

# Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent  
ICB Meeting

21 November 2024

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

This briefing aims to keep partners informed of the discussions at the NHS Integrated Care Board (ICB) meeting in public. To watch the recording and read the papers [visit the ICB website](#).

### Community Story - Keep warm, keep well community energy scheme – transforming health and the environment

- Louise Stockdale, Head of Transformation and Sustainability at University Hospitals of North Midlands NHS Foundation Trust (UHNM), and Fiona Miller, Chief Executive Officer at Beat the Cold presented the scheme; Keep Warm, Keep Well.
- The scheme was first implemented in 2016. UHNM lease roof space at their two hospital sites to Staffordshire Community Energy and the money earned from this is ringfenced for health improvement. This funding is provided to Beat the Cold who use this to help patients out of fuel poverty.
- Fiona shared a story about a local resident called Matthew, a 14-year-old, who was diagnosed with asthma at a young age. Following some tragic family circumstances, his asthma got worse, and he was hospitalised.
- Following treatment in hospital, Matthew was discharged, but his mother still worried about his condition and potential future flare-ups.
- The household was referred to Beat the Cold through a Childhood Asthma pilot. Since being referred, Beat the Cold have supported the family to provide several interventions such as advice on air quality, damp, condensation, mould and ventilation.

The Board thanked Louise and Fiona for their story. The Board commented that this was an excellent initiative and that it highlights the importance of the carbon neutral programme. The Board asked if the programme could support more patients and how soon this could be done. Fiona advised that she is hoping to develop the programme over the next 18 months to support additional patients. The Board commented that the scheme would benefit from a wider discussion with the Integrated Care Partnership (ICP) to roll this scheme out on a wider scale.

### ICB Chair and Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- David advised that there have been some great initiatives from Primary Care that have taken place including the General Practice Long Service Award.
- David also highlighted that during October, ICS partners celebrated Black History Month.
- Peter advised that the medium-term plan sets out clear ambitions and expectations for the next five years. There is a lot of work to be achieved but the system is working together in a joined-up approach to achieve the targets set.
- Peter also advised that the Investigations and Implementation work is underway, and Deloitte and Kingsgate started to look through data and evidence a few weeks ago. Peter hopes to provide an update on this work in due course.

The Board thanked David and Peter for the report. The Board commented that some of the figures for the elective waits are unvalidated and asked when the Board will receive validated figures. Phil Smith, Chief Delivery Officer, provided an update on updated figures for the elective wait lists.

### System Level Access Improvement Plan

- Sarah Jeffery, Portfolio Director for Primary Care, presented the report.
- Sarah advised the plan requires approval from NHS England in December.
- Sarah advised that over the last year appointments in General Practice have continued to increase. There have been an additional 200,000 appointments since 2023.

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- All practices now have online registration completed, compared to 32% previously.
- Sarah explained there has been significant improvement in patient satisfaction rates across Staffordshire and Stoke-on-Trent. Nationally this has reduced.
- Other highlights of the plan include all practices are signed up for cloud-based telephony and 229 pharmacies are delivering Pharmacy First scheme across Staffordshire and Stoke-on-Trent.
- Digital technology is becoming more embedded and enhanced making it easier for patients to speak to practices on the phone and have their needs dealt with by a trained navigator who can direct them to the appropriate person for their needs.

The Board thanked Sarah for the report. The Board commented that this is excellent progress and asked if the information can be communicated to the public. The Board asked if there is much variation to the experiences patients across Staffordshire and Stoke-on-Trent will have. Sarah advised that there is a variation in data but there is a quality dashboard that highlights if any practices are struggling and therefore can be supported. The Board also asked if there was any health and wellbeing support available for practice staff. Sarah advised she would need to confirm this information and advised she would provide an update to the Board.

### System Surge Plan for Winter

- Phil Smith, Chief Delivery Officer, Hayley Allison, Portfolio Director and Tom Bailey, Delivery and Improvement Lead, presented the report.
- Phil advised that the surge plan has been through various governance processes across the system and has been subject to an NHS England assurance visit.
- Phil advised that there has been a great deal of change on how partners come together to plan, deliver and learn from surge planning each year.
- Phil advised that it is recognised that there are challenges operationally and this year the plan delivered must be value for money.
- Tom advised that the approach for the plan this year is replicated from previous years. The plan is based on three elements:
  - A system capacity plan that is underpinned by the system capacity and bed modelling.
  - A system escalation plan designed to facilitate risk management.
  - A system workforce plan that ensures that there is the right level of staff to manage the plans that are put into place.
- Tom also advised that the plan is as resilient as possible and will be reviewed during weekly meetings.
- Hayley advised that during the process of creating the plan, data has been reviewed to determine what the capacity gap may look like.
- Work has also been done collaboratively across the system with acute and community partners to develop a plan that is fit for purpose.
- Hayley advised that demand might change but plans are in place to review this.
- Hayley also advised that we operate a System Coordination Centre (SCC) and this model aims to coordinate urgent care pathways efficiently. The SCC was recently commended by NHS England.

The Board thanked Phil, Hayley and Tom for the report. The Board commented that it was good to see that the plan had been through various assurance processes. The Board also asked if the plan is on track despite not being in the peak period of Winter yet. Hayley advised that urgent care has been challenged already and some of the schemes have been mobilised earlier than expected to mitigate these challenges. The Board also asked if we have the right things in the plan if we are not where we want to be at the moment. Phil advised that the last six weeks have

been challenging and demand has been higher earlier than expected. He also advised this isn't just about capacity, it's also about process.

### Medium Term Plan

- Elizabeth Disney, Chief Transformation Officer and Paul Brown, Chief Finance Officer, presented the report.
- Elizabeth explained there is a system ambition for the next five years to get better outcomes, improve our performance, ensure we maintain quality and safety and to make sure we are a sustainable system for the future.
- This must be a whole system plan that is built and owned together. The plan also needs to be data led and this has underpinned the approach so far.
- The unmitigated model has been completed and this investigates how the population is going to change if nothing changes. Elizabeth highlighted that if the model is unchanged, by 2036 there will be an increase of 20% for the over 70's population. The unmitigated model highlights that the system can't continue to do what it is doing now.
- Paul advised that the underlying deficit for the system is £280m. He also stated that the over 70's population equates to additional costs in the system, for example, extra beds and extra staff. The costs would need to be mitigated to avoid a deficit of £340m.
- The financial model has three parts to it:
  - If we work together as a system with the new models of care this would mean significantly less patients in beds.
  - Being more efficient as a system and doing the same for less money.
  - Treating the remaining cohort in a productive way.
- Paul advised that it is being investigated that with these three options it would be enough to get the system into a financial balance over time.
- Elizabeth advised that the next step is to understand what opportunities the modelling work has told us about and discuss these across the system. It is critical to decide on creating these plans, how they will be delivered and manage the benefit that they will bring us.

The Board thanked Elizabeth and Paul for the report. The Board commented that the plan feels joined up between Transformation, Finance and Clinical and there is a focus on the outcomes. The Board asked considering the financial and capacity demands, will there be an ability to carry out the plan in its entirety. Peter Axon responded and advised that between now and 1 April 2025, there will be a discussion with NHS England about the plan for 2025/26.

### Quality and Safety Report and System Quality and Safety Committee AAA Chairs Escalation Report

- Lynn Tolley, Assistant Chief Nursing and Therapies Officer, and Josie Spencer Non-Executive Chair of Quality and Safety Committee, presented the report.
- Lynn advised that there is increasing nursing demand in community services however, local authority have offered support.
- Lynn also advised that there is demand on paediatrics and dietetics and there will be a review in these areas.
- There are still some issues with waiting lists for wheelchair services but there has been improvements over the last five months.
- Lynn also advised that at a recent Local Maternity and Neonatal System Partnership Board, a patient whose son tragically passed away at 7 days old has petitioned for 'Rowan's Rule' to be implemented nationally. A video is also being promoted to encourage people to learn infant CPR.
- Lynn advised that a letter from the NHS England Executive team had been received asking for assurances and outlining actions required to maintain focus and oversight in

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urgent care services. Unannounced visits had already been arranged at urgent care services at UHNM and University Hospitals of Derby and Burton in July, and the feedback from these were positive.

- Josie thanked the Governance team for helping to support the AAA report.
- There are some advisories in the report and Joise picked up the Intensive and Assertive Community Mental Health Review. Although there are some gaps in the process, there has been lots of positive work.
- Josie also advised that for the Gordon Street Surgery Quality Report that the group were impressed with how the quality impact of that change has been managed and that patients are receiving an improved service.

The Board thanked Lynn and Josie for the report. The Board received the report and ratified the decision of the Quality and Safety Committee with regards to assurance that the ICS are working in partnership to maintaining focus and oversight on quality of care and experience in pressurised services.

## Staffordshire and Stoke-on-Trent Health and Care Senate Summary and Escalation Report

- Rachel Gallyott, Deputy Chief Medical Officer, presented the report.
- Rachel advised that the Senate are asking the Board for ratification of vitamin D testing which has come through the clinical values collaborative. This is to support the guidance for appropriate use of vitamin D testing, which we are benchmarking about 10% over our peers.
- The Senate have approved the Integrated Medicines Group decisions for migraine medications and anaesthetic gases. The Senate have also approved the adult asthma improvement project.

The Board thanked Rachel for the report. The Board received and noted the report.

## Finance and Performance Report

- Paul Brown, Chief Finance Officer, Phil Smith, Chief Delivery Officer, and Megan Nurse, Non-Executive Chair of Finance and Performance Committee, presented the report.
- Paul advised that the month six position is a £30m variance from the plan.
- Paul advised that at month 4 the forecast outturn position was a £104m variance from the plan but after the recovery plan over the summer, this has reduced to £56m.
- Paul explained that regulators have advised we must break even. The Investigations and Implementation scheme is ongoing and the ICB is waiting for a report from the first phase of that programme that will augment the work done to date within the system.
- Phil advised that nationally the NHS saw it's busiest October and there is a 7% increase compared to last year locally.
- There has been deterioration for Category 2 calls and for the first time this year it has gone beyond the 30minute target.
- Phil also advised that there are some patients who have presented at Emergency Departments who could have received care elsewhere. Their patient journey is being investigated to see if anything else can be done.
- At UHNM there is a focus to apply and hold to account processes in hospital including ward standards, promoting home care is best care and efficient ambulance handovers.
- A multidisciplinary team is visiting Royal Stoke hospital every week to support identification for discharge. NHS England have also visited to look at this discharged process and said it was exemplar.
- Phil also advised that UHNM have been de-escalated from Tier One for cancer and diagnostics. However, there is still a long way to go for acceptable wait times.

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- Megan advised that the committee is focusing on the key performance challenges, especially around emergency care.
- There are established clear reporting processes through the Recovery director, and this will continue to include reports from the Investigations and Implementation process.
- The capital plan is compliant for 2024/25 but there is potential slippage on national programmes. However, there are mitigations being developed.

The Board thanked Paul, Phil and Megan for the report. The Board accepted the recommendations:

1. Acknowledge the high-level performance against the five priorities.
2. Acknowledge the high-level key programme deliverables update.
3. Acknowledge the financial position.

## People, Culture and Inclusion Report and People Culture and Inclusion Committee Report

- Mish Irvine, Chief People Officer, and Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Mish advised that in terms of workforce the total workforce levels, as of September 2024 equated to 24,250 Whole Time Equivalent (WTE) which is currently +364 WTE (+1.5%) above the 2024-25 operational workforce plan. Work is ongoing with Deloitte, and the organisations concerned, to reduce this whilst maintaining safe staffing.
- Mish confirmed that the total agency spend is 2.6% which is below the cap of 3.2%. The turnover is 8.7% and the vacancy rate is 9%.
- However, sickness is starting to rise, and this is being looked at from a staff Health and Wellbeing perspective.
- Shokat confirmed there are no escalations from the People, Culture and Inclusion Committee report other than the sickness rates rising.

The Board thanked Mish for the report. The Board accepted the recommendations to note the workforce position, operating plan, risks and mitigations in place to address.

## Staffordshire and Stoke-on-Trent ICB Remuneration Committee Summary and Escalation Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat advised that recruitment is ongoing for the vacant Non-Executive Member role.
- There is also consideration for the Very Senior Management (VSM) pay strategy and there is a recommendation of 5% pay rise from the 1 April 2024.

The Board thanked Shokat for the report and approved the recommendation.

**Date and time of next meeting in public:** 19th December 2024 at 1:00pm held in Public via MS Teams.