



## **Provider Collaborative Board**

**25 March 2024**

### **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 that the main focus is aligning the current work programme to the emerging System Collaboratives. Members were asked for approval on the suggested System Collaboratives and to check where each of the projects sit which should help to streamline reporting and prevent duplication.

The Provider Collaborative Board noted the progress of the 10 provider collaborative opportunities which are specific to Staffordshire and Stoke-on-Trent ICS and the realignment of the existing work programme around the emerging six system collaboratives.

### **System Recovery**

There has been a huge amount of work carried out around the emerging collaboratives and a detailed timeline has been produced and is hoped to be achieved by 31 May 2024.

Alex Robinson, Head of Transformation Delivery Unit, gave an update on the timeline:

- A programme plan has been developed and divided into eight areas. We are currently in the first area which covers agreeing the aim and ambition.
- The next phase is to establish a multidisciplinary team wrapped around the Collaborative.
- The development of a Stage 2 forecast for change for each of the Collaboratives will be carried out ensuring that the governance reporting is met.

### **Population Health Portfolio – Health Inequalities and Locality Development**

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money;

Help the NHS support broader social and economic development.

Some of the messages that came out of the HI workshop held on 30th January 2024.

- We need a shared ambition
- We need a new way of working and engaging with people and communities
- We need to align our collective resources around communities
- We need to tap into the power of communities

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- We need to genuinely invest in the VCSE as equal partners
- We need an investment framework that support change
- Commonality and collaboration is key

### Our vision, ambition, values, principles

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.

From the identified priority areas, we have developed four strategic objectives. The building blocks for good health:

1. To work across our locality footprint to support health communities
2. To build on the wider determinants of healthy to create the environments for good health
3. To support health lifestyle choices and preventative measures to promote healthy happy lives
4. To create joined up teams to provide better access, experience and outcomes

The four building blocks will only work if they work in tandem:

1. Healthy Communities
2. The wider determinants of health
3. Our lifestyles and behaviours
4. Integrated Health and Care

Improving population health requires action on all four of the building blocks and, crucially, the interfaces and overlaps between them. We will adopt this approach and work collaboratively to ensure we are greater than the sum of our parts.

The Provider Collaborative Board noted the development of the Health and Inequalities Strategy which includes the PHM Model of Care, Locality Infrastructure and the Financial and outcomes framework. The Provider Collaborative Board considered a single programme of work to integrate teams from health, care and VCSE with communities across the Locality footprints.

### Population Health Portfolio

Population Health Management (PHM) helps us understand the health and care needs of our population both now and in the future. We do this by using linked data from across our health and care partners to help us better understand our residents' needs and how they vary across their life course. By understanding more about our residents, we can identify groups of the population with similar needs and design targeted services to meet these needs, moving away from a one-size-fits-all model to evidence-based interventions which are effective in the particular group we are looking to support. There are four things that we agreed to deliver:

1. Linked data set with appropriate Information Governance permissions
2. Analytical capacity and capability.
3. Work with residents and clinicals to turn that data into insight to give it value that goes beyond the numbers and the bar charts.

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4. Multi-disciplinary Groups who are prepared to work, design and implement targeted, evidence-based interventions and evaluate how well they work in terms of clinical effectiveness.

Optum are supporting with setting up the interim data set which should be ready for June 2024.

### **Date and Time of next meeting:**

Monday, 22<sup>nd</sup> April 2024 from 2:00 pm until 4:00pm via Microsoft Teams.