NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

# Provider Collaborative Board

**26 February 2024**

## Provider Collaborative Programme: Director Report

Nicola Harkness, Provider Collaborative Programme Director, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) presented the following update to the Board.

- There are no escalations this month.
- Guidance has been received from NHSE regarding delegations in 2024/25 and this remains the same as last year's guidance.

## Provider Collaborative Project Overview

Alex Robinson, Head of Transformation Delivery Unit, provided a summary of how all provider collaborative opportunities and live projects are progressing, as they move from Stage One (scoping) to Stage Five (closure) and highlighted:

- There are no escalations to report this month.
- There is one additional update to the report in relation to the All-Age Safeguarding Collaborative. The plan to transfer the Provider Collaborative to a Provider organisation by June 2024 is on target. However, there is a challenge from an Information Governance perspective in terms of sharing BI reports to demonstrate and develop a system wide data set. This is the same issue we found in the CHC collaborative and seems to be an emerging theme that will affect a lot of the system collaboratives as we move forward.

The Provider Collaborative Board noted the progress of the 10 provider collaborative opportunities which are specific to the Staffordshire and Stoke-on-Trent ICS and noted the development of a further five system collaboratives in addition to Continuing Healthcare. A solution is required, and this will be updated in the next meeting.

## System Recovery

Alex Robinson, Head of Transformation Delivery Unit, gave an update on system recovery and highlighted:

- There are seven escalations coming out of this year's (23/24) system recovery programme:
    1) Following further data modelling, the full year effect of the CHC savings has been reduced from £48m to £38m.
    2) The CHC 1:1 Review programme can't progress until the DPIA has been agreed.
    3) UHNM do not have the resources to make the required changes to the algorithms that measure the number of simple and timely discharges. If they did, the data would show we are close to achieving the 80:20 split. This would remove unnecessary scrutiny from NHSE and allow the project teams to focus on the next set of quality improvements.

4) South West Virtual Ward utilisation has improved, however the South East position has deteriorated. The North position remains positive despite staffing challenges affecting the Acute Care at Home Service. Additional pathways continue to be added to the pipeline.
5) We need a single set of aims/objectives for managing ReSPECT / elderly deterioration that brings together all the various projects that are looking at this subject matter. This must be a key feature of the Demand Managements System Collaborative.
6) We need a clear view as to how digital will support the system recovery programme as we move into 24/25. As a minimum, we need a solution in Care Homes that is agreed by all. To date we have struggled to implement remote monitoring technology to support admission avoidance.
7) As part of the Care Homes project, we have identified that 66% of our care home residents are dying in hospital settings as opposed national comparators of 15%. A focused effort is needed to reduce this number as part of the 24/25 system recovery programme. The data highlights that we don't have a robust way of wrapping existing primary and community services around these providers to prevent inappropriate admissions.

- There are six potential System Collaboratives that we are looking to use as the basis for the Recovery Programme for next year.
- We still have four projects running under the banner of discharge in the Recovery Programme, these do not neatly align to the emerging system collaboratives but will continue.

Actions agreed to be taken outside of meeting:

- Discussion to take place about Continuing Healthcare (CHC) savings.
- CHC 1:1 Review Programme – Caldicot Guardians and SIROs urgent escalation of the draft DPIA for sign off and to be put in place.
- Local Authority engagement to be picked up with Senior Leadership Team
- Approach to the ELF work.

The Provider Collaborative Board noted the progress of the 10 provider collaborative opportunities which are specific to the Staffordshire and Stoke ICS and noted the development of a further five system collaboratives in addition to Continuing Healthcare.

**24/25 Planning and System Collaboratives**

Paul Brown, Chief Finance Officer, Staffordshire and Stoke-on-Trent ICB described the proposal led by the Directors of Strategy for the development of six System Collaboratives.

1. Continuing Healthcare
2. Demand management for the over 65s (encompassing the care home piece within this)
3. Children & Young People
4. Contracts
5. Medicines and Clinical Value (led by the Health & Care Senate)
6. Corporate, Back Office and Estates

Next steps to establishing System Collaboratives

- Clarity on the job ticket – in terms of savings, delivery metrics and the work that is clearly defined as in scope for each collaborative. The Stage Two for Change to provide the structure for this and include system PIDS.
- Agree SROs from partner organisations to lead and establish the collaboratives, identify risk/impact and the system teams to support developing the Delivery plans (Providers / ISB)
- Identify what's left in Portfolios and consider option for managing transition or retaining and how this will be resourced.
- Clinical Senate workshop on 14th March to work through and identify areas to work on.
- SPG to discuss and agree a deliverable plan on 27th March and sign off at F&P on 2nd April.
- Set up a system project team to work between the ICB and organisations leading the collaboratives, to develop and agree a transition plan.
- Identify within the ICB which functions/budgets/recourse could be transferred to the collaborative as a form evolves.
- Consider the form of governance that would be wrapped around the collaboratives.

**Primary Care Portfolio**

**Primary to Secondary Care Outpatient Clinical Referral Standards**

Dr Zia Din, Consultant Physician, UHNM gave an overview of the Primary to Secondary Care Outpatient Clinical Referral Standards report:

- The standards aim to ensure accurate, safe, and effective communication whilst referring patients from primary care who need outpatient specialty secondary care.
- The standards also provide guidance on how receiving services handle the referrals.
- This report has been through a period of consultation through ICS Partners and has been endorsed though our System Referral Optimisation Group and the Staffordshire and Stoke-on-Trent Health and Care Senate.
- We have received some interest from the GIRFT Team who feel this could be something that could be shared widely.
- There are 20 standards included in the report with an emphasis on the following:
    - Timelines of referrals are important to ensure we get the patient on the correct pathway at the right time, avoiding delays in pathways.
    - There is an emphasis on shared decision making, ensuring the patient is aware but also involved in decision making before the referral is made.
    - Awareness and avoidance of referrals where we have existing interface services.
    - Ensuring regular quality reviews are completed and we are learning from these.

The Provider Collaborative Board approved the Primary to Secondary Care Outpatient Clinical Referral Standards to be operationalised by partner organisations.

**Planned Care and Cancer Portfolio**

**SWITCH (Staffordshire & Stoke-on-Trent's Weight-related Interventions Tailored in Care for Health)**

Lindsay Cary, Weight Management Programme Senior Manager, Staffordshire and Stoke-on-Trent ICS gave an overview of the report:

- We are aiming to have five pilot sites, bringing in the community and connecting social support as needed, as well as mental health and wellbeing coaches.
- Surplus funding from the Staying Well Service will fund recruitment to help run the pilot.

- Workforce is currently involved from each of the different trusts.
- We are ready to launch our five pilot sites and Cannock will be first.
- We are experiencing issues with identifying a clinical room for the Stoke-on-Trent pilot site.
- The funding of the drug for 94 people was discussed at the last meeting and it was agreed this should not come from one single trust's block contract. Discussions have taken place around identifying the funding for the drug.
- Economical analytical skills support is still being pursued.

The Provider Collaborative Board recognised that Clinical and Operational teams have all been supportive of the model and approach but operationally are struggling to release the capacity for clinicians to partake. Estates challenges are significantly hindering the model and resulting in service users to burden excess travel and number of appointments.

**UEC Portfolio**

Helen Ashley, Director of Strategy and Transformation, UHNM gave an update on Adult Critical Care Collaborative:

- The Adult Critical Care (ACC) five-year Roadmap is part of the UHNM Collaborative five-year Roadmap with Shrewsbury and Telford Hospital (SaTH) in response to NHSEI's regional strategy.
- UHNM have made significant progress through the first stage.
- Members were asked to support the development of Phase Two and all members gave approval.

The Provider Collaborative Board noted the updates included in this paper around delivery of Phase One of the ACC Strategy/Roadmap and support discussions with ICB colleagues on the look ahead at further development of Phase Two.

Acute Care at Home Service update:

- A number of organisations have been involved in conversations over the last few months about acute care at home.
- UHNM, as the lead, have undertaken a stocktake of the challenges the service is experiencing across Staffordshire, which are not only workforce challenges but governance challenges.
- There is significant work being carried out to understand the direction of travel for this service and it was felt this has not come together for Staffordshire as a whole.
- Notice has been served on an element of the service, and we have commenced a review of the service again. Until this review has taken place and issues are resolved it is very difficult to say what the Memorandum of Understanding would need to cover.

The Board gave approval to allow time for resolving some of the day-to-day issues and agree the best governance model for the service to continue to operate. A further update will be provided in three months' time.

**Date and Time of next meeting:**

Monday, 25th March 2024 from 2:00 pm until 4:00pm via Microsoft Teams.