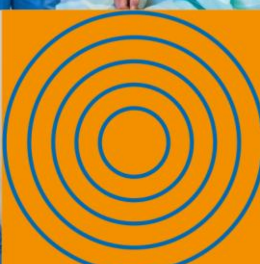

Staffordshire and Stoke-on-Trent
Integrated Care Board

Five Year Strategic Commissioning Plan 2026-2031

Summary

April 2026

Foreword

Welcome to our Five Year Strategic Commissioning Plan for Staffordshire and Stoke-on-Trent. This plan sets out our shared ambition for how we will work together over the next five years to transform health and care for our communities. It is being delivered at a time of significant challenge, but also real opportunity. Our population is growing and becoming more diverse, with rising levels of long-term conditions, sustained demand for urgent and emergency care, and persistent health inequalities – particularly in parts of Stoke-on-Trent.

Yet alongside these pressures, we see enormous strength. We have a dedicated workforce, committed partners across health, local government and the voluntary sector, and Primary Care Networks with a strong sense of identity and community. This plan builds on those strengths – setting out how we will work differently over the next five years to improve outcomes, reduce inequalities and ensure our services remain sustainable for the future.

Our direction is clear. We are shifting from a system centred on hospital-based, reactive care to one that focuses on prevention, early intervention and support delivered through Integrated Neighbourhood Teams. This means more care closer to home, stronger community services, improved access to diagnostics, modernised primary care, and a digital-first approach that still protects choice and inclusion for those who need non-digital routes.

These changes will help people stay well for longer, reduce avoidable demand on urgent and emergency care, and free up capacity for those who need specialist treatment. This shift will be supported by improved population health data, stronger clinical leadership and new ways of commissioning.

Foreword (cont.)

Tackling inequalities is at the heart of this plan. Residents in our most deprived communities face poorer health outcomes from birth through to older age – simply, this is unacceptable. Through targeted investment, improved population health intelligence, stronger collaboration with local partners and targeted action on childhood health, long-term conditions, screening and immunisation, we will focus our efforts where they will make the greatest difference.

Delivering this plan requires a disciplined, value-based approach to stewardship, redirecting resources towards prevention, neighbourhood models and digital innovation, reducing unwarranted variation, and improving value and productivity across all parts of the system. As we move towards a single organisation across Staffordshire, Stoke-on-Trent, Shropshire, and Telford and Wrekin in 2027, our ability to plan, invest and manage resources collectively will strengthen further.

Above all, this plan is about improving the lives of the people and communities we serve.

Ian Green OBE
ICB Cluster Chair
NHS Staffordshire and Stoke-on-Trent
NHS Shropshire, Telford and Wrekin

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NHS Staffordshire and Stoke-on-Trent
NHS Shropshire, Telford and Wrekin

Our system explained

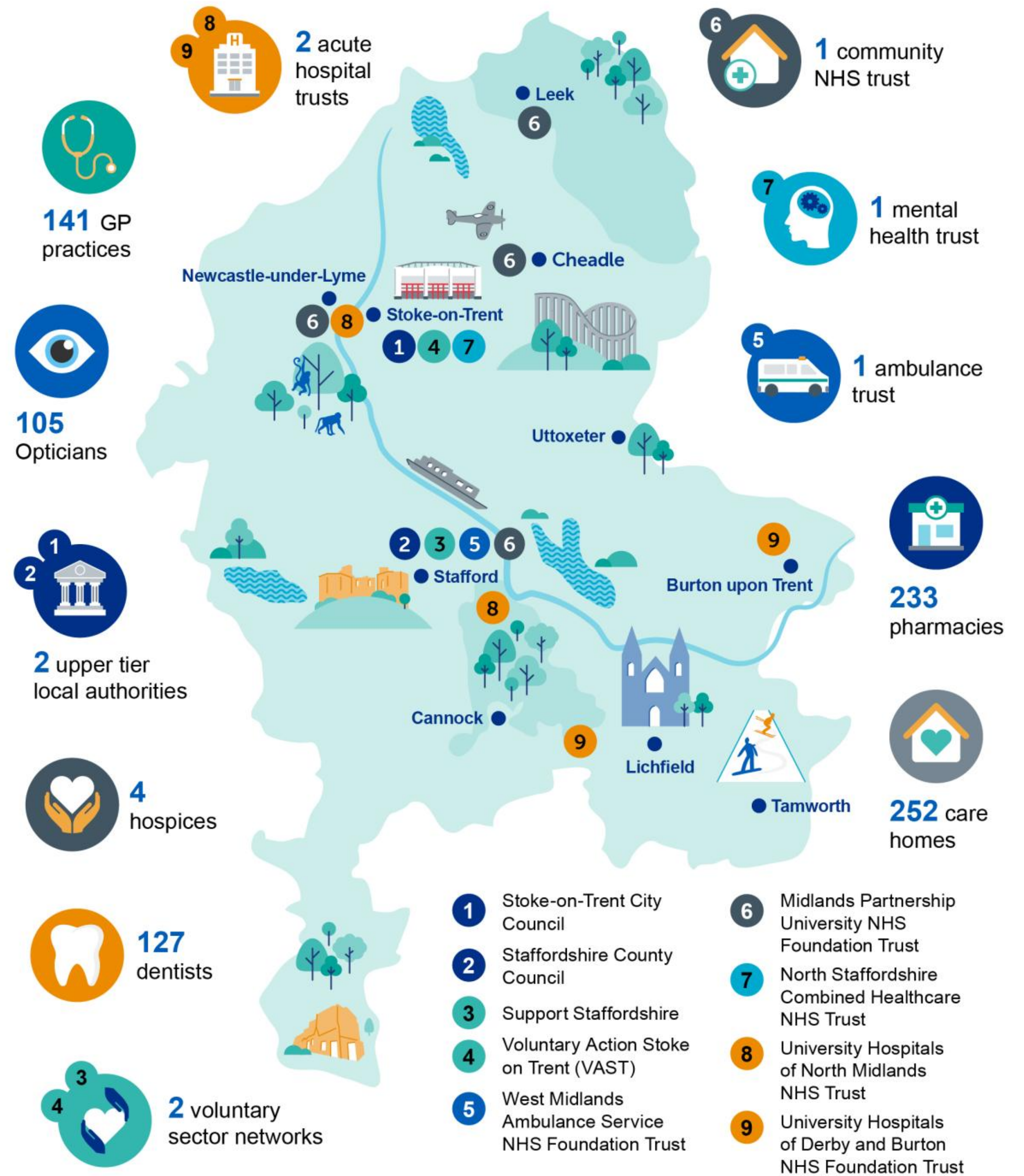
The Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) is responsible for improving health outcomes, reducing inequalities and ensuring the best use of NHS resources.

As a clustered ICB working jointly with Shropshire, Telford and Wrekin, we support delivery of the four Integrated Care System (ICS) aims:

1. Improving population health and care
2. Tackling inequalities
3. Enhancing productivity and value
4. Supporting wider social and economic development.

By bringing together the NHS, councils, the voluntary and community sector and residents, services can be designed that are joined up and shaped around what people need.

Place-based partnerships and neighbourhood teams, bringing together councils, NHS trusts, Primary Care Networks, primary care contractors, voluntary organisations and local communities, will be at the heart of how care is delivered.



The purpose of our plan

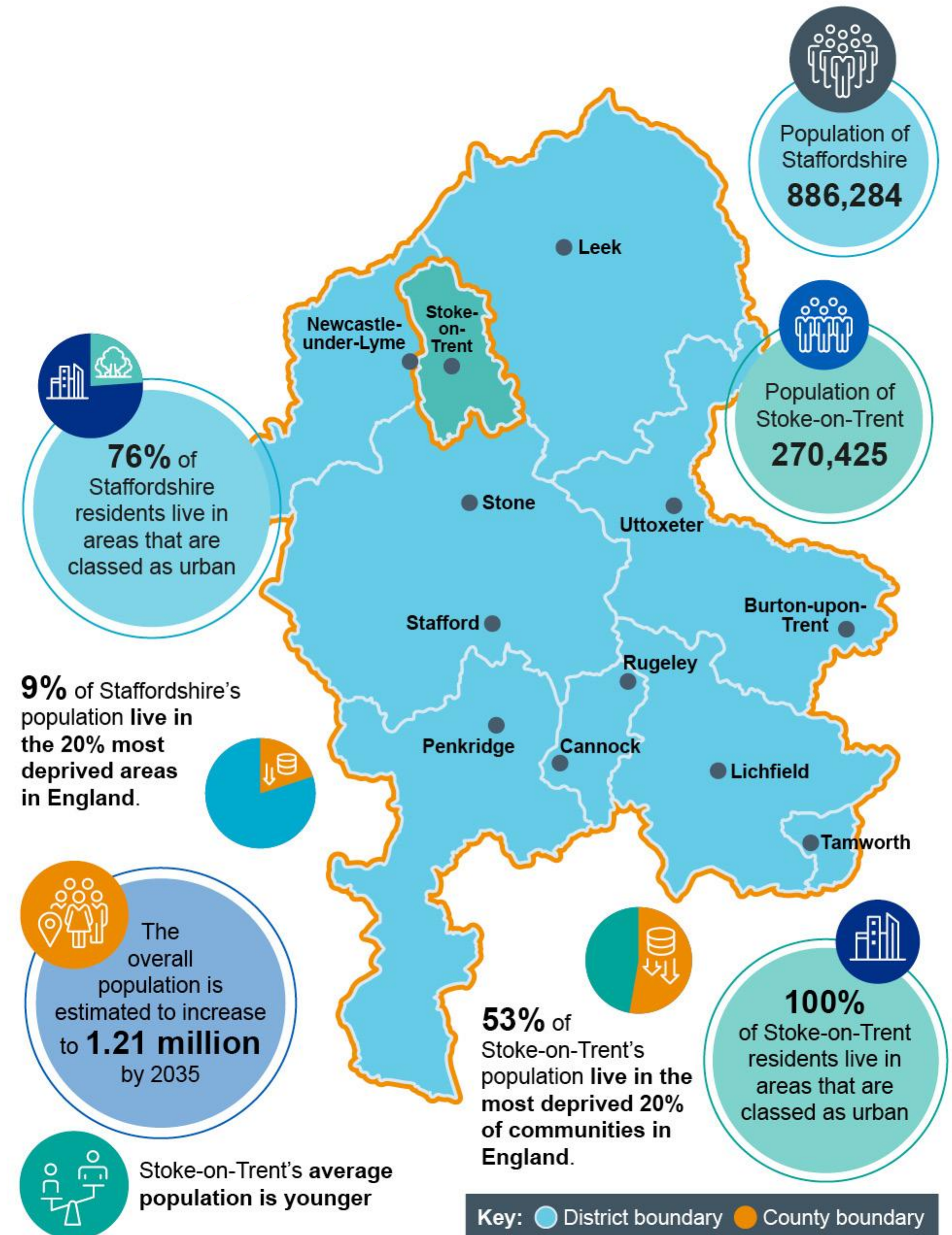
This Five Year Strategic Commissioning Plan sets out how we will improve health and care for the 1.18 million people of Staffordshire and Stoke-on-Trent.

It explains:
- The challenges our communities face
- The changes we need to make
- How we will work with partners to deliver better, more joined-up and sustainable services

The plan builds on our Joint Forward Plan and the ambitions of the NHS 10 Year Plan and explains how we will improve health and wellbeing for people living in Staffordshire and Stoke-on-Trent over the next five years.

It sets out:
- The key health challenges in our communities
- Five major changes we will drive
- How we will deliver our commissioning intentions
- How we will work with partners for more coordinated care
- How we will improve access, quality and financial sustainability.

The plan provides a clear, realistic path for improving health and care over the next five years by focusing on prevention, partnership working, digital innovation and stronger neighbourhood-based care.



Our vision/Looking ahead

Our vision is to help make Staffordshire and Stoke-on-Trent some of the healthiest places to live and work.

Over the next five years we want:
- More care closer to home
- Better use of digital tools
- A stronger focus on prevention
- Improving access to services
- Getting the best value from NHS resources

At the centre are 'Our People', meaning everything we do is focused on the needs of local residents, supported by our workforce working in neighbourhoods, places and across the whole system.

A key focus is neighbourhood health, bringing together GPs, community services, social care and voluntary sector partners to meet the needs of residents and deliver high-quality care in the right place at the right time.

As joint working between the two ICBs develops, we will:
- Strengthen neighbourhood teams
- Work more closely with local authorities
- Give greater independence and flexibility to neighbourhood and place-based partnerships.
- Align governance and provider collaboratives
- Improve how we manage cost, quality and performance ensuring services are safe, effective and sustainable.

Integrated Strategic Needs Assessment (ISNA)

The Integrated Strategic Needs Assessment (ISNA) provides a comprehensive understanding of the health needs of the population in Staffordshire and Stoke-on-Trent. It brings together evidence from several sources, including the Joint Strategic Needs Assessment, the Integrated Partnership Strategy and Health and Wellbeing Board priorities, to identify the areas where action is most needed. By analysing population data and wider social factors such as housing, education, employment and environment, the ISNA helps inform decisions about how health and care services should be planned and delivered. This evidence base supports targeted prevention, helps address health inequalities and ensures that services reflect the real experiences of local communities.

The population of Staffordshire and Stoke-on-Trent is currently around 1.18 million people and continues to change. Census data shows moderate population growth, an ageing population and increasing ethnic diversity. While most residents are UK-born and White, Asian British communities represent the largest minority group, particularly in areas such as Stoke-on-Trent, Tamworth, Burton upon Trent and Stafford. Levels of deprivation vary significantly across the area, with some of the most deprived communities located in Stoke-on-Trent and pockets of deprivation across parts of Staffordshire.

Health challenges differ across age groups. For children and young people, key issues include higher infant mortality rates, inequalities in vaccination uptake, poor dental health, rising childhood obesity and increasing long-term conditions such as diabetes and asthma. Among working-age adults, unhealthy behaviours such as smoking, alcohol use and obesity remain major risk factors. More than half of adults are living with a long-term condition, and conditions such as hypertension and chronic kidney disease are often under-diagnosed.
The growing number of older people is expected to increase demand for health and care services. Rising levels of frailty, multiple long-term conditions and dementia are likely to increase hospital admissions, particularly for falls and respiratory illnesses. Many people also experience repeated hospital admissions towards the end of life, despite evidence that many would prefer to receive care at home.

Health inequalities remain a major challenge. Life expectancy and healthy life expectancy vary across communities, with people in more deprived areas experiencing poorer health earlier in life. The Core20PLUS5 framework will help target support to the most disadvantaged groups and improve access to services, with the aim of reducing these inequalities and improving health outcomes across the population.

Commissioning Plan – the five big changes

The commissioning plan is organised around five major system shifts:

1. **Hospital to community -** More care will be delivered closer to home by strengthening neighbourhood health teams, expanding community diagnostics and virtual wards, and improving care coordination for people with frailty, long-term conditions and palliative needs.
2. **Analogue to digital-** Health and care services will move from paper-based systems to digitally enabled services, expanding tools such as the NHS App, shared care records, remote monitoring and digital urgent care systems.
3. **Sickness to prevention -** The system will focus on helping people stay well by strengthening prevention programmes, improving vaccination and screening uptake, tackling obesity and smoking, and addressing the wider determinants of health.
4. **Improving access-** Work will focus on reducing waiting times, making it easier for people to access the right care, and strengthening urgent care pathways and primary care services.
5. **Value and productivity-** Resources will be used more effectively through better planning, reducing duplication, improving productivity and ensuring services remain financially sustainable.

A key focus in our plan is neighbourhood health. This means organising services including bringing together GPs, community services, social care and voluntary sector partners to meet the needs of residents and deliver high-quality care in the right place, at the right time. Central to this is developing and implementing our Integrated Neighbourhood Teams (INTs) for both adults and children.

Hospital to community

The hospital to community approach sets out how more care will be delivered closer to home, reducing the need for hospital attendance unless it is clinically necessary. The overall aim is to strengthen neighbourhood health services so people can access more joined-up, proactive and personalised care in community settings.

Our local system will focus on six key elements of neighbourhood health, making sure they reflect the needs of our communities and how services currently work:

- **Population health management** – apply a single, consistent system-wide population health management method to ICB analytics platforms to segment and risk stratify populations, based on complexity and forecasted resource use.
- **Modern general practice** – support with the delivery of the modern general practice model to deliver improvements in access, continuity and overall experience for people and their carers.
- **Standardising community health services** – use the standardising community health services guidance for both adult and children's services.
- **Neighbourhood multidisciplinary teams (MDTs)** – using the approach outlined in the Fuller Report, ensure MDT coordination of care for population cohorts with complex health, care or social needs who require support from multiple services and organisations.
- **Integrated intermediate care with a 'Home First' approach** – deliver short-term rehabilitation, reablement and recovery services by taking a therapy-led approach.
- **Urgent neighbourhood services** – standardise and scale urgent neighbourhood services for people with an escalating or acute health need, aligned to local demand and front door services.

Analogue to digital

Modernising health and care will be achieved by expanding the use of digital technology across pathways and services. Digital tools already support people to manage appointments, monitor their health, receive care at home and stay informed about their treatment, while maintaining the value and importance of face-to-face care.

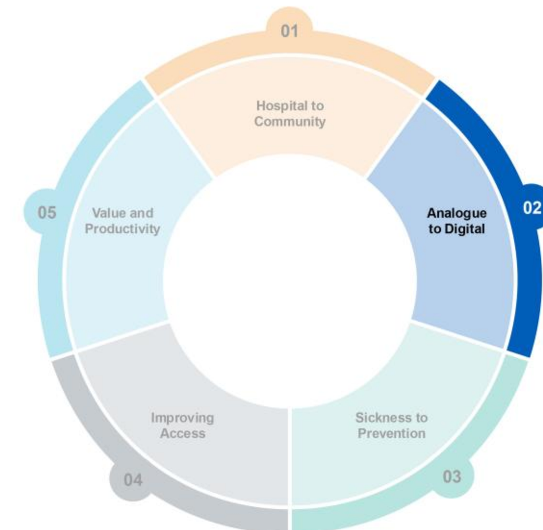
The move from analogue to digital is a foundational principle for transforming care delivery, improving patient outcomes, and optimising productivity and efficiency. When technology is used well, it reduces delays, supports earlier intervention, helps staff spend more time with patients and improves the secure flow of information across teams. Digital innovation will guide service design and enable staff to work more collaboratively across organisations.

The ambition is to move from a largely analogue, paper-based system to a modern, digitally enabled health and care service.

By 2026/27 and 2027/28, this includes increased NHS App use, electronic prescribing, shared care records, home-monitoring technologies, virtual wards and the Integrated Care Coordination Centre acting as a single digital entry point.

By 2029/30–2030/31, this will progress to a Single Patient Record accessed through the NHS App, automated documentation, AI-supported decisions, real-time data, a digital-first urgent care model and universal adoption of digital ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and EPaCCS (Electronic Palliative Care Coordination System).

Pathways will be modernised by improving data flow, reducing reliance on paper, expanding digital tools, enabling community pharmacy access to records, supporting remote monitoring, strengthening how information moves between teams, and ensuring services remain inclusive with non-digital routes available where needed.



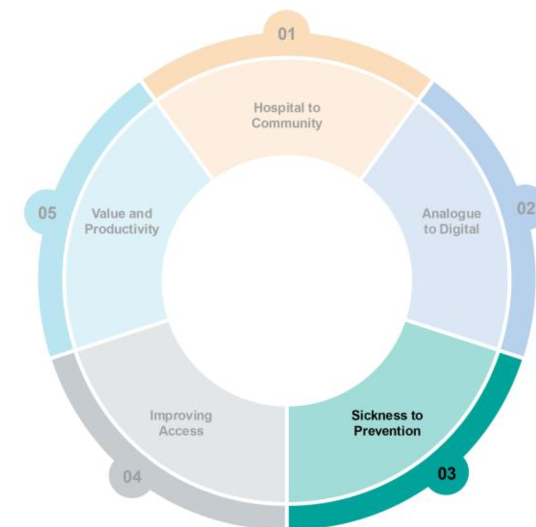
Sickness to prevention

Our ambition is to make sure that everyone in Staffordshire and Stoke-on-Trent has a fair opportunity to live a good life. Prevention is everyone's business across the health and care system, and work with partners, people and communities will continue to address what is unfair and preventable. This includes looking beyond health and care services to understand the barriers and opportunities to living a healthier life. Prevention will increasingly be delivered through neighbourhood teams, with each neighbourhood taking responsibility for the health of its population.

A range of transformation programmes will support this shift. Through the Locality Improvement Framework, £1.7 million of recurrent funding has been ring-fenced from the Health Inequalities budget over three years. Each of the 12 local areas will design and deliver targeted projects to reduce health inequalities, focusing on the people who need the most support and particularly groups identified through the Core20PLUS5 approach. Local projects will be supported by strong population health data and analysis, with opportunities for Staffordshire and Stoke-on-Trent localities to develop proposals aligned with their priorities.

Wider prevention work will address the wider determinants of health. Programmes such as WorkWell will support people whose work is at risk due to health barriers, while investment in warmer homes will help residents living in cold, damp or unsafe housing to create healthier living conditions. A system-wide health literacy programme, Let's Talk Health, and the creation of a Health Literacy Academy will help people access and understand information so they can make informed decisions about their health.

Targeted action will also focus on major health risks such as obesity, alcohol harm and tobacco use. Programmes such as SWITCH will support weight management through clinical approaches, digital tools and community support. Alongside this, vaccination, screening and migrant health services will be strengthened, while maternity, neonatal and primary care services will play a central role in identifying risks early and supporting healthier lives across the population.



Improving access

Our overall access ambition is to ensure timely, equitable and consistent access to high-quality care across our pathways of care – meeting or exceeding national requirements by reducing long waits, expanding early help and preventative support, improving digital-enabled access, and tackling inequalities for those with the greatest need.

We will standardise the urgent care front door by embedding urgent treatment centre (UTC) models and strengthening NHS 111 as the default entry point – including bookable arrival times into UTCs and Same Day Emergency Care (SDEC) where appropriate.

Over time, we will innovate care models which will reduce handovers between organisations and reduce wait times for treatment including achievement of national waiting time targets.
The Cancer Strategy is under development, and will focus on earlier diagnosis for cancer, better treatment and improved support aimed to increase cancer survival rates.

Primary care will play a central role in improving access by delivering a modern general practice model, using digital pathway tools, and maximising the breadth and accessibility of services across community pharmacy, optometry and dentistry. This includes expanding Pharmacy First, improving same day access for urgent patients and increasing capacity for ADHD and autism assessments.

In recent years, community pharmacies have demonstrated that they can significantly improve primary care access by acting as a first port of call for healthcare – offering services like Pharmacy First (minor ailments), blood pressure checks, and contraception services without an appointment. They reduce pressure on general practice, improve health equity in deprived areas, and support long-term condition management.

All Age Continuing Care (AACC) supports some of the most vulnerable people in our communities – including children with complex needs, adults with long-term conditions, and people who need specialist care at home or in residential settings. Our aim is to make sure everyone receives safe, high-quality and compassionate support, in a way that helps them live as independently as possible.

Access will also be improved across mental health services and for children and young people by reducing inequalities, expanding support in schools, reducing waiting times and strengthening early, coordinated support across services.

Value and productivity

The national 10 Year Plan places productivity and efficiency at the centre of NHS reform, recognising that the NHS cannot continue to operate sustainably without significant improvements in how services are organised, delivered and supported by technology. National productivity packs developed by NHS England highlight opportunities across elective care, urgent and emergency care, diagnostics, prescribing and continuing healthcare, and the plan aligns closely with these. Value is defined as improving outcomes that matter to patients relative to the costs of delivering those outcomes, underpinning efforts to reduce duplication, improve productivity and ensure resources are used wisely.

The ambition is to create a health and care system where every pound delivers maximum value by streamlining processes, reducing duplication, improving pathways and using digital tools effectively.

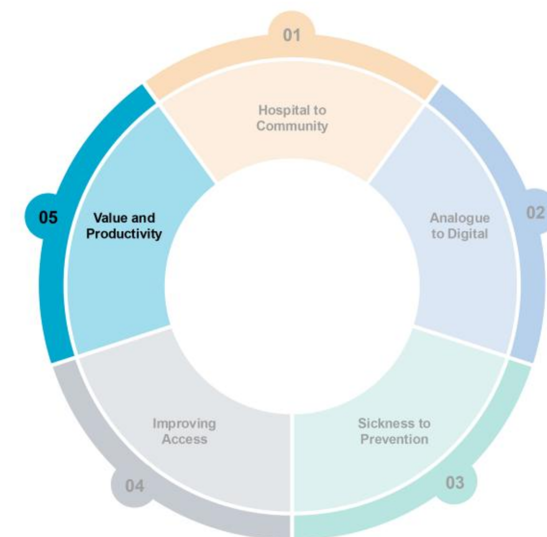
This includes

- managing rising demand
- supporting the workforce
- accelerating the shift towards prevention and community-based care.

Value-based commissioning will be strengthened through population health management, unified clinical decision-making, behavioural change approaches for frontline staff and aligning financial incentives with population outcomes.

Actions will focus on reducing unwarranted variation by standardising pathways and sharing best practice, removing duplication and improving flow through things like digital triage.

Alongside these changes, traditional efficiency measures will continue through an ICB-wide efficiency programme, financial improvement targets and medicines efficiency initiatives. Work will also focus on improving theatre utilisation, diagnostic hub use, follow-up ratios, length of stay and day case rates.
Partnership working across the NHS, local councils, the voluntary and community sector and care providers will be essential to reduce duplication, share resources and deliver coordinated improvements across whole care pathways.



Finance and productivity

Finance is more than balancing budgets; it is a critical foundation of strategic commissioning and population health improvement. By aligning resources to the areas of greatest need and making sure money is spent wisely, we aim to ensure that every pound spent delivers measurable impact. This section sets out our financial vision, how we will deliver it, and the governance that underpins our approach. This joint plan sets out a unified commissioning finance narrative for Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent over the next five years.

Finance is a key enabler across the strategic commissioning cycle, supporting planning, procurement and evaluation. Financial analysis and data-driven insights help identify cost drivers, inefficiencies and opportunities to improve value. Procurement activities shape contracts and payment mechanisms that incentivise efficiency and shared savings, while financial performance monitoring ensures investments deliver measurable improvements in health outcomes, productivity and equity. This approach ensures finance supports transformation and sustainability.

Delivery of the commissioning plans will require significant changes in how resources are allocated and prioritised, with greater investment moving towards neighbourhood models, proactive care and evidence-based interventions. The finance strategy supports this shift by aligning resources to high-value interventions, strengthening financial controls within neighbourhood health services and supporting efficient prescribing practices.

Our shared vision is to:

- Return both ICBs to a sustainable financial position, no longer reliant on deficit support, by the end of the five-year planning period.
- Create financial headroom for commissioning intentions
- Use value-based strategic decision making to guide resource allocation.

All financial risks and mitigations will be monitored through the ICB Finance Committee and reported to the ICB Board via the risk register and Board Assurance Framework. This ensures robust oversight, timely escalation and effective mitigation of financial risks across the system.

People and workforce

Staffordshire and Stoke-on-Trent ICB and Shropshire, Telford and Wrekin ICB face significant challenges including extreme financial pressures, rising demand in acute services, workforce burnout, sickness absence and industrial action. These pressures are compounded by nationally driven NHS reforms, clustering arrangements and new financial allocations. Despite this, the resilience and commitment of staff remains a strength, supported by strong partnership working across health, social care, local authorities and the voluntary sector. The National Long Term Workforce Plan is expected to reset workforce ambitions with a focus on retention, wellbeing, skills and productivity to enable sustainable, community-based, digital-first care models.

The clustered ICB must transition from operational delivery to strategic leadership, convening partners, setting commissioning intentions and managing demand through evidence-based planning. This requires workforce realignment, new capabilities and cultural transformation across the system.

The workforce represents the primary means through which patients receive care and accounts for approximately 70% of costs. Having the right workforce data covering experience and wellbeing, stability, supply and future pipeline is essential to ensuring safe, equitable and sustainable services.

Workforce considerations must sit at the heart of strategic commissioning, ensuring the right staff, with the right skills, are in the right place.

System leadership will focus on strengthening partnerships across NHS organisations, primary care, local authorities, social care and the voluntary sector, alongside organisational development, strategic workforce planning and strengthening internal capability.
Supporting staff health, engagement, inclusion and career development will be essential to reducing burnout, improving retention and creating a skilled, resilient and agile workforce aligned to the ICB's strategic objectives.

Enablers

Delivering the strategic commissioning plan depends on a set of enablers that support every stage of the commissioning cycle, ensuring the foundations, intelligence and assurance required to drive transformation across the system. These include population health intelligence, digital and data, estates and facilities, and a range of wider statutory duties covering involvement, sustainability, equality, research, safeguarding and emergency preparedness.

Population health intelligence provides a clear and detailed understanding of the needs of the population by bringing together information from across health and care to identify who is most at risk, which services people use, where inequalities exist and where early help will have the greatest impact. This insight guides decisions, supports evidence-based service design, focuses support on communities who need it most and helps prioritise resources while measuring progress across neighbourhood, place and system levels.
Digital technology and good use of data are essential to providing high-quality, joined-up care. But this is about more than having the right IT systems, it's about building a culture where staff have the skills and confidence to use information well and make informed decisions that improve services.

Estates and facilities enable neighbourhood-based, flexible and sustainable models of care by supporting the shift from hospital to community settings. This includes aligning estates planning with commissioning intentions, expanding community and primary care capacity, embedding sustainability principles and supporting co-located services.

Wider enablers ensure statutory duties are met. This includes involving the public in decision making, working with communities and the VCSE sector, embedding sustainability through the Net Zero Green Plan, and ensuring equality, diversity and inclusion in all decisions. Research, innovation and improvement support the development of new models of care, while safeguarding ensures protection for vulnerable people through strong systems and early intervention.

Emergency preparedness, response and resilience ensures the system can respond effectively to incidents and pressures through coordinated planning, real-time data and strong partnerships across health and care organisations.

Risks and mitigations

All major plans carry risks. These may include workforce challenges, financial pressures, digital readiness, inequalities, rising demand, or difficulties in changing how services are delivered. Risks have been identified through the development of the plan by our portfolio and enabling leads.

Each risk has been assessed using a standardised methodology that evaluates both likelihood and impact. This ensures a transparent and consistent understanding of risk severity and supports proportionate and targeted mitigation planning and reporting. Risks are owned by Executive Portfolio Leads and monitored through established ICB committees and aligned risk management processes.

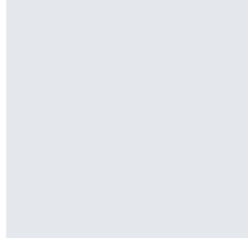
As cluster working progresses, a harmonised Risk Register and aligned Board Assurance Framework will ensure that system risks are clearly understood, consistently assessed, and collectively managed across both ICBs.

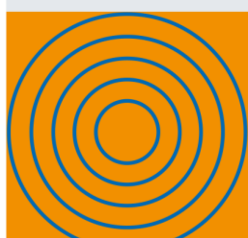
How risks will be managed across the cluster

Risk oversight will evolve to be consistent across both ICBs and aligned to maturing joint working arrangements and the future merger.

This will ensure a coherent and streamlined approach to identifying, escalating, and managing risk across the cluster:

- **Finance Committee –** risks relating to financial balance, efficiencies, contracting, and capital.
- **Quality Committee –** risks relating to quality, safety, inequalities, and patient experience.
- **Audit Committee –** risks relating to governance, controls, compliance, and internal audit assurance.
- **Strategic Commissioning Committee –** risk ownership aligned to commissioning cycle stages and delivery accountability.





Visit **staffsstoke.icb.nhs.uk/five-year-plan** to read the full NHS Staffordshire and Stoke-on-Trent Five Year Strategic Commissioning Plan.