Staffordshire and Stoke-on-Trent Integrated Care System

APPROVED

Staffordshire and Stoke-on-Trent Integrated Care Partnership Meeting in Public

Monday 4th March 2024

15:00-17:00

Via Microsoft Teams

Members:	Quoracy	05.06.23	04.09.23	04.12.23	04.03.24
Alan White, (AW) Staffordshire County Council Leader	The meeting will be quorate when 50% minimum of all members are present	√	√	√	√
Alun Rogers, (AR) Chair, LEP Representative		x	x	x	x
Andrew Barratt, (ABa) Tamworth Borough Council		x	x	x	x
Andrew Stokes, (AS) Staffordshire Moorlands District Council		x	x	x	x
Andy O'Brien, (AOB) Staffordshire Police		A	A	x	x
Ben Adams, (BAd) Police, Fire and Crime Commissioner		√	√	A	x
Buki Adeyemo, (BA) CEO, North Staffordshire Combined Healthcare Trust		x	A	x	√
Chris Bird, (CB) Executive Director, Staffordshire & Stoke-on-Trent ICB		√	√	√	√
Chris Ibell, (CI) Executive Director, Staffordshire & Stoke-on-Trent ICB		x	√	A	A
Chris Noble, (CN) Chief Constable		√	√	√	x
Daniel Cook, (DC) Leader, Tamworth Borough Council		x	x	x	x
Dave Heywood, (DH), South Staffordshire Council		x	A	√	x
David Pearson, (DP) Chair, Staffordshire & Stoke-on-Trent ICB (ICP Chair)		√	√	√	√
David Rogers, (DR) Chair, North Staffordshire Combined Healthcare Trust		√	√	√	x
David Wakefield, (DW) Chair, UHNM		√	√	√	√
Diane Thompson, (DT) CEO, Staffordshire Housing		x	x	x	x
Doug Pullen (DPu), Leader, Lichfield District Council		x	x	x	x
Dr Barry Edwards, (BE), Newcastle South PCN		√	x	x	x
Dr Jo Chan (JC), Seisdon PCN		√	x	x	√
Dr Manu Agrawal (MA), South Staffordshire LMC		√	√	x	x
Dr Paul Joshi, (PJ), Mercian PCN		√	√	x	√
Dr Sri Sundaram, (SS), Meir PCN		√	√	√	x
Duncan Goodfellow, (DG), Leader, East Staffs Borough Council		x	x	x	x
Eric Gardiner, (EG), Executive Director, NSCHT				√	x
Garry Jones, (GJ), Support Staffordshire		√	√	√	√
Gill Heesom, (GH), Councillor, Newcastle Borough Council		√	√	A	√
Glynn Luznyj, (GL), Deputy Chief Fire Officer, Staffordshire Fire and Rescue Service		√	x	x	x
Heather Johnstone, (HJ), CNTO, Staffordshire & Stoke-on-Trent ICB		√	√	A	√
Ian Reed, (IR), Staffordshire Fire and Rescue Service			√	x	x
Jacqueline Small, (JSm), Chair MPFT		√	√	√	√
Jane Ashworth, (JA), City of Stoke-on-Trent Leader		√	√	√	√
Jane Gaddum, (JG), Non-Executive Director, MPFT		x	x	√	x
Jennie Round (JR), Staffordshire University (in attendance on behalf of Mike Phillips)			√	x	x
Jon Rouse, (JR), City Director, City of Stoke-on-Trent		√	A	√	x
Josie Spencer, (JS), Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		x	x	x	x
Julia Jessel, (JJ), Staffordshire Health & Wellbeing Board		x	x	x	x
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		x	√	x	√
Kathy McLean, (KM) Chair, UHDB		x	√	x	x
Karen Starkey (KS) Interim Assistant Director for Commissioning, City of Stoke-on-Trent (on behalf of Peter Tomlin			√	x	x
Lisa Healings, (LH) Chief Executive VAST		x	√	√	√
Lynn Tolley, (LT) Staffordshire and Stoke-on-Trent ICB (on behalf of Heather Johnstone)				√	x
Mark Docherty, (MD), WMAS		x	x	x	x
Mark Sutton, (MS), Councillor, Staffordshire Health & Wellbeing Board		√	x	√	√
Mark Ward, (MW), Staffordshire Police		√	x	x	x
Martin Hamilton, (MH), Newcastle Borough Council		x	√	x	x

Members:	Quoracy				
Matthew Rutter, (MR), Staffordshire University	The meeting will be quorate when 50% minimum of all members are present	√	x	x	√
Megan Nurse, (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		√	A	√	√
Mike Phillips, (MP) Executive Dean for the School of Health, Science & Wellbeing		x	x	x	x
Mish Irvine, (MI) Interim Chief People Officer, Staffordshire & Stoke-on-Trent ICB				A	x
Neil Carr (NC), CEO, Midlands Partnership Foundation Trust		√	√	√	√
Olivia Lyons, (OL) Leader, Cannock Chase District Council		x	x	x	x
Patrick Flaherty, (PF) Leader, Stafford Borough Council		x	√	√	x
Paul Brown, (PB) CFO, Director, Staffordshire & Stoke-on-Trent ICB		√	x	√	√
Paul Edmondson-Jones, (PEJ) CMO, Director, Staffordshire & Stoke-on-Trent ICB		√	√	√	A
Paul Roberts, (PR) Leader, Staffordshire Moorlands District Council		x	x	x	x
Paul Scott, (PSc) Chair, North Staffs LMC		x	x	x	x
Pauline Walsh, (PW) Pro Vice Chancellor, Keele University		x	x	√	x
Peter Axon, (PA) CEO, Director, Staffordshire & Stoke-on-Trent ICB		√	√	√	√
Peter Tomlin, (PT) DPH, City of Stoke-on-Trent		√	A	x	√
Phil Smith, (PSm), CDO, Director, Staffordshire & Stoke-on-Trent ICB		√	√	√	x
Rachel Gallyot, (RG) Staffordshire & Stoke-on-Trent ICB		x	√	x	√
Richard Harling, (RH) DPH, Staffordshire County Council		√	x	x	x
Rob Barber, (RB) Chief Fire Officer, Staffordshire Fire		x	x	√	√
Roger Lees, (RL) Leader, South Staffs Council		√	x	x	x
Shokat Lal, (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		x	x	x	x
Simon Fletcher (SFl) Lichfield District Council		x	x	x	x
Simon Fogell, (SF) Healthwatch		√	√	√	x
Simon Tagg, (ST) Newcastle Borough Council		x	x	x	x
Stephen Gunther, (SG) Director of Public Heath, Stoke-on-Trent City Council				A	x
Tim Clegg, (TC) Cannock Chase District Council		x	A	x	x
Tony Johnson, (TJ), Councillor, Cannock Chase District Council		√	√	x	x
Tracey Shewan, (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		√	√	√	√
Tracy Bullock, (TB) CEO UHNM		√	√	A	√
Present:					
Dr Lorna Clarson, (LC), Staffordshire & Stoke-on-Trent ICB		√	√	√	√
Lynn Millar, (LM), Staffordshire & Stoke-on-Trent ICB					√
Mathew Missen, (MM), Staffordshire & Stoke-on-Trent ICB					√
Dr Zafar Iqbal, (ZI), Midlands Partnership Foundation Trust					√
Kay Johnson, Staffordshire & Stoke-on-Trent ICB		√	√	A	√
Joanne Copland, (JC), North Staffordshire Combined Healthcare Trust					√
Imogen Crouch – Hyde, Staffordshire & Stoke-on-Trent ICB		√	√	x	√

		ACTION
1.	**Welcome**	
	JA (Chair) welcomed attendees to the ICP Public Meeting.	
2.	**Apologies**	
	Apologies received were noted as above.	
3.	**Leadership Compact**	
	JA highlighted the Leadership Compact to attendees.	
4.	**Quoracy**	

	The meeting was confirmed to be quorate as more than 50% of members were in attendance.	
5.	**Questions submitted by members of the public in advance of the meeting**	
	<u>Question Submitted by Mr. David Jones</u> *The Leadership Compact is a very worthy aspiration; have all the partnership organisations also formally signed up to it?"* **<u>Response provided by Peter Axon</u>** *The Leadership Compact was created three years ago within the precursor to the ICB Board itself which was called the Integrated Care Partnership Forum. So, by definition, all partners here were around that table and members here signed up to the Leadership Compact as part of the Integrated Care System and forums. The document is being used within our monthly Integrated Care Board meetings and other system level groups such as Board Committees. I would imagine that individual organisations have their own versions of the document. Therefore, the document is primarily used where organisations come together, which is critical because it is this joint approach that is the unique selling point of all ICSs, operating in a synergistic way. But of course, each organisation is sovereign, and have their own independent processes and programmes which influence how each develop their own values and behaviors documentation.* Mr. Jones thanked Peter Axon for the response provided and highlighted that there isn't a formal 'sign up' but acknowledged it's a way of working as a starting point. **<u>Response provided by David Pearson</u>** *David thanked Mr. Jones for the important question submitted. I believe that partners at system level have signed up to use the Leadership Compact. We have used it at the Integrated Care Partnership meeting since we started and at the Integrated Care Board and basically these are for me a bit of an extension of the Nolan Principles. How we operate and behave with each other is critically important and around the country when you see systems that get into difficulty, it's very often because they haven't got that reference point to go back to in terms of how the system was set up and how do we conduct our business. So, from my perceptive I think at ICP level, it is signed up to and we have adopted it at individual orgnaisation level. There may be a variation of it, but when we come together as a system it is the way we conduct our business.* Jane Ashworth, Chair thanked Mr. Jones for facilitating the discussion through the question presented.	
6.	**ICP Presentation**	
	Dr Lorna Clarson presented to members the Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy: Review of Progress in 2023/2024. Members were reminded that the Integrated Care Partnership is a statutory committee. It is jointly convened by our two upper tier Local Authorities and the NHS and it brings together all of you as a broad range of organisations who have an interest in the health and wellbeing for our population in Staffordshire and	

	Stoke-on-Trent. LC highlighted that the primary duty of the ICP is to produce and oversee the delivery of a strategy that addresses health wellbeing and social care needs. The presentation began with an overview and the purpose of the of the ICP. Members were reminded of what is within the strategy. The strategy was designed to take a life course approach. This was chosen for two reasons, firstly because this deliberately mirrors the health and wellbeing strategies of our two upper tier local authorities and therefore puts us in a much better position to join and tackle our priorities and to work together around shared priorities in partnerships and collaboratives designed to be tackling our major issues. The second reason is that in health we have a very much focused in the past on systems of delivery, and it is recognised that to succeed we need to enable holistic care, considering the differing needs of people as they go through life (life course). • Start Well (0-5 years) • Grow Well (5-18 years) • Live Well (19-64 years) • Age Well (65 plus years) • End Well (end of life) Within the strategy we have committed to different ways of working and these are called the 'Five Ps'. • People and Communities • Personalised Care • Personal Responsibility • Prevention and Health Inequalities • Productivity Attendees were asked to think about the following key 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 in the light of the financial and workforce challenges we all face? Attendees were shown the baseline position, progress to date, target outcomes and the focus for the next year across all the life courses. An overview on infant mortality was provided which is a priority outcome that's been included within the Integrated Care Partnership Strategy. The next section of the presentation included an overview of the work conducted to tackle Health Inequalities. The 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. The presentation also provided attendees with information regarding the piloting of a digital tool to support self-management of mild frailty along with information of ongoing work for compassionate communities – Southwest Staffordshire which is now being localised for each of the three districts led by VCSE.	
7.	**Plenary/Feedback**	

	The Chair thanked presenters for a comprehensive and interesting account.	
8.	**Questions from the floor relating to the discussions at the meeting**	
	Questions/Comments presented by John Rouse *Although its great the family support work has been set up in Stoke-on-Trent, it is taking a long time for the ICB to be able to engage with this, it isn't a lack of will but more because of a lack of an inequalities framework in place to enable money to be allocated to it. I wonder whether there are any lessons that we need to learn from that or whether it's a one-off problem that won't be a problem going forwards if the inequalities framework is in place.* *A Second point on this, and as the Childrens CEO champion for the ICS I take some responsibility myself, in overall terms, I do think our mental health operation isn't as strong as it could be. I think tier three to four will always struggle with capacity but the independent review suggests that the quality of our offer is pretty good. But I feel that there are gaps in our tier two offer particularly for families that might find it difficult to access services.* **Response provided by Lynn Millar** *Thank you for the question, and I think you are right. We haven't been able to spend our inequalities money in a consistent way over the last nine months since the ICP Strategy was agreed. There have been some ad hoc decisions based on good ideas that people have put forward to pump prime targeted approaches to inequality, but what we do need is the strategic framework so we can invest sensibly. I think that having the strategy that's linked to a programme of work that's based on evidence and what people and localities want is the way forward and can manage the budget in a lot better way. Having a weighted budget to reflect the deprivation or the different levels of deprivations for Staffordshire and Stoke-on-Trent is important. The groundbreaking bit and this is where we all need to be brave, is when we devolve some of this investment down to locality level, allowing people to make best use of that. So, the local decision making as part of that placed based infrastructure described is going to be really important because it won't be the ICB making those decisions. They will support with the framework and the data that people will need to make decisions, but it's a new way of working around investing and what people need and want at community level. We don't expect the framework will launch in full on the 1st April, but I do see us investing a lot more in our priority levels going forward.* **Response provided by Peter Axon** *Thank you for raising. There is something here for us to reflect on in terms of the evolution of the ICS and where we put our time, effort, and energy over the first year or so, which predominantly was into portfolios and enabling functions. The portfolios focus on clinical conditions and types of service. One of the unintended consequences of that is the risk of losing geographical focus and the ability to look at individuals in a holistic way. This is one of the reasons that I firmly believe in the locality agenda, ensuring that we deliver community transformation at a localised level. I am optimistic that the localities work coupled with the continued oversight through portfolios and enabling functions will give us the best of both worlds, which to an extent so far we have been lacking. Thank you for raising.*	

	Response provided by Dr Lorna Clarson *I completely recognised your point. I think for a variety of reasons we have perhaps not had our teams as well joined up as we might have, especially at a community level. When we had our Inequalities Workshop, the regional director came and he was very clear that the responsibility for tackling health inequalities, sits in a triangle, with the Directors of Public Health for the City and County and myself as the SRO for the ICB. Having a shared outcomes framework that is very much codesigned across teams is critical. That is my commitment to you all. We are now having regular discussions to monitor and challenge progress. I am sure we will learn more as we go along but the first lesson is that we have got to do this together.* **Response provided by Chris Bird** **Tier Two Mental Health Services** *John raises a fair comment. We recognise that there is an area to review in terms of sufficiency of service provision and timely access to that provision. There is a workshop planned between various agencies in the next few weeks with a discussion planned ahead of the workshop to pick up those issues.* **Questions/Comments presented by Derek Hoey** *I was reflecting on the presentation in relation to particularly 'Start Well and 'Grow Well'. My perception is that there is a lot of work going on, but much of it seems to be focused on Stoke-on-Trent for example the Infant Mortality Partnership and The Family Support Partnership. I wondered if someone could reassure me that those of us who live in other parts of the County like Tamworth, where we have a need for much of these services, that we are getting a fair share of the effort that's going on.* **Response provided by Dr Lorna Clarson** *The Infant Mortality Partnership covers both the City and the County. It is a across ICS footprint working group and is working with providers that are outside of our boundary but support our residents. That is just one example. I can pick up with you outside of the meeting if you would like further assurance. The Children and Young People teams are very active in the County as well.* **Response provided by John Rouse** *It is important to acknowledge that we still have various gaps at the moment around ill health and ability to work. It is not entirely our fault by any means. However, the "work well" scheme is our next opportunity that we should put our collective effort behind.* **Response provided by Peter Axon** *I think there is a risk that this group of the population is overlooked. Our work plans tend to gravitate to either end of the age spectrum. If you look at the data in relation to A&E attendances or inpatient attendances, a huge proportion of activity relates to this "working age" group. Therefore, placing effort to support this age group in an equal way to other groups is vital.* **Questions/Comments presented by Russell Powell**	

	The question relates to independent living for the older age group. There is a thin line between living independently and loneliness, with the latter a key cause of deterioration. On a separate point hospital transport to enable visiting is at times offering people in their 80's eight o clock appointments at Stafford. There doesn't seem to be any thoughts of the challenges that age brings when transport is being offered. **Response provided by Jane Ashworth** *Thank you for your comment which has been acknowledged and noted by Peter Axon.* **Questions/Comments presented by Sophia Leese** *The digital self-management tool and the concern of digital exclusion. Is there scope to ensure that people can access all support mechanisms, irrespective of their digital knowledge and ability.* **Response provided by Dr Zafar Iqbal** *I think the inequalities element of digital is one that we are well aware of and we are going to be monitoring very closely. We are going to need to put in some additional measure to be able to make sure that we do reach all sections of our population, but that doesn't mean that we don't forge ahead with digital solutions. So, we need to think about which are the populations which have a poorer uptake, and we will be monitoring uptake very closely to see what additional measures we need to put into place. I am in no doubt we will need to put in different measures because of the digital inequalities.* **Response provided by Dr Lorna Clarson** *I would just like to add by using an example from the County Council who have put into place dedicated help points where people can physically go to access a directory of services to be supported. All of this is in a non-digital form. There are people who aren't digitally excluded, it's just that they don't want to do it in that way. Having that interaction with another human or a person that can provide a recommendation or interpret literature is important. So that's just an example from the County. We do need to look to provide these things in a multitude of ways.* **Questions/Comments presented by David Jones** *I just want to emphasis the need for the support for carers as opposed to the individuals themselves. The careers are a community that needs care.* **Response provided by Jane Ashworth** *That is acknowledged and thank you for your comment.* **Questions/Comments presented by Mike Dixon** *I think that it is very important that we have a specific focus on the difficulties people face with digital access but also other access such as physical access.* **Response provided by Jane Ashworth** *Thank you for raising that important point.*	

Questions/Comments presented by Jon Rouse

It's good to see the progress on some aspects of the frailty work and specifically digital and serve frailty. Can we receive an update on moderate frailty linked to the population health management model, which was agreed around 18 months ago. What are the barriers to progress? And secondly, could we receive an update on the roll out of Hospice at Home?

Response provided by Dr Zafar Iqbal

In response to the moderate frailty query, we have developed some outcomes which were universally accepted in the North and South and are therefore now in place. We are awaiting monitoring data that should be available by April enabling evaluation of both models. The evaluation model is being considered.

Response provided by Chris Bird

In response to the question around Hospices. As an ICB we are meeting with the Hospice CEOs later this month to discuss several programmes. We have commissioned the accelerated beds over winter which enabled timely discharge out of the acute settings. We have also got several other schemes in terms of 24/7 advice and rapid response. We know that there has been an all-party parliamentary group report that was published in the past few weeks that we are sitting down with Hospices to discuss how we can use the findings from that to inform medium term financial strategy with the Hospices.

Response provided by John Rouse

Could Dr Zafar Iqbal send me some details on the roll out of the moderate frailty programme please.

Questions/Comments presented by Clare Coffey

What is being done to combat bullying in society?

Response provided by Peter Axon

This is an important point. I think with regards to our own organisation, we have a fundamental responsibility to eradicate it. This also links in part to the Leadership Compact and the values and behaviors subject that we discussed earlier. We all have many mechanisms, freedom to speak up etc. within our organisations to combat bullying. It is also closely linked to health and wellbeing and of course the productivity and effectiveness of our own organisations. We also have mental health support teams in a number of schools that have an opportunity to impact on bullying at a societal level.

Response provided by Lynn Millar

We are working with different partners and collating the priorities people are flagging with us. One of the key priorities is to develop safer communities, enabling individuals and communities to feel safe. As our locality programme of work develops and people work together and identify what those priorities are, as a wider group of stakeholders we can start thinking about how we tackle bullying and how we look at safer streets.

	Questions/Comments presented by Garry Jones *I didn't hear any significant progress around integrated commissioning. I think given that was one of if not the main reason given a couple of years ago for the realignment of place structures, it's quite disappointing that there's a significant change made structurally that did set back local partnership working quite considerably. I am really excited about the locality work that were going to be doing, particularly through the IPH Board and Health Inequalities.* **Response provided by Peter Tomlin** *In Stoke-on-Trent following on from the review of the Better Care Fund, we have identified funds and indeed now have workers that are jointly funded by the ICB and the Council who are in our commissioning structures who are joint commissioners. We do have joint commissioners who just joined us recently and we will be looking to develop that integrated place which is happening particularly in the City.* **Questions/Comments presented by Mike Dixon** *I have noticed that the three emergency services, police, ambulance, and fire have not been mentioned. Is there any sort of participation collaborative with those services because they each have their own programmes which do contribute towards the health care and well-being of the population.* **Response provided by Jane Ashworth** *Thank you we will ask Peter Axon for a response when he provides a summary.* **Questions/Comments presented by Louise Zandian** *I represent people fourteen plus with Autism, ADHD and Tourette Syndrome. These are people with an average or above average IQ mostly they have secondary mental health. We seem to be often not on peoples lists when it comes to service provision, there's lots of inequalities. I don't know where that's been addressed. When it comes to things like bullying, a lot of autistic people are on the end of bullying. I just wanted to make the comments really and maybe it's a conversation to have outside this form.* **Response provided by Chris Bird** *Through the Leaning and Disability and Autism Partnership Board we have commissioned a review of Autism, I know you have a lot of concerns beyond that, which can be discussed further.*	
9.	**Closing Remarks**	
	Peter Axon There are a couple of key things for me coming out of the conversations held. Firstly integration and acknowledging the points made. The ICS was created to improve integration, improve joint working and enable us to look more holistically at the needs of the population, individually and collectively. I believe that we have moved forward in that regard, both in terms of the culture and as a system. How	

	we work together which goes all the way to the start of the conversation around how we are using our Leadership Compact. We have implemented several technical solutions, clinical solutions, operational solutions that have gone towards it. But it is clear there is still a lot of work that we need to do, whether that be focusing on local populations, or at a wider system level when it comes to better commissioning, planning and delivery of integrated services. A big ambition for us as we go into 2024/2025 is around our system collaborative working. We have identified a small number of areas to achieve real success. The conversations that we are having will help influence the direction of travel to those priorities. In terms of planning, we are developing a set of transformational ambitions that go beyond that short term exercise and look at the medium to long term two- or three-year period. The timing of this meeting has been important as provides us with the ability to be able to influence the 2024/2025 and beyond planning exercise. The localities agenda bringing teams together to develop commissioning intentions, develop plans and then deliver on those ambitions at a localised level where appropriate has huge potential for us as a system. Those programmes have developed in other ICS's across the Country we can learn from elsewhere. There is a huge potential that we will be able to positively impact on people's lives, the experiences that they have of our various services and of course the outcomes that people have through that programme. This will be a key transformational priority over the next year. We will make sure that we take this discussion and impact as we need to on the 2024/2025 and beyond planning work. **David Pearson** When Alan White, Jane Ashworth and I met to consider the structure of the ICP over the cycle of a year we thought it was important to do a 'stock take' at the year end. As we reflect on what's gone before and what we are planning for the future, it's has been incredibly helpful today with the presentation that been provided to enable us to look back at what's been achieved and also giving us some opportunity to question some of the priorities, which we will return to again in the autumn to do the mid-year review. We have one plan, one strategy with all the key stakeholders in the room focused on that plan, where we are beginning to properly acknowledge the work of the voluntary and community enterprise sector and patient and other community groups which is really encouraging. There is a lot to do, but we should recognise that we are building slowly and maturely quite a strong platform given the energy and the relationships that we've got around us. The discussion at the start around how we work together as part of the Leadership Compact is so critical. We read every day about other systems where behaviors breakdown, relationships breakdown, we must nurture and safeguard those going forward so we can get the best out of our resources we've got available for our citizens. **Jane Ashworth** I would like to thank attendees for their input to enable good conversations and thank colleagues for an excellent presentation.	

10.	**AOB**	
	No other items of business were raised.	
11.	**Meeting Effectiveness**	
	• Have we upheld the behavior's agreed in the Leadership Compact? Yes • Any learning and how we can improve going forward? No Members were asked if they had any thoughts around improvements to the meeting to contact Kay.johnson@staffsstoke.icb.nhs.uk	
12.	**Close**	
	There being no further business, the Chair closed the meeting.	
13.	Date and Time of the Next Meeting: 3rd June @ 3.00pm – 5.00 pm (Alan White to chair)	