

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

21 December 2023

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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

ICB Chair and Executive update

- Peter Axon, Chief Executive Officer, thanked everyone for all their efforts towards urgent and emergency care, and the recent Industrial Action.

The Board thanked Peter and David for the report. The Board asked how relationships with partners will help support the system level access plan. Peter confirmed that the system is currently implementing this year's winter plan, and despite some tweaks, it is going as planned. The Board asked if the financial position described is the final figure that has been approved. Paul Brown, Chief Financial Officer, shared that conversations with NHS England regarding our financial position are currently being undertaken and the final figure has not been approved yet. The Board asked why mental health contacts are slightly lower than usual. Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, confirmed that the figure is correct, but that an increase in contacts is expected over the winter period. The Board commented that it was good to see that the number of GP appointments has increased and asked whether there had been improvements in patient satisfaction. Dr Paddy Hannigan, Primary Care Partner Member, confirmed that the increase in appointments was potentially due to the flu vaccination clinics so it is likely that the figures will return to the figures seen before. In terms of monitoring patient satisfaction, we use the GP national patient survey information; Staffordshire had improved on 4 out of 5 measures. Dr Paddy Hannigan confirmed that there has been a significant improvement in the recruitment to GP roles in the past year. Phil Smith, Chief Delivery Officer, shared that as part of the Winter Surge Plan, an additional 5,000 GP appointments per week have been made available.

Decision-making business case (DMBC) for the long-term solution for Inpatient Mental Health Services previously provided at the George Bryan Centre

- Chris Bird, Chief Transformation Officer, presented the decision-making business case and associated documentation.
- Chris confirmed the recommendation is consistent with the national and local strategy for mental health services and has been developed following extensive involvement and formal public consultation which was considered by the public and stakeholders for six weeks from 9 February 2023 to 23 March 2023.
- Chris confirmed the Integrated Care Board (ICB) approved the pre-consultation business case, which detailed how the single viable proposal had been reached. The ICB sought advice from its legal advisors and the Consultation Institute, who confirmed that it is lawful to consult on one option only. The report of findings from the consultation was received at a meeting of the Inpatient Mental Health Services Technical Group on 9 June 2023 and the group agreed that the feedback received did not suggest any new proposals which had not previously been considered. Therefore, one viable proposal remains.
- Helen Slater, Associate Director of Transformation, reported on the findings of the public consultation. The public consultation was supported by a comprehensive communication strategy. Resources created included printed and online versions of the consultation documents, and animations, hosted on the consultation website. Audio versions of the edited consultation document text that accompanied the online survey questions were made available. The strategy included a social media campaign, a suite of paid for social media and newspaper advertising, workshops, drop in events and online events.

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- Support Staffordshire were engaged to support as a delivery partner as their networks could help reach those who might not engage via traditional methods. Through their efforts they reached 81 respondents
- Engagement by the ICB included six workshops, seven drop in-events and two online events.
- 48 consultation survey responses were received. 45% of respondents to the consultation were from the most deprived areas.
- The report of findings contained prominent themes of feedback related to the clinical models and the impact of the proposal, on travel, technology and support for carers. Impact assessments have subsequently been updated to reflect this feedback and outline the mitigations. For example, to address concerns about travel, Midlands Partnership University NHS Foundation Trust (MPFT) has developed a Travel Standard Operating Procedure to support people on low incomes to visit family members who are inpatients and offered flexible visiting times.
- Chris summarised the proposal confirming that the centralised site is more sustainable in terms of workforce and clinical safety, there would be improved care and access to crisis support and specialist services for patients, and that there is no capital resource required so there would be no adverse impact on the revenue position.
- Chris asked the Board to give conscientious consideration to the views gathered during the consultation as per the Gunning principle.

The Board asked that with the ongoing impact of the service change recommended adding a recommendation regarding the monitoring of the service is reported back through the Mental Health Learning Disability and Autism (MHLDA) Portfolio Board and subsequently to the ICB Board as well as the Quality and Safety Committee as mentioned in the report. The Board asked about the enhanced community care for people with dementia and what that model now looks like. Nicola Bromage, Associate Director, Mental Health, Learning Disability and Autism and Children and Young People, shared that additional staff now means that the services now can support people in their homes, more than they have been before. The Board commented about the presentation and the delivery which helped to pick out the key matters giving assurance around the consultation process and the honest way that the comments were provided; the improved and enhanced community model reflecting national guidance and addressed transport costs. The Board then asked what will happen to the George Bryan site. Chris Bird confirmed that the estate is out of scope for this consultation. The Board asked how the enhanced provision in the community would accommodate for the decrease in specialist in-patient dementia beds. Nicky Bromage responded saying that the beds would be made available if required, but that the enhanced community model is able to provide more specialist care than before. Ben Richards, Senior Responsible Officer for the Learning Disability and Autism portfolio confirmed that having the beds for older adults co-located within a mental health facility will provide better care for patients who need a multi-disciplinary approach to their care. Dr Buki Adeyemo confirmed that the reviewing of the services for older adults will be undertaken within the mental health portfolio, rather than exclusively in the frailty portfolio. Buki shared that this model of working serves to look at the needs of the person, and their families, rather than placing them in the bed in the first instance. Buki added that she is confident this will lead to an improvement in patient care. The Board commented that there is a need for an enhanced community model to support dementia across Staffordshire. Finally, the Board made further comment about the comprehensive report and that it was extremely immersive which enabled a view of themes and drawing out the potential impacts.

The Board voted and approved the recommendation within the decision-making business case; namely, to make permanent the existing temporary service change and maintain inpatient mental health services at St George's Hospital, supported by an enhanced community service offer.

Assisted Conception

- Paul Edmondson-Jones, Chief Medical Officer and Deputy Chief Executive, presented the report.
- Paul shared that in July 2022, the Women's Health Strategy was published which stated an intention to initiate a national review of fertility provision. The ICB reviewed proposals for this area at the time as part of the Clinical Policy Alignment programme to align policies across the Integrated Care System. As a result, in September 2022, the ICB Board, approved a recommendation to pause further work on the long-term proposals for assisted conception and develop a draft interim aligned assisted conception policy, whilst the ICB awaits further national guidance. The national Women's Health Strategy does not provide timelines for the completion of the review or for the release of further guidance and/or mandates.
- Gina Gill, Transformation Programme Lead, discussed the proposal development overview, which included the involvement plan. The plan identified some key groups with protected characteristics that should be proactively engaged with as part of the involvement. The plan set out that the involvement would run for three weeks and included an online survey and two online focus group sessions in March. Significant involvement was undertaken through 2020 to 2022 and therefore the involvement exercise completed in March 2023, aimed to add to the feedback previously gathered.
- Gina shared the summary of findings and added that when considering the impact of the draft interim aligned policy, most respondents (102 / 95%) said it would have a negative, or very negative impact, on themselves or others. Participants also expressed a need for greater understanding of the draft interim aligned policy, asking for more information around the types of embryo transfer available and how changes will be made in line with National Institute for Health and Care Excellence (NICE) guidance. A formal letter was received from the Fertility Network UK expressing concerns about several points in the policy, including the number of embryo transfers, the limit to embryo storage times, and proposals for same-sex couples.
- Gina shared the summary of proposals and highlighted the impacts where there is an increase or decrease in activity. This includes:
 - the funding of one partial cycle using a fresh or frozen embryo which results in a reduction of 16 cycles per year within Stoke-on-Trent and a reduction of 44 frozen embryo transfers per year within Stoke-on-Trent.
 - Embryo and gamete storage will be funded for three years which will increase the storage from one to three years for approximately 79 cycles in Stoke-on-Trent and North Staffordshire.
 - An increase in the upper age limit to 39 from 35 which will result in an increase of approximately 10 cycles per year in North Staffordshire.
 - And the commissioning of donor eggs for specific clinical indications, which will result in an increase of approximately one cycle per year across Stoke-on-Trent and North Staffordshire.
- Gina confirmed that when more guidance is received, the policy will be reviewed.

The Board thanked Paul and Gina for the report. The Board commented that the reason the two-cycle policy existed in Stoke-on-Trent was due to poverty and that most people in Stoke-on-Trent cannot afford private fertility treatment. Therefore, if the policy was agreed, there would be a levelling down of the provision for people in Stoke-on-Trent. Paul Edmondson-Jones responded saying there is a levelling up of other areas of fertility treatment to align the policy but that the equitable access to services will be reviewed in 2024. The Board asked if the policy has been benchmarked against the rest of the country. Paul confirmed that the offer across the country varies widely, but the Women's Health Strategy will help to align the provision.

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A member of the public asked how the policy would improve access and outcomes for Black, Asian and ethnic minority groups. Paul responded that the interim aligned policy ensures there is equal access for every single person in the local community, however, equitable access needs to be reviewed and will be through the Integrated Care Partnership strategy.

The Board are assured that a robust process has been taken through the work programme and that all relevant best practice and statutory processes have been applied including the requirement for involvement with relevant stakeholders. The Board note the anticipated financial impact relating to the recommendations. The Board approved the recommendation to implement the draft interim aligned assisted conception policy across Staffordshire and Stoke-on-Trent.

ICB Quality Strategy

- Lynn Tolley, Director of Nursing - Maternity and Safeguarding, presented the strategy. The Quality Strategy has developed by the Integrated Care Board and NHS partners and describes quality aims for next three years.
- An implementation plan will follow in February 2024.

The Board thanked Lynn for the report and ratified the strategy.

Quality and Safety Report

- Lynn Tolley, Director of Nursing - Maternity and Safeguarding, presented the report.
- Lynn shared that the System Maternity Oversight and Assurance Group is established and includes representatives from provider Trusts, Healthwatch, the Maternity and Neonatal Voices Partnership and Care Quality Commission. There have been significant improvements in maternity care at University Hospitals of North Midlands NHS Trust (UHNM). There has been positive feedback received from recent NHS England visits.
- Lynn confirmed that initial data for 2022/23 reviewing neonatal deaths, demonstrates a decrease in neonatal deaths from the 2021 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries report.
- Lynn shared that the ICB's Infection Prevention Control (IPC) leads continue to support system wide working, with weekly IPC meetings including representations from all NHS IPC teams, GP practice nurse facilitators and wider partners which allows early recognition of any issues or concerns and allows close working to support and enhance service delivery across the region.
- Lynn shared that NHS England conducted a national Paediatric Audiology Hearing Service Review. Significantly high risks specific to Visual Reinforcement Audiometry (VRA) and Auditory Brainstem Response (ABR) testing within University Hospitals of North Midlands NHS Trust (UHNM) and Midlands Partnership University NHS Foundation Trust (MPFT) services were raised. In response, a system 'Bronze Cell' has been established. Progress has been made to deliver the immediate actions required.

The Board thanked Lynn for the report. The Board shared that there needs to be an integrated, multi-disciplinary approach to child protection due to a recent change in national policy. Lynn confirmed these policy changes will be reviewed and worked through with the Local Authorities. The Board were 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.

Finance and Performance Report

- Paul Brown, Chief Financial Officer, and Phil Smith, Chief Delivery Officer, introduced the report.

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- At month 7, at a system level we are reporting a year-to-date deficit position of £75.5m, which is a £60.7m adverse variance against the £14.7m deficit plan (month 6 –year to date deficit £66.4m; variance to plan £52.7m). The general themes driving the financial position are Continuing Health Care inflation and volume challenges, inflation in excess of plan in primary care prescribing, and the response to winter pressures.
- Paul shared that in November, all Integrated Care Systems (ICSs) were required to review their 2023/24 financial positions and provide a budget refresh. As a system we have indicated a most likely position of a £91.4m deficit. We are anticipating further discussions with NHS England on this position.
- Paul shared that work is underway to review the services we offer and the workforce we have to identify how we can improve the clinical services we offer, whilst meeting our financial targets.
- Phil Smith noted that there have been operational pressures due to the winter period. This includes an increase in ambulance handover wait times, due to demand and increased congestion at hospitals. However, the wait times are lower than last year. Surge capacity is online with acute community beds and community schemes being mobilised. There has been an increased focus around operational process and hospital discharge which has improved the hospital congestion. There has been a decision to stand down some elective work to support the urgent emergency pressures.
- Phil shared that plans this year are to enter the Christmas period with an 85% bed occupancy to support the pressure in between Christmas and New Year.
- Phil shared that similar pressures across the country have led to NHS England defining a new process for ambulance waits, with that any patient waiting over eight hours is subject to national escalation. A suite of escalation actions has been agreed for all partners in the system and a dynamic risk assessment tool to enable risk-based decision to be made at different times in the pathway.
- Phil shared that the system is coping with the current Industrial Action.
- Megan Nurse, Non-Executive Director, shared that the Finance and Performance Committee asked for further information on Virtual Ward roll out in the Southwest and Care Home projects considering the red RAG status, and positively there was a conversation with VAST and Support Staffordshire to address difficulties with procurement. A positive way of working together will be reviewed and implemented.

The Board thanked Paul, Phil and Megan for their reports. The Board commented on the resilience of the system due to the partnership working that is taking place. The Board asked how quickly the escalation process can make a difference to patient care. Phil shared that the position is being monitored live and decisions are being made in immediate response. The Board asked how we are working with our primary care and pharmacy colleagues. Phil shared that there is increased pharmacy provision over the Christmas period and primary care colleagues have been brought into hospitals to support identification of discharges. The Board confirmed that the pharmacy provision is being promoted across the ICB channels.

Date and time of next meeting in public: 18 January 2024 at 12.30pm held in Public - Stoke City Council, Council Chamber, Civic Centre, Glebe Street Stoke-on-Trent ST4 1HH