



## Provider Collaborative Board

27 November 2023

### Provider Collaborative Programme: Director Report

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

- In October Dr Lorna Clarson, Deputy Chief Medical Officer and Clinical, Director for Improving Population Health, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) presented on the emerging Neighbourhoods/Place arrangements. Following this, a discussion took place regarding the connection to the Provider Collaborative Programme to ensure work isn't duplicated and carried out at scale through this programme.
- Stacey Norwood from Telford & Wrekin Council is currently reviewing all the collaborative work that has taken place over recent years, ensuring we have a clear narrative of the progress that has been made. It is hoped that this will identify some opportunities for 2024, in particular around the clinical support, back office and clinical services. A report will be provided to the December Board.

The Provider Collaborative Board reviewed and discussed the progress reported and key actions to be undertaken in the next month to ensure delivery of the Board Work Programme.

### Provider Collaborative Project Overview

Alex Robinson, Head of Transformation Delivery Unit, presented the paper to the Board providing a summary of how all provider collaborative opportunities and live projects are progressing, as they move from Stage 1 (scoping) to Stage 5 (closure) and highlighted:

- Estates and Sustainability have been removed from the report.
- Scoping work is being carried out for back office replacements and legal support services has now been included in the report.
- Internal Audit is being considered and may be included in the December report.
- There is a slight change since the report was circulated regarding Safeguarding and a request has been made to reset this project. An update regarding the new proposal for this project will be provided to the December Board.
- A new section 'For Information' has been created on the report this includes opportunities that were being explored around CYP Tier 3.5 and PICU. These are not going to be progressed, the rationale for this is included within the report.
- An updated Green Delivery Plan was circulated last week. Lots of work is underway and is directed by National Government in terms of net carbon zero.

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The Provider Collaborative Board:

- Noted the progress of the 9 provider collaborative opportunities which are specific to the Staffordshire and Stoke-on-Trent ICS.
- Noted the updates that are later on the agenda regarding a number of collaboratives which span more than our ICS footprint.

### System Recovery

Paul Brown, Chief Finance Officer, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and Alex Robinson, Head of Transformation Delivery Unit gave an update on System recovery and highlighted:

- The work on the provider collaborative has been going well, with some significant savings starting to accrue.
- Initially there were 7 priority areas, this has now increased as medicines optimisation has been included as a priority area.
- System Recovery update will be shared later than the Board papers to ensure the most up to date information is shared.

Nichola Humphries, LHE HUB Senior Clinical Services Manager, MPFT and Natalie Cotton, Head of Portfolio Integration, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) presented on The Discharge to Assess (D2A) highlighting:

- Continuing Healthcare (CHC) is one of the System Recovery Programme areas.
- CHC have an established provider collaboration, including management and delivery of improved CHC pathway for patients.
- Through the implementation of strengthened clinical leadership, oversight, grip and control it has enabled a review of the patient's pathway, journey and experience. This identified that patient support could be improved as some patients are often assessed too soon in their journey. This means that patients are not in the right environment which can impact how patients present and leads to a default into CHC eligibility.
- It has been recognised that the balance of risk due to urgent and emergency care pressures is a challenge for operational teams. Pathways such as D2A can often be used as a default to facilitate speedy discharge rather than being the most appropriate to meet needs.
- Nichola Humphries, LHE HUB Senior Clinical Services Manager, MPFT shared a patient story that raises the question: How can the system enable an alternative pathway to admission or D2A if not appropriate.
- This opened a discussion about other systems in the country and if enquiries can be made to see what other providers are doing for their D2A pathway. Staffordshire and Stoke-on-Trent benchmarking is higher than regional peers and some operate a longer length of stay than the 28 days in the National Discharge Guidance. Different areas are commissioned in different ways, some offer interim awards pending a longer-term assessment process to enable others to have joint agreements from the beginning.
- Nichola Humphries explained that system improvement is needed for the delirium pathway which would enable patient self-improvement when they have been through an acute patient stay.
- This opened a discussion around the pressures made to create a bed by moving patients on and if a robust decision is being made about where these patients go. The patient must receive the right intervention and physiological support as well as medication and they

## **NHS Staffordshire and Stoke-on-Trent Integrated Care Board**

need to be reviewed regularly – could this be missed if there is an urgent need to move them onto another bed, especially if there are pressures in the system. Increasing length of stay is not an option.

- The aim should be focused on admission avoidance and what we can do further up the pathway, for example, making better use of services out in the community. There are lots of admission avoidance schemes available and we should be looking at the outcomes to understand why we have not seen a reduction in non-elective admissions.
- It was agreed that benchmarking work needs to take place to review existing portfolios which will enable workstreams to build the recovery plan. Mapping needs to take place on 'what good looks like' and what is available from each provider, so clinicians are aware of the options and alternatives.

### **System Employment Services**

Kirsten Owen, Associate Director – Special Projects, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) presented a brief overview of the System Employment Services Report and highlighted:

- As an ICB we are looking at our Payroll Provider following some benchmarking work that was undertaken a few years ago. The ICB cost per pay slip is on average four times more expensive than other system partners.
- One of the consequences of changing our provider is that Midlands and Lancashire CSU our current payroll provider suggested this would then destabilise the services for the rest of their customers which includes Staffordshire and Stoke-on-Trent Partners.
- A service specification would need to be developed which would then go out to tender and conclude by November 2024, this would be followed by a period of mobilisation with a go live date of 1<sup>st</sup> April 2025.
- We are seeking approval from the Board to engage with the collaborative exercise with all System Partners including CSU to determine the future delivery of employment services.

The Provider Collaborative Board support the ICB proposal to commence a collaborative exercise with all system partners/affected organisations to determine the future delivery of Employment Services for implementation from April 2025.

### **Primary Care Portfolio**

#### **Shared Care Medicines Collaborative**

Amin Mitha, Associate Director, Medicines Optimisation, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) provided an update on the Shared Care Medicines Collaborative:

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Since the last report was presented on 27<sup>th</sup> July there have been a few changes, this project has moved and sits within the Clinical Medical Officer Directorate this is where the leadership will be provided from an ICB perspective.
- There has been a setback with the project due to losing the Project Manager.
- The governance process for Shared Care Agreements around prescribing works well with a good system for deciding which drugs will be Shared Care.
- In order to support the implementation three subgroups, need to be convened and be aligned to the three main acute Trusts covering our System.
- There is an overall shared care workstream interface for primary and secondary care and the intention is to have three subgroups:
  - The UHNM group is active and has been running for approximately six months.
  - The South East Group has had two meetings and we know there is structure developing around this.
  - It is hoped the South West Group will be running from March 2024.

Further discussions to take place around the project plan which will be reported back to the board. The Provider Collaborative Board noted the update.

## UEC Portfolio

### High Intensity Users Update

Stacey Norwood, Telford & Wrekin Council provided a brief overview of the report:

- The sample data included in the report forms part of a wider project around mapping what we have currently within the System, showing any gaps and best practice allowing us to make recommendations going forward.
- The data shows over a 12-month period; patient attendance to A&E more than 5 times (total of 14,890) with the highest age group 78-87 years of age.
- Patient attendances to A&E more than 20 times (total of 1,399) with the highest age group being people aged 30 to 39 year.
- The majority of individuals attending are via ambulance. A further review of data will be carried out.
- The service dashboard shows high intensity users services that are currently delivered by MPFT and Combined.
- A further review of data compared to service data will be carried out to understand the different cohorts of individuals.
- The next step is to arrange further meetings to look at the data and map against the provider data.
- A further update will be provided in March 2024.

The Provider Collaborative Board:

- Noted the data analysis.
- Confirmed this data analysis is providing the level of information required to continue to scope High Intensity Users.

### Adult Critical Care

Helen Ashley, Director of Strategy and Transformation, UHNM provided an update on Adult Critical Care (ACC) and highlighted:

- The ACC Collaborative Group has started to meet again, this is not only Staffordshire and Stoke-on-Trent but also includes Shropshire, Telford and Wrekin ICS.
- We are unsure if ICB colleagues want to progress to the next phase. This was only Phase 1 and there was a Phase 2 to the collaborative that had further investment across both UHNM and Shrewsbury and Telford.
- Members were asked for support to continue with this project and seek support from the ICB for further development and investment.

The Provider Collaborative Board:

- Gave support to gain further clarity from both ICB and NHSE Colleagues in respect of future priorities and resources to support the ongoing development of the Collaborative

### Specialised Commissioning Delegation Bi- monthly Update

Chris Bird, Chief Transformation Officer, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) provided an update and highlighted:

- The report outlines where we are in terms of the Programme.
- There are 59 specialised services currently commissioned by NHS England which are due to be delegated to ICBs by 1<sup>st</sup> April 2024, subject to the Boards approval.
- Some of these services are familiar to PCGs/ICBs. Commissioners would commission a part of the pathway and then the IR rules would take effect and move over to specialised services.
- The paper sets out a range of updates around the Pre-delegation Assurance Framework.
- There is governance around the programme structure in particular several workstreams from finance through to estates.
- An Internal Task and Finish Group has been set up.
- Over the next few weeks awareness sessions have been arranged with Non-Executive Directors.

The Provider Collaborative Board:

- Noted the update outlined in this report
- Agreed to receive further updates throughout the delegation process

### Date and Time of next meeting:

Monday, 18<sup>th</sup> December 2023 from 2:00 pm until 4:00pm via Microsoft Teams