

Integrated Care Board Annual General Meeting

Staffordshire and Stoke-on-Trent
ICB Annual General Meeting

21 September 2023

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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

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

- David Pearson, Chair of Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) welcomed everyone to the inaugural Annual General Meeting (AGM).
- David confirmed that it is a requirement for Integrated Care Boards to hold an AGM, and for all NHS organisations to publish annual reports and accounts to allow scrutiny of the year's operations, outcomes, and finances. This meeting is the opportunity for anyone to raise a question with any members of the Board.
- David also noted, that due to the Tamworth by Election, pre-election rules need to be observed which may mean there are some questions that cannot be answered during this session. These questions will be answered at the appropriate time in writing.
- David then presented the key announcements from the past year:
 - Development of the ICB
 - Continued impact of COVID-19
 - Health Service Journal (HSJ) nomination
 - Winter Pressures
 - Establishment of the Voluntary, Community and Social Enterprise (VCSE) alliance

Operating Model Development

- Peter Axon, Chief Executive Officer, introduced the Operating Model and how the Integrated Care Board (ICB) has been established and organised over the past year.
- Peter shared that the ICB is organised into seven portfolios, with a focus on service delivery through Place based Partnerships and Provider Collaboratives. The purpose of the operating model is to get us to work better with our partners to meet population need.
- The seven portfolios are:
 - Improving Population Health
 - Planned Care and Cancer
 - Children and Young People, and Maternity
 - Urgent and Emergency Care
 - End of Life, Frailty and Long-Term Conditions
 - Mental Health, and Learning Disabilities and Autism
 - Primary Care
- These portfolios have been established to look at the whole patient journey, across the system, and are interdependent on each other.
- Chris Bird, Chief Transformation Officer, introduced the Place based Partnerships and Provider Collaboratives. Chris shared that there are approximately 175 Place based Partnerships across England, which are bespoke to meet their population's need. The purpose of them is to understand and respond to local need and to join up local services.
- Locally, we have a two Place model to align with our local authorities – there is a Staffordshire Place and a Stoke-on-Trent Place – which enable to make us better, informed decisions about the following priorities:
 - Care Homes
 - Learning Disabilities and Autism
 - Transitions/Preparation for Adulthood
 - Adulthood
 - Dementia
 - S117
- Chris shared that the intention is to evolve our Place based working, through the use of Population Health Management data. We can then understand the health and care need on a neighbourhood level and design services to meet that need.
- Chris then discussed the Provider Collaborative model. There are several developed Provider Collaboratives across the system, that are a vehicle for system wide collaboration and can respond to large-scale service delivery or redesign challenges. Similarly, to our work on Place, population health management will be embedded in the Provider Collaboratives, which will support them to expand. Notably, they will expand to include NHS continuing health care.

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System Performance

- Phil Smith, Chief Delivery Officer, presented the System's Performance looking at the approach, the challenges and what we have learnt from the year.
- At the start of the year, Phil recognised that it would be through partnership working, improved capacity and improved resilience that we would be successful. Plans were built that ensured capacity was in place and workforce was aligned to demand, with escalation plans in place. From the outset it was important that the system had a shared view of demand and that capacity plans were built around that shared view.
- Secondly, a system coordination centre was implemented to look at flow across the whole system with the view of managing demand, escalation, and de-escalation to target our resources most effectively, to deliver the best care. This approach supported the increased demand during winter with an increase in flu, COVID-19 and Respiratory Syncytial Virus (RSV) cases.
- Thirdly, the system is focused on three priorities areas:
 - Pre-hospital
 - Post-hospital
 - In-hospital
- Phil shared how important learning exercises have been over the past year. Key lessons learnt include understanding that there can be a surge of demand at any time of the year, not just winter, so capacity and demand needs to be continually monitored. Secondly, we need to evaluate all the schemes we run, so we can get direct resources to those that give us the greatest impact. And finally, working with wider partners including the voluntary sector and fire and police services has improved our system performance so they will play a key role in our system planning going forward.

System Finance and Accounts

- Paul Brown, Chief Financial Officer, presented the System Finance and Accounts.
- Paul shared that as a system we spent £2.3billion. Approximately half of our spend is on Acute Care, and of that spend, approximately 85% of it is across three providers: University Hospitals of North Midlands NHS Trust (UHNM), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) and The Royal Wolverhampton NHS Trust (RWT).
- Other areas of large spend include: Community Health Services, Continuing Care Services, Mental Health Services, Prescribing and Primary Care.
- The 2023/24 financial plan is to break even which will be a challenge to meet due to the impacts of inflation. As a system we are developing a recovery plan, this will focus on patient pathways, specifically looking to improve patient pathways for people requiring Continuing Healthcare and for those aged 75+.

Workforce

- Mish Irvine, ICS Director of People, presented an update on our workforce.
- Mish shared that the People function has established six pillars, which underpin the ICS Portfolios and are led by Chief People Officers from across the system. Supporting these pillars are organisations from the health, care, voluntary and education sectors, making the whole People function collaborative across the system.
- The six pillars are:
 - Workforce Supply
 - Workforce Transformation
 - Employee Experience and Wellbeing
 - System Culture and Collaboration
 - Leadership and Talent
 - Equality, Diversity and Inclusion (Patient/People)
- Mish then outlined the many achievements within the People function of the past year, including the utilisation of the People Hub to reduce agency spend and encourage a variety of people into roles, and the success of the Outreach work. Over 1,000 young people have taken part in virtual work experience sessions, Journey to Work sessions have been established with over 100 professionals sharing their experiences at schools and 53 apprenticeships on system rotations have been undertaken.
- Mish then discussed the NHS Long-Term plan. There will be a summit next month, where local leaders will gather to discuss how we can deliver the plan locally. Mish emphasised the importance of 'reform' and how we look to change job roles to meet the changing needs of the population.
- To support our understanding of what opportunities there are available in our system and the impact they can have, Mish shared Aysyda's story. You can watch Aysyda's story on our [YouTube channel](#).

Quality and Safety

- Becky Scullion, Director of Nursing, Quality Assurance and Improvement, presented the Quality and Safety update sharing the Quality and Safety vision: to ensure that services provided are safe, effective, and meet the needs of the population, providing the best experience and outcomes possible.
- Quality is the golden thread that runs through all NHS services, and the Quality team has worked collaboratively with all ICS partners to improve services for our population. Safeguarding and safety is a key focus for the ICS. We have a Systematic Quality Assurance Structure that ensures all concerns are addressed promptly transparently and we have also recently rolled out the Patient Safety Incident Response Framework.
- Some successes that Becky shared were the positive application to pilot the Maternity and Neonatal Independent Senior Advocate (MNISA) role, and the development of the Maternity Operational Pressures Escalation Levels (OPEL) Plan, which will empower parents to have a voice.
- Becky recognised that the past 12 months have been challenging, but also rewarding as we have continued to work collectively to achieve the optimum patient outcome through the excellence and innovation of our care services.

Partnership working video

- David Pearson, Chair of Staffordshire and Stoke-on-Trent Integrated Care Board, introduced the video, which elaborates on our partnership working with Voluntary Action Stoke on Trent (VAST) and Support Staffordshire. The video can be watched on our [YouTube channel](#).

Looking forward: Integrated Care Partnership (ICP) update

- Peter Axon, Chief Executive Officer, presented the ICP update on behalf of Paul Edmondson-Jones, Chief Medical Officer and Deputy CEO.
- Peter shared that the ICP is a statutory committee; membership is inclusive and reflects the wider factors on health and social need (for example housing). This group has created the ICP strategy, which is the overall, long-term strategy, across health and care. Underpinning the ICP strategy is the Joint Forward Plan and the Operational Plan. Collectively, these documents outline what our ambitions are, and how we will achieve these.
- The strategy is broken down into 5 Ps, which are underpinned by Population Health Management data so we can understand local needs:
 - People and communities
 - Personalised care
 - Personal responsibility
 - Prevention and health inequalities
 - Productivity
- Peter shared that during the quarterly ICP meetings, there are deep dive sessions that bring together a variety of thoughts and perspectives from across the system. These are an opportunity to build relationships and improve how services are delivered.
- Peter finished by sharing that the ICP is greater than the sum of its part; all partners impact the outcomes the population experiences.

Question and Answer session

- Following the main agenda items, members of the public were invited to ask questions to the Board. The Board were asked many questions, including what the impact of changes to service provisions would be, what the ICBs plans are to support the health of housebound carers, and what the ICBs plans are for mental health after care. To see all the questions, and responses, please see the [recording of the meeting](#) from 1:20:08.

Close

- David Pearson, Chair of Staffordshire and Stoke-on-Trent Integrated Care Board thanked those for attending and those who provided presentations on the day. David outlined that our annual report and annual report summary would be available on the ICB website to download and brought the meeting to a close.