

Integrated Care Partnership Briefing

Staffordshire and Stoke-on-Trent Integrated Care Partnership
(ICP) Meeting

March 2024



Staffordshire and Stoke-on-Trent Integrated Care System

This briefing aims to keep partners and members of the public informed of the discussions at the NHS Integrated Care Partnership (ICP) meeting.

Integrated Care Partnership (ICP) Introduction

The [Integrated Care Partnership \(ICP\)](#) is a statutory committee jointly convened by our two Upper Tier Local Authorities and the NHS. It brings together a broad range of organisations with an interest in improving the health and wellbeing of the population of Staffordshire and Stoke-on-Trent. The primary duty of the ICP is to produce and oversee the delivery of a strategy to address the health, wellbeing and social care needs of our residents. The strategy should, in turn, drive the work of the Integrated Board (ICB) and system partners.

Councillor Jane Ashworth OBE, Leader of Stoke-on-Trent City Council, chaired the meeting and introduced Dr Lorna Clarson, Deputy Chief Medical Officer from Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), to give an update on the Integrated Care Partnership (ICP) Strategy.

Integrated Care Partnership (ICP) Strategy

The [Integrated Care Partnership \(ICP\) Strategy](#) was designed to take a life course approach as this mirrors the health and wellbeing strategies of our two upper tier local authorities so allows us to tackle our priorities together.

Only 20% of our health and well-being is influenced by access to healthcare. The other 80% is determined by a wider range of external factors. Coming together as a broad collective of partners is the influence that we can all exert on different aspects of those factors that influence health and well-being.

This feeds into the quadruple aim that we are set up to deliver:

- 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.

Within the strategy, we're committed to different ways of working and we call these the 5 P's:

- **People and communities** - working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods.
- **Personalised Care** - holistic, integrated care designed around personal needs and preferences
- **Person responsibility** - working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner
- **Prevention and health inequalities** - promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all
- **Productivity** - making best use of resources and targeting those in greatest need, or with greatest ability to benefit.

ICP members were asked to think about the following questions.

- What is your role in delivering the ICP Strategy?
- How do we go further and faster for our residents?
- Are the priorities for the coming years the right ones?
- How would you like to see us balance these competing priorities considering the financial and workforce challenges we all face?

Following the life course approach, an overview was presented for each of the stages:

Start Well (0-5 years)

For babies from birth up to the age of 5 we set ourselves two target outcomes:

1. Reduce infant mortality
2. Early development & school readiness

Staffordshire and Stoke-on-Trent Integrated Care System

The data from 2020-22 shows that Staffordshire and Stoke-on-Trent have very high levels of infant mortality with Staffordshire statistics showing 5.2/1000 and Stoke-on-Trent 7.5/1000, compared to the National Average of 4.0/1000

The data from 2022-23 shows that Stoke-on-Trent has 62.7% of lower levels of school readiness and development at good levels (at the end of reception) compared to the National Average of 67.2%. Staffordshire was slightly higher at 68.8%

A number of actions have been taken in partnership to make progress against our goals of reducing infant mortality and improving school readiness:

- ICS Infant mortality partnership established.
- Stoke-on-Trent Family Support Partnership established.
- Focus on increased uptake of immunisations & vaccinations.
- Expanded peri-natal mental & pelvic health services.
- Pause service.
- Equality & equity plan for maternity services.

The focus for 24/25 as a partnership will be on:

- The implementation of an Enhanced Family Support Offer for Stoke-on-Trent.
- Development of an action plan for system Infant Mortality partnership.
- Continued focus on uptake of vaccinations and immunisations especially MMR.
- Continue to improve access to peri-natal services, including mental and pelvic health.

Spotlight on infant mortality

Matthew Missen, Consultant for Public Health in Staffordshire and Stoke-on-Trent ICB gave an overview on Infant Mortality, which is a priority outcome within the ICP. Infant mortality is viewed as a critical indicator of both maternal and child health and internationally and nationally is used as a proxy indicator for general health and social inequalities within the population.

An overview on Infant Mortality:

- Infant mortality rate is an important marker of the overall health of a society.
- Most deaths during childhood occur during the first year of life, particularly the first month of life (the neonatal period).
- Most neonatal deaths are due to perinatal causes, particularly preterm birth, and are strongly related to maternal health, as well as congenital malformations.
- The remainder of infant deaths are post-neonatal, due to a broad range of causes, including sudden unexplained death in infancy (SUDI) and unsafe sleeping.
- Social and health inequalities continue to have a marked impact on infant mortality with risk factors in place long before pregnancy.
- There is an emphasis on increasing focus on prevention recognising that some of the risks for Infant Mortality start prior to pregnancy.

Grow Well (6-18 years)

For children and young people aged 6-18 years we set ourselves two target outcomes:

1. Improving mental health and wellbeing in Children, Young People (CYP) and families
2. Improving educational attainment and aspiration

The percentage of school pupils with social, emotional and mental health needs (School age) in Staffordshire is 2.3% and in Stoke-on-Trent is 3.0% compared to the National Average which is 3.0%.

The percentage of Key Stage 4 English & Maths GCSE Attainment at grades 9-5 (2022/23) in Staffordshire is 40% and in Stoke-on-Trent is 33.3% compared to the National Average of 43.2%.

We've taken a number of actions in partnership to make progress against our goals of improving mental health and wellbeing in CYP and families and improving educational attainment and aspiration:

- ICP CYP Charter & Toolkit co-produced.
- Multi-agency Family Support Partnership established for Stoke-on-Trent – family hubs, redesign 0-19 services, working with schools.

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- Working with schools to implement increased mental health support, asthma friendly.
- Interventions to improve care for children and young people with asthma and diabetes – digital, innovative posts, peer supporters.
- Targeted work to increase vaccination and immunisation uptake especially MMR.

The focus for 24/25 as a partnership will be on:

- Implementing Enhanced Family Support Offer in Stoke-on-Trent.
- Working with schools to improve physical and mental health of children and young people, including implementing mental health teams in schools.
- Improving access to mental health services for children and young people.
- Developing healthy weight strategy for children and young people.
- Developing an integrated (health and social care) pathway for children and young people with complex needs.

Dr Clarson highlighted the implementation of mental health support teams in schools. One child out of 8 is affected by a mental health problem and 50% of lifetime mental health illnesses start before the age of 24. So, how will we support mental health in schools?

- Whole school approach.
- Working closely with designated school mental health leads.
- Offering support through:
 - 1:1 Sessions
 - Telephone Appointments
 - Parent Sessions
 - Small Group Sessions
 - Whole Class Education
 - School Staff Workshops
 - Assemblies
- Evidence-based, low intensity interventions.
- Prevention and early intervention.
- Based on Cognitive Behavioural Therapy (CBT)
- Guided self-help.
- Mild to moderate mental health difficulties, such as:
 - Low Mood
 - Separation Anxiety
 - Panic
 - Phobias

Live Well (18-64 years)

For working aged people aged 16-64 years we set ourselves two target outcomes:

1. Improve access to good employment & housing
2. Increase prevention of premature mortality from cardiovascular & respiratory disease, alcohol harm & suicide

The percentage of people in employment (2022/23) in Staffordshire is 80.7% and 73.6% in Stoke-on-Trent compared to the National Average of 75.7%.

The percentage of fuel poverty (2021/22) in Staffordshire is 15.8% and 22.9% in Stoke-on-Trent compared to the National Average of 13.1%.

The under 75 mortality rate from causes considered preventable (2022) in Staffordshire is 139.2/100,000 and 213.5/100,000 compared to the National Average of 153/100,000.

We've taken a number of actions in partnership to Improve access to good employment & housing and increase prevention of premature mortality from cardiovascular & respiratory disease, alcohol harm & suicide:

- Expanded primary prevention:
 - Targeted stop smoking services – in patients, pregnant women, severe mental illness.
 - Alcohol care teams.
 - Expanded weight management offer – digital, Tier 3 services.
- Incentivised secondary prevention.

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- Vocational advice services.
- Warmer homes/Beat the Cold.
- Community Champions/Community Connectors.
- Social Prescribers across every Primary Care Network (PCN)
- Long Term Conditions/ Health Inequalities/ Suicide Prevention Strategy development.

The focus for 24/25 as a partnership will be on:

- Development of ICS Prevention Strategy.
- Development of suicide prevention plan.
- Tackling health inequalities.
- Implementing women's health strategy.
- Improve access to general practice and dental services.
- Restore backlog of elective and cancer care.
- Expansion of community focused partnership working.

Age Well (65+)

For people aged 65 years and over we set ourselves two target outcomes:

1. Increase the number of over-65's living active, independent lives in the community
2. Reduce harm from falls and preventable emergency admissions to hospital for over-65's

The percentage of adults who feel lonely often or always or some of the time (2019/20) in Staffordshire is 22.54% and Stoke-on-Trent is 27.67% compared to the National Average of 22.26%.

Emergency hospital admissions due to falls in people aged 65+ years (2021/22) in Staffordshire were 2,111/100,000 and in Stoke-on-Trent 1,634/100,000 compared to the National Average of 2,100/100,000.

Non-elective admissions for people aged 65+ years (2022/23) in Staffordshire and Stoke-on-Trent was 271/1,000 compared to the National Average of 239/1,000.

We've taken a number of actions in partnership to increase the number of over-65's living active, independent lives in the community and reduce harm from falls and preventable emergency admissions to hospital for over-65's:

- Better Care Fund review.
- Frailty Strategy and Healthy Ageing Plan.
- Staffordshire Supportive Communities programme.
- Stoke-on-Trent Community Lounges.
- Review of commissioned support services to older people in the community and care homes.
- Implementation of Integrated Discharge Hubs.
- Reactive falls partnership with Staffordshire Fire and Rescue.
- VCSE delivery of support e.g. Careline.
- Accelerated Reform Fund between Staffordshire County Council and Stoke-on-Trent City Council to better support residents needing carers, carers themselves and social care workforce.

The focus for 24/25 as a partnership will be on:

- Reduction in the incidence of falls in the older population.
- Roll out of digital self-management tool for mild frailty.
- Enhanced care of severely frail residents, including quality anticipatory care planning.
- Roll out of Single Point of Access to reduce unnecessary admissions to hospital.
- Optimisation of long-term conditions in older people.
- Increased uptake of cancer screening.
- Expand integrated hospital discharge hubs.

Piloting a digital tool to support self-management of mild frailty

Frailty is associated with reduced mental and physical wellbeing, quality of life and independence. It is also associated with increased health and care needs, risk of admission and risk of death.

Staffordshire and Stoke-on-Trent Integrated Care System

There is an opportunity to slow progression of mild frailty. Digitally guided self-management is considered to be a cost-effective way to reach a large group of people and encourage a proactive approach to healthy ageing. It is associated with a delay in need for health and care services.

In 2024 will be a pilot of a digital health education tool for people with mild frailty.

End Well (All Ages)

For people of all ages, we set ourselves two target outcomes for end of life care:

1. Offer high quality, personalised end-of life care
2. Reduce preventable hospital admissions at the end of life

The percentage of deaths that occur in hospital (all ages) (2022/23) in Staffordshire is 47% and Stoke-on-Trent 47.5% compared to the National Average of 43.3%.

The percentage of deaths with three or more emergency admissions in the last 90 days of life (all ages) (2022/23) in Staffordshire & Stoke-on-Trent ICB is 7.2% compared to the National Average which is 6.2%

We've taken a number of actions in partnership to offer high quality, personalised end-of life care and reduce preventable hospital admissions at the end of life:

- Multi-partner Palliative Care & End of Life Integration Workshop held.
- Audit of number and quality of ReSPECT documents.
- Increased identification of patients at the end of life.
- Increased number and quality of ReSPECT documents for patients at the end of life.
- Implementation of 24/7 Palliative Care Advice Line.
- Accelerated bed capacity to support rapid discharge from hospital for those at the very end of life.

The focus for 24/25 as a partnership will be on:

- Completion of Palliative Care and End of Life Strategy.
- Increase in identification of patients who should be recorded on Palliative Care Registers.
- Continued focus on completion of high-quality ReSPECT documentation for Palliative Care and End of Life patients.
- Increase use of 24/7 advice line for Palliative and End of Life Care support.
- Reduction in avoidable admissions to hospital at the end of life.
- Increase proportion of residents who die in their preferred place of death.

ICS Health and Equalities Strategy

Lynn Millar, Portfolio Director for Improving Population Health, Staffordshire and Stoke-on-Trent ICB gave an update on the work being carried out to tackle health inequalities.

The following activity was highlighted:

On 30 January over 70 partners came together to start having discussions about what a system health inequalities strategy might look like. From this meeting we have developed the ambition, values, goals and a work programme that we can all build our teams around. The ambition and values that came out of this session:

Our ambition is to work together with people, families and communities in Staffordshire and Stoke-on-Trent to ensure everyone has the opportunity to have healthy, safe and prosperous lives with fair access, improved experience and better outcomes for all.

We are Supportive, Inclusive, Collaborative, Empowering

- Build on what works and ensure we don't reinvent the wheel.
- Reducing health inequality central to everything we do as an ICS.
- Listen, engage and act with our communities.
- Invested in the VCSE as our trusted delivery partners.
- Underpinned by population health and the five P's.

As part of this session, we identified over 72 priorities and we started to theme them into four building blocks.

Staffordshire and Stoke-on-Trent Integrated Care System

1. The wider determinants of health
2. An integrated health and care system
3. Our health behaviours and lifestyles
4. The places and communities we live in

Another key message that came out of this session was language. We need common language as we all have different ways of describing our localities, neighbourhoods and communities.

Next steps:

- Continued engagement with partners – March - June
- Working Health Inequalities Strategy – March 2024
- Final Strategy approved by Integrated Care Partnership – June 2024
- Establish Health inequalities steering group and kick off work programmes
- Healthy Communities early implementer sites
 - North Stoke-on-Trent
 - East Staffordshire
- Health Inequalities Network
- Outcomes framework under development

Spotlight on Support Staffordshire

Garry Jones, Chief Executive of Support Staffordshire, gave a presentation on the Compassionate Communities work being carried out in Southwest Staffordshire and highlighted:

- Healthy Communities VCSE Alliance is an alliance of the voluntary and community sector that is lead and delivered collaboratively with VAST.
- Their purpose is to raise the wider community's awareness of what is available to support people through difficult times, focussed on living with a life-limiting condition, supporting people at the end of life, future planning and death.
- Three community learning events took place in South Staffordshire, Stafford Borough and Cannock Chase bringing together Community groups, NHS partners, local councils and others. Cannock Chase was held first and partners led the development of a high-level local action plan which includes: work with schools/youth and creative arts; business/employer led projects; working with residential care homes; bereavement support group development. This is now being localised for each of the three districts.

Living & Ageing Well, Cannock Chase District

Training was delivered through an organisation called Compassionate Communities UK. Cannock Chase achieved their formal accreditation to become a compassionate community district.

Cannock Chase focus:

- Cannock Chase Crematorium will continue with their 'Behind the Scenes' and specific memorial days throughout the year such as Baby loss Awareness.
- Inspiring Healthy Lifestyles will be delivering a community arts programme working with a number of groups across the district to create art pieces for an exhibition on Death, Dying and Loss.
- St Giles will deliver training for volunteers within the District around Bereavement.
- St Giles and Alzheimer's Society will deliver more Planning for Later Life workshops.

Overview

Following the presentation, members were asked if they had any questions or reflections to make.

Questions and answers included:

- **In Stoke-on-Trent the family support work is taking a long time for the ICB to be able to engage with as there hasn't been an inequalities framework in place to enable funding to be allocated to it. Are there any lessons that we need to learn from this?** We need a strategic framework so investment can be made sensibly. Having a strategy that is linked to a programme of work, based on evidence and what people and localities want, will enable better management of budget. Investment needs to be made locally so the decision making will be at a local level. We will need to work together to lead on this agenda and take responsibility for it and that has been the first lesson learned around how important partnership working is.

Staffordshire and Stoke-on-Trent Integrated Care System

- **What are the views on Tier 2 mental health waiting times and access for families that may find it difficult to access services?** We've recognised that there is an area to review in terms of sufficiency of service provision and timely access to that provision. There is a workshop coming up between various agencies in the next few weeks that will cover this area.
- **Can we have reassurance that in terms of the work going on with the Infant Mortality Partnership, there will be a fair share of the service development in all areas of both Staffordshire County and Stoke-on-Trent City?** The Infant Mortality Partnership covers both Staffordshire County and Stoke-on-Trent City. It is a cross-ICS footprint working group that works with providers that are outside of our boundary but service our residents as well.
- **In reference to the digital self-management tool for mild frailty, is there scope out there for something that isn't on a digital platform but can collect those same services in in one place?** We are aware of the digital inequalities and we're going to be monitoring this very closely. We will put in some additional measures to ensure we reach all sections of our population.
- **What has happened to the moderate frailty, population health management model?** We developed some outcomes which were universally accepted in the north and south and are being implemented. They will be evaluated after April.
- **Could you provide an update on the roll out of Hospice at Home and what progress we've made, including working with our local hospices?** As an ICB we are meeting with the Hospice CEO's later this month to talk about several programmes. We've commissioned the accelerated beds and we've also got a number of other schemes in terms of 24/7 advice and rapid response.
- **Bullying effects lots of people both in the workplace and in schools. What are you doing to combat bullying as it does affect your mental health?** Our organisations have many mechanisms to eradicate bullying. It is a really important point, linking to health and well-being, and of course the productivity and effectiveness of our own organisations. This is something we'll take forward.
- **Is there any progress around Integrated Commissioning?** In Stoke-on-Trent, following on from the review of the Better Care Fund, we have identified funds and now have workers that are jointly funded by the ICB and Council who are in our commissioning structures, who are joint Commissioners.

Date and time of next meeting: Monday 3 June 2024, 3.00pm – 5.00 pm, via MS Teams.