

## **Health and Care Overview and Scrutiny Committee**

Monday 24 July 2023

**10:00**

Council Chamber, County Buildings, Stafford

The meeting will be webcast live and archived for 12 months. It can be viewed at the following link: <https://staffordshire.public-i.tv/core/portal/home>

John Tradewell  
Deputy Chief Executive and Director for Corporate Services  
14 July 2023

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### **Agenda**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 12 June 2023** (Pages 1 - 8)
4. **Integrated Care Partnership (ICP) Operating Plan** (Pages 9 - 66)  
Report of the Staffordshire and Stoke-on-Trent ICB.
5. **System Performance** (Pages 67 - 78)  
Report of the Staffordshire and Stoke-on-Trent ICB.
6. **System Pressures** (Pages 79 - 88)  
Report of the Staffordshire and Stoke-on-Trent ICB.
7. **Update on Elective care performance and recovery** (Pages 89 - 94)  
Report of the Staffordshire and Stoke-on-Trent ICB.
8. **SSOT ICS People, Culture and Inclusion Annual** (Pages 95 - 142)

## Report and update

Report of the Staffordshire and Stoke-on-Trent ICS.

### 9. Work Programme

(Pages 143 - 148)

### 10. Exclusion of the Public

The Chairman to move:

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

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## Part Two

(All reports in this section are exempt)

Membership	
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	John Jones
Chris Bain	Leona Leung
Val Chapman	Kath Perry, MBE
Richard Cox (Vice-Chair (Overview))	Jeremy Pert (Chair)
Ann Edgeller (Vice-Chair (Scrutiny))	Bernard Peters
Keith Flunder	Janice Silvester-Hall
Phil Hewitt	Ian Wilkes
Monica Holton	David Williams
Jill Hood	

## Notes for Members of the Press and Public

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**Minutes of the Health and Care Overview and Scrutiny Committee  
Meeting held on 12 June 2023**

Present: Jeremy Pert (Chair)

<b>Attendance</b>	
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	Thomas Jay
Richard Cox (Vice-Chair (Overview))	John Jones
Ann Edgeller (Vice-Chair (Scrutiny))	Leona Leung
Keith Flunder	Bernard Peters
Phil Hewitt	Janice Silvester-Hall
Monica Holton	Ian Wilkes
	Paula Stanton

**Also in attendance:** Paul Northcott

**Apologies:** Chris Bain, Val Chapman, Kath Perry, MBE and David Williams

**Part One**

**1. Declarations of Interest**

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

Councillor Charlotte Atkins declared as interest as the Vice president of the British Fluoridation Society.

**2. Minutes of the last meeting held on 20 March 2023**

**Resolved** – That the minutes of the meeting held on 20 March 2023 be confirmed and signed by the Chairman.

**3. Primary Care Dental Overview**

Chris Bird, Chief Transformation Officer for the Stoke-on-Trent and Staffordshire Integrated Care Board presented the report to the Committee and informed that Dental Commissioning was delegated to Integrated Care Boards from 1 April 2023.

The Committee were informed that a two-phase approach would be adopted to firstly understand, in depth, the legacy inherited from NHS England relating to operational performance and then use those findings to inform future planning and improvement for 2024/25. Challenges to access to NHS dental care was shared with the Committee and national issues such as workforce and contract challenges were highlighted.

It was reported that there were 168 dental practices in Staffordshire most of which were clustered in towns. There was evidence of health inequalities as those who lived in more deprived areas were attending dentistry less. It was also reported that access issues were generating demand in other areas such as A&E. Staffordshire was above the national average for dentistry related A&E visits.

The Committee noted the following comments and responses to questions:

- The levels of dentistry access was recovering to pre-pandemic levels. It was reported that by January 2024 levels of access would be the same as at pre pandemic levels.
- In Staffordshire 13% of NHS dentists were operating at full capacity. There was a need to explore the reasons why some dentists who were not operating at capacity were not able to take on more patients. In some cases, it may be due to contracts.
- The ICB, as part of its review into dentistry, will map dental practices in Staffordshire.
- There were signs that the oral health of children in Staffordshire was worse than the national average. There were local actions which the ICB could take to address this. The UHNM had a programme to reach out to local schools.
- Where dentists do not deliver as many units of dental activity as their contract allows, the funding for unused capacity may be transferred to other dental practices. In this event, a nearby dentist would be requested if they were able to take the additional work on. The location of the other dental practices and transport would be considered.
- There were dentistry workforce issues nationally. There was a national constraint on the number of dental practices available.
- Corporate dental contracts and emergency dentistry cover will be in the improvement plan later this year. It was noted that Staffordshire and Stoke-on-Trent have an above average level of

emergency dental care.

- The Committee would receive a briefing on Delivery of orthodontists in Staffordshire.
- The nearest dentistry school was in Birmingham. A preliminary discussion between the ICB, Local MPs and Keele University had taken place with a view to having a dentistry school at Keele University. The Committee endorsed this and agreed to write to the ICB and Keele university to support a dental school at Keele University.
- The Committee agreed to look at the dental strategy later on in the year.

**Resolved** – That (a) the report be received as an update on the current dental position relating to access in Staffordshire and Stoke on Trent

(b) the Committee receive a briefing on the delivery of orthodontics in Staffordshire

(c) the Committee write to the ICB and Keele university to support a dental school at Keele University.

(d) the Dental Strategy included in the 2023/24 work programme.

#### **4. Primary Care Access**

Dr Paddy Hannigan, Partner Member - Primary Care presented Primary Care Access to the Committee. The Committee were advised that there were 142 GP practices in Staffordshire and Stoke-on-Trent and that these were currently offering more appointments than before the pandemic. It was reported that 47% of appointments were booked for the same day and 74% of appointments were face to face appointments however Staffordshire and Stoke-on-Trent had the lowest number of appointments per 10,000 patients in the West Midlands region.

The Committee were advised that the national GP patient survey showed that the patient experience in getting GP appointments was poor, however were more satisfied with the service when they had received an appointment.

It was reported that the number of qualified GPs per 100k patients had fallen from 47 to 44 from December 2017 to December 2021. The national response was to employ Additional Role Reimbursement Scheme staff (ARRS) which comprise 16% of the GP workforce. The Committee were informed that the demand for appointments had increased however a London South Bank University study informed that around 40% of GP appointments were seen as inappropriate and could

have been dealt with elsewhere.

The national delivery plan for recovering access to General Practice aimed for improve patient experience through:

- Better digital telephony (cloud-based telephony)
- Simpler online requests (online consultation)
- Faster navigation, assessment, and response
- Better use the wider GP workforce – ARRS roles
- Improve retention of current staff.

The Committee noted the following comments and responses to questions:

- The ICB has a close involvement with the planning process at District and Boroughs. The current model was to improve the standard of the current GP surgeries and quality of the services rather than create new General Practices.
- There was extended access available in Staffordshire which provide GP appointments in evenings and weekends.
- Staffordshire and Stoke-on-Trent are one of the highest providers of the Community Pharmacy Consultation Service and work to maximise its use was ongoing. Prescriptions may not be available from time to time for a number of reasons and most medicines were prescribed generally rather than by brand. Pharmacists were able to change prescriptions.
- There was a need to change the language and culture from being “I need to book a GP appointment” to “how can I best have my problem resolved”.
- Workforce issues was discussed. There had been a reduction in the number of people who had chosen a medical practice. The ICB was focused on a wide range of programmes to recruit and retain staff.
- Signposting of patients would become more digital, however the current system talking to a person would remain in place for those without access to digital. Signposting would become standardised. It was reported that the digital services would be complementary, rather than replace the existing system.
- The Committee commented on the variability of services at GPs offered to residents and sought reassurances that there would be a standardised offer to patients.



- The Committee discussed that timelines should be included in the papers and requested this be brought back to the Committee.

**Resolved** – That (a) the Committee received the presentation and update in regard to general practice access and the comments from Committee be fed back to the Chief Transformation Officer at the ICB.

(b) the General Practice Access be scheduled in the Work programme for November 2023.

## 5. Primary Care Estate

Andy Hadley, Head of Primary Care Estates and Digital Transformation presented the Staffordshire and Stoke-on-Trent ICB Primary Care General Practice Estates to the Committee. He explained that there were 142 General Practices with a total of 190 buildings in Staffordshire and Stoke-on-Trent with a diverse ownership/ lease arrangements. The Committee noted the following of the General Practice Estate:

- 40% of our GP estates were owned by the GP.
- 30% of our estate was built pre-1984, with 22 sites built pre 1948.
- Facing increasing pressure from additional workforce and housing developments
- Voids Space project to make the best use of the estate.
- Recurrent investment into estate through capital 66%/34% funding split

It was reported that there was increased partnership working to re-align estate and make the best use of the estate.

The next steps highlighted that the Primary Care Network estate aim was to ensure that the estate was fully utilised as much as possible and plans were created for where under-utilisation had been identified and where feasible, teams could be re-located into existing estate rather than creating new estate spaces at an additional cost.

The Committee noted the following comments and responses to questions:

- Related to housing developments:
  - There was an established mechanism by which the ICB assess the impact on public services within an area relating to a new development. Officers highlighted that the ICB was willing to engage with District and Borough Councils.

- The ICB would be led by data and patient flows with new development sites, nearby GP leads were consulted.
  - Key trigger points with Local Authorities had been established in any scheme of 10 units and above. £3.2million has been secured from section 106 agreements with a circa £8.2million requested.
  - The Committee requested a briefing note on the model for assessing sites.
- There was due process for closing a General Practice.
  - By the end of 2023/24 there would be a draft ICS Infrastructure Strategy which would help to address the number of GP owned surgeries.
  - The Committee queried if the estates were fit for purpose. In response, the Committee were advised that there were some premises which were not meeting the required standard, however, were safe. There were a number of older sites. GP estates require significant investment over the medium term.
  - The Committee endorsed a 10-year GP estates plan and the creative thinking to improve the estate provision.

**Resolved** – That (a) the update on General Practice estates across Staffordshire and Stoke-on-Trent be received.

(b) the Committee receive a briefing note on the model for assessing new development sites.

## **6. District and Borough Scrutiny Activity**

The Committee received the District and Borough Health Scrutiny activity update report.

The Chairman highlighted that Tamworth had done a lot of work on Developing Healthier Communities and encouraged the other District and Boroughs to take up this work with Public Health.

**Resolved** – That the District and Borough Health Scrutiny Activity report be received and noted.

## **7. Work Programme 2023-24**

The Committee noted that the Midlands Partnership Foundation Trust on gaining University Hospital status and request that MPFT be congratulated by the Committee.

The Committee received the Work Programme for 2023/24 and noted that Dentistry and GP access be added for November 2023.

The Committee noted the need to update the membership of the Women's Health Strategy and the Integrated Care Hub.

Councillor Holton volunteered to join the Women's Health Strategy Working Group.

**Resolved** – That (a) the Work Programme be noted.

(b) Dentistry and GP access be added to the Work Programme in November.

(c) the Committee congratulate Midlands Partnership Foundation Trust on gaining University Hospital status.

(d) the membership of the Women's Health Strategy Working Group be updated outside of the meeting and be reported back at the next meeting.

(e) the membership of the Integrated Care Hubs Working Group be updated outside of the meeting and be reported back at the next meeting.

**Chair**



<b>Local Members Interest</b>
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N/A
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## Health and Care Overview and Scrutiny Committee Monday 24 July 2023

### Integrated Care Partnership (ICP) Operating Plan

#### Recommendation(s)

I recommend that:

- a. The Committee note the final version of the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) 2023/24 Operational Plan.

### Report of the Staffordshire and Stoke-on-Trent ICB

#### Summary

#### What is the Overview and Scrutiny Committee being asked to do and why?

1. The Committee is being asked to note the final version of the Operational Plan provided in Appendix 1 (SSOT ICS 2023/24 Operational Plan) and the next steps.

#### Report

##### 1. Overview

- 1.1 The system develops an operational plan each year which details anticipated activity and performance across the full spectrum of areas of responsibility.
- 1.2 The 2023/24 Operational Plan is one of three documents published the other two documents being the ICP Strategy and the Joint Forward Plan (5 year).
- 1.3 The Operational Plan forms the first year of the Joint Forward Plan (JFP) and acts as a delivery mechanism for the ICP Strategy.
- 1.4 While the ICB Planning Team coordinates the co-production of the plan, the contributions are drawn from across all system partners.
- 1.5 The plan is underpinned by a more detailed outline of objectives/ deliverables across each quarter.

##### 2. System priorities 2023/24

- 2.1 The scope of our plan is informed by, but not limited to, the scope of priorities and objectives identified by NHS England.
- 2.2 The Plan sets out our key priorities as a system for 2023/24 and how we will measure our success.
- 2.3 We have one collective aim to reduce the number of Category 2 and 3 ambulance calls.
- 2.4 We agreed the priorities that will make the biggest positive difference to people's lives that can be best achieved by working across the whole of Staffordshire and Stoke-on-Trent. Our four system level priorities are:
  - Urgent and Emergency Care
  - Tackling backlogs
  - General Practice
  - Complex individuals

### **3. How we will deliver the plan**

- 3.1 We are keen to build on the successes of 2022/23 by being a lot more rigorous in our assessment of delivery. The Transformation Delivery Unit (TDU) (system PMO) will coordinate the monitoring of all tasks and metrics and provide areas of escalation through to the System Finance and Performance Committee.
- 3.2 We will deliver our ambitions and priorities through a range of vehicles that have been set up to work at the level and scale required to make the biggest impact on improving population health and wellbeing in Staffordshire and Stoke-on-Trent. These include: Provider Collaboratives, Place & Neighbourhoods, our 7 Portfolios, Primary Care Networks (PCNs), Providers and Partners.
- 3.3 Further detail on how we will report against performance and delivery is provided as part of the performance agenda item.

### **4. Next steps**

- 4.1 The plan and a summary will be published on the ICB and Integrated Care System (ICS) website.
- 4.2 We have agreed an ongoing programme of system meetings the first of which is on 14<sup>th</sup> July. Followed by events in October and January / February. These sessions will continue to focus us on the significant challenges going forward, with the ongoing expectations of recovery from the effects of the pandemic. At a time of significant workforce shortages / effects of strike action and alongside a major financial gap that needs to be managed in 2023/24 and recurrently.

### **Link to Strategic Plan**

The 2022/23 Operational Plan 2023/23 aligns to the outcomes, priorities and the ways of working set out in the Staffordshire County Council Strategic Plan 2022-26 through the following aspirations:

- Be healthier and independent for longer.
- Tackle climate change, enhance our environment, and make Staffordshire more sustainable.
- Encourage good health and wellbeing, resilience and independence
- Offer every Staffordshire child and young person the best start in life, and the chance to achieve their potential.
- Use digital technology and data to connect, inform and support the people of Staffordshire.
- Engage and listen to our communities, partners and business, work together to improve our county.

### **Link to Other Overview and Scrutiny Activity**

N/A

### **Community Impact**

N/A

### **List of Background Documents/Appendices:**

1. Attached SSOT ICS 2023/24 Operational Plan

### Contact Details

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

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# 2023/24 Operational Plan



# Foreword

**Our role as an Integrated Care Board (ICB) is to help bring partners together to integrate our approach to improving health and care services for our local population. We have made positive strides towards that goal this year, but there is much more to do. This Operational Plan for 2023/24 marks another step towards that aspiration of an integrated working environment where the focus of us all is on the best health and social care for our residents.**

The document sets out [our key priorities as a system for 2023/24](#) and [how we will measure our success](#). The document aims to draw out key actions from across the system, delivered through the Portfolio structure we have created. The plan does not duplicate issues that are covered within the business plans of NHS providers, local authorities or other partners: instead it aims to distil the key system level actions that are planned for this year.

We have co-created a common understanding of the behaviours expected of our leaders, supported by a compact to ensure mutual accountability between individuals and organisations. The leaders of the organisations within the Integrated Care System (ICS) have agreed to adopt the System Leadership Compact which is outlined further in this document. These behaviours have supported the development of this plan, and I am grateful to my CEO colleagues and their teams for the way that they have engaged

in the development of this first system plan.

Working with all our partners across the system, we want to [improve the lives of people living across Staffordshire and Stoke-on-Trent now and in the future](#). We want to do this while restoring inclusively our services to pre-COVID levels, eliminating long waits to access services, and reducing unwarranted variation in our services. Alongside this, we will work to embed service changes which have proved beneficial to our people and communities – including our populations at neighbourhood level. We have a strong foundation to build on, but we know we need to continually look for new ways to strengthen our networks and adapt our communications, engagement, and operational delivery – to enhance our understanding of the needs of our diverse population.

The context for this plan is a very challenging financial and operating environment. The plan sets out a collective goal and priorities agreed in February by the executive teams of all statutory organisations. It describes the need to come together behind two significant system initiatives over the year, which will help us address the significant underlying financial challenge.

Collectively we need to come together to meet this challenge, and keep the system in a sustainable financial position which will enable our work to enhance the quality and sustainability of our services.



**Peter Axon**  
ICB Chief Executive Officer

# System Leadership Compact



## Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.



## Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be open to **changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.



## Openness and Honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.



## Leading by Example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.



## Respect

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to **understand** others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.



## Kindness and Compassion

- We will show **kindness, empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.



## System First

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.



## Looking Forward

- We will focus on **what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

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# The purpose of the one-year Operational Plan 2023/24

- The purpose of this plan is to summarise national and system priorities, and how we will deliver them across ICB delivery and enabling portfolios, providers and partners
- We have worked in partnership across the system to co-produce this one-year operational plan for 2023/24
- This one-year operational Plan reflects national and system priorities and builds on the Integrated Care Partnership (ICP) Strategy, the Health and Wellbeing Strategies, wider partner strategies and plans that focus on our local population
- It forms the first year of the Joint Forward Plan and acts as a delivery mechanism for the ICP Strategy
- The actions outlined in this document have been developed at a point in time, and are based on a range of current assumptions
- This is a working document that we will use throughout the year. It will allow us to track progress and to hold one another to account
- This plan and the how, is underpinned by a more detailed outline of deliverables across each quarter. The underlying high level detail for each portfolio is available from each lead.
- The document and the underlying detail categorises deliverables so that it is clear where the responsibility for delivery sits – at System, Provider, Place, Primary Care Network (PCN) or Portfolio. This enables appropriate governance for decision making and to monitor delivery. Specific actions and metrics are part of the plan and the System Performance Group will allow executives to stay on top of the detail and System Finance and Performance Committee will scrutinise progress.

# Key achievements in 2022/23

Over 2022/23, we built on our system-first approach to the leadership of our system. There have been many successes where we were able to make much more progress working collectively – that would have been impossible working in single organisations. These include:

- **System Chief Operating Officers (COOs)** led the system through a very challenging winter period and maintained services despite disruption due to industrial action. We ended the year in a much stronger place within our urgent and emergency care (UEC) pathways and ambulance waits, although clearly we still have a long way to go.
- **System Chief Finance Officers (CFOs)** led the system to delivering the third consecutive year of financial balance with all organisations achieving financial balance. CFOs worked as a team to collectively manage risk and to develop a medium-term Financial Strategy focussed on addressing the underlying deficit.
- **System Directors of Strategy (DoS)** were integral in the partnership approach to developing our plans during 2022/23. They have ensured that plans are devolved into their respective organisations, both leading and contributing to the design and approach of system planning.
- **Our ICS People Collaborative approach** has continued to develop over time with health and social care partners. It is mature and effective in collectively tackling our workforce challenges and has been a key enabler to delivery during 2022/23.
- **Chief Nursing Officers and quality leads** have worked collaboratively to develop a framework and a set of mutually agreed quality principles. Our teams work collaboratively to identify early warning signs of emerging issues or impacts.
- **Our System Clinical and Professional Community** have delivered, along with organisational operational teams, a range of work.

This includes:

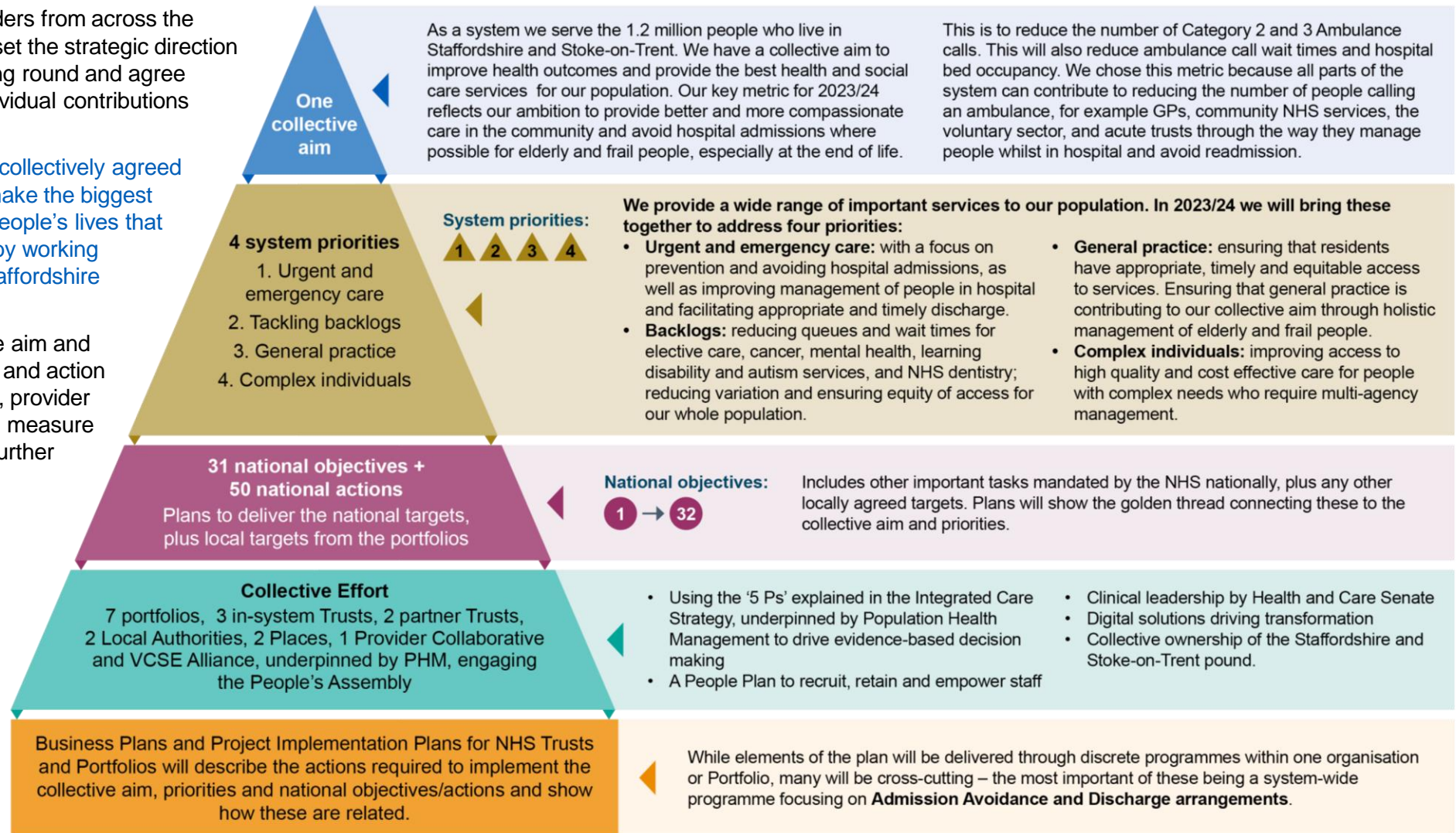
- the System Winter Plan to deliver enhancements to a number of schemes, including expansion of the Community Rapid Intervention Service (CRIS) to include a two-hour Urgent Community Response service, Community Falls Response services and expansion of our virtual wards offer
- making progress in recovering our elective waiting time performance during 2022/23, against an ongoing high level of COVID-19 infection, patient acuity, capacity constraints in social care, and workforce availability
- making good progress in reducing the backlogs of patients waiting 62 days or more for cancer treatment
- improvements across primary care, specifically face-to-face GP appointments, where Staffordshire and Stoke-on-Trent is the second-highest performing ICB in the region
- achieving transformation across mental health and learning disabilities the ICS has operated a comprehensive Mental Health Programme which has delivered a large number of improvements.

In developing the 2023/24 Operational Plan, we have reflected on the lessons learned in addressing the challenges over the last 12 months in both setting our local priorities and also in how we use our portfolios, places, provider collaboratives and our broader partners to set ourselves up for the delivery of those priorities in the next 12 months.

# The system plan on a page for 2023/24

- CEOs and system leaders from across the ICS came together to set the strategic direction for the 2023/24 planning round and agree organisational and individual contributions to that.
- As a system, we have collectively agreed the priorities that will make the biggest positive difference to people's lives that can be best achieved by working across the whole of Staffordshire and Stoke-on-Trent.
- We have one collective aim and each priority, objective and action is aligned to a portfolio, provider or partner. How we will measure delivery of is outlined further on in this plan.
- The key aim is to reduce the number of Category 2 and 3 ambulance calls.
- The system plan on a page has been agreed and signed off with our partners, Integrated Care Partnership and Integrated Care Board.


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# Our approach to developing our priorities

- This **one-year plan** reflects national and system priorities and builds on the ICP Strategy, the Health and Wellbeing Strategies, wider partner strategies and operating plans that focus on our local population
- The principles of our approach are illustrated in the diagram (our 'Hopper Model') which shows how the converging parts of our vision, ambitions and priorities will be delivered by working together to improve health outcomes and provide the best health and social care services for our population
- We used this hopper to create this plan that clearly defines the system objectives for the year ahead and apply those tasks to the appropriate part of the system – Trust, Provider Collaborative, Portfolio.



- 

**Informing our ambitions and priorities**  
We have used feedback, information, data & best practice to gain insight into the needs of our changing population, through JSNAs, engaging with our local people, existing partner plans ensuring alignment with national targets & priorities
- 1**

**A single vision for the future**  
We want people to live well, stay healthy and independent for as long as possible, accessing health and care services that meet people's needs 'making Staffordshire and Stoke-on-Trent the healthiest places to live and work'.
- 2**

**Integrated Care Partnership (ICP) Strategy**  
To achieve this vision we have developed an ICP Strategy which sets out our long-term ambitions at different stages of life: Start well, grow well, live well, age well and end well
- 3**

**Joint Forward Plan & Annual Operating Plan 2023/24**  
Our Joint Forward Plan sets out our key priorities of how we will work together over the next 5 years to deliver our ambitions. Our Annual System Operating Plan 2023/24 sets out our current priorities for this year
- 4**

**Our operating principles & commitments**  
We will deliver all of the above against a set of operating principles and commitments of how we will work together, these include our 5Ps.
- 5**

**How we will deliver our ambitions & priorities**  
We will deliver our ambitions and priorities through a range of vehicles set up to work at the level and scale required to make the biggest impact these include: Provider Collaborative, Place, Portfolios, PCNs and Providers

Icons on this slide designed by Freepik



# Our system-wide approach for pathway redesign

**Our goal:** We need to design models of care which help our patients and residents follow seamless care pathways and which remove unnecessary delays and duplication. In turn, these pathways need to help maximise the time our workforce spend in delivering care. Being successful in both of these aims will help us address the need for financial savings.

**Our approach:** One of the biggest challenges facing all systems is supporting the care of our frail elderly and those with long-term conditions. Our Continuing Healthcare (CHC) costs have increased by £50m, which is a cash-cost to the system. Our local authority partners are facing similar pressures in terms of funded social care placements. The demand for care currently outstrips the supply, resulting in lack of choice for our most vulnerable population and unsustainable pressure on our workforce in the care home sector. We know that some of these CHC and social care costs may be avoidable if patients are not admitted in the first place or, when they are, they are discharged with alternative home support packages. We know from evidence that patients degenerate if their discharge process is inadequate, and a large number of these people end up with a lifetime of dependency. Working together on admissions and discharges as two joined-up projects, we can positively impact on the quality of lives of our population. This will also have a positive impact on managing the demand for beds in the already constrained care home and positively impact on the finances. **So we propose two transformational projects for pathway redesign this in 2023/24:**

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## 1. Admission avoidance

A system team to join current work programmes and services together, to significantly reduce the number of admissions, with a focus on frailty and older people. This to include all five system Trusts and local authorities, with capacity from the ICB.

## 2. Discharge

An enhanced focus on connecting hospital discharge with CHC projects, D2A/Home First, Domiciliary Care services and social care. This will include all five system Trusts and local authorities, with capacity from ICB. Enhancing the integrated discharge model will support this overall aim.

Existing projects and services grouped and linked if appropriate to one of the two system transformation projects.

Acute Care at Home Provider Collab (Step up and Step down)	Same Day GP Access	Proactive Frailty: Healthy Ageing, Falls Prevention and Mild Frailty	Reactive Frailty: Moderate and Severe	LTC Programme	Integrated Discharge Team	Continuing Healthcare	Home First	Discharge Medicine Service	Project 86 (Complex MH)
	End of Life Programme			111 MH Response		End of Life Programme	Discharge to Assess		

**Portfolios:** To identify resource, to work into the appropriate transformation project, to work in a multi-organisation team, and to deliver the agreed metrics.

Prevention actions

# The case for a system-wide focus

## 1. Admission avoidance

- We need to reduce unnecessary hospital admissions for our frail elderly population through effective proactive interventions as well as providing rapid support at home when they become sub-acutely unwell. This requires the provision of effective out-of-hospital services including virtual wards, remote care systems and other community teams. Our focus should be on keeping people within their own homes – reducing the often negative impact of hospital admission. People almost universally prefer to avoid hospitals where possible – and we need to be able to offer them that choice
- Care and treatment in the usual place of residence is preferable – if safe to do so with an appropriate care model in place. We know that admitting elderly people via busy emergency departments can shorten their lives, and is often a poor experience
- There are still people who are at the end of their life being escalated into hospital who have clearly indicated they want their care at home, and an enhanced community offer will help ensure their wishes are met
- Avoiding unnecessary admissions will play an important part in improving our capacity to discharge people effectively.

## Benefits

- One system-wide operationally led project would reduce avoidable emergency admissions, improve the quality of life for people with long-term and acute conditions and their families, and would reduce pressures on cross-system resources. A key focus will be on older frail people for whom alternative services are a better route to maintaining their independence and quality of life, as well as being a much lower cost
- The focus will be to help clinicians access the existing services that we already have in place
- This will be established as a six-month task that will aim to reduce the number of people receiving their urgent care in the hospital setting.

# The case for a system-wide focus

## 2. Discharge

- We know all parts of the system either rely on or contribute to effective discharge arrangements and we spend monies in every organisation on aspects of facilitating discharge. We know that most people want to leave hospital and, where possible, return to possible living in their own homes. Many of these people are in the last 1,000 days of life, so we need to be able to get them home as swiftly as possible. Improving discharge pathways will improve people's lives and support their carers
- As a system, we need something big to get behind where there is a realistic opportunity to improve outcomes and simultaneously take out unnecessary costs. We know that too many people are being admitted to a hospital bed and then become deconditioned. Many are not discharged on a timely basis, and as a system we appear to discharge more people into bed-based care rather than getting them home. We also have rising numbers requiring

expensive CHC packages / social care compared to peers, with many remaining dependent on the health and care system for the rest of their lives. We should be striving to restore independence for our population



- This cohort of people are cared for across acute, community and social care elements our system, and this is where there is evidence of duplication of effort and a risk of gaps between services
- We know we have implemented step-down services like virtual wards which are not being used to their full potential.

We need to understand why this is the case and how those services need to be changed to maximise their impact/productivity. We need to engage with clinicians across the system to make the most of the opportunity that virtual wards and telehealth offer our population.

## Benefits

- The system aim should be for one system-wide, operationally-led project that would improve the lives of people (largely the elderly or those with complex needs), who are ending their lives in a state of dependency with the opportunity to reduce inefficiencies, remove duplicated effort and ultimately take costs out of the CHC and social care
- To critically review all aspects of discharge processes and support through a structured approach to redesign a seamless pathway. This needs to maximise the impact of services commissioned through the Better Care Fund as well as by local authorities and the NHS, and should address unwarranted variation within the system in terms of access to service offers
- We will set this up as a six-month task, that will deliver cash out from CHC and social care later in 2023/24, but more importantly lead us to a better 2024/25 and beyond.

# How we will deliver the plan

- All portfolios have identified the actions that they need to address in 2023/24. These actions come from a mixture of:
    - 31 national objectives and 50 national actions
    - Ongoing national Long Term Plan 2019 commitments
    - National guidance and frameworks not published as part of the 2023/24 planning guidance
    - Other locally determined actions to address system priorities of providers, local authorities and our broader system partners
    - Where actions are the responsibility of one of the statutory organisations, the governance arrangements of that organisation will apply and the ICB will take assurance from those governance mechanisms
    - Where actions require several organisations to be involved, the ICB governance mechanism applies and decisions and monitoring occurs at the system level
    - Each slide indicates which [national objectives](#) the portfolio will deliver or which local priority they will contribute to using a circle or a triangle.  
Example:  
**System priorities:**  **National objectives:** 
  - A list of the [national objectives](#) is provided on slide 54.
  - The plan is underpinned by a more detailed outline of objectives/deliverables across each quarter. The link to the detail of each Portfolio plan is available from each lead.
- We are keen to build on the successes of 2022/23 by being a lot more rigorous in our assessment of delivery. The system Programme Management Office (PMO) and the Transformation Delivery Unit (TDU) will coordinate the monitoring of all tasks and metrics. Exceptions will be discussed and corrective action agreed at System Performance Group, then scrutinised at System Finance and Performance Committee
  - We will deliver our ambitions and priorities through a range of vehicles that have been set up to work at the level and scale required to make the biggest impact on improving population health and wellbeing in Staffordshire and Stoke-on-Trent. These include:
    - **Provider Collaborative:** Enabling workstreams as the delivery vehicle for transformation at scale to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers
    - **Place:** Aligning with our local authorities where at scale is required with multiple partners
    - **Portfolios:** Bringing delivery and local transformation together
    - **Primary Care Networks (PCNs):** PCNs build on existing primary care services and enable more resilient delivery of primary care in local neighbourhoods, and the integration of health and care services
    - **Providers and Partners:** Provider organisations will focus on local service change when this is required to drive change and efficiency and includes a range of providers in an advisory capacity.

# Summary of what we will deliver

- The place mat demonstrates at a high level, objectives, metrics and deliverables of the System Plan
- This is underpinned by Business Plans and Project Implementation Plans for NHS trusts. Through Portfolios, we have described the actions required to implement the collective aim, priorities and national objectives/actions and show how these are related.

PORTFOLIO	Children and Young People / Maternity	Planned Care, Diagnostics & Cancer	Improving Population Health	Urgent & Emergency Care	Mental Health, Learning Disability and Autism	Primary Care	End of Life, LTCS and Frailty (ELF)
	<ul style="list-style-type: none"> <li>• Deliver the key NHS Long Term Plan ambitions for a strong start in life for children and young people</li> <li>• Implementation of the national delivery plan for maternity and neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the goals for elective recovery in planned, cancer and diagnostics</li> </ul>	<ul style="list-style-type: none"> <li>• Embed measures to improve health and reduce inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery of Urgent and Emergency Care Services</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the key NHS Long Term Plan ambitions</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the vision outlined in the Fuller Stocktake and make it easier for people to contact a GP practice</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the Ambitions for Palliative and End of Life Care national framework</li> <li>• Deliver the key NHS Long Term Plan ambitions supporting people to age well</li> <li>• Deliver the NHS Long Term Plan prevention priorities</li> </ul>
NATIONAL OBJECTIVES	13 14	6 7 8 9 10 11 12	27 28 29	1 2 3 4	19 20 21 22 23 24 25 26	5 15 16 17 18	
SYSTEM PRIORITIES	1 3 4	1 2	1 2 3 4	1 2	1 2 3	1 2 3	1 2
KEY METRICS / DELIVERABLES	<ul style="list-style-type: none"> <li>• Design and Implement Long Term Conditions Programme (Diabetes, Epilepsy and Asthma)</li> <li>• Implement Children with Complex Needs Project</li> <li>• Implementation of the national delivery plan for maternity and neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing implementation of Patient Initiative Follow Up (PIFU)</li> <li>• Trajectory for eliminating 65 week waits delivered</li> <li>• Meeting 85% day case /theatre utilisation</li> <li>• Introduce Community Diagnostic HUBs</li> <li>• Optimal use of lower GI 2ww</li> </ul>	<ul style="list-style-type: none"> <li>• Systematic implementation of the Core20 approach</li> <li>• Implement NHS Long Term Plan prevention programmes</li> <li>• Utilise population health management techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Capital Investment Case</li> <li>• 76% of patients seen within 4 hours in A&amp;E</li> <li>• Bed occupancy 92% or below</li> <li>• Full review and priority setting for virtual wards.</li> <li>• Enhance provider collaborative offer to include the Clinical Assessment Service.</li> <li>• Deliver a fully integrated discharge "hub"</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the crisis pathways including 111 and ambulance response</li> <li>• Undertake a PICU Options Appraisal</li> <li>• Minimise waiting times for autism diagnosis</li> <li>• Increased number of people accessing IAPT</li> <li>• Increased number of people with SMI having annual physical health check</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver ARRS recruitment</li> <li>• Implement digital solutions to provide enhanced remote care to people.</li> <li>• Deliver recovery of dental activity</li> <li>• Implement POD Delegation</li> </ul>	<ul style="list-style-type: none"> <li>• The creation of a PEoLC strategy</li> <li>• Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care</li> <li>• LTC strategy</li> <li>• Transformation programme around CVD, Respiratory and Diabetes</li> <li>• Delivery of the frailty strategy</li> </ul>
	PEOPLE & COMMUNITIES	PERSONALISED CARE		PERSONAL RESPONSIBILITIES		PREVENTION & INEQUALITIES	PRODUCTIVITY

Part 2

# Our Portfolios focus for 2023/24

## Bringing delivery and local transformation together

- Our Portfolios are aligned to eight key focus areas: Urgent and Emergency Care; Planned care including cancer and diagnostics; End of Life, Long-Term Conditions and Frailty; Primary Care; Mental Health, Learning Disabilities and Autism; Children and Young People and Maternity; Improving Population Health
- Each Portfolio has an agreed set of senior leadership roles including an Executive Sponsor, a Senior Responsible Officer (SRO), a Portfolio Director and a Clinical Director.





# Urgent and emergency care

- We are [working in partnership](#) with our provider organisations across including University Hospitals of North Midlands NHS Trust, University Hospitals of Derby and Burton NHS Foundation Trust, Midlands Partnership University NHS Foundation Trust, Staffordshire County Council, Stoke-on-Trent City Council, West Midlands Ambulance Service, East Midlands Ambulance Service, Midlands and Lancashire Commissioning Support Unit, North Staffordshire Combined Healthcare NHS Trust and other key providers including primary care and the third sector. Our revised governance structure fully reflects this
- [Provision of services has been extremely challenging](#). Our population have experienced significant delays in accessing urgent and emergency care, with our hospitals unable to meet the required A&E waiting time standards. Across the country, ambulance handover delays have reached critical levels – leading to considerable delays for people waiting in the community – especially for our Category 2 and 3 patients
- As a system, we have [worked together to co-produce and agree local plans to develop the capacity required to deliver UEC recovery](#). These plans feed into our more detailed local UEC plans. In developing our short, medium and longer term strategy for UEC, we have focussed on seven priority areas for 2023/24 which are fully aligned to the 2023/24 national UEC Recovery Plan. The focus is to ensure consistent simplified delivery and our plans are be focused on provider collaboration where appropriate.

## Our commitment

“We recognise that people in our catchment areas deserve the best quality urgent and emergency care, as close to home as possible, and as swiftly as possible. Our work through the UEC Board aims to offer people rapid access to assessments and treatments, whether they are being looked after in their home, in primary care, by paramedics or in the hospital. We intend to make use of the full range of technology to manage the needs of people, ranging from traditional one-to-one appointments to virtual consultations and wearable devices to monitor vital signs without leaving their home.”

**Matthew Lewis, SRO**

## Our high level key measures for urgent and emergency care

		Year 1 (2023/24)				
	Objective	Baseline	Q1	Q2	Q3	Q4
Recovery	Improve A&E waiting times so that no less than 76% of patients are seen within four hours by March 2024 with further improvement in 2024/25.	76.2%	72.0%	79.7%	77.5%	75.6%
	Reduce adult general and acute (G&A) bed occupancy to 92% or below*.	91.7%	90.6%	90.6%	90.6%	90.6%
Pre-hospital	Consistently meet or exceed the 70% two-hour urgent community response (UCR) standard.	84.4%	85%	85%	85%	85%
	Reach 80% utilisation of virtual wards at a minimum by the end of September 2023.	35%	63.9%	70.9%	75.5%	86.2%
Post-hospital	Improve number of discharges on Pathway 0 to 80%.	72%	76.4%	77.6%	78.8%	80%

\* Subject to successful capital investment for additional beds



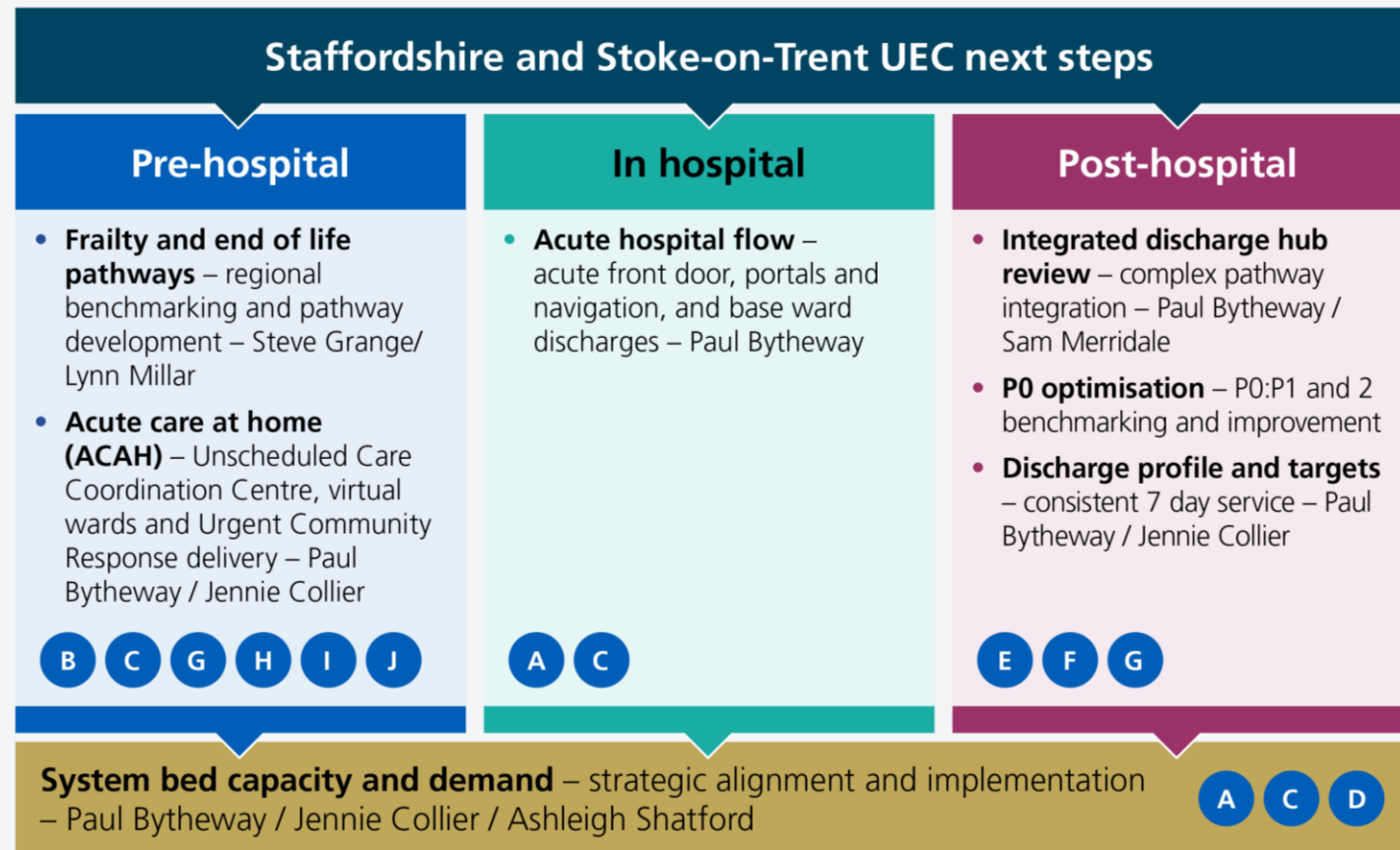
# Urgent and emergency care 2023/24 deliverables



- Deliver the wide ranging actions set out in National UEC Recovery Plan 1 2 3 4
- Deliver the system UEC Delivery seven-point plan pre-hospital, in hospital and post-hospital 1 2 3 4

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- Progress [capital investment business case](#) for 45 additional beds at Royal Stoke University Hospital – essential to close the peak capacity gap in winter 2023/24
- Full review and priority setting for [virtual wards](#)
- Work with interdependent strategies and programmes e.g. primary care, mental health, end of life, long-term conditions and frailty
- Full review of the access programme with a view to enhancing provider collaborative offer to include the [Clinical Assessment Service](#)
- Work with UHNM on the UEC improvement programme to [improve acute hospital flow](#), and deliver the 76% emergency department standard, the 92% occupancy target and improve ambulance handover delays
- Deliver a [fully integrated discharge “hub”](#) with a single operational tasking structure and physical co-location
- Improve the discharge profile and targets and achieve a [consistent seven-day service](#).







# Planned care including cancer and diagnostics

- Despite improvements in 2021 and 2022 compared to the first year of the pandemic, the number of electives and outpatient attendances currently being carried out is still well below pre-pandemic levels
- All providers of planned care continue to work towards recovery of elective and day case activity; people continue to be triaged for potential referral to the Independent Sector and other NHS trusts
- Building on both the operational planning guidance and also the NHS Triple Aim, the Planned Care, Cancer and Diagnostics Portfolio has two main aims: recovery and transformation for 2023/24 and beyond
- The ICB shows a similar profile to the national one, with a large increase in the numbers of people on the referral to treatment (RTT) waiting lists and a corresponding decrease in performance against the 18-week target
- Additionally, the number of people waiting over 52 weeks for treatment and over six weeks for diagnostics has increased. We will continue to build on the progress made in reducing the number of people waiting over 104 and 78 weeks for their surgery.

## Our commitment

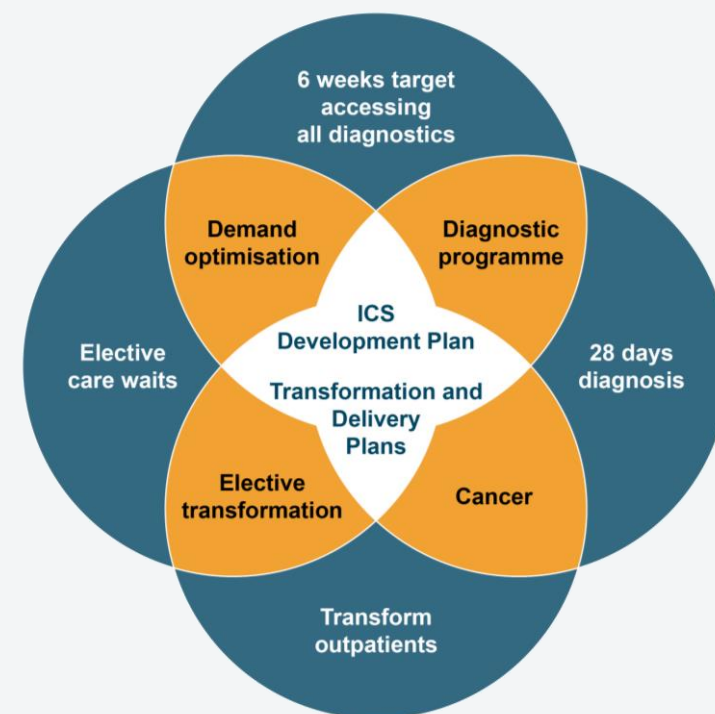
“From a planned care perspective, the ICS continues to focus on the delivery of two overarching objectives – the recovery of capacity to levels that meet or exceed that in existed pre-COVID in order to eliminate long waiting times, as well as the transformation of patient pathways in order to promote the use of alternatives to traditional outpatient and surgical interventions.

“Continued focus on access and reporting of diagnostic services will ensure the delivery of cancer pathways and the ability of primary care clinicians to deliver care in the most appropriate settings.”

Helen Ashley, SRO

## At ICB level as at 2 April 2023:

- **8,966** people were waiting more than **52 weeks**, compared to 8,213 people in the same week in 2022 (w/e 03/04)
- **588** people were waiting more than **78 weeks**, compared to 2,001 people in the same week in 2022 (w/e 03/04)
- **44** people were waiting more than **104 weeks**, compared to 613 people in the same week in 2022 (w/e 03/04).





# Planned care 2023/24 deliverables

- Eliminate waits of over 65 weeks **6**
- Aim to reduce outpatient follow-ups
- Deliver the system-specific elective activity target (103%) **7**
- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations
- Referral and intervention management
- Outpatient transformation

- We will support the **reduction of 65-week waits** through ongoing validation and review of long waiters. ICS partners will collaborate to ensure all available capacity is used to clear backlog of patients waiting for treatment. This will include the use of mutual aid from providers external to the system and the ICS will work with people to take up the offer of treatment. The ICS will make full use of the NHS 'Choice' agenda to ensure people can receive timely treatment
- We will aim to deliver an appropriate **reduction in outpatient follow-ups** through continuing to provide improved access to primary care services, increasing the diversion rate of outpatient attendances and exploring opportunities through reinvigoration of the system Demand Management Group
- We will deliver the system-specific **elective activity target** and create additional outpatient activity through driving the implementation of the Patient Initiative Follow Up (PIFU) work to support a personalised care model
- The ICS will implement GIRFT recommendations and **improve and maintain theatre productivity** and other efficiency measures.

## Our high level key measures for planned care

Objective	Year 1 (2023/24)				
	Baseline	Q1	Q2	Q3	Q4
Eliminate waits of over 65 weeks for elective care by March 2024.*	2,267 (Dec 2022)	2,925 <i>1,680</i>	2,140 <i>1,272</i>	1,199 <i>750</i>	0 <i>0</i>
Aim to deliver a reduction in OPFU in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024.	520,688 (2019/20)	132,081	136,761	135,834	136,344
Deliver the system-specific elective activity target 103%.	103%	103.9%	103.2%	103.0%	103.0%
Increase productivity and meet the 85% day case and 85% theatre utilisation expectations.**	System submission compliant	<i>UHNM internal trajectory</i>	<i>UHNM internal trajectory</i>	<i>UHNM internal trajectory</i>	<i>UHNM internal trajectory</i>

\*ICB level trajectories are shown for 65-week waits first, with UHNM trajectories shown underneath in italics

\*\*System submission is compliant. Current UHNM performance achieves 85% overall.



# Cancer and diagnostics 2023/24 deliverables



- Increase the percentage of people that receive a diagnostic test within six weeks **8**
- Deliver increased diagnostic activity and capacity **9**
- Meet national standards to reduce the number of people waiting over 62 days **10**
- Meet the faster diagnosis standard **11**
- Increase the percentage of cancers diagnosed at stages 1 and 2 **12**

- Continue to improve diagnostic test wait times and activity levels through [improved use of existing capacity](#). In 2023/24, we have planned to deliver 20% more diagnostic test activity than 2019/20 – maximising the pace of roll-out of Community Diagnostic Centres (CDCs)
- We will build on the progress made to improve performance against cancer standards through:
  - Supporting capacity expansion – especially [diagnostic capacity](#) at pathway pinch-points
  - Ensuring as many [two-week wait skin referrals](#) as possible are accompanied by high quality images to enable remote triage and maximise discharge / Straight to excision without outpatient appointment
  - Ensuring optimal use of lower GI two-week wait referrals by diverting [FIT negative](#) patients to alternative pathways where clinically appropriate
  - Promote more consistent primary care [initiated “straight to test”](#).
- Promote and maximise use of [non-site specific referral pathways](#)
- Support an increase in the percentage of cancers diagnosed at an early stage through:
- Targeting communities with poorer outcomes to [increase awareness of cancer symptoms](#) and importance of cancer screening programmes
  - Expand the [Targeted Lung Health Check Programme](#) into south Staffordshire.
- Use the Midlands Cancer Screening Dashboard to [inform targeted interventions](#) that improve screening uptake, address late-stage diagnosis and health inequalities.

## Our high level key measures for cancer and diagnostics

		Year 1 (2023/24)				
	Objective	Baseline	Q1	Q2	Q3	Q4
Diagnostic recovery	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.	65.60% (Oct 2022)	69.13%	75.64%	76.58%	78.56%
	Deliver increased diagnostic activity levels.	470,585 (2019/20)	133,856	143,026	143,225	143,170
Cancer recovery	Reduce the number of patients waiting over 62 days (UHNM).**	740 (Dec 2022)	170	148	124	102
	Meet the 75% cancer faster diagnosis standard by March 2024 (UHNM).	57.62% (Dec 2022)	67.49%	70.77%	75.46%	79.98%
	Meet the 28 day waits faster diagnosis standard 75% (ICB).	62.67% (Nov 2022)	68.53%	71.36%	75.16%	78.76%
	Increase the number of patients with suspected cancer seen on a non-specific pathway following GP referral or referral from another service (ICB).	24 (Oct 2022)	83	109	123	140
	Increase the percentage of lower GI suspected cancer referrals with an accompanying FIT result (ICB).	62% (Oct 2022)	71.97%	90.91%	84.77%	94%

\*\* At the point of publication of this plan, regional and national discussions are ongoing in relation for an improved trajectory of 62 day waits – so these numbers may change. In addition, the diagnostic recovery target is set for March 2025, the figures above show the trajectory for the first year only 2023/24.



# End of life, long-term conditions and frailty

## Palliative and end of life care

We aim to help **meet peoples' wishes**, including their preferred place of care and death which requires consistent effective identification, care planning and for rapid processes for discharge to be in place. This requires close working between inpatient team and the community-based services including local authorities, voluntary and community sector, pharmacy, the ambulance service and our local hospices.

## Long-term conditions

Existing plans include developing **Clinical Improvement Groups** to provide strategic overview of the system, and developing a strategy to improve the health outcomes and quality of life for all those living with or at risk of cardiovascular disease (CVD), diabetes and respiratory conditions. CVD and respiratory conditions are also explicitly referenced in the ICP Strategy – focused on how we reduce premature deaths from them.

## Frailty

We aim to delay the onset of frailty and slow down its progression. Care of older people will be more streamlined to make our pathways more collaborative, integrated and patient-centred – reflecting five key areas of our Frailty Strategy: Prevention and Healthy Ageing, Mild, Moderate and Severe Frailty, and Proactive Falls Prevention.

## Our commitment

“Our Portfolio is committed to high-quality, person-centred care pathways and culture. Using outstanding leadership, clinical governance and culture which will be used to drive and improve the delivery of high-quality person-centred care for our end of life, long-term conditions and frailty pathways. We aim to drive the prevention agenda forward using a coproduced, multiagency approach backed with sound data and future modelling which will enable us to predict demand and meet the needs and aspirations of our population. We will ensure this is supported with high standards of transformation methodologies and planning oversight which will be delivered and assured through a full Portfolio governance approach. Ensuring the right partners at the right times are at the helm of everything we do and that people are at the heart of the Portfolio.”

Steve Grange, SRO

## Our high level key measures of success for end of life, frailty and long-term conditions

	Objective	Baseline
PEoLC	Identification of patients in the last 12 months of life recorded on Palliative Care Registers in primary care increased from 0.5%.	0.5% 2021/22 and mid-Mar 2023
Long-term conditions	Enrol 85% of those referred for pulmonary rehabilitation (PR) with stable COPD within 90 days.	N/A
	Ensure 70% of patients enrolled for PR go on to complete the programme and have a discharge assessment.	N/A
	Eight care processes – increased offer rollout to diabetes patients.	Only 37.7% reach, based on 2021/22 data
	Patients with >20% increased chance of CVD treated with statins.	Only 57.4% reach, based on 2021/22 data
	AF – 10% increase screening/identification (Pulse Check).	Baseline 32% mid-March 2023
Frailty	10% increase in the number of people with severe frailty who have a completed ReSPECT document and an Anticipatory Care Plan.	Based on performance end of 2022/23, the baseline is 5,714 using: <ul style="list-style-type: none"> <li>• Unique views on SCC adult social care webpages: 3,723</li> <li>• Unique views of Staffordshire Connects adult homepage: 1,641</li> <li>• CHPs: 348</li> <li>• Mild frailty digital self-management of risk: baseline 0 (new offer)</li> <li>• MECC digital self-completion: baseline 0 (new offer)</li> </ul>
	90% completion rate of the Clinical Frailty Scale (Rockwood) for each moderately frail patient assessed as part of Staying Well Service and Facilitated Admission Avoidance Scheme.	N/A
	10% increase in the number of people accessing self-help and support under prevention service offer, Staffordshire County Council service adult social care webpages, Staffordshire Connects and community health partnerships.	5,714, based on performance end of 2022/23
	HN service offer to identify 2,000 patients at risk of hospital admission with a 5% reduction in the cohort	Pilot showed a 26% reduction in the cohort, but that has many caveats



# End of life, long-term conditions and frailty 2023/24 deliverables



- Drive improvement in Palliative and End of Life Care (PEoLC) framed by the National Ambitions, including the new legal duty (Health and Care Act 2022)
- Deliver the outcomes for patients and carers which are described in the National Ambitions for PEoLC
- Develop a comprehensive Long-Term Conditions Strategy
- Agree a healthy ageing and prevent/delay Frailty Plan.

## Palliative and End of Life Care (PEoLC)

In response to the six National Ambitions and the statutory duty on ICBs to commission PEoLC, the programme of work for 2023/24 will include:

1. Developing comprehensive [PEoLC Needs Assessment](#) identifying key demographics, inequalities, baseline, current performance and predictive modelling
2. Developing a [strategy for Palliative and End of Life Care](#). This is expected to include:
  - [24/7 access](#) including a Co-ordination and Advice Line
  - Access and availability of [palliative care medication](#)
  - Improving identification of people in the last year of life, the number and quality of Respect Plans completed
  - Workforce and training.

## Long-term conditions

During 2023/24, a refresh of the current programme structure and approach will take place. To support this, we will:

- Develop a comprehensive Long-Term Conditions Strategy, reflecting the ambitions of the NHS Long Term Plan. We will use a population health management (PHM) approach to improve health outcomes, reduce health inequalities and reduce disease progression in cardiovascular disease, diabetes and respiratory.

This will be scoped against national guidance including the NHS Long Term Plan and in conjunction with other Portfolios to ensure that all interdependencies are identified and considered as part of the strategy development.

Concurrently the Portfolio will continue to focus on actions within the following projects:

- Improving uptake of the eight care processes
- Improving care of foot ulcers and reducing amputation rates caused by diabetes
- National Diabetes Prevention Programme
- Case finding and accurate diagnosis of chronic obstructive pulmonary disease (COPD)
- Improving access to pulmonary rehabilitation.

## Frailty

During 2023/24, we will:

- Develop a healthy ageing and prevent/delay Frailty Plan
- Implement the Loneliness Reduction Plan
- Agree and roll out the system-wide Outcomes Framework.



# Primary care

We have set out a strategy for the next five years to deliver the [vision](#) for General Practice. During 2023/24, we implement year one of our strategy.

### Our population will experience:

- More integrated, personalised and flexible care
- An equitable offer of general practice provision
- Reduced variation in care, services and outcomes
- Empowerment to self-care.

### The ICB will:

- Work in partnership on the existing programmes to tackle the challenges around recruitment and retention of the workforce and addressing workload pressures
- Provide consistent training and development, as well as health and wellbeing initiatives, to support our workforce
- Support general practice to have a strong and consensus voice locally and within the system
- Integrate actions from the four building blocks in the Fuller Stocktake into our existing eight enabler programmes.

## Our commitment

“This is an exciting time for primary care. The ICB will soon publish a General Practice Strategy developed in partnership with GPs and sets a shared ambition to improve access, experience and outcomes for our population. This will sit alongside the ICB taking on delegated responsibility for other elements of primary care including dentistry, pharmacy and optometry. This means for the first time the service planning and delivery of all aspects of primary care will be together in one place and offers huge opportunities for us to better reflect the needs of our local populations”.

“At the same time, we have ambitious plans for building on the great work of our Medicines Optimisation team to increase their profile across the ICS and offer a tangible demonstration of the value they have to offer in improving services to our communities.”

**Chris Bird, Chief Transformation Officer**

## Our high level key measures for primary care

	Objective	Baseline	Year 1 (2023/24)			
			Q1	Q2	Q3	Q4
Access	Deliver more appointments in general practice by the end of March 2024.	5,917,885 (FOT)	1,369,269	1,444,707	1,613,923	1,359,691
Workforce	Deliver Additional Roles Reimbursement Scheme (ARRS) recruitment against 26K additional roles by March 2024.	388.70 (FOT)	451.73	503.67	555.60	608.17
	GP WTE (working towards national 6K target) by March 2024.	680.9 (Feb 23)	682.57	677.43	672.28	667.87
Dental activity recovery	Recover dental activity towards pre-pandemic levels.	1,908,485 (Year to end Jan)	469,462	469,462	469,462	469,462



# Primary care 2023/24 deliverables



- Improve access to the right primary care services **5**
- Deliver more appointments in line with the national trajectory **15 16**
- Continue workforce and recruitment to Additional Roles Reimbursement Scheme (ARRS) and WTE GP roles **17**
- Implementation of the Fuller Stocktake
- Support recovery of backlogs across the system (including dental) **18**

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- We will build on the programme of work already started to improve access and deliver **more appointments** in general practice by end of March 2024 evidenced through the quarterly trajectory in place for 2023/24. Practices will be supported with digital solutions including advanced telephony solutions, online consultations, video consultation, messaging and booking solutions, GP Connect (allowing NHS111 to book into GP appointment books) to **provide enhanced remote care** to people
- We will continue to focus on **increasing workforce numbers**, with more GPs and general practice nurses recruited and retained and a further increase of additional roles to compliment the general practice skill mix
- We will implement the vision of **the Fuller Stocktake** report focusing on a population health management approach through the building of integrated neighbourhood teams, same day urgent access, prevention and personalised care
- We will review and implement the recommendations from the **national general practice access recovery plan** when this is published focusing initial recovery actions on:
  - The POD Joint Commissioning Groups (West Midlands) which have set contracts with all dental providers (units per quarter) to **recover backlogs in dental activity**
  - **Recovery of mental health performance** around supporting dementia diagnosis and SMI annual physical health checks.





# Medicines optimisation 2023/24 deliverables



- Enhance service provision through community pharmacy to improve access to healthcare in primary care **5**
- Reduce overprescribing in general practice **30**
- Reduce the carbon impact of medicines
- Reduce the risk of microbial resistance to antibiotics used in primary care
- Reduce the risk of harm to people from medicines

- The Community Pharmacist Consultation service will **improve access** to primary care by referring people requiring advice and treatment for certain minor illness conditions from a GP practice to a community pharmacist, ensuring that people have access to the same levels of care, close to home and with an emphasis on self-care. This will be evidenced through the quarterly trajectory in place for 2023/24
- Population health management data relating to **prescribing** trends in primary care shows that the ICB has high level of polypharmacy. Clinical pharmacists employed in general practice will support teams to **conduct structured medication** reviews in people aged 65 and over with eight or more prescription items including care home residents who also tend to be on multiple drugs
- Of all the medicines, inhalers used in asthma and COPD contribute the most to **carbon emissions** in the environment. The ICB Medicines Optimisation team has produced guidance on choice of inhalers. Practices will be supported to implement this guidance in 2023/24
- Last year, 83% of practices completed audits on antibiotic prescribing and identified areas for improvement with regard to managing volume of prescribing and meeting NICE recommendations on choice and appropriate dosing of **antibiotics**. During 2023/24, practices will be supported to implement interventions targeted at areas requiring improvement.

## Our high level key measures for medicines optimisation

		Year 1 (2023/24)				
	Objective	Baseline	Q1	Q2	Q3	Q4
Access	Referrals to Community Pharmacist Consultation service from all relevant sources (general practice and NHS 111).	24,210 (general practice Apr 2022-Mar 2020) 7,351 (NHS 111 Jan 2021-Oct 2022)	7,427	7,569	10,749	8,513
Overprescribing	% of structured medication reviews conducted in general practice.	Based on % delivery of 20,429 SMRs	15%	40%	70%	100%
Carbon impact	Inhalers with low carbon impact as a percentage of all inhalers (based on prescriptions dispensed).	44.94% (per quarter)	44.94% %	45.44% %	45.94% %	46.44% %
Clinical Audit	Number of patient case notes reviewed as part of clinical audit programme on prescribing.	Target 80% of maximum of 9,045	0	2,412	4,824	7,236
Antibiotics (AMR)	Number of antibiotic prescriptions per weighted patient (known as STAR-PU) per year.	Current 12-month rolling average is 1.123	= or < 1.161	= or < 1.161	= or < 1.161	= or < 1.161
Cost	% of CIP delivered.	80% target	20%	40%	60%	80%





# Mental health, learning disabilities and autism

- We know that the pandemic has had a significant impact on mental health, and this is now compounded by the cost-of-living crisis. Mental health demand and acuity is high as a direct consequence of the COVID-19 pandemic – with national predictions for mental health needs to remain at elevated levels for some time to come
- Much work has been undertaken over recent years to transform services and this will continue through the delivery of our plans in 2023/24.

**The vision for mental health, learning disabilities and autism is to ensure older people, adults, young people and children feel supported whether they find themselves in need of help in crisis or to maintain their day-to-day mental health and wellbeing.**

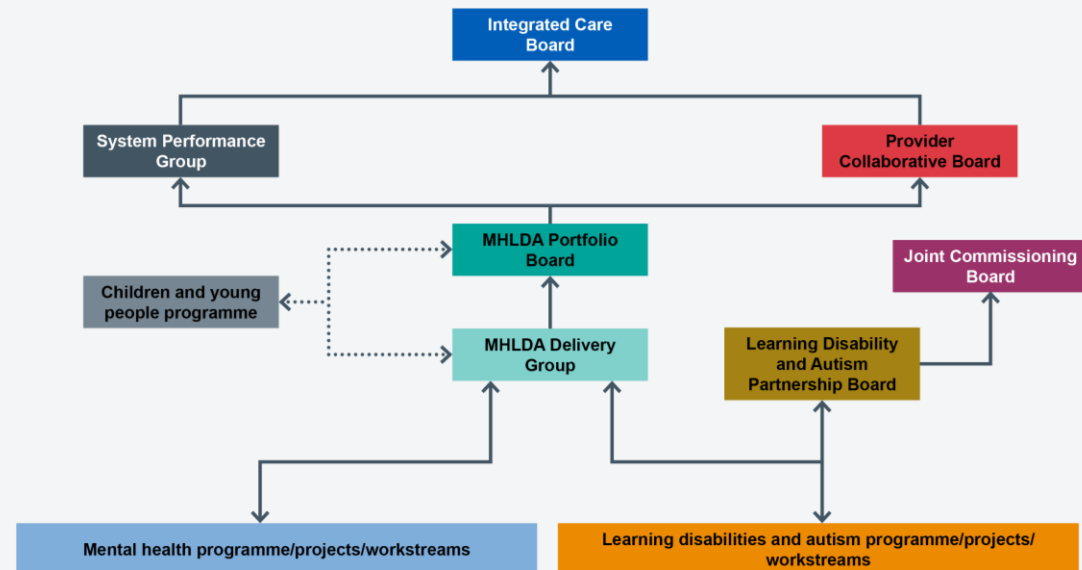
- We work in an integrated and collaborative way to ensure mental health is given equal priority to physical health needs and people receive the help and support they need closer to home and family
- By bringing together leaders from all local partners, we will continue to raise the profile of mental health in our system and enable new models of support to be developed, delivered by a wide range of partners
- The Mental Health, Learning Disability and Autism Portfolio brings together local commissioners, providers, regulators, the voluntary sector and other local stakeholders to identify, test, agree and implement the optimal solution of mental healthcare services for the local health and care economy
- We recognise that our plans need to be linked with the work of a range of other Portfolios (e.g. children and young people and urgent and emergency care), and that there are interdependencies across the ICB.

## Our commitment

“As a system, we are well on our journey to make mental health, learning and disability and autism everyone’s business. Over the coming year, we will operationalise our investment in perinatal mental health, mental health ambulance provision and children’s autism services, while still progressing our community mental health transformation and transforming care (for people with a learning disability) programmes to deliver effective care for our population. The impact (and challenge) that comes with the wider implementation of the Oliver McGowan training programme is not to be underestimated, both in terms of the operational challenges it will create but also in raising understanding across the whole health and social care system.”

**Ben Richards, SRO**

## Mental health, learning disabilities and autism Portfolio





# Mental health 2023/24 deliverables



- Improve access to mental health support for children and young people **19**
- Increase the number of people accessing IAPT treatment, perinatal mental health services and supported by community mental health services **20** **21** **23** **24**
- Work towards eliminating inappropriate adult acute out of area placements **22**
- Improve the crisis pathways including 111 and ambulance response

- We will continue to seek to increase the number of people accessing [Talking Therapies \(IAPT\)](#) treatment to populations that will benefit from interventions, including those who are currently under-represented, increasing opportunities for liaison with physical health pathways, and combining psychological treatment with employment support
- In collaboration with our maternity providers and maternity Portfolio, we will increase access to [perinatal mental health services](#) recruiting in line with indicative 2023/24 workforce profile and contribute to the delivery of the Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan by understanding and improving equalities of access
- We will continue to work towards [eliminating inappropriate adult acute out of area placements](#) during 2023/24 by completing demand and capacity work and appraising and implementing our options for PICU
- We will co-create the long-term vision and service model to localise and realign inpatient services and improve therapeutic inpatient care and repatriating service users with complex rehab needs
- Working collaboratively with the UEC Portfolio, we will improve the crisis pathways for all ages, including [111 and ambulance response](#) through agreed processes with our 111 provider, outlining the call flow process of people in crisis calling NHS 111 and the national procurement of mental health response vehicles (MHRVs).

## Our high level key measures for mental health

	Objective	Year 1 (2023/24)				
		Baseline	Q1	Q2	Q3	Q4
<b>Out of area placements</b>	Work towards eliminating inappropriate adult acute mental health out of area placement (OAP) bed days.	160	0	0	0	0
<b>IAPT access</b>	Increase the number of adults and older adults accessing IAPT treatment.	7,579.5	7,367	7,509	7,650	7,792 (30,318 Year-end)
<b>Adult mental health</b>	Achieve a 5% year-on-year increase in the number of adults and older adults supported by community mental health services.	11,241 (2022/23 Q1)	10,934	11,513	12,093	12,678
<b>Perinatal access</b>	Improve access to perinatal mental health services.	760	304	608	912	1,216
<b>CYP access</b>	Improve access to mental health support for children and young people through increasing the number of under-18s supported through NHS-funded MH services.	16,300.5	15,154	15,800	16,600	17,648
<b>SMI physical health checks</b>	Number of people with SMI having annual physical health check.	3,695 (2021/22)	3,967	4,587	5,282	6,268
<b>Dementia</b>	Recover the dementia diagnosis rate to 66.7%.	69.4% (Feb 2023)	74.99%	75.67%	76.57%	75.74%



# Learning disabilities and autism 2023/24 deliverables

- Make learning disabilities and autism everyone’s business to ensure equal access and reasonable adjustments are considered across all services
- Increase the rates of annual health checks **25**
- Improve and minimise waiting times for autism diagnosis
- Reduce reliance on inpatient care for both adults and children **26**
- Implement the actions coming out of Learning Disability Mortality Reviews (LeDeRs)

Our plans are arranged around six workstreams to deliver against the priorities for learning disability and autism:

1. **Identification** – primary care actions to establish baselines at PCN, Place and ICS level and undertake Health and Wellbeing roadshows. This will support us to increase the number of annual health checks and quality of their impact
  2. **Place** – housing provision and home in the local community. Making education, employment and life more accessible and inclusive
  3. **Universal services** – dentists, opticians and wider preventative services are accessible to all with reasonable adjustments
  4. **Dedicated care and support** – to develop a joint independent sector market with health and social Care that is fit for purpose
  5. **Community services** – secondary mental health services for people with a learning disability and autism
  6. **Inpatient settings** – appropriateness, with the right care locally supporting timely discharge, reducing reliance on inpatient care where appropriate. Physical conditions and mental wellbeing are both part of this workstream.
- Across the ICS, we will also improve understanding of the needs of people with learning disabilities and autism and work together to improve their health and wellbeing through the roll out of the Oliver McGowan mandatory training.

## Our high level key measures for learning disability and autism

Objective	Baseline	Year 1 (2023/24)				
		Q1	Q2	Q3	Q4	
<b>Learning disability registers and annual health check</b>	75% of people with learning disability (aged 14+) have a completed annual health check.	80.7% (FOT)	13%	32%	53%	75%
<b>Autism Assessments to begin within 13 weeks (average)</b>	Minimise waiting times for autism assessment (MPFT CYP).	13 weeks	13	13	13	13
	Minimise waiting times for autism assessment (Black County adults).	60 weeks	60	60	50	45
	Minimise waiting times for autism assessment (NSCHT CYP).	50 weeks	50	40	20	13
	Minimise waiting times for autism assessment (NSCHT adults).	50 weeks	50	50	40	35
<b>Reliance on inpatient care for people with a learning disability and/or autism</b>	The number of adults who are in inpatient care for a mental health disorder.	15 ICB 15 NHSE	12 14	12 14	12 14	12 14
	The number of under-18s who are in inpatient care for a mental health disorder.	3	3	3	3	3
<b>Learning Disability and/or Autism Mortality Review</b>	100% of LeDeR reviews are undertaken within six months of notification of death.	100%	100%	100%	100%	100%



# Children and young people and maternity

- We are committed to delivering better health outcomes for children and young people (CYP) in our community through the vision set out. This is also explicitly referenced in the ICP Strategy – focused around giving children the best start to life and setting them on a course of improved life-long health and wellbeing
- As an ICB, we work with NHS, local authority and voluntary and community organisations. The plan is not designed to replace other more detailed plans that may exist operationally. It is a high-level over-arching plan to outline system priorities for CYP.

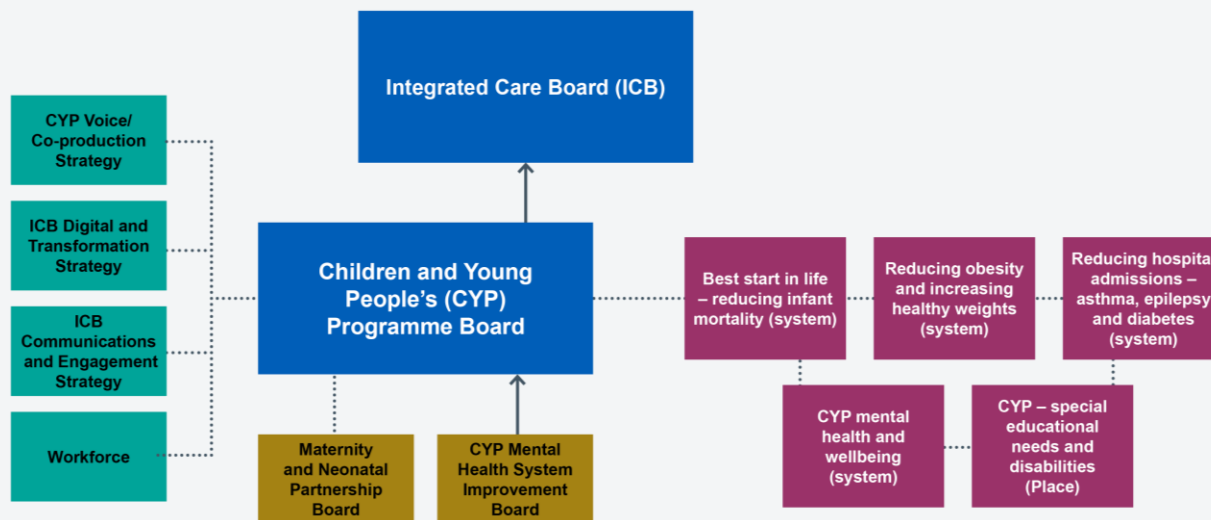
**The vision for children and young people is to ensure that children are healthy and happy. They will be motivated, and we will support them to make informed choices about healthy and safer lifestyles.**

- There is a clear shared ambition to work with local people, communities, and staff to improve the health and wellbeing of our children and young people, using our collective resources much more effectively. We want to see children, young people and families who are supported to start, grow and live well
- We will utilise **Core20PLUS5** to review system level inequalities for CYP
- The CYP programme has developed a plan across the system to set the direction for children and young people and co-ordinate activity that sits under each of the priority areas. The CYP programme board will provide the governance for the Children's ICS Delivery Plan. This is a relatively newly established group, with members from a wide range of organisations
- We recognise that our plans need to be linked with the work of a range of other Portfolios (e.g. Mental Health and UEC), and that there are interdependencies across the ICB.

## Our commitment

“We are putting the health and wellbeing of our children and young people at the heart of the work of our ICS. We are determined that our kids get the best start in life, including high quality maternity services. By engaging with children and young people, we will develop programmes that meet their priorities. We have already identified early priorities such as reducing infant mortality, improving mental health and reducing obesity. We want to provide superb care close to home for children with relatively common conditions such as asthma, diabetes and epilepsy, so they don't need to go into hospital as often. And we will also ensure that we support children with complex needs to the best of our ability, joining up their care and helping them to thrive within their communities.”

**Jon Rouse, CEO Sponsor for CYP**





# Children and young people 2023/24 deliverables



- Improve the survival rates of babies and young children to reduce infant mortality
- Increase the number of children able to achieve and sustain a healthy weight
- Reduce avoidable hospital admissions in relation to asthma, epilepsy and diabetes
- Improve pathways and support for children and young people (including those with complex needs) by enjoying good emotional wellbeing and positive mental health and so that they can fulfil their potential.

- We will work with our partners to develop and implement a systematic approach to **infant mortality** surveillance and governance and raise awareness of the key risk factors associated with infant mortality
- Opportunities will be identified within existing commissioned services (health visitor, school nursing, family **weight management**) to promote **healthy** lifestyle and opportunities to utilise the National Child Measurement Programme (and its data) more effectively
- We want CYP and families to be more confident in managing their **asthma**. We will support this through the implementation of the national asthma bundle. The Asthma Friendly Schools (AFS) programme will be piloted and a community-based clinic for emergency department discharges in relation to asthma commenced
- Children’s asthma is one of the Portfolio **Provider Collaborative projects**
- The roll out of the national **epilepsy and diabetes** bundle will continue and a gap analysis undertaken against the bundle of care
- A dedicated space for children and young people will be developed on the ICS website
- During 2023/24, we will **support children with complex needs** with the help they need so that they can fulfil their potential by exploring an improved and integrated, multi-disciplinary response. We will identify local stakeholders and scope existing provision with an aim to identify gaps in service provision and designing solutions to meet any gaps.

## Our high level key measures for children and young people

Objective	Year 1 (2023/24)				
	Baseline	Q1	Q2	Q3	Q4
Reduce hospital admissions for diabetes (flat activity).	52.9	52.9	52.9	52.9	52.9
Reduce hospital admission for epilepsy (flat activity).	83.6	83.6	83.6	83.6	83.6
Reduce hospital admission for asthma (flat activity).	197.1	197.1	197.1	197.1	197.1
Reduce numbers of CYP in residential care outside the ICS geography.	Data flows being established through discussion with CEO sponsor.				

- Baseline measure is 2019/20 admission rate per 100,000.
- In relation to reducing hospital admissions and for the purposes of reporting, 2019/20 data has been used as a baseline measurement.
- National sources of data indicate that there are specific areas of focus where, compared to nationally benchmarked figures, we are below average. Through the programmes of work, we will be looking to make improvement to align with benchmarked figures during 2023/24. These include:
  - Infant mortality rates – Staffordshire and Stoke-on-Trent
  - Obesity rates – Staffordshire and Stoke-on-Trent at Reception age, and Stoke-on-Trent at Year 6.



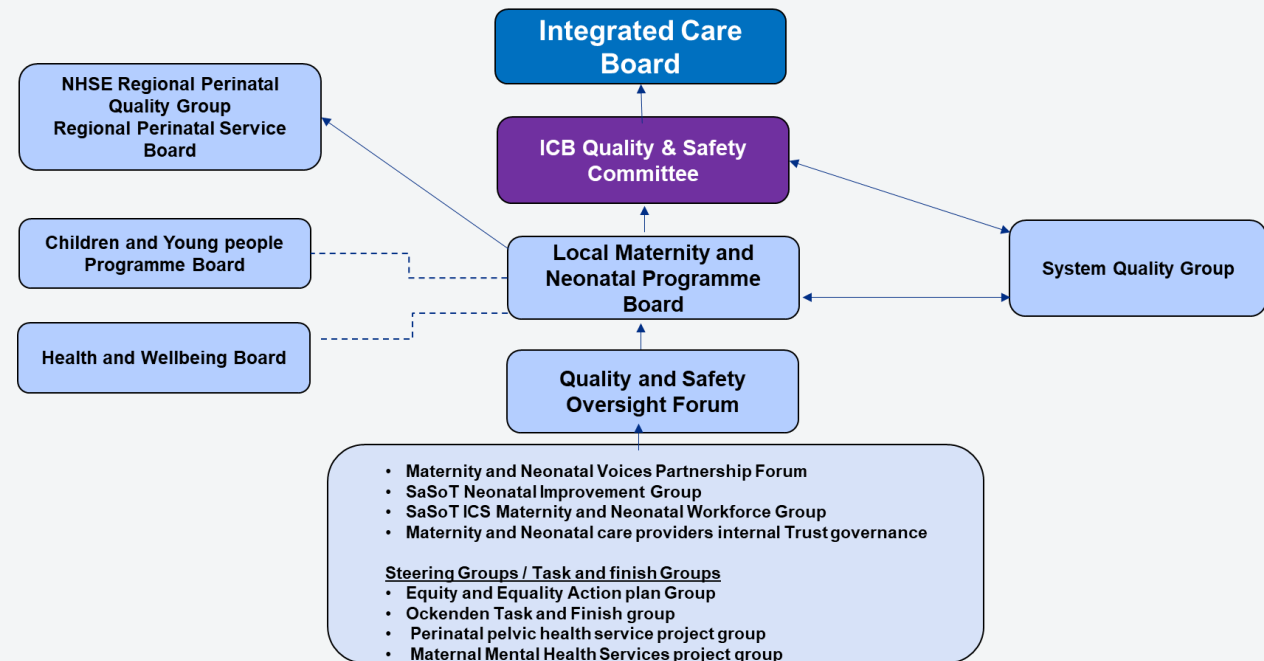
# Maternity and neonate

- Despite the challenges created by the pandemic, the Local Maternity and Neonatal System (LMNS) have continued to develop a system approach to maternity and neonate care, identifying where we can make a positive change to our services and improve care for our women/birthing people, babies and their families
- We continue to work towards delivering a range of transformation objectives to make maternity and neonatal care safer, more personalised and more equitable
- On 30 March 2023, NHSE published a three-year Single Delivery Plan for maternity and neonatal services that:
  - sets clear priorities to continue to deliver our maternity and neonatal safety ambitions and provide more personalised care
  - brings together actions from the final Ockenden Report, the report into East Kent, the NHS Long Term Plan and Maternity Transformation Programme deliverables
  - has input from services users, frontline colleagues, system leaders and national stakeholders, including a new working group led by the Royal Colleges.
- The plan will help shape our action plans going forward
- We recognise that our plans need to be linked with the work of a range of other Portfolios. This diagram recognises how we work across partners and Portfolios.

## Our commitment

“The local maternity and neonatal system remain committed to bringing together all partners, including users of these services, to work to ensure high quality, safe services for mothers and their babies. We are equally committed to ensuring that we take every opportunity to learn from high profile maternity investigations such as Ockenden to avoid reoccurrence in local services. We will listen to our families to support the implementation of the single delivery plan at a local level ensuring local arrangements remain relevant to local need.”

**Heather Johnstone, SRO Maternity Transformation Programme**





# Maternity and neonate 2023/24 deliverables

- Implementation of the national single delivery plan for maternity and neonatal care
- Listening to, and working with, women and families with compassion
- Growing, retaining, and supporting our workforce with the resources and teams they need to excel
- Developing and sustaining a culture of safety, learning, and support
- Standards and structures that underpin safer, more personalised, and more equitable care
- Benchmarking and development of a single delivery plan.

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The three year Single Delivery Plan for maternity and neonate care will form the basis of our work programme during 2023/24. We will work together as maternity and neonate services with wider partners as appropriate to embed and deliver the required actions. The ICB will support and monitor the delivery of these requirements through the 12 identified objectives aligned to the four themes within the plan:

**Theme 1: Listening to, and working with, women and families with compassion**

Objective 1 – Care that is personalised; Objective 2 – Improve equity for mothers and babies; Objective 3 – Work with service users to improve care

**Theme 2: Growing, retaining, and supporting our workforce with the resources and teams they need to excel**

Objective 4 – Grow our workforce; Objective 5 – Value and retain our workforce; Objective 6 – Invest in skills

**Theme 3: Developing and sustaining a culture of safety, learning, and support**

Objective 7 – Develop a positive safety culture; Objective 8 – Learning and improving; Objective 9 – Support and oversight

**Theme 4: Standards and structures that underpin safer, more personalised, and more equitable care**

Objective 10 – Standards to ensure best practice; Objective 11 – Data to inform learning; Objective 12 – Make better use of digital technology in maternity and neonatal services.

Theme	Progress measures	Year 1 (2023/24)				
		Baseline	Q1	Q2	Q3	Q4
1	<ul style="list-style-type: none"> <li>• Implementation of perinatal pelvic health services and perinatal mental health services in place</li> <li>• NHS Mental Health Dashboard – number of women accessing specialist perinatal mental health services</li> <li>• Proportion of maternity and neonatal services with UNICEF BFI accreditation.</li> </ul>					
2	<ul style="list-style-type: none"> <li>• Establishment, in-post and vacancy rates for obstetric anaesthetists, sonographers, allied health professionals and psychologists</li> <li>• Annual census of maternity and neonatal staffing groups</li> <li>• Assess retention through monitoring staff turnover, sickness rates and NHS Staff Survey results on experience and morale.</li> </ul>					
3	<ul style="list-style-type: none"> <li>• Results from the NHS Staff Survey, National Education and Training Survey, GMC National Training Survey.</li> </ul>					
4	<ul style="list-style-type: none"> <li>• Local implementation of Saving Babies' Lives Care Bundle v3 using a national tool</li> <li>• Proportion of births at less than 27 weeks, at trusts with on-site neonatal intensive care</li> <li>• Avoiding term admissions into neonatal units (ATAIN) programme measurement of the proportion of full-term babies admitted to a neonatal ward</li> <li>• Overview of the progress of maternity services via a periodic digital maturity assessment of trusts.</li> </ul>					

The national single delivery plan outlines how success against each theme will be determined. The high level key measures for Maternity and Neonates are in development to support and reflect system delivery against the four themes.



# Improving Population Health

## Improving population health across the life course

The life course approach recognises that at different stages of life, people have different physical, mental health and social needs. This evidence-based approach allows us to look at what each organisation can contribute to improve the health and wellbeing of the population at different stages of life.

Offering high quality services from conception to death, targeted to those who need it most or have the greatest potential to benefit, will make a significant difference to people and communities in Staffordshire and Stoke-on-Trent.

## Population Health Management (PHM)

PHM will help us to understand the health and care needs of our population both now and in the future. We will do this by looking at lots of different health and care data, using intelligence and evidence to make decisions on the different services we need to provide and where to act and react to local needs.

## Health Inequalities

This approach will be central to all we do, ensuring we focus efforts on the best ways to support our communities, and ensuring there is as little variation (inequity) as possible in services. Our objectives for health inequalities are set out overleaf.

## Prevention

An integrated approach will focus on preventing illness through improved access to preventative services. We will work with people and communities to achieve environments that promote health and wellbeing. We will work together to understand and address the factors that put people at risk.

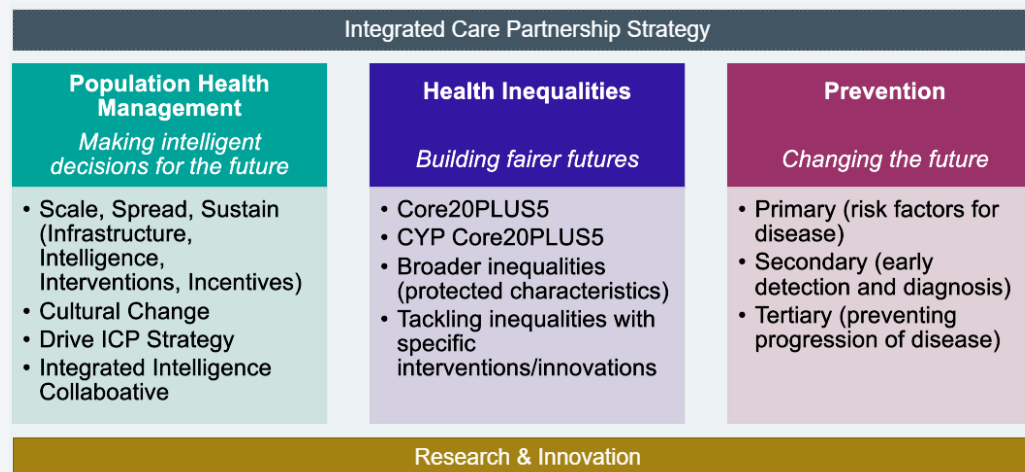
We will focus on delivering personalised care, empowering people to take personal ownership and self-manage such conditions in the community. This will enable people to live well, independently from care, for as long as possible.

## Our commitment

“We want to make sure that everyone in Staffordshire and Stoke-on-Trent has a fair opportunity to live a good life. Looking at some of the inequalities that we know still exist is simply not good enough, and many of these can only be addressed by partners working together. Improved health and wellbeing will be achieved through better support and high-quality services, but also through preventing people from becoming unwell and supporting them to live well in their communities. We recognise that we need to look beyond health and care services to understand the barriers and opportunities to living a healthier life and are committed to working with people and communities to address them”.

“Working together is the fundamental principal behind the Staffordshire and Stoke-on-Trent Integrated Care Partnership, building on our collective resources and making better use of shared learning and experience. Our residents need to be an equal part of that partnership and we look forward to working with them to achieve our ambition of making Staffordshire and Stoke-on-Trent the healthiest place to live and work.”

**Dr Paul Edmondson-Jones, Chief Medical Officer**







# Health inequalities 2023/24 deliverables



- Restore NHS services inclusively
- Mitigate against digital exclusion
- Ensure data sets are complete and timely

- Strengthen leadership and accountability
- Systematic implementation of the Core20 approach.

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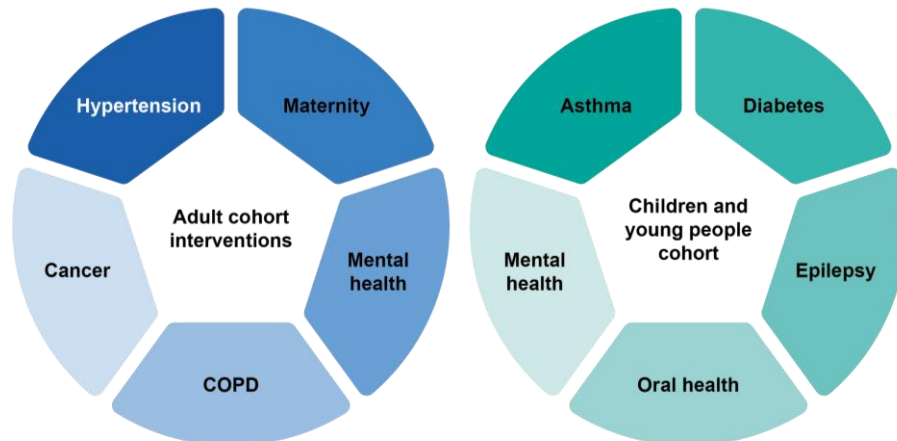
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- Our plans and deliverables reflect the NHS England operational planning guidance national inequalities priorities to: [Restore NHS services inclusively](#), [Mitigate against digital exclusion](#), [Ensure data sets are complete and timely](#), and [Strengthen leadership and accountability](#).
- The systematic implementation of the [Core20](#) approach will start with PLUS5 Groups identified for both adults and children. We will utilise the [Core20Plus5](#) Tailored Support Offering covering connectors, collaborative, ambassadors and trajectories to develop and mobilise our work to take forward the national inequalities priorities and Core20plus5.

## Core20PLUS5 – adults, children and young people



<b>Restore NHS services inclusively</b>	<ul style="list-style-type: none"> <li>• Delivery of ICS Elective Recovery Plan with specific objectives enabling inclusive recovery</li> <li>• Undertake health impact assessment against Elective Recovery Plans</li> <li>• Establish Board-level reporting on health inequalities in elective care patient treatment lists</li> <li>• Use population health management approach to prioritise elective and cancer care waiting lists</li> <li>• Identify and agree high impact action plan from Midlands Decision Support Unit paper on evidence-based intervention.</li> </ul>
<b>Mitigate against digital exclusion</b>	<ul style="list-style-type: none"> <li>• Deliver the ICB Digital Transformation Strategy</li> <li>• Strengthen links with existing programmes in the ICS on digital inclusion with local authorities</li> <li>• Use research and innovation programme to understand barriers to digital inclusion and innovate on new approaches to digital tools for health and care.</li> </ul>
<b>Ensure data sets are complete and timely</b>	<ul style="list-style-type: none"> <li>• Improve data quality towards creating a 'single version of the truth' through the One Health and Care Record, ICS population health management programme and existing programmes of work in ICP partner organisations</li> <li>• Undertake engagement with frontline clinical and administrative staff to understand barriers to capturing accurate data on protected characteristics within services</li> <li>• Embed reporting on inequalities data completeness within ICS governance arrangements</li> <li>• Develop and use the integrated intelligence collaborative to facilitate data sharing between organisations to underpin a strong population health management approach with high quality linked data sets.</li> </ul>
<b>Strengthen leadership and accountability</b>	<ul style="list-style-type: none"> <li>• Establish a network of 'Inequalities Senior Responsible Officer' roles in ICP partner organisations</li> <li>• Develop a programme of reporting on health inequalities to ICS governance arrangements</li> <li>• Maintain a system-wide Health Inequalities Group</li> <li>• Establish a Health Inequalities and Prevention Network and training offer within the ICS</li> <li>• Undertake ICS development programme to strengthen the ICP commitment to health inequalities agenda and support development of a strong ICS programme</li> <li>• Use the Healthcare Inequalities Improvement Planning Matrix across Portfolios and programmes to inform inclusive planning of delivery.</li> </ul>



## Prevention plans 2023/24 objectives

- Implement NHS Long Term Plan prevention programmes
- Embed prevention across all portfolios
- Utilise population health management techniques to target prevention programmes
- Empower people to take personal ownership
- Self-management of conditions.

- Prevention remains important for people living with long-term illness and we will focus on delivering personalised care, empowering people to take personal ownership and self-manage such conditions in the community. This will enable people to live well, independently from care, for as long as possible.
- Prioritising prevention reflects the growing evidence supporting resources being shifted 'upstream' for people as well as health and care services. There is broad support for this approach in both our communities and workforce.
- We will utilise population health management techniques to target prevention programmes to those with greatest capacity to benefit and address health inequalities.
- We will use the ICP Strategy and Joint Forward Plan to embed prevention across all of our portfolios towards improving future population health and care outcomes.

### We will implement NHS Long Term Plan prevention programmes across the ICS, including a focus on:

- Development of tobacco dependence treatment services in all inpatient and maternity settings
- Evidence-based (PH48/NG92/PH26) smoking cessation offer available for at-risk populations, inpatients, pregnant women and for those with severe mental illness (SMI)
- Improve uptake of lifestyle services, Diabetes Prevention Programme, low calorie diets, the new Digital Weight Management Programme and digitally supported self-management services
- Restore diagnosis, monitoring/management of hypertension, atrial fibrillation, high cholesterol, diabetes, asthma and COPD registers and spirometry checks for adults and children, to pre-pandemic levels in 2022/23
- Develop improvement of optimal Alcohol Care Teams in hospitals with the highest rates of alcohol dependence-related admissions
- Weight management – implementation of T3 and T4 services
- Continue to adopt culturally competent approaches to increasing vaccination uptake.





Staffordshire and  
Stoke-on-Trent  
Integrated Care System

Part 3

# The implications for our resources

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- **Approach to planning:** Shared vision based on the NHS People Plan and NHS People Promise, developed and informed by collaboration and historical delivery.
- **Transformation:** Implementation and introduction of new roles. In the long-term, drive approaches to develop supply opportunities through career pathways.
- **Key recruitment activities:** Continue to understand 'hard to recruit' and hotspot areas and subsequent interventions to address, be an 'employer of choice'.
- **Retention:** Significant focus on retention challenges and mitigations to support retention initiatives, including improvement on-boarding, flexibility and career development.
- **Health and wellbeing:** Continue to strengthen existing support available to staff to help them be well at work.
- **Temporary staffing:** Oversight of temporary staffing usage and plans to continue to support identification of improvement opportunities to decrease reliance where possible.
- **Key risks and issues:** Challenges remain in relation to supply and retention and specific shortages in specific areas of the workforce.

The above is underpinned by support and implementation at scale to ensure opportunities for dexterity are maximised across the system.

## Our commitment

"We continue to build on our collaborative approach towards delivering the National guidance for ICB People Functions to support a sustainable 'One Workforce', linked to our People Promises, focusing on priorities to:

- **Inform and insight:** Informing and actively shaping workforce supply (partnership with Health Education England)
- **Transform and collaborate:** Ensuring the transformation activity is understood and incorporated, where new roles or development to existing workforce is required, at scale
- **Maintain and improve:** Ensuring we maintain and improve wellbeing and mitigate the retention risks within our ICS
- **Equity:** Ensuring the impact of the above addresses the areas of highest need from a population health/reducing health inequalities perspective."

**Alex Brett, Chief People Officer**

## People Plan priorities:



**Supporting the health and wellbeing of all staff**



**Growing the workforce for the future and enabling adequate workforce supply**



**Supporting inclusion and belonging for all, creating a great experience for staff**



**Valuing and supporting leadership at all levels, and lifelong learning**



**Leading workforce transformation and new ways of working**



**Educating, training and developing people and managing talent**



**Driving and supporting broader social and economic development**



**Transforming People services and supporting the People profession**



**Leading coordinated workforce planning and intelligence**



**Supporting system design and development**



## Looking forward

To tackle the workforce challenges and close the gaps is a vast undertaking. The ICS People Function is key for the system working together to strengthen the offer to our existing workforce, attract and support more people from our local communities into careers in health and care, and create a robust pipeline of trained and skilled people to deliver quality treatment and care to our population.

Our ICS People Collaborative approach, developed over time with health and social care partners, is mature and effective in collectively tackling these workforce challenges. Below highlights the way we have and will continue to work together to transform the way we recruit, retain and develop our workforce:

- Embedding 'One Workforce' approach, driven and owned across organisational boundaries
- Creating the [right cultural environment](#) for people to thrive, focusing on civility and safe working ethos, embedding inclusive cultures underpinned by equality and diversity
- Integrated [workforce planning and transformation](#), aligned to national and system priorities and portfolios, including design of new staffing models and roles to deliver care differently
- Further development of the national HPMA award-winning [ICS People Hub and Reserves](#) to provide a contingent flexible workforce at system level
- Development of an [ICS New to Care Academy](#) – attracting, training and supporting our local population into entry level roles and career pathways across health and care
- Implementing and embedding the [Journey to Work](#) concept with partners, communities, education to build a robust offer of support to increase our pipeline, create opportunities for everyone and ensure our workforce is representative of our local population
- Strengthening our [outreach](#) work with refugee, seldom-heard and deprived communities to support and develop people into careers in health and care

- Expanding [Widening Participation](#) activities across all our partners including Cornerstone, T-Levels, traineeships, apprenticeships, workplace learning
- Developing our [ICS Education, Training and Development Strategy](#) with our education providers, addressing our collective challenges including clinical placement capacity, future pipeline and transforming course offers
- Provide the workforce with the tools and skills to enable [digital transformation](#) and to support our population in building their digital skills for self-care and prevention.

## ICS People Function

Programme activity					
ICB Chief People Officer	ICB Chief People Officer	NSCHT Chief People Officer	UHM Chief People Officer	ICB Chief People Officer	NSCHT Chief People Officer
Workforce supply – recruitment and retention	Workforce transformation and future pipeline	Equality, diversity and inclusion (EDI)	Staff experience, health and wellbeing	System culture and collaboration	Leadership and talent
ICS People Hub and Workforce Cell Reserves Retention programme System recruitment including international recruitment New to Care Academy Redeployment	Portfolio workforce, planning and transformation Programme delivery – e.g. vaccinations, virtual wards Health Education England funding – including METIP Journey to work – including schools engagement and outreach Education, training and developments – including clinical placements Widening participation – including ICS apprenticeships, workplace learning ICS Strategy – e.g. digital, green	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Staff networks Differently-abled buddy scheme Inclusion School EDI training and development – including New Futures, Comfortable Being Uncomfortable with Race and Difference	Staff insights – cross-cutting Staff Psychological Wellbeing Hub Wellbeing resources and events Occupational Health	Delivered by Strategic Organisational Development (OD) Lead and OD Collaborative PCN OD programme OD cultural diagnostic System OD activities	High Potential Scheme Coaching and mentoring – including collaborative, reverse Exec and Senior Leader development – including System Connects, Alumni Scope for Growth career conversation tool
Underpinned and supported by					
Clinical Senates	Clinical/social groups	Workforce planning	People metrics	Operating Plan	Joint Forward Plan Financial Strategy



“Our system is collectively committed to delivering our financial duty of living within the financial resource made available to us and this commitment is set out within our Financial Strategy.

Our Financial Strategy is centred on our view that the optimum financial solutions come from the best clinical models. We enter the 2023/24 planning period with a high level of financial challenge, but with an explicit commitment by all partners to deliver a path to financial sustainability.

Our Financial Strategy describes a clear six-step plan, which has clinical and operational buy in, and we can already demonstrate successes in key areas. We recognise the need to make tough decisions and bear down on unwarranted variation and improve productivity.”

**Paul Brown, Chief Finance Officer**

<b>Context</b>	<ul style="list-style-type: none"> <li>• System achieved breakeven in 2022/23</li> <li>• System plan is a <b>breakeven</b> for 2023/24</li> <li>• Significant risk in getting breakeven – unmitigated value £83m and further risks where mitigations are currently being assessed.</li> </ul>
<b>Goal</b>	<ul style="list-style-type: none"> <li>• National expectation is that systems will achieve break-even and break-even remains our goal, notwithstanding the risks identified above</li> <li>• Tackle the underlying deficit during the year so that we enter the 2024/25 planning period in better shape</li> <li>• Reward for getting there, since this would be the second consecutive year of system breakeven since COVID, is that the system legacy debt of £300m would be written off.</li> </ul>
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Whole system to undertake a line-by-line review and agree costs that can be removed, to support in-year balance and contribute towards the elimination of the underlying deficit</li> <li>• Agreement to a ‘Double Lock’ mechanism so that no part of the system takes decisions that would mean missing 2023/24 financial target or worsening the underlying position</li> <li>• 2023/24 target achieved and underlying deficit eliminated through four actions: organisational grip (delivery of organisational positions), system oversight on system stretch, the line-by-line and a transformational focus on discharge and CHC.</li> </ul>



# Delivering the Financial Plan

- The system has agreed the following key actions to continue our focus on the financial position.

- Revisit all workforce plans to maximise the opportunities to reduce reliance on temporary staff and cut premium costs and ensure that growth in workforce delivers improved productivity or addresses key delivery targets
- Deliver a CHC Recovery Plan which arrests the escalation and seeks to reverse the growth in care costs. This will include the development of ambitious plans, jointly with our local authority colleagues to stimulate and manage the care market
- Ensure we maximise all possible efficiencies in both primary and secondary care in terms of prescribing and drugs costs, such as the urgent implementation of biosimilar switches
- Collectively work with our community trust and local authority partners to ensure that investment in the Better Care Fund and discharge funding, is directed at services which make a tangible contribution to delivery, especially in terms of admission avoidance for the frail elderly and timely discharge arrangements from acute settings
- Develop the efficiency plans, increasing the proportion that are delivered through recurrent schemes.

**6. Repatriate**  
Replace use of Independent Sector for electives, mental health placements with in-house capacity

**5. Manage activity**  
Integrated care models so that more pathways take place outside of the acute sector

**4. Savings**  
2% cash out to cover cost pressures and the convergence factor



**1. Capacity**  
Other than specific targeted additional funding (e.g. TIF) capacity will be static

**2. Workforce**  
Broadly, workforce establishment will be the same – but more staff in post and fewer agency

**3. Productivity**  
More activity through the existing capacity



# Annex A - Our enablers to success

There are a series of **enablers to delivery**, outlined in the following slides, which include:

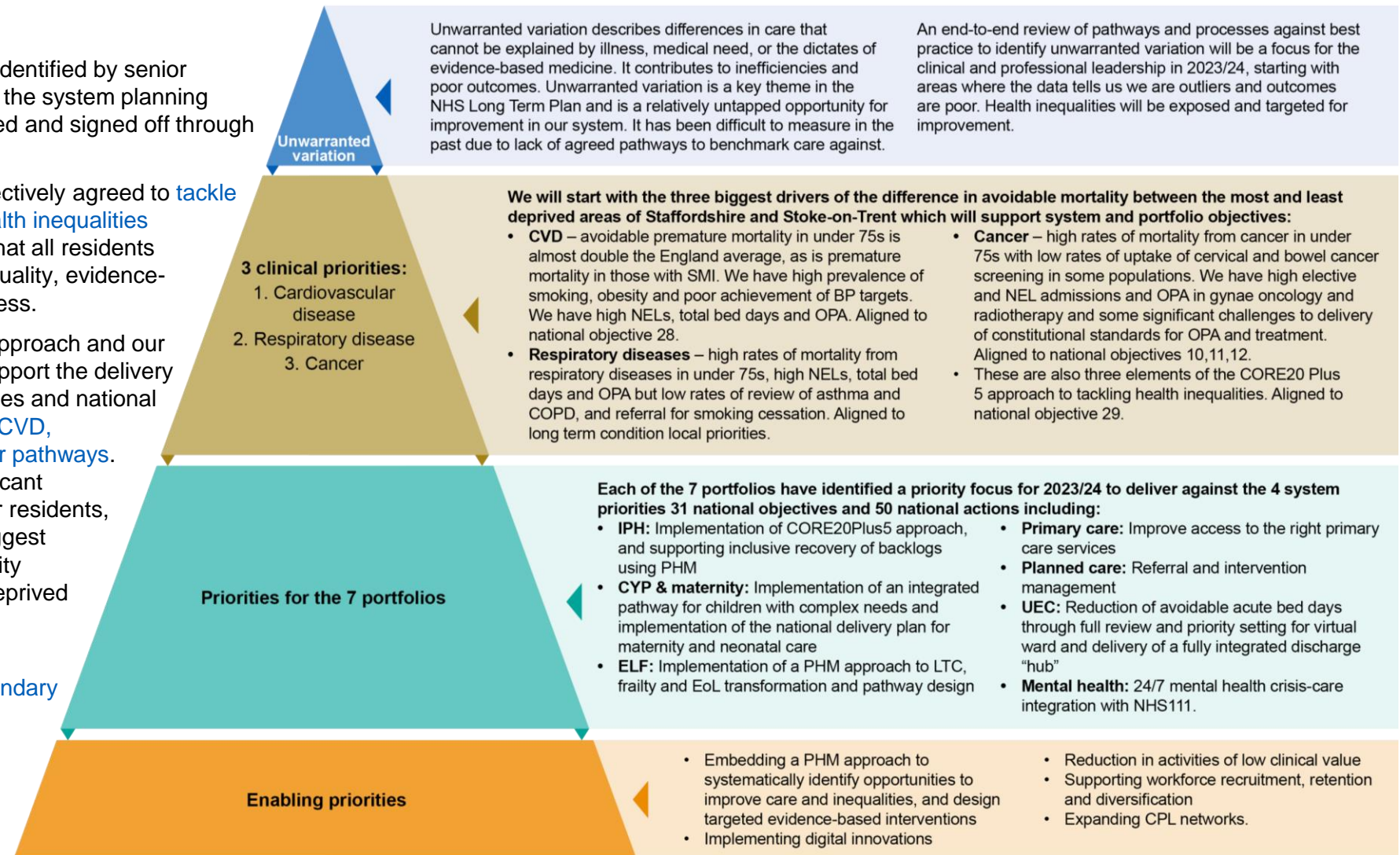
- Clinical and Professional Leadership in each portfolio. Our clinical leads through the clinical senate have set our their priorities
- Understanding current, and predict future health and care needs (population health)
- Broader enabling functions and programmes
- Our provider collaborative programme





# Clinical and professional leads (CPL) focus for 2023/24

- The focus areas were initially identified by senior clinicians and professionals at the system planning summit 2023/24, and developed and signed off through the Health and Care Senate.
- As a CPL community, we collectively agreed to tackle **unwarranted variation and health inequalities** because we strongly believe that all residents have the right to expect high quality, evidence-based care with equitable access.
- As CPL leads, our collective approach and our three clinical level priorities support the delivery of the high level system priorities and national objectives through a **focus on CVD, respiratory disease and cancer pathways**. These conditions cause significant premature mortality across our residents, and are responsible for the biggest difference in premature mortality between our most and least deprived communities.
- We will also focus on the **opportunities for primary, secondary and tertiary prevention** and Identifying and tackling health inequalities.





# Population health management (PHM)

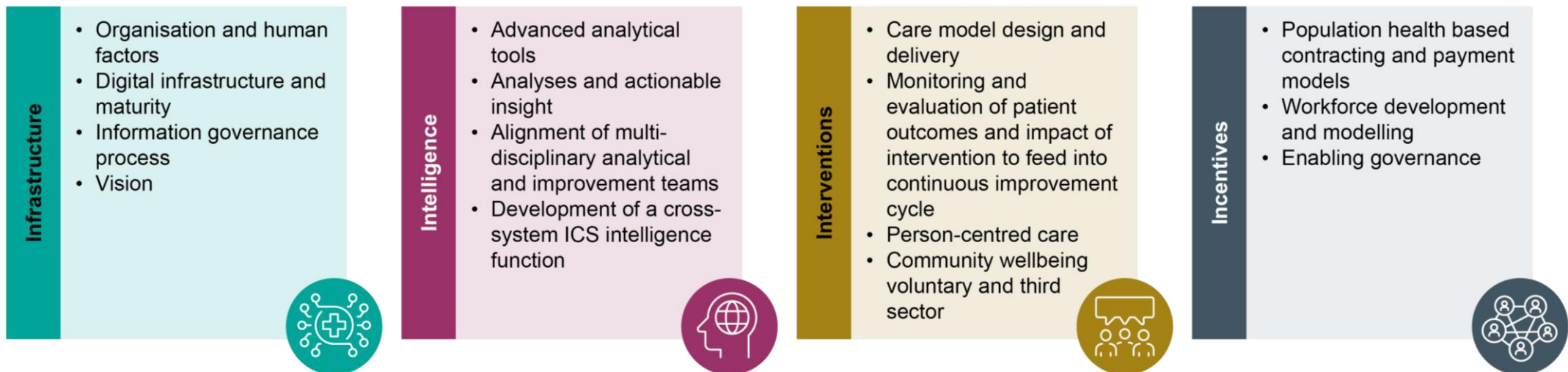
The vision for the programme is to enable, implement and embed a population health management approach to help us understand current, and predict future health and care needs, so that together we can improve outcomes, reduce inequalities, improve use of resources and engage our community appropriately.

### Embedding population health management will:

- deliver integrated health and care that is underpinned by intelligent decision-making using data on our population’s health and care needs
- use data to understand risk and protective factors, enabling us to target resources to those at increased risk of poor health outcomes or with greatest potential to benefit from care

- identify inequalities in access, experience, and outcomes of care to inform improvements to care pathways so that we offer high quality inclusive care
- proactively target preventative interventions and services to those identified as being at higher risk of illness or adverse events, for example infant mortality or emergency hospital admission.

### Population health management programme key areas





# Continuing healthcare 2023/24 deliverables

- We know that the pandemic has had a significant impact on the delivery of continuing healthcare (CHC) – both in terms of performance and finance. This was due to the temporary suspension of the CHC Framework for six months between March and August 2020
- Although the system achieved the closure of the deferred backlog of assessments for individuals with care while the suspension was in place via COVID monies, the impact and aftermath to return to business as usual has and continues to be a significant challenge
- The service has consistently underachieved the NHS England Quality Premium Standard of >80% of Decision Support Tools completed within 28 days throughout 2022/23
- During Q3 of 2022/23, we were the third highest ICB nationally in terms of CHC eligibility rates which stand at 30% against an average of 23%, and there has been a visible and sharp increase from October 2022 onwards. The ICB was also the 12th highest across the country in terms of Fast Track eligibility
- A CHC Action Plan has been developed and approved by the ICB Finance and Performance Committee. The Action Plan will be subject to detailed monitoring throughout 2023/24.

“Our CHC position offers significant challenge and will be a real area of focus for us throughout 2023/24 as we work to deliver a return to a clinically and financially sustainable service model. This will involve a wholesale review of the CHC service, including interdependencies with other pathways and models of care. Our ability to work in partnership as a system will be the key to success in ensuring we are able to secure improvements in quality, efficiency and effectiveness.”

**Chris Bird, Chief Transformation Officer**

### Our high level key measures for continuing healthcare

Objective	Year 1 (2023/24)				
	Baseline	Q1	Q2	Q3	Q4
Reduction in the number of patients in D2A requiring a full DST to be completed.	The baselines are in development to then build quarterly targets from.				
Reduction of the overdue CHC backlog to 10% of the caseload.					
Reduction in costs for CHC packages and placements					

### During 2023/24, we will focus on:

1. Engaging with the market to develop a financial sustainable commissioning process for both the market and the system that maintains good quality and safe care to our population.
2. Working with system partners to review current CHC discharge processes to ensure delegated decision making is in line with the Framework and Regulations, whilst maintaining flow within the urgent care system by supporting discharge within the set parameters and principles agreed for CHC.
3. Developing a robust and transparent CHC Policy that articulates the ICB’s intentions to provide CHC-funded services to those eligible.



# Quality

## Our commitment

"Our system is collectively committed to delivering our statutory duty for quality through a programme of quality assurance and improvement activity. This commitment includes recognition that we are jointly accountable for quality. Our emerging Quality Strategy describes the systems and processes that exist to ensure that we not only continue to monitor the quality and safety of health and care, but that we also strengthen our links to the quadruple aims for ICBs whilst responding to emerging best practice. Our commitments are intended to ensure our population can access high quality, safe care and that if things go wrong, they can be assured we will listen, learn and change practice."

**Heather Johnstone, Chief Nursing and Therapy Officer**

- Our partners play a vital role in providing oversight of the quality of care provided, and in creating and sustaining a culture of openness, learning and continuous improvement
- The emphasis has shifted from provider-based reporting to system-level. Agreement on common risks and areas of concern are a core part of the quality approach and are underpinned by the explicit expectation that all members of the Quality and Safety Committee share accountability for the quality of services and for driving required improvements
- System partners work collaboratively to identify early warning signs of emerging issues or impacts. Where routine quality and safety monitoring, soft intelligence and other forms of feedback and review highlight areas of concern the ICB's Nursing and Quality team, alongside other system professionals, undertake additional quality assurance activities including (but not limited to) announced and unannounced visits (including evenings and weekends), deep dives into data, and focussed reviews. In the event that these highlight further areas of concern or a lack of plan to address identified concerns, the escalation process outlined within the National Quality Board guidance is followed
- To enable the system to provide outstanding quality services for all, our shared vision and underpinning quality framework include both quality assurance and continuous quality improvement (CQI). In line with the guidance set out by National Quality Board, our approach to CQI is focused on developing capacity and capability to practice quality improvement (QI), support the embedding of QI in all levels of change, nurturing a learning culture, and sharing best practice
- Partners have worked collaboratively to develop a framework and a set of mutually agreed principles. As the system matures and the CQI continues to grow, there are a number of areas that we will be looking to strengthen. These will include the development of an ICS CQI training offer and the further embedding of CQI within Place, Provider Collaborative and ICB delivery Portfolios
- A core principle at the heart of CQI is putting the people we serve at the centre of change. The ambition is that through the growth and embedding CQI further across the system that we can also move towards co-production being our default approach to involvement within CQI and the ICS.



# Digital

## Our commitment

“From a resident’s perspective, it is critical that each of us can engage digitally when accessing health and social care services, providing a seamless care journey, underpinned by accurate and up to date information. We shouldn’t have to repeat the same information every time we see a new health and care professional. From a health and care provider perspective, information needs to be accessible at the point of care so that safer and better decisions can be made about people’s care.”

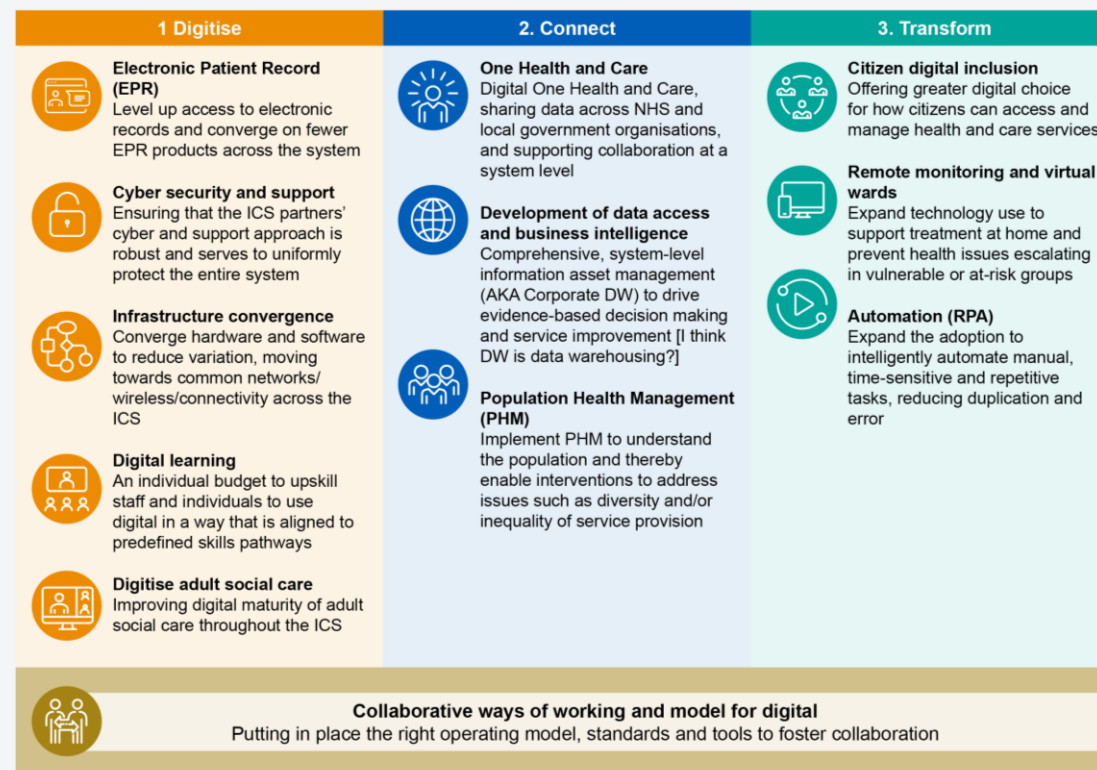
**Chris Ibell, Chief Digital Officer**

## Our Digital Roadmap

The ICB Digital Roadmap aims to empower our care providers and recipients of care to make the most of the benefits full digital enablement can deliver. The Digital Roadmap has been developed collectively by system stakeholders.



Our digital initiatives for 2023/24 are aligned with national aims, local need, and our collective ICS goals and ambitions to digitise, connect and transform.





# Provider collaborative projects

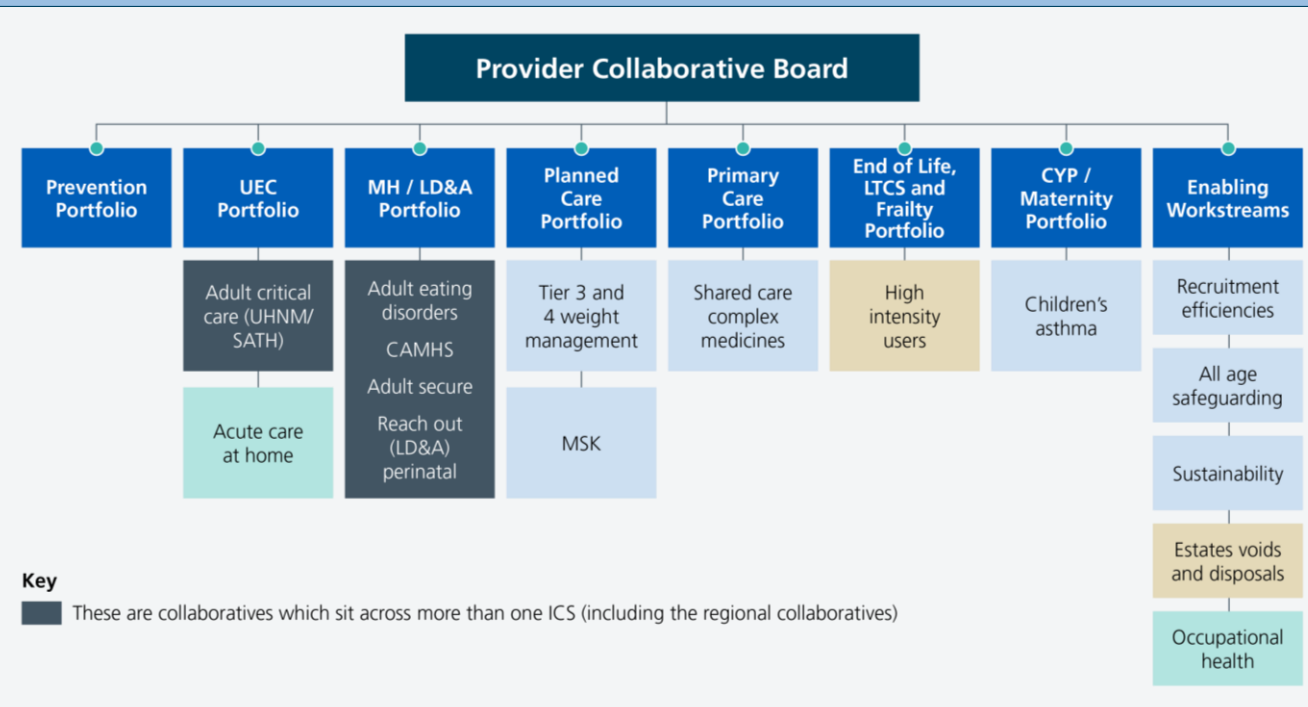


- The **Provider Collaborative approach** has an Executive Sponsor and is developing well across the majority of our system portfolios and enabling workstreams as the delivery vehicle for transformation at scale
- A Programme Board meets monthly with Executive representatives from acute providers, community providers, Place, ICB, local authority and general practice. A Board Work Programme has been agreed to enable the delivery of the ICS Advanced Design features and will be revised when the Provider Collaborative Maturity Matrix is finalised
- Our approach has been developed against a set of **design principles**
- A Development Framework to support emerging provider collaborations has been tested and is in place, reflecting the design principles, system priorities and the ICS Advanced Design features
- The Provider Collaborative Board both oversees the developing collaboratives and those collaboratives which we are apart of outside of our system including Lead Provider Collaboratives, e.g. mental health and Provider Partnerships
- During 2023/24, we will focus on a range of projects across our portfolios. The TDU will work with the Provider Collaborative Programme Director to ensure consistency of approach for all provider collaborative projects through the project lifecycle road map.

## Our commitment

“Collaboration between providers in and outside of our system has always taken place and we have a good track record of effectively working in partnership. Over the next 12 months we will continue to focus on working at scale to properly address unwarranted variation and inequality in access, experience and outcomes across wider populations. This will also help us to improve resilience in our services and ensure that specialisation and consolidation occur where this will provide better outcomes and value. We will work alongside our system Portfolios, Place and enabling workstreams to identify further opportunities to collaborate whilst mobilising our collaboratives in development.”

**Tracy Bullock, Executive Lead**





# Place

## Our commitment

“We are committed to working in partnership with our system colleagues in establishing the two Place-based Partnerships – Stoke-on-Trent and Staffordshire. Through these partnerships, we will create an engine room of collaboration between organisations so that we can better plan and deliver health and care services focussed on improving health and wellbeing.”

**Chris Bird, Chief Transformation Officer**

- We have a [two Place model](#) aligned with our upper-tier local authorities (Stoke-on-Trent City Council and Staffordshire County Council) which has been agreed by all system partners developing the governance to continue to provide system oversight to Place
- System agreed Place model will [focus on integrated commissioning](#), with both local authorities having integrated health and social care teams. Both local authorities shared their visioning papers based on the Integration White Paper. The ICB is pulling together a bridging document identifying areas of alignment and difference, and the ICB proposes bringing the paper together for one overarching view, to be presented to CEOs for discussion and agreement in mid-September
- [Programme governance](#) for the development of Place was agreed by all system partners, and the operational and steering groups first met in September 2022. Initial Place Executive meetings were held in early October. This structure will be in place on an individual basis
- [Priorities for Place were identified](#) and agreed as care homes, learning disabilities and autism, transitions/preparation for adulthood, dementia and S117. Work programmes have commenced to develop the approach to these areas feeding into the Place Executive Groups. These programmes contribute to the delivery of system and national priorities and objectives
- [Full review of the Better Care Funds](#) to support further areas of integration with the aim of transparency across aligned services in the first year to support discussions regarding full integration. Alignment meetings between Place and Provider Collaborative leads commenced to ensure that close working is achieved and the developing models complement each other, and interdependencies are identified and acted upon
- Continuing to work with [Staffordshire County Council](#) to determine and define the roles of the Districts and Borough Councils in the Place arrangements. Developing formal agreements for working across Place where needed, e.g. standardising discharge processes to ensure consistent model
- An emerging difference in approach to Place between the local authorities which continues to be discussed and developed to ensure that the Place offer is consistent for our population recognising local need wherever possible
- Development of governance to continue to provide system oversight to Place
- The ICB is fully committed to delegation where it makes sense, recognising that full system buy-in is required and that a robust process needs to be followed.



# Personalised care 2023/24 objectives

- The NHS Long Term Plan places a commitment for ICBs and wider ICS partners to roll out personalised care to its population
- Personalised care is also a key enabler to managing demand for urgent and unplanned care services through individuals, families and carers taking a more proactive, preventative approach to health and wellbeing through forward health and care planning and self-care management
- We will do this through the ongoing development of strengthened relationships between individuals and professionals across the health and care system
- We will take learning from the areas of system change and embedded personalised care approaches achieved through the Memorandum of Understanding (MOU) foundations
- Population health management will be a driver to achieve better experience and outcomes for individuals that is based on what matters to people, individual circumstance, challenges and assets to enable everyone to have the opportunity to lead a healthy life.

## Our commitment

“We have a unique opportunity to transform the way health and social care services are designed and delivered in Staffordshire and Stoke-on-Trent. Working with partners, we want to rebuild new and improved services in a different way to ensure they address inequalities and better support individuals, families and communities now and in the future.”

**Chris Bird, Chief Transformation Officer**

## Our high level key measures for personalised care

Objective	Year 1 (2023/24)				
	Baseline	Q1	Q2	Q3	Q4
Promote and offer personal health budgets for people with a legal right to have in priority local cohorts.	2,556	2,588	2,620	2,652	2,684
Increase the number of personalised care support plans (PCSPs) for identified cohorts in line with the PCSP model.	62,268	63,046	63,824	64,602	65,380
Delivery of increased referrals to social prescribing link workers (or other equivalent PCI trained professionals).	24,646	24,954	25,262	25,570	25,878

## During 2023/24, we will continue to focus on:

- Further developing and embedding the areas of good practice delivered and achieve through the personalised care MOU, Partnership Agreement and Expansion Funds
- Develop an ICS Personalised Care Strategy to embed the approach of the comprehensive model for personalised care in existing Portfolio areas, Provider Collaboratives and Place.

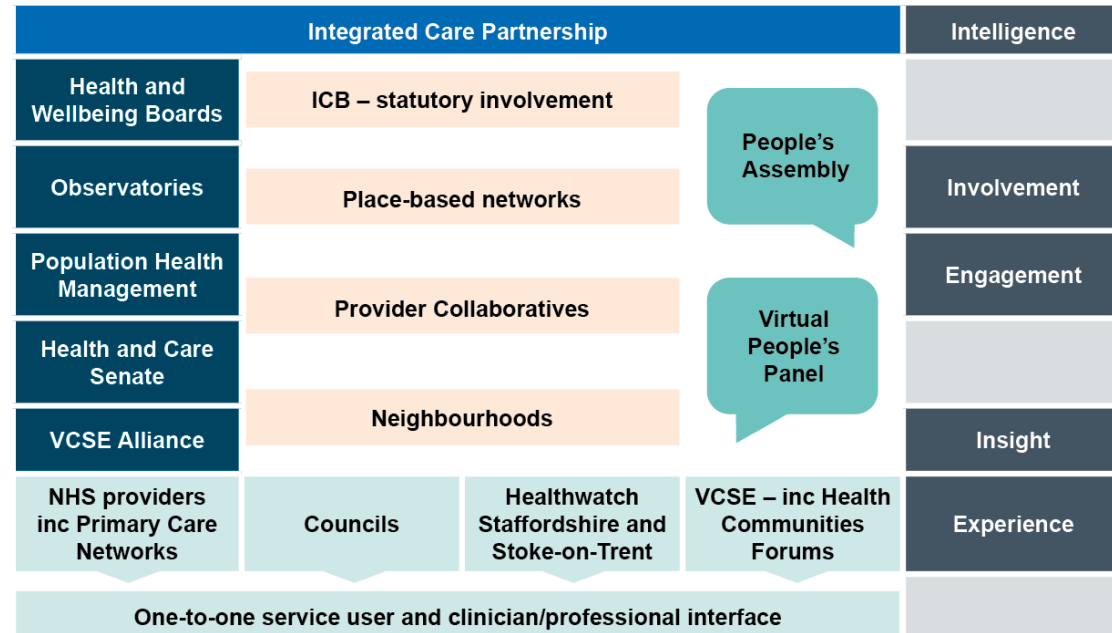




# Working with people and communities

- Transitioning to a new way of working as an integrated care system has given us a unique opportunity to reset our relationship with people and communities to one where people are treated as active partners in their own health and wellbeing rather than passive recipients of services
- Working together, we are in a stronger position to achieve the four key aims of the ICS by engaging with the public to understand barriers and opportunities and using that insight to collaboratively build social assets and services that will help to tackle inequalities, improve outcomes in population health, and enhance productivity and value for money
- Our [Working with People and Communities Strategy](#) recognises and values the benefits of a community-focussed approach and builds on established relationships and best practice already being delivered by partners and communities across Staffordshire and Stoke-on-Trent
- Our People and Communities Assembly will help to shape and assure the ICB and its partners on our approach to working with people and communities and continually monitor diversity and inclusivity to ensure greater input by people who experience the greatest inequalities
- The Assembly advises the ICB on how best to meet its legal duties to involve, acting as a critical friend, but also holding the ICB to account. It will also help to review and update our Working with People and Communities Strategy as the ICS matures and evolves, supporting the vision to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.

## Emerging Stakeholder Framework





# Strategic transformation and service changes 2023/24

- Service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, and/or the geographical location from which services are delivered
- In addition to our operational transformations, we have a small number of strategic transformation programmes where our focus for 2023/24 requires wider community engagement to manage the change
- The Portfolios are supported by our System Transformation function to manage those significant service changes. The table on the right summarises the key actions.

Programme and portfolio	Key actions for 2023/24
<b>Inpatient mental health services (IMHS)</b> <i>Mental Health, Learning Disabilities and Autism Portfolio</i>	<ul style="list-style-type: none"> <li>• Technical Group to receive report of findings 9 June 2023</li> <li>• Following receipt of the report of findings, to begin development of the Decision Making Business Case (DMBC) and reviewing impact assessments</li> <li>• Share report of findings with the Staffordshire Health Overview and Scrutiny Committee</li> <li>• Papers to be developed and submitted to take report of findings through ICB governance process (September 2023).</li> </ul>
<b>Urgent and emergency care (urgent treatment centre designation)</b> <i>Urgent and Emergency Care (UEC) Portfolio</i>	<ul style="list-style-type: none"> <li>• Further technical session to take place May 2023</li> <li>• Briefing paper to be shared following the technical events</li> <li>• Stage 1 NHS England assurance check point meeting to take place</li> <li>• West Midlands Clinical Senate desktop review of proposals</li> <li>• Integrated impact assessments developed</li> <li>• Travel impact analysis</li> <li>• Governance process to be developed (multiple providers) and signed off</li> <li>• Business case to be developed and taken through approved governance routes.</li> </ul>
<b>Cannock transformation programme</b> <i>Primary Care, UEC, Planned Care Portfolios</i>	<ul style="list-style-type: none"> <li>• Planning application to be submitted early March 2023 – delayed until April 2023</li> <li>• Agree lease arrangements for accommodation to house service offer</li> <li>• Completion of feasibility study to confirm location for Alliance Medical mobile MRI scanner</li> <li>• Completion of UEC specification, costs of service provision and potential procurement route.</li> </ul>
<b>Maternity</b> <i>Children and Young People and Maternity Portfolio</i>	<ul style="list-style-type: none"> <li>• Communications and involvement plan to be developed</li> <li>• Stakeholder mapping conducted</li> <li>• Bi-weekly maternity meeting to be established</li> <li>• Service change programme office to be established.</li> </ul>
<b>Community Diagnostic Centres (CDCs)</b> <i>Planned Care Portfolio</i>	<ul style="list-style-type: none"> <li>• Implementation plans for University Hospitals of Derby and Burton and Royal Wolverhampton NHS Trust CDCs to be assured via Planned Care Portfolio Board</li> <li>• (North CDC) Implementation Group to be established reporting into the Planned Care Portfolio Board and Strategic Transformation Group.</li> </ul>
<b>Assisted Conception</b> <i>Planned Care Portfolio</i>	<ul style="list-style-type: none"> <li>• Technical Group to receive report of findings May 2023</li> <li>• Following receipt of the report of findings, revise the draft interim policy and reviewing impact assessments</li> <li>• Share report of findings with the Staffordshire Health Overview and Scrutiny Committee</li> <li>• Take report of findings and interim policy through ICB governance process.</li> </ul>

# Annex B

# Assurance on delivery and 31 National Objectives

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We will deliver our ambitions and priorities through a range of vehicles that have been set up to work at the level and scale required to make the biggest impact on improving population health and wellbeing in Staffordshire and Stoke-on-Trent.



# Delivery

## Assurance on delivery

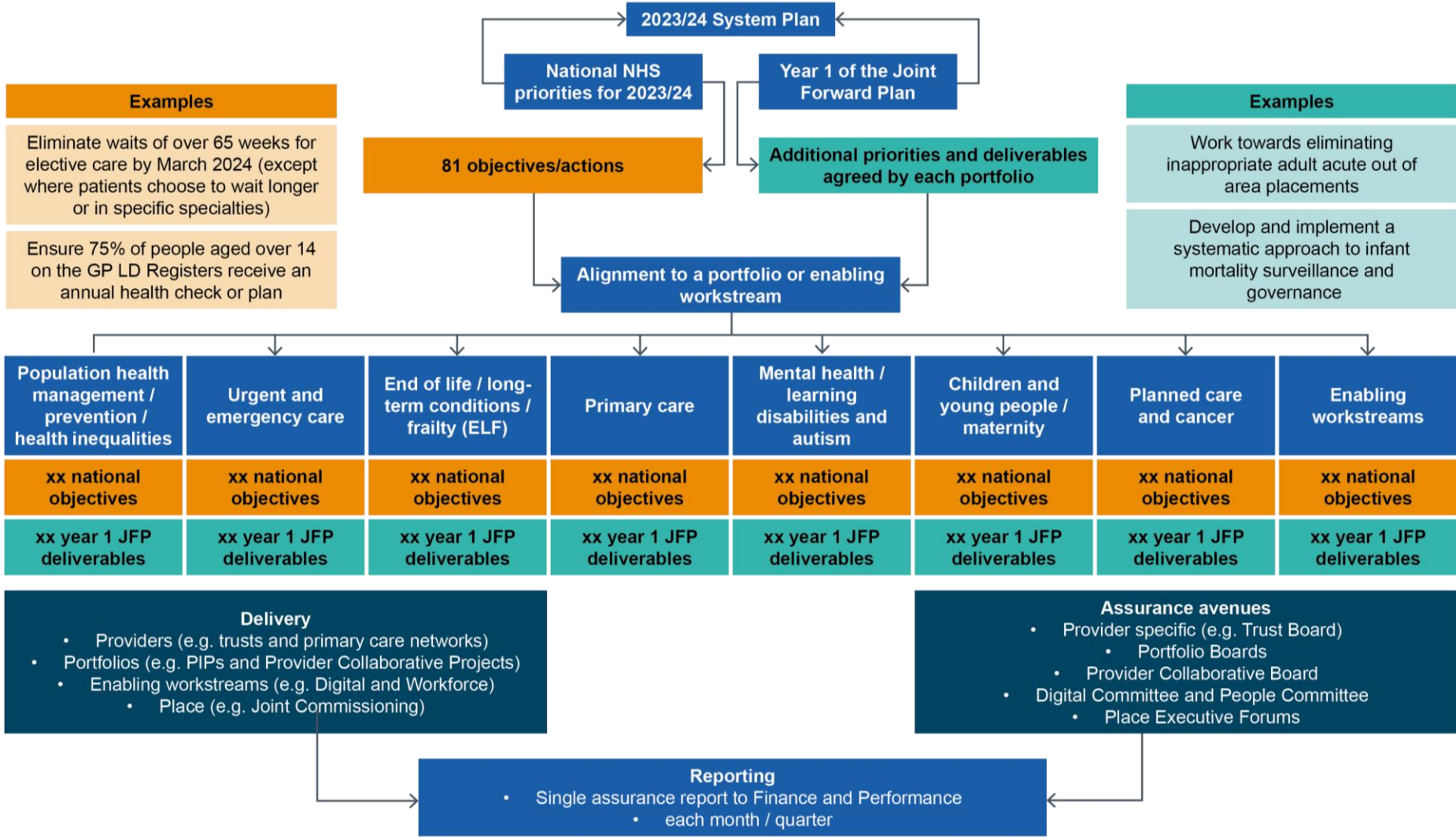
- As partners, we will undertake a continuous appraisal of the position, performance, and delivery of the key priorities and goals set out in the 2023/24 plan
- All system leaders need to be collectively assured that there are mechanisms in place to demonstrate compliance against the 2023/24 System Operating Plan
- The System Operating Plan is made up of a range of quantitative and qualitative objectives and actions which will need to be delivered either through a provider specific activity or a system-led transformation programme. Often there is a clear interdependency between these two types of activity that needs to be managed for an objective to be delivered
- The challenge for the ICS/ICB is to bring these different approaches together into a single view of performance.

## How will we make this happen?

- Each national and local objective is aligned to one of the portfolios or enabling workstreams which make up the delivery architecture for the system
- We have identified which deliverables are specific to individual providers and which deliverables require a system approach
- We will use existing assurance mechanisms to demonstrate compliance, e.g. Statutory Trust Boards and Portfolio Boards. Any gaps will be escalated to Executive Leads who attend the System Performance Group in the first instance
- Progress will be reported to the ICB's Finance and Performance Committee, who will take overall responsibility for the delivery of the 2023/24 System Operating Plan
- A flow chart of how this should work in practice is set out on the next page.

# Assurance on delivery

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National objectives	Portfolio
1 Improve A&E waiting times so that no less than 76% of patients are seen within four hours by March 2024 with further improvement in 2024/25	
2 Improve Category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	<a href="#">UEC</a> (Slide 16)
3 Reduce adult general and acute (G&A) bed occupancy to 92% or below	
4 Consistently meet or exceed the 70% two-hour urgent community response (UCR) standard	
5 Reduce unnecessary GP appointments and improve patient experience by streamlining direct access (DA) and setting up local pathways for direct referrals	<a href="#">Primary Care</a> (Slide 23)
6 Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	<a href="#">Planned Care</a> (Slide 18)
7 Deliver the system-specific activity target (agreed through the operational planning process)	
8 Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	<a href="#">Diagnostics</a> (Slide 19)
9 Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	
10 Continue to reduce the number of patients waiting over 62 days	
11 Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	<a href="#">Cancer</a> (Slide 19)
12 Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	
13 Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	<a href="#">Maternity</a> (Slide 31)
14 Increase fill rates against funded establishment for maternity staff	
15 Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	
16 Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	<a href="#">Primary Care</a> (Slide 23)
17 Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	
18 Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	
19 Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS-funded services (compared to 2019)	
20 Increase the number of adults and older adults accessing IAPT treatment	
21 Achieve a 5% year-on-year increase in the number of adults and older adults supported by community mental health services	<a href="#">Mental Health</a> (Slide 26)
22 Work towards eliminating inappropriate adult acute out of area placements	
23 Recover the dementia diagnosis rate to 66.7%	
24 Improve access to perinatal mental health services	
25 Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	<a href="#">Learning Disabilities and Autism</a> (Slide 27)
26 Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults, and no more than 12–15 under-18s with a learning disability and/or who are autistic per million under-18s are cared for in an inpatient unit	
27 Increase percentage of patients with hypertension treated to NICE guidance to 77% by March	
28 Increase the percentage of patients aged between 25 and 84 years with a cardiovascular disease risk score greater than 20% on lipid lowering therapies to 60%	<a href="#">IPH</a> (Slide 33)
29 Continue to address health inequalities and deliver on the Core20PLUS5 approach	
30 Deliver a balanced net system financial position for 2023/24	<a href="#">Finance</a> (Slide 38)
31 Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	<a href="#">Workforce</a> (Slide 36)

<b>Local Members Interest</b>
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N/A
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## Health and Care Overview and Scrutiny Committee Monday 24 July 2023

### System Performance

### Recommendation(s)

I recommend that:

- a. The Committee note the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.
- b. The Committee note the changing approach to performance reporting.

### Report of the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

#### Summary

#### What is the Overview and Scrutiny Committee being asked to do and why?

1. Note Appendix 1 (Performance Overview Dashboard) which provides a year end position of 2022/23 ICB performance against key standards and targets.
2. Note Appendix 2 (Development of the 2023/24 Performance Report) which provides an overview of the approach and progress to date in developing the Staffordshire and Stoke-on-Trent ICB Performance Report for 2023/24.

#### Report

##### 1. 2022/23 Performance

2. To close off 2022/23 performance reporting for the committee see Appendix 1 (Performance Overview Dashboard) which provides a year end position of performance against some of the key standards and targets reported in 2022/23. Due to the challenges encountered as the NHS exited COVID-19, the performance of NHS Constitutional Standards became less of a focus of assurance and performance measurement, moving to targets specifically designed to enable elective recovery.

##### 3. 2023/24 Performance Reporting

- 3.1 Our one -year operational plan will provide the focus for our performance reporting during 2023/24. Appendix 2 (Development of the 2023/24 Performance Report) provides an overview of the changing approach to performance and programme reporting based on the 31 national objectives and local targets set within our 2023/24 Operational Plan.
- 3.2 The developing monthly update report is built on the premise that it is visual, escalation focused (both positive and negative) and provides an integrated view of operational performance and programme delivery. This will be extended to include financial delivery moving forwards.

- 3.3 Exceptions will be discussed and corrective action agreed at the System Performance Group, then scrutinised at System Finance and Performance Committee.

### **Link to Strategic Plan**

Staffordshire and Stoke-on-Trent ICB plans align to the outcomes, priorities and the ways of working set out in the Staffordshire County Council Strategic Plan 2022-26 through the following aspirations:

- Be healthier and independent for longer.
- Encourage good health and wellbeing, resilience and independence
- Offer every Staffordshire child and young person the best start in life, and the chance to achieve their potential.

### **Link to Other Overview and Scrutiny Activity**

N/A

### **Community Impact**

N/A

### **List of Background Documents/Appendices:**

1. Appendix 1 - Performance Overview Dashboard
2. Appendix 2 - Development of the 2023/24 Performance Report

### **Contact Details**

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# Performance Overview - Staffordshire & Stoke-on-Trent ICB



Staffordshire and  
Stoke-on-Trent  
Integrated Care Board

Current Financial Year

2022-23

Notes on content: red and green shading is provided to illustrate achievement against target - red is below, green is above or equal to.

Report Month

Mar-23

Indicators	Staffordshire & Stoke-on-Trent ICB					22/23 Trend
	Target	22/23 YTD	Jan-23	Feb-23	Mar-23	
<b>Healthcare Acquired Infections</b>						
MRSA	0	17	1	2	1	
C.difficile	301	368	31	29	36	
<b>Referral to Treatment Times - % &lt;18 weeks</b>						
RTT Admitted	n/a	65.2%	57.5%	57.8%	56.0%	
RTT Non-Admitted	n/a	79.3%	66.9%	68.0%	69.8%	
RTT incompletes	92%	67.2%	54.8%	55.0%	55.8%	
RTT 52 week + waiters (Incompletes, all Providers)	reduce	8,648	8,819	8,792	8,648	
<b>Diagnostic test waiting times</b>						
Diagnostics 6 weeks +	95%	65.4%	63.0%	70.1%	71.4%	
<b>Cancer waits</b>						
Cancer 2 week wait	93%	72.7%	89.2%	92.0%	90.3%	
Cancer Breast Symptoms 2 week wait	93%	80.7%	90.3%	93.4%	90.9%	
Cancer 31 day first definitive treatment	96%	86.4%	86.1%	87.9%	89.1%	
Cancer 31 day subsequent treatment - surgery	94%	71.8%	69.6%	69.2%	74.0%	
Cancer 31 day subsequent treatment - drug	98%	91.9%	86.3%	90.9%	92.8%	
Cancer 31 day subsequent treatment - radiotherapy	94%	88.5%	91.9%	89.1%	87.7%	
Cancer 62 day standard	85%	49.4%	45.9%	56.4%	59.8%	
Cancer 62 day screening	90%	63.6%	72.7%	47.8%	62.1%	
Cancer 62 day upgrade	0%	73.8%	72.7%	64.9%	76.5%	
<b>Mixed Sex Accommodation Breaches</b>						
Mixed Sex Accommodation Breaches	0	45	4	5	1	

Note the following GP Appointment Data is publicly available and is 1 month behind the validated, published, performance data above.

Appointments in General Practice	Staffordshire & Stoke-on-Trent ICB				22/23 Trend
	22/23 YTD	Jan-23	Feb-23	Mar-23	
<b>GP Appointments by Type</b>					
Face-to-Face	4,279,482	388,443	363,060	415,598	
Home Visit	69,776	6,720	6,543	8,088	
Telephone	1,590,158	125,904	117,469	134,762	
Unknown	12,926	1,096	1,197	1,576	
Video Conference/Online	13,205	842	466	835	

\*Please note; an unknown GP appointment type is where the appointment type was recorded with poor data quality or inconsistent mapping

Time Between Book and Appointment	Staffordshire & Stoke-on-Trent ICB				22/23 Trend
	22/23 YTD	Jan-23	Feb-23	Mar-23	
Same Day	2,709,353	247,318	223,361	255,098	
1 Day	454,950	41,497	36,045	41,913	
2 to 7 Days	1,158,461	109,146	98,122	107,740	
8 to 14 Days	788,961	61,588	68,385	75,534	
15 to 21 Days	431,591	31,112	34,009	40,524	
22 to 28 Days	225,052	17,064	16,976	23,312	
More than 28 Days	192,501	14,839	11,482	16,203	
Unknown / Data Quality	4,678	441	355	535	

Note: The following CQC Rating Data is publicly available. The monthly counts are of inspection results for practices within each CCG as at the report run month. E.g. a practice inspection rating may have been allocated 12 months prior to the report run date, but the rating retained as no subsequent inspections have taken place.

In month snapshot of current CQC rating	Staffordshire & Stoke-on-Trent ICB		
	Jan-23	Feb-23	Mar-23
<b>CQC</b>			
Outstanding	8	8	8
Good	115	115	115
Requires improvement	7	7	7
No published rating	0	0	0

Accident & Emergency - Provider		Target	22/23 YTD	Jan-23	Feb-23	Mar-23	22/23 Trend
<b>UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST</b>							
A&E 4 Hour Performance (% seen in <4 hours)	95%	63.3%	63.1%	66.6%	67.1%		
12 hour trolley breaches	0	9,428	1,039	690	906		
<b>UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST</b>							
A&E 4 Hour Performance (% seen in <4 hours)	95%	61.3%	61.9%	59.9%	60.7%		
12 hour trolley breaches	0	6,283	648	867	641		
<b>THE ROYAL WOLVERHAMPTON NHS TRUST</b>							
A&E 4 Hour Performance (% seen in <4 hours)	95%	77.1%	76.8%	76.4%	75.4%		
12 hour trolley breaches	0	1,586	101	89	113		
<b>UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST</b>							
A&E 4 Hour Performance (% seen in <4 hours)	95%	52.0%	54.7%	47.6%	51.0%		
12 hour trolley breaches	0	11,658	1,493	1,279	1,356		
<b>THE DUDLEY GROUP NHS FOUNDATION TRUST</b>							
A&E 4 Hour Performance (% seen in <4 hours)	95%	74.0%	75.1%	73.9%	68.9%		
12 hour trolley breaches	0	739	56	26	30		
<b>WALSALL HEALTHCARE NHS TRUST</b>							
A&E 4 Hour Performance (% seen in <4 hours)	95%	73.0%	74.4%	77.7%	73.5%		
12 hour trolley breaches	0	1,030	148	125	265		

# Development of ICB Performance Report for 2023/24

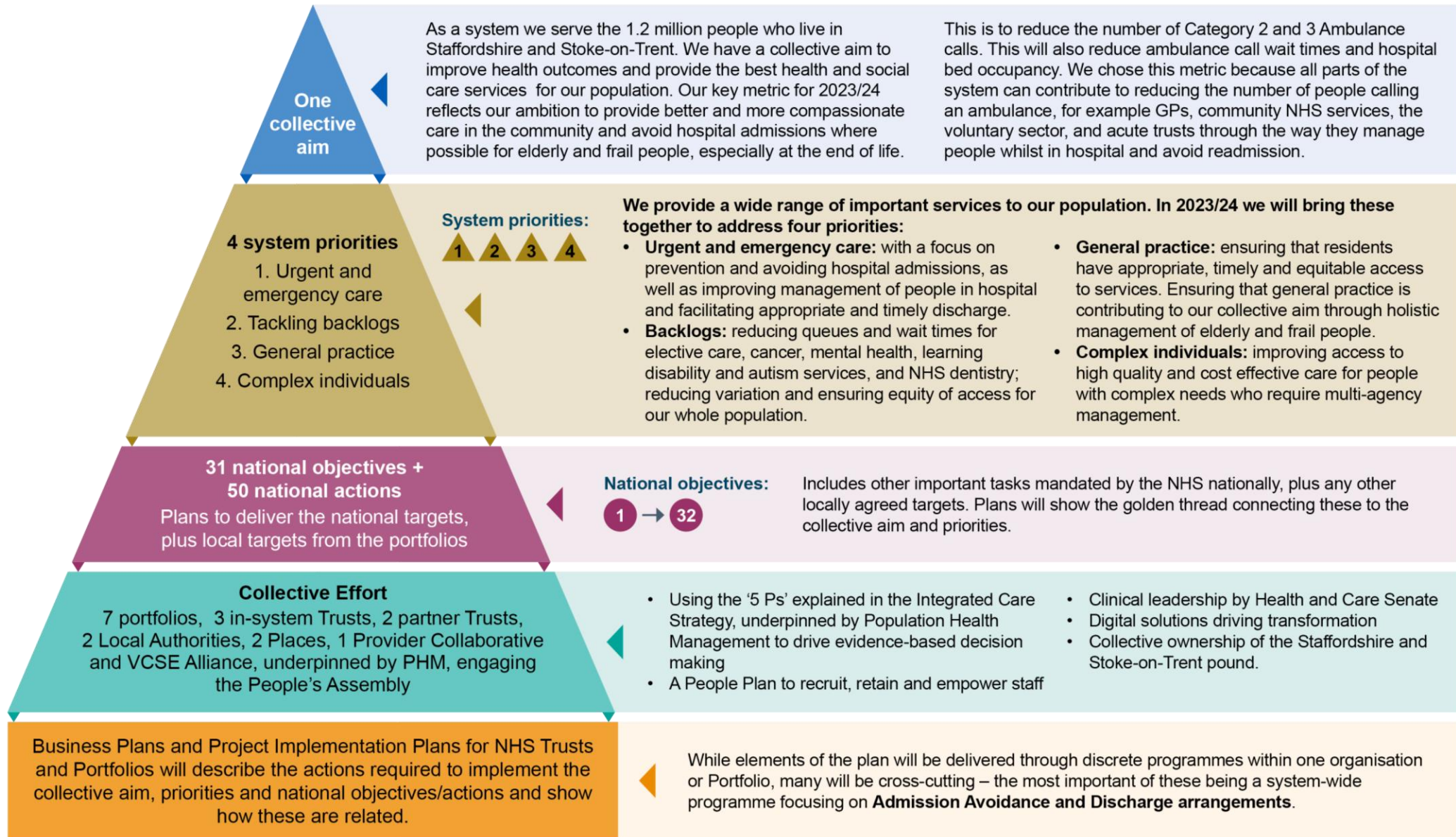
Presentation to Staffordshire Overview and Scrutiny Committee



# Context

- Our one-year operational plan will provide the focus of our performance reporting during 2023/24. This summary provides an update on the development of the report for 2023/24.
- The **one year operational plan** reflects national and system priorities and builds on the Integrated Care Partnership (ICP) Strategy, the Health and Wellbeing Strategies, wider partner strategies and plans that focus on our local population. It forms the first year of the Joint Forward Plan and acts as a delivery mechanism for the ICP Strategy. **This is visually represented on Slide 3.**
- All portfolios have identified the actions that they need to address in 2023/24. These actions come from a mixture of:
  - The 31 national objectives and 50 national actions
  - Ongoing National Long Term plan 2019 commitments
  - National guidance and frameworks not published as part of the 2023/24 planning guidance
  - Other locally determined actions to address system priorities of providers, local authorities and our broader system partners
- Slides 3 and 4 set out the composition of the one year operating plan and our system Place Mat.
- Slides 5 and 6 demonstrate how we will report by exception against our one collective aim and four system priorities, providing key markers for success, actions and points to note and supporting data where appropriate.

# The One Year Operational Plan



# The Place Mat

The place mat demonstrates at a high level, objectives, metrics and deliverables of the operational plan. The key metrics form part of the underpinning dashboards for each portfolio.

PORTFOLIO	Children and Young People / Maternity	Planned Care, Diagnostics & Cancer	Improving Population Health	Urgent & Emergency Care	Mental Health, Learning Disability and Autism	Primary Care	End of Life, LTCS and Frailty (ELF)
	<ul style="list-style-type: none"> <li>Deliver the key NHS Long Term Plan ambitions for a strong start in life for children and young people</li> <li>Implementation of the national delivery plan for maternity and neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the goals for elective recovery in planned, cancer and diagnostics</li> </ul>	<ul style="list-style-type: none"> <li>Embed measures to improve health and reduce inequalities</li> </ul>	<ul style="list-style-type: none"> <li>Recovery of Urgent and Emergency Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the key NHS Long Term Plan ambitions</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the vision outlined in the Fuller Stocktake and make it easier for people to contact a GP practice</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the Ambitions for Palliative and End of Life Care national framework</li> <li>Deliver the key NHS Long Term Plan ambitions supporting people to age well</li> <li>Deliver the NHS Long Term Plan prevention priorities</li> </ul>
NATIONAL OBJECTIVES	13 14	6 7 8 9 10 11 12	27 28 29	1 2 3 4	19 20 21 22 23 24 25 26	5 15 16 17 18	
SYSTEM PRIORITIES	1 3 4	1 2	1 2 3 4	1 2	1 2 3	1 2 3	1 2
KEY METRICS / DELIVERABLES	<ul style="list-style-type: none"> <li>Design and Implement Long Term Conditions Programme (Diabetes, Epilepsy and Asthma)</li> <li>Implement Children with Complex Needs Project</li> <li>Implementation of the national delivery plan for maternity and neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing implementation of Patient Initiative Follow Up (PIFU)</li> <li>Trajectory for eliminating 65 week waits delivered</li> <li>Meeting 85% day case /theatre utilisation</li> <li>Introduce Community Diagnostic HUBs</li> <li>Optimal use of lower GI 2ww</li> </ul>	<ul style="list-style-type: none"> <li>Systematic implementation of the Core20 approach</li> <li>Implement NHS Long Term Plan prevention programmes</li> <li>Utilise population health management techniques</li> </ul>	<ul style="list-style-type: none"> <li>Capital Investment Case</li> <li>76% of patients seen within 4 hours in A&amp;E</li> <li>Bed occupancy 92% or below</li> <li>Full review and priority setting for virtual wards.</li> <li>Enhance provider collaborative offer to include the Clinical Assessment Service.</li> <li>Deliver a fully integrated discharge "hub"</li> </ul>	<ul style="list-style-type: none"> <li>Improve the crisis pathways including 111 and ambulance response</li> <li>Undertake a PICU Options Appraisal</li> <li>Minimise waiting times for autism diagnosis</li> <li>Increased number of people accessing IAPT</li> <li>Increased number of people with SMI having annual physical health check</li> </ul>	<ul style="list-style-type: none"> <li>Deliver ARRS recruitment</li> <li>Implement digital solutions to provide enhanced remote care to people.</li> <li>Deliver recovery of dental activity</li> <li>Implement POD Delegation</li> </ul>	<ul style="list-style-type: none"> <li>The creation of a PEOLC strategy</li> <li>Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care</li> <li>LTC strategy</li> <li>Transformation programme around CVD, Respiratory and Diabetes</li> <li>Delivery of the frailty strategy</li> </ul>
	PEOPLE & COMMUNITIES	PERSONALISED CARE	PERSONAL RESPONSIBILITIES	PREVENTION & INEQUALITIES	PRODUCTIVITY		

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# Example : Exception reporting against our one collective aim

## One Collective Aim

Reduce the number of Category 2 (Cat 2) and 3 (Cat 3) ambulance calls.

*The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.*

*Charts run from April 2022.*

## Key markers for success this month, actions and points to note

Total incidents shows a downward trend. Cat 2 shows very marginal decrease while Cat 3 shows marginal upward trend over the period shown.

Cat 2 - Prolonged reduction in the number of Category 2 calls for Chest, Cardiac Back Pain over the period, matched by other adjustments in call category volumes based upon the incident allocation algorithm.

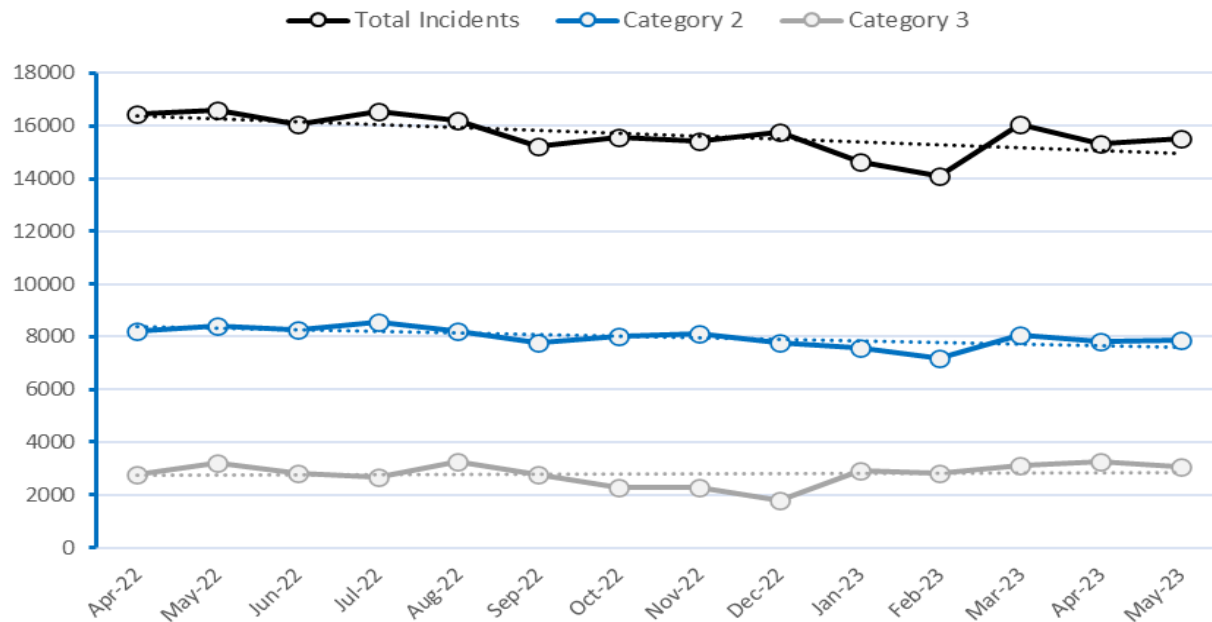
Cat 3 - Community Rapid Intervention Service (CRIS) Service actively pursuing validation of Category 3 calls and referral into service to reduce volumes.

Emergency Department (ED) attendances show a downward trend since April 2022. The total number of 111 calls over the first two months of this year was slightly higher than that seen over the same period in 22/23, although an upward trend has been seen since Sept. 2022 when the lowest number of calls were recorded.

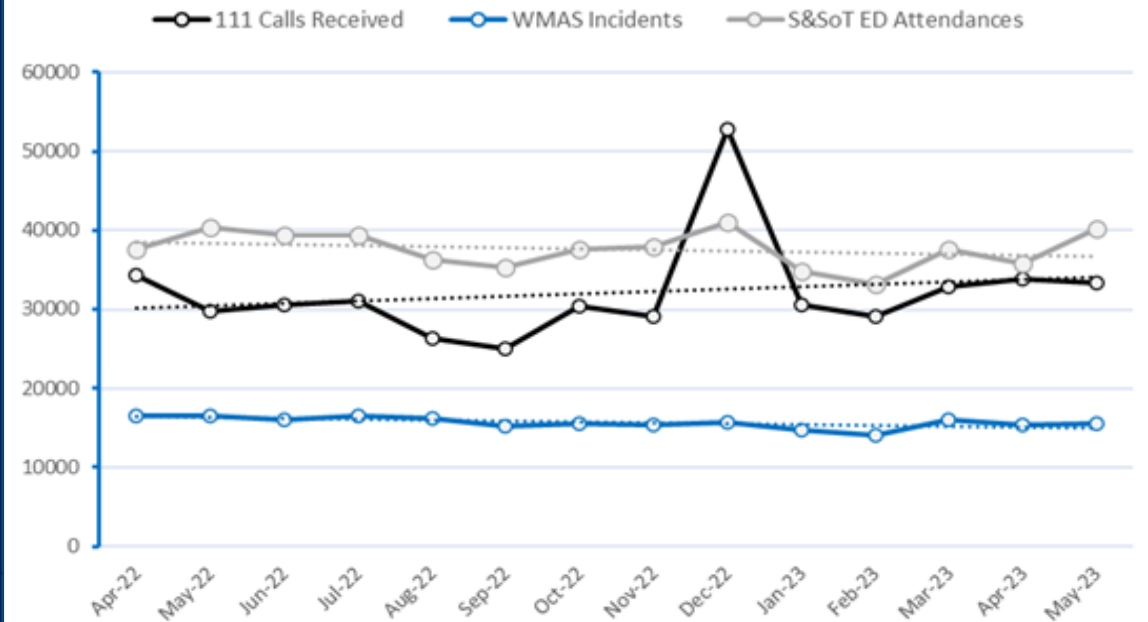
Category 2 Trajectory Plan completed, authorised and signed off without provider input due to tight turnaround timescales - impact following any interventions not considered as part of this plan. Ongoing engagement with WMAS.

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WMAS Incidents - S&SoT ICB



NHS111, WMAS and ED Attendances - S&SoT ICB



# Exception reporting against our 4 System Priorities

System Priority	Key points this month, actions and observations for the coming months
Urgent & Emergency Care	<p><b>Focus on prevention, hospital avoidance and appropriate and timely discharge</b></p> <ul style="list-style-type: none"> <li>Accident and Emergency (A&amp;E) 4 hour performance in May deteriorated marginally to 69.3% from 70.0% in April, which was also slightly below our plan of 71.8%</li> <li>We have utilised 66.6% of virtual ward in May, exceeding our plan of 61%. However staffing remains a challenge and situation is part of Urgent and Emergency Care (UEC) recovery plan. Data reporting challenges creating lack of visibility around Virtual Wards Capacity</li> <li>General &amp; Acute (G&amp;A) bed occupancy was below 92% in April about increased in May, but within target of 92%. Same Day Emergency Care (SDEC) Modular build (addition of 50 new G&amp;A beds) may not complete in time to support University Hospital of North Midlands (UHNM) aim of achieving a bed occupancy rate of 92% (or lower) and the A&amp;E four hour standard (76%) by 31 March 2024.</li> <li>Ambulance handover delays have been challenging during May.</li> <li>For pre-hospital pathways significant progress has been made through the CRIS model. Work is underway to understand whether this can be rolled out across the whole population of SSOT before next winter.</li> <li>De-escalation of 22/23 surge capacity remains challenged and is impacting financial plan.</li> <li>The SSOT Integrated Discharge Hub has been formally launched on 24th May. The Integrated Discharge Director post is out for recruitment. A new Integrated Discharge Steering Group will replace the current post hospital workstream and provide governance and oversight to the Integrated Discharge Team (IDT). Change to reporting processes for Same Day, Next Day discharges anticipated to negatively impact on performance of this metric in SSOT</li> </ul>
Tackle Backlog (Planned Care)	<p><b>Backlog reduction</b></p> <ul style="list-style-type: none"> <li>Long waiters reduction remains a significant challenge, particularly for 78 and 104 weeks waits (ww). Weekly updates continue via tier 1 escalation meetings with UHNM and a trajectory is in place to eliminate 78 and 104 ww by mid-July.</li> <li>The total waiting list remains stable, 65+ week waits at UHNM is currently ahead of plan of 1,898, at 1,673.</li> <li>62 day cancer breaches at UHNM was slightly ahead of plan in April</li> <li>28 day faster diagnosis standard (FDS) was below plan and target in April</li> <li>Diagnostic activity was below plan for April, and patients seen within 6 weeks was 0.2% below plan</li> </ul>
General Practice	<p><b>Ensuring that residents have appropriate, timely and equitable access to services</b></p> <ul style="list-style-type: none"> <li>Appointment count in General Practice in March was the highest this calendar year. April performance was under plan but higher than April 2022</li> <li>March Did not attend (DNA) rate at 4.6% - the lowest value since September 2022.</li> </ul>
Complex Individuals	<p><b>Improving access to high quality and cost effective care for people with complex needs, which requires multi-agency management.</b></p> <ul style="list-style-type: none"> <li>Access to NHS Talking Therapies was 25% of the Q1 plan in April. Referrals remain below target due to the impact of Covid-19.</li> <li>Access to Specialist perinatal community mental health services was 44% of the Q1 plan. Recruitment and capacity issues have impacted access, recruitment is underway.</li> <li>Access to Children and Young People (CYP) community mental health services was close to the Q1 plan (97%), whilst access to Adult community mental health services was 10.5% above the Q1 plan.</li> <li>The Dementia diagnosis rate continues to exceed the national target. However, whilst Stoke-on-Trent sub-ICB achieved a high rate (84.7%), Staffordshire sub-ICBs as a group fell just a little way short of the national target.</li> <li>Learning Disabilities (LD) Annual Health Check (AHC) M2 position was marginally below trajectory (7.6% vs. M2 Target 8.7%)</li> <li>The ICS held a Continuing Healthcare Summit on 20<sup>th</sup> June. Early feedback suggests that it was a “Really constructive session, which has really helped partners build system awareness of issues and buy-in to the challenges we are experiencing”</li> </ul>



# Glossary

Abbreviation /Acronym	Description	Abbreviation /Acronym	Description
2ww	2 week wait	IDT	Integrated Discharge Team
5 Ps	Our operating principles and commitments: Prevention and health inequalities; Personalised care; Personal responsibility; Productivity; People and communities	LD	Learning Disabilities
A&E	Accident and Emergency	Lower GI	Lower Gastrointestinal
AHC	Annual Health Check	LTC	Long Term Conditions
ARRS	Additional Roles Reimbursement Scheme	M2	Month 2
Core20	The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD)	PEoLC	Palliative and End of Life Care
CPL	Clinical Professional Leadership	PHM	Population Health Management
CRIS	Community Rapid Intervention Service	PICU	Psychiatric Intensive Care Unit
CVD	Cardiovascular disease	PIFU	Patient Initiated Follow Up
CYP	Children and Young People	POD	Pharmaceutical, general ophthalmic and dental
DNA	Did Not Attend	Q1	Quarter 1
ED	Emergency Department	SDEC	Same Day Elective Care
ELF	End of Life, Long Term Conditions and Frailty	SMI	Severe Mental Illness
FDS	Faster Diagnosis Standard	SRO	Senior Responsible Officer
G&A	General & Acute	SSOT	Staffordshire and Stoke-on-Trent
GPs	General Practitioners	UEC	Urgent and Emergency Care
IAPT	Improving Access to Psychological Therapies – now referred to as Talking Therapies	UHNM	University Hospital of North Midlands
ICB	Integrated Care Board	VCSE	Voluntary, community and social enterprise
ICP	Integrated Care Partnership	WMAS	West Midlands Ambulance Service
ICS	Integrated Care System		



## **Health and Care Overview and Scrutiny Committee - Monday 24 July 2023**

### **System Pressures**

#### **Recommendation**

I recommend that the Committee:

- a. Note the system pressures update for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.

### **Report of the Staffordshire and Stoke-on-Trent Integrated Care Board**

#### **Summary**

#### **What is the Overview and Scrutiny Committee being asked to do and why?**

1. Note the system pressures update for the Staffordshire and Stoke-on-Trent population.
2. This report outlines:
  - a. System Pressures over Winter 22/23
  - b. Lessons Learned over Winter 22/23
  - c. Our structure and UEC System Pressures
  - d. Discharge update
  - e. Next steps

#### **Report**

##### **Background**

##### **System Pressures over Winter 22/23**

3. Staffordshire and Stoke-on-Trent Integrated Care System (ICS) experienced several system pressures during 2022/23 that have affected the Urgent and Emergency Care (UEC) pathway.
4. The ICS developed a full system winter plan to manage Winter 22/23.
5. The Winter Plan was presented to the ICB Board in November 2022 (post review and scrutiny and Finance and Performance Committee, Quality and Safety Committee and all system partner public board meetings) for

approval. The plan was approved and was implemented in accordance with the principles and timelines outlined in the original document.

6. Whilst the ICS developed a robust Winter Plan, the position in Staffordshire and Stoke on Trent was challenged with high levels of pressure that echoed national reports. Cumulative factors contributed to the system declaring a Critical Incident on Thursday 29th December, stood down Thursday 12th January 2023.
7. Through the System Winter Steering Group and System MDT, the ICS continuously evaluated the live position of the urgent care system against the expected plan to understand the root causes of pressure. The plan operates in the currency of acute beds; however, the demand gap is closed using a variety of schemes ranging from acute beds to enabling schemes that impact demand on the bed base. There are three key components which exacerbated pressure beyond plan:

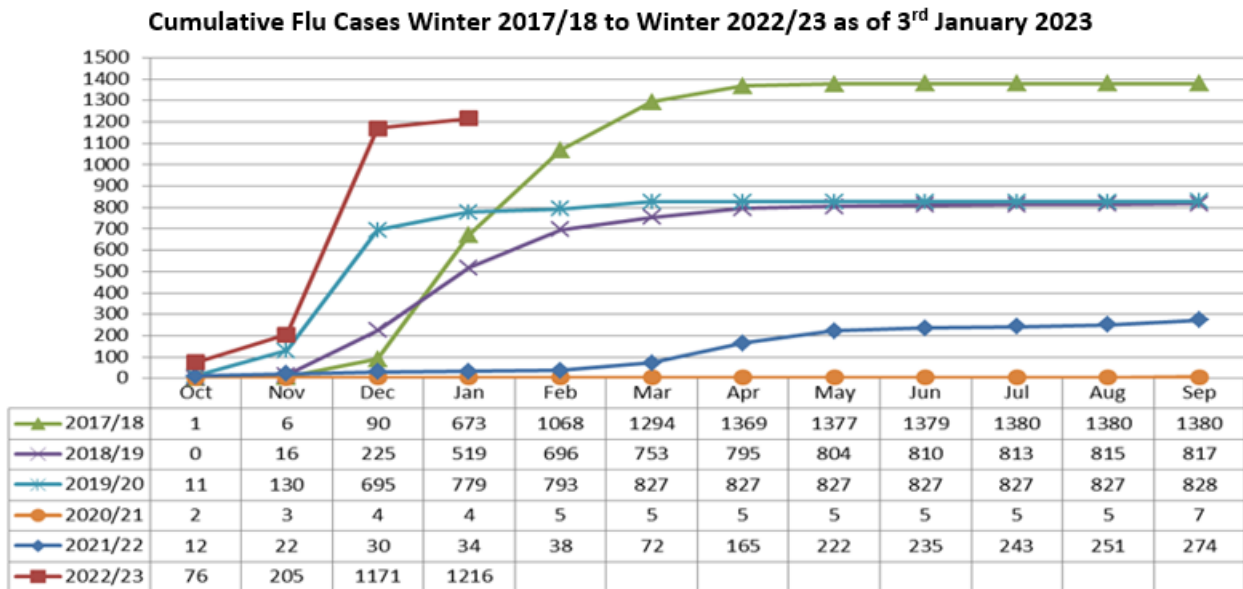
### **Workforce**

- a. For context, the overall sickness levels of core capacity ranged from 4% – 10.3% in December 2022 across the Health Economy, and vacancy rates have ranged between 8% – 24% across staffing groups.

### **Demand**

- b. The System Winter Plan demand was modelled utilising the flu predictions from 2017/18, where the system experienced high numbers of patients with flu which subsequently resulted in significant pressure; up until now this year was considered our worst flu year in terms of volumes. The difference from 2017/18 is that the pressure of the flu season currently being experienced started far sooner than previously experienced. The peak capacity across the system was planned to be delivered in January as per previous years, however the pressures started to build early November and was hitting previously seen peak levels in December as demonstrated below, which the system was not prepared for.

*Graph 1: Cumulative Flu Cases Winter 2017/18 to Winter 2022/23 as of 3rd January 2023*



c. For reference, there was a 68% increase in the number of inpatients with Covid during the two-week period from December 16th – December 30th. During this time period there was also a 136% increase in the number of inpatients with flu and a 55% increase in the number of inpatients with RSV.

## Supply

d. During the modelling phase it was identified that a number of acute beds were required during the peak surge period; it is worth noting the emphasis on acute beds. As to be expected, not all additional capacity can be delivered through the acute setting due to logistical issues and estate constraint. In addition, the system made a commitment where at all possible elective capacity would remain to ensure our patients received the planned care they needed as part of the elective recovery backlog.

e. If a non-acute bed is provided as additional capacity, it does not represent the equivalent of an acute bed given several factors including patient need, staffing, environment. Therefore, when modelling is undertaken, we build in assumptions to calculate an equivalent acute impact.

f. In its rawest sense, actual acute capacity accounts for 33% of the surge capacity planned.

## Winter 2022/2023 Lessons Learned

8. As part of the ICS 22/23 Winter Planning process, articulated within the System Winter Plan, approved at ICB Board in November 2022, it was

agreed that a priority action would be to carry out a thorough assessment and review of the plans effectiveness in March 2023, with an emphasis on learning to inform 23/24 surge planning and beyond.

9. A Winter Plan – Lessons Learned workshop event was held on Thursday March 23rd, with invites to all constituent system partner organisations; the ICB, University Hospital North Midlands (UHNM), Midlands Partnership Foundation Trust (MPFT), North Staffordshire Combined Healthcare Trust (NSCHT), Staffordshire County Council, Stoke-on-Trent City Council, Totally/Vocare Urgent Care, West Midlands Ambulance Service (WMAS), University Hospitals of Derby and Burton (UHDB), NHS England – Midlands, and Primary Care providers.
10. The Lessons Learned event sought to present to partners key aspects of the System Winter Plan, and to facilitate discussion and debate regarding their effectiveness and how the system can utilise experience of this (and past) Winters to inform and strengthen Winter planning for 2023/24.
11. Key themes covered via the event are outlined below:
  - a. Winter Plan Development Process and Delivery
  - b. Workforce and recruitment
  - c. System Escalation Planning and Clinical Risk Sharing
  - d. System Critical Incident & Early Warning signs
  - e. Test adherence to the ICS Leadership Compact
  - f. Finance – 2022/23 allocation and spend & anticipated 2023/24 funding
  - g. 2023/24 Opportunities

12. Summary of lessons learned:

The key lessons and learning points are summarised with regard to the respective topics/themes but the primary points of learning include:

- a. Governance and approach to system planning was supportive.
- b. Commencing the surge/winter planning process earlier would be beneficial, ensuring mobilisation of supporting schemes and initiatives in advance of periods of increased demand and pressure.
- c. Earlier mobilisation of system workforce resources to support plans is recommended.

- d. We need to target available resource (and recognition that resource is finite) toward high impact initiatives and schemes to realise greater efficiencies.
- e. Implementation of agreed and recognised escalation triggers and metrics to underpin system response to escalated risk/demand/pressure.
- f. We need a more upfront escalation plan detailing our escalated actions
- g. Greater and more erudite engagement with staff pre-winter to mitigate issues relating to staff re-deployment and flexibility.
- h. There was not a consensus that the System Leadership Compact was always adhered to.
- i. Assessing the aims and objectives of System plans, beyond the currency of bed numbers and acute capacity would further improve the planning process and delivery.
- j. Greater support and empowerment for clinicians and clinical leaders during periods of pressure, building upon the System Escalation Plan and system approach to mitigating clinical risk, is required to ensure management of clinical risk is equitable across the pathway and system partner organisations.
- k. The collective EPRR skillset may be more appropriately placed to lead the system escalation plan.

### 13. Summary of key actions

Key actions and outputs of the session are outlined for reference below:

- a. Ensuring that the behaviours described within the System Leadership Compact are at the forefront of system working and supporting individuals to speak-up when these are not adhered to, recognising that this constitutes an area for improvement across the system.
- b. Surge/winter planning to commence in April 2023 (significantly earlier than previous). CEOs to collectively support EPRR leads to further develop the System Escalation Plan, including risk sharing.
- c. System agreement re financial allocation for 2023/24 is required urgently - to underpin development of Surge plans.
- d. System work to ensure Workforce and recruitment activities are aligned to Operational plans and commence in advance of winter to enable mobilisation and implementation of surge actions and schemes.
- e. Wider expansion of the System Workforce Hub, to ensure Social Care coverage.
- f. Engagement and advanced working with Primary Care to support surge plans.
- g. Greater involvement and input from voluntary care and other sectors in future planning.
- h. Qualitative assessment of Winter/Surge plan schemes/initiatives to be undertaken.

- i. Development and definition of System Outcome and Early Warning metrics to underpin planning.
  - j. Refresh of the System Bed Model with updated 2022/23 data.
  - k. Greater involvement of other system portfolios; e.g. End of Life, Frailty.
  - l. Wider sharing, acknowledgement, and adoption of the System Escalation plan to ensure partner buy-in.
  - m. Assessment of priority and high impact schemes to be undertaken and prioritisation of highest impact initiatives to be confirmed.
  - n. Engage with workforce and patients to gather a richer understanding around high impact schemes
14. As part of ICS development of Portfolios, the Urgent and Emergency Care (UEC) Portfolio has revised its governance structure to work within five key areas:
- a. **Access.** This includes community-based care, primary care and ambulance service provision. The focus is to look after people in their own homes for as long as is clinically appropriate and look to provide alternative pathways that avoid hospital attendance.
  - b. **Non-Elective Improvement Programme.** This covers the work at the front door of the hospital through to the point of discharge. It is often referred to as 'managing the flow' through the hospital. It includes the management of the hospital site.
  - c. **Integrated Discharge.** This workstream focusses on getting people to their usual place of residence as quickly as possible and supporting them to stay in their usual place of residence.
  - d. **Transformation.** This workstream focuses on the designation of Urgent Treatment Centres to ensure that SSOT has a consistent and simplified offer for access to UEC.
  - e. **Surge.** This work programme focuses on the strategic

### **Q1 2023/24 System Pressures**

- 15. As per the revised governance structure, the UEC portfolio has developed a UEC Improvement Plan that aligns to the National UEC Recovery Plan. See appendix link.
- 16. The SSOT UEC Improvement Plan submitted as part of the System Operational Plan, is compliant with the metrics set out:



- a. 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
  - b. Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.
17. Despite an Improvement Plan that is demonstrating improvement, the UEC System is facing new challenges with industrial action impacts and the protection of elective capacity.

### **Current Performance**

18. **111:** May recorded 1074 calls received per day within the Staffordshire area which is down 1.4% on the previous month. Call abandonment rose to 7.22% in May from 5.52% the previous month but remained below the national average of 11.7%. Calls answered within 60 seconds fell slightly to 74.14% but remains significantly above the national average of 59%. Calls receiving Clinical input continued to trend downward, falling once again to 34.79% of calls for May, above the Midlands average but below the national average of 42.33%.
19. **Ambulance Activity:** Category 2 Mean Response by WMAS crews across the Staffordshire area reflected the impact of increased pressure within UEC, by increasing to above the national 30-minute target to 31 minutes 54 seconds.
20. EMAS crews also reported degraded response times with an increase of just under 1 minute. May's handover performance was impacted by increased UEC pressure which resulted in increases of 60-minute handover delays at all sites.
21. Royal Stoke recorded a 109% increase in 60+ minute handover delays over April, County Hospital a 15% increase, and Burton Hospital a 113% increase. Inevitably, time lost (over 30 minutes) by WMAS vehicles at both UHNM and Burton rose, from 581 in April to 1346 in May, whilst EMAS recorded a further 72 hours lost by their vehicles at Burton.
22. **ED Activity.** UHNM – ED Attendances rose by 11.5% over the previous month of April and were over 1000 more than the average for 2022/23. Due to increased pressure within UEC beginning on the 9th May all time-based metrics reported a degraded performance for May, but there were encouraging signs through the start of June for an improving position. Even with the degraded performance the average wait for an initial assessment was below the 15-minute target. 4hr ED Performance decreased, on the back of the increased system pressures, reducing to 69.3% from 70%.

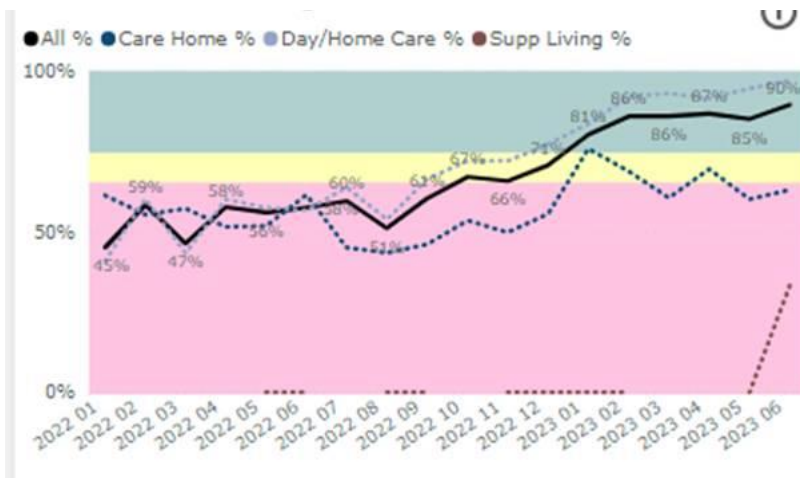
23. Burton – The Average Time to Initial Assessment for May increased by just under 1 minute, to reach 26 minutes and 59 seconds, which is the 2nd lowest wait of the last 14 months. Whilst this remains above the 15-minute national target the minimal growth at a time of heightened pressure should be noted. Both of the 'Time in ED' metrics also recorded minimal increases, with those being discharged on average in just over 3 1/2 hours. 4hr ED Performance improved to 62.2%, the highest of the last 14 months, in the face of increased handover delays, higher attendance numbers, increasing numbers of 12-hour breaches and emergency admissions
24. **Medically Fit For Discharge (MFFD)**. Average MFFD patient numbers at Royal Stoke were consistently below 100 throughout May, whilst County Hospital remained below 30. The monthly average for May fell slightly to 113.
25. **Discharge pathways**. Staffordshire and Stoke-on-Trent continue to see circa 70% of patients discharged from hospital without any support (Pathway 0), following an emergency admission. The national expectation is that 80% of patients should be discharged through pathway 0. Work within the Integrated Discharge programme is seeking to improve this metric by streamlining discharge processes through an integrated model of care. It is expected that this model will reduce delays in the discharge process subsequently reducing the risk of de-conditioning whilst awaiting discharge.

### **Update on Discharge (Provided by Staffordshire County Council, Dr Richard Harling)**

26. Staffordshire has fully integrated 'discharge to assess arrangements' in place. Those people who require reablement, rehabilitation and support after an acute hospital stay are referred to MPUFT's 'Track and Triage' team to determine the most appropriate service – either Home First, community hospital or an NHS temporary care home placement.
27. The Council is rarely required to assess people's adult social care needs or find them services whilst they are in an acute hospital bed. The number of people waiting for adult social care across all of the seven main acute hospitals serving Staffordshire is typically zero to two.
28. The Council focuses on arranging timely assessment and ongoing care if necessary for people who need longer term support after their period in 'discharge to assess' services. The majority of referrals are from Home First for people who need assessment and ongoing home care.

29. In recent months the care market has been operating well and there have been minimal delays in finding services. At June 2023 90% of all referrals from the urgent care pathway were sourced to target timescales, with these being 2 days for acute hospitals, 7 days for Home First and community hospitals, and 28 days for NHS temporary care home placements, as shown in Figure 1. Performance is monitored in real time with management action to address breaches of target timescales where necessary.

Figure 1: timeliness of sourcing of care services from urgent care pathway



### Next Steps

- 30. A collaborative system governance structure is in place and will continue to drive the UEC Improvement Plan.
- 31. Surge Planning for 23/24 is already underway, utilising a refresh of the predictive bed modelling tool.
- 32. The System UEC Strategy that has recently been agreed through the UEC Board will develop and co-produce the strategic delivery plan with partners and patients by Autumn through the System UEC Strategy Group
- 33. Our System Control Centre, that continually manages operational pressures, will continue to operate with all system partners to ensure daily visibility of system pressures are shared and owned by all.

### Link to Strategic Plan

34. N/A

## **Link to Other Overview and Scrutiny Activity**

35. This is an update to the UEC System Pressures paper accepted on Monday 19<sup>th</sup> September

## **List of Background Documents/Appendices:**

[NHS England » Major plan to recover urgent and emergency care services](#)

[2023/24 Operational Plan \(icb.nhs.uk\)](#)

## **Contact Details**

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<b>Local Members Interest</b>
N/A

## **Health and Care Overview and Scrutiny Committee Monday 24 July 2023**

### **Staffordshire & Stoke-on-Trent Integrated Care Board (ICB) update on Elective care performance and recovery.**

#### **Recommendation(s)**

I recommend that:

- a. The committee notes the report and the actions being taken to reduce waiting times and access to services.

#### **Report of Phil Smith, Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB**

#### **Summary**

#### **What is the Overview and Scrutiny Committee being asked to do and why?**

1. The Health and Care Scrutiny Committee has quite reasonably requested a briefing on the progress being made in recovering elective care services in the wake of the disruption caused by the Covid-19 pandemic.
2. This report covers 3 separate (but related) areas of care
  - a. Elective care
  - b. Cancer services
  - c. Diagnostics
3. The purpose of the report is to provide some degree of assurance that all appropriate measures are being deployed to support recovery and sustainability of services.
4. The committee should, however, note that full backlog clearance and restoration of “normal” levels of performance are likely to take up to 5 years.
5. The report will make reference to plans that have been developed and submitted to NHS England including the 23/24 System operational plan and the draft Joint Forward plan (JFP)

#### **Report**

#### **Background**

The Covid-19 pandemic had a significant impact on the delivery of Elective care. Elective care services were effectively “closed down” for all but the highest priority cases during the height of the pandemic to make beds available for patients requiring hospital care due to covid.

When services were reintroduced, they were not at the levels previously seen due to increased infection prevention measures resulting in a reduction in productivity.

The outcome is that both locally and nationally there are significant backlogs of patients awaiting treatment.

NHS England have focussed initially on ensuring that patients waiting more than 104 weeks received treatment before them focussing on those patients waiting more than 78 weeks. The NHS operational planning guidance for 23/24 also requires local systems to have treated all 65-week waiters by the end of March 2024.

The ICB is responsible for all patients registered with GP's within Staffordshire and Stoke-on-Trent. However, NHS England reporting requirements are that local systems are performance managed by NHS England on an individual system basis. The implications of this are that whilst the ICB retains oversight of the care of Staffordshire and Stoke-on-Trent patients receiving treatment in out-of-area providers (e.g., University Hospitals of Derby and Burton, University Hospitals Birmingham, The Royal Wolverhampton NHS Trust), the local system that hosts those providers is held to account for performance by NHS England. Staffordshire and Stoke-on-Trent ICB is therefore primarily held to account for the performance of University Hospitals of North Midlands NHS Trust (UHNM) and local independent sector providers.

This report provides an update on the latest reported position related to:

- 1) Elective care
- 2) Cancer performance
- 3) Diagnostics.

1) Elective Care (data correct as of 4<sup>th</sup> July 2023)

a) 104 week-waits

NHS England required all 104-week waiters to have been treated by March 23, however Staffordshire and Stoke-on-Trent is an outlier and still has patients awaiting treatment. There were nine 104-week breaches in June at UHNM and one at Nuffield (NS), the latter being a late transfer from UHNM.

There are plans to treat all but one patient during July- whilst this patient remains as a UHNM breach they are awaiting specialist treatment out-of-area.

There are no other Staffordshire and Stoke-on-Trent patients waiting more than 104 weeks with other providers.

b) 78 week-waits

NHS England set a target to treat all patients waiting more than 78 weeks initially by the end of March 2023, but this was extended until June. However, Staffordshire and Stoke-on-Trent continues to have patients within this cohort across a range of providers.

Provider Name	Admitted	Non-Admitted
University Hospitals of Derby And Burton NHS Foundation Trust (UHDB)	18	33
The Royal Wolverhampton NHS Trust (RWT)	14	10
University Hospitals Birmingham NHS Foundation Trust (UHB)	3	3
University Hospitals Coventry And Warwickshire NHS Trust	1	
Walsall Healthcare NHS Trust	1	
Barts Health NHS Trust	1	
Stockport NHS Foundation Trust	1	
Hull University Teaching Hospitals NHS Trust	1	
Manchester University NHS Foundation Trust	1	3
Nottingham University Hospitals NHS Trust	1	

The Robert Jones And Agnes Hunt Orthopaedic Hospital NHS  
Foundation Trust  
Mid Cheshire Hospitals NHS Foundation Trust

1  
1

<b>Grand Total</b>	<b>42</b>	<b>51</b>
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UHNM have the largest number of 78 week waiters with 312 breaches reported in June, this is expected to reduce to 197 in July and 133 during August reflecting the expected impact of industrial action.

Nuffield are expecting 20 breaches in July, but these again are late transfers from UHNM.

The committee are asked to note that this cohort is not “fixed” and these numbers reflect patients being removed from the numbers once treated but include new patients that will breach the 78 week threshold that are expected to come onto the list.

The reasons for this position are complex and include:-

- Patient choice- many patients have declined treatment offers elsewhere and others have declined appointments due to holiday plans or other personal reasons.
- Some patients whilst listed for surgery have been unwell and had to have treatment rescheduled.
- Capacity within particular specialities- in particular endoscopy where additional capacity has been secured through insourcing arrangements at UHNM.
- UHNM have also commissioned an external review of waiting list management process. The report has been discussed within their Public board and therefore not repeated here. However, action plans are being implemented in support of the recommendations made. In the meantime they are also benefitting from operational support from the National GIRFT (Getting it right first time [Getting It Right First Time - GIRFT](#)) team to streamline processes.
- Improvement plans and trajectories have been disrupted due to industrial action and with more industrial action planned the overall impact has yet to be calculated.

#### c) 65 week-waits

In May 2023, the Staffordshire and Stoke-On-Trent Integrated Care System (ICS) submitted a compliant plan to treat all 65- week waiters by the end of March 2024. Whilst some trajectories are slightly off- target there is both time and ambition to recover.

The reasons in part are the continued focus on the 104/78week cohorts and the impact of industrial action.

UHNM and the ICB are working closely with Independent sector providers to facilitate early recovery.

As of 25<sup>th</sup> June there were a total of 2745 patients waiting more than 65 weeks. The majority (94%) are within our local NHS Trusts. (UHNM, UHDB, RWT & UHB)

It is important for the committee to also note that throughout the pandemic a national approach was adopted to prioritisation of treatment and therefore patients will have been treated primarily based on clinical need and urgency with waiting time being a secondary consideration.

All Trusts have processes for reviewing long-waiters including “harm reviews”.

## 2. Cancer services.

Cancer services were prioritised during the pandemic and continue to be so.

The key measures that are currently areas of focus are:-

- 28-day faster diagnosis standard (FDS)- i.e that patients referred with a suspicion of cancer will have a definitive diagnosis within 28 days. The recovery target set out within the national planning guidance is 75% by March 24.
- 62 -day treatment target- 85% of patients with a cancer diagnosis should commence their first definitive treatment within 62 days.

These measures are reported at System level and therefore the data does not allow us to see whether Staffordshire and Stoke-on-Trent patients are receiving services compliant with the standards separately to the overall Trust performance.

The provisional data for May from UHNM indicates that 63.6% of patient received a definitive diagnosis within 28 days, an action plan is in place that aims to exceed the national target by the end of the year.

The overall position does however not reflect the variation for particular cancer types. For example in FDS standard for suspected breast cancer was 92.5% and Upper GI, Lung and paediatric all met the 85% standard whereas colorectal cancer was only 34.8% due to delays and demands on endoscopy services and histopathology.

A recovery plan for endoscopy services has commenced including recruitment of additional staff as well as redeploying staff to maintain endoscopy booking. Additional capacity has also been insourced, and weekend services have commenced to clear backlogs. In the longer-term provision for additional endoscopy services are being incorporated into the North Community diagnostic hub proposal. The business case for which has now been approved by NHS England.

The overall FDS achievement in Derbyshire was 69.5% and 70.2% in the Black Country.

Achievement level for the 62- day standard was 57.8%. The commencement of timely treatment has a clear correlation with receiving a timely diagnosis and due to the high volume of colorectal referrals the improvements in endoscopy are expected to lift overall 62-day performance going forward.

The 62-day standard achievement for Derbyshire was 56.5% and 50.8% for the Black Country.

### 3. Diagnostics

The national planning guidance aims for diagnostics to be delivered within 6 weeks by March 2025 for 95% of referrals.

The first phase of recovery is to eliminate 13 week breaches and this has largely been achieved within UHNM for MRI, CT and NOUS diagnostic modalities.

The main areas of challenge as reported above are endoscopy services, including gastroscopy, colonoscopy and flexi-sigmoidoscopy-At the end of May ~520 patients were waiting beyond 13 weeks for these services.

Demand and capacity modelling has now been completed for endoscopy services and planned capacity now exceeds demand allowing a recovery trajectory to be mapped and monitored. 13 week waits for endoscopy are now expected to be cleared by the end of August.

Diagnostic capacity will also increase through three designated community diagnostic centres (CDC's). Tamworth (hosted by UHDB) and Cannock (hosted by RWT) are expected to be providing services within the current financial year. The business case for a large CDC



in Stoke-on-Trent has recently been approved by NHS England. This new facility is expected to open in 2025.

**Contact Details**

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## **Health and Care Overview and Scrutiny Committee - Monday 24 July 2023**

### **SSOT ICS People, Culture and Inclusion Annual Report and update**

#### **Recommendation(s)**

I recommend that the Committee:

- a. Notes the contents of the report on the delivery of People, Culture and Inclusion programmes and the progress in addressing the workforce challenges across the Integrated Care System
- b. Notes the current strategic workforce context, including the recently published Long Term Workforce Plan.
- c. Notes and considers the proposed future activities facilitated by the Integrated Care System (ICS) People Team in continuing to address the workforce challenges, increasing the supply pipeline and ensuring we have a well supported and developed health and care workforce to deliver care to our population

#### **Report of the Staffordshire and Stoke-on-Trent ICS**

#### **Summary**

#### **What is the Overview and Scrutiny Committee being asked to do and why?**

1. This report was developed in collaboration with ICS, clinical, workforce leads, alongside our partners from across the system. It reflects on key milestones and achievements in addressing our greatest workforce challenges - against the backdrop of significant operational pressures, the formation of the Integrated Care Board (ICB), as well as working towards financial balance. Although these pressures have impacted workforce availability and resilience, the report captures how our people have worked together and developed innovative approaches to support our workforce and our local population
2. The committee is asked to:
  - a. Note the contents of the annual report and the achievements in addressing the workforce challenges across the ICS.
  - b. Note the current strategic workforce context, including the recently published Long Term Workforce Plan.

- c. Note and consider the proposed future activities facilitated by the ICS People Team in continuing to address the workforce challenges, increased the supply pipeline and ensuring we have a well supported and developed health and care workforce to deliver care to our population

## **Report**

### **Background**

1. The whole system Workforce/ People agenda has been previously presented to the Committee, with discussions focussing on the workforce position, challenges and activities taking place at partner and system level.
2. This report to the Committee provides an up-to-date position on the activities and programmes of work undertaken across the system during 2022/23 to improve our overall workforce position, and future activities.

### **Link to Strategic Plan**

3. This report and People Culture and Inclusion programmes are informed by the national People Plan, ICS People Function Operating Model, ICS Joint Forward Plan

### **Link to Other Overview and Scrutiny Activity**

4. N/A

### **Community Impact**

5. Refer to CIA guidance on the [Learning Hub](#)

### **List of Background Documents/Appendices:**

6. Appendix 1 – ICS People Culture and Inclusion Annual Report

### **Contact Details**

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# ‘SSOT ICS People Plan – update on progress’

Mish Irvine, ICS Director of People  
Gemma Treanor, Head of ICS People Team



# Current People Culture and Inclusion context

- Financial challenges; running cost reductions and redesign of ICBs
- Patricia Hewitt Report – an independent review of Integrated Care Systems
- Population Health and Health Inequalities – community outreach
- Industrial Action
- Long Term Workforce Plan

Require 260-360,000 more workforce by 2035

# NHS Longterm Workforce Plan

Focus on prevention and early intervention

## Train

- Domestic 50-65% in 15 years ↑
- METIP by System
- Int. Rec ↓ 9-10% by 2036/7
- Med school places 60-100% in certain geographical areas and trainee placements ↑
- Medical Degree Apprenticeship in development
- GP Specialty Trainees 45-100% ↑
- Nursing training places 80% by 2028 ↑
  - Adult 92%
  - Mental Health 93%
  - Learning Disability 50%
- Implement Ockendon, reduce length of MW degree ↓
- AHP training places 28% ↑
- Pharmacy training places 31-55% ↑
- Psychology/CYP training places 30% ↑
- Healthcare Scientist training places 20-34% ↑
- Volunteers ↑
- All Trusts to implement general Preceptorship
- NHS Enhanced Training
  - Widen general/Core Drs
- More Apprenticeship roles

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## Retain

- Reduce Leavers rate 9% -7.4-8% ↓
- Consistent staff experience despite organisational boundaries
- Implement Fuller Stocktake in PC
- More support for newly qualified staff
- Total Reward Package
  - Beyond Pension
  - Beyond the money
  - Increased flexible working
- Continue to focus on EDI
- Health inequalities ↓
- CPD funding still in place for in Nurse, AHP, MW
- Workforce development via apprenticeship not resulting in financial penalty
- Create Employee Value Proposition; National/local benefits:
  - Flex Working (retirees/offered for all jobs/flexible careers)
  - Wellbeing and voice (truly listening to workforce/OH/wellbeing services)
- Digital staff passport by 2025
- SAS Doctors to have better career diversification

### New Role increases in Mental Health by 2036:

- Clinical Psychologist
- IAPT -> Adults and children
- MH and WB Practitioners
- Paed WB Practitioners
- Emotional MH Practitioner
- Educational MH Practitioner

## Reform

- Productivity 1.5-2% ↑
  - £ Core settings ↓
  - Alternate delivery models
- Agency 9-5% (2023) ↓
  - Increase bank
- Time to hire and recruit ↓
- Digital/Innovation
- Staff outside Acute 7% ↑
- Increase use of Artificial Intelligence ↑
  - Surgery
  - Remote monitoring
  - Systems
  - Recommendation to develop E-Patient record
- Develop processes to allow workforce to commence in post more quickly:
  - NMC discussing potential for newly qualifieds to start 4 months earlier
  - ↓ MW course (2 years)
  - MSc Paramedic (2 years)
- Increase numbers of Multi professional system rotations

### New Roles by 2036:

• NAS	64K
• PAS	10K
• Anaes APP	2K
• Adv. Practitioner	39K
• APP clinical MH	1K
• ARRS Roles	15K
• PCN's	5.9K

### Along with:

- Care Coordinators
- Health and Wellbeing Coaches
- Social Prescribing Link Worker
- Peer Support Worker for MH and Autism

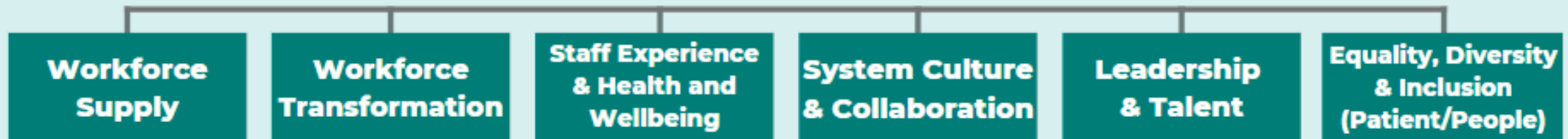
## ICS People Collaborative

### ICS People Plan

### 7 ICS Portfolios



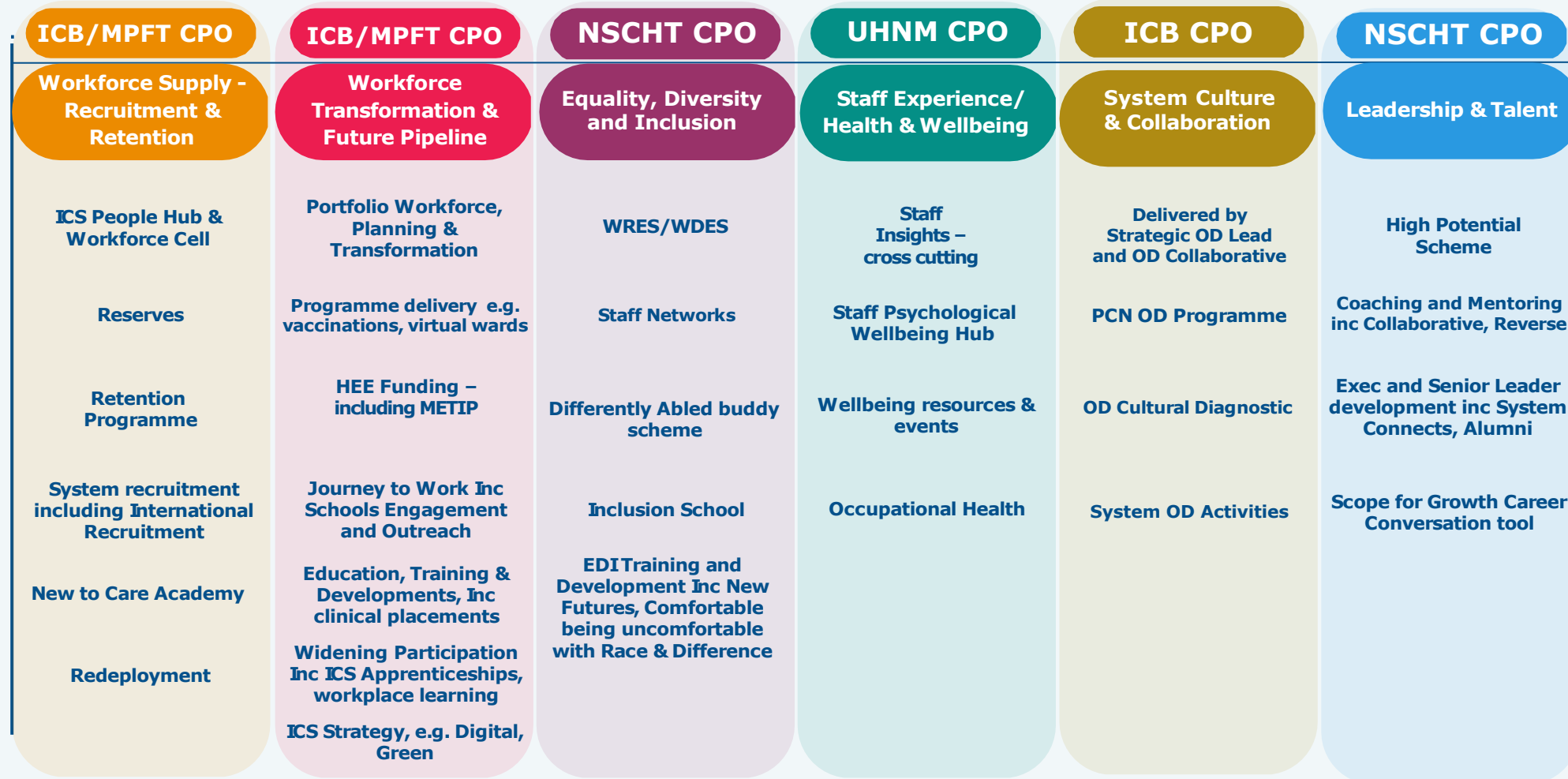
### People Workstreams



### Delivering at Scale



## Programme Activity



## Underpinned & Supported by



# People, Culture & Inclusion Achievements 2022 - 2023

**5** Virtual Work Experience Programmes delivered to **1100+** Shortlisted for 2 HSJ Digital Awards.



**205** face to face interventions by our Outreach Advisor with refugees & seldom heard communities.



Journey to Work concept launched including Schools project with **100** professionals signed up to visit schools.



ICS People Web Pages launched, **826,083** clicks to date.



Won Highly Commended at the HSJ Partnership Awards for Primary Care Project of the year - 'Growing our own together'.



Integrated System Wide Workforce Planning (Inc Workforce Development funding).



HPMA Award for Innovation for the NHS and Social Care Reserve Model.



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**53** Health & Social Care Apprentices on system rotational placements Regional Apprenticeship Award Winner.



Levy Transfer **15** Apprentices, **£315,000** in 2022.



**135** people attended New Futures Race based leadership development.



Robust & intuitive People Metrics and reporting.



**87** 1:1s in Phase 1 ICS Retention Programme. Phase 2 commenced.



**361** People Hub Staff & **8,810** shifts.



Delivered Cohort 1 of National pilot High Potential Scheme **30** commenced Cohort 2.



Comfortable being uncomfortable with Race and Difference Programme rolled out to **300** ICS Senior Leaders.



Over **800** referrals to the Staff Psychological Wellbeing Hub.



ICS Wellbeing Week held with nearly **12,000** staff taking part.



**3** ICS Staff Networks.

\*All delivered through Partnership working to develop the One Workforce approach with NHS, Primary Care, Councils, Social Care & Voluntary sectors.

# Spotlight on:

## Seldom Heard Community Outreach

Supporting people from seldom heard communities into healthcare roles by providing careers advice, work experience/volunteering opportunities and job application support. This support is delivered from a variety of community venues, working alongside DWP, local authorities and housing associations.



### Plans for 2023

- Increased support and presence in Job Centres county wide
- Visits to the Staffordshire Science centre University for Amity and YMCA customers
- Facilitated Virtual Work Experience sessions for community based customers
- Traineeship cohorts in January and February
- Additional Outreach Advisor
- Continued support via face to face and group sessions for seldom heard groups
- Potential flexible working pilot (administration)

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205

face to face interventions with Outreach Advisor since May 2022



8 young people into various full time college courses, continuation of HE courses and apprenticeships

Supporting 2 BTEC students with volunteering placements at UHNM



10 young people currently on placement as part of the Traineeship programme in partnership with Stoke on Trent College (5 individuals are progressing into Apprenticeship roles)



5 people into employment

Information sessions in a variety of Job Centres, Dentistry careers session at Amity Hub and Aspiration Summit





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

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# Olhas Story

<https://youtu.be/hWqMxm6l4vQ>



# Spotlight on: ICS Apprenticeships

Evaluation & developments...

## Placement Feedback

Apprentices not aware of what is expected of them

## Changes Made

Induction will be both college and employer based

Online review meetings can be daunting

Online review meetings changed to face to face, to be held at the college

Placements unsure of what the apprentices should/shouldn't be doing

New easy glance chart provided by the college of work the apprentice should be undertaking

Unsure of placement dates

Placements will run with a main base with 3, 1 month long SPOKE placements, all to be communicated with apprentice, college and placements

Uncertainty over salary commitment required

Clear throughout all promotional work the salary commitment, also clear within the updated memorandum of understanding (MOU)

ICS support and involvement throughout apprenticeships praised

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## What's next...

- **Mental health first aid training**
- Monthly review meetings with the apprentices
- Quarterly review meetings with placements areas
- **Working with placement providers to open up in house training opportunities**
- Working with partners to support other apprenticeship opportunities
- **Numeracy Champions**
- Schools and Colleges Engagement Outreach activities

# Spotlight on: Health & Wellbeing

## Staff Psychological Wellbeing Hub

Over 900 referrals from  
H&SC staff



From Jan 2022-Feb 2023, 1228 staff  
accessed webinars with weekly  
themes delivered twice a week



Continuous outreach and  
engagement across the system with  
a strong focus on Primary and Social  
care. Also have a strong social media  
presence with nearly 800 Twitter  
followers. From Jan 2022-Feb 2023,  
124 Engagement sessions delivered  
reaching over 2500 staff



725 staff assessments  
carried out and 573 referred  
on to support services



Carer's Support Network launched  
with 30 staff signed up. First  
monthly network with guest  
speaker took place in Feb 2023



Integration and collaboration between  
services, reducing duplication,  
streamlining and improving the  
experiences of staff



## Be Well Midlands

SSOT ICS have had money assigned to support with the tackling of health inequalities: Existing health and wellbeing offers are to be re-marketed to support with attracting colleagues from under-represented staff groups.

The Staff Psychological Wellbeing Hub are taking a lead on this and have created a task and finish group, due to meet for the first time on 1st March 2023.

The aim is to create a number of coproduce staff support toolkits, tailored to specific under-represented staff groups, focusing initially on disability and neurodiversity, LGBTQ+, ethnic diversity.



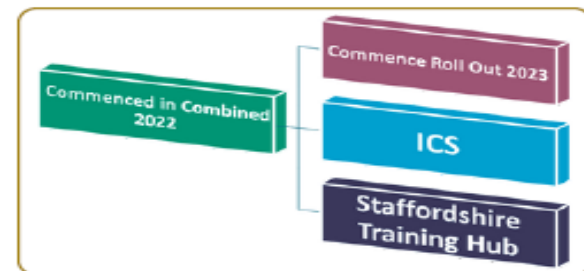
# Spotlight on: Race, Inclusion and Differently Abled

Creating System-wide Change on Inclusion

We know we still have much to do to create a wholly inclusive environment for everyone to thrive, progress and feel they belong in. However, we have truly laid the foundations for a **step-change in race inclusion across our system in 2023-2024**, embarking on a 'stepped up' and **multi-faceted programme** for change to propel us to our inclusion future vision:

- **Our Inclusion School and Comfortable Being Uncomfortable programmes** have been a fundamental part of helping to change mind-set and culture on inclusion
- **We have worked to accelerate the advancement of our ethnic diverse talent**, whilst simultaneously developing the wider system environment to enable them to thrive
- **Our RACE Code shared journeys** will ensure that we continue to achieve and fix progress as we go, towards being an anti-racist system

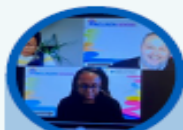
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**Differently-Abled Buddy Scheme**

This scheme will provide support to new and recently recruited staff who identify as having a disability/neuro-divergence. It aims to help support staff to become established in their new role and guide them in accessing appropriate support. A buddy is someone different from the more formal relationships of manager, supervisor or HR representation.

A **Differently Abled buddy** is someone who is also Differently Abled who has agreed to act as an informal and friendly source of support and the support of the Combined Ability Network (our staff network for people who are differently abled).



## Developing the Culture: Creating the right Climate

- System Reciprocal Mentoring
- developing Staff Network Executive Sponsors & Leads
- board development on race inclusion and health inequalities
- New Futures Line Managers
- **Comfortable being Uncomfortable**
- Development of WRES Champions
- Inclusion School
- developing NF Line Managers.

## Changing Systems and Processes: Creating the right Environment

- Inclusive Recruitment programme
- RACE Code & associated action plans
- Addressing system WRES metrics, WDES metrics & gender pay data
- **Model Employer/Race Disparity Ratio**
- engaging with our local communities on race inclusion and health inequalities.
- Investing in our organisation and system staff networks

## Support & Development for Ethnic Diverse Work Force

- New Futures & Stepping Up Alumni
- **Developing Aspirant Leaders (DAL) Programme**
- Organisation and System level ENRICH networks
- Developing you: Developing Me programme

# ICS Retention Strategy - Priority Areas

## ICS Retention Team :

- We join the dots
- We co-ordinate
- We aid efficiency



## Start Well

On boarding  
New starter support

## Stay Well

Flexible Working  
Flexible Retirement

Development and Career  
Progression

## Leave Well

Exit data

National/Regional/Local Retention Programmes – joining up

Staff Experience / Wellbeing / Culture / Leadership / Equality, Diversity & Inclusion

## Working Groups

Aim: Collaboration between Partners, Improve Data, Share Best Practice, Create Shared Resources  
Attendees: Stakeholders relevant to the work stream from all sectors / organisations



Staffordshire and Stoke-on-Trent  
Integrated Care System (ICS)

# People, Culture and Inclusion Programmes

Annual Report 2022-2023



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32	With huge thanks... To our Partners

# Introduction

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) has continued to face significant pressures with day-to-day service delivery, restoring services to pre-COVID-19 levels, the ongoing impact of the pandemic, winter pressures and more recently industrial action.

Our people have worked tirelessly and passionately to deliver services despite challenges with workforce supply, sickness absence and the ongoing impact to their health and wellbeing.

We reflect on significant milestones from 2022-23, including the formation of the Integrated Care Board (ICB) and new governance structures, as well as working towards financial balance.

Although system pressures have impacted workforce availability and resilience, our people have worked together and developed innovative approaches to support our local population.

**This annual report explores the achievements, current work and future plans for our People, Culture and Inclusion programmes.**

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# Foreword

## **Another amazing year of achievements across our People Culture and Inclusion Programmes.**

The collaboration between all our system partners truly shows in this Annual Report. We have worked together to tackle the workforce challenges to develop innovative solutions to growing our workforce, securing our future supply, retaining, looking after our people and developing an inclusive culture.

There are so many highlights for me! The achievements demonstrate the determination of our people and leaders to make Staffordshire and Stoke on Trent (SSOT) the best place to live and work. I am proud that Staffordshire and Stoke on Trent ICS continues to be recognised as an exemplar model for system People, Culture and Inclusion practice.

As we look to 2023-4, we will continue our journey towards creating 'One Workforce', develop more provider collaboratives and refresh our strategy in line with national direction. We will work with each ICS portfolio to define, transform and develop the workforce to deliver the best health and care for our population. **Thank you all for your contributions.**

**Alex Brett, ICB Chief People Officer**



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**Since my appointment as Non-Executive Director for the ICB People Culture and Inclusion Committee, I have seen the programmes and ICB People Function go from strength to strength.** Partners from all sectors have shown their commitment to tackling the workforce challenges collectively, designing new and innovative ways of improving supply, retaining and looking after our most valuable asset.

For me, it is important that we reflect on the achievements and the impact the work of programmes has on the workforce and our population. I have been hugely impressed by the achievements and the impact made over the last year and I **look forward to seeing what more we can achieve together.**

**Shokat Lal, Non-Executive  
Chair of SSOT People, Culture and Inclusion Committee**

# Our programme achievements have been captured against the ICS People Plan domains

Supporting the health & wellbeing of all staff.



Growing the workforce for the future & enabling adequate workforce supply.



Supporting inclusion & belonging for all, creating a great experience for staff.



Valuing and supporting leadership at all levels, and lifelong learning.



Leading workforce transformation and new ways of working.



Educating, training & developing people & managing talent.



Driving & supporting broader social and economic development.



Transforming people services & supporting the people profession.



Leading coordinated workforce planning & intelligence.



Supporting system design & development.

# People, Culture & Inclusion Achievements 2022 - 2023

**5** Virtual Work Experience Programmes delivered to **1100+** Shortlisted for 2 HSJ Digital Awards.



**205** face to face interventions by our Outreach Advisor with refugees & seldom heard communities.



Journey to Work concept launched including Schools project with **100**

professionals signed up to visit schools.



ICS People Web Pages launched, **826,083** clicks to date.



Integrated System Wide Workforce Planning (Inc Workforce Development funding).



HPMA Award for Innovation for the NHS and Social Care Reserve Model.



**53** Health & Social Care Apprentices on system rotational placements Regional Apprenticeship Award Winner.



Won Highly Commended at the HSJ Partnership Awards for Primary Care Project of the year - 'Growing our own together'.



Robust & intuitive People Metrics and reporting.



**135** people attended New Futures Race based leadership development.



Comfortable being uncomfortable with Race and Difference Programme rolled out to **300** ICS Senior Leaders.



Delivered Cohort 1 of National pilot High Potential Scheme **30** commenced Cohort 2.



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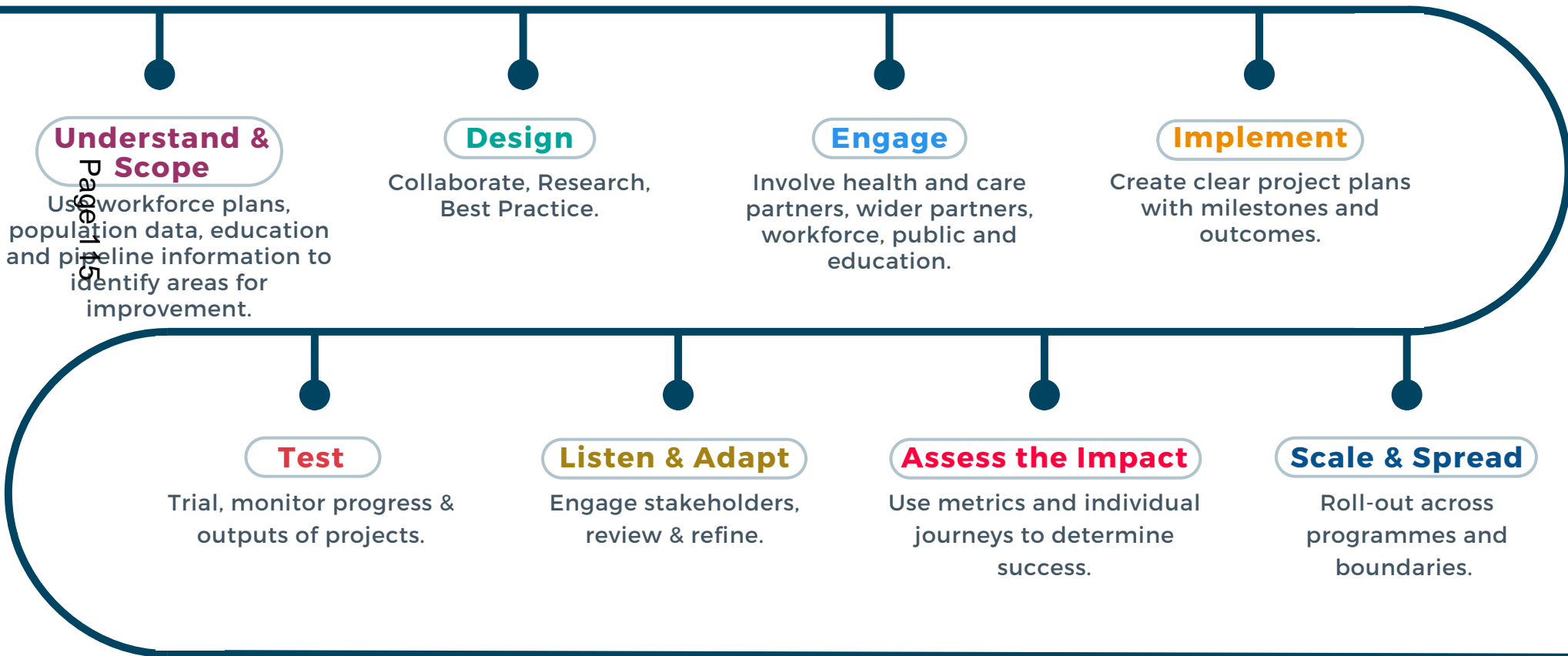


\*All delivered through Partnership working to develop the One Workforce approach with NHS, Primary Care, Councils, Social Care & Voluntary sectors.



# Benefits Realisation

Our approach to measuring success and impact of People, Culture and Inclusion programmes



\*Underpinned and monitored via the **People Culture and Inclusion governance and Committee structure**



# Looking after our people

Supporting the health & wellbeing of all staff and retention

## Planned



- Development and approval for an ICS staff health and wellbeing strategy.
- Further promotion and outreach of staff health and wellbeing support available.
- System-wide health and wellbeing event.
- Support and training offered to non-clinical practice staff in wellbeing, as well as clinical to equip and empower.
- Development of an ICS wide Wellbeing Ambassador/Champions approach and community of practice.
- ICS workforce and Psychological support team work closely together to support development of new wellbeing initiatives linked to evidence.
- Broader psychological support offer across ICS, including social and primary care.
- Develop further wellbeing offers linked to population health data.
- Scope for Growth conversations supporting the health and wellbeing of our workforce.
- Promoting the NHS 'Looking after Your Team, Looking after Your Career and Looking after You Too' programmes in primary care.
- Implement learning from SSOT regional wellbeing project within SSOT.
- ICS retention programme delivery continues, evaluation undertaken, and recommendations considered for next stage of the programme.
- Develop offers to retain the workforce at system level, for example People Hub and reserves, career conversations, flexible working options and support.
- Retention Coordinators in place and scoping system needs.
- Commence work on local GP recruitment/retention plan through the appointment of Clinical Retention Champions.
- Research good practice in private sector to improve the employment cycle.
- Focus on retirement and options to return, with schemes to support those registered and unregistered to remain in the system.
- Test 'try before you buy' schemes, including work experience, shadowing and job swaps.
- Deep dives into staff experience and reward and recognition offers as part of retention programme.
- Collaborate to introduce one occupational health contract for NHS trusts.
- System-wide NHS Staff Survey analysis and joint plan in place.

## Delivered



- The ICS Staff Psychological & Wellbeing Hub ('The Hub') continues to deliver outreach and engagement across the system with a strong focus on Primary and Social care. From Jan 2022 - Feb2023, 124 Engagement sessions delivered reaching over 2500 staff.
- The Hub has offered support to all Health and Social care staff with over 800 referrals and developed a strong Hub social media presence with nearly 800 Twitter followers.
- The first online Health and Wellbeing Event held in March 2022. Keynote speakers: Sally Gunnell OBE, Michael West, Andrew Sharman, Andrew Whittaker and Colin McLachlan. Nearly 12,000 page views (analytics based on IP addresses, therefore the page views could be significantly higher).
- The Hub have delivered a Wellbeing Ambassador approach through the system including support to primary care and social care.
- Close liaison and learning via regional Be Well programme leads.
- Scope for Growth pilot has been completed for identified groups: HPS, New Futures, Stepping Up.
- Staffordshire Training Hub has regularly promoted the NHS Looking after You programmes to Primary Care via STH bulletin, social media and website.
- Completion of Phase 1 of System wide retention programme, working with partners in both NHS Trusts and Primary Care (GP Clinical Champions) to develop initiatives and collaborate on policy and messaging/resources.
- Launch in February '23 of Phase 2 of System wide Retention Programme, Steering Group established and draft Joint Retention Strategy created through engagement with all partners. 4 Priority Areas identified for System and Working Groups established to support creation of action plans. Ensuring that the priorities align with strategies of partner organisations and work already underway.
- Retention Hub webpage created and development has begun to bring together useful retention resources into one place for all staff to access.
- NHS providers jointly awarded OH contract to TP Health Ltd with one contract managed at ICS level from April 2023. Supports collective ambition and vision of looking after our people, sharing best practice, identifying areas of pooling expertise and provides an excellent foundation for further collaborations
- 2021 Staff Survey Analysis undertaken at system level, alongside Social Care workforce survey insights.



# Spotlight on: Health & Wellbeing

## Staff Psychological Wellbeing Hub

Over **900** referrals from  
H&SC staff



From **Jan 2022-Feb 2023**, **1228 staff** accessed webinars with weekly themes delivered twice a week



Continuous outreach and engagement across the system with a strong focus on Primary and Social care. Also have a strong social media presence with nearly **800 Twitter followers**. From **Jan 2022-Feb 2023**, **124** Engagement sessions delivered reaching over **2500** staff



**725** staff assessments carried out and **573** referred on to support services



Carer's Support Network launched with **30 staff** signed up. First monthly network with guest speaker took place in **Feb 2023**



Integration and collaboration between services, reducing duplication, streamlining and improving the experiences of staff



be well  
Midlands  
be well care well

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## Be Well Midlands

SSOT ICS have had money assigned to support with the tackling of health inequalities: Existing health and wellbeing offers are to be re-marketed to support with attracting colleagues from under-represented staff groups.

The Staff Psychological Wellbeing Hub are taking a lead on this and have created a task and finish group, due to meet for the first time on 1st March 2023.

**The aim is to create a number of coproduce staff support toolkits, tailored to specific under-represented staff groups, focusing initially on disability and neurodiversity, LGBTQ+, ethnic diversity.**



# Growing for the Future 1

Growing the workforce for the future & enabling adequate workforce supply

## Planned



- System wide recruitment planning in shared “high risk” areas; joint roles, flexible contingent workforce, continue International Recruitment.
- Joint approaches to campaigns, both externally for the public and internally at providers, including recruiting for 'hard to fill' staff groups.
- Streamlining recruitment processes across the ICS, utilising digital platforms
- Further recruitment to the ICS People Hub to support System wide (health and care) as required.
- Movement towards System by default approach to Contingent Workforce and ICS Collaborative Bank.
- More Health and Care Reserves working within SSOT.
- Increased Widening Participation activity in schools; wider than Cornerstone Schools – scope joint delivery potential between Health/Care.
- Targeted engagement work (at scale across System Partners) with wider community aligned to tackling health inequalities.
- Focus on increasing access to Health and Care roles from SSOT seldom heard communities.
- Launch of Virtual Work Experience programmes; Mental Health, Primary Care, Social Care.
- System wide Work Experience Portal; develop cross sector approach
- Cohort 4 of System Health and Care Apprenticeship.
- System Pharmacy Technician Apprenticeship in partnership with Primary Care/Staffordshire Training Hub.
- System wide approach to engagement with colleges; promoting all health and care careers.
- System wide workforce strategies developed for professional groups inc AHP, Pharmacy, Nursing, Practice Managers, Social Workers.
- Refresh of the Primary Care workforce strategy (ICB, Staffordshire Training Hub and ICS).
- Development of a ‘GPN school’ and further refine GPN Strategy
- GP and GPN Fellowship schemes.
- Recruitment of additional ARRS facilitators for Primary Care.

## Delivered



- Targeted recruitment across the health and social care sector with system wide ‘New to Care’ recruitment events, attendance at jobs fairs, presentations at University Open Days, social media promotion and career conversations with existing staff.
- Campaigns to recruit include NHS Reserves, Reserve Registered Professionals, Social Care Reserves, Home Care Workers, Corporate Reserves and Companion Volunteers.
- SSOT People Hub supported UHNM and MPFT to recruit into brand new Virtual Wards roles.
- SSOT People Hub designed a Social Care Hub with Local Authority and care home providers - launching in Spring 2023.
- Scoping first steps towards collaborative bank, have developed model with UHNM Nurse Bank team to trial booking of People Hub Reserves into vacant shifts.
- Operated as system 'Workforce Cell' in times of escalation and surge. Reviewed and strengthened workforce mobilisation processes to provide a contingent workforce.
- SSOT Journey to work Concept developed and launched - encompasses all ICS widening participation, education provider engagement, community outreach, recruitment, retention and contingent workforce activities.
- Schools engagement pilot launched in September 2022, working with Primary, Middle and Secondary Schools from a range of demographic areas across Staffordshire & Stoke on Trent.
- Health and Care Force launched, which encourages employees from across the system to offer face to face and virtual visits to Schools as well as development of resources and lesson plans that can be accessed by all schools.
- Four live and one on demand virtual work experience programmes have been delivered including Mental Health, Primary Care, Hospital and Social Care. Hospital programme now available to students as an on-demand package.
- System wide work experience portal scoping commenced with HEE and neighbouring ICS.

# Growing for the Future 2

## Growing the workforce for the future & enabling adequate workforce supply

### Planned



- Health and Care wide recruitment planning in shared “high risk” areas; joint roles, flexible contingent workforce, continue International Recruitment.
- Joint approaches to communication of campaigns with the population and relevant Providers both in Health and Care inc recruitment to ‘hard to fill’ staffing groups.
- Streamlining recruitment processes across the ICS, utilising digital platforms
- Further recruitment to the ICS People Hub to support System wide (health and care) as required.
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- System wide approach to engagement with colleges; promoting all health and care careers.
- System wide workforce strategies developed for professional groups inc AHP, Pharmacy, Nursing, Practice Managers, Social Workers.
- Refresh of the Primary Care workforce strategy (CCG, Training Hub and ICS)
- Development of a ‘GPN school’ and further refine GPN Strategy.
- Commence work on local GP recruitment/retention plan via appointment of Clinical Retention Champions.
- GP and GPN Fellowship schemes.
- Recruitment of more ARRS facilitators for Primary Care.

### Delivered



- Outreach Advisor has completed targeted engagement work with various community groups including Amity Hub, YMCA and Sanctus to offer opportunities to gain employment and training opportunities in health and care settings. Additional Outreach advisor recruited to support broadening scope and support to seldom heard communities.
- Traineeship programme adopted to offer health and care placement opportunities for seldom heard communities, supported by the Outreach Team. Offers a pathway to apprenticeship programme following successful completion of the Traineeship.
- Cohort 4 of the Health Care Support Worker Apprenticeship were recruited in March 2023.
- Level 3 PT Pre-Registration Pharmacy Apprenticeship programme launched in November 2022 in partnership with NHS and Primary Care leads.
- Evaluation of ICS Apprenticeship scheme and implementation of learning
- Funding secured to support 5 Midwifery Apprenticeships. Recruitment commenced from existing workforce.
- Funding secured from HEE to up skill ODP workforce, will support various study days and 3 ODPs to undertake their degree top-up.
- Establishment of Primary Care Workforce Implementation Group with inaugural meeting held in March '23. Group priorities include identifying priorities, development of strategy.
- GPN Foundation School Programme Steering Group launched in January 2023
- Staffordshire Training Hub (STH) are encouraging development of the Professional Nurse Advocate role across Primary Care to support restorative clinical supervision, linking in regionally to promote growth.
- STH facilitated General Practice Fellowship Scheme and current cohort of second Fellows due to graduate in July 2023.
- Regional recognition of local work in developing new roles and improving supply e.g. Medical Physics, Audiology.
- Our partners have won awards from local universities and colleges for their work in developing and supporting apprenticeships.

# Spotlight on: Workforce Mobilisation

The People Hub have supported a wide range of services across the health and care system over the last twelve months...

From the **vaccination programme** (including support at mass vaccination sites, local vaccination sites via community pharmacies and PCNs, the Targeted Vaccination team, Children and Young People and School Aged Immunisation teams) to:

- The heart failure team
- **vaccination programme**
- **allied health professionals' referral team**
- national blood service
- **discharge teams**
- **A&E**
- frail and elderly assessment units
- **walk-in clinics**
- **infection control teams**
- antenatal vaccination teams
- **nurses supporting asylum seekers**
- **mental health care and homecare services.**

The People Hub workforce has been supporting a variety of communities and filling workforce gaps when the system was most under pressure. Workforce gaps and winter pressures meant additional beds in community hospitals were re-opened and People Hub staff stepped forward for additional training to work in these areas.

The People Hub has mobilised **registered and non-registered healthcare and admin staff** to provide support to the **NHS trusts in the area being affected by industrial action**. In addition, the People Hub team has forged strong relationships with workforce and operational colleagues, creating a robust workforce request and mobilisation process to take into account different circumstances.

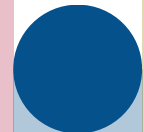
Listen to 'Reserves set to deliver gold standard care this winter in Stoke-on-Trent' Podcast [here](#)



This has included future planning for:

- 1 **Predicted hotspots** (e.g. bank holidays, school holidays)
- 2 **Shorter term request** (e.g. when industrial action dates have been agreed and published by trade unions) and;
- 3 **Immediate and urgent workforce demand** (whereby Mutual Aid assistance needs to be sought from neighbouring trusts)

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The People Hub has increased and bolstered relationships and communication with key partner organisations and facilitates conversations to discuss, plan and resolve, where possible, the issues faced by a system under pressure.

## Examples of support from the People Hub team:

**Mutual Aid**

Facilitated mobilisation for ACP & ENP from UHNM to MPFT to support Industrial Action

**Surge**

Mobilised 40 RN and HCA to UHNM to support winter pressures

# Spotlight on: SSOT People Hub Collaboration

Since working closely with **East Staffs PCN** during the **COVID-19 vaccination delivery programme** and supplying vaccinators and administrators, conversations led by the ICS People Hub Team to support an identified need in Primary Care initiated the development of an Admin Hub.

**GP practices across Staffordshire and Stoke-on-Trent are using People Hub admin staff to help them deliver their patient focussed workloads**, including data entry, appointment making, summarising, coding, answering phones etc.



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Staff from the Admin Hub currently work with **practices across East Staffordshire, Burton, Lichfield and Tamworth** supporting nine practices, covering five roles, which equates to **over 1900 hours worked since June 2022**.

As success grows, the People Hub Team have now **reached out to Local Medical Council partners in North Staffs and SOT** to develop the Admin Hub further with at least **20 new GP practices keen to engage**.



As the Admin Hub becomes more established the ICS People Team will look to spread the offer wider across the rest of the county, with **targeted recruitment campaigns and specialist training in GP practice systems**.



## ICB Clinical Staff Upskilling Pilot

As part of **Reservist model**, the People Hub have worked with colleagues within the ICB, as well as partners within UHNM, MPFT and UHDB to pilot this exciting programme. **14 ICB clinicians** stepped forward in Cohort 1, were all matched with a clinical setting of their choice (**mental health, walk in centre, acute inpatient ward or A&E**) and are being released from their day jobs for one shift per month. The clinicians have been able to avail themselves of **bespoke refresher training provided by Staffordshire University**.

Plans are currently afoot to launch a **2nd Cohort**, expanding the offer to corporate clinicians within NHS England Regional Team.

### Tracey Shewan, Director of Communications and Corporate Services

“I have found the pilot a wonderful step back in to front line Nursing... the time and support I have had to do this has been amazing. I also can see from colleagues on the front line how impressed they are that we are doing this and showing our support and solidarity with them”

### Kellie Johnson, Lead Nurse for Quality and Patient Safety

“The pilot has enabled experienced nurses who have moved into management/corporate roles to continue to offer direct patient care... ensuring that clinical leaders have an up-to-date knowledge of frontline care delivery with the privilege of ongoing learning through patient connections and stories.”

5 pilot schools –  
Primary, Middle and  
Secondary



12 month pilot - Formal launch  
Sept 23 for all schools



Whole System  
Partnership working



Consolidate the work  
of individual providers



Physical and virtual  
interactions; materials  
and resources



Register of Health  
and Care  
ambassadors



Trialing resources with wider  
schools, drip feed from Year 1 to 12



Toolkit accessible for all  
schools – linked to  
curriculum



Links to other programmes –  
virtual work experience,  
apprenticeships



Bringing Health and  
Care careers to life



# Spotlight on: Schools Engagement

Engagement and promotion of health and care careers to increase awareness and knowledge, improving our **future recruitment supply...**

## Primary School (Year 1 - 4)

- **Make Every Contact Count (MECC)** – Healthy Living, Wellbeing
- **Interactive, virtual materials:** Themed activity packs; Animated videos; real life videos; career pathway videos and visuals
- Aligned to the curriculum, lesson planning
- **Teacher resources and prop box**
- Health and Care employee parents visit schools to promote careers
- Information and guidance for parents
- **‘Back to School’** scheme

## Middle School (Year 5 - 8)

- **MECC** – Healthy Living, Wellbeing
- **Interactive, virtual activities:** Inspirational videos, ‘someone like me’ in varying roles; Career pathway videos; Career and inspirational talks; events
- Aligned to the curriculum, lesson planning
- Personality/values based quizzes and career questionnaires
- Linked to **SATs and careers information**
- Information and guidance for parents

## Secondary School (Year 9 - 12)

- **MECC** - Health Living, Wellbeing and Sexual health
- **Interactive, virtual activities: Virtual Work Experience;** Social media; Career and inspirational talks; events
- Aligned to curriculum, lesson planning
- Personality/values based quizzes/ career questionnaires
- **Information about H&SC T levels, college, university**
- **Physical work experience/ Placements**

# Belonging in the NHS

Supporting inclusion, belonging for all & creating a great experience for staff

## Planned



- Sustained focus on inclusion to influence leadership and development of the System
- ICS Workforce Dashboard to include WRES information.
- Triangulation of system WRES and WDES data with the current and development of EDI System Metrics.
- System Wide Reciprocal Mentoring - Preparing for launch early in 2022-23 using NHS Leadership Academy Reciprocal Mentoring Programme framework. Reciprocal Mentoring evaluation and learning lessons undertaken and acted upon across system
- Continue Inclusion School journey.
- Staffordshire and Stoke on Trent Stepping Up programme – Cohort 4 delivery.
- ‘Comfortable being Uncomfortable’ cultural education programme roll-out being extended to more leaders and teams.
- Cultural Education Programme wider System roll out.
- Stepping Up/New Futures alumni support, to include ongoing development opportunities and tracking of career progression.
- Development of the NHS Rainbow Badge programme on a system-basis, including extension of principles to non-NHS partners.
- New Futures Diverse Leadership Programme delivery.
- WDES Differently Abled Buddy Scheme (Provider pilot).
- Nominated Clinical Director EDI Champion (Staffordshire Training Hub).
- People, Culture and Inclusion programmes to further inform the development of an inclusive culture across the ICS.
- Widening participation from seldom heard groups - ICS Outreach Project in supporting Refugee community into roles with our sector.
- System wide inclusive recruitment in line with EDI High Impact Action plan.
- Scope 4 Growth Talent Management Career Conversations project commenced.
- HPS cohort 2 – increasing participation from those from ethnically diverse communities
- Extend support to non-NHS system partners on developing inclusion.
- Diverse characteristics are proportionally represented across the ICS.

## Delivered



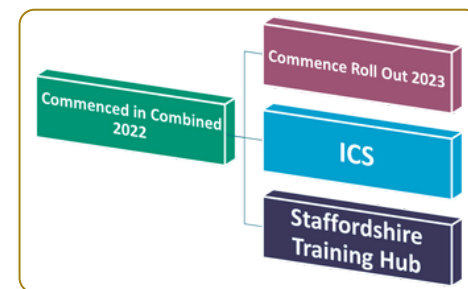
- Process established for collective NHS WRES and WDES metrics from 2023 this will include co-production of action plans and EDI system metrics from June 2023.
- Development of Midwifery WRES and associated action plan relaunched end 2022.
- ICS EDI reference group in review to reflect support Inclusion by design in our workforce, OD and education ICS approach throughout the year.
- Collaboration across the inclusion agenda, on workstreams such as EDS, WRES, WDES and re annual calendar of inclusion events (Black History Month, Pride etc).
- Three system Staff Networks meeting regularly and influencing change.
- Staff networks feed into development of ICS initiatives including reviewing an ICS health and reasonable adjustment passport based on good practice from Police and NHS; supporting widening participation initiatives; joint representation at community events e.g. PRIDE and “Let’s Talk about...” webinar /interactive sessions for wider ICS partners and observances from an EDI and Belonging Lens.
- Reciprocal mentoring: NHS Leadership Academy programme suspended – revised timescale to commence Q1 2023.
- Inclusion School programme across system and beyond: Inclusion and Intersectionality the Big Questions with John Amaechi OBE – May 2022; RACE Forward: Your Role in Creating an Anti-Racist ICS with Karl George MBE and Yvonne Coghill CBE – February 2023.
- Local Stepping Up cohort 4 ‘New Futures’ delivered to 33 participants in 2022. Cohort 5 commencing March 2023 (40 places offered). Alumni support continuing.
- Comfortable Being Uncomfortable with Race & Difference delivered to circa 300 system colleagues, including senior leadership.
- ICS will pioneer WRES Champions Programme from March 2023: supporting the WRES and wider inclusion and cultural transformation required to achieve anti racist and anti discriminatory culture across partner organisations and ICS.
- Race Code Assessments completed by NHS partners – this will form basis of EDI system governance and accountability. This includes workforce metrics.
- NHS Rainbow Badge Scheme assessments completed by NHS partners. Action plans to be triangulated and principles shared with wider partners with support to adopt.
- Differently Abled Buddy Scheme being implemented across the system, with funding from Feb 2023-end March 2024, including Primary Care via STH.
- Region’s Chief Nursing Officer Developing Aspirant Leaders (DAL) programme uptake of 4 successful staff across the ICS.
- System participation in HEE BAME Aspirant Development Programme (one system candidate in 2021-22, 3 in 2022-23).
- Widening Participation and Out Reach Project have ICS EDI specialist support via working group, Outreach project launched in February 2022, supporting seldom heard communities to access training and job opportunities in health and social care.
- Inclusive Recruitment project progressing with sharing of resources and good practise, increasing use of ethnic diverse inclusive recruitment guardians across ICS
- Scope for Growth pilot delivered via New Futures and HPS 2022 cohorts.

# Spotlight on: Race, Inclusion and Differently Able

## Creating System-wide Change on Inclusion

We know we still have much to do to create a wholly inclusive environment for everyone to thrive, progress and feel they belong in. However, we have truly laid the foundations for a **step-change in race inclusion across our system in 2023-2024**, embarking on a ‘stepped up’ and **multi-faceted programme** for change to propel us to our inclusion future vision:

- **Our Inclusion School and Comfortable Being Uncomfortable programmes** have been a fundamental part of helping to change mind-set and culture on inclusion
- **We have worked to accelerate the advancement of our ethnic diverse talent**, whilst simultaneously developing the wider system environment to enable them to thrive
- **Our RACE Code shared journeys** will ensure that we continue to achieve and fix progress as we go, towards being an anti-racist system



This scheme will provide support to new and recently recruited staff who identify as having a disability/neuro-divergence. It aims to help support staff to become established in their new role and guide them in accessing appropriate support. A buddy is someone different from the more formal relationships of manager, supervisor or HR representation.

A **Differently Able buddy** is someone who is also Differently Able who has agreed to act as an informal and friendly source of support and the support of the Combined Ability Network (our staff network for people who are differently able).

### Developing the Culture: Creating the right Climate

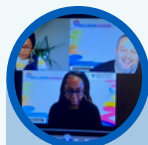
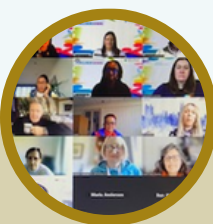
- System Reciprocal Mentoring
- developing Staff Network Executive Sponsors & Leads
- board development on race inclusion and health inequalities
- New Futures Line Managers
- **Comfortable being Uncomfortable**
- Development of WRES Champions
- Inclusion School
- developing NF Line Managers.

### Changing Systems and Processes: Creating the right Environment

- Inclusive Recruitment programme
- RACE Code & associated action plans
- Addressing system WRES metrics, WDES metrics & gender pay data
- **Model Employer/Race Disparity Ratio**
- engaging with our local communities on race inclusion and health inequalities.
- Investing in our organisation and system staff networks

### Support & Development for Ethnic Diverse Work Force

- New Futures & Stepping Up Alumni
- **Developing Aspirant Leaders (DAL) Programme**
- Organisation and System level ENRICH networks
- Developing you: Developing Me programme





# Spotlight on:

## Seldom Heard Community Outreach

Supporting people from seldom heard communities into healthcare roles by providing careers advice, work experience/volunteering opportunities and job application support. This support is delivered from a variety of community venues, working alongside DWP, local authorities and housing associations.



### Plans for 2023

- Increased support and presence in Job Centres county wide
- Visits to the Staffordshire Science centre University for Amity and YMCA customers
- Facilitated Virtual Work Experience sessions for community based customers
- Traineeship cohorts in January and February
- Additional Outreach Advisor
- Continued support via face to face and group sessions for seldom heard groups
- Potential flexible working pilot (administration)

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face to face interventions with **Outreach Advisor** since **May 2022**



**8 young people** into various full time college courses, continuation of **HE courses and apprenticeships**

Supporting 2 BTEC students with **volunteering placements at UHNM**



**10 young people** currently on placement as part of the **Traineeship programme** in partnership with **Stoke on Trent College** (5 individuals are progressing into Apprenticeship roles)



**5 people** into employment

Information sessions in a variety of **Job Centres**, **Dentistry careers session at Amity Hub** and **Aspiration Summit**



# Belonging in the NHS

Valuing and supporting leadership at all levels, and lifelong learning

## Planned



- North Leadership Development Programme Systems Connects 120 people, 2 Trusts, system wide potential: Platinum and Gold. Masterclasses and cohort sessions underway.
- “Our System Connects” programme reaching circa 60 Band 7 (Gold) & 60 Band 8 (Platinum) leaders from across the System.
- Scope for Growth pilot to include a Train the Trainer model, Community of Practice, 3-5 year career plans for initial groups, target groups identified as High Potential Scheme 1 & 2, Stepping Up Programme/ Stepping Up Alumni.
- Potential & Development Conversation toolkit completed.
- High Potential Scheme Cohort 1 completed, cohort 2 commenced.
- Build a HPS support network: coaches, mentors, sponsors, assessors.
- West Midlands Coaching Collaborative to support ICS.
- Development of Diverse Coaches.
- New Futures diverse leadership programme delivered.
- Collaboration to commence with regional stakeholders including UHDB, MPFT, Derby & Burton Trusts on the system New Futures programme (equivalent Stepping Up) ready for launch March 2022.
- Talent pipeline/ leadership development activities within Social Care in partnership with Skills for Care.
- Expansion of our Leadership Programme for Band 6 (or equivalent) professionals following the success of the Gold & Platinum System to enable a passport approach to development ensuring an inclusive offer more widely.
- Development of System wide talent development tools.
- System wide careers events offering information about roles across the whole sector; NHS, social care and primary care.
- Introduce core offer to support PCN development in conjunction with the Midlands Leadership and Lifelong learning team . Additionally, OD Practitioners will work with PCNs on their progression through the maturity matrix.
- Staffordshire Training Hub roll-out of leadership courses and CPD across general practice, informed by practice-led Training Needs Analysis (TNA) e.g. Practice Management, Leadership Series.
- Inclusive Talent Leadership Programme to be utilised across system wide leadership talent pool.
- Alumni Leadership development to incorporate: New Futures, High Potential Scheme, System Connects.
- System coaches and mentors support all leadership programmes.

## Delivered



- 'System Connects' platinum and gold programmes delivered...with more planned over 2023.
- Scope for Growth pilot completed objectives for participants of the identified groups. Train the Trainer module and Community of Practice in progress.
- High Potential Scheme Cohort 1 completed. Cohort 2 launched November 2022 as a Buddy Model with Shropshire using the early adopter model. 30 participants across SSOT and Shropshire, Telford & Wrekin (STW) ICS.
- HPS has a cohesive support network across the ICS including: Career coaches, sponsor, mentors and assessors.
- West Midlands Employers Coaching and Mentoring collaborative entered it's second year. 3 year forward vision created by providers, collaborating on the system-wide development of coaching and coaching culture and across system support of leadership development programmes.
- Coaches from diverse backgrounds currently in training to support the WM Coaching Pool.
- All leadership and talent offers mapped across the system into a common framework of development pathways.
- Local Stepping Up cohort 4 'New Futures' delivered to 33 participants in 2022. Cohort 5 commencing March 2023 (40 places offered). Alumni tracking and support continuing including masterclass sessions planned for 2023. New Futures programme is intended to Reset - Refocus - Re-energise our people with an ethnic diverse heritage and leadership ambition. Supporting progression and advancement into leadership roles.
- Alumni Leadership development have quarterly Masterclasses planned commencing in March 2023.
- ICS People team coordinating careers events at schools, colleges and universities, plus community events with a focus on reaching and supporting seldom heard groups. Sharing information about jobs, entry level requirements, training and qualifications, work place learning and experience programmes.
- PCN development well underway with the appointment of 3 OD practitioners working across all PCNs, in partnership with Staffordshire Training Hub and ICB Primary Care teams.
- Staffordshire Training Hub delivered a series of Next Steps in Leadership courses for aspiring leaders and those new to management courses - 98 x Primary Care staff attended.
- Launched Primary Care Coaching and Mentoring service open to GP Trainees, GP Locums, salaried and GP Partners to access up to 12 hours of coaching/mentoring.

# Spotlight on: High Potential Scheme

The **High Potential Scheme (HPS)** is an innovative, **24-month career development scheme** to help middle level leaders who have the ambition, aspiration and motivation to accelerate their careers to senior executive roles at a faster pace. The scheme is open to **clinical and non-clinical leaders** working in health and care.



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## Cohort 1

"It was fantastic to see our **14 Cohort 1 High Potential Participants Graduate in July 2022**. Not only did over half of them gain promotion during their time on the scheme but since their graduation further career development opportunities have arisen for many of them to progress further."

## Cohort 2

In November 2022 we were also delighted to Cohort 2, the Buddy Model launch, in partnership with Shropshire, Telford and Wrekin ICS, testing the pilot model for scale and spread. **Cohort 2 has 30 participants from a diverse of backgrounds, professions, including 3 participants from social care.**

# New Ways of Working

## Leading workforce transformation and new ways of working

### Planned



- Increase People Hub resource/scope of practice through joint campaigns with wider system partners and continue to develop training packages and pastoral offer.
- Further develop ICS Reserve model inc. emergency 'Step Forward' workforce. Pilot model across sectors with engaged private providers.
- Continuing work with VAST/Support Staffordshire to collaborate further with the sector.
- Continue to build volunteer aspect of contingent workforce.
- Long term volunteer buddy schemes.
- Scope use of platforms to support system staff sharing e.g. Allocate/Patchwork, NHS Jobs3.
- Contribute towards and inform the ICS Digital assessment from a workforce perspective. Develop refreshed Digital People Strategy.
- Refresh of ICS People Programme website.
- Pilot Digital Staff Passport at system level with People Hub.
- Commence ICS People APP development (2-5yrs).
- Introduce Digital Champions Network.
- Development of a digital career pathway across the system, to consider rotations and innovative placements Inc. ICS apprenticeship.
- Establishing strong links with education providers to engage future workforce, promote NHS & Care digital and tech careers and to scope training and education.
- Development of a Digital Leadership programme including virtual classes and e-learning.
- Lead System-wide Workforce Planning to support clinical transformation pathways e.g. Cancer, Maternity, Urgent Care and wider Case for Change.
- Continue the development of a system workforce dashboard and metrics.
- Outreach work to ensure our opportunities are tailored to local workforce and deliver the needs of our population.
- Alignment of core training programmes and competencies across the system.
- Create and update key and clinical roles descriptions to better reflect the roles of the future.
- New joint roles and career pathways across the System.

### Delivered



- Continued growth of the SSOT People Hub and reservist models, testing new and innovative ways to attract, recruit and retain people to a contingent workforce.
- Proactive planning with partners around the recruitment to high risk areas, such as domiciliary care, offering incentives such as intensive course of driving lessons to successful candidates.
- 37 new Reserves recruited to People Hub since launch of Winter Campaigns.
- Reserve model refined through partnership working with System colleagues in order to effectively support during times of surge and, more recently, industrial action.
- Currently scoping NHSE regional team Reservist pilot, supporting surge and return to practice.
- Continued partnership working with volunteer organisations and VAST/Support Staffordshire - with strong relationships built ahead of and during Winter 2023.
- Development of volunteer Companion role in partnership with UHNM.
- New SSOT People Hub Activity Dashboard created, tracking recruitment and deployment across the system.
- Contributed to development of ICS Digital Strategy and Roadmap.
- Digital Workforce Plan drafted following engagement with Chief Information Officers and Digital Collaborative - aligned to Digital Roadmap. Action plan and priorities to be agreed in April '23 including Digital Networks, digital skills and career pathways for digital and technology roles.
- ICS People Function Website refreshed and updated - 826,083 page views. Careers, jobs, training, retention and more all included on our ICS website.
- Scoping the use of digital systems to enable more effective offer to partners; deployment and payment of Hub staff. Introduced TRAC to support SSOT People Hub and system recruitment campaigns.
- Digital Leadership programme scoping commenced.
- System wide workforce planning support to all 7 ICS Portfolios.
- Continued development of ICS People Metrics, more recently focusing on including Social Care and Primary Care.
- ICS People Outreach team have worked with community groups and on a 1:1 basis with individuals to support opportunities within the local workforce.
- Exploring new rotational apprenticeship programmes, including a digital/social media apprentice, AHP focussed schemes.
- Working with local Colleges to help facilitate T Level placements in a number of areas including digital. T-Level placement planning at provider level.
- Schools engagement pilot commenced with a focus on primary schools as well as secondary.
- Secured funding to support 4 x Anaesthesia Associate trainees to support the developing theatre workforce and new way of working in theatres.



# Growing for the Future

## Educating, training, developing people & managing talent

### Planned



- Refresh and launch of ICS System Wide Education, training and development Group. Partners Inc. NHS, LA, Social Care, Voluntary, Staffs Training Hub, CCG, Further & Higher Education providers.
- Scope system wide approach to Clinical Placements expansion and digital platforms to support understanding of placement capacity, develop plans with partners to improve capacity and experience.
- Working more closely with Education Providers.
- Gather higher and further education and destination data and intelligence.
- System approach to commissioning training places and overall engagement with Higher education Institutes (HEIs).
- Delivery of cohort 3 of System Wide Apprenticeship programme .
- System wide Pharmacy Technician Apprenticeship scheme development and launch in partnership with Staffordshire Training Hub.
- Commence planning for ICS Career Pathway progression e.g. Nurse Associates, Trainee Nurse Associates, Degree Apprenticeship, and pathway experience at System Level.
- Development of further ICS career pathways in line with system priorities, informed by workforce planning.
- Continued delivery of System wide Apprenticeship Levy Share.
- Develop new courses with Higher Education partners which respond to system need and workforce planning indications, informed by national and local drivers.
- Develop further Health and Care work experience and information sharing opportunities for all groups.
- Review system wide training delivery to find collaborative solution.
- Develop system Training Academy (2-5 years).
- Focus on developing an offer for Admin and clerical staff – training, career progression inc NHS, LA, Social Care, Primary Care.
- Proposals for developing senior leads as Career Coaches to support developmental & career conversations with high potentials and career development toolkit.
- GPS coaches in Primary Care.
- General Practice Pathway to progress and retain using apprenticeships.

### Delivered



- ICS Education, Training & Development group re-launched with all system partners engaged. Workshops focusing on social care and nursing took place.
- Executive Senior Responsible Officer (SRO) identified to oversee the ICS Education and Training Collaborative - supported by a refreshed Steering Group approach, in partnership with HEE.
- Drafted Education & Training Strategy, underpinned by ICB Duty to promote education and training (Joint Forward Plan).
- Commenced discussions with HEE on METIP approach for 2023/24 and system oversight.
- Planning for a Workforce Summit being held in October 2023 has commenced to bring all system partners together to discuss challenges and joint solutions to the recruitment, training and retention issues across health and social care.
- Undertook scoping on Clinical Placements and explored system wide approach with partners, with Job Description and project brief developed with Clinical Leads. Unsuccessful recruitment to an ICS hosted post leading to discussions regarding provider collaborative approach.
- College and University Engagement plan in place to strengthen relationships.
- Working with HEE to collate Further education & Higher education destination data.
- Worked with system partners, HEE and NHSE to explore opportunities to transform, develop and train the workforce utilising HEE, NHSE and other funding.
- Cohort 3 system wide rotational Health Care Support Worker programme successfully took place in 2022, with cohort 4 recruited and starting in early 2023.
- PTPT Pre- Registration Pharmacy Technician cross sector apprenticeship programme launched
- Created new apprenticeship pathways including Midwifery, Student Nurse Associates in Social Care and Physician Associates in Primary Care and Mental Health.
- Work commenced to refresh and expand the ICS Health and Care Career Pathway to include routes into registered professional occupations across our system - utilising the website to house the information and sharing to wider groups.
- Levy share system well established and continuing to offer to Staffordshire and Stoke on Trent Health and Care providers.
- Schools engagement group has helped to create a range of resources that can be used by individuals and education providers to share information about career opportunities in health and social care.
- 4 Virtual workforce experience programmes delivered plus 1 on demand programme
- Staffordshire Training Hub launched the Primary Care non-clinical Apprenticeship Programme to recruit new staff or upskill current workforce.
- System partners have explored innovative ways to deliver training and development opportunities including e-learning, simulation suites, online and videos.
- Secured a NHS Graduate Management Training Scheme (NHS GMTS) trainee who will undertake placements across the system.
- ICS New2Health & Care Academy scoping commenced with NHS and Social Care partners, building on New to Care recruitment successes in Social Care.
- STH undertaking a pilot for quality assurance of multi-professional clinical placements at PCN level to develop new ways of supporting education placements across Primary Care.
- STH leading a Trainee Nurse associate programme via ARRS funding - 7 trainees qualifying in September 2023. Second cohort recruitment underway for 13 TNAs plus Social Care scheme being supported by the model in conjunction with HEE.

# Spotlight on: Allied Health Professionals (AHPs) Faculty

The **SSOT AHP Faculty** facilitates system-wide working between health and care providers and Higher Education Institutions (HEIs) for all **AHPs** across our system, all activity aligning with the **Long Term Plan, People Plan** and **ICS goals**. Current membership includes 13-14 AHP disciplines, support workers and student AHPs. Monthly meetings held with representation from all providers Trusts, both HEIs and Private, Independent and Voluntary Organisations (PIVO) colleagues.

Strategically identifying and developing a strong sustainable AHP workforce, whilst promoting SSOT and sharing best practice across disciplines have been key focus. **Project leads have progressed workstreams and increased AHP efficiencies within and across provider Trusts, HEIs and PIVO in the ICS...**



Since 2022: SSOT AHP Faculty have attracted circa £271,000 funding, following 7 successful BIDs to fund leadership of key projects, alongside a successful joint £1,279,680 joint AHP and nursing BID

A twitter page and NHS future platform page has been created to further engage AHPs to support our communication channels



AHP Faculty Leadership Secondments, have also supported with development of future leaders

AHP Faculty have hosted 5 student AHP leadership placements, with more planned for academic year 2023/2024



The SSOT AHP Conference in November 2022 celebrated the success of ICS AHP staff and inspired best practice amongst colleagues. It was attended by 300 AHPs of all disciplines and included support worker colleagues

## Overview of SSOT AHPs Across the System:

**1,317.33 Known Full Time Equivalent AHPs and  
455.48 Known AHP Support Workforce**

## Key Project Outputs for 2022 - 2023

**AHP Preceptorship:** ICS project to support to newly qualified staff, attract and enhance AHP retention. **Implementation and impact now being evaluated. Work recognised locally, regionally and nationally, informing best practice and published**

**Developing AHP Support Workforce:** Created an Aide Memoir to facilitate and empower support workers in Professional Development Reviews. Plus system resource area created. First AHP Support Worker celebration event scheduled for April 2023

**Equality, Diversity and Inclusion:** Golden thread through all work streams, but additional work undertaken to understand specific needs of the AHP workforce in SSOT. Focus groups planned and recommendations will be identified

**Over 55's Project:** Retaining expertise of senior colleagues: Surveyed senior AHPs considering retirement, captured reasons and factors that might enable their retention in workforce. Work ongoing

**Workforce data and Intelligence:** Created an ICS workforce data dashboard to support with future workforce planning for AHPs

**PIVO AHP scoping project:** Identifying where PIVO colleagues work to increase ICS engagement and collaboration. SSOT AHPs survey disseminated and database of all AHP PIVO providers being created

**AHP student dashboard:** Created to support AHP placement management & expansion system level

**Apprenticeships:** Two new AHP apprenticeship programmes negotiated with HEIs; Radiography BSc at Keele recruited 17 new apprentices (Jan 23); work ongoing to develop an Occupational Therapy apprenticeship also at Keele (anticipated start 2024)

# Spotlight on: ICS Apprenticeships

Evaluation & developments...

## Placement Feedback

Apprentices not aware of what is expected of them

## Changes Made

Induction will be both college and employer based

Page 131  
Online review meetings can be daunting

Online review meetings changed to face to face, to be held at the college

Placements unsure of what the apprentices should/shouldn't be doing

New easy glance chart provided by the college of work the apprentice should be undertaking

Unsure of placement dates

Placements will run with a main base with 3, 1 month long SPOKE placements, all to be communicated with apprentice, college and placements

Uncertainty over salary commitment required

Clear throughout all promotional work the salary commitment, also clear within the updated memorandum of understanding (MOU)

ICS support and involvement throughout apprenticeships praised



## What's next...

- **Mental health first aid training**
- Monthly review meetings with the apprentices
- Quarterly review meetings with placements areas
- **Working with placement providers to open up in house training opportunities**
- Working with partners to support other apprenticeship opportunities
- **Numeracy Champions**
- Schools and Colleges Engagement Outreach activities

# Cross-cutting Theme

Driving & supporting broader social and economic development

## Planned



- ICS Widening Participation Strategy agreed and action plan implemented.
- System wide approaches to Widening Participation embedded and delivery of joint activities.
- System Career Pathways (including Apprenticeships) with various starting points to support participation (Traineeships).
- Continue support to workplace learning schemes e.g Step into work, Princes Trust Traineeships, T Levels, Staffordshire Cornerstone Employer.
- Further engagement with and opportunities for disadvantaged or seldom heard communities including Refugee/ Out Reach project.
- Robust work directly within communities to identify how to create job opportunities.
- Working with education institutions to develop the local future workforce across the health and care system.
- Appointment of Ambassadors to promote careers in health and care.
- More recruits from seldom heard communities in all NHS Trusts, Local Authorities and ICS People culture and Inclusion programmes.
- Further work with the Staffordshire and Stoke on Trent LEP to link into work being done in the private sector to support those from seldom heard communities find educational opportunities and work.
- Wellbeing Enabler project – linked to inequalities & mental health priorities.
- Understanding of workforce experience and inequalities at organisation and system level through WRES, staff survey/feedback (F2SU), H&W, psychological wellbeing hub, staff equality networks, gender pay and ethnicity pay gap reports.
- Through accountability and sustainability of Staff equality networks: understand and identify areas of inequality, enable workforce as representative of, and link with our local diverse communities.
- Understand service user experience and staff understanding of health inequalities and impact on population health and access to services/information.
- Digital enablers e.g. APP/Passport.
- Development of workforce specific actions to support ICS Green/Sustainability Strategy.

## Delivered



- ICS Widening Participation Delivery plan agreed and being monitored by Widening Participation Group.
- Development of 'Journey to Work' Concept to promote and create entry points and further opportunities within health and social care for various groups including school leavers, job seekers and seldom heard communities.
- Continued promotion and delivery of workplace learning schemes such as Traineeships, Virtual and Physical work experience and T levels.
- ICS Cornerstone Employer Status maintained through working with schools and Careers Enterprise Company.
- Outreach Advisor worked with over 200 people from seldom heard communities to offer one to one support, careers guidance, Observerships and job opportunities across Staffordshire and Stoke on Trent.
- Outreach Advisor working closely with Equality and Diversity Lead, Local Authorities' and local community groups to understand areas of inequality.
- Provider level support to overseas colleagues in a range of forms inc Observerships, Scoping commenced with West Midlands Migration Service.
- College and University engagement in place to develop the local future workforce, with specific initiatives to support people from seldom heard communities e.g. ICS Apprenticeship Scheme.
- Development of Health and Care Force, aligned to existing Career Ambassador schemes inc iCare. register of professionals available to visit schools, colleges and events.
- Partnership working with Job Centres, Local Authorities and targeted recruitment campaigns to attract people New to Care.
- Training and shadowing packages in place, facilitated by ICS People Hub and in partnership with Health and Care Providers, to support with entry level requirements.
- Development of ICS People webpages providing accessible information on health and care careers.
- Member of Staffordshire and Stoke on Trent LEP and regular engagement with leads.
- Wellbeing Enabler project reviewed with focus on Mental Health First Aid Training funded by HEE and delivered by Changes to Social Care and Primary Care colleagues, with second cohort planned in 2023.
- Ongoing work with Population Health and Health Inequalities Portfolio team to understand the activities and alignment with the People programmes.
- Staff Networks successfully continue with engagement from staff across ICS
- Contributed to development of ICS Green/Sustainability Strategy.





Facilities & Estates



# Spotlight on: Journey to Work

The health and care careers pathway 'Journey to Work' scheme brings opportunities together under one concept, making it easier for people looking to start, change or progress their careers.....







Hospital

The aim is to **improve employment outcomes for local people** and **show there is an entry point and career for all in SSOT Health and Care Services**. We will support individuals through:

Working with job centres and **job seekers**

- Reaching out to **seldom heard communities** with our outreach work and offer schemes such as **Traineeships**
- Offering **Apprenticeships** and opportunities
- Attracting and training people via our **ICS New to Care Academy**
- Working with **colleges and students**
- Creating a **Primary and Secondary school careers programme**

**Journey to Work** will help to facilitate a career journey through a variety of routes across the **SSOT Health and Care system**. For those;

-  **Leaving education**
-  **Never worked in health/care**
-  **Looking for a career change**
-  **Wanting progression and development**

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Watch Edward's Story [here](#)



Mental Health



Social Care



# Cross-cutting Theme

## Transforming people services & supporting the people profession

### Planned



- Establishment of ICB People Function.
- Commencement in post of ICB NED lead for “One Workforce” People, Culture and Inclusion Committee.
- Appointment of Chief People Officer.
- Delivery of HR & OD efficiencies programmes focussing on multiple contracted service providers, provision of HR&OD functions and optimising the utilisation of Robotic Process Automation (RPA). Current projects focussed on:
  - Occupational Health - Move towards 1 OH Provider across the ICS
  - Recruitment - Standardise and streamline processes across ICS - explore options for delivering at scale, introduce RPA processes and maximise efficiencies
  - Workforce Planning/Information - ICS-wide planning and reporting functions scoped
- Consider Provider Collaboration and delivering at scale in wider People functions.
- Continue to provide OD and system development support and capability to organisations, provider collaboratives, clinical networks and other formal collaborative arrangements within the ICS.
- Work on Navigating Change Masterclasses, bitesize learning and supporting toolkit as part of the ICS People Transformation workstream has commenced as part of a system wide Health & Wellbeing offer.

### Delivered



- ICB People Function team in place and development sessions taken place to support team development.
- All ICB Non-executive Directors NEDs appointed.
- Appointment of ICS NED chair for People Culture and Inclusion Committee.
- ICB Chief People Officer appointed.
- ICS People Collaborative Operating Model developed with NHS Trust Chief People Officer (CPO) and leads.
- Strong links established between ICS leads for Nursing, Therapies, Medical, Quality, Planning, Finance and People Leads.
- HR & OD efficiencies programmes progressed in the following areas:
  - System OH tender completed and new consortium provider from April 2023
  - Recruitment working group established and RPA scoping underway
  - Workforce planning, information systems and reporting scoped across ICS via a series of workshops. Workforce planning and intelligence peer network established. Additional resource appointed at ICS level, support and development plan in place with partners
- Provider Collaboration approach underway for Clinical Placement programme.
- Successful delivery of 8 bespoke sessions to support the ICS People Transformation, including: Navigating Change, Stress Management, Polishing Up your Resilience and Making Change Work For You. The sessions were delivered on line and included course materials and resources, to facilitate managers/leaders delivering onto their teams.

# Cross-cutting Theme

## Leading coordinated workforce planning & intelligence

### Planned



- ICS People metrics and dashboard to include social care and primary care.
- ICs People metrics assurance and monitoring of agreed metrics.
- Developing overarching dashboards with both quantitative and qualitative data, incorporating information at a Trust/Provider and system level, which will allow us to track the benefits realisation of our collective endeavours, for example Staff Experience and Workforce Sustainability Dashboards.
- Utilise ICS level data for planning including workforce, population and health inequalities activities.
- Support social care managers to complete WF national minimum data set.
- Social care clear on projected future needs of RGNs and plan to achieve this.
- More workforce planning expertise at system level.
- Increased workforce planning capability and capacity across the system via training/mentoring/community of practice.
- Delivery of Strategic Workforce Planning in relation to operational plans.
- Workforce planning across clinical pathways - Case for Change, cancer, maternity and Urgent Emergency Care (UEC).
- Incrementally increasing system-wide working by influencing wider stakeholders via digital platforms, data and direct feedback from our workforce/ service users.
- Using workforce planning tools to plan at system and place level.
- Collaboration/streamline Agency/Bank rates at system level.
- Ensure project outcomes are recorded and impact evaluated to allow us to prioritise the work at system level, creating value for money.
- Utilise STH Primary Care TNA data and focus groups to assess workforce risks including retention and retirement.

### Delivered



- Newly established ICS Workforce Planning and Information team in place, building relationships with key stakeholders.
- Developed and refined approach to workforce insight metrics and ensured transparency/knowledge of the position to increase awareness of workforce issues, subsequent mitigations and management of risk.
- Scoping commenced to develop workforce information capability across all portfolios, ensuring the approach is robust for future use and development.
- Supported programmes with workforce information and subsequent deep dive requirements to inform requirement/priorities and define/measure the impact of workforce interventions.
- Developed approaches to understanding the workforce planning position and opportunities, to ensure development and delivery is aligned to system and organisational priorities, via the Operational Plan.
- Enhanced and bolstered the system position by the working in partnership with NHS providers to develop plans and identify areas of opportunity for workforce planning improvement (capacity and capability).
- Developing approaches to contribute to effective operational workforce planning, including review of opportunities to enhance processes and approaches, e.g. budgeted establishment into ESR.
- Ensuring workforce planning is integral and considered both strategically and operationally to ensure the right people, with the right skills are in the right place at the right time, including enhancing of skills within HR professional community.
- Integrated planning and working between Strategic Workforce Planning and People Programme activities aligned to the intelligence and plans.
- Facilitated and delivered operational workforce planning national and regional requirements, in an unprecedented challenging planning round due to additional granularity and submission challenges.
- ICS People Culture and Inclusion programme assurance developed to track and measure impact of projects.
- Primary Care data and information being utilised to inform STH and Primary Care team focus, plus GP Recruitment and Retention Champions.

# New Ways of Working

## Supporting system design & development

### Planned



- Appointment of mandated ICB Director(s) level posts.
- Appointment of Chief People Officer/Partner for the system.
- Supported transition of current CCG workforce into new ICS/ICB structures.
- HR processes to be undertaken with affected workforce as mandated posts are appointed to linking to support offers available.
- Health and wellbeing & leadership/OD support available for staff affected by change processes.
- Formalised ICS People Function as part of the new ICB structure.
- Creation and delivery of ICS OD programme – Lessons learned OD support, ICB board development, culture and behavioural change support across ICB, ICP and PCN's, including clinical leadership and place-based focus.

### Delivered



- All ICB directorates, structures and functions established, in place and operating under new operating framework.
- Safe transfer (TUPE) of CCG staff into new ICB with roles and responsibilities established.
- ICB staff supported with health, wellbeing, leadership and OD offers.
- Transfer of System People functions to new ICB People function.
- ICB/ICS system wide OD strategy and programme developed to support evolution and development of new ICB/ICS.
- Ongoing support to the emerging future functions ICS/ICP/ICB.
- ICB Board development programme ongoing.
- PCN OD programme progressing well with dedicated resource and plans in place.
- Supporting design, delivery and embedding of clinical leadership approach across the system.
- People Plan reviewed to directly align to the ICS strategic aims and population needs.
- Contributed to the development of the Joint Forward Plan and Integrated Care Partnership strategy .

# Allocation of Health Education England Funding 1

## 2022 - 2023



Planning for annual workforce development funding commenced early 2022 using well embedded governance processes.

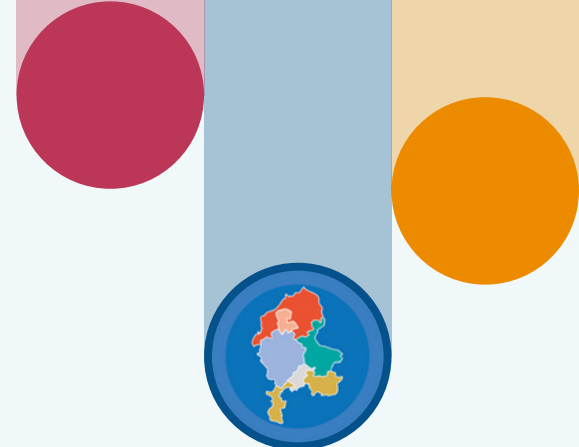
Plans were in place to ensure that designated funding was swiftly allocated to agreed projects to address **local workforce priorities and the Health Education England (HEE) Mandate**. System partners have worked with HEE and NHSE colleagues to agree and secure further funding with a number of successful bids being approved.

HEE provided each ICS with a **workforce transformation allocation in 2022/23**. For Staffordshire and Stoke on Trent, this allocation was **£370,000 (see table)**.

Project	Funding
<b>Belonging</b>	
Organisational Development	£50,000
Leadership programmes	£50,000
Lets work together programme	£20,000
<b>Growing for the Future</b>	
Trainee Nurse Associates - Social Care	£50,000
Clinical Placement expansion	£60,000
Community Outreach and Health Inequalities	£30,000
Education, Learning & Development 'reboot'	£5,000
Maternity Apprenticeships	£25,000
<b>Looking after our People</b>	
Retention in high pressure areas	£70,000
<b>New Ways of Working</b>	
Workforce Planning Capacity and Capability	£10,000
<b>Total</b>	<b>£370,000</b>

# Allocation of Health Education England Funding 2

## 2022 - 2023



Allocation of funding was based on the system workforce priorities identified by partners of the **People, Culture and Inclusion Committee**, with a focus on:

- **Belonging**
- **Future supply pipeline**
- **Widening Participation and outreach into communities**
- **Retention of current staff**
- **Hard to fill vacancies**
- **Development of existing employees**

The system received an **additional £750,000** in funding to further the work already started, and commence new transformational projects

This funding has helped deliver the outcomes detailed in this report.

**2023/24 HEE funding allocations are yet to be confirmed, however once confirmed the process of allocation will mirror previous years.**

Project	Funding
<b>Belonging</b>	
OD programme built on Messenger Review	£30,000
Leadership programme delivered at scale	£60,000
Equality, Diversity and Inclusion	£100,000
<b>Growing for the Future</b>	
Community Outreach - seldom heard and deprived community focus	£50,000
Workforce Planning capability and capacity	£70,000
Trainee Nurse Associates - Social Care	£30,000
Journey to work Concept including Schools engagement pilot	£150,000
Maternity apprenticeships	£25,000
<b>Looking after our People</b>	
Retention in high pressure areas	£150,000
<b>New ways of working</b>	
Virtual wards - Digital Upskilling/ OD	£25,000
Community upskilling eyecare / OPD	£60,000
<b>Total</b>	<b>£750,000</b>

# Developing Plans for the Future

## Our Operating Model

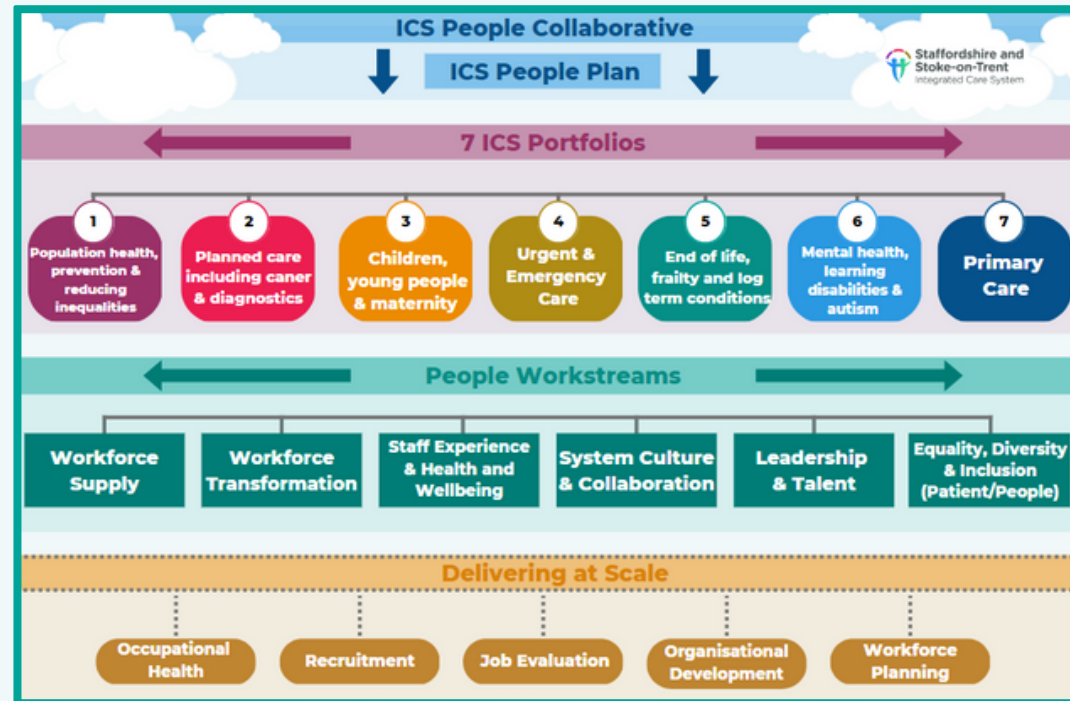


Looking forward, the system faces a number of well-known **workforce challenges**, reflected in the current position and experienced by partners. The three main challenges being:

- **Workforce supply** in registered workforce due to turnover/burnout/age/ lack of flexible working opportunities
- **Cultural/behavioural change** required between all Partners to move to a System way of working
- **Financial challenge**; requirement to deliver increased activity (due to population demand and elective recovery) via workforce productivity rather than increase in headcount.

To tackle the challenges and close the gap is a vast undertaking. The **ICS People Function** is the linchpin for the system working together to strengthen the offer to our existing workforce, attract and support more people from our local communities into careers in health and care, and create a robust pipeline of trained and skilled people to deliver quality treatment and care to our population.

It is imperative that we continue to build on the partnerships forged over the years to enable delivery of the system priorities within the 7 portfolios. Our **ICS People Operating Framework** is captured in the following infographic:



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# Developing Plans for the Future

## Programme Activity



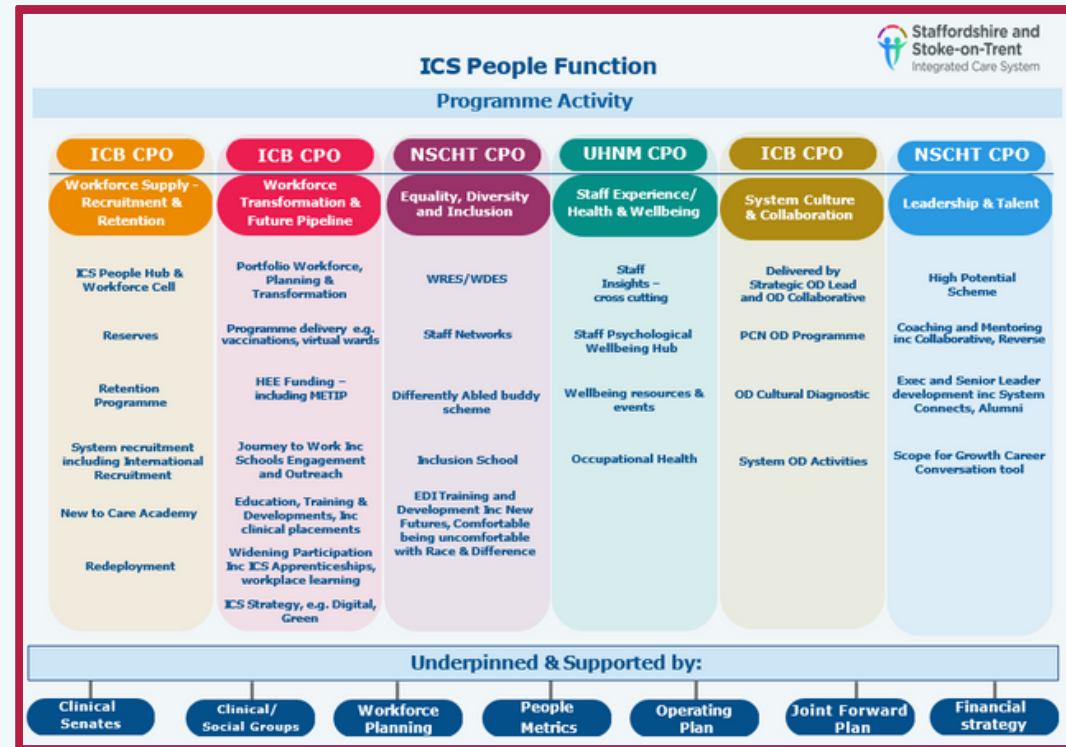
The **ICS People Function** ensures any interdependencies with national, regional and system strategies and portfolios are included in planning and delivery of the People Culture and Inclusion programmes, as follows:

- Delivery of national and regional functions e.g. ICS workforce planning and reporting, ICS People Plan
- Enabling function for 'One Workforce' operating model across ICB, NHS, Local Authority, Social Care, Primary Care, Voluntary Sector, private providers
- Delivery of Joint Forward Plan, ICP strategies, alignment to all 7 portfolios and partner strategies
- Direct link with ICB finance and planning functions including operational planning, agency, and people metrics.

We await the launch of the **National People Strategy** which will subsequently require local plans to be updated and delivered in line with the national vision and our changing local landscape. Additionally, the **Hewitt report** will outline recommendations regarding ICS oversight and governance, and the way we transparently share data and utilise it to improve our practices.

Meanwhile, our **ICS People Collaborative** approach, developed over time with health and social care partners, is mature and effective in collectively tackling our workforce challenges. Our **programme activity for 2023-24** is captured in the infographic:

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# With huge thanks... To our Partners



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**Primary  
Care  
Networks**



**Independent  
Care  
Providers**



Without the support and contributions of our partners and workforce, we would not have been able to achieve or make the difference we have.

**We look forward to continuing our work with all partners with our People at the heart of everything we do.**



## **Health and Care Overview and Scrutiny Committee Draft Work Programme 2023/24**

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2023/24.

The Health and Care Overview and Scrutiny Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

### **Link to Council's Strategic Plan Outcomes and Priorities**

- Inspire healthy, independent living
- Support more families and children to look after themselves, stay safe and well

We review our work programme at every meeting. Our focus in scrutiny is on tangible outcomes for the residents of Staffordshire, to use the data provided and members experience to debate and question the evidence, to provide assurance in what is being done and reassurance that matters within the health and care system are moving in the right direction. Scrutiny of an issue may result in recommendations for NHS organisations in the county, the County Council and for other organisations.

To review our meetings they can be found on this link: [Browse meetings - Health and Care Overview and Scrutiny Committee](#)

**Councillor Jeremy Pert**

**Chairman of the Health and Care Overview and Scrutiny Committee**

## Health and Care Overview and Scrutiny Committee Work Programme 2023-24

Date	Topic	Background/Outcomes	
<p><b>Committee Meetings, Reviews and Consultations</b> To review meetings they can be found on this link: <a href="#">Browse meetings</a></p>			
	Topic	Background/ Basis	Actions/ Outcomes
<p><b>Monday 12 June 2023 at 10.00 am</b> Completed</p> <p style="text-align: center;">Page 144</p>	<ul style="list-style-type: none"> <li>• Primary Care Dental Overview</li> <li>• Primary Care Access</li> <li>• Primary Care Estate</li> <li>• Work Programme 2023-24</li> </ul>	<p>Reports as identified in the Work Programme</p> <p>Annual update of Work Programme</p>	<ul style="list-style-type: none"> <li>• The Committee receive a briefing on the delivery of orthodontics in Staffordshire.</li> <li>• The Committee write to the ICB and Keele university to support a dental school at Keele University.</li> <li>• The Committee receive a briefing note on the model for assessing new development sites.</li> <li>• The Committee congratulated Midlands Partnership Foundation Trust on gaining University Hospital status.</li> <li>• The membership of the Women’s Health Strategy Working Group be updated outside of the meeting and be reported back at the next meeting.               <ul style="list-style-type: none"> <li>○ Janice Silvester-Hall</li> <li>○ Ann Edgeller</li> <li>○ Monica Holton</li> <li>○ Jill Hood</li> <li>○ Val Chapman</li> </ul> </li> <li>• The membership of the Integrated Care Hubs Working Group be updated outside of the meeting and be reported back at the next meeting.               <ul style="list-style-type: none"> <li>○ Richard Cox</li> <li>○ John Jones (SMDC)</li> <li>○ Barbara Hughes (SMDC)</li> <li>○ Lyn Swindlehurst (SMDC)</li> <li>○ Linda Malyon (SMDC)</li> <li>○ Dave Jones (NULBC)</li> <li>○ Ian Wilkes (NULBC)</li> <li>○ Rupert Adcock (NULBC)</li> <li>○ Gill Heesom (NULBC)</li> </ul> </li> </ul>

<b>Thursday 6 July 2023 at 4:30pm Health and Care Training Session</b>	<ul style="list-style-type: none"> <li>• Health and Care training delivered by Centre for Governance and Scrutiny</li> </ul>		<ul style="list-style-type: none"> <li>• Centre for Governance and Scrutiny provided a training session for Health and Care O&amp;S on upcoming changes in legislation. A link to the training session will be made available.</li> </ul>
<b>Monday 24 July 2023 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>• ICP Operating Plan</li> <li>• System performance</li> <li>• System Pressures</li> <li>• Update on Elective care performance and recovery</li> <li>• SSOT ICS People, Culture and Inclusion Annual Report and update.</li> </ul>		
<b>Monday 31 July 2023</b> Scheduled	<ul style="list-style-type: none"> <li>• Introduction to Adult Social Care Assurance</li> </ul>	To review Social Care Services and provide assurance	
<b>Summer (date tbc)</b>	<ul style="list-style-type: none"> <li>• Member workshop to assess access to information on Social Care</li> </ul>		
<b>Wednesday 6 September 2023 at 10:00 – Site visit tbc</b>	<ul style="list-style-type: none"> <li>• MPFT</li> <li>• NSCHCT</li> </ul>	Site visit to view community-based services	
<b>Monday 11 September 2023 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>• MPFT – Community Based health update</li> <li>• NSCHCT – Community Based health update</li> <li>• Joint mental health &amp; mental wellbeing strategy: “good mental health in Staffordshire” 2023/28 action plan</li> <li>• Mental Health in Schools update.</li> </ul>	Community based health update from MPFT and NSCHCT and feedback from site visit	

<b>Monday 2 October at 10:00am</b>	<ul style="list-style-type: none"> <li>Possible enquiry session re social care education (requested March 2023)</li> </ul>	Agreed by Committee 24 March 2023	
<b>Monday 16 October 2023 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>ASC Workforce</li> <li>ICS Workforce</li> <li>Maternity Services</li> <li>1<sup>st</sup> year of life (Public Health)</li> <li>Feedback from Social Care education session</li> </ul>	Agreed by Committee 24 March 2023	
<b>Autumn (date tbc)</b>	<ul style="list-style-type: none"> <li>Member workshop to assess access to financial assessments</li> </ul>		
<b>Monday 27 November 2023 at 10.00 am</b> Scheduled  Page 146	<ul style="list-style-type: none"> <li>Social Prescribing</li> <li>Feedback from two workshops</li> <li>General Practice Update</li> <li>Dentistry</li> </ul>	Review impact on investment on Social prescribing Agreed by Committee 12 June 2023 Agreed by Committee 12 June 2023	
<b>Monday 29 January 2024 at 10.00 am</b> Scheduled			
<b>Monday 18 March 2024 at 10.00 am</b> Scheduled			

<b>Work programme for 2023-24 - items</b>		<b>Background</b>	<b>Target Scheduling Date</b>
<b>Briefings</b>	<ul style="list-style-type: none"> <li>Quality Accounts NHS Trusts</li> </ul>	Annual	May/June 2023
	<ul style="list-style-type: none"> <li>Care market</li> </ul>		
	<ul style="list-style-type: none"> <li>Public Health <ul style="list-style-type: none"> <li>PH Annual Report</li> <li>PH Dashboard</li> <li>Developing Healthier Communities</li> </ul> </li> </ul>		

	updates		
<b>Requested in 2022-23</b>	<ul style="list-style-type: none"> <li>• Impact of air pollution on health</li> <li>• Impact of Long COVID</li> <li>• Obesity and Diabetes</li> <li>• End of Life – compassionate communities (working group?)</li> <li>• Innovation / technology – JJ ASC, JP NHS (Phillipa Haden)</li> <li>• Health Visitor Service</li> <li>• Healthwatch Annual Report</li> </ul>		

<p><b>Membership</b>  Jeremy Pert (Chair)  Richard Cox (Vice-Chair - Overview)  Ann Edgeller (Vice-Chair - Scrutiny)  Charlotte Atkins  Philip Atkins  Keith Flunder  Thomas Jay  Phil Hewitt  Jill Hood  Bernard Peters  Janice Silvester-Hall  Mike Sutherland  Ian Wilkes</p> <p><b>Borough/District Councillors</b></p> <p>Ann Edgeller (Stafford)  David Williams (Cannock Chase)  Monica Holton (East Staffordshire)  Leona Leung (Lichfield)  Ian Wilkes (Newcastle-under-Lyme)  Val Chapman (South Staffordshire)  John Jones (Staffordshire Moorlands)  Chris Bain (Tamworth)</p>	<p><b>Calendar of Committee Meetings</b>  at County Buildings, Martin Street, Stafford. ST16 2LH  (at 10.00 am unless otherwise stated)</p> <p>Monday 12 June 2023 at 10:00 am  Monday 24 July 2023 at 10.00 am;  Monday 31 July 2023 at 10.00 am;  Monday 18 September 2023 at 10.00 am;  Monday 16 October 2023 at 10.00 am;  Monday 27 November 2023 at 10.00 am;  Monday 29 January 2024 at 10.00 am;  Monday 18 March 2024 at 10.00 am;</p>
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