Staffordshire and Stoke-on-Trent Integrated Care System

Joint Forward Plan Update 2024 - 2025

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Foreword

Welcome to the Joint Forward Plan (JFP) 2024-2025 update for Staffordshire and Stoke-on-Trent.

Our ambition and hopes for our population and communities were first set out in our Integrated Care Partnership Strategy (ICPS), published in 2023. It has also been just under 12 months since the publication of our first JFP in June 2023. This means that at this point there are no significant revisions to the following plan and it should be read as a companion piece to the full JFP.

We continue to face challenging times across both the NHS and our Local Authorities, around increased demand for many of our services and financial constraints. This comes alongside challenges being faced by many in our population due to increasing inequalities and economic hardship driven by the cost-of-living crisis. We acknowledge that together we all play critical roles in driving the improvement of health, wellbeing, and equality for all people living in Staffordshire and Stoke-on-Trent.

Our uniquely positioned partnership between local people and communities, the NHS, local authorities and the voluntary and community sector enables us to improve all aspects of health and care - including the wider determinants and primary and secondary prevention. We will continue to strengthen how we work together as an integrated multidisciplinary team of partners, to focus on addressing the challenges set out in our JFP and in developing our wider plans.

Coordination and co-production between our communities and a range of partners is critical to our development. It will happen through collaboration and integration with local authorities at County, Unitary and district / borough level.

During 2024/25 and beyond we will be particularly focusing on joining up with our partners to support and develop a communities approach to Improving Health and Wellbeing Outcomes, prevention and targeting Health Inequalities. This will involve building upon existing assets around the eight districts and boroughs across Staffordshire and the four localities in Stoke-on-Trent. As system partners our aims are to ensure transformation, delivery and engagement are happening at the most appropriate level of the system and are bespoke to meet the needs of specific groups of our population.

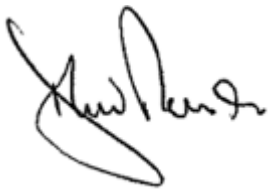
We continue to be committed to work as ‘One Workforce’ where ‘operating as a whole is greater than the sum of the parts’, under an anchor employer model. We know we need to harness the collective effort of our workforce to meet the demands we face. We know that we will have greater impact through what we can achieve together, reducing duplication and working across boundaries to support integrated multi-disciplinary team working.

We have started to make significant developments in our progress with the shared care record. Ensuring that direct care is improved through access to the right information, enhancing and enriching the data that is available to clinicians and residents to support better care. We will work together across the system to develop our approaches and operating models underpinned by local insights and data to support evidence-based decision making at all levels. A Data and Intelligence Strategy to be published in June 2024, will set out more broadly where we want our data, business intelligence infrastructure and capability to be.

Since the JFP was published the Integrated Care System (ICS) has been assessed by NHS Regional Green Team as a ‘maturing system’ against the maturity matrix self-assessment. We are now much clearer on our steps and areas of focus to reaching Net Zero Carbon for our direct emissions (NHS Carbon Footprint) by 2040 and our indirect emissions (NHS Carbon Footprint Plus) by 2045 at the latest.

In conclusion, our aim has been to look at and update the JFP. In particular we have focused on a reflection of our ongoing challenges, the ongoing development of the way we work, developments aligned to some of our statutory duties and national expectations set out since our first plan.

The publication of this JFP update for Year 2 (2024/2025), is just the continuation of our journey. We will continue to hold conversations with local partners, people and communities, supported by Healthwatch organisations and the VCSE sector to inform future iterations of the plan.



David Pearson

Chair - Staffordshire and Stoke-on-Trent Integrated Care Board and Joint Chair of the Staffordshire and Stoke-on-Trent Integrated Care Partnership

Peter Axon

Chief Executive Officer - Staffordshire and Stoke-on-Trent Integrated Care Boar

Health and Wellbeing Boards

We have involved both our Health and Wellbeing Boards (HWBs), covering Staffordshire and Stoke-on-Trent, in preparing our JFP update. This has included sharing a draft with each HWB and asking whether the update takes proper account of their health and wellbeing strategy.

The Staffordshire Health and Wellbeing Board can confirm that the draft update to the Joint Forward Plan as part of the 2024/25 refresh, has been presented to the Board on 7 March 2024. The JFP takes into account the Staffordshire Health and Wellbeing Strategy 2022-27 and the joint priorities outlined in the Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy.

Signed:

Councillor Mark Sutton

Chair - Staffordshire Health and Wellbeing Board, Staffordshire County Council

The Stoke-on-Trent Health and Wellbeing Board can confirm that the draft update to the Joint Forward Plan as part of the 2024/25 refresh, has been presented to the Board on 27 March 2024. The JFP takes into account the Stoke-on-Trent Health and Wellbeing Strategy 2021-25 and the joint priorities outlined in the Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy.

Signed:

Councillor Jane Ashworth OBE

Chair - Stoke-on-Trent Health and Wellbeing Board, Stoke-on-Trent City Council

Introduction

The Joint Forward Plan (JFP) plays a vital role in realising the ambitions set out in the Staffordshire and Stoke-on-Trent Integrated Care Partnership Strategy. Our JFP will be refreshed and published every year, so that we can share some of the progress we have made and we can make changes to reflect any new strategic direction developed - either nationally or locally. It is an inclusive plan that has been co-developed with our system partners and shared as it has progressed, with our partners including the Health and Wellbeing boards and NHS England. Given the level of work and depth of detail outlined in our first JFP (published in June 2023), we have chosen to develop an update to that JFP.

This update should be read as a companion piece to the full JFP published in June. We have not gone into detail about achievements during 2023/24 as these will be set out in the various annual reports of the Integrated Care Board (ICB) and system partners which are publicly available.

Our long-term priorities have remained unchanged from our 2023-28 JFP.

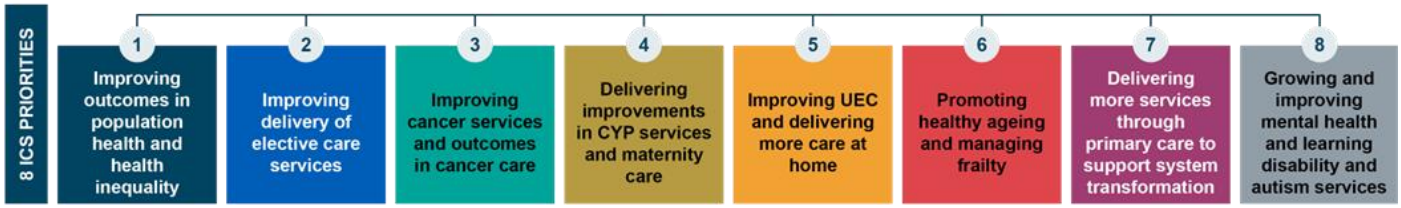


Figure: ICS Long Term Priorities

We have split our JFP into two distinct parts.

From reading **Part 1** of this plan, you will get an overview of our ongoing challenges and how we have built on our ambitions, progress over recent months and updated national guidance. Within each section, where relevant we have included Operational Case Studies which demonstrate examples of work we are doing – these are shown in blue boxes. Throughout the document there are underlined words or sentences. By clicking on any underlined text, you will be taken to relevant external document or the page within the update.

Part 2 of the plan is a series of appendices which provide an overview and some further detail of key areas of development since the publication of the JFP in June 2023 and a summary of which elements of our plan support meeting the statutory requirements placed upon the ICB.

Part 1

This section will give you an overview of:

- how the Integrated Care Board (ICB) and its system partners will coordinate the delivery of NHS services to achieve our objectives
- our ongoing challenges
- how we have built on our ambitions, progress over recent months and to reflect updated national guidance.

Our Ongoing Challenges

The **COVID-19 pandemic** continues to strain health and care resources, with potential further waves of infections and the need for ongoing vaccination campaigns, boosters, and public health measures. The long-term effects of COVID-19 on healthcare delivery include backlogs in elective waiting list and increased demand for services such as mental health. Managing and reducing these impacts remains a significant challenge.

Inequalities persist across different demographics and regions and we know with certain groups experience poorer health outcomes due to socioeconomic factors, ethnicity, or geographic location. Addressing these inequalities and ensuring equitable access to health and care services remains a priority.

Recruiting and **retaining a skilled workforce** presents an ongoing challenge. Our workforce is our greatest asset in providing high-quality care for local people, but we recognise the significant workforce challenges we face across both health and care.

Our people have worked tirelessly and passionately to deliver services despite the challenges with **workforce** supply, operational pressures and the ongoing impacts that working in health and care has on their health and wellbeing. While these system pressures have impacted significantly on workforce availability and resilience, our people and leaders have continued to work together - forging strong relationships to develop innovative approaches to support our people and deliver services to our population.

We are operating within a **constrained financial environment**, with increasing demand in both volume and level of need for services. Balancing the budget while maintaining high-quality care and investing in essential infrastructure and technology poses a significant challenge.

In 2023/24 the NHS System recorded a financial deficit for the first time since 2019/20 and we enter 2024/25 with an underlying deficit of £240m which represents 7% of the NHS resources allocation to Staffordshire and Stoke-on-Trent. These figures exclude the financial pressures on local authority partners in the delivery of their statutory functions, but we of course recognise these pressures.

Our aging population and demographic places additional strain on health and care services, as it is strongly linked to the increased demand for **long-term care, chronic disease management, and end-of-life care**. It is a challenge to make sure services remain sustainable while we adapt them to meet the complex needs of older adults. If we do nothing, the long-term condition projections for over-65s in 2030 are shown in the below diagram.

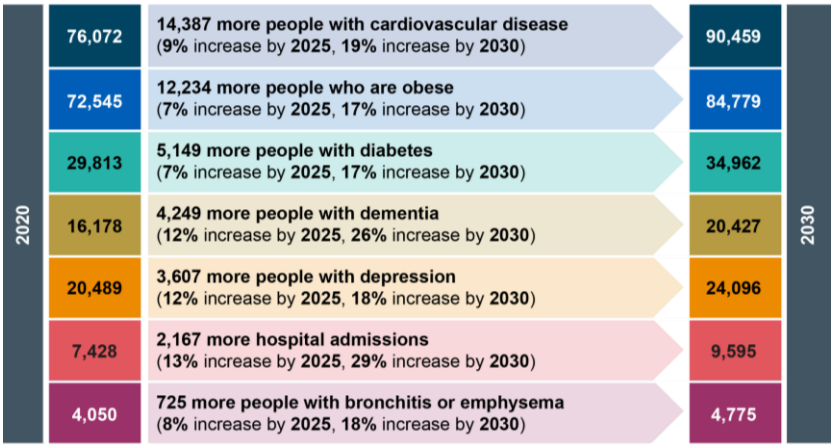


Figure: Long Term Condition Projections for 2023 in people aged 65 and over. Source: POPPI v15.0 17 November 2020. www.poppi.org.uk data sources: Institute of Public Care (IPC) and ONS (Office for National Statistics). Crown copyright 2020.

Mental Health impacts on our communities and this continues to be exacerbated by factors such as social isolation, economic uncertainty, and the impact of the cost-of-living crisis. Meeting the growing demand for mental health services, including early and timely access to the right help and support including at crisis point, is a challenge. Across the ICS, prevalence of depression, dementia and severe mental illness (SMI) have all increased since 2021/22, with depression reported in 2022/23 as 15.23% (up from 14.47%), dementia, 0.94% (up from 0.87%) and SMI, 0.82% (up from 0.78%). All three have increased nationally, however, depression and dementia prevalence is higher in Staffordshire and Stoke-on-Trent than found nationally.

Reducing unwarranted variation in the quality of the arrangements in services, for **child safeguarding and care experienced by children and young people** is a key area of focus for system partners. These are some of society's most vulnerable children and as partners, we recognise the challenges facing us as partners and the importance of ensuring that their needs are seen, and their voices are heard. There is a high level of concern for **children and young people in complex environments and situations**.

Social determinants are known to be a larger factor in someone's health than the quality and amount of health care they receive. An individual's employment status, wellbeing, living conditions and income all have a greater impact on their health than the accessibility and quality of care provided by health services. Factors in the **UK economy** have had a significant impact on individuals, families, and communities locally. It exacerbates existing inequalities, with low-income households disproportionately affected. Those on fixed incomes, such as pensioners or individuals receiving benefits, may struggle to afford necessities, pushing more people into poverty or deeper into financial hardship. Anxiety, depression, and other mental health issues may worsen as individuals struggle to make ends meet or worry about their financial future. Local NHS and social care organisations have a connection to the local economy not only as a potential employer for local people but also, they can impact indirectly on local businesses and help to provide economic opportunity for local people.

The environmental changes taking place now, and in the future, present the biggest global threat of the twenty-first century. **Climate change** is cited as a major factor that directly contributes to cardiovascular disease, asthma, and cancer in NHS England's Delivering a 'Net Zero' National Health Service report. We need to act now to reduce the burden of disease through air pollution.

Ensuring that the JFP Plan can be delivered is both a challenging and exciting journey. Successful implementation hinges upon numerous factors, including longer-term underpinning strategies, workforce capacity, technological infrastructure, and stakeholder collaboration. Critical to its deliverability is effective communication across all levels of the ICS, ensuring buy-in and alignment of efforts.

As we navigate this intricate landscape, ensuring the deliverability of the JFP demands a concerted effort, unwavering commitment, and adaptable strategies. The plan is a live document, which is reviewed at a minimum annually and supported by quarterly monitoring to allow for timely adjustments enhancing the plan's resilience to our ongoing challenges or changes to strategic direction. It is delivery-focused and is underpinned by milestones and a more detailed outline of deliverables across each quarter/year.

Our Providers

While our JFP reflects the plans and five-year strategies for each of our main acute, mental health and community NHS providers in the ICS, it purposely seeks not to replicate them.

The diagram below outlines the high-level priorities and ambitions of our NHS providers within the ICS footprint, which have been refreshed since the JFP was published.

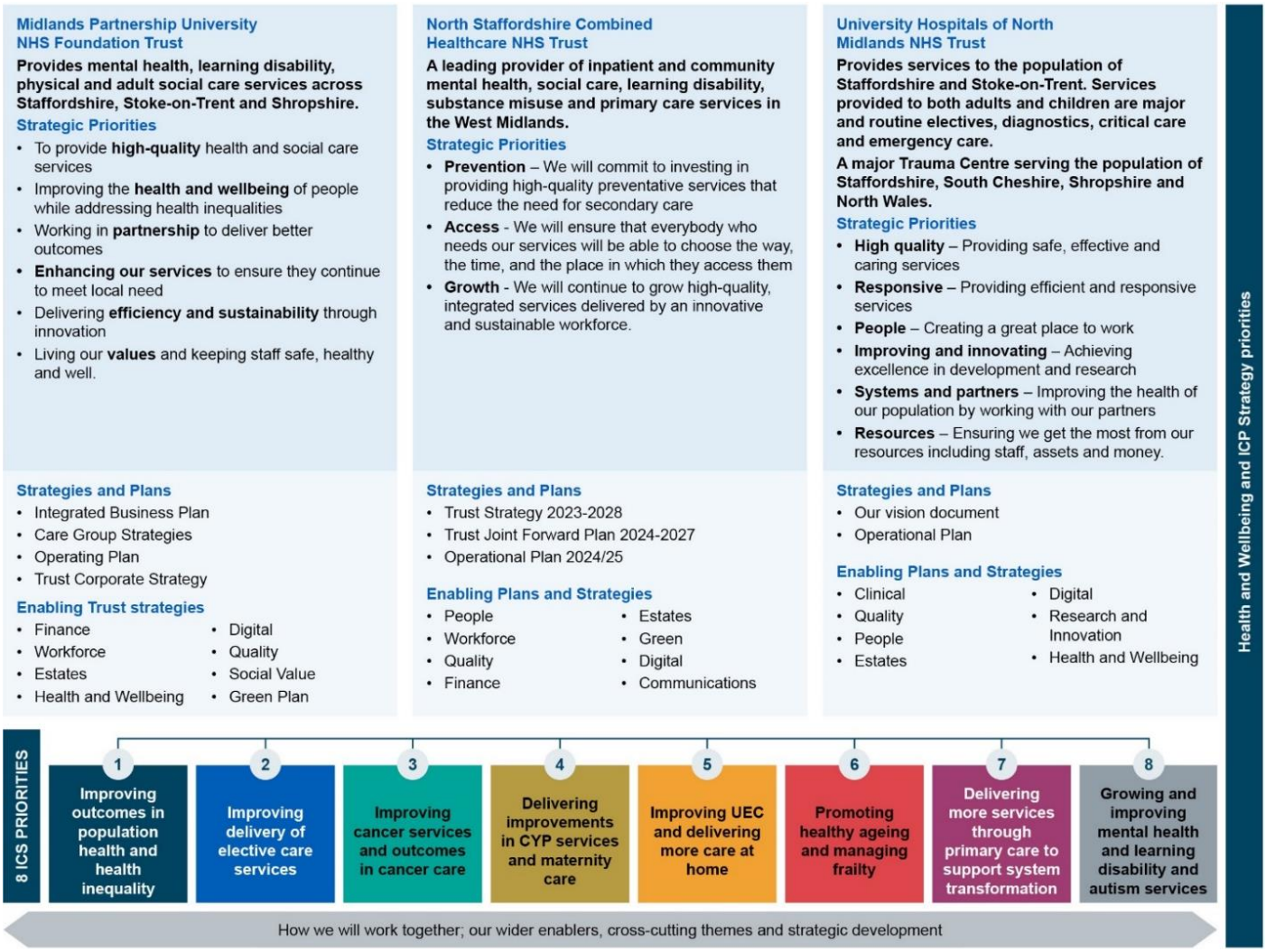


Figure: High-level priorities and ambitions for our NHS providers within the ICS footprint

Some of our population (in particular South Staffordshire residents) receive acute services from University Hospitals of Derby and Burton NHS Trust (UHDB) and the Royal Wolverhampton NHS Trust (RWT), as well as services from other acute and community providers that sit outside out area (such as Birmingham Hospitals).

The table on the next page gives a summary of the vision and goals of our two major out of ICS providers servicing our population.

University Hospitals of Derby and Burton NHS Trust (UHDB)	Royal Wolverhampton NHS Trust (RWT)
The strategic goals of UHDB are currently under development as part of refreshing their 5-year strategy which will be published in May 2024 but comprise of: • **Quality and safety** - To improve patient outcomes and experience by providing safe, high-quality, consistent and equitable care, delivered in the right place at the right time. • **People and culture** - To build a compassionate and inclusive culture which engages and empowers our people, with the right structure and support to enable them to provide safe, high-quality care for our patients. • **Value and sustainability** - To get the best value from our resources by improving the way we work, both internally and with our system partners, and reducing waste and variation to achieve better outcomes and experiences for all. • **Education and learning** - To support our people to learn, teach and thrive in a culture of continuous learning and development, ensuring we meet the needs of patients, now and into the future. • **Research and innovation** - To encourage a curious mindset in our people and provide the right opportunities to engage in research and innovation to achieve breakthroughs, design more effective treatments and drive better outcomes for our patients.	RWT have launched their vision for the future at RWT comprising of four strategic aims. 1. **Excel in the delivery of Care** - We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement. 2. **Support our Colleagues** - We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting diversity of our populations. 3. **Improve the health of our Communities** - We will positively contribute to the health and wellbeing of the communities we serve. 4. **Effective Collaboration** - We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.

Our Local Authorities

Figure: Health and Well Being Strategy Priorities for our Local Authorities within the ICS footprint

Stoke-on-Trent City Council's current Health and Wellbeing Strategy comes to an end in 2025. Work is currently underway to start to develop a new joint Health and Wellbeing Strategy. It is anticipated that the focus will be on the wider determinants of health (including employment and housing), and the modifiable factors that affect premature deaths in the under-75s. These are predominantly due to cancer or respiratory disease, but also drug and alcohol misuse - which still aligns with the existing priorities. The Joint Strategic Needs Assessment (JSNA) was reviewed in 2023 where the approach taken was changed to include a more interactive dashboard approach. As part of the strategy development work the following key issues have been identified:

1. The cost of living
2. Infant mortality
3. Health inequalities
4. Lack of physical activity
5. Obesity
6. Premature deaths (under-75s).

Staffordshire County Council five-year Health and Wellbeing Strategy (2022-2027) was published in 2022. The JSNA has been reviewed and consequently, Staffordshire County Council, the ICB and other partners are working together to develop an interactive platform for JSNA data. This will allow for better use and interpretation of health needs to inform local decisions and activity. The most recent JSNA (Joint Strategic Needs Assessment) identified the local key issues in Staffordshire as:

1. Wider Determinants (education/exclusions, crime, housing & fuel poverty)
2. Healthy Lifestyles (excess weight, physical activity)
3. Mental Health
4. Alcohol Misuse
5. Parental and Infant Health (infant mortality)
6. Ageing Well
7. Social Care Demand
8. The COVID-19 impact on services and outcomes

We will be working closely with Stoke-on-Trent City Council and Staffordshire County Council to make sure our plans and strategies remain aligned and we will use mechanisms such as Place (Strategic approach) and the Joint Commissioning Boards as appropriate to support our population.

As partners with our two local authorities, we recognise that we need to work together on how to better meet the needs of **children and young people in complex environments and situations** for our population. To support this process, we have carried out a specific needs assessment. This has contributed alongside a number of other needs assessments across the region to establish an evidence base about the nature and profile of need and how well teams, organisations and the system are responding. The Pan-Midlands Needs Assessment on Children and Young People with Complex Needs draws on the learning from these needs assessments with the aim of identifying key areas across the Midlands, encouraging further collaboration across the region and to support the sharing of effective practice. This will be a key area of focus over the period of the JFP especially through one of our System Collaboratives which will be developed on behalf of the system and with partners, by Staffordshire County Council.

Our continued focus on inequalities

Tackling inequalities is one of the key objectives and priorities of the Integrated Care System (ICS) as anchor institutions and supports one of the NHS quadruple aims. The Integrated Care Board (ICB) has an important role in leading and co-ordinating action taken across the system and this approach is embedded in our Integrated Care Partnership Strategy.

The Integrated Care Board (ICB) has an important role in leading and coordinating action taken across the system and this approach is embedded in our Integrated Care Partnership Strategy. We have started to put the building blocks in place and a range of initiatives are in place to support the tackling of inequalities in our population. Examples of these include:

- Social Prescribing
- Community Mental Health Transformation
- Southeast Staffordshire Healthy Communities projects
- Stoke-on-Trent Community Health Champions Project
- Stoke's Community Together Project and Community Lounges
- Core 20 Connectors.

Within Staffordshire there is a two-tier administrative structure where Staffordshire County Council are responsible for functions such as education, strategic planning and social care and the eight districts, namely: South Staffordshire, Cannock Chase, Lichfield, East Staffordshire, Tamworth, Stafford, Newcastle-under-Lyme and the Staffordshire Moorlands who are responsible for functions such as local planning and housing. As Stoke-on-Trent City Council is a unitary authority, all functions are the responsibility of the local authority.

It is well documented that health and wellbeing outcomes are impacted by a whole range of factors related to the circumstances in which we are born, grow, live, work and age. These are known as the 'wider determinants' of health. We recognise that there are many factors that impact on the wider determinants of health including socioeconomic factors, physical environment, health behaviours and health care. The biggest factor is socioeconomic where we need to collectively develop the building blocks to have the biggest impact. These building blocks are education, employment, family/social support, income and community safety.

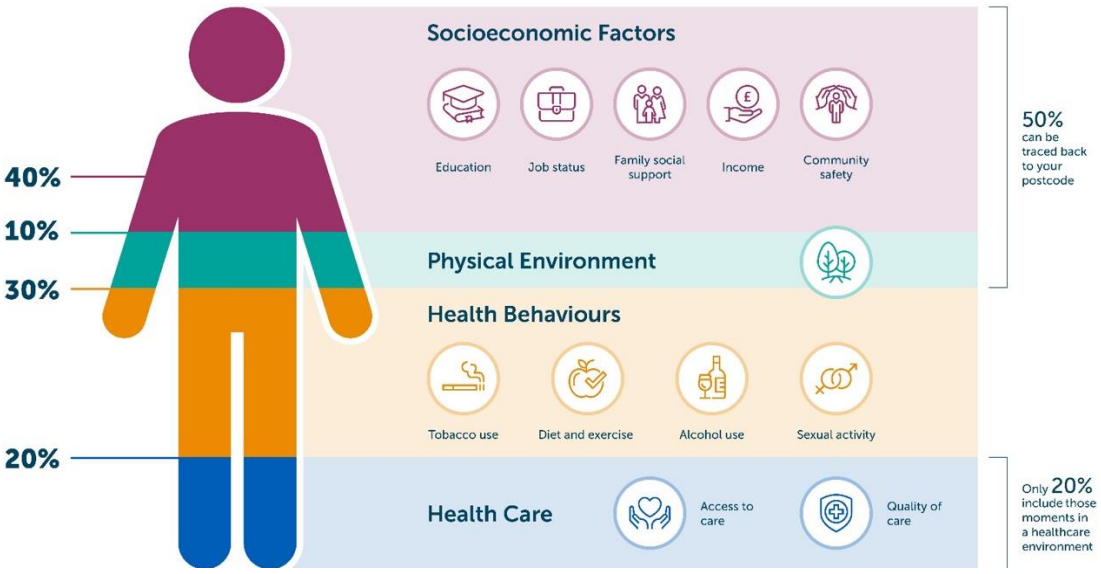


Figure: Social Determinants of Health Infographic. Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

We know that inequalities can start before birth and can affect all stages in life ('across the life course'). They can impact on outcomes across housing, education, employment, healthy lifestyles, dental, mental health, physical health and loneliness.

Health inequalities in Staffordshire

Staffordshire County Council has recently undertaken a piece of work to analyse data to compare the outcomes of people living in the most deprived areas with the most affluent against the Staffordshire average.

It showed that someone living the most deprived area is:

- 90% more likely to have parents who smoke
- 12% more likely to have a low birth weight
- 2.5 times more likely to be in poverty
- 2.5 times more likely to claim unemployment benefits
- 49% more likely to experience fuel poverty
- 49% more likely to be living alone as an older adult.

Someone living in the most affluent area is:

- likely to live 3.7 years longer
- 47% less likely to have a hospital admission for dental decay
- 21% less likely to be overweight or obese (in year six)
- 41% more likely to achieve English and Maths grades
- 10% less likely to be admitted to hospital because of alcohol harm
- 46% less likely to die from coronary heart disease before the age of 75.

Health inequalities in Stoke-on-Trent

Figures for Stoke-on-Trent show:

- Ranked 13th out of 317 across the country for deprivation
- More than half of Stoke-on-Trent areas are in the two most deprived deciles
- The number of people in fuel poverty is higher than the England and West Midlands average
- 29% of children live in absolute low-income families
- The highest rate of infant deaths when compared to England and the West Midlands. This includes neonatal (in the first 28 days after birth) and post-neonatal (28-365 days after birth) deaths, premature births (born before 37 weeks), and low birth weight
- 1 in 6 women smoke through pregnancy (ranked 5th highest in England)
- The number of premature deaths is higher than the England and West Midlands average, with the main reasons being lung cancer, cardiovascular disease and respiratory.

As an ICS we are developing a **Health Inequalities Strategy** with a set of priorities and actions to increase our influence more effectively as a collective than we could as individual organisations. A workshop held in January 2024 identified a number of key themes where we should focus our collective efforts including clear links to our policy drivers for implementation, namely Core20Plus5 (adults) and Core20Plus5 (Children and Young People) and the national priority areas where work continues. A Health Inequalities Working Group has been established to develop this Strategy, which will then inform a financial framework for investment of our ring-fenced Health Inequalities funding allocation. The strategy and a supporting delivery plan are anticipated to be agreed through the Integrated Partnership Board in June 2024.

We have used local intelligence to identify the Inclusion Health Groups for our local area and we continue to focus on these groups, against the principles for action in the NHS Inclusion health framework. An example of this is the Specialist Homeless Health Integrated Service below.

Specialist Homeless Health Integrated Service

Coordinates care for the most vulnerable and complex people who are homeless (including rough sleepers) in the towns of Stoke-on-Trent and in and around Newcastle-under-Lyme town centre. The Service Provider collaborates with the local authorities and specialist services, such as the Rough Sleeper Outreach Service and other Rough Sleeper Initiative programmes, to promote self-care and fosters a recovery-based approach focusing on strengths and realistic person-centered goals. Locally, a dedicated welfare officer from the Defence Medical Welfare Service (DMWS) works in partnership with University Hospital of North Midlands NHS Trust (UHNM) to provide a range of supportive services to veterans and their families to support access, treatment and timely discharge from health care.

Case study: Rough Sleeper Outreach service and Defence Medical Welfare Service

Reducing unwarranted variation in the quality of the arrangements in system health services, for child safeguarding and Looked After Children is a key area of focus, as acknowledged in the Not Seen, Not Heard report (Care Quality Commission 2016). Core20PLUS5 is an NHS England approach to reduce health inequalities at both national and system level. ‘Core20’ refers to the most deprived 20% of the national population (as identified by the national Index of Multiple Deprivation) and the ‘PLUS’ population specifically refer to the inclusion of young carers, Care Experienced Children and Young People and those in contact with the justice system.

Using population level data helps us to make decisions at a local level and ICS partners are developing an interactive platform for JSNA data that will allow stakeholders to interpret health needs to inform local decisions and activity. We are working with Optum (our Strategic Partner to deliver the Population Health Management programme) to create a more comprehensive view of a person’s health and care needs, so that we can continuously improve our care within our available resource. As part of our legal duty, work is also underway to develop a dashboard to be able to identify the needs of communities experiencing inequalities in access, experience and outcomes.

The voices of local people and communities is essential as part of how we design and redesign services. We have worked as partners to undertake an appreciative enquiry approach to our asset-based community development and co-produced solutions where appropriate. An example of this is the Core20PLUS connectors work, which is led by the Voluntary, Community and Social Enterprise (VCSE) sector.

Core 20 Ambassadors

As part of our Core20PLUS5 implementation, we currently have six Core20 Ambassadors who are a mix of professionals from General Practitioner to a social prescriber, with one of the six ambassadors being a Healthcare Financial Management Association (HFMA) lead. A pilot Health Inequality Finance Fellowship programme launched in 2023 in the West Midlands. Over 40 fellows have been recruited for the 2023/24 programme including from Staffordshire and Stoke-on-Trent. The fellowship provides an opportunity to harness the ambition of the finance community in supporting the health inequalities agenda while investing in finance staff who are passionate and already working in this area. These Fellows will support CORE20PLUS Ambassadors who may struggle to make improvements without understanding the important role finance plays.

Case study: Core20 Ambassadors

As part of our approach to addressing women's health needs, as identified within the guidance published in January 2024, a comprehensive needs assessment has been undertaken and a model has been developed which aligns with the Women's Health Strategy for England. Elements of this model is currently being procured and is expected to be in place in 2024.

Ongoing Development of our Operating Model (the way we work)

Despite our significant challenges, we believe that collaborative efforts at all levels are the most effective approach to co-producing and delivering our plans. Each of our partners have positive impacts on our population – some providing care, others involved in planning services, and others impacting on wider determinants of health and care (such as housing and education).

We will continue to work with local partners to strengthen how we work together and how we make decisions. The establishment of our portfolios leadership model and development of provider collaboratives in 2023 started the ball rolling. Our operating model will evolve over time as collaboratives and the communities approach continue to mature which will support solving complex problems that require multi agency effort and responses.

Communities Approach to Improving Health and Wellbeing Outcomes, prevention and targeting Health Inequalities

Our uniquely positioned partnership between local people and communities, the NHS, local authorities and the voluntary and community sector enables us to improve all aspects of health and care - including tackling the wider determinants, preventing ill health and secondary prevention. With hundreds of health and care organisations serving more than a million local people, we must make sure that we are utilising each to the fullest and ensure that work is done, and decisions are made, at the most appropriate level.

Groups of partners coming together within partnerships are crucial for how we will deliver. Together they play critical roles in driving the **improvement of health, wellbeing, and address health inequalities** for all people living in Staffordshire and Stoke-on-Trent.

To effectively improve the health and wellbeing of our local population, we need to look beyond health and care services to understand the barriers and opportunities to people living a healthier life. We know that access to healthcare only accounts for around 20% of health outcomes across Staffordshire and Stoke-on-Trent. The other 80% is influenced by other factors, or ‘wider determinants’, such as the communities we live in, the education we have and the choices we make.

We recognise that there can be significant variation between the needs of the population, and that the way that wider determinants affect people is likely to differ according to where people live. This means that we need to shift to a more tailored and targeted approach to improving health and wellbeing outcomes, one that is sensitive to the diverse populations we serve. We need all partners and communities to work together.

Working at a more local level will allow us to focus on smaller populations and provide greater flexibility to find tailored solutions to challenges. We will do this in partnership with the local authorities, the VCSE, Healthwatch organisations and the communities themselves. It is important to recognise and build on the relationships that are already established and to work collaboratively with partners - acknowledging the contributions that each can make and respecting roles and responsibilities across the system.

Information gathered from local populations will be utilised to support the refresh of our plans including the Integrated Care Partnership Strategy.

Progress on Our Communities Approach

Since our JFP was published in June 2023 we have been working closely to join up with partners to develop a more tailored approach to improving health and wellbeing outcomes. We remain committed to the principle of subsidiarity and are looking to build upon existing frameworks and assets to better align decision-making as close to the communities where outcomes occur, this will translate through place (strategic approach), localities (planning footprint) and communities (delivery).

The eight districts and boroughs across Staffordshire and the four localities in Stoke-on-Trent are outlined below.

Staffordshire County Council District and Borough Councils	**Stoke-on-Trent Localities**
• Cannock Chase District • East Staffordshire Borough • Lichfield District • Newcastle-under-Lyme Borough • South Staffordshire District • Stafford Borough • Staffordshire Moorlands District • Tamworth Borough	• North • Central • South East • South West

We will tailor the delivery of our strategic priorities to the unique circumstances of local residents based on the health and social care needs of the community – focusing on prevention, supporting people to take control of their own health and wellbeing, and supporting independence. Joint Strategic Needs Assessment (JSNA) data, produced by both our local authorities (Staffordshire County Council and Stoke-on-Trent City Council), Population Health Management (PHM) data, the Research Engagement Network outputs and local intelligence will help us to do this. Priorities will be guided by local intelligence using a diagnostic data pack that will provide a detailed picture of the community. This will include health, but also wider determinants such as housing, employment, facilities, and education. We are developing an interactive platform for JSNA data so that in the future. This will allow for better use and interpretation of health needs to inform local decisions and activity.

By focussing on smaller populations, we will be able us to develop a detailed understanding of what causes poorer outcomes and health inequalities. We will also be able to prioritise and make decisions with local communities to tailor proactive and preventative solutions that are specific to their needs. It will identify the priorities that matter to the residents in each area and help to treat communities as active partners, rather than passive recipients of services.

We will build on our existing relationships and ways of reaching our communities to test our intelligence. This will help us to gain a more detailed understanding of the local barriers and opportunities to people living a healthier life in a particular area. We will then develop multi-disciplinary, integrated teams, involving all relevant partners, to deliver against the priorities identified, utilising community assets as well as local services.

Voluntary Community and Social Enterprise Alliance led by VAST and Support Staffordshire

In Staffordshire and Stoke-on-Trent, there is a broad and diverse Voluntary, Community and Social Enterprise (VCSE) sector, who are a critical partner within the system. They contribute to the setting of strategies and deliver services for some of our most vulnerable population. Many of the organisations focus on the health and wellbeing of individuals and local communities from prevention through to bereavement.

A range of services are delivered or supported through the VCSE sector. Examples of this include:

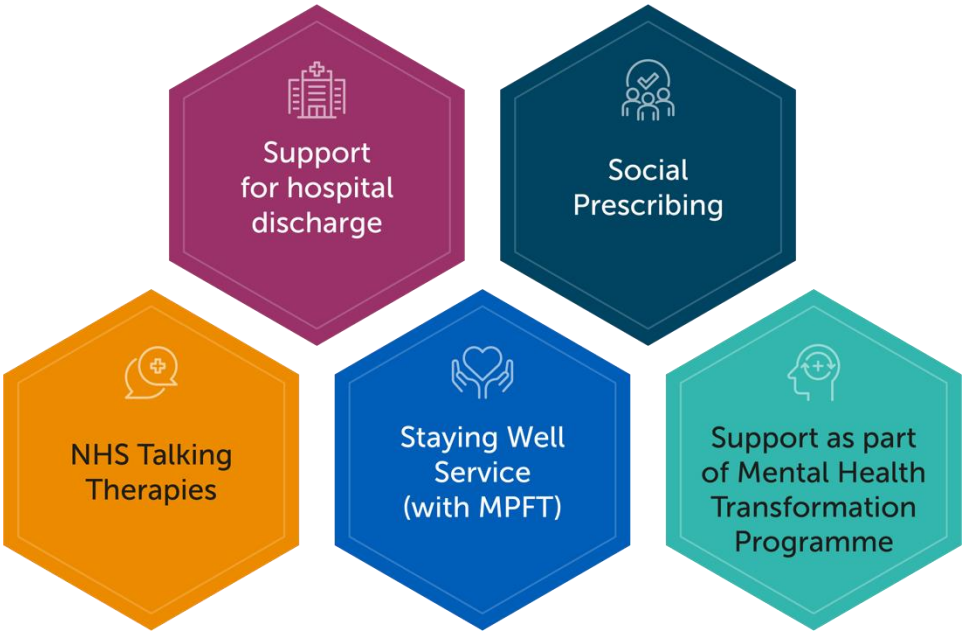


Figure: Services supported through VCSE sector

Locally the VCSE Healthy Communities Alliance was established in 2021. It enables the VCSE sector to have representation and engagement on various boards, committees, steering groups and partnerships of our ICS, including the ICS Partnership Board. Since our JFP was published, VCSE representatives have been elected to all seven system level portfolios. Their role is to:

- Collaboratively support the development and work of the board, committee, steering group or partnership
- Develop a greater knowledge of the issues, plans and agencies which affect the work of the board, committee, steering group or partnership

A Memorandum of Understanding is in place between the ICB and the VCSE Alliance which includes the following four priority areas of work:

1. Commissioning and Procurement
2. Communications and Engagement
3. Volunteering and Prevention
4. Social Prescribing.

Examples of how this has worked in practice include:

- Work to ensure NHS contracts and requirements are equitable and proportionate to the level of funding given to the sector to provide a service, as part of a commissioning framework
- Ensuring that we utilise the VCSE sector unique positioning and skills as part of our communication and engagement planning
- Encouraging volunteering as part of our NHS Long Term Workforce Plan
- Ensuring the role of preventative services and social prescribing is embedded within portfolios.

The NHS Long Term Workforce Plan also sets out steps to make sure the impact of volunteering is fully recognised – supporting the workforce now and in the future. The system will continue to work in partnership to improve volunteering opportunities in health and care settings. We want to reach as many of our local communities as we can to encourage our population to take up volunteering as a key role. We recognise that volunteering is also a route into health and care careers, and we want to explore alternative and attractive volunteering roles which support our services and provide fulfilling opportunities for people. In addition, we will align to national and regional programmes including NHS Cadets, NHS and Care Responders, and the recruitment portal.

Volunteer Centre Quality Accreditation

Support Staffordshire has recently achieved the Volunteer Centre Quality Accreditation (VCQA), demonstrating the quality of their offer and impact in supporting local voluntary, community and social enterprises across Staffordshire. Accreditation is awarded for three years and is provided following independent assessment of a portfolio of evidence provided against a set of criteria based around the Five Functions of Volunteer Centres. In achieving the VCQA, Support Staffordshire has demonstrated it delivers each of these functions to a high standard, that it is responsive to, and embedded within the needs of the local voluntary, community and social enterprise sector, and is committed to working in partnership. The VCQA is a quality mark that provides confidence to local communities, voluntary and community organisations and local strategic partners, funders and commissioners. We are very pleased to share that Support Staffordshire's assessment showed its strengths in Good Practice Development. The accreditation process provides opportunities to gain invaluable insights into organisational strengths and areas for development.

Case study: Support Staffordshire

Volunteering for Health Grant Funding

Partners recognise the vital role played by volunteers and how they should be included in workforce plans going forward, strengthening and extending integrated care, particularly in times of surge. However, there is an ambition to capitalise further on the role volunteering can play. A bid to access Volunteering for Health funding is being led by VAST on behalf of the ICS to support the development of high-quality volunteering infrastructure within the system. Volunteering for Health is a £10m programme that is being delivered through a partnership between NHS Charities Together, NHS England, and CWplus.

Case study: VAST

Provider and System Collaboratives

Provider collaboratives bring providers together to achieve the benefits of working at scale. This will help to improve quality, efficiency and outcomes, and to address inequalities in people's access to, and experience of, different providers. Our acute and mental health providers have a track record in collaborating and developing various forms of collaboration both in and out of the system – including strategic collaboration and lead provider collaboratives spanning ICSs and outside of our region. They share a significant interdependency with Place and our portfolios.

At the point of drafting this update, we are in the midst of the 2024/25 planning round. Alongside a challenging efficiency programme, we are working up six recovery themes, aimed to deliver cash out through cost reduction, demand management and a clear focus on clinical value. We have agreed to establish six system collaboratives covering our recovery priority areas, with all system partners engaged in either leading or supporting project delivery.

The six collaboratives are:

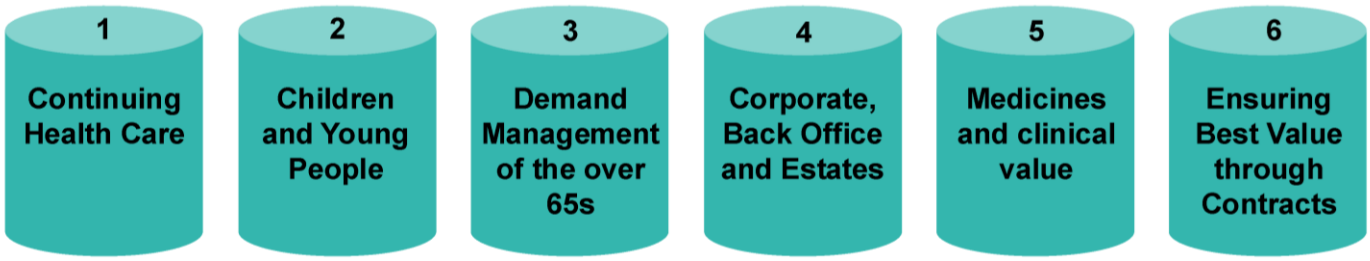
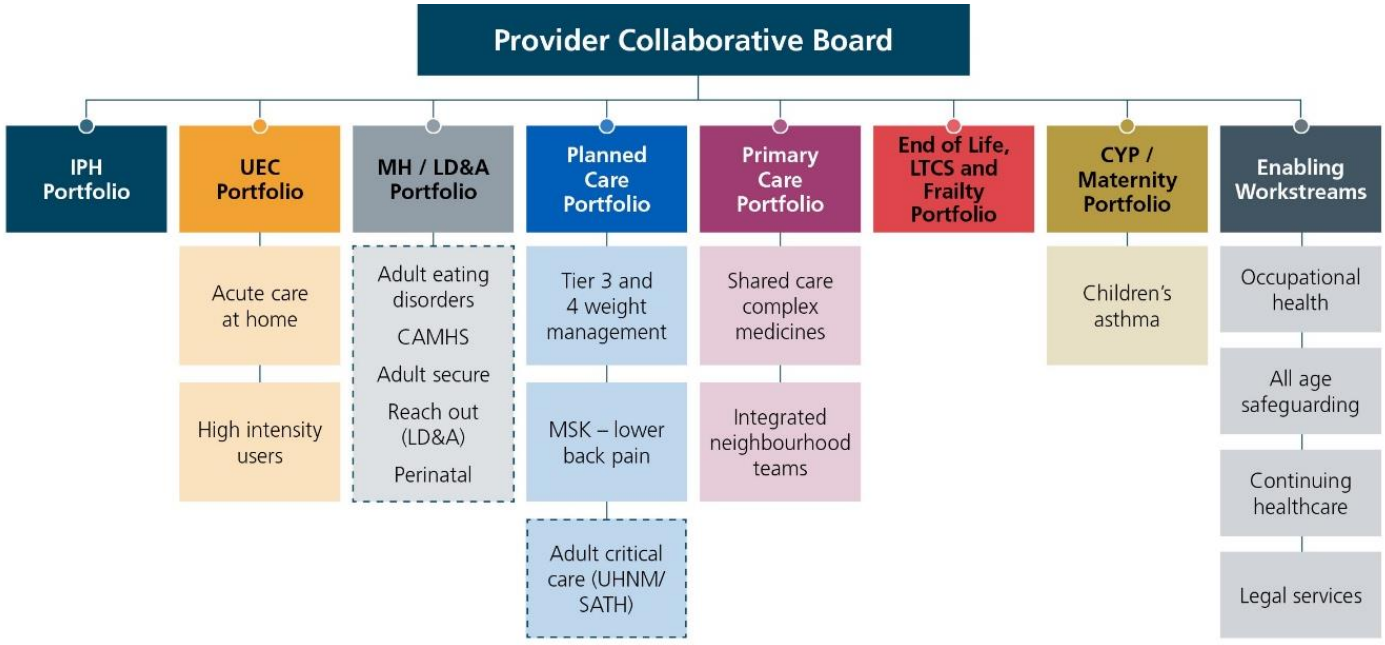


Figure: Six System Collaboratives Diagram

Provider collaboratives are continuing to develop across most of our system portfolios and enabling workstreams, as the vehicle for delivering transformation at scale involving two or more in-system providers. This work is overseen by a Programme Board which has executive representatives from acute providers (both within and outside our system), community providers, Place, ICB, local authority and general practice. The diagram below provides a summary of the collaborations currently in place, which report to the Provider Collaborative Board.



Key

---- These are collaboratives which sit across more than one ICS (including the regional collaboratives)

Figure: Overview of provider collaboratives currently in place

It is acknowledged that provider collaboratives will continue to develop and evolve into 2025/26 and beyond, where opportunities to delegate ICB functions could be explored where it makes sense to do so and where it is consistent with national policy. The form the collaboratives will take will evolve as they develop and will be supported by the Provider Collaborative Programme.

Our Portfolios

Our seven portfolios are Improving Population Health; Planned Care (includes elective, cancer and diagnostics); Children and Young People and Maternity and Neonates (as one portfolio); Urgent and Emergency Care; End of Life, Long Term Conditions and Frailty; Primary Care; and Mental Health and Learning Disabilities and Autism.

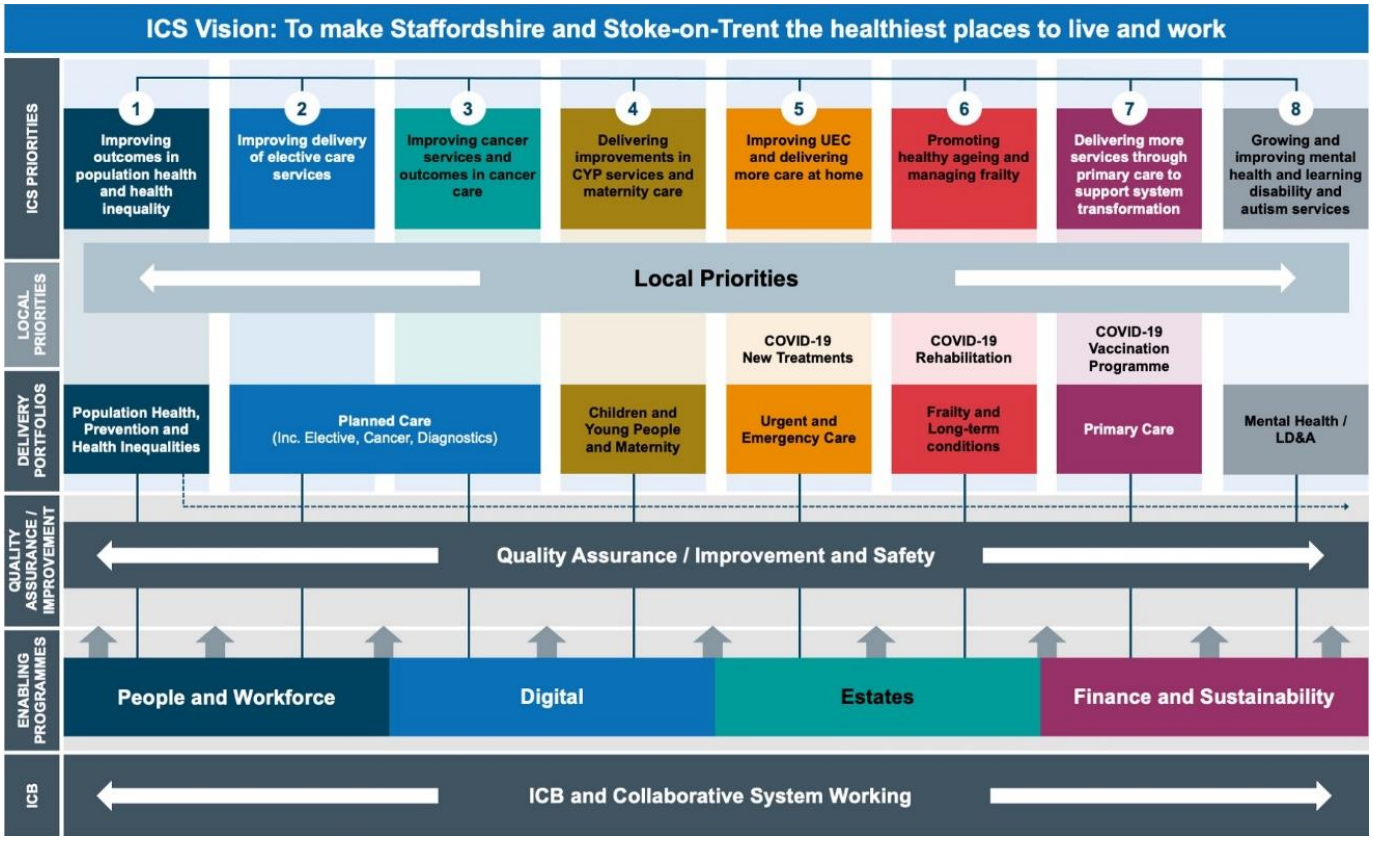


Figure: Our seven portfolios and ICS priorities

As a newly-formed statutory body, we have worked hard to ensure that structures are effective and enable staff across the ICS to be fully focused on delivering for our population. The portfolios cannot be successful if they work in isolation, as many of our actions require involvement from more than one portfolio or partner.

We continue to ensure our portfolios are a balance of the implementation of transformation and redesign and the maintenance of business as usual. It is vital that we support partnerships of providers in and out of the system (NHS, local authority, Independent Sector) to work together at scale to focus on the delivery of our plans.

Throughout 2023/24, each portfolio successfully developed an agreed dashboard of metrics (measures to track programme progress) and, where identified, outcome measures to support them. A quarter two stocktake was completed as part of an annual planning cycle, and a quarter four stocktake exercise will be completed at the end of the financial year.

The stocktake exercises enable portfolios to perform a self-assessment on where they are up to, against their planned priorities and deliverables. This formed the basis of our One Year NHS England facing Operational Plan submission and our local System Operational Plan.

This plan is intended to be read as a companion piece to the full JFP published in June and our Operational Plans. Further details about our portfolios and their plans were set out in detail in that document. At the time of publishing our JFP update, as a system, we are developing our local 2024/25 Operational Plan in response to national guidance. The plan will be published in May 2024, and will outline our response to any revised national targets across our portfolios and providers.

A learning organisation – Our Governance and Partnerships Review

According to national policy, ICBs should undertake a local self-assessment after their first year of operation. The ICB Chair makes the decision following local discussion with system partners as appropriate and their NHS England Regional Director. They are discretionary, as part of wider development led by ICB Chair and their Board. Self-assessment is designed to focus on the ICB as the 'customer'.

The ICB undertook its first formal Governance and Partnerships Review in winter 2023/24, which culminated in a Board Development session at the end of January 2024. The review focused on all four focus areas below as they were all felt to be equally important and integrated.

- Role and function of the ICB Board
- Assignment of decisions to system, place and provider
- Commissioning decision-making
- NHS system management decision-making by the ICB and its partners.

The review confirmed a small number of important actions that currently form part of an ongoing implementation plan. These were:

- How we work together as a Board (on strategy, leadership etc)
- ICB Committee and Sub-Committee procedural rather than structural changes
- How we communicate post-event / post-Board to others.

Wider Effect of Decisions

As an ICB, the alignment of the organisational priorities with the triple aim is a key priority in decision making. Organisational priorities are reflected in the Board Assurance Framework which outlines the key strategic risks for the organisation, and all decisions are linked to specific elements of that framework. The triple aim is also embedded through the use of community and patient stories at the ICB Board meetings.

We continue to focus on our duty to have regard to the wider effect of decisions through our processes including Quality Impact Assessments and Equality and Health Inequality Impact Assessments (EHIA). The ICB's Quality Impact Assessment (QIA) Policy outlines how they will have regard for all likely effects of decision-making in relation to the quality of service. The ICB are committed to collaborating with NHS partners. NHS partners have agreed that as they are all part of one system, they do not want separate QIAs for system transformation work and associated engagement. In 2023, the partners adopted a collaborative approach to undertaking QIAs to support formal service change proposals to NHS England. This approach will continue throughout 2024.

Equality and Health Inequality Impact Assessments are a well-established and embedded tool within the ICB that support compliance of the Equality Act and Public Sector Equality Duty. This tool helps to ensure decisions, practices and policies are fair and mitigate discrimination against protected or vulnerable/excluded groups, consider equality of opportunity and the fostering of good relations. An important and integral part of the EHIA process is to ensure stakeholder engagement.

A stakeholder is an individual or group that has an invested interest and a voice that informs the organisation's decision-making process and can include staff, patients, the public, voluntary, community and social enterprises, internal and external support groups/networks, or business partners.

Ongoing Strategy Development and Delivery

Since the publication of the JFP, we have made progress in several key strategic priority areas and continued to progress setting out or delivering our longer-term underpinning strategies.

Key strategic decisions

The ICB agreed a proposal in December 2023 for a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre. The proposal was developed through a programme of work by Midlands Partnership University NHS Foundation Trust (MPFT), who had provided the services at the George Bryan Centre until its temporary closure in 2019, and the ICS. In December 2023, the ICB Board also agreed the interim aligned assisted conception policy for Staffordshire and Stoke-on-Trent. This policy replaced the three policies that were in place under the former clinical commissioning groups (CCGs).

During 2023/24, NHS England approved business cases for the implementation of community diagnostic centres (CDCs) across Staffordshire and Stoke-on-Trent.

The CDCs will help achieve the following ambitions:

- To improve population health outcomes by diagnosing health conditions earlier, faster and more accurately
- To increase capacity in the diagnostic service by investing in new facilities, equipment and training new staff, contributing to recovery from COVID-19 and reducing pressure on acute hospital sites
- To improve productivity and efficiency by streamlining the way we provide acute and elective (planned) diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication
- To contribute to reducing health inequalities by ensuring everyone has the same access to care and the same health outcomes
- To deliver a better diagnostic service and more personalised experience by providing a single point of access to a range of services in the community
- To support more joined-up care across primary, community and secondary care.

In April 2023, the ICB Board approved and published a GP Five-year Strategy. The strategy sets out 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. It brings a renewed focus on our model of care which builds on the Fuller Stocktake Report around population health management and integrated teams – while 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 - a collective of senior leadership across general practice including Primary Care Networks (PCNs) and Local Medical Committees (LMCs).

During 2023, a total of 118 leaders from across Staffordshire and Stoke-on-Trent came together for the inaugural system-wide workforce summit, 'Aiming Hire and Higher'. Attendees at the summit included clinical and operational leaders from across the NHS, local authorities, the voluntary sector, primary care, social care, education providers and NHS England.

The aim of the summit was to collectively find solutions to the biggest workforce related challenges in Staffordshire and Stoke-on-Trent. It also looked at how we will locally meet the ask of the NHS Long Term Plan outlined further in this document, as well as the ambitions of primary care and social care.

On Monday 2 October 2023, 118 leaders from across Staffordshire and Stoke-on-Trent came together for the inaugural system-wide workforce summit, “Aiming Hireand Higher”. Attendees at the summit included clinical and operational leaders fromOn Monday 2 October 2023, 118 leaders from across Staffordshire and Stoke-on-Trent came together for the inaugural system-wide workforce summit, “Aiming Hireand Higher”. Attendees at the summit included clinical and operational leaders from

Longer Term Underpinning Strategy Documents

The progress and development of a range of enabling strategies are set out below which put the building blocks in place for future delivery.

Since the JFP was published across the ICS, partners have led, co-produced and published a range of new strategies including:

- A joint Strategy between Staffordshire County Council (SCC) and Staffordshire and Stoke-on-Trent ICB Living My Best Life: A Joint Strategy for Disabled and Neurodivergent people in Staffordshire (2023-28). It complements national and local strategies and good practice including SEND (special educational needs and disabilities) and carers’ strategies
- A Research and Innovation Strategy was agreed in September 2023 setting out six core objectives
- An ICB Quality Strategy (2023-26) which describes our quality aims for next three years, outlines our quality risk response following the National Quality Board guidance, and is underpinned by our delivery plan

We are in the process of defining our local approach to developing and engaging on system strategies, focusing on:

- A **Long-Term Conditions Strategy** to help system partners understand how they can best support people with long-term health conditions, to empower people to manage their own conditions and to ensure people know how and where to seek professional help or support
- A local needs assessment focused on end of life and palliative care to support delivery of the national ambitions for palliative and end of life care
- A **Health Inequalities Strategy** to bind us as a system behind a set of priorities and actions that we can influence as a collective more effectively than we could as individual organisations
- An **ICS Alcohol Strategy** to strengthen the partnership approach to improving outcomes and quality of life in people at risk of or experiencing alcohol harm, informed by current evidence on existing and emerging trends in population alcohol use, and effective integrated approaches to preventing alcohol harm
- A **Cyber Security Strategy** that will enable us to keep our data and infrastructure safe while providing our residents with the data they need to support the management of their health and care
- An **Infrastructure Strategy** will be published in spring 2024, which sets out our high-level, system-wide approach coordinating and influencing the development of all estate directly used in the provision of NHS delivered health and care
- A **Data and Intelligence Strategy** to be published in June 2024, which sets out sets out where we want our data, business intelligence infrastructure and capability to be
- System-wide **Employee Experience and Health and Wellbeing Strategy** which supports our whole workforce (to be launched 2024/25)
- **Urgent and Emergency Care Strategy** to demonstrate how the system will support our local population should they need care that cannot be met in a planned care environment
- A refresh of the **Healthy Ageing and Managing Frailty in Older Age Strategy (2021-25)** to take place in 2024/25, which will include social care, ensuring all relevant data and innovative frailty practices are shared across system partners. This will support the delivery to our frail patients across health and social care and enable them to live a full life, for longer.

The following strategies have been updated since the JFP was published in light of new guidance or terminology:

- A multi-agency Staffordshire and Stoke-on-Trent Violence Reduction Strategy (2024-29)
- Staffordshire and Stoke-on-Trent Domestic Abuse Strategy (2021-24) setting out our joint aim and approach to addressing domestic abuse and the outcomes we expect to see. The strategy is being updated in accordance with the Domestic Abuse Act 2021 and requirements in relation to the Sexual Safety Charter and our approach to **Safe at Home**, and it will be published in 2024.

What else is new since our JFP published in June 2023

National Expectations and Developments

After the JFP was published, NHS England set out the requirement for a '**Delivery Plan for Recovering Access to Primary Care' (PCARP)** to address access challenges and to make sure that the growing demand on general practice can be sustained - to be resilient now and in the future.

On response to PCARP, the **System-Level Access Improvement Plan (SLAIP)** aligns to the four national ambitions: to empower people, build modern general practices, cut bureaucracy and build capacity. The primary care portfolio will continue to develop this work. The local plan sets out our actions to deliver to deliver against the national requirements and on key areas to support improved patient experience of general practice locally (Appendix 1: System Level Access Improvement Plan). The multifaceted approach to the SLAIP has developed substantially since being launched and it will be presented to the ICB Board in May 2024 for approval. We will continue to work closely with all stakeholders to ensure the important steps in reducing the pressure within general practice and tackling 'the 8am rush' will provide a strong footing as we progress to deliver the wider Fuller Stocktake vision as part of our GP 5-year strategy.

The responsibility for commissioning **pharmaceutical, general ophthalmic and dental (POD)** was delegated to ICBs on 1st April 2023. This created an opportunity to provide better support for our populations ensuring that services meet the needs of the local population. When we wrote the first JFP, we were still understanding how **dental services** were delivered and looking at the baseline activity. We have set out some of the challenges facing us in dental services, and some of the actions that will support delivery of our objectives – in particular the National Dental Recovery Plan. The three key areas for action including prevention, operational interventions and workforce / wider reform. Our local approach is outlined in more detail in (Appendix 2: Dental).

Since 2013, NHSE has held legal and operational responsibility for **commissioning specialised services** including: planning services, setting clinical standards, allocating resources, contracting with, and reimbursing providers and monitoring service performance. In 2022 NHSE set out the roadmap for how the commissioning model for specialised services would evolve in the coming years. From 2024/25, ICBs will be asked to agree the set of specialist services delegated to them - along with specialist commissioning budget allocated based on population figures. By delegating services, we will have an overview of the available resources for our population, meaning we can see how best to invest in improving quality and outcomes, reducing health inequalities and improving value.

The key programmes of work are currently in progress focus on the agreement of and then the subsequent safe delegation of specialised services. This involves working alongside the NHS England regional team and joint work with NHS England, the other ICSs in the West Midlands, and locally in Staffordshire and Stoke-on-Trent. We have also received the 2024-25 NHS Midlands Operational Plan for specialised which will inform our operational plan in 2024/25.

The overarching priorities set out in the plan are:

- Achieving financial sustainability
- Empower and support local systems to deliver on their responsibilities, as well as adopting a more collaborative approach in delivering our collective ambition in improving the health and wellbeing of the Midlands population.
- Tackling and reducing health inequalities
- To improve access to safe and high-quality services across the region specifically Mental Health and Maternity.

In March 2023, for **Maternity and Neonatal Services** NHS England published their Three Year Delivery Plan for Maternity and Neonatal services which encompasses all the plans and requirements up to that point. The plan is made up of four themes, each with three objectives. Since the publication of our JFP, work has been underway, with the support from the Local Maternity Neonatal System (LMNS). This work is being led by the Children and Young People and Maternity Portfolio and is bringing together partners across the system. Further details about our local approach please see (Appendix 3: Maternity).

Ongoing work at system level

This section is primarily focused on the statutory duties where additions have been made to the guidance and ICB's have been asked to review and update as appropriate within the refresh plan. This section should be read in conjunction with the first JFP published. A table of the statutory duties can be found in (Appendix 4: Matrix of Statutory Duties).

Quality and Patient Safety, Assurance and Improvement

We recognise the essential role all ICS partners have overseeing the quality of care given, and in creating and sustaining a culture of openness, learning and continuous improvement. Our System Quality Group is now well established and routinely involves wider partners including the Care Quality Commission, Healthwatch organisations, and NHS England. This forum facilitates engagement, intelligence-sharing, learning and quality improvement across the ICS.

Since our JFP was published, the ICB has published our Quality Strategy. This has been co-produced by the ICB and NHS partners and complements the ambitions and priorities of the ICS with quality and safety being the golden thread running throughout. The Strategy describes our aims for improving quality over the next three years, the quality outcomes and how we will know we have made an impact. It also supports our delivery of the NHS Patient Safety Strategy and NHS IMPACT (Improving Patient Care Together), outlines our quality risk response following the National Quality Board guidance. A comprehensive Quality Strategy Delivery Plan will be developed following stakeholder and staff engagement to determine the detailed actions required to achieve the aims of the Quality Strategy. This plan will be an addition to this strategy and will be used as a marker for achievements and presented to the Quality and Safety Committee bi-monthly to demonstrate adherence with actions required and any blocks to achieving the aims of the strategy.

The Patient Safety Incident Response Framework (PSIRF) was implemented across the ICS. This framework outlines how all NHS organisations should respond to patient safety incidents for the purpose of learning and improvement. All partners have received accredited oversight and/or investigator training to support improving patient safety through a systems approach. Monthly touchpoints and bi-annual system-wide learning events are in place to maximise learning from patient safety incidents to identify how improvements can be made.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

Figure: PSIRF four main objectives for change. Source: The Patient Safety Incident Response Framework

All NHS partners in the ICS have undertaken the NHS IMPACT baseline assessment and continue to use the NHS IMPACT self-assessment framework to guide plans on embedding improvement. The ICS Continuous Quality Improvement Subgroup routinely shares organisational updates on development work linked to NHS IMPACT and has begun to explore areas of collaboration at an ICS level. Partners from the ICS are part of a National Peer Support programme that enables systems to learn from each other's successes, and to explore opportunities to accelerate system-wide adoption.

The Financial Planning Context for Revenue and Capital

2024/25 is the final year of the current comprehensive spending review period and as such the NHS can only see the level of resources available for this one-year period. We are currently in the process of setting 1-year plans with a view to updating both our Medium-Term Financial Strategy and three-year capital plan throughout 2024/25 in readiness for the 2025/26 operational planning round.

Our financial arrangements and the current financial outlook

In the JFP set out details of the **Medium-Term Financial Strategy,** our financial operating model within the system (the Intelligent Fixed Payment System) and our overall system governance arrangements.

Our financial strategy, set in autumn 2022 was broadly set around maintaining our costs level and managing our non-elective demand to the levels experienced in 2019/20 with a view to eliminating the underlying deficit of approximately £160m. The strategy we described a six-step plan to deliver financial sustainability while releasing resource that could be invested transforming services and addressing inequalities.

Together, the NHS partners set a balanced financial plan for 2023/24. However, it was clear from the that from the start of the financial year that the demand for services and inflation would rise above the funding received. In summer 2023 we estimated a most likely deficit for the year of £143m and set up a formal recovery process to mitigate this. We are currently forecasting delivery of an in-year deficit of £91.4m and our underlying deficit has increased to approximately £240m.

At the time of writing, we are in the midst of the 2024/25 planning round. The system is committed to delivering the best financial position possible however, it is not year clear whether breakeven can be delivered. Alongside a challenging efficiency programme of identifying and making efficiencies, we are working up six recovery themes. These aim to release cash through cost reduction, demand management and a clear focus on clinical value.

Given the financial pressures also faced by our local authority partners, the recovery plan identifies programmes which can deliver financial improvement for all system partners. The recovery plan themes are outlined in the Provider/System Collaborative section earlier in this document.

As a system we are committed to building on our existing bed model to provide a holistic view of the capacity within the system. This will sit alongside productivity tools being developed by NHS England and will enable us to better understand the interplay between organisations as we transform and integrate services. A delivery plan for the resourcing model will be developed in the first quarter of 2024/25.

Our capital plans

Alongside the revenue plan for 2024/25, we will publish the Joint Capital Resource Use Plan (JCRUP) which is the plan for capital spend. This is the final year of the current planning period for capital. The plan has been developed to refresh the existing capital plans, taking into account any slippage in timetables, the impact of inflation and any new anticipated public dividend capital.

The capital schemes currently in development to be submitted in our system financial plan, will include both internally funded and public dividend capital (PDC) funded schemes. As per previous years, our capital spend is driven by maintenance, medical equipment and digital schemes – outside of new builds and large-value individual schemes. The joint capital resource use plan (JCRUP) will be published on the ICB website in summer 2024.

Personalised Care and Choice

Our ICP Strategy sets out our strategic commitment to delivering personalised care, and that we will work with people as equal partners to deliver coordinated care centred on an individual's physical, mental and social needs. Our June 2023 JFP set out our approach to the widest delivery of patient choice – which was a golden thread throughout the plan across our delivery portfolios. As an ICB, we are committed to giving patients greater choice and control over how they receive their health care, in line with the NHS Constitution and the NHS Choice Framework.

The ICB works with referrers, including GPs, to ensure they are aware of patients' right to choose, and that appropriate information is available at the point of referral to ensure that an informed choice can be made. In using tools such as the NHS e-Referral Service (e-RS), national digital platform patients are able to be referred into elective care services. Arrangements are in place for providers to qualify for and secure NHS Standard Contracts for the provision of elective services – where the legal rights to choice apply.

Victims of Abuse and Safeguarding

We have continued to develop our approach to support Victims of Abuse and our approach to Safe in our Communities, Safe at Home and Safe at Work.

The ICS and partners have developed and published the latest multi agency Staffordshire and Stoke-on-Trent Violence Reduction Strategy (2024-2029). Based on the National Serious Violence Strategy, serious violence includes homicide, knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent - such as in country lines drug dealing and other form of serious assault. While this is the focus of the strategy, there will be a focus on building connectively with aligned work streams such as domestic abuse, sexual abuse, exploitation and public place violences against women and girls (VAWG).

Our local strategy builds on achievements made to date and is underpinned by a public health approach with continued focus on the five priority areas of attitudinal change, primary prevention, secondary prevention, tertiary prevention and enforcement and criminal justice. As part of the approach to the Serious Violence Duty there will be a focus on recognising and understanding the signs and symptoms of trauma and Adverse Childhood Experiences, responding, preventing and reducing trauma through early intervention.

Our local, multi-agency Staffordshire and Stoke-on-Trent Domestic Abuse Strategy (2021-24) is informed by national and local evidence. It responds to the need to prevent and addresses domestic abuse where agencies, communities and businesses harness their collective efforts to make a positive change. It sets out our joint aim and approach to addressing domestic abuse and the outcomes we expect to see as a result through four priority areas are preventing violence and abuse, provision of services, perpetrators and provision of safe accommodation. The strategy is being updated in accordance with the Domestic Abuse Act 2021 and requirements in relation to the Sexual Safety Charter and our approach to **Safe at Home**. It will be published in 2024.

The ICB are updating the **Domestic Abuse Policy** for ICB employees to include sexual violence recognising the requirements from the domestic Abuse Act 2021 and the Sexual Safety Charter. It is anticipated to be published by May 2024, and will include those individuals who are being or who have been sexually abused and the range of behaviour this presents itself such as harassment, stalking, exploitation, coercive control and non- fatal strangulation. Local services are available for children and adults affected by this and work has begun in understanding the data associated with this behaviour.

Members of staff who experience domestic abuse and / or sexual violence may choose to disclose, report to or seek support from a staff side representative, a manager, or colleague. The ICB have staff members who are identified as Domestic Abuse Ambassadors or Mental Health First Aiders. We developed the policy in line with the Equality Impact Risk Assessment process to ensure fair and equitable access to services – no matter where they live, their age, gender, ethnicity or sexual orientation.

As part of the **Safe at Work** principle the ICB have a statutory responsibility to maintain the safety of their workforce. This includes their psychological and sexual safety along with their physical safety. The ICB signed up to the NHS Sexual Safety Charter in 2023.

Safeguarding

As part of our statutory duties, we are required to make sure relevant safeguarding provisions are in place. Safeguarding refers to the processes and policies to keep people safe, recognise vulnerabilities at the earliest opportunity (such as those individuals with special educational needs and disabilities and care experienced children and young people) and promote wellbeing and resilience.

The Working Together to Safeguard Children 2023 provides the ICS with the statutory guidance to inform and enable collaborative, multi-agency working within a statutory safeguarding framework. Each individual within the ICB accountability structure will work with their counterparts in the police, local authorities, education and VCSE organisations that form the safeguarding children and adult partnerships.

It is the role of the Staffordshire Strategic Children's Improvement Board (SSCIB) to ensure that vulnerable children, young people and their families receive high quality services to support and retain family life, and that children and young people are safe, protected from harm and supported so that they can achieve their full potential, whilst providing reassurance for the public. The board ensures that improvements are delivered across all agencies that support and deliver services for vulnerable children in Staffordshire. There is commitment from the SSCIB and partners to address the improvement areas identified in the OFSTED inspection of the Staffordshire Children's services that relate to.

The Board is responsible for the delivery of actions and the Improvement Plan and ensures improvements are effectively embedded across Staffordshire agencies, and all localities in Staffordshire with strengthened scrutiny and oversight. This includes the Safeguarding Partnership and the Corporate Parenting Board.

The Child Death Overview Process (CDOP) supports the ICS infant mortality reduction objectives and part of that includes the development and delivery of the safe sleep programme. Safe sleep resources for parents and carers are now available including a safe sleep video, education booklets, room thermometers and the roll out of the ICON programme **Babies cry, you can cope**. We will continue our strategic approach to ensure Safe sleep messages are being disseminated across social media platforms and throughout hospitals and GP Practices in Staffordshire and Stoke-On-Trent.

Research and Innovation

As part of meeting our statutory requirements around research, since publishing our JFP, a Research and Innovation Strategy has been produced and agreed through the Staffordshire and Stoke-on-Trent, Shropshire Telford and Wrekin Health and Care Research Partnership (SSHERPa). This was agreed in September 2023 and sets out six objectives:

Figure: The Research and Innovation Strategy six objectives

Executive leadership and the hosting arrangements of Staffordshire and Stoke-on-Trent, Shropshire Telford and Wrekin Health and Care Partnership (SSHERPa) is in place with a provider executive sponsor and programme management support. We have a dedicated ICB lead for Research (Deputy Chief Medical Officer) who provides senior leadership between SSHERPa and the ICB; with a Research and Innovation committee reporting into the Improving Population Health portfolio board.

Work has continued to develop and enhance partnerships across the VCSE sector to advance research and innovation. The establishment of voluntary and community sector research coordinators and the development of a research connectors network across our region has enabled us to reach wider underserved communities who do not currently have the opportunity to engage in research. A qualitative research study has been undertaken to ascertain the barriers and facilitators for collaborative research – this has now been accepted for publication.

To develop the local research infrastructure, members from the VCSE are key partners of SSHERPa and a dedicated patient, public and community involvement and engagement workstream is in place. This brings together those working in public engagement across all settings and enables community engagement with VCSE. It allows us to share new studies in development, along with the established National Institute for Health and Care Research (NIHR) portfolio studies, across the widest population.

As of February 2024, more than 9000 people have been recruited to take part in research studies in the ICS, and we are looking for ways to extend these opportunities further through community networks. There is ongoing development of a research bus (led by MPFT) which is to be launched in 2024. This will enable us to engage with underserved communities by taking research directly to communities who have not been involved in research before.

As a partnership, we are developing a collaborative approach to integrated research, while also addressing the health and care priorities of our region. This includes ongoing strategy development to support research capacity and capability development. For example, shared training opportunities across research practitioners and research engagement approaches targeting different health and care professionals and across criminal justice settings. Our application to be part of a national programme around dementia biomarkers was successful, and we are working to establish a NIHR Mental Health Research Group (led by Keele University but with NHS partners and the VCSE sector as co-applicants).

On a regional level SSHERPa partners are part of West Midlands Secure Data Environment Network workstreams. We have strong links with local research infrastructure and stakeholders to make sure that staff, organisations and our local population can be involved in research to support health and care priorities.

Workforce and Education

NHS England's NHS Long Term Workforce Plan was released after our JFP was published. It sets out the national workforce ambitions and is a comprehensive framework to support strategic workforce planning, put staffing on a sustainable footing, and improve patient care.

Since then, we have continued to work with our NHS, local authority, ICB, primary care, social care and VCSE partners to tackle the workforce pressures at a system level. Progress has been made in several areas – as highlighted in the following infographic which captures achievements in programmes where we have worked across boundaries to address the challenges, scale up our work and impact, and create efficiencies.

Figure: ICS People Achievements in programmes across boundaries. Source: ICS People Culture and Inclusion Annual Report 2023 – You Tube

NHS Long Term workforce Plan – Local delivery

The NHS Long Term Workforce Plan (LTWP) sets out a strategic direction for the long term, as well as action to be taken locally, regionally, and nationally in the short to medium term to address workforce challenges including the workforce gap. It details the actions that will be taken in the coming years to address the identified shortfall in addition to, and building on, actions and investment already committed.

The actions fall into three priority areas: Train, Retain, and Reform – supported by strategic workforce planning.

Train	Retain	Reform
• Medical and Dental education • Reduce International Recruitment • 'New 2 Care' • Engage with seldom heard communities • Trainee pipeline intelligence and planning • Education / training commissions and workforce development funding • Clinical Placement Capacity • Grow Education provider partnerships • Alternative training / education models • Apprenticeship expansion	• Health and Wellbeing offers • Staff Psychological and Wellbeing Hub long-term funding • Employee Value proposition • Expansion of Flexible Working practice • Equality, Diversity & Inclusion activities • Health Inequalities focus in activities • Experience & wellbeing data and intelligence • Culture, Leadership and Talent activities • Digital Staff Passport	• Reduction in agency • Increase contingent workforce • Delivery of ICS People Digital Plan • Upskilling workforce • Attraction of digital workforce • Future workforce for digital and AI • Delivery of People Services at Scale • Engage Professional bodies • ICS Portfolio workforce planning • Transformation including new roles and skills • Cultural and Leadership for reform • ICS career pathway and rotational offers

Table: NHS Long Term Workforce Plan priority areas

The plan reiterates the need to ensure the right people, with the right skills, are in the right place, at the right time to provide high quality care, while improving outcomes and experience.

A significant challenge is affordability and growth on the scale outlined in the LTWP, which will contribute to the financial deficit, in the backdrop of a national requirement to increase capacity in priority areas including urgent and emergency care (UEC), elective and mental health to contribute to system recovery. Therefore, work is underway to align the national assumptions with local planning and trajectories.

In 2024/25 and beyond, integrated and transformational planning will be essential to reduce demand on services where possible. This includes ensuring that the current workforce is used effectively.

Productivity will be key, alongside designing new workforce models and roles aligned to clinical pathways, improving access routes (T-Levels and Apprenticeships), retention, medical expansion and reform, clinical expansion and reform (non-medical). Examples include our system rotational apprenticeship schemes, our 'New 2 Care' inclusive recruitment model which supports our communities to access entry level jobs with support, and the creation of one occupational health contract for NHS organisations.

In addition, the ICB have established a Primary Care Workforce Implementation Group with multidisciplinary representation from practice, PCN, system, training hub and regional partners. This group is in the process of developing a Primary Care Workforce Local Delivery Plan in response to the NHS LTWP. The plan will focus on all three elements of the NHS LTWP (Train, Retain and Reform), and will consider clinical and non-clinical roles within general practice and additional roles reimbursement scheme (ARRS) roles within the PCNs.

The NHS LTWP excludes social care but assumes that the social care workforce will remain static. However, Skills for Care forecast estimates that there will need to be an increase of total posts by 28%. We will continue to work closely with our partners in adult social care (ASC) to understand the social care workforce, required growth, and in implementing the priorities within the NHS LTWP. We await the national ASC Long Term Workforce plan, and once it is published, we will work with partners to analyse and integrate into our local LTWP.

People Programme Priorities 2024/25

Given the current context, a shift in focus for the ICS People Programmes is necessary to support the achievement of the system priorities and recovery. A review of delivery plans associated with the LTWP, programme work, and core business was undertaken, and activities realigned to support the financial framework and the aims of the Operating Plan.

Over the coming years, we will work in partnership to implement the recommendations of the Delivering People Services at Scale framework. These will support several system aims, including productivity, reducing waste and duplication, digital advancements, enhanced employee experience – all leading to improved quality and service user experience.

Partners will consider areas such as recruitment and improvement of 'time to hire', portability of employment checks across NHS trusts, and exploring digital enablers such as a Digital Staff Passport. We will also consider opportunities to explore more standardised employment offers, enabling working across sector boundaries and levelling-up to create 'one workforce'.

At the heart of all we do together is our commitment to look after our people, aligning to the NHS People Promise commitments. This will be enabled by the development of a system-wide Employee Experience and Health and Wellbeing Strategy (to be launched in 2024/25), which supports our whole workforce. We will continue to strengthen our system-wide compassionate culture enabled through the development of a system-wide Organisational Development (OD) Plan, leadership compact, and development offers.

Equality, diversity and inclusion will be a ‘golden thread’ throughout all programmes, building on the successes of existing programmes including Inclusion Schools, WRES Champions and Differently Abled Buddy scheme, and addressing the findings of the Too Hot to Handle? report locally.

The infographic below sets out our ‘Journey to Work’ model which captures our long-term approach to engaging our communities; attracting and supporting local people into health and care volunteering, jobs and careers; and looking after people through the employment lifecycle.

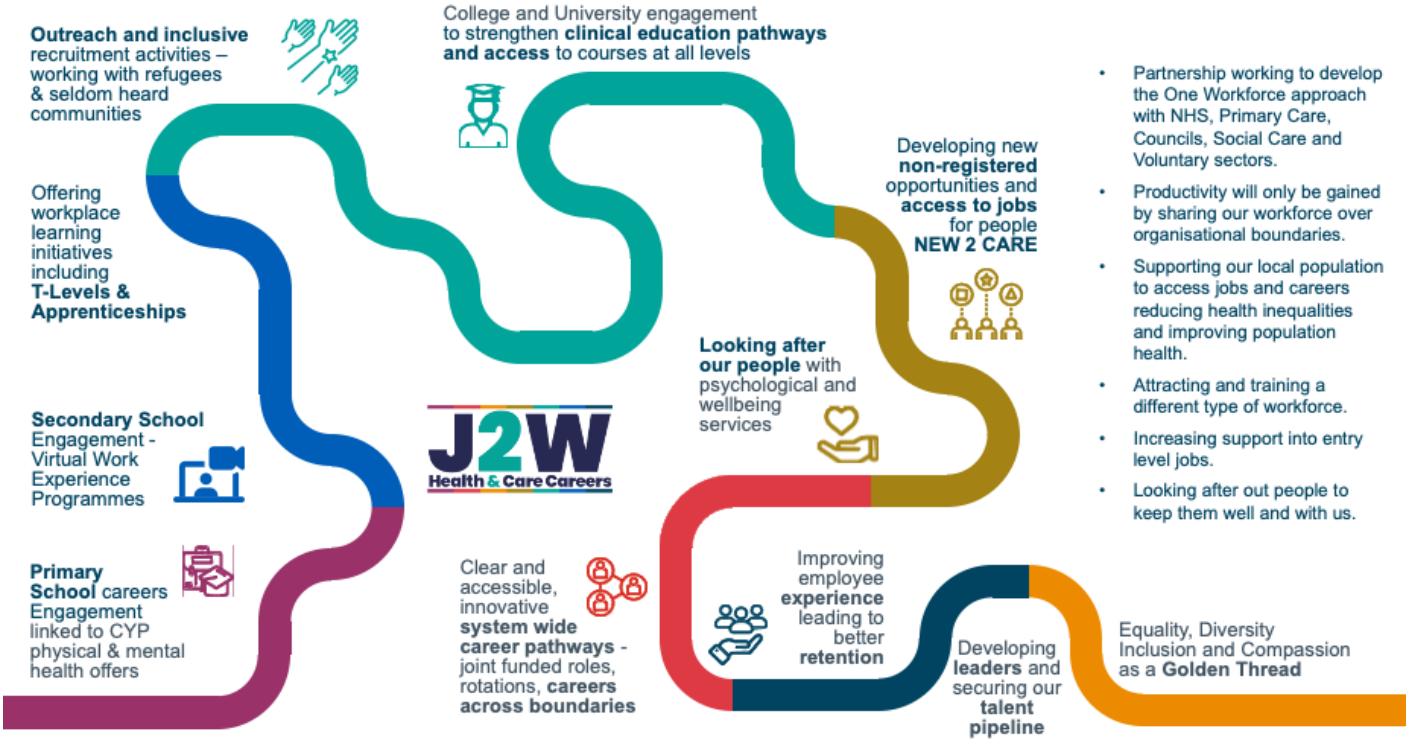


Figure: Journey to work: Our long term approach to achieve our People Programme Priorities 2024/25

Education and Training

The Education, Training and Development workstream has progressed significantly since we published our JFP. Under the leadership of an Executive Clinical Sponsor, partners are working collaboratively to drive forward specific projects including understanding our future pipeline, clinical education landscape, strengthening our work with universities, clinical placement capacity, career pathways and improving the quality of education.

We have undertaken an analysis of the Long-Term Workforce Plan, proposed growth and review of the ambitions, and work is ongoing to map the national expansion to local operational plans, Multi-Professional Educational and Training Investment Plans (METIP) and pipeline data. Achieving the proposed growth is a significant challenge for our system, so we will need to redesign traditional workforce models to meet the future demands and clinical pathways within our available budget.

Our approach to education and training will focus on reform - creating innovative workforce solutions, designing and attracting a different workforce for the future by developing new roles, and routes into health and care careers, skill mixing and working in integrated teams across organisational boundaries.

We will continue to work with NHS England and higher education to understand the trainee pipeline, aligning with operational and long-term planning. We will mitigate risks to future education supply through local targeted activities for clinical, social and education pathways. Additionally, we will work in partnership to maximise the value of the education tariff and ensure high quality education provision.

There will be a specific focus on widening participation and inclusion including but not limited to expansion of workplace learning schemes and development of entry level, non-registered routes. This will build on our successful apprenticeship pathways and delivering the national T-Levels Pilot programme for the Midlands.

We will be working with our local communities to promote health and care careers, improving access to jobs through training and shadowing opportunities, working with colleges to develop entry level courses and support. Our work with schools as a 'Cornerstone Employer' will continue to grow through increased promotion of health and care careers in Primary and Secondary education and joined up working with colleges to create attractive pathways into further education and careers.

Our overarching ambition is to raise aspirations, create accessible career pathways and support the overall health and wellbeing of our young people by aligning our approach with the ICS Children and Young Peoples Strategy: Getting the Right Start.

The Education, Training and Development Steering group has developed a set of priorities for the workstream to focus on during 2024-25. Although ambitious, partners are signed up to this collaborative plan with key stakeholders from across the system leading individual workstreams to drive forward the programmes of work. Those leads include NHS, Social Care, Primary Care, University, College and NHS England.

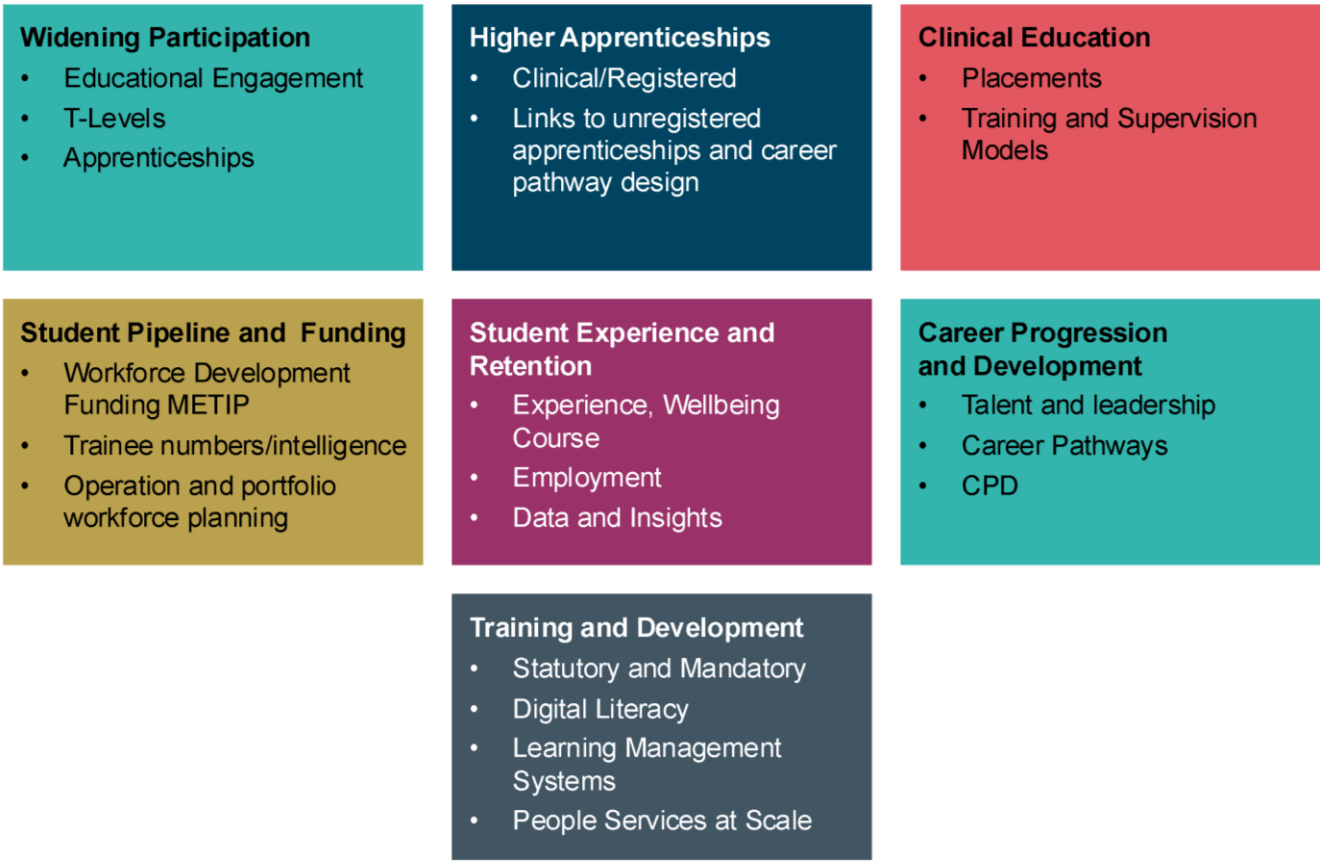


Figure: The Education, Training and Development Steering Group Priorities 2024/25

Our Strategic Transformation and Service Change programmes

The Strategic Transformation and Service Change programme, alongside other transformation programmes that are embedded within the portfolios, support the delivery of a sustainable health care future across the ICS.

Service change programmes are conducted in accordance with the Planning, assuring and delivering service change for patients guidance from NHS England. The ICB has a statutory duty to involve patients and the public in the planning, development and delivery of local health services. The aim is to ensure the public receives meaningful information to make informed decisions and provide them with the mechanisms to get involved in the commissioning of local health services so they can influence ICB decisions at the level of participation they choose.

The public sector Equality Duty (2011) means that public bodies have to consider all individuals when carrying out their day-to-day work, in shaping policy, in delivering services, and in relation to their own employees. It also requires that public bodies have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities.

For each programme, we undertake stakeholder analysis and mapping. In line with our statutory duty to involve, we ensure we are engaging with the public and with key patient groups who may have an interest in a given programme.

We also work closely with the the Consultation Institute (tCI) for advice on our approach to involvement within the programmes and ensure any involvement process meets best practice guidelines. Our portfolios are supported by our strategic transformation and service change function to undertake the options appraisal process where required, and to ensure that business cases stand up to the rigour of NHS England's assurance process.

The table below summarises the key areas of focus for the transformation and change programme:

Programme and portfolio
Urgent and emergency care (urgent treatment centre designation) Urgent and emergency care (UEC) portfolio
Cannock transformation programme Primary care, UEC, Planned care portfolios
Maternity Children and young people and maternity portfolio

In summer 2021, we started a conversation about how we could improve diagnostic services across Staffordshire and Stoke-on-Trent. Currently, most diagnostic services (tests to work out what is causing a person's illness or symptoms) are provided in hospitals, but it is now recommended that NHS organisations across England move to providing these in CDCs. We believe this will give patients across the county access to diagnostic services such as blood tests, scans, X-rays and imaging more quickly and nearer to home.

Progress on Developing the Wider Infrastructure

We are progressing our ambitions to create stronger, greener, smarter, better, fairer health and care infrastructure – together with efficient use of resources and capital to deliver them. The ICS and its partner organisations play a pivotal role in shaping the future of infrastructure in Staffordshire and Stoke-on-Trent.

We cannot default to doing the things we have done in the past. We need appropriate and sustainable solutions; driven by increased creativity and greater innovation. We need to apply this way of working to improving the things we already do, to developing new infrastructure and more broadly, in collaboration shaping our future for the next 15 years.

This collaborative effort will design holistic solutions that not only meet clinical requirements, but also integrate seamlessly with broader community initiatives and make best use of technology.

Infrastructure Strategy

Following the publication of the first JFP in June 2023, we have co-produced a draft Infrastructure Strategy which will be published in Spring 2024. The strategy will set out our high-level, system-wide approach to coordinate and influence the development of all estate directly used in the provision of NHS delivered health and care.

The strategy will be underpinned by a time-phased Infrastructure Plan, which has been co-produced with partners and will set out more detailed specific initiatives and projects. For the initial years, this will include proposed timelines, resource allocation, responsibilities, and milestones to track progress. We recognise already that our timelines will need a significant lead in period of five to 10 years – in particular given timing for some our Local Improvement Finance Trust (LIFT) and Private Finance Initiative (PFI) concession periods and our journey to deliver net-zero by 2040.

Over the next five to 10 years, our vision for the health and social care infrastructure in Staffordshire and Stoke-on-Trent is to have the right network of NHS and partner infrastructure in place that enables us to deliver our strategic and operational objectives. This will include:

- Establishing a system-wide infrastructure baseline through a comprehensive assessment, incorporating key metrics related to the age, backlog risks, and 10-year profiles of the infrastructure
- Understanding how our all our space is utilised to enable us to maximise the clinical value we deliver from our infrastructure
- Implementation of planned developments including CDCs for enhanced diagnostics, urgent treatment centres (UTCs) for timely care, and community hubs to enhance community engagement and preventive care
- Upgrading existing facilities to deliver fit for purpose clinical space
- Investigating new opportunities, particularly in the use of commercial estate
- Strengthening the skills we will need across our infrastructure workforce as we move to an increasingly green, sustainable, data-driven and digital NHS and align this to our Workforce Strategy
- Developing a framework for governing and executing multi-partner, place-based projects
- Reflecting national guidance produced by NHS England
- Assessing the digital tools and systems we need (today and into the future) to support us to use and manage our buildings more effectively.

To support delivery of the strategy, we must be able to jointly:

- manage strategic risks, engaging local perspectives and foster leadership across our infrastructure workforce
- establish new investment principles to prioritise and identify development opportunities
- promote sustainable practices
- maximise the use of our estate for clinical purposes through integrating digital health solutions and creating flexible workspaces for non-patient facing activities
- enable integration (within organisations, between providers to support sustainability of services and functions, across clinical pathways, between physical and mental health, across tertiary, secondary and primary care, between health and social care, and between physical and digital services and infrastructure).

The success of the Infrastructure Strategy critically depends on collective ownership and support from the system and its partners. Stakeholders have endorsed a Strategic Framework, relying on activity-driven infrastructure planning utilising environment, infrastructure, smart, and workforce parameters. Strategic workstreams will shape priorities for various care areas, facilitating key service transformation plans.

Digital

Since the JFP was published, we have continued to progress steps to digitise, connect and transform. This aims to increase digital maturity and ensure a core level of infrastructure, digitisation and skills.

Our actions contribute to meeting the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care and reducing digital inequity and supporting net zero objectives.

We have identified the following activities which will allow us to tackle the challenges ahead.

- It is important to understand and capitalise on the emergent artificial intelligence (AI) technology to support our staff by removing simple, repetitive tasks and allowing them to focus on more complex activities. AI has now been added as our 12th initiative
- The ICS digital teams are progressing our Electronic Patient Record programme focusing on interoperability and system-wide working. Our priority is now on the procurement process and embedding the identified solution in our first trust, UHNM
- As highlighted in the Digital Maturity Assessment (DMA) we are working to enhance patients' access to their digital data. Significant investments have been provided to further develop patient portals and reduce digital inequalities
- Development of a programme approach to enable the delivery and realisation of our Data and Intelligence Strategy to support our system to become a more data enabled system. Digital will be investing in capacity to support this
- Align Digital People plans and activities at system level to address supply, retention, development, and future pipeline challenges, as well as enhancing digital literacy of the wider workforce.

North Midlands Integrated Stroke Delivery Network

The North Midlands Integrated Stroke Delivery Network (ISDN) in collaboration with Medtronic, have been educating more than 50 clinicians across the Midlands region in the interpretation of computed tomography (CT) scans in relation to stroke. Professor Indira Natarajan, Clinical Director for Stroke Services, opened the session by taking delegates through a stroke patients journey into a comprehensive stroke centre – giving information on what acute sites can do to make transfers more time efficient. This comes at an optimal time due to the national roll out of artificial intelligence to aid in CT interpretation.

Case study: North Midlands Integrated Stroke Delivery Network

Climate Change Sustainability

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. We therefore view sustainability actions as part of our preventative health and wellbeing actions.

Building on the wealth of good practice at the local organisational level and aligning with local plans and strategies, we work with all our partners to collaborate as an 'anchor system' to use our assets for social, economic and environmental benefit. Operating as an anchor system, we will continue to develop, but have an initial focus around the areas described below.

Environmental protection, tackling climate change and restoring nature are intrinsically linked to the health of our communities

Sustainability not only supports the delivery of the JFP, but also addresses some of the underlying causes of ill health. For instance, if the UK hits its climate change targets, we could save up to 144,000 lives a year through more active lifestyles, less vehicle pollution, and healthier, carbon-friendly diets – thereby improving outcomes in population health and healthcare. These outcomes alone tackle an array of health issues we face including obesity, diabetes, cardiovascular disease, respiratory disease, cancer, and mental health and wellbeing.

Placing a significant focus on the roles of education and training in the supply and retention of the workforce alongside the valuable role we can perform as an anchor organisation

We aim to implement and embed the Journey to Work concept with our partners, communities, schools and colleges to build a robust offer of support to increase our pipeline, create opportunities for everyone, and make sure our workforce represents our local population.

Estates decisions should benefit patient experience or outcomes and staff working conditions and be efficient for the healthcare and public sector system

Making use of all public estate in a functional and useful way is a necessity so the One Public Estate (OPE) agenda is recognised and incorporated in our planning and thinking about how we maximise healthcare outcomes and return on public sector investment. Decisions will demonstrate the commitment to Net Zero Carbon, social awareness and value for money.

Delivering a Net Zero NHS

Our vision is to achieve net zero healthcare within Staffordshire and Stoke-on-Trent ICS, in line with the Delivering a Net Zero NHS which is now issued as statutory guidance. This sets out two targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

In 2022, in preparation for developing our system Green Plan for 2023-25, we identified the following additional themes:

- Leadership and system governance
- Data analysis and baselining
- Workforce development
- Energy management
- Community impact.

In 2023/24, the ICS developed a strategic Delivery Plan which looks at our overall system arrangements, including our governance and leadership. The ICS Green Delivery Plan provides a framework to embed social value and sustainability principles and priorities, so that they become a part of the day-to-day activities carried out across the ICS enabling it to meet the overarching Green Plan objectives. The ICS Green Delivery Plan is themed and aligned to the nine areas of focus as set out in the Greener NHS Programme to ensure a clear emphasis on social value and reducing health inequalities.

The ICS has been assessed by NHS Regional Green Team as a ‘maturing system’ against the System maturity matrix self-assessment. Areas where we need to focus are aligned to our ICS Delivery Plan and working groups are in place or been established to progress our priorities. The groups are made up of system partners – ICB, NHS providers, local authorities, and VCSE organisations – with the purpose of working collaboratively to plan and deliver objectives and monitor benefits and impacts.

Building on progress over the last year, we are now looking focus on the areas below aligned to the national guidance:

Nine areas of focus

We want to develop greener health and social care systems which deliver high-quality services and improve the health and wellbeing of the population through addressing the nine areas of focus set out in the national guidance:

1. Workforce and system leadership: Building awareness of our Net Zero targets and obligations through education and training of our workforce, and broadening involvement to include VCSE partners
2. Sustainable models of care: Developing a plan to support all staff within primary care with sustainability and look to adopt and embed the Green ED framework
3. Digital transformation: We are beginning to quantify the carbon impact of remote monitoring schemes starting with Virtual Wards
4. Travel and transport: Review the national Net Zero Travel and Transport Strategy and develop an ICS action plan which will include the coordination of system-wide travel surveys and target setting on low emission vehicle (LEV), ultra-low emission vehicle (ULEV) and zero emission vehicle (ZEV) targets
5. Estates and facilities: Progress heat decarbonization planning and assess future readiness for low carbon heating within the system. Having baselined the existing infrastructure and opportunity to install Solar panels across the Staffordshire and Stoke-on-Trent estate, we will be developing an implementation plan to expand this
6. Medicines: Continue work to reduce nitrous oxide emissions and emissions from inhalers against our 2019/20 baseline
7. Supply chain and procurement: All new procurements will conform to Procurement Policy Note (PPN) 06/21 requirements and require carbon reduction plans and we will look to embed sustainability impact assessments
8. Food and nutrition: Meet or exceed targets outlined in the ICS Green Plan
9. Adaptation: Produce an adaptation plan which includes assessment of risks, identification of impacts, and identification of adaptation solutions for adjusting our systems and infrastructure to continue to operate effectively in response to the changes in climate.

Part 2

In this section of the plan is a series of appendices which:

- provide an overview of other key areas of development since the publication of the JFP in June 2023
    - System Level Access Improvement Plan (SLAIP)
    - Dental
    - Maternity
- summarise how we will meet the statutory requirements placed upon the ICB
- include a glossary of terms and abbreviations

1. System Level Access Improvement Plan

The Fuller Stocktake Report built a broad consensus on the vision for integrating primary care with three essential elements:

- Streamlining access to care and advice
- Providing more proactive, personalised care from a multidisciplinary team of professionals
- Helping people stay well for longer.

Before the ICB can fully implement the wider reforms necessary to achieve this vision, it is acknowledged there is a need to take the pressure off general practice and tackle the '8am rush'. Although this plan supports all three elements of the Fuller Stocktake Report's vision, it makes no excuses for focusing on the first, with financial support provided by NHS England.

Part of this initial focus was the development of PCN access improvement plans, which were assured by the ICB and NHS England in July 2023. These have included the general practice elements of PCARP and focus on key areas to support improved patient experience of general practice:

- Patient experience of contact
- Ease of access and demand management
- Accuracy of recording in appointment books.

Some specific examples that Staffordshire and Stoke-on-Trent PCNs have identified within their plans are captured below. This is not an exhaustive list but provides a sense of the actions being taken locally:

PCN area	Action being taken
North Staffordshire and Stoke-on-Trent	A pilot project is taking place with a focus on backend workflow turnaround, i.e., dealing with administration such as patient letters/tasks etc. Actioning the workflow within a specific time period following receipt has seen a reduction in telephone calls, appointment requests, patient queries and tasks. Staff satisfaction and morale has also increased due to a reduction in patient complaints and queries.
North Staffordshire	Digital Inclusion sessions are being held in GP practices within the PCN to support people to access information digitally where appropriate.
South Staffordshire	A General Practice Team leaflet has been produced for people who do not have online access, detailing the varied skill mix available in general practice.
South West Staffordshire	Consistent messaging on websites across the PCN to inform people of services available in addition to general practice and consistent advice on usage of services.
South East Staffordshire	Use of a web-based community connectivity app that is used by the public and health professionals and links directly into our GP systems. The app enables health and social care professionals to link citizens to local services and demonstrate outcomes.

The skill mix of the general practice workforce has continued to develop within Staffordshire and Stoke-on-Trent. 616 Whole Time Equivalent (WTE) Additional Role Reimbursement Scheme (AARS) posts as part of the PCN Directed Enhance Service (DES) have been recruited to. This includes roles such as first contact physiotherapists, mental health nurse specialists, advanced nurse practitioners, paramedics and many more. We expect to see further roles recruited to by the end of March 2024.

Patient empowerment is an important deliverable to support the Staffordshire and Stoke-on-Trent PCARP, and the below details current initiatives demonstrating our commitment to this crucial work:

- **Self-Referral Pathways:** Progress has been made for several self-referral pathways to help empower people and encourage them to take control of their own health. These pathways are community musculoskeletal and podiatry, audiology for older people including hearing aid provision, Weight Management Service, self-referral pilot – digital weight management plans, Wheelchair Services, Community Equipment Services, Falls Services, and Reactive Falls Pathway.
- **Digital Empowerment and Pathways:** 95% of practices in Staffordshire and Stoke-on-Trent are now offering Full Prospective Access (FPA) – meaning all local practices currently have access to solutions which enable the booking of routine appointments and to other digital pathways such as online triage, short message service (SMS) messaging and video consultations. In Staffordshire and Stoke-on-Trent, 100% of practices will be using digital telephony systems by 31 March 2024 to further improve the patient journey.
- **Pharmacy First:** This service went live on 31 January and enables Staffordshire and Stoke-on-Trent pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. Staffordshire and Stoke-on-Trent GPs are prominent users of pharmacy support services as seen through repetitive high usage of the recently retired Community Pharmacy Consultation Service (CPCS).

PCNs and practices have committed to providing Modern General Practice (MGP) by accessing support and training for care navigation, digital transformation and capacity backfill. The ICB continues to work with GP practices to support the identification and implementation of their MGP models throughout 2023/24 and 2024/25, in line with the two-year plan.

A major part of the access challenge is the rise in administrative workload, particularly for experienced GPs, potentially meaning less time for them to be available to see patients. The ICB has developed a single Primary Care and Secondary Care Consensus Agreement that has been signed up to by all organisations across Staffordshire and Stoke-on-Trent. The Consensus Agreement aims to facilitate effective working between primary and secondary care organisations and details responsibilities to support this. The ICB will work with local authorities and other partners including national agencies to support the adoption of the Bureaucracy Busting Concordat, reducing the administrative burden for GP practices.

Since the launch of PCARP, the ICB has shared the primary care campaign plans at regional meetings between NHS England and the ICB, have been highly commended as best practice for communicating the contents of the delivery plan. In terms of engagement and communications efforts to deliver on the communications objective set out in the delivery plan, ongoing monitoring will continue to build on these plans to ensure they are effective in terms of messaging and reach.

Campaign	Timescales
Use of national NHS application campaign materials	Ongoing, national campaign began February 2024
Use of national pharmacy promotion campaign materials	July – ongoing
National pharmacy oral contraception programme campaign:	
Initial comms to GPs	March
Communicate to ICB staff	May
Public campaign materials in use	August – ongoing
Local Primary Care Access Campaign (paid-for activity):	
Phase one (access/care navigators/ARRS roles/staff abuse/other ways to access care) – social media adverts (Facebook and Instagram), audio adverts via Spotify, out-of-home adverts, partner toolkit, primary care toolkit, webpage and press release	Summer 2022
Phase two (as above) – social media adverts, continuation of webpage, printed materials to 142 GP practices in SSoT	Autumn/winter 2022
Phase three (ARRS roles) – suite of videos (explaining individual roles, also available in British Sign Language (BSL) and translated captions on YouTube), updated webpage, social media adverts (Facebook and Instagram), radio adverts, out-of-home adverts, partner toolkit, primary care toolkit, podcasts and press releases	Summer 2023
Self-referral programmes:	
Digital weight management	Spring – summer 2023. Expected to restart for autumn/winter 2023
Audiology	October – ongoing
Podiatry/physio/falls service/wheelchairs/other equipment services	Communication to take place once these services launch locally
Use of national materials to promote patient records being available on NHS application	November 2023 onwards
Use of national NHS111 updated campaign materials	November onwards
Use of national pharmacy 'common conditions' campaign materials	February 2024 onwards
Use of national GP online consultations campaign materials	Expected 2024/25

2. Dental

Why is this important to our population?

In the UK, tooth decay is the most common childhood disease and tooth extraction is the most common reason for children to receive a general anaesthetic. Nationally, 12% of three-year-olds and 25% of five-year-olds have cavities (form of tooth decay), and in 2019, 6% of children under 16 in England required time off school due to dental health issues, affecting their learning. During 2019-20, there were 37,000 hospital admissions to remove children's decayed teeth. This costs the NHS £50 million per year, and it is largely preventable.

In Stoke-on-Trent, a study showed that 35% of five-year-olds had visible tooth decay, compared to a West Midlands average of 23.8% and an England average of 23.7%.

What do we know about people's local experiences?

Access to NHS dental services is reported in terms of the count of unique patients seen in the previous 24-month period. During the COVID-19 pandemic, the numbers of unique patients accessing a dentist declined due to infection control and related challenges that the pandemic created falling to a low point in February 2022 when 180,776 fewer patients had been seen within Staffordshire and Stoke-on-Trent. While this position started to increase from March 2022, Staffordshire and Stoke-on-Trent, in common with all ICBs in the Midlands, are now seeing smaller increases in the numbers of unique patients seen, linked to the ongoing shortfall in the capacity to deliver services.

How do we plan to make a difference?

The responsibility for dental commissioning was delegated to ICBs on 1 April 2023, which created an opportunity to provide better support for our populations ensuring that dental services meet the needs of the local population. Locally there is an Oral Health Improvement Service, with several initiatives already in place to prevent tooth decay and extraction. The include oral health training for the wider professional workforce, supervised toothbrushing in children's settings, targeted provision of toothbrushes and toothpaste by health and social care professionals, and mouth care in care homes. As part of the ICB's commitment to improving access and minimising health inequalities, Staffordshire and Stoke-on-Trent ICB is working with other ICBs in the West Midlands to develop a range of initiatives. Some will be in place in the immediate term, and some will be to support the transformation of services.

This includes:

- Completion of an ICB Dental Services Health Equity Audit and oral needs assessment
- The ICB is contributing towards the development of a Dental Strategy for the ICBs in the West Midlands (anticipated to be presented in April) focusing on a number of key priorities including recruitment and retention, health prevention and strengthening community relationships. A local improvement delivery plan will then subsequently be formed
- Additional children's specialist support to provide expert advice to local practices to help to manage patients closer to home, improve outcomes and relieve pressure on specialist services, NHS111 and accident and emergency (A&E).

As part of the National Dental Recovery Plan, there are three key areas for action including prevention, operational interventions and workforce / wider reform. Over the forthcoming months, the results from the Health Equity Audit, oral needs assessment and the (NHS Dental Recovery Plan) recommendations will be considered alongside the Regional Dental Strategy and subsequent improvement plan.

3. Maternity

In March 2023, NHS England published their overarching plan for maternity and neonatal services, a plan which would encompass all the plans and requirements up to that point; the Three Year Delivery Plan for Maternity and Neonatal services. The plan is made up of four themes, each with three objectives.

Since the publication of the JFP in 2023, work has been underway, with the support from the LMNS to ensure the implementation of two key aspects of the LMNS work. This includes:

1. The review of the LMNS governance process, including the monthly Quality and Safety Oversight Forum (QSOF) which reports into the monthly LMNS Partnership Board with representation from all those involved with the LMNS, and who provide maternity and neonatal services to women and families in Staffordshire and Stoke-on-Trent. This has resulted in having a focus on the outputs from the Three Year Delivery Plan.
2. Alignment of key actions from the Care Quality Commission (CQC) inspection, undertaken in June 2023, against the Three Year Delivery Plan – which resulted in confirmation that the actions had been addressed by the Trust.

Implementation Plan and progress to date

Theme	Outcome measure	Evidence	Relevant regulation and incentivisation	Progress Measures	Progress Update
Theme 1 Listening to, and working with, women and families with compassion	Indicators of women's experience of care from the CQC maternity survey; aggregated at trust, ICB, and national levels and at a national level analysed by ethnicity and deprivation.	Feedback on personalised care gathered via Maternity and Neonatal Voices Partnerships (MNVPs) from a wide range of service users. Local evidence of working with women and families to improve services including co-production.	CQC will continue to consider compassionate and personalised care as key lines of enquiry during inspections. NHSE Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme which encourages the use of MNVPs.	Perinatal pelvic health services and perinatal mental health services in place. Number of women accessing specialist perinatal mental health services as indicated by the NHS Mental Health Dashboard. Proportion of maternity and neonatal services with UNICEF Baby Friendly Initiative (BFI) accreditation.	• UHNM CQC Maternity Survey Summary and Action Plan presented annually to the LMNS QSOF. • Perinatal pelvic health services funding allocated to UHNM and Derby and Derbyshire ICB. • Perinatal mental health services established and monitored via QSOF. • Both provider organisations within the ICS; UHNM and QHB have UNICEF BFI accreditation. • CNST compliance reviewed and monitored

Theme	Outcome measure	Evidence	Relevant regulation and incentivisation	Progress Measures	Progress Update
Theme 2 Growing, retaining, and supporting our workforce	NHS England Staff Survey, the National Education and Training Survey (NETS), and the General Medical Council (GMC) National Training Survey.	Progress against workforce, retention, succession, and training plans. Local staff feedback mechanisms. Progress against the nursing and midwifery high-impact retention interventions.	CQC inspection criteria includes key lines of enquiry around staff skills, knowledge, experience, and opportunities for development. NHS Resolution CNST maternity incentive scheme incentivises the Trust to evidence that training accordance with the core competency framework is in place.	Establishment, in-post and vacancy rates for obstetricians, midwives, maternity support workers, neonatologists, and neonatal nurses, captured routinely from provider workforce return data. Annual census of maternity and neonatal staffing groups to facilitate the collection of baseline data for obstetric anaesthetists, sonographers, allied health professionals, and psychologists. Assess retention, through monitoring staff turnover, staff sickness absence rates alongside NHS Staff Survey questions on staff experience and morale.	• Staff Survey results and action plan submitted to the LMNS QSOF. • NETS results submitted to the monthly Strategic Quality Group (SQG). • GMC National Training Survey results submitted to the monthly SQG. • Monthly Provider Workforce Return data received from NHS England. • CNST compliance reviewed and monitored.

Theme	Outcome measure	Evidence	Relevant regulation and incentivisation	Progress Measures	Progress Update
Theme 3 Developing and sustaining a culture of safety, learning and support	Achieving meaningful changes in culture will take time and progress measures difficult to identify and can have unintended consequences. So primarily determined by listening to the people who use and work in frontline services.	Assurance from Trust Boards that they are using an appreciative enquiry approach to support progress with plans to improve culture. Trust Boards regularly sharing and acting on learning. Staff feedback on how incidents and issues of concern are managed.	CQC review of Trust's learning and responsive culture, strong leadership, and robust governance.	Midwives' and obstetric and gynaecology specialists' experience from the Staff Survey, the NETS and GMC National Training Survey.	• OD updates from reports on the implementation of the Vitality programme (culture) in reports to QSOF. • Updates on Serious Incidents (SIs) and, more recently, implementation of PSIRF. • CQC visits, published reports and updates on subsequent action plans currently monitored via a monthly System Maternity Oversight and Assurance Group (SMOAG) lead by the ICB and NHS England. • Staff Survey results and action plan submitted to the LMNS QSOF. • NETS results submitted to the monthly SQG. • GMC National Training survey results submitted to the monthly SQG.

Theme	Outcome measure	Evidence	Relevant regulation and incentivisation	Progress Measures	Progress Update
Theme 4 Make better use of digital technology in maternity and neonatal services	Focus on clinical outcomes for maternal mortality, stillbirths, neonatal mortality, brain injury during or soon after birth and preterm births, and monitor by ethnicity and deprivation.	Clinical audits of implementation of shared standards. A standardised tool is provided for assuring version 3 of the Saving Babies' Lives (SBL) care bundle. An ICB-wide dashboard to support benchmarking and improvement. Progress against locally planned improvements.	NHS Resolution CNST maternity incentive scheme supports trusts to provide safer maternity services through incentivising compliance with 10 safety actions. CQC key lines of enquiry for inspections will consider whether care is in accordance with best available evidence, such as NICE guidance.	Local implementation of version 3 of the SBL care bundle using a national tool. Of women who give birth at less than 27 weeks, the proportion who give birth in a trust with on-site neonatal intensive care. The proportion of full-term babies admitted to a neonatal unit, measured through the avoiding term admissions into neonatal units (ATAIN) programme. A periodic digital maturity assessment of trusts, enabling maternity services to have an overview of progress in this area.	• Published MBRRACE data reviewed alongside current trust mortality data within re-established Neonatal Improvement and Mortality Group. • SBL reviewed and compliance agreed. • LMNS dashboard shared at LMNS Partnership Board showing UHNM and QHB data. • CNST compliance reviewed and monitored. • CQC visits, published reports and updates on subsequent action plans currently monitored via a monthly SMOAG lead by the ICB and NHS England. • ATAIN reports shared at QSOF. • ICB Digital Midwives funded to provide updates.

4. Matrix of Statutory Duties

Staffordshire and Stoke-on-Trent ICB will exercise its statutory duties through a range of approaches as outlined in the full JFP as below:

Statutory duty	First full JFP (published June 2023)	JFP update (published April 2024)
Describing the health services for which the ICB proposes to make arrangements	Covered throughout document. Our Joint Forward Plan sets out how we will meet the needs of our population, across key pathway and population groups, driven by our understanding of population health need, patient/public feedback and service challenges and opportunities	-
Duty to improve quality of services	See Quality assurance and improvement section	See Quality and patient safety, assurance and improvement section
Duty to reduce inequalities	See Improving population health section	See Our continued focus on health inequalities section
Duty to promote involvement of each patient	See in Personalised care section	
Duty as to patient choice	See Personalised care section, Urgent and emergency care portfolio section, Planned care (elective, cancer, diagnostics) section, End of life, frailty and long-term conditions (ELF) section, Primary care, Working in partnership with people and communities section	-
Duty to obtain appropriate advice	See Governance framework, functions and decision map section	-
Duty to promote innovation	See Research and innovation section	-
Duty in respect of research	See Research and innovation section	See Research and innovation section

Statutory duty	First full JFP (published June 2023)	JFP update (published April 2024)
Duty to promote education and training	See People plan section	See Education and training section
Duty to promote integration	See Provider collaboratives section, Better Care Fund and integration ambitions section, UEC Strategy section, System development overview section	-
Duty to have regard to wider effect of decisions	See Finance, Estates, Sustainability and Green plans, Governance framework sections	-
Duty as to climate change	See Sustainability section, Delivering a net zero NHS section, Procurement section	See Sustainability section, Delivering a net zero NHS section, Procurement section
Duty to involve the public	See Working in partnership with people and communities section, Our transformation programme and service change section, and Why do we need a forward plan section	-
Addressing the particular needs of children and young persons	See Children and young people portfolio section, Mental health, learning disabilities and autism portfolio section, Serious violence and safeguarding section	See Victims of abuse and safeguarding section
Addressing the particular needs of victims of abuse	See Serious violence and safeguarding section	-
Implementing any joint local health and wellbeing strategy	See Introduction, Our approach to developing our priorities section, Addressing our population's health and care needs section	-
Financial duties	See Our Finance Strategy section	See Our Finance Strategy section

Statutory duty	First full JFP (published June 2023)	JFP update (published April 2024)
Workforce	-	See Workforce and education section
Digital and data	-	See Digital section

5. Glossary

Term	Definition
Anchor Institution	Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use.
Clinical Commissioning Group (CCG)	Clinical commissioning groups were NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in each of their local areas in England. On 1 July 2022 they were abolished and replaced by integrated care systems as a result of the Health and Care Act 2022.
Health and Wellbeing Board (HWB)	A forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of Healthwatch to discuss how to work together to improve the health and wellbeing outcomes of local people.
Health and wellbeing strategies	Jointly agreed and locally determined set of priorities for local partners (between ICBs and local authorities) to use as basis of commissioning plans.
Health inequalities	The gap in access to health services between different groups, social classes and ethnic groups and between populations in different geographical areas.
Healthwatch	An independent statutory service charged with championing the patients voice to support commissioners and providers in service provision.
Integrated Care Board (ICB)	An integrated care board is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.
Integrated Care Partnership (ICP)	An Integrated Care Partnership is a statutory committee jointly convened by local authorities and the NHS, comprised of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population.

Term	Definition
Integrated Care System (ICS)	Integrated care systems are partnerships of organisations that come together to plan and deliver joined-up health and care services, and to improve the lives of people who live and work in their area.
Joint Strategic Needs Assessment (JSNA)	A document which analyses the health needs of a population to inform the commissioning of health, wellbeing and social care services. This document is updated annually.
NHS England (NHSE)	NHS England leads the National Health Service in England. It has seven integrated regional teams that support the commissioning of healthcare services for different parts of the country.
Place-based approach	A place-based approach brings together health and care organisations and teams, including the voluntary and community sector, with local people in a particular area to better join up services to meet their needs.
Planned care	Planned care is any treatment that is not an emergency. It is where a patient is referred for treatment and planned appointments.
Primary care	Primary care is used to describe the services provided by GPs, NHS dentists, optometrists (opticians) and community pharmacists. This may also include other community health services.
Plan for Recovering Access to Primary Care (PCARP)	The Delivery Plan for Recovering Access to Primary Care (PCARP) published in May 2023 sets out how the NHS will make it easier for patients to get the help they need
Primary care networks (PCNs)	PCNs are groups of GP practices in an area that work together, and with hospitals, social care, pharmacies and other services, to care for people with long-term conditions and prevent people becoming ill.

Term	Definition
Provider	An organisation and legal entity, acting as a direct provider of health care services via an NHS contract. The following organisations may act as healthcare providers: • GP practice • NHS trust • NHS foundation trust • Registered non-NHS provider (e.g. Independent Sector Healthcare provider) • Unregistered non-NHS provider • Care trust • Local authorities with social care responsibilities • Other agencies.
Secondary care	More specialised care usually after referral from GP (primary care). This can be provided in a hospital or in the community.
Social care	A range of non-medical services arranged by local authorities to help people.
Urgent Care Centre (UCC) or Urgent Treatment Centre (UTC)	A centre which provides care and treatment for minor illnesses and injuries that require urgent attention.
Voluntary, community and social enterprises (VCSE)	Not-for-profit organisations set up to offer services to specific groups in society. VCSE organisations can include charities, public service mutuals, social enterprises, and many other not-for-profit organisations.

6. Abbreviations and acronyms

Abbreviation / Acronym	Description
A&E	Accident and Emergency
AI	Artificial Intelligence
ARRS	Additional Roles Reimbursement Scheme
ASC	Adult Social Care
ATAIN	Avoiding term admissions into neonatal units
BFI	Baby Friendly Initiative
BSL	British Sign Language
CCGs	Clinical Commissioning Groups
CDCs	Community Diagnostic Centres
CDOP	Child Death Overview Process
CEOs	Chief Executive Officers
CFOs	Chief Finance Officers
CNST	Clinical Negligence Scheme for Trusts
CPCS	Community Pharmacy Consultation Scheme
CT	Computed Tomography Sc
CQC	Care Quality Commission
CVD	Cardiovascular Disease
CYP	Children and Young People
DMA	Digital Maturity Assessment
EHIA	Equality and Health Inequality Impact Assessment
ELF	End of Life, Frailty and Long-Term Conditions
e-RS	Electronics Self-Referral System

Abbreviation / Acronym	Description
FPA	Full Prospective Access
GMC	General Medical Council
GP	General Practice / General Practitioner
HFMA	Healthcare Financial Management Association
HWBs	Health and Wellbeing Boards
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICPS	Integrated Care Partnership Strategy
ICS	Integrated Care System
ISDN	Integrated Stroke Delivery Network
JCRUP	Joint Capital Resource Use Plans
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
LEV	Low Emission Vehicle
LIFT	Local Improvement Finance Trust
LMNS	Local Maternity and Neonatal System
LTWP	Long Term Workforce Plan
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
METIP	Multi-Professional Educational and Training Investment Plans
MGP	Modern General Practice
MNVP	Maternity and Neonatal Voices Partnership
NETS	National Education and Training Survey

Abbreviation / Acronym	Description
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
OD	Organisational Development
OPE	One Public Estate
PCARP	Primary Care Access Recovery Plan
PCNs	Primary Care Networks
PFI	Private Finance Initiative
PHM	Population Health Management
PPN	Procurement Policy Note
PSIRF	Patient Safety Incident Response Framework
QHB	Queen's Hospital Burton
QIA	Quality Impact Assessment
QSOF	Quality and Safety Oversight Forum
SBL	Saving Babies' Lives
SLAIP	System-Level Access Improvement Plan
SMS	Short Message Service
SMOAG	System Maternity Oversight and Assurance Group
SQG	Strategic Quality Group
SSoT	Staffordshire and Stoke-on-Trent
SSHERPa	Staffordshire and Shropshire Health and Care Research Partnership
SIs	Serious Incidents

Abbreviation / Acronym	Description
TCI	The Consultation Institute
UEC	Urgent and Emergency Care
UHDB	University Hospitals of Derby and Burton NHS Foundation Trust
UHNM	University Hospitals of North Midlands
ULEV	Ultra-Low Emissions Vehicles
UNICEF	United Nations International Children's Emergency Fund
UTCs	Urgent Treatment Centres
VCSE	Voluntary, Community and Social Enterprise
VAWG	Violence Against Women and Girls
WTE	Whole Time Equivalent
ZEV	Zero Emissions Vehicles