Development of ICB Performance Report for 2023/24
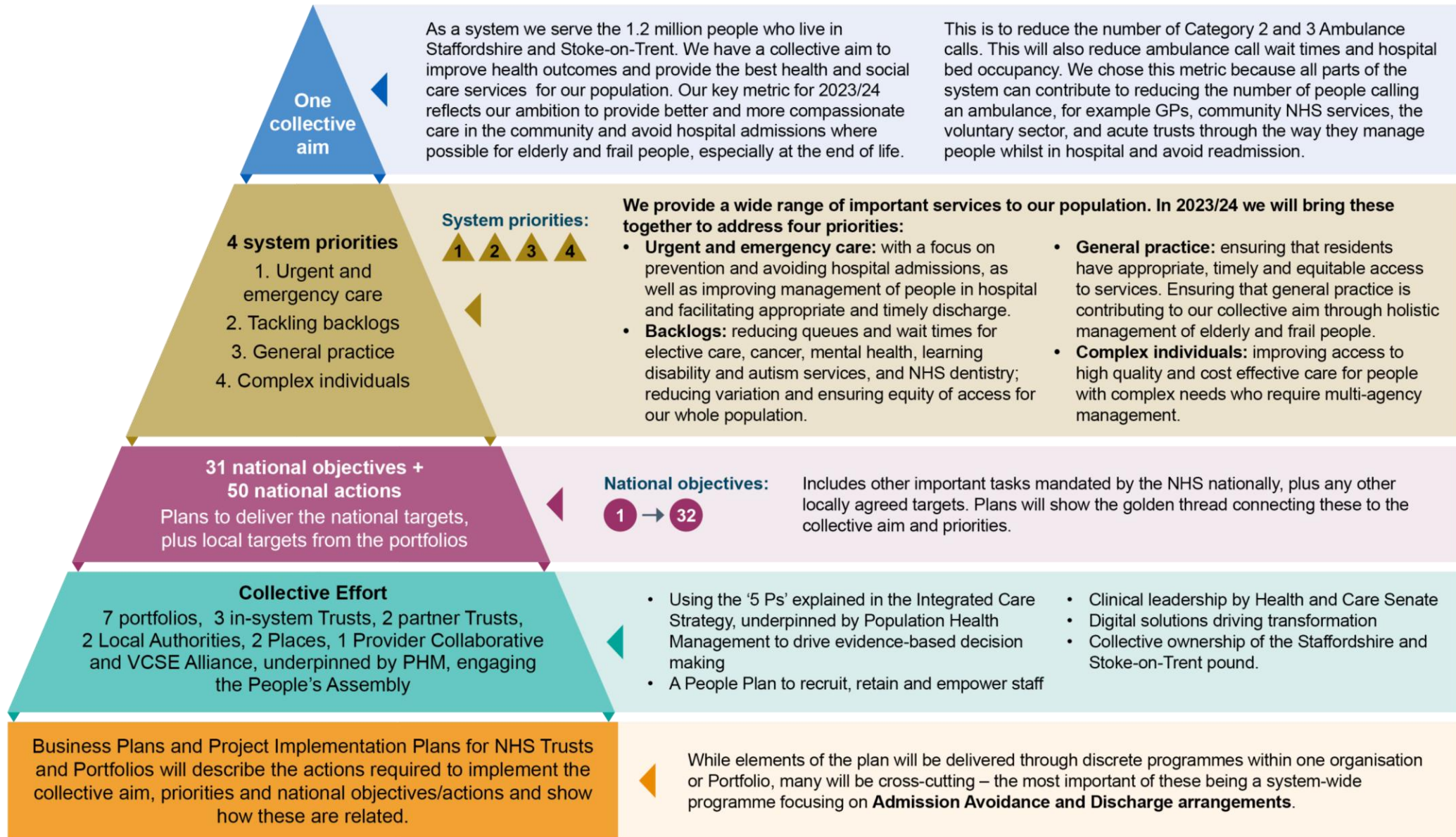
Presentation to Staffordshire Overview and Scrutiny Committee

Staffordshire and Stoke-on-Trent
Integrated Care System

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

One collective aim

As a system we serve the 1.2 million people who live in Staffordshire and Stoke-on-Trent. We have a collective aim to improve health outcomes and provide the best health and social care services for our population. Our key metric for 2023/24 reflects our ambition to provide better and more compassionate care in the community and avoid hospital admissions where possible for elderly and frail people, especially at the end of life.

This is to reduce the number of Category 2 and 3 Ambulance calls. This will also reduce ambulance call wait times and hospital bed occupancy. We chose this metric because all parts of the system can contribute to reducing the number of people calling an ambulance, for example GPs, community NHS services, the voluntary sector, and acute trusts through the way they manage people whilst in hospital and avoid readmission.

4 system priorities

1. Urgent and emergency care
2. Tackling backlogs
3. General practice
4. Complex individuals

System priorities: 1 2 3 4

We provide a wide range of important services to our population. In 2023/24 we will bring these together to address four priorities:

- **Urgent and emergency care:** with a focus on prevention and avoiding hospital admissions, as well as improving management of people in hospital and facilitating appropriate and timely discharge.
- **Backlogs:** reducing queues and wait times for elective care, cancer, mental health, learning disability and autism services, and NHS dentistry; reducing variation and ensuring equity of access for our whole population.
- **General practice:** ensuring that residents have appropriate, timely and equitable access to services. Ensuring that general practice is contributing to our collective aim through holistic management of elderly and frail people.
- **Complex individuals:** improving access to high quality and cost effective care for people with complex needs who require multi-agency management.

31 national objectives + 50 national actions

Plans to deliver the national targets, plus local targets from the portfolios

National objectives: 1 → 32

Includes other important tasks mandated by the NHS nationally, plus any other locally agreed targets. Plans will show the golden thread connecting these to the collective aim and priorities.

Collective Effort

7 portfolios, 3 in-system Trusts, 2 partner Trusts, 2 Local Authorities, 2 Places, 1 Provider Collaborative and VCSE Alliance, underpinned by PHM, engaging the People's Assembly

- Using the '5 Ps' explained in the Integrated Care Strategy, underpinned by Population Health Management to drive evidence-based decision making
- A People Plan to recruit, retain and empower staff
- Clinical leadership by Health and Care Senate
- Digital solutions driving transformation
- Collective ownership of the Staffordshire and Stoke-on-Trent pound.

Business Plans and Project Implementation

Business Plans and Project Implementation Plans for NHS Trusts and Portfolios will describe the actions required to implement the collective aim, priorities and national objectives/actions and show how these are related.

While elements of the plan will be delivered through discrete programmes within one organisation or Portfolio, many will be cross-cutting – the most important of these being a system-wide programme focusing on **Admission Avoidance and Discharge arrangements**.

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)
	• Deliver the key NHS Long Term Plan ambitions for a strong start in life for children and young people • Implementation of the national delivery plan for maternity and neonatal care	• Deliver the goals for elective recovery in planned, cancer and diagnostics	• Embed measures to improve health and reduce inequalities	• Recovery of Urgent and Emergency Care Services	• Deliver the key NHS Long Term Plan ambitions	• Deliver the vision outlined in the Fuller Stocktake and make it easier for people to contact a GP practice	• Deliver the Ambitions for Palliative and End of Life Care national framework • Deliver the key NHS Long Term Plan ambitions supporting people to age well • Deliver the NHS Long Term Plan prevention priorities
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	• Design and Implement Long Term Conditions Programme (Diabetes, Epilepsy and Asthma) • Implement Children with Complex Needs Project • Implementation of the national delivery plan for maternity and neonatal care	• Ongoing implementation of Patient Initiative Follow Up (PIFU) • Trajectory for eliminating 65 week waits delivered • Meeting 85% day case /theatre utilisation • Introduce Community Diagnostic HUBs • Optimal use of lower GI 2ww	• Systematic implementation of the Core20 approach • Implement NHS Long Term Plan prevention programmes • Utilise population health management techniques	• Capital Investment Case • 76% of patients seen within 4 hours in A&E • Bed occupancy 92% or below • Full review and priority setting for virtual wards. • Enhance provider collaborative offer to include the Clinical Assessment Service. • Deliver a fully integrated discharge "hub"	• Improve the crisis pathways including 111 and ambulance response • Undertake a PICU Options Appraisal • Minimise waiting times for autism diagnosis • Increased number of people accessing IAPT • Increased number of people with SMI having annual physical health check	• Deliver ARRS recruitment • Implement digital solutions to provide enhanced remote care to people. • Deliver recovery of dental activity • Implement POD Delegation	• The creation of a PEoLC strategy • Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care • LTC strategy • Transformation programme around CVD, Respiratory and Diabetes • Delivery of the frailty strategy

PEOPLE & COMMUNITIES	PERSONALISED CARE	PERSONAL RESPONSIBILITIES	PREVENTION & INEQUALITIES	PRODUCTIVITY

Example : Exception reporting against our one collective aim

One Collective Aim	Key markers for success this month, actions and points to note
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.*	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.
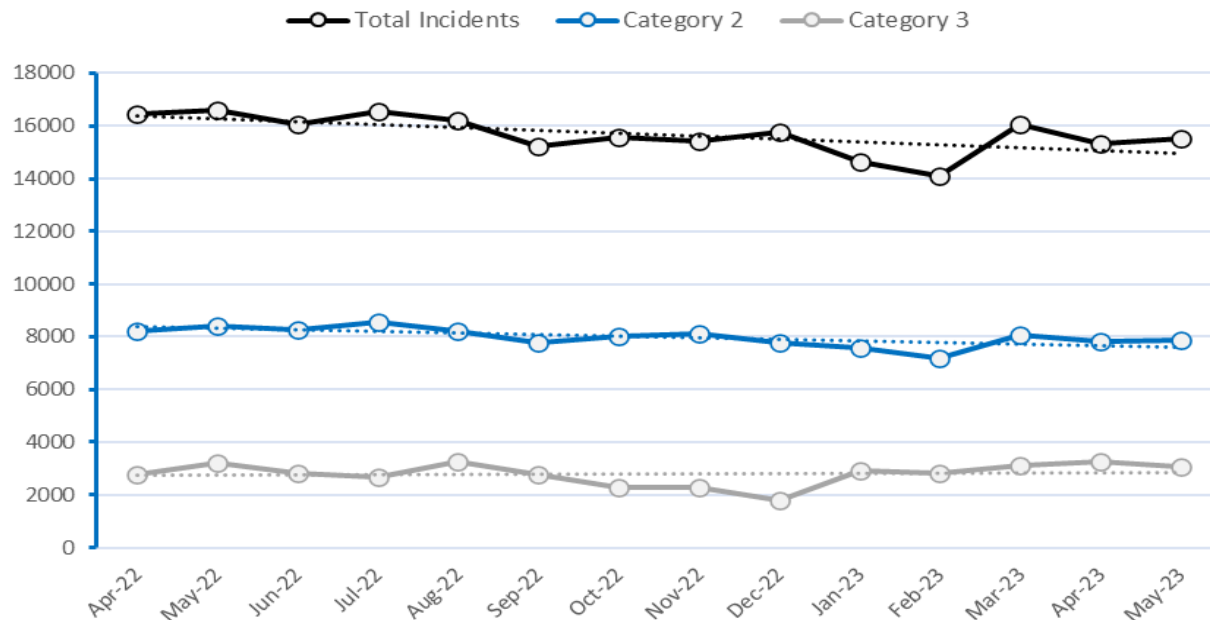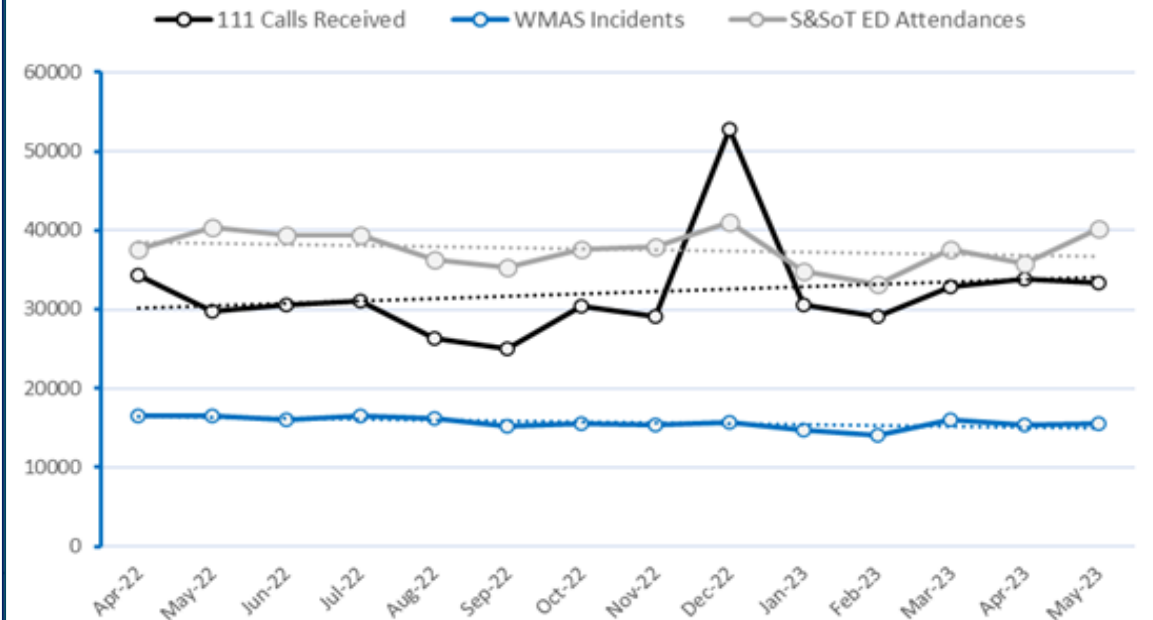
Exception reporting against our 4 System Priorities

System Priority	Key points this month, actions and observations for the coming months
Urgent & Emergency Care	**Focus on prevention, hospital avoidance and appropriate and timely discharge** • Accident and Emergency (A&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% • 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 • General & Acute (G&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&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&E four hour standard (76%) by 31 March 2024. • Ambulance handover delays have been challenging during May. • 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. • De-escalation of 22/23 surge capacity remains challenged and is impacting financial plan. • 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
Tackle Backlog (Planned Care)	**Backlog reduction** • 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. • The total waiting list remains stable, 65+ week waits at UHNM is currently ahead of plan of 1,898, at 1,673. • 62 day cancer breaches at UHNM was slightly ahead of plan in April • 28 day faster diagnosis standard (FDS) was below plan and target in April • Diagnostic activity was below plan for April, and patients seen within 6 weeks was 0.2% below plan
General Practice	**Ensuring that residents have appropriate, timely and equitable access to services** • Appointment count in General Practice in March was the highest this calendar year. April performance was under plan but higher than April 2022 • March Did not attend (DNA) rate at 4.6% - the lowest value since September 2022.
Complex Individuals	**Improving access to high quality and cost effective care for people with complex needs, which requires multi-agency management.** • Access to NHS Talking Therapies was 25% of the Q1 plan in April. Referrals remain below target due to the impact of Covid-19. • Access to Specialist perinatal community mental health services was 44% of the Q1 plan. Recruitment and capacity issues have impacted access, recruitment is underway. • 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. • 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. • Learning Disabilities (LD) Annual Health Check (AHC) M2 position was marginally below trajectory (7.6% vs. M2 Target 8.7%) • The ICS held a Continuing Healthcare Summit on 20th 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"

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		