



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

Annual General Meeting Briefing

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18 September 2025

This briefing aims to keep partners informed of the discussions that took place during Staffordshire and Stoke-on-Trent Integrated Care Board's Annual General Meeting (AGM). The [Annual Report 24-25](#), [Annual Report Summary](#), and [presentation from the AGM](#) can be found on our website. The recording of the AGM can be found on our [YouTube channel](#).

Welcome to the Staffordshire and Stoke-on-Trent Integrated Care Board's Annual General Meeting

- David Pearson, Chair of Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) welcomed everyone to the Annual General Meeting (AGM).
- David explained that during the AGM the annual report and accounts will be presented in sections by members of the ICB executive team.

System Evolution

- Dr Paul Edmondson-Jones, Interim Chief Executive Officer gave an overview of the ICB Strategy on a page, which can be found on slide six of the [AGM presentation](#).
- Paul gave an overview of the System Operating Model:
 - Portfolios are clinically orientated with a system wide focus. They bring together organisations responsible for planning and commissioning local health and care services.
 - Place involves NHS, local government and providers of health and care services working to support the health and wellbeing of local populations.
 - The operating models primary aim is to balance the implementation of transformation and redesign and the maintenance of business as usual.
 - Collaborative partnerships bring agencies together (in and out of system, NHS and non-NHS) to work together at scale, focussing on the delivery of system-wide aims.
- Our seven Integrated Care System (ICS) portfolios were presented showing who the Executive Sponsor is for each of them. These can be found on slide 10 of the AGM presentation.
- Paul gave an update on the NHS reform and reset:
 - NHS England and the Department of Health and Social Care will come together to form a single aligned centre.
 - There is a requirement for ICB running costs to be reduced by 50% (size of the task varies from ICB to ICB from 29% to 62%) nationally and in Staffordshire and Stoke-on-Trent the requirement is 39% (£16 million).
 - The number of ICBs will reduce from 42 to 26, with Staffordshire and Stoke-on-Trent joining Shropshire, Telford and Wrekin ICB in a cluster.
 - Commissioning Support Units (CSUs) will be closed by March 2027.
- An overview of the strategic commissioning framework for 25-26 was presented, which covered the ICB model blueprint and the strategic commissioning key principles and approach.

Community Transformation

- Elizabeth Disney, Chief Transformation Officer, delivered a presentation highlighting the key achievements from 2024/25, focusing on community transformation and the development of the provider collaborative.
- Community Transformation is focused on proactive care models to improve health outcomes and prevent the need for attendance and admissions to hospital. This includes work delivered by end of life, long term conditions and frailty teams.
- Population health data is used to identify cohorts needing proactive care, understand current outcomes, and highlight inequalities in access.
- Elizabeth gave an overview of the key principles that our integrated care system (ICS) agreed for this transformation work, which can be found on slide 14 of the [AGM presentation](#).
- The three priority programmes for delivery by the Provider Collaborative were highlighted, these include:
 - Neighbourhood Health: Two pilot sites in initiation
 - Community Transformation: including work to support Winter to reduce both hospital admissions and ambulance conveyances under development
 - Corporate Services Transformation: Opportunities are being explored in collaboration with Shropshire, Telford and Wrekin ICS

Operational Update

- Phil Smith, Chief Delivery Officer, provided an update on system performance and shared headline statistics for planned care and cancer. He reported improvements in care timelines during 2024–25, with elective wait times continuing to reduce as the system works to eliminate the longest waits and return to the constitutional standard by March 2029.
- Symptom-led diagnostic pathways have been developed for gastroenterology, liver, gynaecology, and breathlessness. These pathways have been developed in collaboration with colleagues and clinical experts from across the system, to improve access to diagnostic tests and reflect best practice.
- Phil highlighted that the national 77% Cancer Faster Diagnostic Standard (FDS) was achieved and patients beginning treatment within 31 days of diagnosis improved to over 92%.
- The cancer awareness bus tour, engaged with 5,866 members of the public across 15 locations, with more than 150 health checks provided in collaboration with Everyone Health.
- Finally, Phil gave an update on Urgent and Emergency Care performance highlighting continued improvements in several key metrics when compared to 2023/24.
- Nationally, 2024 was one of the busiest years on record for emergency departments and services. Locally, demand is growing by 4–6% year-on-year across urgent care portals. Despite these challenges, we did see improvements across the pathway with a 12% reduction in ambulance response times and a small improvement against the four-hour standard.
- During 2024 Midlands Partnership University NHS Foundation Trust (MPFT) took over responsibility for the Single Point of Access and renamed it the Integrated Care Coordination service.
- During 2024-25 the service saw a 64% increase in referrals, now regularly totalling more than 3,000 per month. 50% of the referrals are supported to alternative pathway away from emergency departments and West Midlands Ambulance Service (WMAS).

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- For winter, a risk stratification tool was embedded into the emergency departments to identify patients at risk of longer periods of stay in hospital, and of re-admissions. The tool has demonstrated that 20% of patients have existing care and support in their usual home, supporting patients not to be admitted to hospital or to be discharged earlier.

System Finance and Accounts

- Claire Finn, Interim Chief Financial Officer gave an overview of where we spent our money in 2024-25. The full breakdown can be found in the [Annual Report 2024-25](#).
- The ICBs total spend in 2024-25 was £3.2 billion. NHS Provider Trusts in Staffordshire and Stoke-on-Trent generated £1.1 billion of income on top of the £1 billion they received from the ICB. This means the total resource available to service the patients of Staffordshire and Stoke-on-Trent in 2024-25 was £4.3 billion.
- Across the financial year the ICB delivered an underspend of £0.58 million against its management costs and an overspend against patient services of £15.47 million, resulting in an overall deficit of £14.89 million.
- Outlook for 2026-27 will continue to be challenging as we start to recover the financial position and move to a more sustainable operating model.

Workforce

- Mish Irvine, Chief People Officer shared our local and national focus for workforce highlighting that we are operating in a highly transformational period.
- Mish highlighted the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) workforce statistics as of July 2025, which includes a total workforce of 24,934 WTE. Sickness levels are at 5.5% which is a key area of focus, and we are working with NHS providers to understand local approaches and strengthen system-wide workforce well-being.
- Highlights of the People, Culture and Inclusion achievements for 2024-25 were shared, with full details available in the [Annual Report 2024-25](#).
- In the 2024 NHS Staff Results, Staffordshire and Stoke-on-Trent Integrated Care System (ICS) was the best performing System overall out of all Midlands ICS's and achieved higher scores than the overall Midlands and National results in all People Promise themes.
- Looking ahead to next year, we face significant challenges and have important transformative work to deliver.
- We are responding to the ICB reset in the people space, focusing on how best to deliver this locally whilst working with regional colleagues to ensure a safe transition of functions currently held at ICB level. Our priority remains delivering our plan with absolute focus on workforce safety and productivity, ensuring we provide the best outcomes for patients while maintaining financial sustainability.

Quality and Safety

- Heather Johnstone, Chief Nursing and Therapies Officer gave an overview of the ICB quality strategy vision, which is to ensure services provided are safe, effective and meet the needs of the population, providing the best experience and outcomes possible.

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- The quality strategy, co-produced with NHS partners, complements the ICS priorities and Joint Forward Plan, embeds robust quality and safety assurance, supports delivery of the NHS Patient Safety Strategy, and sets out our commitment to continuous quality improvement across the transitional cluster with Shropshire, Telford & Wrekin ICB.
- Heather highlighted some of the quality and safety achievements which can be found in the [Annual Report 2024-25](#).
- Our Quality Impact Assessment (QIA) process has been independently reviewed by NHS England, which reported 'Significant Assurance; strong evidence that Staffordshire and Stoke-on-Trent ICBs QIA process is robust and sustainable'. The process underpins the ICBs financial and operational decision making and will continue to be used through the transition to Clustering of ICBs.
- The Local Maternity and Neonatal System (LMNS) has delivered sustained improvements, including reducing delays in Induction of Labour, meeting the 15-minute target for Maternity Assessment Unit midwifery triage, and achieving compliance with Saving Babies' Lives. Ongoing work continues to strengthen recruitment and retention of midwives across Staffordshire and Stoke-on-Trent.

Case Study

- Karen Webb, Deputy Senior Responsible Officer for Learning Disability, Autism and Down Syndrome, introduced a video highlighting one aspect of our work, led by Ed and his colleagues who have worked tirelessly with us and our partners to share their experiences and drive change.
- Watch the video here https://youtu.be/Dx_QSfpuWwc.

Looking Forward

- Lynn Millar, Portfolio Director, Improving Population Health shared a slide on population health and inequalities.
- The NHS and ICB are prioritising reducing health inequalities through prevention and inclusive approaches. Local programmes such as Family Matters hubs, warmer homes and health literacy initiatives are supporting vulnerable communities.
- £1.7 million has been invested through the Locality Improvement Framework (LIF) to address local priorities.
- Prevention programmes now include harm reduction, an obesity pathway, tobacco control and large-scale screening for heart disease and diabetes.
- The overall direction of travel is a shift from hospital-based treatment towards community-based, holistic prevention across the life course.

Question and Answer session

Following the main agenda items, members of the public were invited to ask questions to the Board. To see all the questions, and responses, please see the [recording of the meeting](#) from 49:33.

Close

At the end of the meeting, David Pearson, Chair of Staffordshire and Stoke-on-Trent Integrated Care Board was recognised as he prepares to step down after 52 years of service in the NHS. As Chair of the ICB since its inception, he has led with compassion, strengthened partnerships across the system, championed equality and inclusion, and supported colleagues and the workforce. On behalf of all partners, we thank David for his outstanding leadership and wish him well for the future.

David reflected on the privilege of serving as Chair, thanked colleagues and partners for their support, and expressed confidence in the ICB's future under his successor, Ian Green. He closed the AGM by thanking attendees and presenters, noting that the Annual Report and summary are available to download from the [ICB website](#), before formally bringing the meeting to a close.