

2024/25 System Operational Plan



Foreword

This year, 2024/25, will be the second full year of the Staffordshire and Stoke-on-Trent Integrated Care System (ICS). We enter the financial year needing to continue to address our challenges in terms of increasing demand for healthcare, driven by demographic growth and exacerbated by health inequalities. This increased demand needs to be delivered within constrained resources, both in terms of availability of an appropriately skilled workforce and finance. We recognise that the NHS is not the only sector experiencing pressures and will continue to closely work with our local authority partners so that we do not create unintended consequences from any of the work we do this year. We are not alone and all systems across the country are grappling with broadly similar issues.

We have many achievements to look back on from 2023/24, which are outlined in more detail in our Annual Report. However, we need to continue to improve waiting times and access for all aspects of care, as well as delivering joined up proactive and preventative support and care across all pathways. We need to do this in the context of providing safe, timely and sustainable care and meeting the financial and workforce capacity challenge. In addressing our challenges during 2024/25 we have agreed we need to do the right thing for our communities, patients, staff and system.

As a system, we are required to respond to the NHS England (NHSE) National Planning Priorities as set out in the [priorities and operational planning guidance 2024/25](#). Our response to the national planning priorities is materially compliant with most national operational targets defined by NHS England. However, we have been unable to achieve a financial balance and which has left us with a financial deficit of £90m.

Principles of Addressing our Financial Challenge

Throughout 2023/24 we have come together as system leaders across organisations and disciplines, in particular to discuss the options for responding to the significant financial challenge that we have for 2024/25. This has resulted in agreement of a set of principles which we will work to throughout the year. Importantly that we will not take measures which adversely impact upon the safety of services provided and that the decisions we make do not adversely impact the access, experience or outcomes of any disadvantaged individuals, inclusion groups or communities.

Buki Adeyemo

Chief Executive Officer
North Staffordshire Combined
Healthcare NHS Trust

Peter Axon

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

Tracy Bullock

Chief Executive Officer
University Hospital of North Midlands
NHS Trust

Neil Carr

Chief Executive Officer
Midlands Partnership University Hospital
Foundation TrustTrust

This System Operational Plan for 2024/25

We have developed this one-year system operational plan to outline in one place, the activities that will be undertaken in 2024/25 to support delivery of our agreed priorities. It includes the information required by NHSE to describe how we will meet the national NHS objectives and our wider local operational priorities at system level within the context of our ICP Strategy and Joint Forward Plan. We have an agreed financial recovery programme, which is a core part of our operational plan and is an essential first step in the return to a sustainable financial position for the system.

While this is a one-year plan it also draws on our emerging medium-term plans and a focus within that on transformation through the lens of proactive and preventative support offers for the population. We will use our Inequalities Strategy once published, and our Places to focus on integrated working, bringing a more holistic offer to local populations, ensuring that we gain better understanding of the needs of our residents and adjusting our service offer where needs be to fulfil these. This means that this plan also includes, for example, deliverables around Health Inequalities and Children and Young People, work which will make the most impact in the short term but also transformation actions which if we start now will have impact in future years.

As well as setting out our priorities, we use this document to hold ourselves to account for our delivery throughout the year.

System Collaboration and Partnership

The system has an agreed set of values in which it operates - these are set out in our Leadership Compact. At the local level, our task as an ICS is to inclusively address our challenges and continue to foster a conversation where everyone is engaged in shaping our plan and ensuring its collective execution. The development of the system operational plan emphasises the importance of leadership, continuing collaboration and partnership, recognising that sustainable progress requires a coordinated and multi-disciplinary approach.

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Key achievements in 2023/24

In 2023/24, as a system, we have achieved a wide range of things aligned to our Operational Plan delivery. A few highlights of this are set out in the diagram.

The ICB and provider organisations publish their annual reports which provide a summary of their activities for the financial year ended 31 March. Further details on key achievements are set out within those.

We coproduced and published a Quality Strategy, which supports delivery of the NHS Patient Safety Strategy and NHS Impact. As a system we also went live with Patient Safety Incident Response Framework last year and we have received positive national feedback on it.

We have built on our success with the falls response service by developing an additional service to transport patients who are ready for discharge back home. The service has helped 400 patients and avoided delays in getting patients home, reduces readmissions, and supports patients who did not have access to support from community networks on discharge.

42% more women accessed specialist community perinatal mental health services.

The dementia diagnosis rate remains consistently above the national target of 66.7%. With 71.9% performance this is among the highest diagnosis rate in the Midlands region.

UHNM have decommissioned the use of Desflurane from August 2023 ahead of the April 2024 deadline. As a system we are currently achieving our headline target reduction in emissions from inhalers.

In-year, we have seen an increase in demand across UEC services, however performance towards the 76% target has continued to improve across our system.

95% of our staff who work in health and social care have completed the Oliver McGowan e-learning, with an average of 88% completion across the ICS.

In April 2023, the ICB Board approved and published a GP Five-year Strategy which outlines the direction of travel for general practice in terms of how we will support its sustainability and development as well as playing a key role as a partner in the ICS.

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.

First ICB in the country to be awarded the Race Equality Code Quality Mark.

We met our agreed financial control total of £91m deficit.

We have all been working hard on our system recovery programme over the last 5 months and we have seen real success in 2023/24.

We have been commended for our work and best practice around CHC which has been shared with other systems.

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) was published.

Introduction

Our [ICP Strategy](#) (ICPS) and [Joint Forward Plan](#) (JFP) set out our ambitions around how all partners will work together to improve services for our people and communities

The purpose of the System Operational Plan 2024/25 is to outline at a high level the annual priorities and actions we will take during 2024/25 to deliver the ICPS & the JFP and address the challenges we face around

1. Our changing population and the impact on demand for health and social care
 2. Improving access to our services through improved productivity and new ways of working
 3. Managing service delivery within the resource constraints of the available capacity and financial envelope available.
- This is our [second system operational plan](#), co-ordinated by the Integrated Care Board (ICB) and co-produced with our system partners across the ICS
 - The system operational plan is [made up of a range of components](#) that collectively form a high-level outline of our key areas of focus during 2024/25. Each programme of work is directly linked back to our strategic priorities outlined in the ICP Strategy, JFP, our 2 key aims, 5 operational priorities for 2024/25 and the 35 national planning objectives set out in the [2024/25 National Planning Guidance](#)
 - [It is an inclusive plan](#) that has been co-developed with our system partners. From the outset we have been clear that our plans for 2024/25 will be owned across the system. Our clinicians have supported in the development of our plans either at a strategic level through the Health and Care Senate, leading specific pieces of work or through the portfolio clinical leads
 - The plan supports us to understand and articulate the roles and contribution to delivery by different teams and programmes, as well as highlighting areas for collaboration across the system. This collaborative approach is essential for maximising our impact and for leveraging the [expertise and resources of our diverse stakeholders](#).



System plan on a page for 2024/25

The image below demonstrates the linkages between the Integrated Care Partnership Strategy, the Joint Forward Plan and the 2024/25 System Operational Plan two key aims and priorities.

Integrated Care Partnership Strategy

Five Ps: These are the five things we need to change if we are going to make a difference:

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

Underpinned by Population Health Management (PHM)
improve population health outcomes through intelligent decision making.

Joint Forward Plan (JFP)

Outlines our collective priorities over the period 2023 to 2028. It addresses the four core purposes of an ICS:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development



Our Operational Plan 2024/25 Priorities and 2 Key Aims



- For 2024/25 we have set out 2 key aims and 5 high level operational priorities which are built from our understanding of the challenges we face locally and the national direction of travel
- Our two key aims – safe, timely and sustainable care and meeting the capacity challenge are golden threads throughout all our underpinning programmes of work
- The aims and priorities serve as guiding principles providing focus for our actions throughout the year
- They reflect that we cannot achieve what we need to without our people, partners and delivery architecture
- We know that prevention remains important for people living with a long-term illness and we will focus on delivering personalised care, empowering people to manage their conditions effectively
- Prioritising prevention and proactive support in our system operational plan reflects the growing evidence to supporting resources being shifted 'upstream'.

What is in this plan?

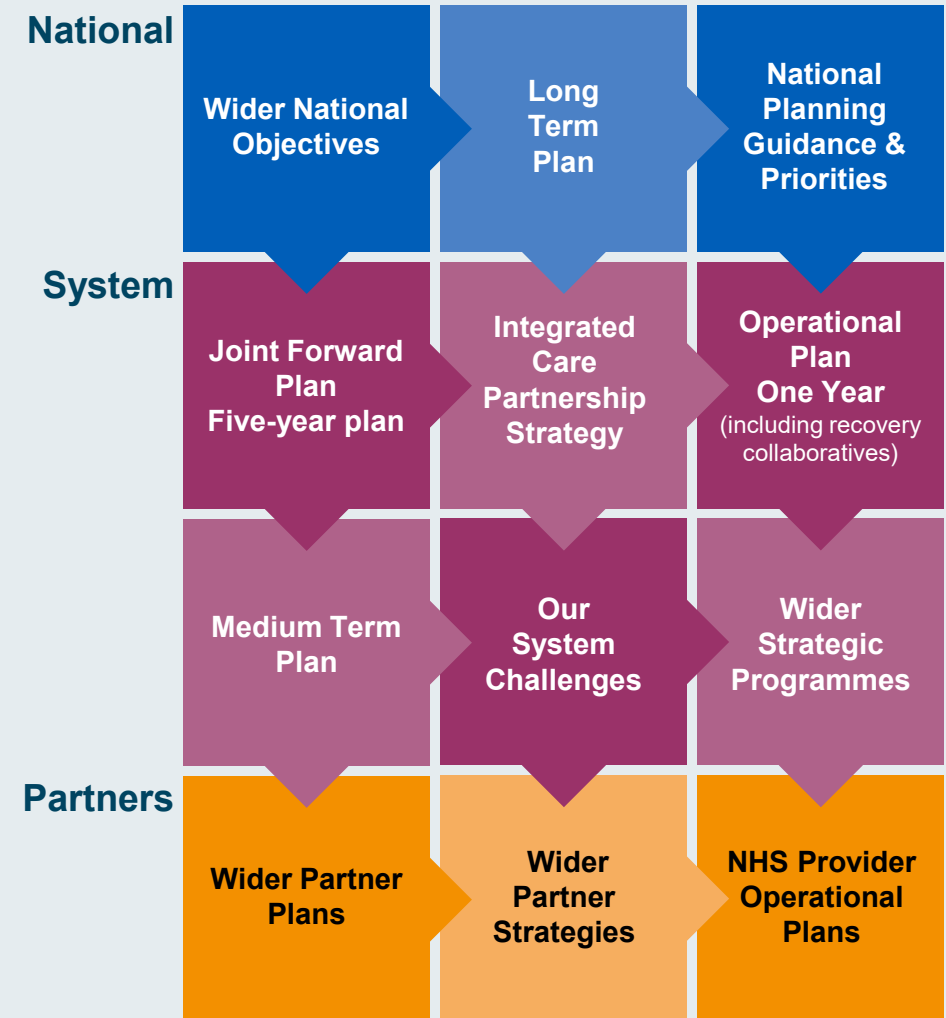
What is set out in this plan

- [Local deliverables aligned to our 2 key aims and our 5 annual operational priorities](#), setting out the contributions from the multi-disciplinary teams working within our portfolios
- The 35 objectives outlined by NHS England, aligning our efforts with national expectations including the key actions. Further details can be found [here](#) and in the [2024/25 national planning guidance](#)
- Our [5 system collaborative recovery programmes](#) which will deliver a mix of secondary care activity reduction, improved productivity and cash-out through targeted work and initiatives which contribute to the delivery of the system's £203m efficiency programme.

What is not in this plan

- Many aspects of our priorities are longer term, these are covered in the Joint Forward Plan (JFP) which we published in [June 2023](#) and refreshed in [March 2024](#)
- The detailed of the work of our enabling functions and wider system Strategic areas including inequalities and delivering a net zero NHS is not included in this plan. This is available in the JFP
- Each system partner has their own detailed Operational Plan or the equivalent and as such we do not replicate the contents of those here, rather we focus on the aspects which we work on collectively to deliver.

The diagram shows how all of the component parts fit together.





**Staffordshire and
Stoke-on-Trent**
Integrated Care System

Financial and Operational Context

The following slides set out the financial and operational context to our plans.





Finance and Sustainability

Our system is collectively committed to delivering our financial duty of living within the financial resource made available to us and this commitment is set out within our Financial Strategy.

Our Financial Strategy is centred on our view that the optimum financial solutions come from the best clinical models. We enter the 2024/25 planning period with a high level of financial challenge, but with an explicit commitment by all partners to deliver a path to financial sustainability.

Our Financial Strategy describes a plan, which has clinical and operational buy in, and we can already demonstrate successes in key areas.

We recognise the need to make tough decisions and bear down on unwarranted variation and improve productivity.

Paul Brown, Chief Finance Officer

Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective 31

Deliver a balanced net system financial position for 2024/25

Context	<ul style="list-style-type: none"> The System was able to stay on track and deliver within the control total with a year-end position of £90.9m deficit for 2023/24 The System has an agreed plan for 2024/25 is £90.0m deficit To get to this point the System has an efficiency ask within the plans of £203.2m, equating to 8% of Revenue Resource Limit (RRL) At the point of setting the plan, there is a significant risk to delivery, currently reporting unmitigated risk value £87.8m.
Goal	<ul style="list-style-type: none"> The system needs to deliver a sustainable financial balance. We enter 2024/25 with an underlying deficit of £249m, if achieved recurrently, the efficiency plan will result in the system exiting 2024/25 with a much reduced underlying position (ULP) of £183m The agreement of a deficit control total for 2024/25 provides us with opportunity to deliver truly sustainable cost reduction The system aims to deliver recurrent breakeven as soon as possible and a key deliverable for 2024/25 will be a Medium-Term Financial strategy which will set the point at which breakeven will be achieved – target to be developed and agreed by October 2024.
Actions	<ul style="list-style-type: none"> SROs are in place for all of the recovery workstreams with System Collaboratives agreed to lead the recovery, to support in-year plan and contribute towards improving the underlying deficit 2024/25 emerging recovery programme includes Continuing Healthcare (CHC), Demand Management, Corporate Back Office & Estates, Clinical Value & Medicines and Contracts which are outlined here Agreement of System financial principles including a ‘Double Lock’ mechanism so that no part of the system takes decisions that would mean missing 2024/25 financial target or worsening the underlying position.



Our System Financial Principles

In agreeing to the deficit position, the system has agreed to the following principles in taking the swift action required to bring the financial position to plan. These key principles are:

- We will not take measures which adversely impact upon the [safety of services](#) provided and we will ensure that the decisions we make do not adversely impact the [access, experience or outcomes of any disadvantaged individuals](#), inclusion groups or communities
- We will [work collectively to make the best use of the local pound](#), and demonstrate value for money in the use of our collective resources
- We will [maintain and strengthen our controls](#) over pay and non-pay, and evidence the impact of those controls through improved metrics such as lower bank and agency spend
- We will [strengthen controls over corporate spend](#) by freezing vacancies, where safe to do so, and using opportunities to share resource across partners
- Recognising the difficulty in taking existing capacity out, we will [hold new allocations and new commitments](#) until we have delivered sufficient efficiencies to deliver our agreed financial plan
- Any business case that would worsen the financial position will be taken through [the system double lock process](#).



Operational Context

Finance	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.
Waits for Care	Services are still recovering with huge efforts ongoing to reduce the number of people waiting for treatment and care . Provision of urgent care services has been extremely challenging. Although performance is improving this means that our population have often experienced significant delays in accessing urgent and emergency care. Across the country, ambulance handover delays have reached critical levels, leading to considerable delays for people waiting in the community and the flow of patients from the ED into hospital.
Discharge	There has been pressure in discharging people from hospital and although we have made some progress in recent months, there is still further to go. Many are not discharged on a timely basis , and as a system we discharge more people into bed-based care rather than getting them home.
Demand for mental health services	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%).
Care in the usual place of residence	Delivering compassionate care and treatment in the usual place of residence is preferable – if safe to do so, with an appropriate care model in place. We know that admitting elderly people via busy emergency departments can shorten their lives and is often a poor experience. There are still people who are at the end of their life being admitted into hospital .
Frail Elderly Population	We need to reduce unnecessary hospital admissions for our frail elderly population through effective proactive interventions as well as providing rapid support at home when they become sub-acutely unwell. This requires effective out-of-hospital services including virtual wards, remote care systems and other community teams.
Children and Young People	Delivering joined up proactive support across all pathways and 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.

What will we be doing as a system Our Plans for 2024/25



Portfolio Commitment Statements

Each portfolio is led by a Senior Responsible Officer (SRO), supported by a team to deliver the portfolio ambitions for 2024/25.

The commitment statements outline, from each SRO, the high-level focus of the portfolio for 2024/25

Urgent and emergency care



Our commitment – Matthew Lewis, SRO

Working alongside the demand management collaborative and system partners we are committed to building on our achievements of 2023/24. We continue to focus on ensuring Urgent Care services provide a [consistent and simplified offer](#), across our pre, in and post hospital patient pathways.

To achieve this, we will build on our system [Integrated Care Centre](#) to streamline patients to the most appropriate service to meet their needs. We will work to standardise services ensuring they are efficient and [deliver quality outcomes](#) whilst ensuring we meet our ambition that care will be designed around the principle of “what matters to me rather than what is the matter with me”.

End of life, long term conditions and frailty



Our commitment - Steve Grange, SRO

By working together with our stakeholders and partners we have worked hard to understand and be responsive to the needs of our local population. In 2023/2024 we produced strategies and a recovery programme for our population which was patient focused and outcomes based. We developed [new ways of collaborating](#) and underpinned all our work with population health management data and local feedback. We have worked with clinicians and partners to shape our programme to ensure changes make a meaningful difference.

We now have the tools to forecast demand in our localities and communities. This allows us to [target and tailor our approach for local people](#). This year is all about delivery. Delivery of improvements within the clinical pathways of End of Life and Palliative care, Long Term Conditions and Frailty. As part of our [commitment to continuous improvement](#), we will be monitoring progress against key performance indicators and implementing feedback mechanisms to drive ongoing enhancement of our services. Through dedication, innovation, and collaboration, we are [committed to providing the highest quality of care](#) for our community now and in the future.

Planned care



Our commitment – Helen Ashley, SRO

Working together with the Clinical Value and Contracts Collaboratives, the Planned Care Portfolio will continue to focus on the both the National Operational Planning requirements for access to Planned Care, Cancer and Diagnostic services as well as the transformation of patient pathways in order to [promote the use of alternatives to traditional outpatient and surgical interventions](#).

With a greater focus on the management of demand the portfolio will seek to [establish robust mechanisms](#) to ensure the [best use of our limited resources](#), as well the [best experience for our patients](#) in access specialist expertise for their care.

Primary Care



Our commitment - Paul Edmondson-Jones, SRO

Primary care serves as the cornerstone of the NHS, exemplified by the delivery of over 6.3 million appointments within a 12-month period solely within general practice in SSoT. In June 2023, the ICB launched its general practice strategy, developed collaboratively with GPs, to collectively [enhance quality, accessibility, patient experience and outcomes](#). Currently in the delivery phase, the strategy integrates insights from the Claire Fuller report and emphasizes the establishment of integrated neighbourhood teams and personalized care, fostering a cohesive approach to patient care.

The ICB has assumed delegated responsibility for dentistry, pharmacy and optometry. Notably, a West Midlands dentistry strategy has been formulated alongside a health equity audit for SSoT, facilitating the development of a local plan to address improved access and health disparities. Our objectives and aspirations for primary care seamlessly align with our Integrated Partnership Strategy.

Portfolio Commitment Statements (continued)

Each portfolio is led by a Senior Responsible Officer (SRO), supported by a team to deliver the portfolio ambitions for 2024/25.

The commitment statements outline, from each SRO, the high-level focus of the portfolio for 2024/25

Mental Health and Learning Disabilities and Autism



Our commitment - Ben Richards, SRO

As a system, we are well on our journey to make mental health, learning and disability and autism everyone's business. Over the coming year, we will operationalise our investment in [perinatal mental health](#), [mental health ambulance provision and children's autism services](#), while still progressing our community and inpatient [mental health transformation and transforming care](#) (for people with a learning disability) programmes to deliver effective care for our population.

The impact (and challenge) that comes with the wider implementation of the [Oliver McGowan training programme](#) is not to be underestimated, both in terms of the operational challenges it will create but also in raising understanding across the whole health and social care system.

Maternity and Neonates



Our commitment - Heather Johnstone, SRO

The local maternity and neonatal system remain committed to bringing together all partners, including users of these services, to work to ensure [high quality, safe services](#) for mothers, birthing people and their babies.

We are equally committed to ensure services are [personalised and more equitable for women, babies and families](#). We will take every opportunity to learn from high profile maternity investigations to avoid reoccurrence in local services. We will listen to our families to support the [implementation of the single delivery plan at a local level](#) ensuring local arrangements remain relevant to local need.

Children and Young People



Our commitment - Jon Rouse, SRO

We are putting the health and wellbeing of our children and young people at the heart of the work of our ICS. We are determined that our kids get the [best start in life](#), including high quality maternity services. By engaging with children and young people, we will develop programmes that meet their priorities. We have already identified priorities such as [reducing infant mortality, improving mental health and reducing obesity](#).

We want to provide [superb care close to home](#) for children with relatively common conditions such as asthma, diabetes and epilepsy, so they don't need to go into hospital as often. And we will also ensure that [we support children with complex needs](#) to the best of our ability, joining up their care and helping them to thrive within their communities.

Improving Population Health



Our commitment - Paul Edmondson-Jones, SRO

Our vision is to make Staffordshire and Stoke on Trent the healthiest place to live and work.

Our ambition is to work together putting people and communities at the heart of everything we do to ensure everyone has the opportunity to have [healthy, happy, safe and prosperous lives](#) with fair access, improved experience in better outcomes for all.

We are [Supportive, Inclusive, Collaborative](#).

Alignment of deliverables, priorities and ambitions

- The following slides set out high-level deliverables aligned to each of the 2024/25 annual 5 system priorities
- It does not seek to give all the detail in the high-level delivery plans but to provide an overview of how portfolios are contributing to our aims and priorities
- The content has been developed based on portfolio high level delivery plans, NHSE plan submission & key commitments and sets out our agreed recovery programme of work
- In their underpinning high-level delivery plans, each of our portfolios have mapped their deliverables against the 2024/25 five priorities, the JFP and the 5 Ps within the ICP Strategy. The two aims as detailed on [Our Operational Plan 2024/25](#) page, are golden threads throughout our approach to developing the plan. Each deliverable identifies measures of success which may be a hard number or an output e.g. completion of a service review
- Each portfolio has also undertaken a gap analysis between their plans and the national guidance to ensure alignment with national objectives
- The heatmap below aims to demonstrate the distribution of deliverables and how they contribute to each element of our ICS ambitions. It uses colour to show the alignment between portfolios and operational priorities. The darker the colour in the cell, the greater the number of deliverables that align to the portfolio and the priority.
- The heatmap visually supports identifying where there may be interdependencies across portfolios. This concept will be developed into 2025/26 planning.

	Eliminate delays in access to treatment and long waits for care OP 1	Improving access to high quality, sustainable primary care access OP 2	Delivering joined up proactive and preventative support and care across all pathways OP 3	Delivering compassionate care of the frail and elderly OP 4	Supporting Care Home Residents OP 5	Improve outcomes in population health and health care JFP 1	Tackle inequalities in outcomes, experience and access JFP 2	Enhance productivity and value for money JFP 3	Help the NHS to support broader social and economic development JFP 4	Working with people and communities ICP1	Personalised Care, holistic integrated care designed around personal needs and preferences ICP2	Personal Responsibility ICP3	Prevention & Health Inequalities ICP4	Productivity ICP5
1. Urgent and Emergency Care	Dark Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Planned Care	Dark Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
2. Diagnostics	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Cancer	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
3. End of Life, Frailty and Long Term Conditions	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
4. Primary Care	Light Green	Dark Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Medicines Optimisation	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
5. Mental Health	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Learning Disability and Autism	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
6. Maternity & Neonates	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Children and Young People	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
7. Improving Population Health	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green



Local Priority: Eliminate delays in access to treatment and long waits for care



Urgent and Emergency Care (UEC)

Pre-hospital we will:

- Improve A&E waiting times by delivering an Integrated Care Centre (ICC) for UEC access, supported by suitable response services to meet the needs of all patients and stakeholders, through the demand management system collaborative by Q2 for MPFT elements then by Q4 through the Demand Collaborative
- Deliver a sustainable Acute Care at Home (ACAH) model that is standardised across the ICS by Q4
- Enhance/establish High Intensity User Services to support demand management in UEC across the whole system by Q4
- Designate Urgent Treatment Centres by Q2
- Increase referrals to Urgent Community response to 872 a month by Q4.
- Track performance of category 2 response times.

In hospital we will:

- Utilise the non-elective improvement programme (NELIP) to support delivery of the key objectives of the In Hospital programme throughout 2024/25
- Use GIRFT to ensure that we have the appropriate medical bed base for our demand, supported by the opening of a larger Same Day Emergency Care (SDEC) unit at Royal Stoke University Hospital (RSUH) by Q2
- Acute front door to see, treat and discharge /admit patients within 4 hours of arrival from the emergency department (ED) by Q4
- Ensure maximised efficiency and use of the County Site by Q4
- Maintain adult acute G&A beds to meet national targets by Q2
- Improve processes and standardise care, including for mental health patients from Q2.

- Embed fully functional bed management and system control centres (SCCs) by Q1
- Improve hospital discharge pathways increasing Pathway 1 and further reducing of pathway 2 and 3 discharges from Q2 onwards.

Post hospital we will:

- Deliver a consistent seven-day service and improve the discharge profile and targets by Q4
- Enhance the quality and timeliness of discharge for patients eligible for ongoing end of life community care support throughout 2024/25
- Develop and grow opportunities for the VCSE sector in discharge pathways by Q2
- Ensure consistent operational utilisation of the Choice Policy across our system
- Utilise virtual wards consistently across all parts of the County and ensure utilisation is consistently above 80% throughout 2024/25 by Q2.



Planned Care

We will:

- Deliver the national objectives focused on 65 week waits, activity, outpatient attendance and choice
- Continue to work towards the diagnostic target of 95% of patients receiving their tests within 6 weeks.

We will implement Digital Solutions to support Primary Care to:

- Access most recent/ correct referral form
- Ensure pathways developed at system level are clear and available to all
- Have access to an Integrated Care Centre for national guidance
- Develop tools to support clinical decision making.

We will Improve Efficiencies in Outpatient Management by:

- Developing and socialising advice and guidance guidelines
- Standardising referral forms for simplicity.

We will transform and harmonise clinical services across seven key pathways by the end of 2025/2026 across:

- Musculoskeletal
- Ophthalmology
- Weight management Scope referrals, identify transformation pathways around
- Community Dermatology
- Ear, Nose and Throat
- Women's health
- Gastrocolorectal.

We will develop clinical best practice pathways through:

- Implementing one stop diagnostic testing ahead of first outpatient appointments where possible, supporting primary and secondary care to improve workload and patient outcomes
- Mobilising Community Diagnostic Centres at Sir Robert Peel Hospital in Tamworth, Cannock Hospital and Stoke-on-Trent.



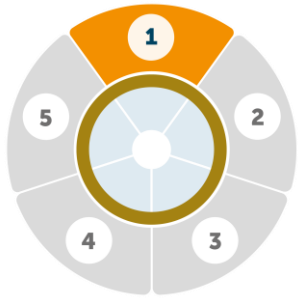
Cancer

We will:

- Deliver the national objectives focused on reducing the number of patients waiting over 62 days, meeting the 28-day faster diagnosis standard of 75% and increasing referrals by Q4.

National Objectives

2 to 9
11, 12



National Objectives
2 to 9
11, 12

Local Priority: Eliminate delays in access to treatment and long waits for care (continued)



Mental Health (MH)

We will:

- Improve Mental Health Urgent and Emergency Care (MH UEC) and Crisis Pathways by collaborating with the UEC Portfolio to roll out specialist mental health response vehicles integrate 24/7 crisis text lines and NHS 111 option 2 into the crisis response system by Q4
- Deliver an all age 24/7 crisis text service by Q4
- Review the local pathway for Adult ADHD assessment and diagnosis, treatment and intervention and develop neurodevelopmental pathway (including Autism) by Q3
- Improve access to perinatal mental health services and Maternal Mental Health services (MMHS) by operationalising the investment agreed by Q4
- Improve access to mental health support and eating disorder access for children and young people in line with the national ambitions by Q4
- Deliver the Early Intervention in Psychosis standard with the proportion of people experiencing first episode psychosis or with an ARMS (at risk mental state) by Q1
- Deliver the [Children and Young People's Mental Health Local Transformation Plan](#) by Q3
- Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000 by Q4.



Learning Disabilities & Autism (LDA)

We will:

- Increase the rates of annual health checks towards 75% through the Health Facilitators roles and focusing on training and education.



Primary Care

We will:

- Develop a business case for equitable Urgent Home Visiting service working with the UEC portfolio and ensure patients have access to a safe and effective service that will avoid hospital admissions in Q1
- Develop a General Practice 2024/25 Winter Surge Plan by Q3.



Medicines Optimisation

We will:

- Implement Pharmacy First freeing up demand for GP appointments with at least 90% of pharmacies signed up to deliver the service by Q2
- Establish 5 community Pharmacy Independent Prescribing Pathfinders across the ICB to deliver at least 2000 consultations by Q4.



Dental

We will:

- Focus on the National Dental Recovery key areas for action including prevention, operational interventions and workforce / wider reform throughout 2024/25
- Undertake Mid-year reviews targeted at under delivering practices as of 30th September each year by Q3
- Implement the New Patient Premium for all dental practices who agree to be included in the scheme by Q1.



Children and Young People (CYP)

We will:

- Co-produce an approach allowing people seeking support to know what's available and how to access it, establishing the best methods of communicating the mental health support offer for CYP.
- Reduce proportion of CYP <18 in residential care outside the ICS geography.



Digital

We will:

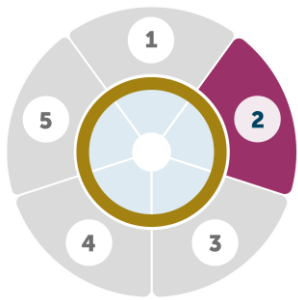
- Offer greater digital choice for self-help resources, screening, referrals, support digital pre-assessments, diagnostics and manage health and care services including the promotion of the NHSApp as a rolling programme of work throughout 2024/25
- Utilise the national Federated Data Platform to help maximise capacity, reduce waiting lists and co-ordinate care
- Roll out My Sense Assistive Technology by Q2
- Digital Road Maps will continue to be rolled out through the Pathology and Imaging networks.



Personalised Care

We will:

- Implement a single vision of integrated universal personalised care through social prescribing, personal health budgets, patient activation and choice, personalised care and support planning and shared decision making.



National Objectives 13

Local Priority: Improving access to high quality sustainable primary care



Primary Care

A national [Delivery Plan for Recovering Access to Primary Care](#) (PCARP) was published by NHS England in May 2023. The System-Level Access Improvement Plan (SLAIP) has been written by SSoT ICB, in response to the national plan setting out how the system will deliver the 4 national ambitions; to empower people, to build modern general practices, to cut bureaucracy and build capacity.

We will:

- Implement the year 2 recommendations from the PCARP focusing recovery actions on implementing Modern General Practice Access throughout 2024/25
- Improve access to primary care through developing advanced telephony solutions, remote consultations, GP Connect (allowing NHS111 to book into GP appointment books) and further promotion of the NHS app to provide enhanced remote care to people throughout 2024/25
- Continue to focus on increasing workforce numbers, with more GPs and general practice nurses recruited and retained and a further increase of additional roles to compliment the general practice skill mix throughout 2024/25
- Implement the vision of the Fuller Stocktake report focussing on a population health management approach through building integrated neighbourhood teams, same day urgent access, prevention and personalised care throughout 2024/25

- Through use of our Local Enhanced Primary Care offer, ensure that all patients have access to services which enable patients to be seen and treated closer to home throughout 2024/25
- Provide safe and accessible premises that are fit for purpose for patient care and our general practice workforce throughout 2024/25
- Increase the number of patients attending prevention programmes eg. cervical screening, hypertension management and childhood immunisation throughout 2024/25
- Work with practices to promote and utilise the NHS app to support workload around GP registration and other administrative tasks throughout 2024/25
- Support practices who have received CQC rating below "good" to engage with GP Support Team, develop a CQC action plan and deliver improvements throughout 2024/25
- Identify any themes and trends from CQC reports to identify learning and support needs by Q3
- Ensure fit for purpose estate provision throughout 2024/25, maximising shared space and digital alternatives through:
 - A baseline of existing estate within primary care with a view to consolidation
 - Identifying current and future estates investment requirements based on local population health needs.
- To improve the interface between primary and secondary care throughout 2024/25.

We will:

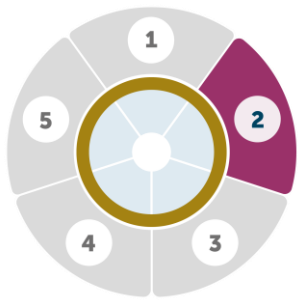
- Embed regular interface meetings between primary and secondary care teams
- Enhance cross-border arrangements to ensure seamless patient care
- Achieve 100% implementation of the four key asks in the Plan for Recovering Access to Primary Care with measurable improvements around onward referrals, complete care - fit notes and discharge letters, call and recall and clear points of contact throughout 2024/25.



Medicines Optimisation

We will:

- Support resilient pharmacy and Medicines Optimisation services through Production of an Integrated Pharmacy and Medicines Optimisation Strategy and Pharmacy workforce delivery plan. Both are expected to be complete by the end of August.



Local Priority: Improving access to high quality sustainable primary care (continued)



Planned Care

We will:

- Implement GP Direct Access for a number of modalities to include a full stock take of all diagnostics such as physiology/ phlebotomy etc, compared to historic focus on modalities such as CT/ MRI etc
- Develop clinical best practice pathways. focussing on:
 - Breathlessness, Upper Gastrointestinal, Lower Gastrointestinal, Liver and Gynaecology
 - Direct access to diagnostics for patients whose symptoms suggest low but zero risk of cancer as an alternative to an urgent cancer referral.



Cancer

We will:

- Promote more consistent primary care initiated “straight to test”. This deliverable is aligned to pathway development work for the Community Diagnostic Centres (CDCs)
- Ensure system wide coverage of Breast Pain Clinics
- Review process into late-stage cancers and look for common themes or trends identifying the inequalities and inconsistencies within primary care at the point of referral.



Mental Health

We will:

- Continue to use the MH Practitioner ARRS roles to improve the care and treatment for adults by Q1
- Focus on recovering the dementia diagnosis rate to 66.7% through:
 - Increasing efficiencies within the Memory Assessment Service (MAS) pathway
 - PCN MAS roadshows across the locality to increase awareness of services available and accessible locally to ensure ongoing flow of appropriate referrals into the service
 - The VCSE Outreach workers ongoing project for 2024-25.



Learning Disabilities and Autism

We will:

- Review GP registers to ensure the correct people with LDA are on them and develop robust systems to ensure GP practice reviews of the correct information from diagnosing organisations to increase those on the register by a set percentage increase per year
- Provide Primary Care training tool kits to support GPs deliver AHCs confidently throughout 2024-25.



Urgent and Emergency Care

We will:

- Deliver a ICC for UEC access with a response that provides a suitable alternative
- Deliver the system bed capacity and demand programme of work which includes the Getting It Right First Time (GIRFT) recommendations.



System Collaboratives

2

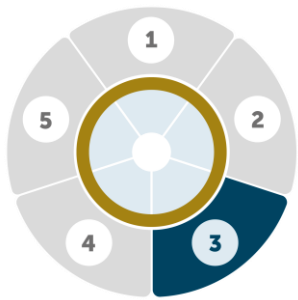
Demand Management

The system collaborative recovery programme for **Demand Management** contributes a set of key deliverables towards local priority 2, including the workstream which will **Integrated Care Centre (ICC) looking at:**

- UCCC extraction
- Definition – clear – hours and scope
- Service provision sitting behind ICC
- Trusted Assessor.

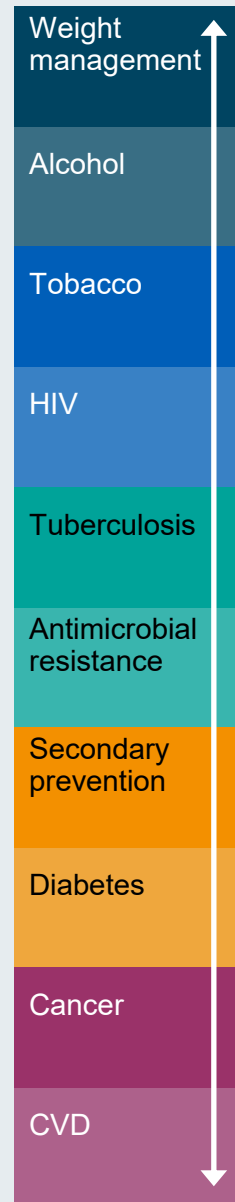
National Objectives

2, 3, 9, 10, 11, 19, 21, 22



Local Priority: Delivering joined up proactive and preventative support and care across all pathways

National Objectives 25, 26, 27



Improving Population Health

We will:

- Publish our Health Inequalities Strategy in Q1
- Develop our Alcohol Harm Reduction Strategy by Q2
- Develop our Prevention Strategy in Q3
- We will develop our 12 localities through our 2 Place Partnership Boards to build resilient communities and improve health inequalities and outcomes
- We will strengthen the role of the VCSE as an equal partner, also to improve health outcomes and tackle health inequality
- Support our portfolios to deliver and implement NHS Long Term Plan prevention programmes across the ICS, including:
 - Weight management - virtual T3 services and progress implementation of the Switch Programme, delivered through the Planned Care Portfolio
 - Alcohol Care Teams embedded in hospitals across the county, delivered by UHNM
 - Refinement of system tobacco dependence treatment services delivered by our acute providers
 - Evidence-based, smoking cessation offer available for at-risk populations, inpatients, pregnant women and for those with severe mental illness (SMI)
 - Continue a targeted approach to increasing vaccination uptake
 - Improving uptake of lifestyle services, Diabetes Prevention Programme, low calorie diets, the Digital Weight

- Management Programme and digitally supported self-management services, delivered through our Primary Care and ELF portfolios
- Restore diagnosis, monitoring / management of hypertension, atrial fibrillation, high cholesterol, diabetes, asthma and COPD registers and spirometry checks for adults and children, to pre-pandemic levels delivered through our Primary Care, ELF and CYP portfolios
- Continue to deliver on personalised care commitments; social prescribing referrals, personal health budgets & personalised care & support plans are key enablers of population health & prevention across all portfolios where appropriate, through the Better Care Fund and locality development.



End of life, long-term conditions and frailty

Palliative and End of Life Care (PEoLC)

We will:

- In response to the six National Ambitions and the statutory duty on ICBs to commission PEoLC a programme of work is in place for 2024/25. This will include:
 - Development of an all age strategy for palliative care and end of life with supporting delivery plan by Q3
 - Increased usage of Palliative care registers by Q4
 - Review and assess benefits of 24/7 access including a Co-ordination and Advice Line identifying the case for sustainable delivery by Q3.

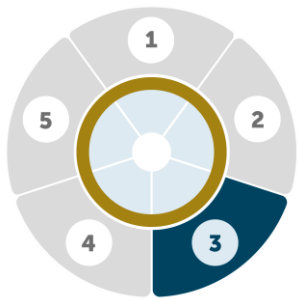
- Increase access and availability of palliative care medication by Q4
- Increase the number of people identified in the last year of life and the number and quality of Respect Plans in place and co-ordinated by Q4
- Enhance existing training for system workforce in response to the six National Ambitions by Q4.
- Undertake work to respond to the recommendations of the all parliamentary group report in relation to commissioning of specialist palliative care services by Q4.



Long-term conditions

We will:

- Reduce premature deaths from CVD and respiratory conditions
- Develop a Long-Term Conditions implementation plan by Q2
- Continue to focus on actions within the following projects:
 - Improve uptake of the eight care processes
 - Increase uptake of the National Diabetes Prevention Programme
 - Increase case finding and accurate diagnosis of chronic obstructive pulmonary disease (COPD)
 - Improve access to pulmonary rehabilitation.



Local Priority: Delivering joined up proactive and preventative support and care across all pathways (continued 2/3)



Mental Health

We will:

- Increase the number of adults and older adults completing a course of NHS Talking Therapies with at least 67% achieving reliable improvement and 48% reliable recovery by Q4 and including those who are currently under-represented to increase opportunities for liaison with physical health pathways and combining psychological treatment with employment support throughout Q1-Q4.
- In collaboration with our CYP Portfolio, increase access to mental health support for children expanding the availability of Mental Health Support Teams in Schools throughout Q1-Q4
- Continue to work towards eliminating inappropriate adult acute out of area placements during 2024/25
- Co-create the long-term vision and service model to localise and realign inpatient services and improve therapeutic inpatient care and provide reasonable adjustments for patients with LDA by Q2
- Review our community services to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge with complex rehab needs throughout Q1-Q4
- Support schools, aiming for dedicated mental health support teams to be fully implemented within the wave 10 schools with training and mobilisation to commence in wave 12 by Q4
- Deliver the national objectives and performance trajectories throughout Q1-Q4.
- Increase the proportion of people with SMI who have a full annual physical health check by Q4.



Learning Disabilities and Autism

Six workstreams developed to deliver against the priorities for learning disability and autism:

- Identification – multi organisation team has helped drive performance throughout 2024-25
- Place – project commenced by Support Staffordshire to equip VCSE sector to be more accessible to people with Learning Disabilities, Autism and Down Syndrome (LDADS) throughout 2024-25
- Universal services – dentists, opticians and wider preventative services are accessible to all with reasonable adjustments. This has been a lower priority with capacity aligned to higher priority workstreams by Q3
- Dedicated care and support – to develop a joint independent sector market with health and social Care that is fit for purpose e.g. CHC and S117. Capacity issues have delayed progress throughout 2024-25
- Community services – secondary mental health services for LDADS people. Data improvement plan to underpin service development plan throughout 2024-25
- Inpatient settings – appropriateness, with the right care locally supporting timely discharge, reducing reliance on inpatient care where appropriate. Physical conditions and mental wellbeing are both part of this workstream throughout 2024-25.

We will:

- Deliver the national objectives and performance trajectories focused around LDA throughout 2024-25

- Develop and implement plans to ensure that the Reasonable Adjustment Flag (RAF) is in place and that the Reasonable Adjustments (RA) are made to improve the care and support of people with a LDA and their families throughout 2024-25
- Continue to work towards targets around LeDeR reviews with 100% being undertaken within 6 months of notification of death throughout 2024-25
- Ensure all people with an LD have a health passport which highlights their care needs which can be shared across all partners by Q3
- Increase vaccination uptake for people with a LD and/or autism aiming for 62% of people receiving them by commencing stakeholder engagement in Q1 and implementation in Q2 and Q3.



Primary Care

We will:

- Continue to expand the role of Social Prescribing by relaunching the SPLW support meetings to review contract changes and support needed during Q1.



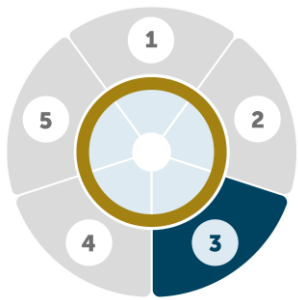
Medicines Optimisation

We will:

- Increase the use of powder-based inhalers which are equally effective but have a lower carbon impact on the environment and achieve a reduction in total carbon equivalent emissions of inhalers of 25% by Q4 compared to 2019/20 baseline
- Launch children's asthma guidelines with PCNs by Q1 and develop adult asthma and COPD guidelines by Q4.

National Objectives

17, 18, 19, 20,
21, 22, 23



Local Priority: Delivering joined up proactive and preventative support and care across all pathways (continued 3/3)



Children and Young People

We will:

- Work with our partners to develop and implement a systematic approach to infant mortality; focussing on pre-conception health, health inequalities and increased awareness of risk and protective factors
- Identify opportunities to promote a healthy lifestyle for our CYPs; with a planned Complication of Excess Weight (CEW) clinic supporting CYPs to operate from the Royal Stoke site by Q2
- Continue to support our CYPs and their families in managing their asthma through implementation of the national bundle of care; this includes an expansion of the Asthma Friendly Schools (AFS) programme (ongoing programme of work); community-based clinic for post discharge review (on-going programme of work) and implementation of asthma champions during Q1 and Q2
- Focus on improving the care of CYPs with epilepsy; reducing the variation in care received and supporting their mental health & wellbeing. For diabetes youth workers will continue to support CYPs to improve engagement with the diabetes clinical team
- Support children demonstrating behaviours of distress with the help they need so that they can fulfil their potential by refining our service models to better met their needs, enhancing cross-sector training so that professionals have the knowledge and skills to effectively support

these CYPs, and fostering a culture of trust and collaboration among service providers

- Work together to ensure our children and young people with SEND, and CYP's in care or under statutory protection have the right support at the right time, delivered by the right people.



Maternity and Neonates

We will:

- Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury by Q4
- Reduce inequalities in experience and outcomes for the groups who experience the greatest inequalities (Black, Asian and mixed ethnic groups and those living in the most deprived areas) by Q4
- Commission and fund safe staffing across maternity and neonatal services by Q3
- Monitor and support trusts to implement national standards by Q2
- Commission for and monitor implementation of personalised care for every woman by Q3
- Monitor the impact of work to improve safety culture, share learning and good practice across the system by Q3
- Work in partnership with local authorities to establish at least one women's hub by December 2024 and support and develop universal services for pregnancy and beyond in family hubs by Q3.



Planned Care

We will:

- Review and explore harmonisation of services across SSOT footprint including scope of referrals and identify transformation pathways across a range of planned care services including ENT, Gastro Colorectal and put in place the Women's Health Hub before December 2024.



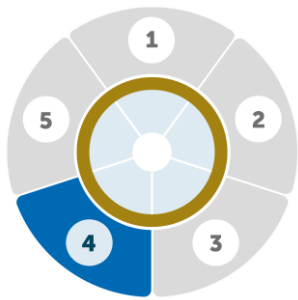
Cancer

We will:

- Continue to develop programmes designed to raise awareness of cancer symptoms and highlight importance of and access to cancer screening to reflect national campaigns
- Utilise information from the West Midlands Cancer Dashboard to aid priority setting
- Extend the NHS bowel cancer screening programme to include more age groups and ensuring effective surveillance of people with Lynch syndrome, to focus on ensuring familial links are fully explored
- Expand the Targeted Lung Health Checks (TLHC)
- Undertake an audit to review late-stage cancers and seek to differentiate and look for common themes or trends.

National Objectives

10, 15, 16, 27



Local Priority: Delivering compassionate care of the frail and elderly



End of life, long-term conditions and frailty

Frailty

We will:

- Implement collaborative care pathways that address the needs of older adults in each of the five key areas of the Frailty Strategy (Prevention and Healthy Ageing, Mild, Moderate and Severe Frailty, and Proactive Falls Prevention) to be more streamlined, integrated and patient-centred
- Refresh our frailty strategy and needs assessment, engaging with relevant stakeholders by Q3
- Evaluate the pilot of the 'My Health, My Way' platform, which targeted a cohort of 5,000 patients, who were over 65 with mild frailty EFI score, by end of Q3 and produce a business case for scale up in early 2025.



Urgent and Emergency Care

Pre hospital

We will:

- Put in place self-referral routes to fall response services
- Improve frailty and end of life pathways through regional benchmarking and pathway development.

In hospital

We will:

- Provide high quality responsive Frailty Care to effectively avoid unnecessary hospital admissions by delivering a MDT/agency frailty service within UHNM with access to community and social care services.

Post hospital

We will:

- Scale up social care services - working with local government and social care providers to optimise access to social care, including through continued use of Better Care Fund
- Reduce the volume of patients dying in hospital via earlier patient identification and case finding
- Enhance the quality and timeliness of discharge for patients eligible for ongoing EOL community care support.



Improving Population Health

We will:

- Increase uptake of flu and pneumonia vaccinations to help to prevent exacerbations and emergency admissions due to exacerbations of conditions such as COPD. This will be achieved by Q4.



Integration

We will:

- Deliver the Better Care Fund Plan 2023-25 through delivering the nationally mandated metrics including:
- Avoiding unplanned admissions for people with chronic ambulatory care sensitive conditions or following a fall
- Where possible, discharge people to their usual place of residence following an inpatient stay.
- Reduce the number of discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care to below 1% by Q4.



System Collaboratives

1

Continuing Health Care

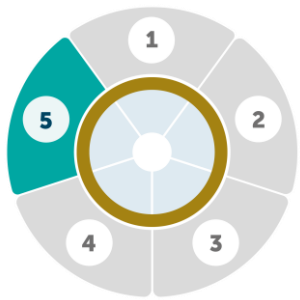
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Demand Management

The system collaboratives recovery programme for [Continuing Healthcare](#) and [Demand Management](#) contribute a set of key deliverables towards this priority.

National Objectives

2, 3, 9, 10, 11, 19, 21, 22



Local Priority: Supporting Care Home Residents



Primary Care

We will:

- Co-produce and implement a revised Enhancing Health in Care Homes (EHCH) Local Enhancement Services (LES) specification with new local indicators to be identified and embedded with PCNs during Q1, alongside delivery of the Network Contract Directed Enhancement Service (DES).
- Conduct structured medication reviews in people aged 65 and over with eight or more prescription items and in care home residents who also tend to be on multiple drugs, launching the medicines optimisation SLA during Q1 and reviewing delivery during Q2, Q3, Q4
- Develop a consistent approach to weekly home round throughout 2024/25
- All new residents to receive a holistic admissions assessment to support their clinical needs.



Medicines Optimisation

We will optimise medicines use in care homes through:

- Promoting Structured Medical Reviews (SMRs) in care home residents who have not had a SMR in the last 12 months or are new residents to the care home and have not had an SMR yet or those discharged from hospital in the last 4 weeks throughout 2024/25.
- Improve medicines management processes in top 10 care homes, piloting our approach during Q1, Q2 review the impact and roll out during Q3 and Q4.



End of life, long-term conditions and frailty

Frailty

We will:

- Ensure patients with severe frailty experience best practice care in care homes and domiciliary settings, leading to better outcomes using the learning from the 2023/24 pilot.



Integration

We will reduce acute conveyances from care homes and support care home residents through:

- Proactive care planning to include RESPECT offer
- Embedding early identification of deteriorating patients
- Supporting MDT offer to care homes
- Establishing a register of care home residents
- Reviewing investment into services for Care Home residents
- Ensuring regular clinical reviews for Care Home residents
- Developing a clinical consensus and guidance for clinical management of care home residents
- Ensuring coverage of high-quality end of life plans
- Ensuring rapid and appropriate community response to clinical deterioration
- Identifying and address breaches of end-of-life care plans.



Urgent and Emergency Care

We will expand care outside of hospital through:

- Joining up new types of care outside of hospital including urgent community response, falls services, enhanced nursing home support and High Intensity Users.



Digital

We will digitise Adult Social Care through achieving the following targets:

- 90% CQC registered adult social care providers with digital care records by March 2024
- Supporting 57 care homes with National funding to meet the Digital Social Care Record minimum data standard.



System Collaboratives

1

Continuing Health Care

2

Demand Management

- The system collaborative recovery programme covering [Continuing Healthcare](#) and [Demand Management](#) contribute a set of key deliverables towards this priority.



Key Local Aims

Safe, timely and sustainable care

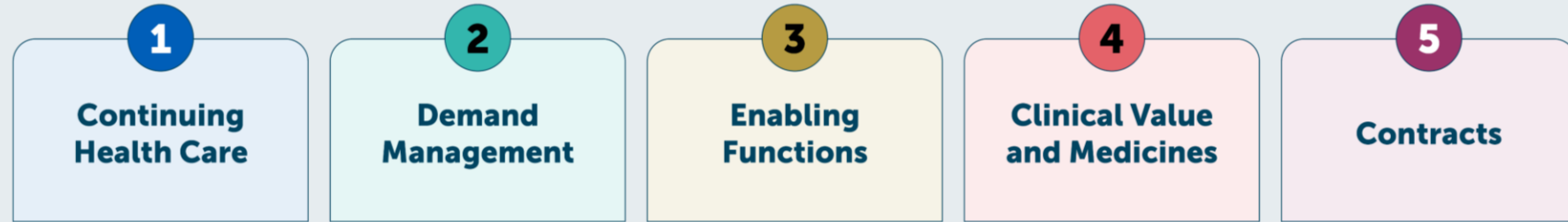
Meeting the capacity challenge

National Objective
31

Deliver a balanced net system financial position for 2024/25

Recovery Programme Overview

- The Recovery Programme contributes to our overall operational plan for 2024/25 and epitomises a concerted effort to address our 5 system priorities and in particular our 2 key aims. The programme is anchored by five system collaboratives covering:



- The programme embodies a shared commitment among stakeholders to address the unique challenges and opportunities facing the local healthcare landscape
- Together, these system collaboratives form a cohesive approach for our capacity challenges, harnessing the collective expertise, resources, and commitment of stakeholders
- Each system collaborative is producing a Stage 2 Full Case for Change Project Implementation Plan, which is a document that has been widely used in the Provider Collaborative Programme over the last 18 months. It is a key document which captures stakeholder buy in, identifies metrics for measuring success and confirms its approach to demonstrating financial sustainability, all of which are key design principles to delivering a successful collaborative
- The weekly recovery meeting (which was key to identifying and managing interdependencies in 2023/24), will continue with an extended membership.



Recovery Programme Pillars

Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective 31

Deliver a balanced net system financial position for 2024/25

SRO: Steve Grange	SRO: Simon Evans	SRO: Paul Brown	SRO: Rachel Gallyot	SRO: Helen Ashley
<p>1</p> <p>Continuing Health Care Reach the full £109m potential. £44m identified in 23/24. Target for 24/25 is circa £33m, which includes an additional stretch target of £20m</p>	<p>2</p> <p>Demand Management Maintain flat growth in hospital attendances & admissions across the system and address the 85 bed gap at UHNM</p>	<p>3</p> <p>Enabling Functions Maximise financial efficiencies available through estates and workforce consolidation. Target is £5m in 24/25</p>	<p>4</p> <p>Clinical Value and Medicines Promote value based clinical practice: support the effective use of resources and reduce waste. Contribute 12 beds towards the demand management target of 85 beds. Target is £4m</p>	<p>5</p> <p>Contracts Reduce Indirect Patient Care Contracts and repatriate activity back to NHS Providers. Target is £17.5m</p>
Cost Out	Cost Growth Avoided	Cost Out and Improved Productivity	Cost Out and Improved Productivity	Cost Out and Improved Productivity
<p>1a. Development of a provider collaborative</p> <p>1b. Market Management</p> <p>1c. Data Group</p> <p>1d. Review of 1:1s and / addressing the backlog</p> <p>1e. End of Life / CHC fast track</p> <p>1f. Redesign of specification</p> <p>1g. Comprehensive application of the CHC Framework</p>	<p>3a. Active Case Management</p> <p>3b. Care Homes Offer</p> <p>3c. ICC for Urgent Care</p> <p>3d. Alternative Response Services</p>	<p>4a. Corporate Vacancy Control</p> <p>4b. Estates consolidation</p> <p>4c. Digital</p>	<p>5a. Medicines</p> <p>5b. Interventions</p> <p>5c. Clinical Pathways</p> <p>5d. Policy</p>	<p>6a. Review of In-Direct Patient Care Contracts</p> <p>6b. Review of Direct Patient Care Contracts</p> <p>6c. Pathway Review</p>

Please note: the scope of the provider collaboratives are still in development



Continuing Healthcare (CHC)

Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective
31

Deliver a balanced net system financial position for 2024/25

Collaborative Scope and Ambition

To reach the full £109m by the end of 2025/26 as part of a 3 year scheme. This includes delivering the £40m FYE from 2023/24 and delivering an additional £33m in 2024/25 (which includes a £20m stretch target).

Savings Type	Yes/No
Cost Out	£33m
Cost Containment	N/A
Improved Productivity	N/A

Collaborative Underpinning Workstreams

- To create a **provider collaborative** aimed at bringing together the knowledge, leadership and intelligence of the system to focus on ensuring quality patient outcomes and the financial sustainability of CHC provision
- To build and develop long term sustainable working relationships with the **market**
- To pool the systems **data** into one location to create a single source truth to feed system reporting and other work streams allowing evidence based decisions and targeted interventions
- To drive out cost and ensure the most appropriate and **least restrictive care** is provided to patients
- To deliver a streamlined, personalised **end of life pathway**, that is timely, efficient and effective ensuring individuals with a rapidly deteriorating condition, that may be entering a terminal phase of life, are supported in the preferred place of care as quickly as possible
- To redesign the current **specification** to ensure it reflects the requirements of the CHC framework, the ICB, system partners and patients and families
- To ensure the comprehensive and robust application of the **CHC framework**.

Commitment Statement – Steve Grange SRO

The CHC Provider collaborative has been established to provide **strengthened clinical leadership** and oversight with the aim to review and improve patient pathways, journey, and experience. This is against a backdrop of **improving the way that we use our resources** and ensuring that we develop new ways to work together as system partners for to benefit of local people.

Metrics Overview

Description	Original Target	Stretch Target	CIP Alignment	Q1	Q2	Q3	Q4	FYE
Review Expansion Programme – main focus on High Cost and PHB	£3.7m	£8m	ICB	£0.2m	£1.8m	£3m	£3m	£12m
Deliver End of Life / Fast Track Business Case	£1.3m	£3m	ICB	£0.750m	£0.750m	£0.750m	£0.750m	£3m
CHC Eligibility (Volume FNC)	£2.525m	£2.525m	ICB	£0.630m	£0.630m	£0.630m	£0.630m	£5.2m
Compliance with Pricing Structure	£1.360	£1.360m	ICB	£0.339m	£0.339m	£0.339m	£0.339m	£1.360m
Inflation Constraint	£4.2m	£5.6m	ICB	£1.401m	£1.401m	£1.401m	£1.401m	£5.6m
CHC Care Assurance Cost	£0	£7m	ICB	£0.175m	£1.225m	£2.275m	£3.325m	£14.7m
Unidentified – confirm CHC or non CHC	£0	£5m	ICB	*	*	*	*	£11.7
TOTALS	£13.1	£33m	ICB	*	*	*	*	£53.560m

*Further metrics under development



Demand Management

Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective 31

Deliver a balanced net system financial position for 2024/25

Collaborative Scope and Ambition

This collaborative effort will require close coordination and communication between all stakeholders involved, including patients, the acute trust, VCSE and Voluntary sector, community providers, social care services, and other key partners. By working together towards a common goal, we can ensure that patients receive the right care in the right place at the right time, leading to better outcomes for all involved.

Key strategies for achieving this goal may include:

1. Establishing clear pathways for patient flow, including improved communication and coordination between all points of care
2. Ensure we have a consistent offer to Care Homes
3. Implementing alternative care models, such as virtual consultations and home-based care, to reduce the reliance on acute care beds
4. Enhancing community support services to provide patients with the necessary resources and assistance to manage their health outside of the hospital
5. Monitoring and evaluating progress towards reducing bed numbers and improving patient flow, with regular reporting and feedback mechanisms in place.

By working together towards these shared objectives, we can drive meaningful change in the healthcare system, ultimately leading to better outcomes for patients and a more efficient use of resources across the system.

Metrics Overview

Description	Baseline	Target	Q1	Q2	Q3	Q4
Maintain flat growth in admissions	In progress	0%	+3.5%	+2.7%	+0.0%	+0.0%
Address the 85 bed gap at UHNM	In progress	85	20	40	85	85
Any other capacity releasing opportunities	In progress	*	*	*	*	*

*Further metrics under development

- Maintain flat growth in admissions
- Address the 85 bed gap at UHNM
- Any other capacity releasing opportunities that arise from improvement
- Metrics to be determined in Q1 of 2024/24.

Commitment Statement - Simon Evans, SRO

Through the development of a highly focused collaborative we will deliver changes that will shift the provision of care outside of our hospitals supporting patients in the community in an efficient and effective way. The use of our services and resources will change such that those that have the greatest impact will grow and extend to meet the needs of patients. By doing this we will **reduce decompensation of vulnerable patients**, harm caused through poor access to emergency services and provide a wholly **better experience to patients** more of which are able to choose a local, community or home-based support. We will make some difficult decisions on services that don't meet this brief swiftly and we may reduce, delay or suspend some so that we are able to **focus our resources and efforts** on those that have greatest impact. In order to do all of this we will devise a mechanism of connecting patients (ICC) that will improve the way our services interact with each other and reduce delay

Collaborative Underpinning Workstreams

2a. Active Case Management

1. End of Life (Rapid Response to EoL)
2. Remote Monitoring
3. Frailty
4. Falls Pathways
5. Dementia
6. Deteriorating Patients
7. Active Case Management / Case Coordination.

2b. Care Homes Offer

1. Golden Thread / consistent offer to Care Homes
2. Care Coordination
3. Market Shaping
4. Advice & Guidance
5. End of Life (expansion of 24/7 Advice & Guidance Line).

2c. ICC for Urgent Care

1. UCCC extraction
2. Definition – clear – hours and scope
3. Service provision sitting behind ICC
4. Trusted Assessor.

2d. Alternative Response Services

1. Mental Health – 24/7 crisis line
2. Directory of Services – platform
3. Out of Hours support from Primary Care
4. Missed Opportunities Audit – TIA, community offer, palliative, Primary Care
5. Hospices.



Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective 31

Deliver a balanced net system financial position for 2024/25

Enabling Functions

Collaborative Scope and Ambition

Our ambition is to work collaboratively to maximise corporate back office, estates & digital efficiencies and savings across the ICS.

Savings Type	Yes/No
Cost Out	Yes
Cost Containment	Yes
Improved Productivity	Yes

Collaborative Underpinning Workstreams

- **Estates:** extracting savings from underutilised estate and selling surplus assets to generate capital receipts. The targets for 2024/25 are relatively modest and the goal is to complete the work so that there is a larger contribution from 25/26
- **Workforce** monitoring the delivery of organisational specific CIP Plans regarding Corporate Vacancies and identifying further opportunities to work collaboratively to deliver additional efficiencies
- **Digital** improving productivity and containing costs by maximising the use of RPA processes and Artificial Intelligence.

Commitment Statement - Paul Brown, SRO

The collaborative has three parts and each will have a nominated SRO. For estates we will be looking to build on the work of the system estates group to **capitalise on the opportunities of under-utilised estate**. An SRO will be agreed with system estates directors by the summer. On the workforce task, Mish Irvine is the SRO working with the CPOs from across the system. For Digital the SRO will be Chris Ibell, working with the CDOs from across the system.

The collaborative will deliver cash-out contributions from estates and corporate posts to contribute towards the £203m system efficiency programme. These targets are contained within the CIP targets of the 4 organisations. The digital programme is delivering non-cash benefits that will enable **more cost effective delivery of services** across the system.

Metrics Overview

Description	Organisation (s)	Target	Q1	Q2	Q3	Q4
Estates CIPs	ICB/UHNM/MPFT/NSCT	£1.901m	£475k	£475k	£475k	£475k
Corporate Vacancy Management CIPs	ICB/UHNM/MPFT/NSCT	£3.156m	£789k	£789k	£789k	£789k
RPA processes	MPFT/UHNM/ NSCT	£400k	*	*	*	£400k
UEC KPI PoC	MPFT	£150k	*	*	*	£150K
AI processes	MPFT/UHNM/ NSCT	£50k	*	*	*	£50K

*Further metrics under development

In summary three key metrics for 2024/25:

1. Cash out of £5m+
2. Measurable benefits to improve productivity (through digital)
3. Work completed to enable further significant savings in 25/26, particularly the use of the estate and selling off surplus estate.

**Profiling to be confirmed with each organisation



Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective

31

Deliver a balanced net system financial position for 2024/25

Clinical Value and Medicines

Collaborative Scope and Ambition

To promote value based personalised care together.

Savings Type	Yes/No
Cost Out	£4.0m
Cost Containment	MRI and Vit D demand will support
Improved Productivity	MRI demand: -981 Vit D testing demand: -11,675

Collaborative Underpinning Workstreams

The Collaborative will focus initially on the following four areas:

- **Medicines:** Prioritise medicines offering best value on specified clinical pathways
- **Interventions:** Reduce the number of low value clinical interventions and overuse of specific diagnostics
- **Pathways:** Design and implement value-based clinical pathways
- **Policy:** Supporting clinical implementation, analyse existing policies with restricted and excluded criteria, addressing areas where clinical practice deviates from guidance.

Commitment Statement – Rachel Gallyot, SRO

The Clinical Value and Medicines Collaborative will focus on protecting resources through the **promotion of clinical value: prioritising outcomes and reducing low value clinical interventions**. This will be delivered through targeted, specific programmes of work, identified and supported by data and evidence with a quality improvement approach. The Collaborative will **promote clinical value through medicine, interventions, clinical pathways and policy**. There will be a continuous focus on scoping new opportunities to maximise clinical value and building a culture of value based clinical practice.

Metrics Overview

Description	Target	Q1	Q2	Q3	Q4
Reduction in prescribing of Oral Nutritional Supplements	£3.0m reduction against baseline	*	£0.75m	£1.125m	£1.125m
Reduction in prescribing of Self-Care Medication (Targeted list in progress)	£1.0m reduction against baseline	*	*	£0.4m	£0.6m
Reduction in MRIs for Lower Back Pain	North: 1472 reduction in Lower Back MRI referrals (12-month effect – 981 over 8 months) South: In progress	*	245	368	368
Vitamin D testing	North: 17,512 reduction (12-month effect – 11,675 over 8 months) South: In progress	*	2,918	4,378	4,378
Reduction in NEL Bed days for Pneumonia*	7% reduction in <u>NEL bed days</u> for Avoidable Pneumonia Admissions. NOTE – coding will be further scrutinised. Growth factored in.	*	*	187	134
Reduction in NEL Bed days for UTI**	5% reduction in NEL bed days for Avoidable UTI Admissions	*	Targeted scoping underway		
Excluded and restricted opportunities	In progress: triangulation of Model Health System and local data	*	Targeted scoping underway focused on MSK		

*Further metrics under development

**These schemes will contribute to the demand management collaborative requirement to address the 85 bed gap at UHNM with circ 12 beds.



Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective

31

Deliver a balanced net system financial position for 2024/25

Contracts

Collaborative Scope and Ambition

- Ensuring maximum productivity (including ERF income) and driving value from contractual arrangements: by managing T&Cs, outcomes/ outputs
- Regaining control of growth and inflation pressures
- Delivering phase 2 plans around appropriate / sustainable use of IS via robust pathway management, including possible lead provider options.

Savings Type	Yes/No
Cost Out	Yes
Cost Containment	Yes
Improved Productivity	Yes

Collaborative Underpinning Workstreams

- Base Efficiency Programme:** ICB CIP target of 5.3% across all non-NHS contracts
- Independent Sector Partner Programme:** develop partnership approach for use of IS capacity at beneficial system marginal rate
- Stretch Target to bridge the £20m unidentified savings in system plan:** Deep dive contract review for decommissioning options alongside review of repatriation opportunities.

Commitment Statement – Helen Ashley, SRO

Historically the CCG and subsequently ICB has engaged in a number of external contracts in order to provide additional capacity to supplement NHS provision. Whilst additional capacity has an immediate short term gain, it introduces additional overheads and costs into an already challenged financial environment. Through the development of the system collaborative we will seek to ensure that we **drive value for money from our contracts**, and develop medium term sustainable plans to address any capacity shortfalls that currently exist.

Metrics Overview

Description	Baseline	Target	Q1	Q2	Q3	Q4
ERF Activity Target	2019	103%	110.30%	110.30%	110.30%	110.30%
Reduction in the Elective Waiting List Size	*	*	*	*	*	*

Description	Organisation	Target	Q1	Q2	Q3	Q4
Financial – IS Tariff Target	System wide	£3m	nil	£1m	£1m	£1m
Financial – Stretch Target	System wide	£8.5m	nil	nil	*	*
Financial – 5.3% CIP £6m	ICB	£6.1m	nil	£0.9m	£2.6m	£2.6m

*Further metrics under development



**Staffordshire and
Stoke-on-Trent**
Integrated Care System

Measuring our success

The following slides set out what we will deliver and measure success of the 2024/25 System Operational Plan



How we will deliver and measure success of the plan

We will deliver our ambitions and priorities through a range of vehicles that have been set up to work at the level and scale required to make the biggest impact on improving population health and wellbeing in Staffordshire and Stoke-on-Trent.

All parts of the Staffordshire and Stoke-on-Trent governance structure will have a vital role to play in delivering this plan and in providing the necessary assurance to the Integrated Care Board.

The plan serves as a tool for [monitoring and evaluation](#), enabling the ICS to track progress towards its goals and objectives over the course of the year. Underpinning portfolio delivery plans have been developed which have the detailed deliverables and where appropriate metrics. By setting measurable targets and milestones, the plan allows for [ongoing assessment of performance](#) and the identification of any areas requiring adjustment or realignment. This iterative process of monitoring and evaluation is essential for ensuring [accountability and transparency within the organisation](#), as well as for demonstrating the effectiveness of its interventions to external stakeholders.

As partners, we will undertake a continuous appraisal of the position, performance, and delivery of the key priorities.

Each national and local deliverable is aligned to one of the portfolios or enabling workstreams which make up the delivery architecture for the system.

We will [use existing assurance mechanisms](#) to understand compliance with progress reported to the System Finance and Performance Committee as part of gateway reviews of the plan which will be presented as a twice a year stock take.

The weekly recovery meeting will continue with an extended membership to focus on the delivery of the system collaborative recovery programmes. Whilst each system collaborative is focused on a series of recovery objectives that will deliver in 2024/25, it will also be subjected to a series of Gateway Reviews. These reviews will be looking at how the recovery / transformation programme for 2025/26 is starting to take shape and mature. These will be informed by the transformation and BAU plans currently held by the Portfolios and the self-assessment of maturity using the Provider Collaborative Maturity Matrix.

Enablers

Successful delivery of our plans is dependent on the programmes of work in a range of our enabling work streams, functions and strategies including but not exclusive to the below. Further information about these can be found on the ICB/ICS Website and within our Joint Forward Plan.

<u>Working with People and Communities</u>	<u>Workforce and People</u>	<u>Quality</u>	<u>Data and Intelligence</u>	<u>Digital</u>	<u>Population Health Management</u>
<p>Public engagement and involvement have always been recognised as key enablers in supporting effective health and social care service planning and delivery across Staffordshire and Stoke-on-Trent.</p> <p>We recognise that our local people and communities need to be at the heart of everything that we do, informing all of our plans and priorities.</p>	<p>Our people will continue to be our biggest asset in ensuring the community receive the health and care services they need. We need to ensure that we look after and support them to deliver the best treatment and care in the most effective way for the benefit of the population we serve.</p> <p>Collaboration continues to be key, particularly in the landscape of considerable challenges both operationally and financially to ensure our footprint is one of the best places to live, learn and work.</p> <p>Our commitment to creating a more inclusive, compassionate culture and diverse workforce continues to be a priority, with a specific focus on enhancing inclusion in all aspects of our programmes.</p>	<p>Staffordshire and Stoke-on-Trent ICB's vision for quality is to ensure that services provided are safe, effective, and meet the needs of the population, providing the best experience and outcomes possible.</p> <p>Our Quality Strategy, co-produced with NHS partners, supports our collaborative approach to the delivery of the NHS Patient Safety Strategy and NHS Improving Patient Care Together. Building upon the foundations of system working that we have put in place and demonstrated by the positive engagement at our System Quality Group.</p>	<p>We are committed to ensuring that data driven decisions are at the centre of the transformation of our health and care system.</p> <p>To achieve this we have recently published a Data and Intelligence strategy which reflects our goals for a data centric culture and workforce; a unified data warehouse; overarching governance and information governance processes; intuitive reporting and insight and a virtual ICS-wide intelligence function.</p> <p>During 2024 we will develop a co-produced implementation plan for the strategy across the ICS.</p>	<p>From a resident's perspective, it is critical that each of us can engage digitally when accessing health and social care services, providing a seamless care journey, underpinned by accurate and up to date information.</p> <p>We shouldn't have to repeat the same information every time we see a new health and care professional.</p> <p>From a health and care provider perspective, information needs to be accessible at the point of care so that safer and better decisions can be made about people's care.</p>	<p>Working with Partners to embed population health management across Staffordshire and Stoke-on-Trent will support the growth of integrated health and care so that it is underpinned by intelligent decision-making.</p> <p>It will enable the use of linked data to understand risk and protective factors, so that we can target resources to those at increased risk of poor health outcomes or with the greatest potential to benefit from care, identify inequalities in access, experience, and outcomes of care to inform improvements, and proactively target preventative interventions and services to those identified as being at higher risk of illness or adverse events.</p>
<p>Tracey Shewan Director of Corporate Governance</p>	<p>Mish Irvine Chief People Officer</p>	<p>Heather Johnstone Chief Nursing Officer</p>	<p>Paul Brown Chief Finance Officer</p> <p>Chris Ibell Chief Digital Officer Data and Intelligence Strategy</p>	<p>Chris Ibell Chief Digital Officer</p>	<p>Paul Edmondson-Jones Chief Medical Officer</p>

Appendix 1

35 National Objectives

The following slide sets out the 35 national planning objectives for 2024/25, aligned to portfolios, enabling functions and the wider system.



2024/25 National Objectives aligned to portfolios

	National objectives	2023/24 vs 2024/25	Portfolio/work area
2	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	Kept – uplift from 76% to 78%	UEC
3	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	Kept	UEC
4	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Kept – extended deadline	Planned Care
5	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	Kept	Planned Care
6	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	New	Planned Care
7	Improve patients' experience of choice at point of referral	New	Planned Care
8	Improve performance against the headline 62-day standard to 70% by March 2025	Kept	Cancer
9	Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	Kept – uplift from 75% to 77%	Cancer
10	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Kept	Cancer
11	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Kept	Planned Care
12	Improve community services waiting times, with a focus on reducing long waits	New	Planned Care
13	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	Kept	Primary Care
14	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	Kept	Primary Care
15	Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment	New	Maternity & Neonates
16	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities	New	Planned care
17	Improve patient flow and work towards eliminating inappropriate out of area placements	Kept – added flow	Mental Health
18	Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)	Kept	Mental Health
19	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery	Kept	Mental Health
20	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	New	Mental Health
21	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	Kept	Mental Health
22	Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025	Kept	LDA
23	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population	Kept	LDA
24	Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025	Kept – uplift from 77% to 80%	Primary Care
25	Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	Kept – uplift from 60% to 65%	ELF
26	Increase vaccination uptake for children and young people year on year towards WHO recommended levels	New	IPH (Vaccinations)
27	Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people	Kept	IPH

2024/25 National Objectives aligned to functions/enablers

	National objectives	2023/24 vs 2024/25	Function/ Enabler
1	Implement the Patient Safety Incident Response Framework (PSIRF)	New	Quality
28	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions	Kept	Workforce
29	Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors	New	Workforce
30	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan	New	Workforce
31	Deliver a balanced net system financial position for 2024/25	Kept	Finance
32	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25	New	Workforce
33	The NHS needs modern and sustainable infrastructure	Kept	System
34	Strong digital foundations for transformation, supporting access, quality and productivity.	Kept	Digital
35	Developing approach to building the components of system working: integrated neighbourhood teams, development of place-based partnerships, provider collaboratives and changes to commissioning and planning.	Kept	System

Appendix 2

Plan Metrics

- The following slide sets out the priority metrics for 2024/25 aligned to portfolio.
- We will be working to track each and attach to the key priorities to assess delivery against our ambitions.



Appendix 2: Plan Metrics (1/4)

				2024/25				
Portfolio	Area	Metric	Baseline	Q1	Q2	Q3	Q4	
1. Eliminate delays in access to treatment and long waits for care	Urgent and Emergency Care	Ambulance	Category 2 response < 30 minutes	Managed by host commissioner	< 30 minutes	< 30 minutes	< 30 minutes	< 30 minutes
		Recovery	Improve A&E waiting times so that no less than 78% of patients are seen within four hours by March 2025 with further improvement in 2024/25 (UHNM)	67.30%	69.80%	71.00%	70.60%	78.0%
			Reduce adult general and acute (G&A) bed occupancy to 92% or below (UHNM)	91.30%	86.50%	82.70%	87.70%	90.41%
	Pre-hospital	Maintain 80% utilisation of virtual wards throughout 24/25 (ICB)	72%	81.00%	81.70%	81.60%	85.95%	
	Planned care, diagnostics and cancer	Planned Care	Deliver the system-specific elective activity target 103% (ICB)	102.88%	110.30%	110.30%	110.30%	110.30%
			Elective activities - Day Case	164,239 (2023/2024)	41,895	44,294	45,618	43,625
			Elective activities - Ordinary elective	19,132 (2023/24)	5,298	5,508	5,610	5,299
			OP Procedures within ERF scope (ICB)	46.4% (2023/24)	47.3%	47.4%	47.3%	47.1%
			Eliminate waits of over 65 weeks for elective care by September 2024 (ICB)	1,583 (Feb 2024)	1,592	0	0	0
			Increase productivity and meet the 85% day case and 85% theatre utilisation expectations (UHNM)	System submission compliant	UHNM internal trajectory	UHNM internal trajectory	UHNM internal trajectory	UHNM internal trajectory
		Diagnostic recovery	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (ICB)	71.8% (2023/24)	80.7%	78.2%	83%	84.7%
		Cancer recovery	Meet the 28 day waits faster diagnosis standard 75% (ICB)	69.1% (2023/24)	75%	75.9%	76.8%	77.2%
			Reduce the number of patients waiting over 62 days (ICB)	218 (Nov 2023)	221	196	178	168
			Increase the number of patients with suspected cancer seen on a non-specific pathway following GP referral or referral from another service (ICB)	42 (Nov 2023)	83	148	127	140
	Increase the percentage of lower GI suspected cancer referrals with an accompanying FIT result (ICB)		54% (Nov 2023)	79.49%	80.86%	80.64%	80.72%	
	Mental Health	Perinatal access	Improve access to perinatal mental health services.	1,010 (12 mths to Feb-24)	1,012	1,080	1,147	1,215
		CYP access	Improve access to mental health support for children and young people through increasing the number of under-18s supported through NHS-funded MH services.	13,455 (12 mths to Feb-24)	14,372	15,339	16,306	17,273 (at year end)
		Talking Therapies	Increase the number of adults and older adults receiving a course of treatment.	12,825 (12 mths to Dec-23)	12,924	12,924	12,924	12,924 (at year end)
	Learning Disabilities and Autism	Autism Assessments	Minimise waiting times for autism assessment (median wait to commence assessment)	tbc with new data improvement plan	19*	17*	15*	13
			Assessment completion 26 weeks	tbc with new data improvement plan	40*	36*	30*	26
		Annual health checks	75% of people with learning disability (aged 14+) have a completed annual health check. Minimum hurdle 77% with ambition to achieve 80%+	82.3% (23/24)	13%	32%	54%	77%
	CYP	Complex Care	Reduce proportion of CYP <18 in residential care outside the ICS geography – Staffordshire	63.8% (Mar-24)	63.8%	63.8%	63.8%	63.8%
			Reduce proportion of CYP <18 in residential care outside the ICS geography – Stoke-on-Trent	76.3% (Mar-24)	76.3%	76.3%	76.3%	76.3%
	Primary Care	Dental activity recovery	Recover dental activity towards pre-pandemic levels	1,464,742 (Final system submission)	300,000	405,000	385,000	386,000
		Access	Pharmacy First Provision – number of interventions	0 (new service)	7,000	7,500	8,000	8,500

*The baseline and quarterly trajectory for the percentage of patients receiving a diagnostic test within six weeks in line is based on waiting list positions as set out in the NHSE Operational Plan submission

Appendix 2: Plan Metrics (2/4)

					2024/25			
Portfolio	Area	Metric	Baseline	Q1	Q2	Q3	Q4	
2. Improving access to high quality, sustainable primary care access	Primary Care	Access	Number of appointments delivered in general practice by end of March 2025	6,374,053	1,486,629	1,643,724	1,745,672	1,555,709
			General practice appointments in <2 weeks	91.89% (Jan-24)	85%	85%	85%	85%
		Workforce	Deliver Additional Role Reimbursement Scheme (ARRS) recruitment (WTE) by March 2025	587	644	684	691	696
			GP WTE (working towards ICB target) by March 2025	692	715	707	712	701
	Planned Care	Diagnostic recovery	Deliver increased diagnostic activity levels (ICB)	557135 (2023/24)	144,915	147,254	149,181	149,868
	Mental Health	Dementia diagnosis	Recover the dementia diagnosis rate to 66.7%.	72.4% (Mar-24)	71.90%	72.10%	72.10%	72.2% (at year end)

Appendix 2: Plan Metrics (3/4)

				2024/25				
Portfolio	Area	Metric	Baseline	Q1	Q2	Q3	Q4	
3. Delivering joined up proactive and preventative support and care across all pathways	Mental Health	Out of area placements	Work towards eliminating inappropriate adult acute mental health out of area placements (OAP).	3 (Dec-23)	2	2	1	0
		Talking Therapies	Achieve national target of the proportion of people attaining reliable recovery.	49% (Dec-23)	48%	48%	48%	48%
			Achieve national target of the proportion of people attaining reliable improvement.	73%	67%	67%	67%	67%
		Adult mental health	Increase the number of adults and older adults supported by transformed community mental health services.	12,825 (12 mths to Dec-23)	12,924	12,924	12,924	12,924 (at year end)
	SMI physical health checks	Increase the proportion of people with SMI who have a full annual physical health check.	51% (12 mths to Q2)	54%	56%	58%	60% (at year end)	
	Learning Disabilities and Autism	Reliance on inpatient care for people with a learning disability and/or autism	The number of adults who are in inpatient care for a mental health disorder.	15 ICB (Mar-24) 9 NHSE (Mar-24)	12 14	12 14	12 14	12 14
			The number of under-18s who are in inpatient care for a mental health disorder.	8 (Mar-24)	6	5	4	3
		Learning Disability and/or Autism Mortality Review	100% of LeDeR reviews are undertaken within six months of notification of death.	100%	100%	100%	100%	100%
	End of life, long term conditions and frailty	PEoLC	Prevalence rate of patients on palliative care registers to 1%.	0.84% as of 4 th April 2024	0.84	0.9	0.95	1%
		Long-term conditions	Increase in the number of patients receiving all 8 care processes for Diabetes.	Type 1 41.7% (National Diabetes Audit)	*	*	*	45%
				Type 2 55.7% (National Diabetes Audit)	*	*	*	50%
			Ensure referrals are made to the National Diabetic Prevention Programme – support for patients who are pre-diabetic NHSE target of 520 per month	1500 per quarter	1,560	1,560	1,560	1,560
	Ensure patients commence on the National Diabetic Prevention Programme following referral– support for patients who are pre-diabetic NHSE target of 260 per month	780	780	780	780	780		
	CYP	Long Term Conditions	Reduce hospital admission for asthma (flat activity)	198.1	198.1	198.1	198.1	198.1
Reduce hospital admission for epilepsy (flat activity)			83.6	83.6	83.6	83.6	83.6	
Maternity	A range of metrics are in development which will support the delivery of the Three-Year Delivery Plan for Maternity and Neonates linked to the NHSE National Data Set							

*Metrics are in development

Appendix 2: Plan Metrics (4/4)

	Portfolio	Area	Metric	Baseline	2024/25			
					Q1	Q2	Q3	Q4
4. Delivering compassionate care of the frail and elderly	Urgent and Emergency Care	Post-Hospital	Improve number of discharges on Pathway 0 to 80% (ICB)	71%	79.20%	78.20%	78.20%	79.48%
			Reduce number of discharges on Pathway 3 to below 1% (ICB)	6%	0.30%	1.00%	1.00%	0.25%
	IPH	Vaccinations	Increase uptake of Flu and pneumonia vaccination	*	*	*	*	*
	Integration	Emergency Admissions (BCF)	Prevent emergency admission Ambulatory care (Stoke-on-Trent)	Awaiting confirmed 2023/24 baseline	302.0	290.1	361.8	322.9
			Prevent emergency admission Ambulatory care (Staffordshire)		214.8	195.6	231.4	215.8
		Falls (BCF)	Improve access to fall service from A&E (Stoke-on-Trent)	Awaiting confirmed 2023/24 baseline	1,331.4 annual plan			
			Improve access to fall service from A&E (Staffordshire)		1,448.1 annual plan			
		Discharge (BCF)	Discharge to usual place of residence (Stoke-on-Trent)	Awaiting confirmed 2023/24 baseline	92.9%	93.1%	92.0%	92.8%
			Discharge to usual place of residence (Staffordshire)		93.5%	93.4%	93.9%	94.1%

	Portfolio	Area	Metric	Baseline	2024/25			
					Q1	Q2	Q3	Q4
5. Supporting Care Home Residents	Urgent and Emergency Care	Emergency Admissions	High intensity users - emergency admission >65	*	*	*	*	*
		Pre-hospital	Consistently meet or exceed the 70% two-hour urgent community response (UCR) standard (ICB)	79.80%	85%	85%	85%	85%
	Medicine Optimisation	Overprescribing	% of structured medication reviews (SMRs) conducted in general practice.	Based on % delivery of 15000 SMRs	15%	40%	70%	100%
	Integration	Admissions to Care Homes (BCF)	Admission to care homes (Stoke-on-Trent)	Awaiting confirmed 2023/24 baseline	489 annual plan			
			Admission to care homes (Staffordshire)		605 annual plan			

*Metrics are in development

Appendix 3

Finance 2024/25

The following slide sets out the headlines from the financial plans for 2024/25





Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge

National Objective

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Deliver a balanced net system financial position for 2024/25

Appendix 3 : Finance 2024/25 Submissions

Revenue

- The table on the right sets out the headlines from the financial plans submitted on 12 June 2024.
- Through national escalation we were challenged to be more ambitious. We were reminded that the NHS does not have the cash allocations to support this level of deficit. We were told that other systems have made more progress than we have. We were told that any deterioration from the 2024/25 outturn is not acceptable.
- CEOs asked the system to respond to the challenge, and a number of ideas were developed that would improve the system financial position without deteriorating our operational targets.
- On 25th April we came back together and agreed to make a further £40m improvement, taking the proposed system plan to a £90m deficit.
- A number of senior people in the system are uncomfortable with the level of financial risk we have taken into the plan, and we are all agreed that we cannot go any further unless operational or clinical targets were relaxed.
- We met with NHSE on 26th April and the progress made was acknowledged. The national CFO recognised that there is a significant level of risk in the plan. It was agreed that the system will now work with the Regional team to agree the underpinning detail to the delivery of efficiency improvements and to now focus on de-rising the plan.
- The deficit plan was agreed at the following national escalation meeting on 10th May.

	ICS	UHM	MPFT	NSCHT	ICB
I&E Position	(90,000)	0	0	0	(90,000)
Efficiency	203,166	56,600	37,890	6,400	102,276
Identified as high risk	58,122	21,980	8,016	2,276	25,850
Unidentified	17,800	5,100	0	1,200	11,500
Risks	(114,048)	(44,500)	(18,948)	(3,600)	(47,000)
Mitigations	26,200	20,000	4,000	2,200	
Net Risk	(87,848)	(24,500)	(14,948)	(1,400)	(47,000)
ULP	(249,144)	(58,069)	(21,104)	(2,105)	(167,866)
Agency plan	(40,366)	(24,711)	(11,346)	(4,309)	
Total pay expenditure	(1,267,108)	(690,535)	(477,633)	(98,940)	
Agency compliant plan (below 3.2%)	3.2%	3.6%	2.4%	4.4%	
Capital* (before IFRS 16)	40,588	18,578	20,559	1,451	
Total CDEL	108,209	72,325	30,078	5,806	

*Note compliant plan submitted

Capital

- The capital resource limit before International Financial Reporting Standard (IFRS) 16 is compliant with the allocation. However, should the planned brokerage related to the Outwoods scheme from Derbyshire not be available we will need to review the entirety of the programme
- The system remains non-compliant with the IFRS 16 capital allocation and is in discussion with NHSE regarding how the allocation was set as this does not take account of the impact of new services acquired by MPFT outside the system.

Appendix 4

Workforce 2024/25 operating plan

The following slide sets out the key points from the final workforce planning submission.





Appendix 4: Workforce 2024/25 Submission

FY24-25 Operating Workforce Plans - 12 June 2024 Submission

FY24-25 Plan (Mar-24 to Mar-25) – NHS Providers (WTE)

Summary

- Establishment is planned to increase from 24,135 to 24,388 by +253.
- The overall total workforce is planned to decrease from 24,287 to 23,798 by - 469.
- As of Mar-24 the total workforce staff in post is +152 above the establishment.

Staff Composition (Total WF):

- Substantive: +98
- Bank: - 403
- Agency: -165

Overall Total Workforce Movement:

MPFT: Decrease from 9,948 to 9,826 by -122.

NSCHT: Decrease from 1,819 to 1,809 by -10.

UHNM: Decrease from 12,520 to 12,162 by -338.

Staff Groups – Substantive WF Movement:

- Reg Nursing, Midwifery & HV's: +130
- Reg/Qual Sci, Therapeutic & Staff: +24
- AHPs: +9
- Reg/Qual Healthcare Scientists: No Change
- Support to Clinical staff: +63.4
- NHS Infrastructure Support: -156
- Medical & Dental: +37

FY24-25 Plan (Mar-24 to Mar-25) – Mental Health & Primary Care (WTE)

Primary Care: Increase from 3,458 to 3,615 increase of +157

Mental Health Workforce Plan: Increase from 3,373 to 3,392 by +19

FY24-25 Plan Development – NHS Providers (WTE)

FY24-25 Ops WF Plans		Revised plan 12/06/24					Establishment Change Mar-24 to Mar-25
		Mar-24 SIP	Mar-24 Establishment	Mar-25 SIP	Mar-25 Establishment	SIP Change Mar-24 to Mar-25	
MPFT	Substantive	9,099	10,137	9,120	10,328	21	191
	Bank	647		549		-98	
	Agency	202		157		-45	
	Total WF	9,948	10,137	9,826	10,328	-122	191
NSCHT	Substantive	1,656	1,871	1,656	1,809	0	-62
	Bank	130		146		16	
	Agency	33		8		-26	
	Total WF	1,819	1,871	1,809	1,809	-10	-62
UHNM	Substantive	11,191	12,127	11,268	12,251	77	123
	Bank	1,026		705		-321	
	Agency	303		209		-94	
	Total WF	12,520	12,127	12,182	12,251	-338	123
SSoT	Substantive	21,946	24,135	22,044	24,388	98	253
	Bank	1,803		1,400		-403	0
	Agency	538		374		-164	0
	Total WF	24,287	24,135	23,818	24,388	-469	253

Since the submission to NHSE on 21 March and subsequent plan development, the workforce increases planned have decreased. The increases planned are modest.

- **Total staff in post workforce detailed a decrease of -260 in the flash submission (17/04/24) and the planned decrease has increased further to -489, of which:**
 - Substantive was +224, now reduced to +78 (in this we know there is a TUPE incoming equating to +147).
 - Bank was -320, reductions further increased to -403.
 - Agency was -164 and remains static.
 - Establishment was increasing by +249, a slight increase to +253 is planned.

Key Local Aims

Safe, timely and sustainable care

Meeting the capacity challenge