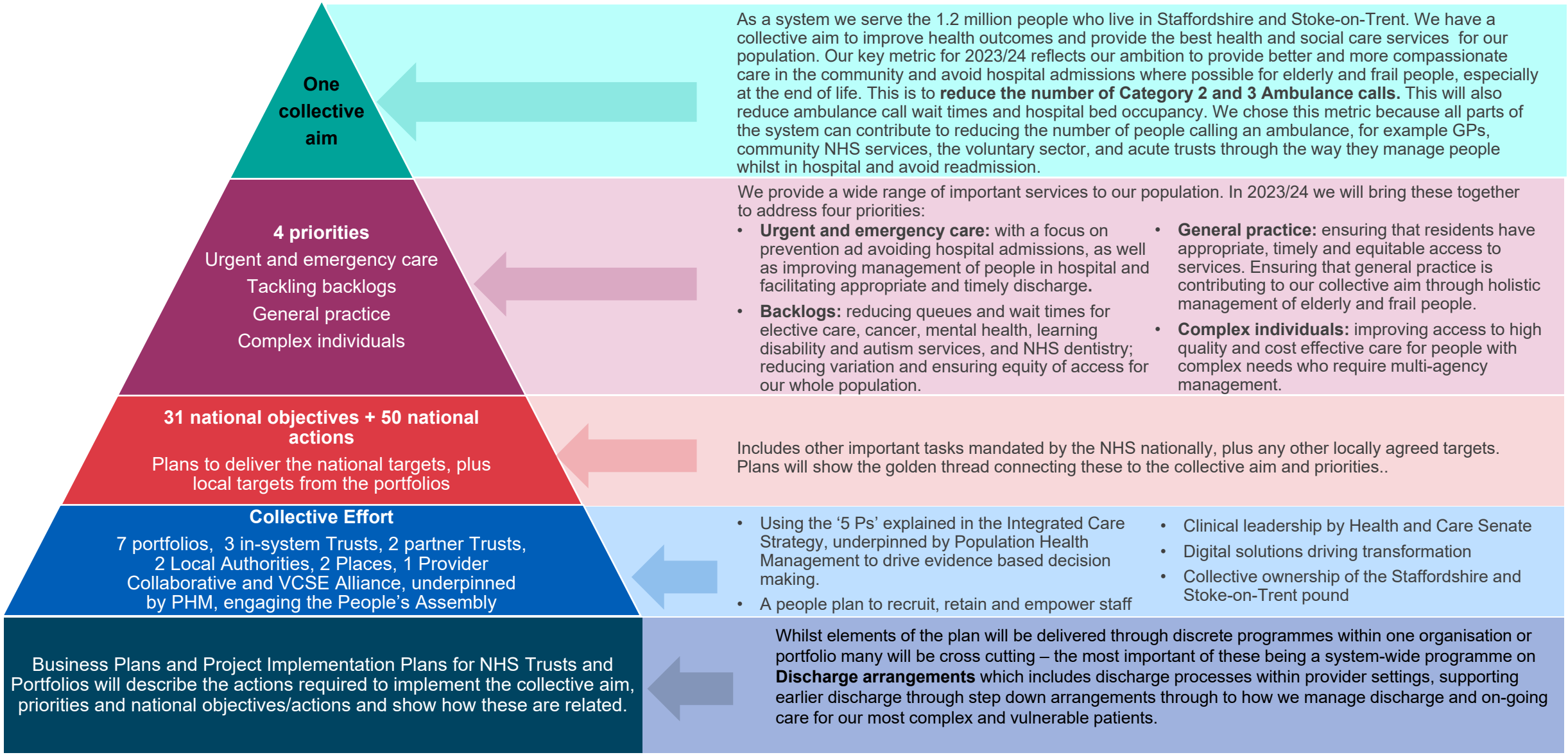
2023/24 Financial Plan - Next steps

The system has agreed the following key actions as a result of the submission of a deficit plan:

- **Revisit all workforce plans** to maximise the opportunities to reduce reliance on temporary staff and cut premium costs and ensure that growth in workforce delivers improved productivity or addresses key delivery targets
- **Deliver a CHC recovery plan which arrests the escalation** and seeks to reverse the growth in care costs. This will include the development of ambitious plans, jointly with our Local Authority colleagues to **stimulate and manage the care market**
- **Ensure we maximise all possible efficiencies in both primary and secondary care** in terms of prescribing and drugs costs such as the urgent implementation of biosimilar switches
- Collectively work with our Community Trust and LA partners to **ensure that investment in the BCF and discharge funding, is directed at services which make a tangible contribution to delivery,** especially in terms of admission avoidance for the frail elderly and timely discharge arrangements from acute settings
- Development of the **efficiency plans,** increasing the proportion that are delivered through recurrent schemes
- Development of the **productivity improvement plans** underway within the providers and provider collaborative, targeting an early return to pre-Covid levels of productivity as a minimum and capitalising on the opportunities of new ways of working such as efficiencies delivered through digital innovation
- All organisations to undertake a critical appraisal of all spend **detailed line by line review of spend to identify areas of true cost out opportunity**. This will include the consideration of actions to support the running costs targets in 2024/25 and 2025/26.
- Implement a **system double lock** which means any new investments are agreed by all parts of the system which includes any new allocations received and opportunities to bid for development spend.

Our System Operating Plan

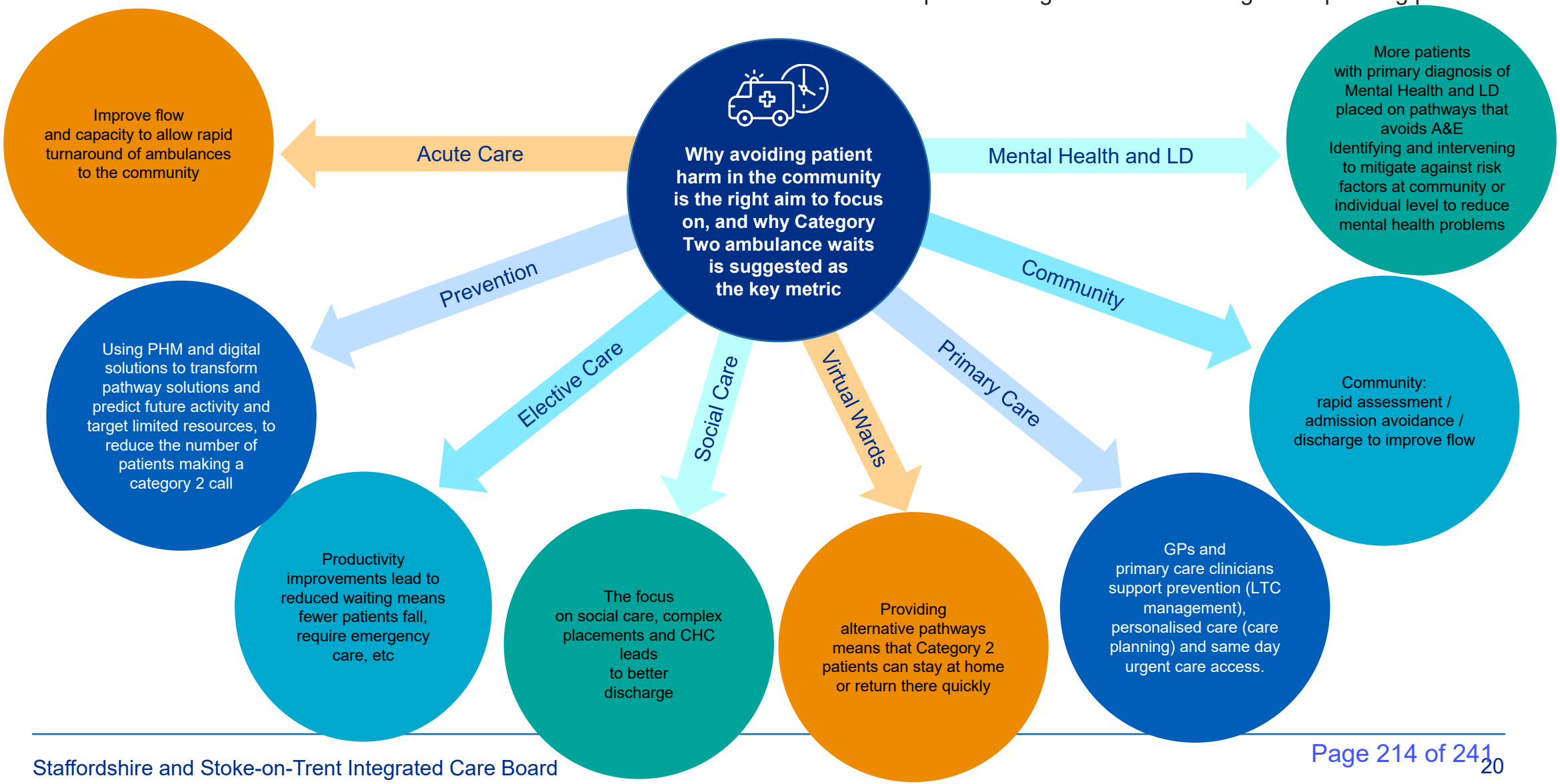
The system plan for 2023/24 on a page



Context for the Approach Suggested

We need a target that everyone can contribute to. This will have a few effects:

- It will clearly enhance the chance of achieving that one thing
- It will lead to a greater sense of common purpose – The Janitor and JFK effect
- It will enable the development of a golden thread through the operating plan



Key Actions and Next Steps

A first draft of the 2023/24 one year plan based on work to date with leads and portfolio's has been developed and shared.

Feedback can be provided through the ICB Planning team icbplanningandassurance@staffsstoke.icb.nhs.uk up to 19th April

ICB Planning Team to continue working with providers / partners and portfolios to refine and agree content in the portfolio sections. In particular:

- Feed in one specific key achievement
- Key delivery metrics from each portfolio to be agreed and shared
- Commitment statements from the named lead on each slide
- Specific sections – meetings taking place over the next couple of weeks to develop context and narrative

The final document will be taken through for approval at the System Planning Group in April and signed off by Finance and Performance

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**12**

Title:	**Freedom to Speak Up**

Meeting Date:	20 April 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Sally Young, Director of Corporate Governance	Y	Tracey Revill, Interim Deputy Head of Governance

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
	N/A

	Action Required (select):										
Ratification-R	x	**Approval -A**		**Discussion - D**		**Assurance - S**		**Information-I**	

Is the Committee being asked to make a decision/approve this item? Y/~~N~~			
Is the decision to be taken within Committee delegated powers & financial limits?			
• Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits			
Within SOFD Y/N	N/A	**Decision's Value / SOFD Limit**	N/A

History of the paper – where has this paper been presented		
The FTSU Policy was shared with the following groups;	Date	A/D/S/I
General Purposes and Resources Group Meeting	13/02/2023	D
Staff Engagement Group	23/02/2023	D
Shared with staff Networks for comment	23/02/2023	D
Staff-side	28/02/2023	A
Weekly Exec Meeting	06/03/2023	D
Quality & Safety Committee	08/02/2023	A

Purpose of the Paper (Key Points + Executive Summary):

This paper is to update the Board on the work for Freedom to Speak Up (FTSU), with the arrangements that have been put in place to support members of staff to speak up regarding any concerns they have in relation to the ICB. The ICB are committed to providing support to anyone who wishes to raise any concerns and to assure them that anything they raise is treated in the strictest confidence and with their consent and that they will not be treated any differently in any way.

The paper also includes the new NHSE Freedom to Speak Up Policy that all Trusts are asked to adopt by January 2024.

The Board is asked to assign one of the NEDs to be the lead NED for Freedom to Speak Up and to agree that a further Freedom to Speak Up Guardian, who is not in an Executive role, is nominated.

Is there a potential/actual Conflict of Interest?	**Y/~~N~~**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
A conflict could arise if a concern was raised in relation to the FTSU Guardian or a member of their team, the ICB also have in place a FTSU Champion to help mitigate any conflict. This paper outlines having an additional FTSU Guardian who isn't an Executive to help mitigate any conflict for individuals who do not wish to raise concerns with a member of the Exec Team. In addition to this a named NED is proposed.	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
Legal and/or Risk	There is a requirement for the ICB to provide channels for staff to raise concerns.
CQC/Regulator	Reviewed and not considered applicable.
Patient Safety	Reviewed and not considered applicable.
Financial – if yes, they have been assured by the CFO	No financial impact, the roles are all voluntary.
Sustainability	As there are a limited number of cases the role is manageable alongside normal duties.
Workforce / Training	FTSU training has been rolled out as part of the mandatory training for all staff.

Key Requirements:	
1a.	How can the author best assure the Board that the decision put before it meets our statutory duty to reduce inequalities by ensuring equal access to services and the maximising of outcomes achieved by those services? N/A
1b.	How can the author best assure the Board that the decision put before it meets our new statutory duty to have regard to the wider effects of our decisions in relation to health & wellbeing, quality and efficiency? (If the paper is 'for information' / for awareness-raising, not for decision, please put n/a) N/A

		Y/N	Date
2a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
2b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
2c.	Were there any conditions? If yes, please state details and the actions in taken in response: • **Condition 1 & action taken.** • **Condition 2 & action taken.**		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • **Stage 1** • **Stage 2**	**N/A**	
3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
3c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
4.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
5.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	

Recommendations / Action Required:

The ICB Board is asked to:

- Ratify the Freedom to Speak up Policy and support the ongoing work for speaking up
- Assign one of the NEDs to be the lead NED for Freedom to Speak Up
- Agree that a further Freedom to Speak Up Guardian, who is not in an Executive role, is nominated

Freedom to Speak Up Report

1. Introduction

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015). Sir Robert Francis found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

The National Guardian's Office leads, trains and supports a network of Freedom to Speak Up Guardians in England and conducts speaking up reviews to identify learning and support improvement of the speaking up culture of the healthcare sector.

There are over 900 guardians in NHS and independent sector organisations, national bodies and elsewhere that ensure workers can speak up about any issues impacting on their ability to do their job. The National Guardian's Office also provides challenge and learning to the healthcare system as part of its remit.

The ICB has a Freedom to Speak up (FTSU) Guardian and a Freedom to Speak Up Champion for staff to contact should they wish to raise concerns. There is also a Freedom to Speak Up email; FTSUconfidential@staffsstoke.icb.nhs where staff can email their concerns if they do not wish to talk to the guardian or champion in the first instance.

A form has been developed which staff can use to raise concerns anonymously, the FTSU Champion is sent a notification to say a form has been submitted and the concern can then be addressed. Staff are reminded that where concerns are raised anonymously it will not be possible to provide them with feedback. A log of concerns raised will be compiled which can be requested, this will only have limited details of the concern raised and the outcome, it will not identify any person raising the concern or provide details of team(s) involved.

2. Speak Up

The ICB have put in place a framework for staff to contact a person or persons they trust if they wish to raise any concerns, they may have regarding themselves or colleagues. There are various ways in which staff can raise their concerns through various support groups, or anonymously if they do not wish to be identified.

Should an issue be raised that does not come under FTSU, we can sign-post to the most appropriate person(s), depending on the nature of the issue raised.

There are also other support groups that can be contacted such as:

Mental Health First Aiders

Change Ambassadors

Staff networks

Staff Engagement Group (SEG)

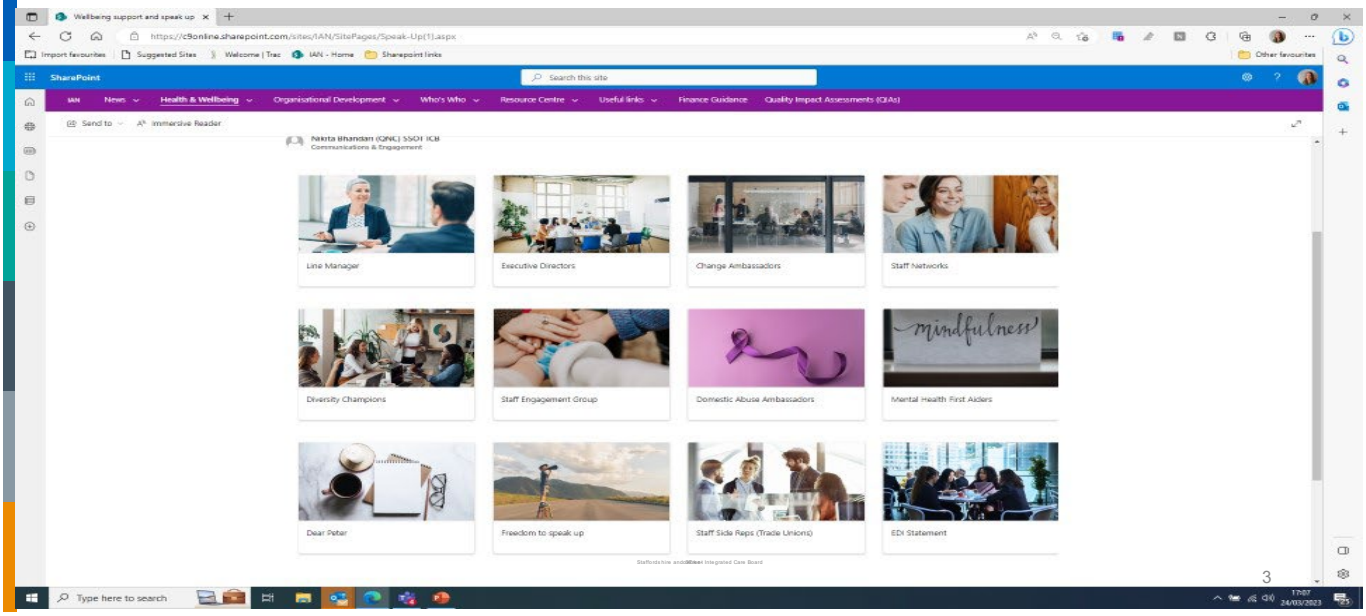
Line Managers

Named NED Wellbeing Lead

Another member of staff with whom they have a good relationship with and whom they trust.

Further Information can be found on the intranet at this Wellbeing support and Speak up link [Wellbeing support and speak up (sharepoint.com)]

Information on IAN



3. Policy

The FTSU policy (formerly Whistleblowing) has been updated in line with the National Guardian's Office (NGO) policy guidance which outlines best practice and what should be included within all FTSU policies. All Trusts will need to adopt this policy by January 2024. The policy has been though the Staff Engagement Group and support networks to obtain their feedback which has been incorporated into the policy where relevant. The policy has also been approved at the Quality and Safety Committee subject to the addition of the following point;

- Section 7.2 *If, as part of your role in the ICB, you have to visit another organisation across the system where you identify freedom to speak up concerns you can either, report these to the ICB Freedom to Speak Up Guardian or that organisation's own Freedom to Speak Up Guardian.*

In addition to this, this paper includes a recommendation to assign a NED to FTSU as well as adopting a further Guardian who isn't a member of the Exec Team. It was also pointed

out that NHS Improvement and Health Education England would form part of NHSE from 1st April 2023.

4. Communications

Regular updates via newsletters, team briefs, etc, have been provided to staff on the work of the FTSU Guardian/Champion and we have Freedom to Speak Up page on IAN; Freedom to Speak Up Guardian (sharepoint.com)

The team briefs have regularly included updates on Speaking Up since the ICB came into being and celebrated the October Freedom to Speak Up Month. More recently on the 9th January 2023 and 27th March 2023 the Team Briefs highlighted the Wellbeing and Speak Up Channels and the team brief held on the 3rd April 2023 had a dedicated section to inform staff of the various groups that they can contact.

5. FTSU Networks

There are several National and Regional Networks for the FTSU Guardian and Champion to attend which provide advice and support.

The FTSU Guardian has also set up a network with colleagues across the system which aims to provide support for the guardians. All conversations are held in the strictest confidence, and we ensure this does not breach GDPR as no identifiable information is exchanged.

6. Case Load

The ICB has received a limited number of cases, with only one having been reported, investigated and closed at the time of writing this report. A meeting was held with those involved following which the individual was happy to close the issue.

7. Training

This FTSU training has been developed for everyone wherever they work in healthcare and explains in a clear and consistent way what speaking up is and its importance in creating an environment in which people are supported to deliver their best. It helps staff understand the vital role they can play and the support available to encourage a healthy speaking up culture for the benefit of patients and workers.

The ICB have also introduced the FTSU training as part of mandatory training through ESR. The new modules on Freedom to Speak are being introduced from 1st April 2023 to be completed every 2 years.

- Speak up - all staff, NEDS, Chair, Execs
- Listen up - all staff, NEDS, Chair, Execs
- Follow up - NEDS, Chair, Execs and Band 8d /9/VSM

8. Work in progress

- An initial meeting has taken place with the Chief Medical Officer and his senior team to discuss the support from General Practice required for FTSU and in addition to this is whether the delegated functions for Pharmacy, Optometrists and Dentists require additional support. Further work is required to unpick these requirements further.
- Asking the Board to agree to assign one of the NEDs to be the lead NED for FTSU
- Asking the Board to agree to call for nominations for a second FTSU guardian, who is not an Executive. This would provide a choice for individuals to raise issues with and remove any concerns about raising issues with an Executive.

9. Recommendations

The ICB Board is asked to:

- Ratify the Freedom to Speak up Policy and support the ongoing work for speaking up
- Assign one of the NEDs to be the lead NED for Freedom to Speak Up
- Agree that a further Freedom to Speak Up Guardian, who is not in an Executive role, is nominated

Freedom to Speak Up Policy (Whistleblowing/Raising Concerns)

Policy Number	
Version:	1.1
Ratified by:	
Date ratified:	
Name of originator/author:	MLCSU HR Team
Name of responsible committee/individual:	People Culture and Inclusion
Date approved:	
Date issued:	
Review date:	
Date of first issue	
Target audience:	All ICB Employees, Directors, Non-Executive Directors, temporary Staff, Contractors & Practices

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
	Ethnic Diverse Group (EDG)	27/01/2023
	General Purpose Resources Group	13/02/2023
	Staff Engagement Group (SEG)	23/02/2023

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
People, Culture and Inclusion Committee for approval	
ICB Board for Ratification	

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
1.0	First version	August 2022	MLCSU
1.1	Revised First version in line with National Guardian Framework	February 2023	T Revill

IMPACT ASSESSMENT = available on request

	Stage	Complete	Comments

CONTENTS

1.0 Introduction

This policy is designed for all ICB employees to raise any concerns they may have in a confidential and safe environment. The ICB welcomes individual concerns being raised so they can be addressed and enables the ICB the opportunity to make improvements.

The ICB will have a focus on how we can improve the culture and the experience of our staff and will adopt the National Guardian's values below:

2.0 Speak Up – we will listen

2.1 Speaking up about any concern you have at work is really important. A relevant concern can relate either within the workplace or externally, in relation to danger, risk, malpractice or wrongdoing which affects others.

2.2 This may be a specific concern regarding some danger, fraud or other illegal or unethical conduct that affects others, how the organisation delivers its services or how it affects patient services. It is vital that you know how to speak up as it will help us to keep improving the working environment for our staff and services for all patients.

2.3 You may feel worried about raising a concern and we understand this - but please don't be put off. In accordance with our duty of candour, the organisation is committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

3.0 What concerns can I raise?

3.1 You can raise a concern about risk, malpractice, or wrongdoing you think is harming the service we provide or commission. Just a few examples of this might include (but are by no means restricted to):

- unsafe working conditions
- inadequate induction or training for staff
- suspicions of fraud (which can also be reported to the counter-fraud team)

- a bullying culture (across a team or organisation rather than individual instances of bullying).
- failure to comply with legal obligations
- damage to the environment
- unsafe patient care
- lack of, or poor, response to a reported patient safety incident

3.2 Remember that all employees and workers, including clinical and non-clinical registered professionals within the NHS have a duty to report a concern under the circumstances set out in this policy. If in doubt, please raise it.

3.3 Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

3.4 This policy should not be used to raise concerns of a personal nature for example complaints relating to a management decision or matters of individual conscience where there is no suggestion of wrongdoing, but an employee or worker is, for example, required to act in a way which conflicts with a deeply held belief. These matters should be dealt with using the relevant alternative procedure, for example, the Grievance Procedure.

There is not right or wrong way in which to raise a concern and staff are encouraged to raise their concern. It may be that the concern raised could be looked at under another process, this will be discussed with you at the time. You may wish to raise your concern in the first instance, with someone you have a trusted relationship with, e.g. your line manager or another colleague and ask them to raise it on your behalf as you may wish to remain anonymous going forward.

4.0 Feel safe to raise your concern

4.1 If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment, victimisation, ostracising or ignoring you as a result of raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. If you think you are in this situation, seek advice and support. If your concerns remain unresolved, seek advice and escalate your concerns. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

4.2 Provided you are acting honestly it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

5.0 Confidentiality

5.1 We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

All concerns raised regardless of whether open or anonymous will be treated confidentially and not discussed outside of the process or with anyone not involved in any necessary investigation.

6.0 Who can raise concerns?

6.1 Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers and governors.

7.0 Who should I raise my concern with?

7.1 In many circumstances the easiest way to get your concern resolved will be to raise it formally or informally with your line manager. However, where you don't think it is appropriate to do this, you can use any of the options set out below in the first instance.

7.2 If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:

- A member of the ICB Executive Team.
- The Freedom to Speak Up Guardian - this is an important role identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation or if necessary, outside the organisation. This individual for the ICB is:
  Sally Young, Director of Corporate Governance;
  sally.young@staffsstoke.icb.nhs.uk
- If you feel that you cannot raise your concern with a member of the ICB Executive team and /or Freedom to Speak Up Guardian, then you can raise your concern with the Freedom to Speak Up Champion. The individual for this is Tracey Revill, Governance Manager/IG Operational Lead, tracey.revill@staffsstoke.icb.nhs.uk
- You can also email the Freedom to Speak Up dedicated inbox if you prefer to do so; FTSUconfidential@staffsstoke.icb.nhs.uk
- If, as part of your role in the ICB, you have to visit another organisation across the system where you identify freedom to speak up concerns you can either, report these to the ICB Freedom to Speak Up Guardian or that organisation's own Freedom to Speak Up Guardian.

7.3 If you remain concerned after this, you can raise your concerns through the:

National Director: Transformation and Corporate Operations in the capacity of NHS England's appointed Freedom to Speak Up Guardian via the email:
england.voicingyourconcerns@nhs.net

.

7.4 All these people have been trained in receiving concerns and will give you information about where you can go for more support.

7.5 If for any reason you do not feel comfortable raising your concern internally, you may raise concerns with external bodies, listed on page 8.

8.0 Advice and support

8.1 Details of the local support available to you can be obtained by contacting MLCSU's People Services Team on mlcsu.people@nhs.net or contacting the Freedom to Speak Up Guardian or Freedom to Speak Up Champion.

7.2 However, you can also contact the Whistleblowing Helpline for the NHS and social care, your professional body or trade union representative.

9.0 How should I raise my concern?

9.1 You can raise your concerns with any of the people listed above in person, by phone or in writing (including email). Is/

9.2 You can raise your concern anonymously via our E-form, see Appendix D, the link for the form; [inert link]

Anonymous concerns that are raised directly to the Freedom to Speak Up Guardian or Champion are required to be recorded for national monitoring and will be available on the Freedom to Speak Up section on the ICB intranet.

9.3 Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

Please be aware that if you raise your concern anonymously, the ICB will not be able to provide you personally with any updates or outcomes. However, any anonymous concerns will be available on the ICB intranet.

10.0 What will we do?

10.1 We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns and will respond in line with them (see Appendix B).

10.2 We are committed to listening to our staff, learning lessons and improving patient care and the services we commission. On receipt the concern will be recorded, and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

If you raise a concern, you should expect to:

- Be treated fairly
- Feel listened to and have your concerns taken seriously
- Have access to incident reporting mechanisms such as Datix or other local system for reporting adverse events, or near misses
- Receive timely and constructive feedback, including actions taken to resolve your concern.

The person you have spoken to:

- Should thank you for speaking up and listen carefully
- Maintain your confidentiality
- Tell you what they are going to do
- May need to investigate your concern
- Will decide on the most appropriate action to take
- Communicate what action has been taken maintaining confidentiality if required.

11.0 Investigation

11.1 Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of). Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a safety incident, we

will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based and will produce a report that focuses on identifying and rectifying any issues and learning lessons to prevent problems recurring.

11.2 We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

11.3 If your concern suggests a Serious Incident has occurred, an investigation will be carried out in accordance with the Serious Incident Framework.

11.4 Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

12.0 Communicating with you

12.1 We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

13.0 How will we learn from your concern?

13.1 The focus of the investigation will be on improving the service we provide for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

13.2 Equally, concerns raised regarding the working environment, which has an impact on a member of staff will be looked into and where it identifies any issues these will also be monitored to ensure any necessary changes are made and lessons learnt will be shared.

14.0 Monitoring and Review

14.1 This policy and procedure will be reviewed annually by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

14.2 Implementation and operation of this policy will be monitored on an annual basis by the ICB Leadership Team and People Services.

15.0 Equality

15.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination**,** promote equality of opportunity**,** and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

16.0 Data Protection

16.1 In applying this policy, the Organisation will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms

will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

17.0 Raising your concern with an outside body

17.1 Alternatively, you can raise your concern outside the organisation with:

- **NHS England (NHSE)** for concerns about:
  i how NHS trusts and foundation trusts are being run
  ii other providers with an NHS provider licence
  iii NHS procurement, choice and competition
  iv the national tariff
  v primary medical services (general practice)
  vi primary dental services
  vii primary ophthalmic services
  viii local pharmaceutical services
  ix Education and training in the NHS.

- **Care Quality Commission** for quality and safety concerns

- **NHS Counter Fraud Authority** for concerns about fraud and corruption.

18.0 Making a 'protected disclosure'

18.1 There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'prescribed persons', similar to the list of outside bodies on page 7 & 8, who you can make a protected disclosure to.

18.2 To help you consider whether you might meet these criteria, please seek independent advice from:

www.speakup.direct, which is free, independent and confidential advice service available to all staff and contracted workers within health and social care. While the helpline cannot investigate concerns, it can provide invaluable advice on whether your concern is indeed whistleblowing and talk you through the process to ensure it is followed correctly. The helpline is also able to advise on how you can escalate the concern with a prescribed body if needed.

Telephone: 08000 724 725.
Web: www.speakup.direct/contact-us/

Protect (formerly known as Public Concern at Work).
Protect is a charity that provides free, confidential legal advice to people who are concerned about wrongdoing at work and not sure whether, or how, to raise their concern.

Web: https://protect-advice.org.uk/

Email: https://protect-advice.org.uk/contact-protect-advice-line/

APPENDIX A - Process for Raising and Escalating a Concern

Step One
If you have a concern about a risk, malpractice, or wrongdoing at work, we hope you will feel able to raise it first with your line manager. This may be done verbally or in writing.

Step Two
If you feel unable to raise the matter with your line manager for whatever reason, please raise the matter with the local Freedom to Speak Up Guardian or Freedom to Speak Up Champion.

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- Treat your concern confidentially unless otherwise agreed.
- Ensure you receive timely support to progress your concern.
- Escalate to the board any indications that you are being subjected to detriment for raising your concern.
- Remind the organisation of the need to give you timely feedback on how your concern is being dealt with.
- Ensure you have access to personal support since raising your concern may be stressful.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

Step Three
If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact an alternative member of the ICB Leadership Team, as our Freedom to Speak Up Guardian is also a member of the ICB Leadership Team.

Step Four
You can raise concerns formally with external bodies.

APPENDIX B – Route for raising a concern

You have a concern that you would like to raise

Speak to your line manager or senior manager for early resolution

I want to raise my concern anonymously

You don't feel able to raise your concern with your line manager or senior manager

Raise concern via Freedom to Speak Up Guardian/Champion. Access the Freedom to Speak Up Policy

Fill out the FTSU form, which can be obtained; [insert link]

Your concern is logged formally with details of the concern raised. You can request that your name is not used if you do not wish for it to be used during any investigations.

The concern is reviewed by the Guardian to determine action to be taken and with consultation with others as required.

An investigation is undertaken by a nominated appropriate person with involvement from the Guardian. Timescales will be agreed. You will be kept updated on progress.

If you are raising your concern anonymously, please be aware that it will not be possible to provide feedback to you, but data will be recorded to map any lessons learnt or areas of trends

The investigation report and findings are reviewed. An action plan will be put in place to address any actions identified in the report and feedback will be provided back to the person raising the concern.

The ICB encourages anyone with any concerns to report them, you will be thanked for raising your concern, it will be treated confidentially, unless otherwise agreed, your concern will be acted upon, you will be kept informed. You **will not** suffer any detriment as a result of raising your concern this will not be tolerated by the ICB.

APPENDIX C - Raising Concerns Record Form

The organisation is committed to achieving the highest possible standards of service for the benefit of patients, employees, service users and visitors. Where standards are not as expected, we want to learn and welcome the opportunity to address issues as early as possible and make improvements swiftly.

The organisation is committed to ensuring that, in accordance with the Public Interest Disclosure Act 1998, individuals raising concerns will be protected from detrimental or unfavourable treatment and victimisation.

Stage 1 – To be completed by the manager receiving the concern

Date concern raised / disclosed	
Recipient of concern: • Name • Job Title • Email address • Contact telephone number	
Details of how the concern was received: (e.g. by email, call, meeting, letter etc.)	
Does the person(s) raising the concern agree to reveal their identity?	Yes / No
If Yes, person's / persons' details • Name • Job Title • Organisation • Department / Team • Email address • Contact telephone number	
If Yes, obtain signature	*Signed*:
Nature and type of concern (the wording of which should be agreed by both the individual raising the concern and the manager receiving the concern	
Outcome of initial discussion (to include details of triage and if required referral to alternative more appropriate policy or senior member of staff)	

Details of any relevant litigation relevant to this concern (e.g. breach of Data Protection Act)	

Stage 2 – To be completed by the Investigating Officer

Investigating Officer's details: • Name • Job Title • Email address • Contact telephone number	
Acknowledgement letter sent to the individual who raised the concern to include expected timescale for completion by the Investigating Officer	Yes / No
Case brought by professional/ worker group *e.g. Allied Health Professional, Medical, Registered Nurses, Administrative, Estates/Ancillary, other*	
Element of concern, *e.g. patient safety/ quality, worker safety/wellbeing, bullying/ harassment, inappropriate attitude/ behaviours, detrimental treatment as a result of speaking up*	
Details of agreed actions, including dates.	
Findings – what has been identified as the principal causes of the concern(s)?	
Is the concern(s) justified?	Yes / No
Suggestions for Improvements/Changes to Policy or Procedure, including the Freedom to Speak Up Policy and Procedure.	
Do you think improvements are justified?	Yes / No

If yes, how in your opinion may procedures /systems/ policies be reasonably amended?	
Are there changes that outside agencies/suppliers could make?	Yes / No
If Yes, what changes do you recommend/suggest?	
Results of investigation to person(s) raising concerns provided by letter	Date:
Outcome reported to FTSU Guardian	Date:
Any additional information/Lessons Learnt	

APPENDIX D – "E-Form" for raising an anonymous concern

Have you raised your concern with anyone else or your line manager? Yes/No

Date concern raised

Details of concern being raised (including time period)

add in names where this would be helpful

Please note that raising a concern anonymously will mean that the ICB will be unable to provide any feedback or outcomes to you.

Form to be sent to; FTSUconfidential@staffsstoke.icb.nhs.uk

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	System Quality & Safety Committee
Chair:	Josie Spencer
Executive Lead:	Heather Johnstone
Date:	Wednesday 12th April 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Board Assurance Framework (BAF)	The paper submitted was a partially completed BAF for Quarter 4, which had been updated by three of the six BAF Risk Owners. Delays have occurred as some Directors have been heavily involved with close down activities for finance and planning. In relation to BAF risk 3 the Committee agreed the score should remain at 12 due to the continuing pressures on the Maternity workforce in relation to the induction of labour.	
Risk Register	The Committee received the Risk Register for discussion and assurance. Risk 074 needs updating due to some national delays in publishing guidance.	.
Local Maternity & Neonatal System	Oversight and assurance of maternity and neonatal services continues to be delivered via the LMNS (Local Maternity and Neonatal System) Quality and Safety Oversight Forum (QSOF), which is held monthly and well attended by providers within Staffordshire and Stoke-on-Trent ICS and neighbouring ICSs. Unfortunately, the LMNS programme board was cancelled for the second time in March due to the impact of industrial action on the system and its partners. The route of escalation has been maintained by exception to the programme SRO Heather Johnstone and Chair Paul Edmondson-Jones and papers have continued to be submitted to the Quality and Safety Committee directly from the QSOF. Additional information was received and welcomed in relation the work of the Maternity and Neonatal Voices Partnership. The Committee was assured in relation to key quality assurance, quality improvement and patient safety activity relevant to maternity and neonatal services.	
Draft Quality Strategy Update	Drafting of the ICS Quality Strategy is a partnership journey, and the Committee was updated on the strategy development to date. The Committee was briefed in relation to the breach of the initially agreed milestones These milestones will be refreshed and new proposals will be received by the Committee at	

	its May meeting.	
Provider Exception Report	Due to the April Easter Bank Holiday the System Quality Group (SQG) did not meet. However, the Committee received an update on providers across the Integrated Care System by exception. Further discussion on these exceptions will be drawn out on in the Board Quality and Safety Report. Work continues to ensure quality engagement with the delegated commissioning of PODs (Pharmacists, Optometrists and Dentists) to the ICB. Whilst this work is continuing at this stage Committee continues to have limited assurance in relation to the delegation The Committee congratulated MPFT who have been awarded University trust status by Keele University, just one of 50 trusts in the country to achieve this.	
UHMN Fellowship Scheme	The Committee received a presentation highlighted the UHNM fellowship programme which offers opportunities across the breadth of a person's career from early to late career.	
UHNM Care Excellence Framework	The Committee received the updated UHNM Clinical Excellence Framework (CEF) which is an integrated measurement and accreditation tool that includes clinical observations, review of clinical indicators, and patient and staff feedback to enable benchmarking and improvement. The process has been in place at UHNM since 2016 but has been refreshed to include clear metrics to be achieved and aligned to the refreshed CQC framework.	

Risk Review and Assurance Summary
The Board can take assurance regarding the reports provided and the discussion which took place at the committee.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	Finance and Performance Committee
Chair:	Megan Nurse
Executive Lead:	Paul Brown
Date:	6th September 2022

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Performance Report	The Committee received detailed ICB level data reports focusing on elective recovery, urgent care and wider metrics where activity vs plan is off track. Planned care performance has improved. Cancer and Diagnostics require further focus. National support is being provided to assist with reducing ambulance handover delays.	Future reports to provide additional information on system actions to recover performance and likely impact. Winter planning report to October F&P. Quality Committee will focus on impact on quality and safety.
Finance Report	Detailed reports and discussion regarding the financial position across the system and wider partners. Outturn deficit risk of £20m flagged, driven by continuing covid19 costs; inflationary pressures above plan; recurrent efficiency shortfall. Focus on 2023/24 planning.	. Continued commitment to deliver year end breakeven position if possible, however net risks after mitigations suggest most likely outturn deficit of £20m. Deep dive into CHC activity / costs underway; static workforce numbers, sickness / vacancy levels and sharp rise in agency costs in June are being addressed by the People Committee; deep dive into system capital programme to future F&P.
Portfolio Deep Dive – Primary Care	Overview of Primary Care KPI delivery and Operating Plan; Fuller Review position statement and plans; Pharmacy, Optometry and Dental overview and risks. Significant programme of work underway – further focus required on integration of Primary Care into delivery of the rest of the system and the role of Primary Care in driving reduction in health inequalities.	Primary Care Strategy in development, with draft anticipated by December 2022. Primary Care Dashboard being developed. Risks around delegation of POD include workforce capacity and budgetary pressures. Mitigations in place.

Transformation Update	Discussion around system transformation programme.	Integrated community hubs in North Staffordshire and Stoke on Trent to be included in programme.
Intelligent Fixed Payment System	Committee approved the principles of the IFPS contract and proposed approach to the management of investments and system risks. Report to be discussed individually by each system partner.	Report progress to Board.
System Performance Management Framework	Positive discussion around proposals presented in the paper.	Paper to be discussed at other system groups before final Framework adopted by Board.
System Oversight Framework	Committee supported ratings proposed for each system provider.	

Risk Review and Assurance Summary
The Board can take assurance regarding the reports provided and the discussion which took place at the committee.