

STW Integrated Care Board

MEETING
25 January 2023 14:00

PUBLISHED
20 January 2023

AGENDA

Meeting Title	Integrated Care Board	Date	Wednesday 25 January 2023
Chair	Sir Neil McKay	Time	2pm
Minute Taker	Board Secretary	Venue/ Location	The Reynolds Suite Holiday Inn Telford International Centre Telford St Quentin Gate Telford TF3 4EH

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 20 minutes: 2pm – 2.20pm)					
ICB 25-01-048	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 25-01-049	Declarations of Interest: To declare any new interests or existing interests that conflict with an agenda item Register of Board member's interests can be found at: Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB 25-01-050	Minutes from the previous meeting held on Wednesday 30 November 2022	Sir Neil McKay	A	Enc	
ICB 25-01-051	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enc	
ICB 25-01-052	Questions from Members of the Public: <i>(There were no questions submitted in November)</i> Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay	I	-	
ICB 25-01-053	Follow up on Patient Story: Presentation on the implementation of the new Dementia Model <i>Attending: Linda Vaughan, Helen White, George Rook and Clive Rogers)</i>	Gareth Robinson	I	Enc	2.10

STRATEGIC SYSTEM OVERSIGHT (approximately 60 minutes 2.20pm – 3.20pm)					
ICB 25-01.054	ICB CEO Report: <ul style="list-style-type: none"> Urgent and Emergency Care Impact of Industrial Action Operational Planning 2023/24 	Simon Whitehouse	S	Enc	2.20
ICB 25-01-055	Integrated Care Strategy and Development of Joint Forward Plan: <ul style="list-style-type: none"> Approved Interim Integrated Care Strategy Joint Forward Plan – Programme of Work Engagement Plan 	Nicola Dymond	S	Enc	2.40
ICB 25-01.056	Progress with Big Ticket Item: <ul style="list-style-type: none"> Hospitals Transformation Programme (HTP) Update 	Nigel Lee	S	Enc	3.00
10 MINUTE BREAK					
SYSTEM GOVERNANCE AND PERFORMANCE (approximately 30 minutes 3.30pm – 4pm)					
ICB 25-01-057	Integrated Care System Performance Report: (incorporating People, Finance and Long Waits data)	Claire Skidmore Nicola Dymond Gareth Robinson	S	Enc	3.30
ICB 25-01-058	Transfer of POD Commissioning Services from NHSE to ICB: Approval of governance documents (<i>Claire Parker attending</i>)	Gareth Robinson	A	Enc	3.45
ICB 25-01-059	Governance Handbook: Amendment to Scheme of Financial Delegation	Claire Skidmore	A	Enc	3.55
BOARD COMMITTEE REPORTS (approximately 15 minutes: 4pm – 4.15pm)					
ICB 25-01-060	Assurance				4.00
ICB 25-01-060.1	Quality and Performance Committee Chair's Report for a meeting held on 26 October 2022	Meredith Vivian	S	Enc	
ICB 25-01-060.2	Finance Committee Chair's Report for a meeting held on 2 November 2022	Professor Trevor McMillan	S	Enc	
ICB 25-01-060.3	Audit & Risk Committee Chair's Report for meeting held on 18 January 2023	Roger Dunshea	S	Enc	

ICB 25-01-060.4	Remuneration Committee Chair's Report for the meeting held on 1 November 2022	Professor Trevor McMillan	S	Enc	
	Strategy				
ICB 25-01-060.5	Strategy Committee Chair's report for a meeting held on 15 December 2022	Cathy Purt	S	Enc	
ICB 25-01-060.6	System People Committee Chair's Report for meeting held on 30 November 2022	Dr Catriona McMahon	S	Enc	
ICB 25-01-060.7	Primary Care Commissioning Committee Chair's Report held on 2 December 2022	Dr Niti Pall	S	Enc	
	Delivery				
ICB 25-01-060.8	Integrated Delivery Committee Chair's Report for meetings held on 20 December 2022 and 16 January 2023	Harry Turner	S	Enc	
OTHER REPORTS					
ICB 25-01-061	Integrated Care Partnership Minutes of Meetings held on 05 October 2022 (approved) and 21 December 2022 (not yet approved)	Nicola Dymond	I	Enc	
ICB 25-01-062	Clinical and Care Multi Professional Leadership (CCMPL) Report	Nicholas White	I	Enc	
IBC 25-01-063	Any Other Business: (To be notified to the Chair in advance)	Sir Neil McKay	D	Verbal	4.15
	Date and time of next meeting: Wednesday 29 March 2023 Shrewsbury venue to be confirmed				



Sir Neil McKay
Chair
NHS Shropshire, Telford and Wrekin



Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin



**NHS Shropshire Telford and Wrekin
Integrated Care Board**

**Minutes of Meeting held in public on
Wednesday 30th November 2022 at 2pm**

**The Sovereign Suite Shrewsbury Town Football Ground, Montgomery Waters
Meadow, Oteley Rd, Shrewsbury SY2 6ST**

Present:

Sir Neil McKay	Chair, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Louise Barnett	Trust Partner Member and Chief Executive Shrewsbury and Telford Hospital NHS Trust
Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW – via MS Teams
Roger Dunshea	Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Mr Nicholas White	Chief Medical Officer, NHS STW
Alison Bussey	Chief Nursing Officer, NHS STW
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust.
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership Foundation NHS Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council.
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Dr Julian Povey	Primary Care Partner Member for Shropshire

In Attendance:

Dr Catriona McMahon	Chair Shrewsbury and Telford Hospital NHS Trust
Nuala O'Kane	Chair, Shropshire Community Health NHS Trust
Nicola Dymond	Director of Strategy and Integration NHS STW
Mike Carr	Chief Operating Officer, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust – representing RJAH
Terry Gee	Chief Executive Officer, STAY Telford
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Heather Osborne	Chief Officer AGE UK
Barry Parnaby	Chair, Healthwatch Telford and Wrekin
Cllr. Lezley Picton	Leader of Shropshire Council
Cllr. Andy Burford	Telford and Wrekin Council- representing Cllr. Shaun Davies
Tracy Hill	Interim Chief People Officer NHS STW

Minute No. ICB-30-11.034 - Introduction and Apologies:

34.1 The following apologies were noted:

Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Stacey Keegan	Foundation Trust Partner Member and Interim Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Cllr. Shaun Davies	Leader of Telford and Wrekin Council
Mark Docherty	Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust
Alison Smith	Director of Corporate Affairs, NHS STW

34.2 The Chair welcomed everyone to this meeting of the STW ICB and reminded Board members that this was a meeting held in public. It was noted that all STW ICB members were present today, either face to face or via TS Teams, with the exception of Ms Stacey Keegan who had sent her apologies.

34.3 The Chair also welcomed Mr Mike Carr, Chief Operating Officer from Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust to the meeting today representing Stacey Keegan. Apologies were received from Mr Harry Turner, and it was noted that Cllr. Andy Burford from Telford and Wrekin Council was in attendance representing Cllr. Shaun Davies.

34.4 The Chair advised the STW ICB that Stephen Barclay MP had been appointed as Secretary of State for Health and Social Care. He said that he thought it was clear that there would be little change to key priorities and that there would continue to be an unrelenting focus on urgent / emergency care and on recovering the elective backlog, acknowledging that STW ICB partners all understood the imperative of doing so.

34.5 The Chair raised the issue of industrial action across the NHS, in particular, by The Royal College of Nursing (RCN) who had voted to take strike action in a number of areas of the country this December and asked Mrs Alison Bussey to update the STW ICB on the current situation with the RCN.

Mrs Alison Bussey advised the STW ICB that there were three organisations within the ICS that had met the threshold for strike action, those being Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Shropshire Community Health NHS Trust and Midlands Partnership Foundation NHS Trust. She confirmed that the RCN had declared two strike action dates for the 15th and 20th December 2022 but that it had also determined that none of the three STW partner organisations mentioned above would take strike action on those dates. She also confirmed that West Midlands Ambulance Service would not be taking strike action on those dates. The Chair asked Mrs Alison Bussey to keep the STW ICB apprised of strike action developments.

Action: Mrs Alison Bussey to keep the STW ICB apprised of strike action developments.

Minute No. ICB-30-11.035 - Declarations of Interests

- 35.1 It was noted that there were no conflicts of interest raised, actual or potential, for any agenda items and no new declarations that needed to be brought to the Board's attention at the meeting.

Register of Board members interests can be found at: [Register of Interests - NHS Shropshire Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://shropshiretelfordandwrekin.nhs.uk)

Minute No. ICB 30-11.036 - Minutes from the previous meeting held on 28 September 2022

- 36.1 The Minutes were approved as an accurate record.

Minute No. ICB 30-11.037 Matters Arising and Actions from previous meetings

- 37.1 The Chair confirmed that all actions required were either completed, or, on today's agenda, with the exception of:

- 37.2 Item 1. Population Health Management Programme of Work
CEOs were seeking resources to deliver the programme of work
Action: Mr Simon Whitehouse to check on progress and update the STW ICB by 30 November.

Mr Simon Whitehouse updated the Board and said that the programme of work had not yet been finalised. He said that the allocation of resources to the programme had increased but that it was still very much work in progress. He confirmed the appointment of Simon Collings from NHS England into the ICB on secondment.

After further discussion, the Chair asked Mr Whitehouse to present a written report to STW ICB on 29th March on the Population Health Management Programme of Work to allow the Board to have a more substantial discussion of it. Mr Whitehouse said that the March Board would also be receiving a planning update and prioritisations for 2023/2024 that would align back to population health priorities.

Action: Mr Simon Whitehouse to present a written report to the 29 March 2023 STW ICB on the Population Health Management Programme of Work as well as the Planning Update and Prioritisations for 2023/2024.

- 37.3 The Chair asked that HTP updates were regularly circulated to the Board members and attendees.

Action: Mrs Louise Barnett to circulate HTP updates regularly to Board members and attendees.

- 37.4 Item 5. Recruitment of Chief People Officer
Mrs Tracy Hill updated the STW ICB concerning the recruitment of the Chief People Officer. She said that unfortunately the recruitment process had not established a suitable shortlist of candidates for interview on 24th November and that, as a result, alternative recruitment channels were being progressed.

Mr Whitehouse added that Mrs Hill's role as Interim Chief People Officer had been extended until 31 March 2023 as this lack of progress had created some risk around the people agenda. The Chair asked that the Board be kept up to date with progress.

Action Mr Simon Whitehouse to keep the Board updated on the recruitment progress.

37.5 Item 2 Resident's Story Musculoskeletal Pathway

Dr Julian Povey queried whether part of Item 2 was still outstanding as he had not seen the 'document to patients communicating waiting times' to be circulated to the STW ICB for information following the September meeting. Mr Gareth Robinson said that he would circulate this. The Chair asked that an update relating to long waits and outliers for medical treatment be included as a standing item in the Integrated Performance Report presented to each Board meeting.

Action: Mr Robinson to circulate to the STW ICB for information, the document to patients communicating waiting times.

Action: Mr Robinson to include an update on long waits and outliers for medical treatment as a standing item in the Integrated Performance Report presented to each Board meeting.

Minute No. ICB 30-11.038 Questions from Members of the Public

- 38.1 The Chair referred to a question raised at the September Board meeting concerning public transport to the location of the proposed Health and Well-being Hub in Shrewsbury and to the Summary Response in the Actions List. The Chair said that this was an important issue that needed to be carefully borne in mind as a reappraisal of location options takes place.

Mr Gareth Robinson confirmed that once the actual site location for the Hub had been identified, a full integrated impact assessment would be carried out that would include a transport assessment. He said that he hoped that the site location would be identified by the end of the year.

Minute No. ICB 30-11.039 Resident's story – Paul's story

Mrs Patricia Davies introduced Paul's story to the Board and said that this had previously been presented at the Shropshire Community Health NHS Trust Board.

- 39.1 The STW ICB watched and listened to Paul's powerful story. Paul was diagnosed with Idiopathic Pulmonary Fibrosis (IPF) and sadly died earlier this year. Paul had hoped to be able to come to a meeting of the Board where he wanted to discuss how STW ICS could better connect services across the primary, secondary and tertiary pathways and talk about the importance of access to early diagnostics. Mrs Davies said that Paul's wife strongly articulated his journey that would resonate with many people with long term conditions coming towards the end of their lives.
- 39.2 The Board noted that Paul started to feel unwell in February 2019 and after several unresolved GP visits continued to feel unwell. He knew something was wrong. In October 2021 a formal diagnosis of IPF was made. Mrs Davies said that Paul thought that the time taken to obtain a formal diagnosis had taken too long and that

he should have had local specialist nursing support during that time. Paul died in July 2022, ten months after diagnosis.

39.3 Following the video, Mrs Davies said that it was important to recognise that not every specialist condition, such as IPF, could be treated within STW because it was not a specialist centre. She also recognised that the choice of clinical pathway became vitally important when it came to the provision and co-ordination of care. Mrs Davies stated that the importance of an integrated pathway that started with local GP services and then was clear in terms of how this and, indeed other specialist conditions, were able to access the most appropriate care in a timely manner was important. Mrs Patricia Davies concluded that in Paul's specific case, and in hindsight, it may have been better for the family to spend the remaining ten months of Paul's life having more quality time together, when instead, a lot of that time had been taken up trying to co-ordinate to get answers and clinical decisions made.

39.4 Mrs Davies said that Paul and his family wanted the Board to take action in four areas relating to:

- Raising awareness around differential diagnosis
- Early access to diagnostics and early diagnosis as quickly in the treatment phase as possible
- The co-ordination of care across the entire pathway for families
- Investment in local respiratory services to support families.

39.5 The Board noted these four actions. Mrs Davies said that some of these actions were now being embedded through teaching and education and she thanked Mr Nick White and Mrs Alison Bussey for taking them forward through the Clinical Senate and the wider clinical community.

39.6 The Chair thanked the family and asked for comments from the Board. Dr Ian Chan said that there were still gaps in terms of service for Spirometry testing. Dr Julian Povey said that there were questions to be asked over the length of waiting times for investigations to be concluded, as well as decisions to be made around what services should be managed locally and what services should be distanced through networks of other providers. He said STW ICS needed to have discussions about how to achieve a high-quality respiratory service across the County.

Mrs Davies said that some Spirometry testing would be done through the Community Diagnostic Hub and the new hub in Telford. However, there was still a need for access to Spirometry diagnostic tools through primary care surgeries as well as big centres to diagnose IPF and other respiratory conditions. Mrs Davies added that access to these tools was particularly important because of the increase in respiratory conditions which was a key activity demand area.

39.7 The Chair said that he found patient's stories moving, fascinating and incredibly insightful and that he wanted to ensure that any action points committed to from these stories were not forgotten. He asked Mr. Whitehouse to think about how to put in place a feedback loop back to the Board on progress on any action points committed to from each story. Mr Meredith Vivian commented that this would start to give the Board an extra level of insight from a patient's perspective.

The Chair suggested, for example, that this could be done by appending a brief follow-up note with progress on committed to actions from each future story. In the case of Paul's story, a briefing note on the four action points referred to in 39.4 above. The Chair asked Mr Whitehouse to organise these with Chief Executives.

Action: Mr Whitehouse to organise brief follow-up notes on the committed to action points in each future Resident's Story to be appended to the Board Minutes. In the case of Paul's story, the action points being the four points referred to in 39.4 above. Mr Whitehouse to arrange this process with Chief Executives.

- 39.8 The Chair said that diagnostics as part of the community primary care interface was a particularly important piece of work to be incorporated into the Integrated Care Strategy.

Action: Mrs Nicola Dymond to incorporate diagnostics into the Integrated Care Strategy.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the presentation and APPROVED the actions stated above

Waiting times for hospital treatment

- 39.9 Mr Gareth Robinson updated the Board concerning waiting times for elective surgery. He said that the System was on track for delivering the planned improvements post-pandemic, with both providers reporting that they are on track in terms of the operational plan for delivery.
- 39.10 Dr Julian Povey challenged whether the key providers were actually on track and referred to cancelled operations resulting in waiting periods of up to two years. He said he was concerned about the damaging impact on people's lives of long waiting times and said that he thought that the System was a long way short of what would be regarded as a reasonable service. Mr Robinson said that where the System sat today, compared to where the System was three years ago, was clearly very different and he acknowledged that clearing the backlog of patients waiting for treatment was a massive challenge for all parts of the System.
- 39.11 Mr Robinson added that the System's key aims concerning the backlog of patients waiting for treatment were (a) clear the 104 week waits by the end of this calendar year (with the System was on track to achieve that with only a very small proportion still waiting) and (b) clear the 78 week waits by the end of March 2023.

Mr Robinson acknowledged that there were unbelievably long waits compared to where the System was pre-pandemic but said that the capacity now in place, as we rebuild and recover, is where we expect it to be. Dr Povey acknowledged that the System was taking significant action and that STW ICS was not in any different position to other systems, but he was concerned about a lack of openness and communication around the length of waiting times.

- 39.12 Mrs Louise Barnett said she recognised the challenge Dr Julian Povey was describing in terms of the impact on people's lives. She said SaTH was committed to achieving the standards in place around being seen within 78 weeks and 104 weeks but said that further actions would need to be taken to achieve those standards, for example, to bring forward appointment dates. She said a capacity review was currently being carried out looking at the pressures across specialities, as well as a piece of work to work more closely with Primary Care because ultimately SaTH recognised that such long waits were not acceptable. Dr Ian Chan added that data showed that in terms of benchmarking outpatients appointments against other regions, that STW were not out of step with other regions of the UK.

Minute No. ICB 30-11.040 Strategic System Oversight - CEO Update

Mr Simon Whitehouse presented the paper and highlighted the following:

- 40.1 Part 1 a generic update on activities at national and local level, the CEO Business Update and Part 2 containing a detailed progress report on ongoing development of the Integrated Care Strategy.
- 40.2 The September 2022 NHS England Feedback letter relating to the last Quarterly System Review Meeting that sets out where the System was from an oversight position including the challenges and successes in the System. The Board noted the next Quarterly System Review Meeting would be on 7 December 2022.
- 40.3 Mr Whitehouse said that at the time of writing National Guidance on Hospital Discharge Funding had not been received. Mr Whitehouse assured the Board that STW was in detailed conversations with both Local Authorities and NHS providers in terms of both access to the funding that had been identified and, as importantly, how to ensure that a difference was made to local people in terms of their flow and discharge through hospitals into the right place, so that they were cared for in the right manner. He said that there was absolute commitment in all parts of the System to joint working across Health and Social Care and Local Authorities to support hospital discharge in a safe manner that managed people being looked after in their normal place of residence, for as long as possible.
- 40.4 The Area SEND Re-visit Inspection took place on 21 November 2022 to determine whether the local area had made sufficient progress in addressing the areas of significant weakness. Mr Whitehouse said that he wanted to thank the Local Authorities, the NHS and the Board for their significant efforts in completing the assessment and that the report would be received in due course.
- 40.5 Palliative Care Assessment Outcomes by NHSE: Progress had been made in a positive way.

- 40.6 National Oversight Framework Q2 Review: Mr Whitehouse referred to Appendix C containing correspondence from NHS England setting out the decision on the ICB and providers, confirming that the vast majority of the proposals had been accepted. Mr Whitehouse said that work was continuing with NHS providers and with NHS England on the Q3 process. He confirmed that in relation to Robert Jones and Agnes Hunt Foundation Trust, a decision had been made to not accept the recommendation from the ICB of them moving from NoF 3 into NoF 2. From a System perspective this was disappointing but he would be working with Robert Jones and Agnes Hunt Foundation Trust and NHS England to fully understand that decision.
- 40.7 Dr Ian Chan referred to the letter from Fran Steel regarding the financial impact caused by the high use of the independent sector in relation to Ophthalmology services. The Board discussed the backlog in Ophthalmology services and highlighted the significant amount of activity that was being undertaken, but was still not tackling the backlog. The Chair said that it was important that as many patients as possible could benefit from that kind of opportunity but felt quite strongly that it could not be at any cost. He said that reducing long waits and controlling costs were diametrically opposed and would need to be managed carefully in the future.
- 40.8 Mr Roger Dunshea asked about System capacity to actually enable hospital discharge to happen more quickly. Mr Whitehouse invited the Local Authorities and Community colleagues to participate in the discussion. Mr Whitehouse said that both Local Authority and Community Services had the capacity that the funding made available and that the hospitals were full, with Community Services and Local Authority services under significant pressure. Mr Whitehouse confirmed that the key priority was to focus on those patients with 'no criteria to reside' in the hospital system.
- 40.9 Mr David Sidaway said that the System had been underfunded for many years, especially discharge funding and he wanted to highlight that the recent allocations would not deliver the same level of discharge that had been enjoyed over recent times, meaning, that there was a real challenge to get to the end of the financial year.
- 40.10 The Chair said that there now seemed to be a willingness for the Local Authorities and the NHS providers to look at all of the resource together and ask whether the System was allocating against real priorities. He said that it was important to look at the total resource available in the System and not just the incremental element in order for STW ICB to squeeze every last bit of efficiency out of the totality of the resource available.

NHS Shropshire, Telford and Wrekin is asked to:

- Note the detail provided in Part 1 of the report
- Note the detail provided in the update for hospital discharge funding
- Note the update regarding the SEND Ofsted inspection
- Note the feedback regarding Palliative Care assessment outcomes by NHSE
- Note the outcomes of National Oversight Framework Assessment for Q2.

RESOLVE: NHS Shropshire, Telford and Wrekin Board Members NOTED the contents of the report.

Minute No. ICB 30-11.041 Strategic System Oversight - Integrated Care Partnership Progress Report

Mrs Nicola Dymond presented the paper and highlighted the following matters:

- 41.1 The proposed amendments to the Integrated Care Partnership (ICP) Terms of Reference as outlined in Appendix 1 submitted for approval.

Integrated Care Strategy

- 41.2 The discussions from the first meeting of the ICP on 5 October, in Telford and chaired by Councillor Lezley Picton, had been very productive. Mrs Dymond outlined the development work for the ICP Integrated Care Strategy and said that the time frame to move it forward was relatively tight. She confirmed that the ICP would meet on the 21st December for a second meeting for the purpose of receiving the interim Integrated Care Strategy document. She added that the Integrated Care Strategy document would change as the ICP moved through further joint assessments and as it understood population health assessments in local areas. She stressed that it was an interim document that would lay out the key strategic vision for the System and would lay the foundation for the work for the 5 Year Development Plan.

- 41.3 The following comments were made:

- Mrs Davies said that it was fundamentally important that this development exercise was not just seen as 'paper sharing' because the Integrated Care Strategy and Five Year Plan had to be overseen by and owned by clinical and organisational leaders within STW from the outset.
- Mr Roger Dunshea emphasised sharing early thinking and acceptance of difficult decisions around priorities.
- Mr Meredith Vivian added that the Integrated Care Strategy should be informed and owned by the population, rather than one that the population merely responded to.
- Mr Whitehouse asked Mrs Bussey and Mr White to also make sure there was clinical and professional input, oversight and ownership of the clinical strategy by socialising it across partners.

- 41.4 Mrs Dymond said that the Five Year Plan would be a significant piece of work with wide engagement and consultation in the Christmas to March period. She confirmed that extensive engagement on the Five Year Forward plan and the IC Strategy had already begun and would continue until sign off in late March 2023. The ICB noted the timeline provided. It was also noted that an ICP Working Group had been formed, with representatives of Healthwatch, that would help to pull pieces of the Strategy together. Mr Whitehouse assured the Board that the submission to be made later in the financial year would be one that the local population would recognise and say they had an input in coproducing.

- 41.5 The Chair said it was important to orchestrate activities between now and the 21st December to help the ICP have the richest possible discussions on that date. He

said that he was nervous about the degree of population input currently taking place and lack of involvement by the third sector.

- 41.6 The Chair asked Mrs Dymond to circulate to the ICB the interim Integrated Care Strategy document and a detailed Programme of Work for the Integrated Care Strategy process at the same time as it was circulated to the ICP.

Action: Mrs Nicola Dymond to circulate to the ICB the interim Integrated Care Strategy document and a detailed Programme of Work for the Integrated Care Strategy process at the same time as it was circulated to the ICP.

Action: Mrs Bussey and Mr White to also make sure there was clinical and professional input, oversight and ownership of the clinical strategy by socialising it within their teams within the relevant time frame.

NHS Shropshire, Telford and Wrekin is asked to:

- Approve the proposed amended Integrated Care Partnership Terms of Reference as recommended by the Integrated Care Partnership
- Note the update from the first ICP Board Meeting on 5 October 2022
- Note the update on the development of the Integrated Care Strategy

RESOLVE: NHS Shropshire, Telford and Wrekin Board Members APPROVED the proposed amendments to the Integrated Care Partnership Terms of Reference and NOTED the content of the report.

Minute No. ICB 30-11.042 Strategic System Oversight - Primary Care Update - GP Access Report

The Chair introduced Mrs Claire Parker, Director of Partnership and Place to the meeting. Mrs Parker presented the GP Access Report covering GP access performance.

- 42.1 Mrs Parker said that she wanted to highlight three key points in that report which were:

- The increased demand for Primary Care
- The workforce issues that Primary Care faced
- The Primary Care Networks and the Fuller Report

Access to GP Appointments

- 42.2 The STW ICB discussed patient access to GP surgeries. Cllr Andy Burford emphasised that access to GP services was of paramount importance to residents. He said that there was no issue of greater importance raised when he spoke to the public. He said that he recognised the demand and capacity issues as well as the anger and frustration taken out on GP practices and said that these things should start to be addressed as a priority. Mr Burford made reference to the first response the public had from the call handler, the training those people received and their pay, as well as the ability to properly triage calls, all of which he said, were crucial to start looking at things from a patient perspective.

42.3 Mr David Sidaway added that 'barriers' to access GP surgeries created a different range of problems. He also emphasised that the high level of population growth in Shropshire, Telford and Wrekin and the effect on surgeries would not be solved by Section 106 in terms of funding. He said that there were different models that could be delivered and foresaw further problems continuing with the status quo.

42.4 The Chair referred to the PCCC Urgent Review of Telephone Access at GP surgeries and said that the Board should have sight of the agreed improvement plan and timeline so that it could see the proposals and plans for implementation.

Action: Mrs Claire Parker to circulate to the Board the PCCC GP improvement plan and timeline relating to the Telephone Access Review, for information.

NHS Shropshire, Telford and Wrekin is asked to:

Note the update in the GP Access Report

RESOLVE: NHS Shropshire, Telford and Wrekin Board Members NOTED the content of the report.

Minute No. ICB 30-11.043 Strategic System Oversight - Clinical and Care Multi Professional Leadership Update

Mrs Alison Bussey presented the Clinical and Care Multi Professional Leadership Chair's report, updating the Board with a summary of NHS STW clinical and care leadership arrangements, work to date and work planned.

Escalation procedure from the Clinical and Care Multi Professional Leadership (CCMPL) Group to STW ICB

43.1 Dr Catriona McMahon asked whether there was a formal procedure for escalating urgent topics raised at the CCMPL Group to the STW ICB. Mrs Bussey said that Mr Nick White and herself would be escalating good ideas particularly those around urgent and emergency care issues but that a more formal procedure would be useful to effect any changes needed more quickly.

43.2 The Chair said that although the CCMPL Group was not a Committee of the Board, it was in effect it's clinical advisory forum. He said that he did not want it to become a formal Committee of the Board but that the Board should put in place a process whereby the minutes or actions from CCMPL meetings were reported to the STW ICB to give professional staff a voice. The Chair asked Mrs Bussey and / or Mr White to discuss and put in place an escalation procedure from the CCMPL Group to the ICB with Alison Smith.

Action: The Chair asked Mrs Bussey and / or Mr White to discuss and put in place an escalation procedure from the CCMPL Group to the Board with Alison Smith.

NHS Shropshire, Telford and Wrekin is asked to:

Note the update in the Clinical and Care Multi Professional Leadership report

RESOLVE: NHS Shropshire, Telford and Wrekin Board Members NOTED the content of the report.

Minute No. ICB 30-11.044 System Governance and Performance - ICS Performance Report

Ms Nicola Dymond presented the Integrated Performance report and explained the focus on improved reporting. The following comments were made in relation to that report:

- 44.1 Mrs Dymond said that the Quality and Performance Committee had approved a schedule of 'deep dive' reports into specific areas to address detailed questions where more assurance was required.
- 44.2 Operational and Urgent Care Performance: Mr Gareth Robinson referred the Board to three areas of performance:
- Urgent Emergency Care portfolio continued to be really challenged.
 - NHS STW continued to be one of the most challenged Systems for ambulance handover times and remains in national escalations.
 - The huge amount of work being done by all System partners in two key areas. First, the Push Model described at the last Board meeting had now been embedded at sites which was having a material beneficial impact on ambulance offloads. Second, concerning elective care, the key target of 104 week waits is on track with operational plan and slightly off-track on the 78 week waits trajectory.
- 44.3 The Board noted that for daycase, elective and non-elective:
- Activity was marginally lower than plan
 - Attendances at A&E were about 10% higher than 2019/20
 - Number of patients that had a length stay longer than 21 days had doubled in terms of bed occupation from what was expected. This resulted in patients, on average, staying three days longer than they had done in 2019/20.

SaTH

- 44.4 Mrs Louise Barnett said that although SaTH continued to be under significant pressure, measures had been taken to open up additional space to accommodate more patients and that SaTH was now discharging patients more quickly, with a focus on discharging more patients before midday.
- 44.5 Dr Julian Povey raised the issue of asking patients to make their own way to hospital rather than wait for an ambulance, saying that it was a difficult decision to make, balancing the risks of the patients staying at home for 6-8 hours against the risks of getting them into a car and a family member driving them. He said that this was a national problem and suggested, for instance, the introduction of a publicly available facility that would show live data capacity at emergency departments and signposting patients to other available options e.g. minor injuries units, pharmacy. Mr Robinson said that he would consider such a facility and also referred to the pilot currently in place at Princess Royal Hospital Telford that had a similar objective.

Action: Emergency Department Capacity live data. Mr Robinson to consider the introduction of a publicly available facility that would show live data capacity at

emergency departments and signposting patients to other available options e.g. minor injuries units, pharmacy and to report back to the Board.

- 44.6 The Chair acknowledged all the hard work and initiatives being carried out but said that fundamentally there was still a big underlying problem for urgent and emergency care or long waits for medical treatment. He said that the first two weeks in January were always very difficult in all integrated care systems and that this period, therefore, needed urgent and focused action now to draw together the great ideas we already had, so that the STW ICB could have a stronger sense of assurance, collectively, and for patients to have a safer passage this Winter through improved access to services.

Finance

- 44.7 Mrs Claire Skidmore introduced the finance section and reported a System deficit year to date of £33m, with £14m adverse to plan. She commented that all would agree that this is not acceptable and that we do want to do better against plan, but we have all heard today about the drivers for System expenditure. The Board noted that the forecast position showed a small deviation from out turn plan driven by Covid 19 costs.
- 44.8 Mrs Skidmore advised the Board that there was a National protocol for considering and agreeing changes to forecast plan and that discussions were taking place at regional and national level so that the drivers to expenditure could be discussed and solutions found to bring back expenditure to plan over the medium to long-term and to reiterate that the financial position could certainly not be solved in twelve months.
- 44.9 Dr Povey asked about System risk. Mrs Skidmore said that the net risk position was currently more than £30m and that as far as she understood, the System did sit very much apart from other similar systems relative to the size of deficit. She said that a multi-year approach had to be taken to financial recovery.
- 44.10 The Board acknowledged that prioritisation and integration were the keys to transformation and Mr Whitehouse said that the clinical and professional leadership had to drive the integration agenda to deliver the savings to the scale required.
- 44.11 Ms Nuala O'Kane emphasised the negative knock on effect to the overall System of the increase in the length of stay of a person medically fit for discharge / with no criteria to remain and said that solving this problem was also the key to financial recovery.

The Board is asked to note the current integrated performance of the System in this summary and the on-going challenges with our System's operational performance and associated risks with our financial performance and workforce. For elective/cancer recovery the Board is asked to receive assurance that all operational actions that can be done are being done. For UEC, progress is being made with the improvement plan with the impact of the acute floor completion expected in December and enhanced monitoring will be in place from December to track the direct impact of specific actions.

In addition, the Board is asked to approve the following developments of this report:

- To work with System Partners to provide additional intelligence on specific risks and issues
- To draw the links between emergent performance issues and resource issues, both financial and people, whilst ensuring quality of care remains a priority.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the above developments.

Mrs Louise Barnett left the meeting.

Minute No. ICB 30-11.045 System Governance and Performance - Amendments to ICB Constitution and Governance Handbook

Mrs Nicola Dymond presented the paper Amendments to ICB Constitution and Governance Handbook.

45.1 The Board noted the following points:

- That some Committees had not yet had an opportunity to meet and so some additional changes may be presented to the next meeting of the Board in January
- Changes to the Constitution, once approved by the Board must be submitted to NHS England for ratification
- The Board has the ability to approve changes to the Governance Handbook, without any further ratification needed from NHSE; and
- Some changes to Finance Committee Terms of Reference were approved at the September Board meeting

NHS Shropshire Telford and Wrekin is asked to:

- approve the proposed amendments to the Constitution outlined in the report and shown as tracked changes in Appendix 1 for onward recommendation to NHS England for ratification
- approve the proposed amendments to the Committee Terms of Reference as shown as tracked changes in the Governance Handbook; and
- note the changes made to the Finance Committee's terms of reference following approval at the 29th September Board meeting
- note the insertions of the West Midlands ICBs Joint Committee Terms of Reference, commissioning framework and delegation into the Governance Handbook, following its approval of the content of these documents at the 29th September Board meeting.

RESOLVE: NHS Shropshire Telford and Wrekin Board Members APPROVED the amendments to the Constitution and Committee Terms of Reference and NOTED the remaining matters

Minute No. ICB 30-11.046 System Governance and Performance - Committee Reports -

46.1 Finance Committee Chair's Report - 28th September 2022

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Professor Trevor McMillan presented the report and highlighted the following:

- That it had been frustrating not to have been in a position to actually describe very well the mitigations that the Committee had been trying to put in place over the course of the year, some of which are still not signed off. He said that better progress had to be made next year.
- That the financial position would not be solved if it was looked at on a year-by-year basis. Professor McMillan said it was a big commitment to produce a Five Year Financial Plan alongside next year's budget process but that there would be an outline set of numbers in March, albeit baseline numbers, for wider discussions around how the System would change.

NHS Shropshire Telford and Wrekin Board noted the report.

46.2 Quality and Performance Committee Chair's Report - 28th September 2022

Mr Meredith Vivian presented the report and highlighted the following:

- That the Committee was focused on System risk around quality and performance asking difficult questions around gaps in control and assurance with a series of deep dives. Mr Meredith said each month the Committee was really focused on difficult areas and reporting on those difficult System-wide issues.
- That there had been two additional risks raised as recommended to the risk register as follows: (1) lack of anaesthetic support to dental services and (2) delays in receipt of imaging reports.
- That NHS STW had fallen below the national target for Dementia Diagnosis set at 66.67% and that there was an action plan to bring the rate back up from 59.50%.
- Diabetes Transformation had been identified as high risk because of the serious deficit in the diabetes programme that raised issues of inequalities that concerned the Committee. He said that he understood that a submission had been made to the Investment Panel to fund provision for continuous glucose monitoring in accordance with NICE guidelines but that the Investment Panel had not supported that submission. Mr Vivian asked how the Investment Panel fitted into the overall structure of the ICB.

Investment Panel

Mr Nick White outlined to the Board the operation of the Investment Panel and confirmed that the Investment Panel did not allocate money but made decisions of priority against business cases in the System. Mr White said that as a result of the financial constraints that an investment in one thing effectively meant a disinvestment in something else.

Mr White confirmed that the Investment Panel reported to the Integrated Delivery Committee. Mr Vivian asked for confirmation that this was the case and the Chair asked Mr Robinson to confirm the reporting line from the Investment Panel to the

Integrated Delivery Committee and to check that the terms of reference were clear within the governance structure.

Action: Mr Gareth Robinson to confirm the reporting line from the Investment Panel to the Integrated Delivery Committee and to check that terms of reference were clear within the governance structure.

NHS Shropshire Telford and Wrekin Board noted the report.

46.3 Integrated Delivery Committee Chair's Report - 7th November 2022

The Integrated Delivery Committee Chair's report from the meeting held on 7th November 2022 was received.

NHS Shropshire Telford and Wrekin Board noted the report.

46.4 System People Committee Chair's Report - 14th September 2022

Dr Catriona McMahon presented the report of the System People Committee meeting held on 14th September.

NHS Shropshire Telford and Wrekin Board noted the report.

46.5 Primary Care Commissioning Committee Chair's Report - 7th October 2022

The Primary Care Commissioning Committee Chair's report from the meeting held on 7th October was received.

NHS Shropshire Telford and Wrekin Board noted the report.

46.6 Remuneration Committee Chair's Report

Professor Trevor McMillan said that there was no written report submitted to this November meeting but that he would submit one to the next ICB meeting concerning rewards to senior managers.

NHS Shropshire Telford and Wrekin Board noted the report.

The Chair closed the meeting at 5pm.

Date and Time of Next Meeting: Wednesday 25 January 2023, 2pm - Telford TBA

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**NHS Shropshire Telford and Wrekin
Integrated Care Board**

Actions Required from ICB Meeting Wednesday 30th November 2022

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 30-11-034.5 Industrial action across the NHS	To keep the ICB appraised of developments	Alison Bussey	Ongoing	Verbal update
Minute No. ICB 30-11-037.2 Population Health Management Program of Work	To present a written report to the 29 March 2023 ICB on the Population Health Management Program of Work as well as the Planning Update and Prioritisations for 2023/2024	Simon Whitehouse	29 March 2023	ICB 29-03-23 Agenda
Minute No. ICB 30-11-037.3 HTP Updates	To circulate HTP updates regularly to the ICB and attendees	Louise Barnett	Ongoing	ICB 25-01-23 Agenda
Minute No. ICB 30-11-037.4 Recruitment for Chief People Officer	To keep the ICB updated with recruitment progress	Simon Whitehouse	Ongoing	Verbal update
Minute No. ICB 30-11-037.5 Waiting Times	To circulate the 'document to patients communicating waiting times'	Gareth Robinson	As soon as possible	Circulated to ICB 11 January 2023
Minute No. ICB 30-11-037.5 System Governance and Performance: Integrated Performance Report	Include an update on long waits and outliers for medical treatment as a standing item in the Integrated Performance Report presented to each ICB meeting	Gareth Robinson	From 25 January 2023	Integrated Performance Report
Minute No. ICB 30-11-039.7 Progress with actions from Resident's stories	Organise brief follow-up notes on committed to action points in each future Resident's story to be appended to Board Minutes. Mr Whitehouse to arrange the process with Chief Executives	Simon Whitehouse	From 30 November 2022	Follow up notes process to be agreed

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 30-11-039.8 System Strategic Oversight: Integrated Care Strategy	Incorporate diagnostics as part of the community primary care interface into the Integrated Care Strategy	Nicola Dymond	As soon as possible	ICB 25-01-23 Agenda
Minute No. ICB 30-11-041.6 Integrated Care Strategy	Circulate to the ICB the interim Integrated Care Strategy document and a detailed Programme of Work for the Integrated Care Strategy process at the same time as it was circulated to the ICP.	Nicola Dymond	As soon as possible	Circulated to ICB 9 January 2023
Minute No. ICB 30-11-041.6 Integrated Care Strategy	Ensure clinical and professional input, oversight and ownership of the Clinical Strategy by socialising it in own teams within the relevant timeframe	Alison Bussey / Nicholas White	31 March 2023	In progress
Minute No. ICB 30-11-042.4 GP Access Report	Circulate to the ICB the PCCC GP improvement plan and timeline relating to the Telephone Access Review	Claire Parker	When available	ICB 29-03-23 Agenda
Minute No. ICB 30-11-043.2 Escalation procedure from Clinical and Care Multi- professional Leadership Group (CCMPL) to ICB	Discuss with Alison Smith and put in place an escalation procedure to the ICB	Nicholas White	25 January 2023	Complete 14-12-22 Direct escalation route from CCMPL to ICB agreed. To be added to CCMPL Terms of Reference.
Minute No. ICB 30-11-044.5 SaTH. Emergency department live capacity data for patients	Consider the introduction of a publicly available facility showing live capacity data at emergency departments and signposting patients to other available options eg MIU	Gareth Robinson	25 January 2023	Verbal Update
Minute No. ICB 30-11-046.2 Investment Panel	Confirm the reporting line from the Investment Panel to the Integrated Delivery Committee (IDC) and check that terms of reference are clear within the governance structure	Gareth Robinson	25 January 2023	Complete 19-12-22 The reporting line for the Investment Panel is into the IDC. This is included within the Terms of Reference of both the Panel and Committee.

Actions Required from ICB Meeting 28th September 2022


Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
28 September 2022 Minute No. ICB 28-09.017 Matters arising and action list from previous meetings	Population Health Management – CEOs were seeking resources to deliver the program. This has now been debated and next steps discussed.	Simon Whitehouse	30 November 2022	ICB 29-03-23 Agenda
28 September 2022 Minute No. ICB 28-09.019 Residents Story: Musculoskeletal pathway	<p>Ms Keegan to discuss with Anne Marie about joining the MSK group as a patient representative.</p> <p>Ms Keegan suggested bringing a report/paper back on MSK Transformation to November's Board for a broader discussion</p> <p>Circulate document for information around communication to patients around waiting times.</p> <p>Analysis and look at any actions that need to be taken collectively to understand how diagnostic waiting times in areas that are not included in national/regional performance management can be improved.</p>	Stacey Keegan	30 November 2022	<p>Complete</p> <p>ICB 29-03-23 Agenda</p> <p>Complete – Agenda – Planned Care Delivery Board</p>

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
28 September 2022 Minute No. ICB 28-09.020 Interim CEO update	Integrated Care Strategy Mr Simon Whitehouse and Mrs Nicola Dymond to circulate to Board the timeline for final version of the Integrated Care Strategy to be published.	Simon Whitehouse and Nicola Dymond	30 November 2022	Circulated to ICB 9 January 2023
28 September 2022 Minute No. ICB 28-09.020 Interim CEO update	Health and Wellbeing Hub in Shrewsbury Mr Simon Whitehouse to circulate to Board exact date in 2023 for final version to be published. Mr Nigel Lee to produce a briefing on HTP for next Board	Simon Whitehouse Nigel Lee	30 November 2022	ICB 29-03-23 Agenda ICB 25-01-23 Agenda
28 September 2022 Minute No. ICB 28-09.023 People Services and Functions	It was agreed to add Progress with People Plan and Workforce Big Ticket programme to the agenda for January Board	Tracy Hill	25 January 2023	ICB 29-03-23 Agenda
28 September 2022 Minute No. ICB 28-09.026 Committee Reports	System Governance and Performance – Board Assurance Framework Mrs Nicola Dymond to lead on this piece of work which will go through Audit Committee and then presented at future Board, so the Board Assurance Framework is aligned to the strategic priorities	Nicola Dymond	25 January 2023	ICB 29-03-23 Agenda

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Integrated Care Board

Agenda item no.	ICB 25-01.054
Meeting date:	25 th January 2023
Paper title	ICB CEO Update Report
Paper presented by:	Simon Whitehouse, ICB Chief Executive
Paper approved by:	Simon Whitehouse, ICB Chief Executive
Paper prepared by:	Melissa Asbury, Business Manager to the ICB Chief Executive
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable
Action Required (please select):	
A=Approval	<input type="checkbox"/>
R=Ratification	<input type="checkbox"/>
S=Assurance	<input checked="" type="checkbox"/>
D=Discussion	<input type="checkbox"/>
I=Information	<input checked="" type="checkbox"/>
Previous considerations:	West Midlands Office of the ICBs presented in September 2022

1. Executive summary and points for discussion

The purpose of this paper is to share with Board members an update across several business areas that are not reported elsewhere in the agenda.

The first part of the paper provides a generic update on activities at both a national and local level (CEO Business Update) and this is set out in full in the main body of the report.

The second part then provides a detailed progress report on the ongoing development of the ICS and its services. This second section is broken down into six parts:

- A. UEC update including Industrial Action**
- B. Primary Care challenges**
- C. Creation of Office of the West Midlands for ICB CEOs**
- D. ICS Strategy update**
- E. POD Delegation Update**

A. UEC update including Industrial Action

This section provides an update as to the current position with Urgent and Emergency Care and actions being taken to mitigate Industrial Action which is ongoing.

B. Primary Care challenges

This section provides an update as to current Primary Care pressures and challenges, and the actions being taken to support General Practice.

C. Creation of Office of the West Midlands for ICB CEOs

This section provides an update following the decisions of the Chief Executives of the 6 ICBs across the West Midlands to formally establish an Office of the West Midlands to work on their behalf.

D. ICS Strategy Update

This section provides an update as to the strategic planning work being undertaken to develop the Integrated Care Strategy and preparations for a final version which is due by the end of March 2023.

E. POD Delegation

This section provides an update as to the POD Delegation from NHSE, with a formal governance update later on in the agenda.

Which of the ICB Pledges does this report align with?

Improving safety and quality	x
Integrating services at place and neighbourhood level	x
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	x
Enhanced engagement and accountability	x
Creating system sustainability	x
Workforce	X

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Integrated Care Board is asked to:

- Note the detail provided in part one of this report
- Note the detail provided in the update for Urgent and Emergency Care
- Note the update around Primary Care challenges and pressures
- Note the update and paper regarding the further development of the Office of West Midlands ICB's
- Note the update of the development of the Integrated Care Strategy for STW
- Note the POD Delegation operational update

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

None

4. Appendices

Appendix A – QSRM Feedback letter December 2022

Appendix B - West Midlands ICB Joint Arrangements - Office of the West Midlands

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Please see Section 3
Quality and Safety	Please see Section 3
Equality, Diversity, and Inclusion	
Finances and Use of Resources	Please see Section 3
Regulation and Legal Requirements	Please see Section 3
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	Please see Section 3

Action Request of Paper:	<ul style="list-style-type: none">• Note the detail provided in part one of this report• Note the detail provided in the update for Urgent and Emergency Care• Note the update around Primary Care challenges and pressures• Note the update and paper regarding the further development of the Office of the West Midlands ICBs• Note the update of the development of the Integrated Care Strategy for STW• Note the POD Delegation operational update		
Action approved at Board:			
If unable to approve, action required:			
Signature:		Date:	

Meeting:	ICB BOARD MEETING
Meeting date:	25 January 2023
Agenda item no.	ICB 25-01.054
Paper title	ICB CEO Update Report

PART 1: CEO BUSINESS UPDATE

- 1.1 On the 7th December 2022, system colleagues took part in the Quarterly System Review Meeting (QSRM) with colleagues at NHSE/I. There was challenge as to current performance in a number of areas during the session, however good system working was recognised alongside the impact of UEC pressures. The full feedback letter is provided as **Appendix A** to this paper. The regional team gave positive feedback on several areas including –
- Progress at SATH and RJAHH with 104ww for elective care
 - Covid and flu vaccination rates remain good
 - Maternity at SATH noted to be on a ‘visible improvement journey’
 - System safeguarding and End of Life Care services both RAG rated as green and/or undergoing significant improvement
- 1.2 There remain challenges, well known in the system, which are identified in the response regarding elective care, cancer, access to primary care face to face appointments and finances. We continue to work positively with both regional and national NHSE colleagues and are in regular dialogue regarding the above with ongoing actions for the system. The next QSRM meeting is 29th March 2023.
- 1.3 There have been a number of visits and wider system conversations that have taken place since the last Board meeting. However, the UEC pressures have impacted across our system, and during times of critical incident, meetings and events have been stood down or postponed to enable all colleagues to support clinical and operational teams.
- 1.4 It is important that I place on record my personal thanks and gratitude to all our health and care colleagues across our system that have supported the ongoing delivery of care in challenging circumstances. I chaired all the system gold meetings throughout this period and across the seven-day period and was continually impressed with the partnership approach demonstrated and the willingness of colleagues to go that extra mile to help others and to help local residents. It has become clear that relationships have strengthened over this time and that gives me greater confidence that we can collectively tackle some of the long-standing challenges that we face.
- On the 7th December, a Winter Flow Summit was held with all systems partners to discuss current actions and further potential mitigations to support flow and discharge across STW. This was a positive and helpful event, with ongoing actions supporting UEC pressures which are ongoing.
 - On the 15th December I presented at the MPFT Board Development Session. It was a positive and constructive session where we explored the challenges of the current mental health provision across the geography

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- Board Members and Executives from NHS STW and STW ICB were able to join Board colleagues at Shropcom on the 5th January for a Board-to-Board session. The session had good discussion, with plans for ongoing dialogue and with a clear commitment to continued system working. Board to Board sessions are planned, or being planned, with the other providers in our system soon.
- Colleagues and I attended a briefing with MP colleagues from STW on the 20th January and were able to update on a number of key areas including UEC and Ambulance handover delays, HTP and LCP and finance issues.
- Sir Neil McKay and I met with the Chair and CEO of the West Midlands Ambulance Service (WMAS) to discuss the ongoing Urgent and Emergency Care pressures and how we can work together to improve the local situation.
- On the 18th January 2023 Sir Neil and I met with Maria Caulfield MP (Parliamentary Under Secretary of State for Health and Social Care). This was a constructive meeting and is planned to be the first of several with the DHSC ministerial team. We took the opportunity to highlight the importance of the Hospital Transformation Programme, the Local Care Programme and the challenges of the winter period on all health and care services. We asked that the Government worked constructively with the NHS Trade Unions to find a resolution to the current industrial action.

1.5 I continue to spend time with our local general practice colleagues, and as a system we continue to discuss the developments and opportunities for the Shrewsbury Health and Well Being Hub. My thanks to the Dr Tim Lyttle and the Churchmere Medical Practice team, and Dr Sophie Tuft and colleagues at Stirchley Medical Practice for their warm welcome and hospitality. I have also been able to attend Information Drop-in on Industrial Action Feedback for GP Practice sessions which have received positive feedback.

1.6 I am delighted that our system has supported a number of successful appointments into key roles within our system. My congratulations to Stacey Keegan who is substantively appointed to the CEO role at RJA and Dr John Jones now substantively appointed to Medical Director at SATH. Chief People Officer recruitment remains work in progress, and I am grateful to Tracy Hill for her ongoing support in this area whilst the appointment process is worked through.

PART 2: INTEGRATED CARE SYSTEM DEVELOPMENT

A. UEC Update including Industrial Action

Shropshire, and Telford and Wrekin, have continued to see UEC pressures with system critical incidents being called on two occasions since December 2022. The details of UEC performance are detailed further down in the agenda, but the transformational agenda continues to be critical to the de-escalation of these pressures. Three key areas include:

1. **Adult Social Care Discharge Fund** – It is anticipated that the utilisation of the £5.2m Adult Social Care discharge fund will increase discharges into social care by **c20 patients per day by March 2023**. It will be critical for STW for this national funding to continue beyond April 2023 to ensure the delivery of this programme. Continued funding will need to come via the Better Care Fund as there will be no discretionary monies available from NHS STW in 23/24 to support hospital discharge.

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2. **Acute Discharge Improvement Plan** – As part of the winter summit a series of initiatives were prioritised including; Acute Floor, Criteria Led Discharge across specialities, 48hr Discharge Plan and MADE (Multi Agency Discharge Event). In the first phase of the system improvement plan it is anticipated that these programmes will deliver an **increase in discharges of at least 10 per day and increasing to 30 per day by May 2024.**
3. **Virtual Wards** – STW currently has **50 virtual ward beds** open, and these are **94% utilised. 34 of these beds are currently being utilised for step down at the time of writing this report.** Virtual Ward capacity will continue to be opened so the system target of 200 beds by Dec 2023 will be achieved. It is anticipated that in this next phase of work, another 30 virtual ward beds will be opened and will provide additional stepdown capacity of at least 15 beds.

At the time of writing, there had been industrial action undertaken for both nursing and paramedic unions with further action planned further into 2023. Gold and Silver tactical and strategic calls to ensure continuation of services have been in place, with EPRR teams supporting to ensure that any potential actions have been mitigated as far as possible. It is important that we continue to support our colleagues, and I am grateful to those teams who have been flexible in their approach so that disruption to patient care has been as minimal as possible.

B. Primary Care Challenges

Strep A and associated illnesses continue to have a significant impact on Primary Care and is dominating workloads. Although the initial surge in cases and worried parents / carers seeking face to face appointments has reduced, demand is still high with increased cases of flu and covid (affecting not just patients but practice staff) so they continue to balance prioritising these appointments over routine/ less urgent work and also to utilise enhanced access appointments to try to manage demand. Unfortunately, even when having implemented these measures practices have struggled to meet the demand.

Funding has been made available to practices from the ICB for additional capacity for December and January to help meet the demand. The system is working up a proposal to access national monies to put in place an Acute Respiratory Infection same day service up to the end of March 2023. This should help to alleviate some of the pressure on A&E and primary care. Shropdoc are leading this piece of work, the limiting factor will be workforce availability. The additional roles that PCNs receive funding for is on track for the target of 200 by March 2023, and this will provide much needed additional capacity.

C. Development of the Office of the West Midlands ICBs

On 9th December 2022 the Chief Executives of the 6 ICBs across the West Midlands met to further develop the ICB Office of the West Midlands to work on our collective behalf. This builds on the detailed update that was presented to the Board back in September 2022. The full details of this are included as **Appendix B** to this paper. In summary:

The office will initially have two key roles:

- 1) To support a consistent and efficient approach to the commissioning of services on behalf of the ICBs. Some of this is already undertaken on a sub-regional

footprint such as ambulance commissioning. The intention is to build on this collaborative approach.

The first phase will involve those services delegated by NHSE/I such as Pharmacy, Optometry & Dentistry (POD) and Specialised Services. This will involve the office setting up an Integrated staff Hub hosted by Birmingham and Solihull ICB to employ the teams being transferred from NHSE/I. This initial phase will involve the POD team being transferred from April 23. Birmingham and Solihull ICB will be providing employment to the team and corporate support only, but the expertise and leadership on POD will be provided by Hereford & Worcester ICB. This will ensure wider leadership and involvement across ICBs and H&W will be the key link for all ICBs and for the region for this function. Secondly, it has been agreed that for Specialised Commissioning the Midlands wide team will be hosted and employed through Birmingham and Solihull ICB from April 24. More work on the arrangements and leadership will take place over the next few months.

- 2) To agree a programme of work and set of priority areas for ICBs to work at scale for the benefit of West Midlands patients. This will again be led by different ICBs to ensure distributive leadership.

D. ICP and ICS Strategy Update

As a statutory committee, jointly formed between NHS Shropshire, Telford and Wrekin and the two local authorities, Shropshire Council and Telford and Wrekin Council, the Integrated Care Partnership (ICP) is responsible for producing an integrated care (IC) strategy on how to meet the health and wellbeing needs of the local population. The draft IC Strategy sets a vision for what the Integrated Care System wants to achieve through greater partnership and collaboration and is built on the health and wellbeing strategies in Place as well as Joint Strategic Needs Assessment (JSNA) data.

In this first and short year of development of the ICP, the Integrated Care Strategy will be considered an interim document, to allow more time to adequately shape the vision and assessment of need. The work, engagement and knowledge of the two STW Health and Wellbeing Boards will be consolidated as the foundation for further ICS development.

The IC Strategy development working group, comprised of ICB, Local Authority and local Health Watch members developed the required draft IC strategy which was presented to the ICP board at its meeting on 21 December 2022. Feedback from the ICP Board on the IC Strategy was positive; it was particularly appreciated that input from key stakeholders, gathered in a workshop in November 2022, had been reflected in the draft strategy.

E. POD Delegation

On 1 April 2023 Shropshire, Telford and Wrekin Integrated Care Board (ICB) will become responsible for the commissioning of community pharmacy, community optometry and NHS dental care services across our system. These services have previously been commissioned and managed by NHS England in the Midlands. However, delegation in April 2023 will allow Shropshire, Telford and Wrekin ICB to consider how those services can best serve our local populations and will be integral to the ongoing development of the system's Integrated Care Strategy.

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Staff at NHS England in the Midlands, who are currently responsible for commissioning and managing these services, will continue to do so as part of the delegation agreement. They will be responsible to a group of ICBs who will come together in committees in common, rather than directly for NHS England. In April 2024, further specialised services such as cardiac and kidney services, currently commissioned by NHS England in the Midlands, will also be delegated to ICBs. This will again enable Shropshire, Telford and Wrekin ICB to shape these services to better fit our local populations, together with the insight of our ICP partners.

This has been a work in progress for two years and at present, colleagues from Shropshire, Telford and Wrekin ICB and NHS England in the Midlands are working together to help smooth the transition, sharing information and data, finance and contracting details, as well as setting up governance and quality procedures. The ICB looks forward positively to working more closely with local pharmacies, optometrists and general dental practices from April and continuing to develop an approach that aligns to the needs of our population.

4. CONCLUSION

The Board is asked to-


- Note the detail provided in part one of this report
- Note the detail provided in the update for Urgent and Emergency Care
- Note the update around Primary Care challenges and pressures
- Note the update and paper regarding the further development of Office of West Midlands ICBs
- Note the update of the development of the Integrated Care Strategy for STW
- Note the POD Delegation operational update

Simon Whitehouse
Chief Executive Officer
NHS Shropshire, Telford and Wrekin

January 2023

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INTEGRATED CARE BOARD

Agenda item no.	ICB 25-01-055
Meeting date:	25 January 2023
Paper title	Integrated Care Strategy (IC Strategy) and Development of Joint Forward Plan (JFP)
Paper presented by:	Nicola Dymond Director of Strategy and Integration
Paper approved by:	Nicola Dymond Director of Strategy and Integration
Paper prepared by:	Sarah Walker, Principal Improvement Consultant, MLCSU Irene Schwehla, Senior Improvement Consultant, MLCSU
Signature:	
Committee/Advisory Group paper previously presented:	
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	<input checked="" type="checkbox"/> D=Discussion
I=Information	
Previous considerations:	None identified.

1. Executive summary and points for discussion

The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community. The ICP has an obligation to develop an integrated care strategy to improve health and care outcomes and experiences for their populations.

There is an expectation for Integrated Care Boards (ICBs) to develop the Joint Forward Plan (JFP). NHS England published guidance regarding the JFP in December 2022.

This report seeks to:

- provide an update on the development of the draft Integrated Care Strategy (IC Strategy)
- provide a summary of guidance on the development of the JFP
- provide information on the Comms and Engagement activities for the IC Strategy and the JFP

Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	X
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	

Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

- Note the update on the development of the draft Integrated Care Strategy (IC Strategy)
- note the summary of guidance on the development of the JFP
- note the information on the Comms and Engagement activities for the IC Strategy and the JFP

Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

3. Appendices

Appendix 1 – Draft IC Strategy version 8.0/ND

Appendix 2 – Summary of the guidance on developing the Joint Forward Plan (JFP)

Appendix 3 – STW Integrated Care Strategy and Joint Forward Plan Development – Engagement Approach Paper

4. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	NHS Shropshire, Telford and Wrekin is required to establish an Integrated Care Partnership as a joint committee with Shropshire Council and Telford and Wrekin Council.
Conflicts of Interest	No implications
Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications

Citizen and Stakeholder Engagement	No implications
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Action Request of Paper:			
Action approved at Board:			
If unable to approve, action required:			
Signature:		Date:	

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Meeting:	ICB BOARD MEETING
Meeting date:	25 January 2023
Agenda item no.	Integrated Care Strategy (IC Strategy) and Development of Joint Forward Plan (JFP)
Paper title	Update on the Integrated Care Strategy (IC Strategy) and Development of Joint Forward Plan (JFP)

1. Background

- a) As a statutory committee, jointly formed between NHS Shropshire, Telford and Wrekin and the two local authorities, Shropshire Council and Telford and Wrekin Council, the Integrated Care Partnership (ICP) is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the local population.
- b) On 23 December 2022, NHS England (NHSE) released guidance providing details and expectations from ICBs for the development of the Joint Forward Plan (JFP).
- c) The approach to communication of and engagement with both, IC Strategy and the JFP, is outlined in the STW Integrated Care Strategy and Joint Forward Plan Development – Engagement Approach, titled '*Shropshire, Telford and Wrekin health and wellbeing conversation*'.

2. Report

- a) The draft IC Strategy sets a vision for what the Integrated Care System wants to achieve through greater partnership and collaboration and is built on the health and wellbeing strategies in Place as well as Joint Strategic Needs Assessment (JSNA) data. The IC Strategy development working group, comprised of ICB, Local Authority and local Health Watch members, has developed this draft strategy. It was presented to the ICB Strategy Committee and the Integrated Care Partnership (ICP) board in their respective meetings in December 2022 – see updated version 8.0/ND as **Appendix 1**.

The draft strategy was published with the papers for the ICP board meeting on 21 December 2022. [ICP board papers](#)

In the meeting of the ICP board the draft strategy was presented by the Director of Strategy & Integration, NHS T&W, and the Directors of Public Health from Shropshire Council and Telford and Wrekin Council.

The ICP board

- noted the content of the paper in which the draft strategy was presented
- agreed the outline approach and timeline
- asked that the ideas and suggestions of the ICP for additional engagement and briefing of key partners as set out in the minutes of the meeting to be taken into account moving forward. Minutes of ICP meetings are published on [ICP board papers](#)

Feedback from the ICP board on the IC strategy will be taken into consideration and the IC Strategy working group will further develop the document. A final version will be brought back to the next ICP board meeting (anticipated to be held mid-March 2023).

- b) On 23 December 2022, NHS England (NHSE) released its guidance for the development of the Joint Forward Plan.

The guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. It also states specific statutory requirements that plans must meet.

See full guidance document [Guidance for the JFP](#)

A summary, listing

- minimum requirements for the JFP
- JFP principles
- Relationship with NHS planning
- Legislative framework for the JFP
- Supporting resources available
- Consultation details
- Actions required of ICBs

is attached as **Appendix 2**.

- c) Edna Boampong, Director of Communications and Engagement, presented a paper on the STW Integrated Care Strategy and Joint Forward Plan Development – Engagement Approach, titled ‘*Shropshire, Telford and Wrekin health and wellbeing conversation*’ to the ICP board in December 2022 and the ICB Strategy Committee in January 2023. The plan provides details on the comms and engagement activities which will take between January and June 2023.


A copy of the paper is attached as **Appendix 3**.

3. Recommendations

NHS Shropshire, Telford and Wrekin is asked to:

- Note the update on the development of the draft Integrated Care Strategy (IC Strategy)
- note the summary of guidance on the development of the JFP
- note the information on the Comms and Engagement activities for the IC Strategy and the JFP

Integrated Care Board

Agenda item no.	ICB 25-01-056
Meeting date:	25 January 2023
Paper title	Hospitals Transformation Programme (HTP) update
Paper presented by:	Nigel Lee, Interim Director of Strategy & Partnership & SRO for HTP
Paper approved by:	Nigel Lee, Interim Director of Strategy & Partnership & SRO for HTP
Paper prepared by:	Nigel Lee
Signature:	
Committee/Advisory Group paper previously presented:	HTP Committee January 2023 HTP Programme Board January 2023
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> X
R=Ratification	<input type="checkbox"/>
S=Assurance	<input type="checkbox"/>
D=Discussion	<input type="checkbox"/>
I=Information	<input checked="" type="checkbox"/> x
Previous considerations:	Not applicable

1. Executive summary and points for discussion

This report provides an update on progress of the Outline Business Case (OBC) for the Hospitals Transformation programme (HTP). The report describes the ICS-Wide context, key drivers, governance framework and the next steps including continued involvement of staff, stakeholders and the public.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	X
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	X
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	X
Workforce	X

3. Recommendation(s)

The Integrated Care Board is requested to:-

- **NOTE** the progress on the OBC and the timetable for 2023.
- **NOTE** the plans for continuous involvement of the public and communities, stakeholders and staff in the development of the detailed plans

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

Failure to deliver the OBC and the FBC will materially impact on the system ability to fully reconfigure services. This will impact on the ability to continue to provide a number of services and will impact on recruitment and retention

5. Appendices – Appendix 1 HTP Briefing


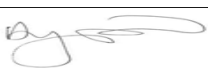
6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	The model of care is aimed at improving the quality of services for all residents
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Request of Paper:		Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	

Integrated Care Board

Agenda item no.	ICB 25-01-057
Meeting date:	25 January 2023
Paper title	Integrated Performance Report
Paper presented by:	Nicola Dymond
Paper approved by:	
Paper prepared by:	Julie Garside, Director of Planning & Performance
Signature:	
Committee/Advisory Group paper previously presented:	N/A
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	X
D=Discussion	I=Information
X	
Previous considerations:	Not applicable

1. Executive summary and points for discussion

Operational Performance

Elective Activity Against Plan (STW ICB)

Elective Activity: Acute Providers within STW ICS

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Year to date
Day cases	Actual	3898	4609	4463	4365	4645	4672	4723	4981	36356
	Plan	4050	4630	5529	5970	5532	5589	6021	5929	43250
	Variance	-3.8%	-0.5%	-19.3%	-26.9%	-16.0%	-16.4%	-21.6%	-16.0%	-15.9%
Elective inpatients	Actual	273	393	413	441	373	379	425	441	3138
	Plan	271	426	590	684	627	620	736	740	4694
	Variance	0.7%	-7.7%	-30.0%	-35.5%	-40.5%	-38.9%	-42.3%	-40.4%	-33.1%
First Outpatient Attendance	Actual	12188	15607	14394	14140	13809	15043	15128	15425	115734
	Plan	14057	13584	14850	16989	15047	15962	17426	16208	124123
	Variance	-13.3%	14.9%	-3.1%	-16.8%	-8.2%	-5.8%	-13.2%	-4.8%	-6.8%
Follow-up Attendance	Actual	18933	19645	20708	22305	20038	21302	23518	23513	169962
	Plan	18997	22832	22089	21622	21453	21631	21943	22529	173096
	Variance	-0.3%	-14.0%	-6.3%	3.2%	-6.6%	-1.5%	7.2%	4.4%	-1.8%

Elective activity for the system continues to be below plan across all points of delivery except Outpatient Follow Ups in December, though YTD all points of delivery are below plan. Elective is below plan for both providers with RJAH affected by theatre staffing levels and SaTH being significantly affected by non-elective pressures and continued escalation into the day surgery unit at PRH. The sustainable solution to which is the elective hub due for completion at PRH in June 23.

Non-Elective Activity Against Plan (SaTH only)

SaTH	Number of specific acute non-elective spells in the period				
Month	19/20 Baseline - Working Day Adjusted	22/23 Operational Plan	22/23 Actual	22/23 Actual % of 19/20 Baseline - Working Day Adjusted	22/23 Actual % of 22/23 Operational Plan
Apr-22	4569	5150	4451	97%	86%
May-22	5120	5237	4773	93%	91%
Jun-22	4889	4996	4605	94%	92%
Jul-22	4656	5215	4474	96%	86%
Aug-22	5074	4965	4315	85%	87%
Sep-22	5096	4991	4348	85%	87%
Oct-22	4770	5354	4416	93%	82%
Nov-22	5421	5305	4684	86%	88%

Non-elective activity at SaTH is below 19/20 baseline and below plan YTD and has seen a deteriorating position since quarter 1.

Urgent & Emergency Care (UEC)

The system's performance is shown in detail slide 3-14 of Appendix A against the 8 of the 10 national core metrics that can currently be reported. As per previous months, performance in many areas continues to deteriorate.

In summary the performance in December was really challenging across the system. STW, as the rest of the NHS, experienced extreme pressure across the system over the festive period. This led to large numbers of ambulance handover delays and high levels of patients waiting for beds (DTAs, Decision to Admit). This resulted in patients being cared for in sub-optimal settings.

However, a series of actions have taken place since the last Board which when combined with lower levels of demand have allowed the system to be in significantly improved position in the care of our patients. These are:

- System Winter Flow Summit convened to provide oversight and focus for all organisations to daily responses, this led to several key actions being agreed with associated impact which is being tracked via weekly winter flow dashboard
- Deployment of a system control centre to drive and oversee the system response
- Opened 26 additional beds through the acute floor reconfiguration
- Dedicated Ambulance Receiving Areas have been opened at RSH and PRH
- A Multi-Agency Discharge Event (MADE), involving Shropshire Community Trust and both LAs took place in December. Another MADE is being held in February.
- Use of additional social care discharge fund to increase complex discharges from approx. 15 per day to >25 per
- Increase in virtual ward capacity from 30-50 patients per day
- Single Point of Access increasing attendance avoidance from 6 to 25 per day.

On a positive note, despite the pressures in December, the use of Same Day Emergency Care (SDEC) pathways in surgery remains above the national average as well as the locally set stretch

target. Medical SDEC whilst performance reduced in December it remains in line with the national target.

There has also been a big step forward in the utilisation of the Virtual Wards with the system fully utilising the 50 bed equivalent capacity available. Additional staff have been recruited to enable this capacity to be further expanded to 75 by the end of January.

STW has also benefited from the national allocation of additional funding to support patient discharge into care settings. Both local authorities have new plans linked to this funding which is being monitored on a fortnightly basis via a national template. This is being measured against a baseline of discharge levels in October 2022. A further £1.7m has since been allocated to the system in January and plans will be adjusted to reflect this.

Elective Recovery

At the end of December NHS STW had 19 patients waiting over 104wks vs our plan of 27. This is due to complex spinal cases at RJA and some patients choosing to wait. RJA are reporting a plan of zero by the end of March 2023 and the system is working with NHSE on its regional mutual aid hub to try and bring this backlog down more quickly including the use of independent sector providers in London for spinal cases. However, it should be noted that the number of patients willing to travel that far for treatment is low, so the overall impact is limited. SaTH are now reporting that 34 patients have the potential to breach 104wks in March due to difficulties in booking against current capacity. These patients are being closely managed and SaTH are confident that these patients can be treated without breaching. It should be noted that the system is delivering against its planned trajectory for 104wk waiters but the national ask of elimination by the end of October was not achieved. The ICB can be assured that all operational actions that can be done are being done in this regard and rigorous action and monitoring by System providers and NHS continues with daily oversight calls.

The volume of patients waiting over 78wks is 835 vs our plan of 825 in December. For SaTH, limited theatre capacity and limited elective beds on both sites, continues to impact recovery. The national ambition is to have no patients waiting above 78wks by the end of March 2023 but the system is working to a local target of 889 by March and a stretch target of 749, which it is on track to achieve.

Both trusts are focusing on recruitment to improve capacity as well validation of all non-admitted pathways to plan for the next 6 months' activity. Phase 1 of the ring-fenced elective hub is due to be operational in June 23 and is the key action to improve our position to the required level. Work also continues with improvement programmes for outpatients, including transformation projects; Advice and Guidance (A&G), Virtual Outpatients and Patient Initiated Follow Ups (PIFU) plus outsourcing to the Independent Sector. Evaluation and assessment of these initiatives is a continuous programme to ensure they are delivering the expected outcomes and deliver targets where not met (Virtual consultations).

A validation exercise on patients who will have waited 52 weeks at the end of March 23, took place in December which achieved 97% of patients against a regional position of 78%. This will support management of those patients to achieve the reduction in long waits by the end of March.

A 'deep dive' on Elective Care, Cancer and Diagnostics is being presented to the Quality and Performance Committee in January, to understand the risk of long waiting on patients.

Cancer

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At the end of December there were 613 patients waiting >62 days, 206 of which were waiting more than 104 days. The system is meeting the revised trajectory to reduce to 420 patients in the >62days backlog by March 2023. The original NHSE figure was 169 which would have been a return to pre-Covid levels. A combination of capacity and demand issues in four main tumour sites of urology, gynae, colorectal and skin has led to an increased backlog. There are detailed action plans in place for each of these areas which are scrutinised on a weekly basis including weekly meetings with NHSE. Urology has highest number of long waiters with 83 patients waiting >104 days. Plans to reduce Urology long waits include:

- Mutual aid via NHSE
- Training for non-consultant roles to deliver cancer activity
- Middle grade led clinics under consultant supervision
- Insourcing of urology diagnostic procedures providing additional capacity (Flexi sigmoidoscopy and LAMP)

There are plans in place to achieve the 28 Day Faster Diagnosis standard of 65% by March 2023 with the year-to-date position in November at 60.8%. It is important to achieve the March target as it rises to 75% in the following year.

The system is working closely with the WMCA to identify areas of best practice to replicate locally where possible and using non recurrent funding to help source additional capacity to improve the reduction of the backlog.

Diagnostics

Overall Diagnostic waits have increased over the last 1.5 years and recovery has been challenged due to staffing pressures, IPC restrictions due to Covid and lack of capacity. IPC restriction has now been largely removed which will improve the rate of recovery going forwards.

For 22/23 although the plan and recovery baseline (target 120% of 19/20 baseline by March 23) is being met in most modalities, the demand levels have significantly increased consequently there has been no reduction in the backlog despite performance being above plan in large volume areas such as CT and MRI. Whilst the October position shows a general decrease against plan since September it does not reflect the additional diagnostic capacity that has come on line since.

A contract has been agreed to provide outsourced radiology reporting through a private provider from December. This is providing capacity for 100 MRI and 100 CT reports per week. A second outsourced provider has been engaged to provide additional reporting capacity. Whilst additional capacity is prioritised to support cancer pathways, it should also ease pressure on the service generally.

Mental Health

Mental Health waiting targets are prone to fluctuation but there are several areas where remedial action plans are in place:

- Children's access to mental health services, including Core BeeU, ASD and Eating Disorders. Difficulties in recruiting and retaining skilled staff, combined with increasing demand have led to increased waiting times. Validation of waiting lists and data recording completed in December will identify areas for improvement. Additional capacity for Eating Disorders has seen an improvement between October and November where 80% of patients were seen within 4 weeks.
- Physical health checks for patients with Serious Mental Illness (SMI) remains below national targets. IT and data quality issues together with current working practices between primary and secondary care have impacted on anticipated performance improvement. A detailed review of services is being undertaken in January.
- IAPT access target is not currently being met but implementation of a new combined service across the System is on track, including demand and capacity reviews to deliver

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the 2023/24 revised targets. Waiting list initiatives are in place to reduce long waits between first and second appointments via a sub-contract arrangement.

- Dementia diagnosis rates have deteriorated and are not expected to meet target until December 2023. Primary and secondary care providers are working together to validate GP registers, but progress in diagnosing patients has been hampered by delays in recruitment and high sickness levels.
- Demand for PICU and Acute Out of area beds fluctuates on a week-by-week basis but is consistently increasing and outstripping capacity, mirroring the national picture. Mitigating actions include a system group review of length of stay and delayed discharges to reduce occupied bed days. Multi Agency Discharge Events (MADE) continue to support and challenge discharge planning.

A deep dive into SMI and LD Health Checks will be presented to the Q&P Committee in February focusing on how higher rates and a more even spread of workload throughout the year can be achieved.

Perinatal Mental Health services are performing well with all women being offered an appointment within six weeks of referral in the first 8 months of the year and 95% in October. Access to perinatal services against proportion of births has increased to 16% against a target of 10%.

Finance

The System holds a £19m deficit plan for 2022/23 and carries a significant underlying deficit. Local challenges that impact on expenditure include those associated with geography, configuration of estate and availability of substantive workforce.

The M9 system financial position shows an overall £29m year to date adverse variance to the plan submitted. The overspend is mainly driven by increased staffing costs due to open escalation areas at SATH and overspends in the ICB on Independent sector ophthalmology activity and community discharge beds which are partially offset with prior year accrual reversal benefits.

The current reported forecast outturn (FOT) position shows a £4.1m adverse variance to plan in line with the forecast reported at M8, showing that the plan will deliver with the exception of COVID overspends already incurred. However, this position assumes a significant amount of unidentified mitigation between now and year end. Therefore, the system has been in discussions with NHSE since September to agree a revised FOT position in line with the Forecast Outturn change protocol.

People

Due to timing of data flows the workforce metrics are reporting month 8 – November 2022.

Agency has continued to rise steadily since January 2022 from 301 to 521 WTE, with a large increase since May of 86 WTE, this is counter to the operational workforce plan where agency WTE was planned to reduce month on month. Vacancies; SCHAT have the highest vacancy rate of 14.1% an increase of 2.5% since October and a significant increase since March 2022, from a stable position of 4-6%. In comparison vacancy rates for SATH are 9.1% and RJA 10% which have also increased in month. The NHS turnover of staff since March 2022 has risen significantly and has stabilised around 14-15%. RJA from 9% to 12% and SCHAT from 14% to 16%. The turnover in SATH has remained steady around 14%-15% but this is still higher than usual. Nursing turnover is at 15% with other staff groups between 14% and 15%

Report Development

Work is ongoing to develop a more focused report that highlights operational system performance by exception and the impact mitigating actions are having on improving performance. Where there are provider specific performance issues these will be identified, and system partners will contribute with provider specific intelligence on risks and issues related to this issue. To facilitate this a meeting has been arranged with performance Leads from system providers to co-design this report.

The aim of future reports is to draw direct links between emergent performance issues including the impact of emergency on elective and resource issues, both financial and people. Quality of care being the priority and at the heart of performance, finance and people, see below. Future reports will include quality and safety metrics within the appendices and performance and quality leads will meet to ensure that their impact is considered within the narrative report.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	x
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	x

3. Recommendation(s)

The Board is asked to note the current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce. For Elective/Cancer recovery the Board is asked to receive assurance that all operational actions that can be done are being done. For UEC, performance in December was really challenging across the system as a result of extreme pressure across the whole country over the festive period. However, a comprehensive series of actions have taken place since the last Board which when combined with lower levels of demand have allowed the system to now be in significantly improved position in the care of our patients.

In addition, the Board are asked to approve the following developments of this report:

- to work with system partners to provide additional intelligence on specific risks and issues with a co-design meeting scheduled for early February.
- to draw the links between emergent performance issues and resource issues both financial and people whilst ensuring quality of care remains a priority.
- To include quality and safety metrics and incorporate their impacts within the narrative report.

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

The report provides limited assurance against the risks of urgent & emergency care delivery, elective/cancer & diagnostics recovery and our financial recovery.

5. Appendices

Appendix A is the summary data pack for the key system performance metrics for Urgent and Emergency Care, Elective/Cancer/Diagnostics recovery combined with a summary of the financial position for Month 9 and key workforce metrics at Month 8.

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	See below
Quality and Safety	Section on operational performance summarises the position regarding improvement underway in UEC and elective/cancer/diagnostics recovery for patients access to services
Equality, Diversity, and Inclusion	All operational recovery is being delivered to maximise equity of access
Finances and Use of Resources	Risks highlighted to the delivery of the financial plan
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

Request of Paper:	To approve the recommendations.	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	

1.	2.	3.	4.	5.	6.	7.	8.	9.	10	11.	12.	13.	14.	15.	16.	17.	18.	19.	20	21.	22
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Integrated Care Board

Agenda item no.	ICB 25-01-058			
Meeting date:	25 January 2023			
Paper title	Delegated commissioning of Pharmacy, Optometry and Dental services from NHSE to ICB April 2023			
Paper presented by:	Gareth Robinson			
Paper approved by:				
Paper prepared by:	Claire Parker			
Signature:				
Committee/Advisory Group paper previously presented:				
Action Required (please select):				
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance
				D=Discussion
				I=Information
Previous considerations:				

1. Executive summary and points for discussion

NHSE will delegate functions to ICB's:

- Primary Pharmacy, Optometry & Primary and Secondary Dental Services on 1st April 2023
- Complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services
- Specified Specialised Services (Acute & Pharmacy) April 2024

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	X
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	X
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

3. Recommendation(s)

The ICB Board is asked to:

The Board is asked to:

- NOTE the contents of the NHSE to ICB delegation briefing paper
- APPROVE the joint working arrangements for Pharmacy, Optometry and Dental services from April 2023
- APPROVE the Terms of Reference for the ICB and West region joint commissioning committee

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

5. Appendices

Appendix 1 - Joint working arrangements

Appendix 2 – Terms of reference for ICB and west region joint commissioning committee

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	Potential financial implications within the contractual arrangements for POD beyond the delegation 2023/24
Regulation and Legal Requirements	Nationally required delegation
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	Positive impact on place based delivery, working more closely with pharmacy , optometry and dental contract holders
Citizen and Stakeholder Engagement	

Request of Paper:		Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	

NHS England and ICB Overview

- 1.1 By delegating some of NHS England commissioning functions to ICBs the aim is to break down barriers and join up fragmented pathways to deliver better health and care so that our patients can receive high quality services that are planned and resourced where people need it. The services that will be delegated to ICBs are
 - Primary Pharmacy, Optometry & Primary and Secondary Dental Services on 1st April 2023
 - Complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services
 - Specified Specialised Services (Acute & Pharmacy) April 2024
- 1.2 Delegation of these services is a national policy. In all cases the responsibility and liability for the planning, performance, finance, quality, and improvement will move from NHS England to ICBs upon delegation. The ICB will be responsible for any claims (negligence, fraud, recklessness, or breach of the Delegation). However, in all cases NHS England remains accountable to the Secretary of State for the services, which means that NHSE will have oversight, set standards and service specifications for the services.
- 1.3 ICS and NHSE have working together to Co-produce our approach to delegation in order to achieve the safest and most effective approach, given the challenges facing the NHS at this time and as we head into what will inevitably a challenging winter period for individual systems and the Midlands region as a whole, we do need to be clearly focussed on our operational accountabilities alongside this important work to ensure we deliver for our populations.

2 Planning Footprints and Hosting

- 2.1 The planning footprints of the East Midlands, West Midlands and Midlands are the continued basis for multi-ICB planning and decision making where it makes strategic sense in order to meet the quadruple aim objectives.
- 2.2 As a basis for joint planning for delegated and devolved functions, ICB Chief Executives and NHSE Executives have worked on the principle of pragmatic strategic planning ensuring that skills are retained and that specialised resources are shared between ICBs and between ICBs and NHSE, where appropriate.
- 2.3 Whilst all decisions will be through formal joint committees ensuring equal and equitable decision making for each individual ICB with no one ICB having primacy over

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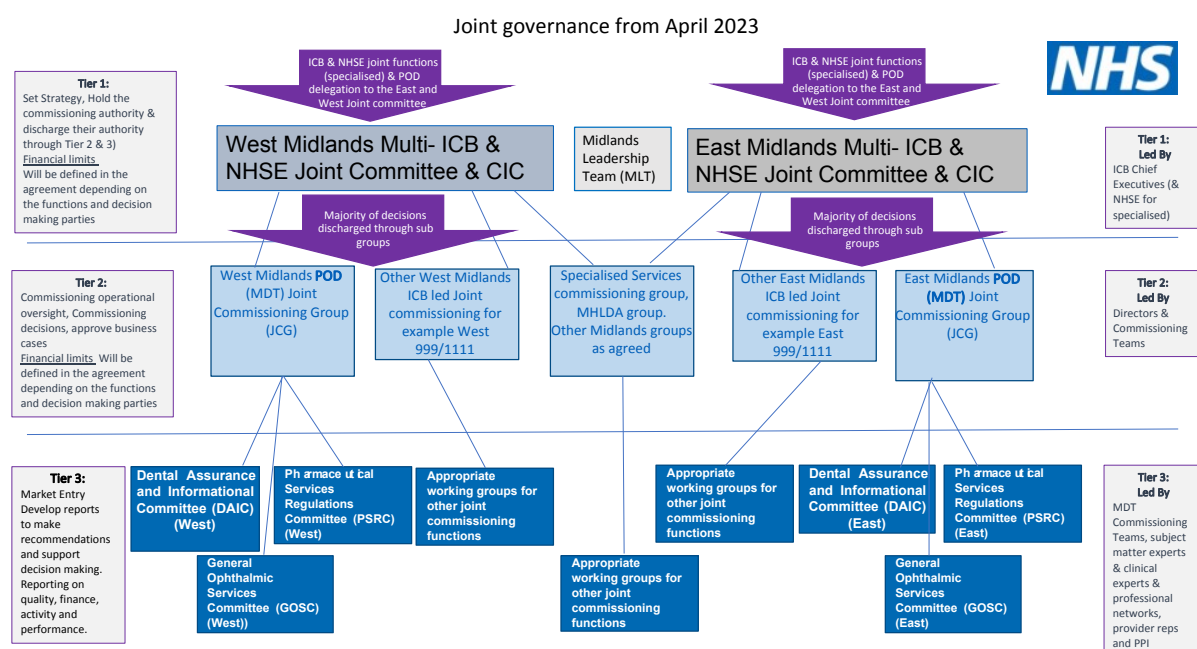
another, the hosting of the workforce requires one ICB to provide this function on behalf of the other ICBs (and, for specialised services, NHSE).

- 2.4 The Host ICB will provide, oversight, leadership, and support for the workforce. The workforce will work for and on behalf of, each ICB within the planning footprint (East/West or Midlands). This will be supported by a formal hosting agreement between the ICBs and, for specialised services, between the ICBs and NHSE.
- 2.5 The Host will not make commissioning decisions on behalf of other ICBs or NHSE; all decisions will be made through the Joint Committees and their sub-groups
- 2.6 Recognising that authority do not rest with one individual or individual ICB a model of Distributed Leadership will be adopted to implement shared vision and values and continue the ICB and regional commitment to collaboration and building a strong learning culture.
- 2.7 The **Primary Care Pharmacy, Optometry and Dentistry workforce will be hosted** on an East and a West footprint. The host ICBs have been approved by the ICB CEOs and now subject to ICB board approval are as follows:

East Midlands - Nottingham & Nottinghamshire ICB
West Midlands – Birmingham & Solihull ICB
- 2.8 The Distributed leadership model of strategic leadership for Primary Care POD will be through Herefordshire & Worcestershire ICB for the West, Nottingham & Nottinghamshire ICB for the East.
- 2.9 The complaints workforce that align to Primary Care will also transfer to the Hosts outlined above. However, there is recognition that there are still some national policy agreements and operating model challenges to be resolved, informed by national policy discussions.
- 2.10 Services will be delegated from 1st April 2024; however, it is planned that, subject to consultation, workforce transfers for POD, primary medical service support and complaints staffs will transfer on 1st July 2023. This will be on a multi-disciplinary basis, also including commissioning finance and clinical reviewers but with specialised healthcare public health team members aligned or embedded to teams, not transferred.
- 2.11 The **Specialised Services** joint ICBV and NHS England workforce will be hosted by one Midlands ICB on behalf of all 11 ICBs and NHSE. Subject to ICB board approval **will be Birmingham & Solihull ICB**. This will be supported by a formal hosting agreement between the ICBs and NHSE.
- 2.12 Further discussions are ongoing regarding the Distributed Leadership model for specialised services, which will be resolved in advance of formation of formal joint working arrangements and delegation.

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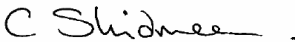
- 2.13 The **governance arrangements** for the delegated and devolved functions will be through joint committee arrangements. The current East Midlands and West Midlands collaborative Commissioning Boards will transition into formal joint committees, with quarterly Committee in Common where both East and West Midlands Boards will come together as 11 ICB for decisions that require a whole Midlands planning footprint. The governance framework is illustrated below
- 2.14 For Primary Care Pharmacy, Optometry and Dentistry a Joint Commissioning Group led by ICB directors will be formed in shadow by March 2023, to be fully operational in April 2023.
- 2.15 The model of distributed leadership will continue through the POD Joint Commissioning Group. To ensure clinical and financial expertise into the group 1 POD ICS finance lead and 1 POD ICS Quality lead will be core members of the group



3. Further Delegated functions

- 3.1 Subject to confirmation of the national policy position, it is expected that **Immunisation and Vaccination Services** will be delegated to ICBs from April 2024. NHSE are currently integrating the Covid programme with the Vaccination team and separating Vaccination/Immunisation and Screening functions. We will work with ICBs through 2023/24 to develop the operating model ready for delegation.
- 3.2 Given the strategic, infrastructure, and digital development work needed to underpin safe, effective and equitable **Screening Services**, and the complex end-to-end nature of those services, delegation of screening services is unlikely to be possible or desirable within the same timeframe.

Integrated Care Board

Agenda item no.	ICB 25-01-059									
Meeting date:	25 th January 2023									
Paper title	Governance Handbook - Scheme of Financial Delegation Amendment									
Paper presented by:	Claire Skidmore – Chief Finance Officer									
Paper approved by:	Claire Skidmore – Chief Finance Officer									
Paper prepared by:	Brett Toro-Pearce – Associate Director Individual Commissioning Laura Clare – Deputy Director of Finance									
Signature:										
Committee/Advisory Group paper previously presented:	Audit Committee 18 th January 2023									
Action Required (please select):										
A=Approval	<input checked="" type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>	x
Previous considerations:	N/A									

1. Executive summary and points for discussion

The current '[Financial Scheme of Delegation](#)' provides for authorised officers to have delegated financial authority for a variety of functions, including commissioning and invoice approval. After working with the scheme for a number of months, one area was flagged for review due to concerns about the terms of the delegation being operationally restrictive. This is considered in this paper and a recommendation made to amend the scheme to improve operation without detriment to financial control.

This paper was considered by the Audit Committee at its meeting on 18th January. Recommendations arising from that meeting will be provided to the Board verbally.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	<input checked="" type="checkbox"/>

Enhanced engagement and accountability	x
Creating system sustainability	x
Workforce	

3. Recommendation(s)

The Integrated Care Board is asked to:

- **Note** the contents of this report.
- **Approve** the recommended amendment to the financial scheme of delegation in the governance handbook

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

Appropriate financial governance and approval limits help to ensure financial grip and control which supports the financial recovery risk in the GBAF.

5. Appendices

N/A

6. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	No impact
Quality and Safety	No impact
Equality, Diversity, and Inclusion	No impact
Finances and Use of Resources	<i>Appropriate financial scheme of delegation to maintain financial grip and control and enable timely operational decision making</i>
Regulation and Legal Requirements	No impact
Conflicts of Interest	No impact
Data Protection	No Impact
Transformation and Innovation	No impact
Environmental and Climate Change	No impact
Future Decisions and Policy Making	No impact
Citizen and Stakeholder Engagement	No Impact

Action Request of Paper:	<p>To note:</p> <ul style="list-style-type: none"> • Contents of this report <p>To Approve:</p> <ul style="list-style-type: none"> • the recommended amendment to the financial scheme of delegation in the governance handbook
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Action approved at Committee:			
If unable to approve, action required:			
Signature:		Date:	

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Meeting:	Integrated Care Board
Meeting date:	25 th January 2023
Agenda item no.	
Paper title	Amendment to Financial Scheme of Delegation

1. Current Position

The current '[Financial Scheme of Delegation](#)' provides for authorised officers to have delegated financial authority for a variety of functions, including commissioning and invoice approval. After working with the scheme for a number of months, one area was flagged for review due to concerns about the terms of the delegation being operationally restrictive. This is considered in this paper and a recommendation made to amend the scheme to improve operation without detriment to financial control.

The Individual Commissioning team is required to commission bespoke packages of care to meet individual health needs; the majority of this commissioning activity is based on spot purchases from domiciliary and nursing home care providers. The current scheme authorises only Band 8a and above staff to have delegated authority to approve the commissioning of this care.

Table 1: Extract from current financial scheme of delegation

Delegated matter	Authority							Notes
	Board and chair (if delegated)	Committee	Chief Executive	ICB Directors	Heads of Service (Band 8c & above)	Budget Manager (Bands 8b & 8a)	Resource Manager (Band 6 & above)	
Continuing Healthcare - Authorisation of Continuing Healthcare contracts and related cost packages.	n/a	n/a	No Limit	CFO (No Limit) CNO (No Limit) CMO (No Limit) DDT (No Limit)	Up to £250,000	Up to £100,000	No	If supported by contract/tendering and quotation approval and within budget. Limits relate to anticipated total package costs
Authorisation of requisitions (or certification of invoices when no requisition/order was raised).	n/a	n/a	No Limit	CFO (No Limit) CMO (No Limit) CNO (No Limit) DDT (No Limit) DSI (No Limit)	Up to £250,000	Up to £100,000	Up to £1,000	

The process is operationally managed by Band 6 and Band 7 staff, who provide clinical and commissioning oversight and source care to meet individual needs. Best value is achieved by approaching multiple providers and obtaining quotes for the cost of providing the services required. The time taken to approve and commission the care is important as often the person requiring the care and support is either in hospital awaiting discharge or in the community without care. Timely approval is required to ensure prompt discharge and that needs are met as soon as possible. The inability of Band 6 and Band 7 staff to approve quotes and commission care causes avoidable delay in care commencing. The current process means that the staff forward approval requests to Band 8a, 8b and 8c staff to approve. Often these staff are not operationally involved in the commissioning process and have commitments throughout the day, meaning that quotes may not be approved immediately and delays occur.

In addition, the cost of receiving care has increased considerably this financial year, meaning that quotes are more expensive and the majority are now only within the approval limit of the Band 8c Associate Director. The Associate Director's portfolio is increasing in January 2023, with the requirement for them to retain strategic oversight of individual Commissioning rather than frequent operational involvement.

In order to ensure timely hospital discharge and an appropriate operational model it is therefore proposed that the delegated limits should be amended to provide operational staff with a delegated approval limit.

2. Proposal

It is proposed that the Financial Scheme of Delegation is amended so that staff engaged in individual commissioning within the Individual Commissioning team have delegated financial authority as per table 2 below:

Table 2: Proposed limits for approving weekly package costs of care

Delegated Matter	Band	Authority
Continuing Healthcare - Authorisation of Continuing Healthcare contracts and related cost packages by staff within the Individual Commissioning Team.	Band 6/7	£1500.00
	Band 8a/8b	£3000.00
	Band 8c	£5000.00
(Limits relate to individual packages of care weekly cost)	Director and above	No limit

Risk is mitigated in that best value is achieved through approach to the entire local care market and multiple quotes obtained prior to a commissioning decision being made. Current process provides that the commissioning clinicians makes a clinical recommendation as to the appropriateness of care, the financial decision has always been separate, however, is always made based on the clinical opinion as to the appropriateness and requirements of the care needs.

The proposed approval limits would allow for Band 6 and 7 staff to approve a high proportion of the domiciliary care commissioned and a number of general nursing home placements. The Band 8a and 8b staff would be able to commission the majority of other packages of care. This scheme would allow for the operational requirements of the team to be met, provide the most timely approval process and support meeting patient care needs at the earliest opportunity whilst still allowing for senior oversight and high cost packages to be reviewed and commissioned only by senior managers.

All commissioning activity is administratively reviewed prior to the financial package being added to the Broadcare patient record. This process checks that the correct approval process has been followed. On the rare occasion that an anomaly is identified it is escalated to the head of service for review (in line with the team standard operating procedure). Prior to any invoice approval and approval of payment a validation process is followed to check that the care commissioned and invoiced for is within the approved and commissioned level of care. All invoices are only approved by the Band 8b or 8c managers within the team (with the exception of invoices below £3,000, which may be approved by MLCSU on the ICBs behalf in accordance with the delegated process). This ensures that payment is only released once the ICB is assured that payment is due.

3. Amendment to Financial Scheme of Delegation

The process for approval of invoices in the Oracle system would not change and the generic limits for invoices would apply as they do to the rest of the organisation. However, a change would be made to the CHC specific row of the Financial Scheme of Delegation to amend the wording to apply to a weekly package of care cost and to allow band 7 staff to have an approval limit for commissioning packages of care and adding them to the Broadcare system.

Table 3: Proposed amended Financial Scheme of Delegation (amendments highlighted)

Delegated Matter	Authority							Notes
	Board and (if delegated)	Committee	Chief Executive	ICB Directors	Heads of Service (Band 8C & above)	Budget manager (bands 8b & 8a)	Resource Manager (Band 6 & above)	
Continuing Healthcare- Authorisation of Continuing Healthcare contracts and related weekly cost packages	n/a	n/a	No Limit	CFO (No Limit) CNO (No Limit) CMO (No Limit) DDT (No Limit)	Up to £5,000	Up to £3,000	Up to £1,500	If supported by contract/tendering and quotation approval and within budget. Limits relate to anticipated total weekly package costs
Authorisation of requisitions (or certification of invoices when no requisition/order was raised)	n/a	n/a	No Limit	CFO (No Limit) CNO (No Limit) CMO (No Limit) DDT (No Limit) DSI (No Limit)	Up to £250,000	Up to £100,000	Up to £1,000	

This proposed change has been discussed and supported by the Chief Finance Officer who is content that controls are in place to ensure that quotes are provided to demonstrate value for money and that the appropriate hierarchy of approval is in place to ensure segregation of duties.

This paper was considered by the Audit Committee at its meeting on 18th January. Recommendations arising from that meeting will be provided to the Board verbally.

Integrated Care Board

Agenda item no.	ICB 25-01.060.1									
Meeting date:	25 th January 2023									
Paper title	Quality and Performance Committee Chair's Report October 22									
Paper presented by:	Meredith Vivian, Chair and Non-Executive Director									
Paper approved by:	Meredith Vivian, Chair and Non-Executive Director									
Paper prepared by:	Vanessa Whatley Deputy Director of Nursing & Quality Julie Garside, Director of Planning and Performance									
Action Required (please select):										
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information		

1. Purpose of Paper

The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 26th October 2022.

2. Executive Summary

2.1. Context

The Quality and Performance Committee meets to assure the ICB that Quality Governance and regulatory elements of quality are being met in line with the Health and Care Act 2022 and The National Quality Board Shared Commitment to Quality. That services are safe, well-led, effective, caring sustainable, and equitable and risk are effectively managed in line with STW Pledge 1 – Improving safety and quality.

The Committee assures the Board that performance is reported in line with the national standards, there is intelligence with forecasting against demand across the providers and appropriate plans to meet that demand and risks are managed appropriately in line with Pledge 1 and pledge 3 – Delivering improvements in mental health and learning disability / autism provision.

2.2. Link to Pledges

Pledge 1- Improving safety and quality

Pledge 3 - Delivering improvements in mental health and learning disability / autism provision.

3. Exception Report

Alert

A new risk was included in relation to diabetes diagnosis management across the system. This is to be the first subject in a series of deep dives planned for commencement in the November meeting.

Spinal surgery remains a significant challenge and work is ongoing with NHSE to reduce waiting times.

The risk to the over 78-week target to get to zero by end of march is being negotiated to get to a year end position with NHSE.

Ambulance hand overs and long waits for a bed >12 hours are of specific concern.

Further capacity is being sought to address cancer capacity to improve over 62 day performance.

Health checks for those with learning disabilities was low. Ongoing assurance on progress for managing this are being sought.

SaTH continue to experience high number of mixed sex accommodation breaches due to bed pressures.

Aortic abdominal aneurism screening was being impacted by waiting times for CT scans of 12-13 weeks, pathways were based on clinical urgency to mitigate.

Never events have been reported year to date (1 SaTH, 2 RJAH) all are retained items following surgery, learning and sharing events are planned via a Rapid Quality Review.

Assurance

A programme of deep dives into performance concerns has been initiated to enable QPC to influence effective plans.

The Breast Screening Service were expected to clear the backlog in breast screening by end of September 22. Monkeypox was being monitored with vaccination in place for risk groups.

There is confidence in a plan to ensure that the zero 104-week waiters target is expected to be achieved by the end of March 23.

The Palliative and End of Life Care Strategy is on track with 2 exceptions which are now progressing.

SHIPP has initiated some work to prevent more falls in the community as a priority.

The System Quality Group had undertaken a conversation regarding the recent Panorama programme on poor care in an NHS Mental Health facility and how the System would know that similar occurrences were not going on in STW. MPFT agreed to bring future assurances to SQG.

Advise

Healthwatch Shropshire and Healthwatch Telford and Wrekin were planning on re-starting Enter and View Visits.

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A Health Infection Rapid Response Group has been established to address any emerging or unusual infections and provide initial advice on system actions. The Group reports to the Health Protection Assurance Board.

3. Recommendation

To note the areas highlighted in the report.

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Integrated Care Board

Agenda item no.	ICB 25-01-060.2
Meeting date:	25 th January 2023
Paper title	Finance Committee Chair's Report – 2 nd November Meeting
Paper presented by:	Trevor McMillan
Paper approved by:	Trevor McMillan
Paper prepared by:	Claire Skidmore
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	X
D=Discussion	I=Information
	X

1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW Finance Committee meeting held on 2nd November 2022 for noting.
- 1.2 The minutes of the meeting are attached for information.
- 1.3 The meeting was quorate and no conflicts of interest were declared.
- 1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

Report

- 1.5 Both part 1 (ICB) and part 2 (system) of the meeting had similar agendas with items to consider the month 6 finance position and associated risks.
- 1.6 The financial position considered by the Committee is the subject of a separate report to this Board. The Committee discussed the continued risk in delivering the financial plan for the year and noted the work underway to review the forecast with Regional and National NHSE colleagues.
- 1.7 The Committee is still only able to take limited assurance that the System could return to plan over the remainder of the year and it discussed the actions underway to manage the in-year position as well as looking ahead to next year and the medium term financial plan. It is due to receive further information on planning and financial recovery at its next meeting.
- 1.8 In the part 1 meeting, the committee members discussed the financial aspects of the NHS Oversight Framework and the ICB's work to highlight key milestones for improving our overall rating (currently at NOF level 4). It heard that these actions form part of 'business as usual' for the team and are focused on financial governance, grip and recovery to a sustainable position.
- 1.9 The part 2 Committee received an update on the work of the Intelligent Fixed Payment Management Group which is focusing efforts on reviewing and updating this year's framework in readiness for the new financial year.

1.10 Part 2 members also discussed the upcoming planning round and noted that a paper would be presented to the next meeting to describe the process and national planning landscape. We look forward to receiving this update and to discussion on both the 23/24 and 5 year financial plan.

1.11 Further, the part 2 Committee signed off the Terms of Reference for two of its three sub committees – the Intelligent Fixed Payment Working Group and Capital Prioritisation and Oversight Group.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

The Finance Committee is established to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan.

The significant underlying financial deficit of the system features in the Board Assurance Framework and therefore this report presents the work of the committee in overseeing financial recovery and presents any conclusions that it may draw about risks to the delivery of the financial plan.

4. Appendices

Appendix 1 - Finance Committee minutes from the part 1 and part 2 meetings held on 2nd November 2022

Request of Paper:	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	25 th January 2023

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Integrated Care Board

Agenda item no.	ICB 25-01-060.3
Meeting date:	25 January 2023
Paper title	Audit Committee Chair's Report
Paper presented by:	Roger Dunshea
Paper approved by:	
Paper prepared by:	
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	X
D=Discussion	I=Information

1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW ICB Audit Committee meeting held on 18 September 2022 for noting.
- 1.2 The meeting was quorate and no conflicts of interest were declared.
- 1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	Transformative system strategy and risk management: The risk management policy has made good progress in setting out a process and reporting structure for strategic and operational risks. However the committee was concerned that the management of risk depends upon the system wide agreement of an ambitious and transformative strategy and set of SMART objectives. It was hoped the strategy can be reviewed and developed in the next few months and that it is wide ranging , integrated and includes system financial sustainability. There was some concern over the proposed "The Joint Forward Plan" and the ICS strategy causing duplication and ambiguity. Financial Sustainability : The internal auditors provided assurance that budgeting and forecasting systems were fit for purpose. This is to be welcomed but the very challenging financial deficit problems have yet to be addressed.
ADVISE: Area's that continue to be reported on and/or where some assurance	The internal audit plan 2022-23. Is nearing completion by the end of March. A previous recommendation regarding the recruitment of a

has been noted/further assurance sought.	<p>designated Safeguarding doctor still needs to be addressed. Another outstanding recommendation related to Primary Care estates strategy, however this may need to be reassessed in light of the plan for an ICS wide estates strategy.</p> <p>Internal audit plan 2023-24-25-26: The initiation of the 3 year plan has started with topic proposals coming forward from the executive and AC NED members. Further iterations are planned , emerging audit themes are :</p> <ul style="list-style-type: none"> • System integration, effectiveness and transformation measures. • Better Care Fund effectiveness and accountability • Mental Health, LD and Autism services • Triangulation of population and patient engagement, experience and outcomes. • End of Life care provision integration • Health inequalities - service targeting, finance and outcome measures • Placed based metrics, structures, services, accountability and effectiveness • PCN expenditure and outputs audit trails • Digital and innovation programme development. • Standard financial core systems audit. <p>Much preparatory work is in hand with regards to timing , scope definition and other audit priorities.</p>
ASSURE: Positive assurances and highlights of note for the Board	The latest core financial systems internal audit opinion provided significant assurance.
Changes to the BAF Risk(s) and Directorate Risk Register Risk(s) agreed	The BAF and Strategic Risk Register remain in development and will depend on the strategy goals being agreed.
ACTIONS: Significant follow up action commissioned (including discussions with other Board Committees, changes to Work Plan)	Information policies and Information Governance . The committee requested a review by the executive of where these and related policies fit best within the Executive's and Board's subcommittee approval arrangements.
ACTIVITY SUMMARY: Presentations/reports / items of note received including those approved.	<p>The committee approved the :</p> <ul style="list-style-type: none"> • IG update • IT policies • Scheme of delegation amendment • Review of prime financial policies <p>The committee received updates on:</p>

	<ul style="list-style-type: none"> • Counter fraud • Losses and waivers etc • End of year audit plan
Matters presented for information or noting	External and Internal audit professional briefings.
Committee self evaluation of effectiveness/ Terms of Reference Review/ Future Work Plan	Feedback was positive regarding engagement of all present. The volume of the pre reading was excessive (360 pages) and the distribution timetable was not met.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

None

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

Not yet applicable

Appendices: September 2022 audit committee minutes.

Request of Paper:	To note	Action approved at Board:	
		If unable to approve, action required:	
Signature:	<i>RM Dunshea</i>	Date:	25.01.2023

Integrated Care Board

Agenda item no.	ICB 25-01-060.4
Meeting date:	25 th January 2023
Paper title	Remuneration Committee Chair's Report
Paper presented by:	Trevor McMillan, Non-Executive Director
Paper approved by:	Tracy Hill, Chief People Officer (interim)
Paper prepared by:	Tracy Hill, Chief People Officer (interim)
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	X
D=Discussion	I=Information

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Remuneration Committee meeting held on 1st November 2022 for noting.

1.2 The meeting was quorate, and no conflicts of interest were declared.

1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

- 1.3.1 There was only one agenda item which was the 2022-2023 pay review for all VSM posts.
- 1.3.2 NHS England recommended the following with regards to a pay review for VSM posts for 2022-2023: -
 - An across-the-board increase of 3.0% for all VSMs (and ESMs) to be applied and backdated to 1 April 2022.
 - A further 0.5% at the discretion of the Remuneration Committee to be applied to VSMs on salaries close to the Agenda for Change (AfC) Band 9 upper spine point to ameliorate the erosion of the differentials (between current AFC and VSM/ESM pay frameworks). This is aimed at facilitating the introduction of the new VSM pay framework over the course of the coming year.
- 1.3.3 The committee considered the content of the paper including what had been awarded to these posts in previous years.
- 1.3.4 The committee approved the across the board increase of 3% for all ICB VSM posts and an additional 0.5% for the ICB VSMs at Deputy Director level who were on salaries close to the Agenda for Change Band 9 upper spine point. All pay increases were back dated to 1 April 2022.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:


- 2.1 Note the business completed at the Remuneration Committee on 1st November 2022, and the intended actions to be progressed.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

4. Appendices

None

Request of Paper:	To note.	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	16 th January 2023

Integrated Care Board

Agenda item no.	ICB 25-01-060.5
Meeting date:	25 th January 2023
Paper title	Strategy Committee Chair's Report
Paper presented by:	Mrs Cathy Purt, Chair of the ICB Strategy Committee
Paper approved by:	As above
Paper prepared by:	Alison Smith, Director of Corporate Affairs
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	<input checked="" type="checkbox"/> D=Discussion
I=Information	

1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW Strategy Committee meeting held on 15th December 2022 for noting and to ask the Board to approve the amended committee terms of reference attached.
- 1.2 The approved minutes of the meeting held on 15th December are attached for information.
- 1.3 The meeting was quorate and no conflicts of interest were declared.
- 1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:
 - 1.4.1 Committee Terms of Reference – the Committee received the terms of reference for consideration and made a number of suggested amendments which were actioned, presented and agreed at the Committee meeting in January. Please find attached for approval the updated terms of reference. The Board is asked to note that further discussions are planned with the Chair and Executive Lead for Integrated Delivery Committee, in order to clarify the boundary between the two sets of committee terms of reference to provide more clarity and avoid duplication and this may result in further amendments being presented for Board approval at a later date.
 - 1.4.2 System Utilisation Review – The Committee received a briefing on the Making Care Appropriate To Patients (MCAP) Service review audit which has been carried out to provide a baseline to real time patient activity across SaTh, RJAH and Shropshire Community Health NHS Trust. The Committee asked that high level data arising from the review is presented at its meeting in January prior to the full findings being presented more widely.

1.4.3 Interim Integrated Care Strategy Development Update – the Committee received a detailed briefing on the content of the draft Interim Integrated Care Strategy which was due to be presented to the Integrated Care Partnership (ICP) on 21st December 2022 for comment. The Committee identified some presentational issues for amendment and requested a further report at the next meeting providing more detail on the engagement plan for the Integrated Care Strategy and development of the 5 year Joint Forward Plan.

1.4.4 Committee Meeting Schedule – was presented and agreed by the Committee.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:

2.1 Note the Strategy Committee Chair's report and minutes for the meeting held on 15th December 2022.

2.2 Approve the amended Terms of Reference attached to this Chair's report.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

None specifically.

4. Appendices

Appendix 1 - Strategy Committee approved minutes from the meeting held on 15th December 2022

Appendix 2 – Strategy Committee Terms of Reference v4

Request of Paper:	2.1 Note the Strategy Committee Chair's report and minutes for the meeting held on 15 th December 2022. 2.2 Approve the amended Terms of Reference attached to this Chair's report.	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	

Integrated Care Board

Agenda item no.	ICB 25-01-060.6
Meeting date:	25 th January 2023
Paper title	People Committee Chair's Report
Paper presented by:	Catriona McMahon
Paper approved by:	Catriona McMahon
Paper prepared by:	Tracy Hill, Chief People Officer (interim)
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	X
D=Discussion	I=Information

1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW People Committee meeting held on 30th November 2022 for noting.
- 1.2 The minutes of the meeting will be attached to the next update, following their anticipated approval at the next People Committee meeting in March 2023.
- 1.3 The meeting was quorate, and no conflicts of interest were declared.
- 1.4 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:
 - 1.4.1 The Terms of Reference were reviewed with a small number of further amendments requested. These are to be completed in advance of the next meeting.
 - 1.4.2 The remainder of the meeting then adopted a "workshop style" methodology, whereby discussion was facilitated around 4 key questions:
 - What does STW have to offer, that we can leverage (more) to enhance the workforce?
 - What opportunities would we have if we worked/related differently?
 - What innovative opportunities are there, for us to explore e.g. digital...
 - What could we prioritise, to maximise the opportunity?

Feedback was gathered and it was agreed amongst all partners the value and opportunity to progress matters and to work together to develop a One System People Strategy.

Meetings have been arranged in January and February to produce a draft People Strategy with full and wide engagement across System partners. The Strategy will be presented for consideration and approval to the next People Committee meeting in March

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to consider the following recommendations arising from the meeting which require a decision:


- 2.1 To note the business completed at the People Committee on 30th November 2022, and the intended actions to be progressed.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

N/A

4. Appendices

None

Request of Paper:	To note.	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	11 th January 2023

Integrated Care Board

Agenda item no.	ICB 25-01-060.7								
Meeting date:	25 January 2023								
Paper title	Primary Care Commissioning Committee Chair’s Report								
Paper presented by:	Niti Pall, Non-executive Director (Chair)								
Paper approved by:	Niti Pall, Non-executive Director (Chair)								
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care								
Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	X	D=Discussi on		I=Informatio n	

1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW Primary Care Commissioning Committee meeting held on 2nd December 2022 for noting.
- 1.2 The minutes of the meeting held on 7 October 2022 were approved by the Committee and are attached.
- 1.3 A summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:
- 1.4 **GP Access Report to ICB:** the Committee discussed the report which had been submitted to the ICB Board meeting on Wednesday 30 November 2022.

Key points from the discussion: -

- It would be useful for NHS STW to benchmark itself against other systems in the Region and also between Shropshire and Telford & Wrekin. It was noted, however, that within the GMS contract there are no standards or targets, and it would be necessary to identify a way by which the data could be compared. It was agreed that the BI Team would work with the Primary Care team to improve benchmarking and data reporting.
- Work is underway on how the BI team can support Primary Care in measuring demand and capacity. This work will help to inform potential solutions. Dr Garside will report back to a future Committee once this work has been completed and analysed.
- The Committee discussed whether the recommendations of the Fuller report should be included in the development of the Primary Care Strategy. Mr White advised that the Fuller report were currently recommendations and high level aspirations rather than national service requirements. The national response to the Fuller report is awaited. Committee members agreed that the ICB

should await the Government response regarding the Fuller report and recommendations before developing a detailed action plan.

1.5 Ethnically Diverse Staff Survey: The Committee approved the recommendation to undertake an Ethnically Diverse Staff Survey. This piece of work has come out of the launch of the Ethnically Diverse Staff Network earlier in 2022. That group want to understand the experience of all staff working in Primary Care around issues of ethnic diversity. The survey includes questions around role, training, work choices, complaints, and racism at work. The overall aim of the survey is to understand the issues, challenges and barriers faced by Practices and individuals. The aim is to have information to better inform staff retention and recruitment campaigns. The results of the survey will be brought back to the Committee to highlight and inform workforce implications. The Committee highlighted that any future surveys should include all other protected characteristics.

1.6 Shrewsbury Health and Wellbeing Hub Development Update – Mrs Pall stepped down as Chair for this item due to a potential conflict of interests. Mr Dunshea chaired this Agenda item. Jackie Robinson, Associate Director – Comms & Engagement, provided the Committee with an update on the Comms & Engagement Plan in relation to SHWBH. It was noted that the rerun of the site options appraisal continues. Concerns were noted in relation to the timeline delay and the impact of the lack of space within some Practices if the timeline continues to slip. The Committee noted that the delay was due to the length of time it will take to complete the formal planning assessment of the sites on the shortlist. The Committee noted the importance of following due process as failure to do so could leave the ICB open to legal challenge which will stop the process. The Project Team continue to work closely with Council colleagues to ensure the site options appraisal is completed as soon as possible.

1.7 PCN Maturity Survey Results and Output from the King's Fund OD Work – The Committee received a report describing two pieces of work that have taken place around PCN development. On the whole, most PCNs are progressing but they are at different stages of maturity. The one topic that PCNs rated themselves lowest at was population health management. Population health management is a relatively new concept, which is probably why PCNs had scored it as an area where they need most support. The Committee noted that both Directors of Public Health are very much engaged with our PCNs in terms of development around our population's health. Helen Onions (Telford) and Bernie Lee (Shropshire) are leading cross-system groups. One group is looking at CVD early detection, and the other is looking at early diagnosis around cancer. Dr Chan commented that in terms of the longer-term development of PCNs, the maturity index needed to be more comprehensive and longer term. Not all Practices within PCNs are ready for some of the objectives.

1.8 Primary Care Estates Strategy – The Committee requested confirmation that there were linkages between the Primary Care Estates Strategy and the wider system estates work to avoid individual groups working in isolation. The Committee noted that members of the Primary Care Team attend system estates forums to ensure those linkages are made. The Committee will receive a more detailed Estates update at its next meeting

2 Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

2.1 Note this report.

2. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

3.1 Not applicable.

3. Appendices

4.1 Not applicable.

Request of Paper:		Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	

Integrated Care Board

Agenda item no.	ICB 25-01-060.8
Meeting date:	25/01/23
Paper title	Integrated Delivery Committee (IDC): Chair's Report of meetings held on 20/12/22 and 16/01/23
Paper presented by:	Gareth Robinson, IDC Vice Chair
Paper approved by:	Harry Turner, IDC Chair
Paper prepared by:	Jan Heath, System PMO
Action Required (please select):	
A=Approval	R=Ratification
S=Assurance	X
D=Discussion	I=Information
	X

1. Executive Summary and Points for Discussion

- 1.1 The purpose of the paper is to provide a summary of NHS STW Integrated Delivery Committee (IDC) meetings held on 20/12/22 and 16/01/23
- 1.2 In view of exceptional system pressures during December and January, the decision was taken to foreshorten the January meeting and consider only key decisions that could not be postponed until the February meeting.
- 1.3 Both meetings were quorate.
- 1.4 A number of confidential items were considered and two conflicts of interest declared at the meeting on 16/01/23. In both cases where conflicts of interest were declared, the relevant IDC members left the meeting and took no part in the discussion or voting.
- 1.5 A summary of the discussions, assurance received and areas for escalation are outlined below for the Board's consideration:

1.5.1 IDC Meeting of 20/12/22:

- 1.5.1.1 The minutes of the meeting on 20/12/22/ were approved.
- 1.5.1.2 Points of note from the Actions Arising from the previous meeting included:
 - Agreed the InPhase system as the standard PMO reporting tool
 - Agreed that the Local Care Transformation Programme benefits modelling work that was underway in parallel with the Hospitals Transformation

Programme was to be completed by end Dec 2022 with support from PA Consulting

1.5.1.3 The November IDC Chair's Report was approved

1.5.1.4 Financial Improvement Programme (FIP)

The Committee received an update on efficiency plans with a combined planned impact of £41m in 2022/23 including the CIP 1.6% programme, the Big Ticket Items (BTIs) and the additional FIP opportunities being developed.

- At M7, the majority of CIP plans were reported on track with a high level of confidence in delivery. At M7, the CIP had achieved £11m against a plan of £8.7m although it was anticipated that rate of delivery would slow down over winter. The CIP is currently forecasting £19m overall for 2022/23 against a plan of £18.2m. Any additional efficiencies achieved will mitigate the BTI shortfall. The 2023/24 CIP plans are now in development.
- At M7, the BTI programme reported a forecast shortfall of £1.125m against plan of £11.9m due to delays across the Workforce and MSK Transformation BTIs. The PMO reported that this could potentially be mitigated by bringing forward the 2023/24 Workforce workstreams but would require additional resource. A business case had been submitted to NHSE regional finance team on that basis and was pending a response.
- As further mitigation, and to deliver against the stretch target of £11m, a range of additional opportunities were identified by the System PMO for potential inclusion within the FIP. The PMO has now met with all designated leads and positive discussions held regarding opportunities within procurement, digital, estates and RJA. However, some of the opportunities had not moved forward as system leads could not be confirmed.

The Director of Delivery and Transformation has therefore nominated leads who will be mandated to take responsibility and ownership for driving development of PIDs. Meetings have been scheduled with them to discuss expectations and any support required. The Director of Delivery & Transformation acknowledged that the process for identifying system leads was not ideal but it was necessary to land ownership of the FIP programme.

It was noted that additional PMO resource is now in place from MPFT and the expanded PMO team has appointed a PMO lead to support system leads for each of the opportunities.

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The IDC noted that with limited time remaining to achieve the £2.9m unallocated BTI efficiency and the £11m stretch, there was a risk of under-delivery in-year.

However, the Committee further reinforced the need to increase focus on the mitigations identified to bridge the gap as far as possible and also to ensure that a comprehensive FIP programme was developed at pace to ensure delivery in 2023/24.

1.5.1.5 Equality & Involvement Committee (EIC)

The IDC received a presentation on the newly established EIC from the EIC Chair and the Director of Comms & Engagement. The presentation outlined the principles of engagement and the main purposes of the EIC which are:

- i) provide assurance to the ICB that transformation programmes are compliant with key legal duties regarding equality and involvement and
- ii) provide advice, guidance and constructive challenge

The process for engaging with the EIC was discussed and the EIC Chair emphasised that the approach was designed to build on existing processes and not to add unnecessary additional bureaucracy. A discussion had previously been held with the System PMO to integrate the EIC into the PMO approval process as seamlessly as possible.

The Director of Communications also talked through the new Integrated Impact Assessment online screener toolkit that had been developed and would be rolled out in February 2023. The toolkit would support programme leads and SROs in fulfilling legal duties and ensure programme design duly considered the protected characteristics, social exclusion and deprivation. The online tool would replace the current EQIA.

The presentation was welcomed by the IDC and the process for engagement with the EIC was fully supported. It was agreed that further clarity on existing engagement groups and mechanisms would be helpful and a piece of work to map those groups would be undertaken. It was further agreed that the HTP programme would be an 'early adopter' of the new EIC process and attend the January meeting.

1.5.1.6 Planned Care Board

The IDC received a summary update on elective, cancer and diagnostic programmes of work. The Programme Director reported that the system was on track to reduce 104 week waiters to zero for elective by end March but acknowledged that the 78 week target of zero was unlikely to be achieved - NHSE has been informed. The challenges regarding orthopaedics, urology and gynaecology at SaTH were noted but plans are in place to reduce the backlog. In terms of Outpatients, whilst activity levels for Advice & Guidance are not

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converting to reduction in face-to-face appointments at the rate expected, there has been some increase in PIFU at RJAH.

The IDC Chair suggested that more detail on recovery plans regarding diagnostics and the 78 week wait position should be presented to the IDC once next year's guidance had been received. The Vice Chair agreed to consider how best to present and report progress without introducing additional bureaucracy.

The IDC also noted a proposal from SaTH to temporarily consolidate the echo service for outpatients on the PRH site until end March 2023 so that the 6 week standard can be recovered. The waiting time for non-urgent echo was reported at 9 weeks due to sickness, other absences and gaps in the team. An improvement plan has been drawn up to enable recovery to the max. 6 week wait.

The proposal does not involve the inpatient service that would continue to be carried out at each site as normal.

SaTH will formally serve notice to temporarily change the service at the Planned Care Board in January 2023.

1.5.1.7 Investment Panel

The Deputy Director of Finance reported that 5 cases had been considered at the last Investment Panel.

Three proposals were recommended to proceed and were approved by the IDC:

- Health Rostering (SHT)
- Nurse Associates (RJAH 2nd Cohort)
- Robotic Surgery (SaTH)

Two cases were not approved to proceed at this time and feedback had been provided to the relevant parties.

1.5.1.8 HTP Update

The HTP Programme Director presented a report on progress of the Outline Business Case against the timeline of final draft by mid-April for submission to the JIC in June 2023. The report outlined the current areas of risk and mitigations including the work to align with the Local Care Transformation Programme, the additional capacity secured for digital and workforce planning and modelling. The Programme Director set out the increasing focus on the comms and engagement activity and the critical interdependency on the emerging system strategy.

The IDC noted the imperative to appropriately evidence the alignment of the HTP OBC with system strategy and the Local Care programme.

1.5.2 IDC Meeting 16/01/23 (condensed agenda to consider key decisions only)

1.5.2.1 NHS111

The SRO for the Midlands 111 Procurement Project set out the current position of three contracts currently in place for the NHS111 service across the Midlands and the proposed Provider Selection Process by which a provider for the future NHS111 service will be selected.

The SRO advised that both the West and East Midlands Collaborative Commissioning Boards had agreed that of the options proposed at meetings on 6th January, Option 3 had been agreed i.e. to enter into a Midlands-wide contract. A team has been established to align end dates for existing contracts and to procure and implement a new Midlands-wide contract that is in line with national guidance for commencement in April 2024.

Both Collaborative Commissioning Boards had agreed that the tender and specification would be signed off by a nominated lead on behalf of the Midlands although confirmed that appropriate consultation would take place.

In order to achieve the timeline for the new contract, a PIN needed to be issued in February 2023.

The IDC approved the proposal for both the Midlands-wide contract and the proposed Provider Selection Process.

1.5.2.2 Direct Award Contracts

A proposal was submitted by the Commissioning Team regarding the direct award of contracts due to expire at end March 2023.

Following discussion, the IDC approved that:

- All the proposed contract extensions should be limited to one year to facilitate transformation except in cases where this presented a risk to degradation of service provision. In that case the Commissioning Team could extend to two years without referral back to the IDC
- The contracts for which budget was in place were approved to proceed
- Two contracts for which there is no budget currently in place were not approved to proceed at this time. The IDC requested that the affordability issue be addressed through the appropriate route, either the planning

round or the Investment Panel before coming back to the IDC for contract award.

1.5.2.3 Hydroxychloroquine (HCQ) Business Case

The Medicines Management Lead presented the options appraisal for the commissioning of the HCQ Retinopathy Monitoring Service.

The IDC noted the work undertaken to develop the model, approved both the business case and the proposed commissioning route.

1.5.2.4 Individual Placement Support (IPS) Tender Award

The IDC approved the contract award as recommended.

2. Recommendations

The ICB is asked to:

- 2.1 **Note** that the Local Care Transformation Programme benefits framework was due for completion at end December 22 to align with the HTP OBC
- 2.2 **Note** the level of risk associated with the efficiency programmes and the need to mobilise additional FIP opportunities as mitigation
- 2.3 **Note** the action taken by the Director of Delivery & Transformation to assign system leads to FIP opportunities to promote ownership and drive progress
- 2.4 **Note** the additional support provided by MPFT to the System PMO to resource the FIP
- 2.5 **Note** the processes agreed to engage with the EIC and the roll out of an online Integrated Impact Assessment
- 2.6 **Note** the IDC approval to the proposed temporary change to the Echo Service
- 2.7 **Note** the three Investment Panel cases approved by IDC
- 2.8 **Note** the requirement to appropriately evidence alignment of the HTP OBC with the emerging system strategy and Local Care Strategy and the deadline of mid-April 2023 for the final draft.
- 2.9 **Note** the IDC approval for a Midlands-wide NHS 111 contract.
- 2.10 **Note** the approval for direct award of contracts discussed on 16/01/23 but on the proviso that contract extension would be limited to one year unless this presented a risk of degradation of service.

- 2.11 **Note** that the IDC has requested that affordability of the contract is addressed prior to approval of two contract awards where budget is not in place
- 2.12 **Note** the IDC approval of the HCQ Retinopathy Monitoring Service Business Case and the proposed commissioning route
- 2.13 **Note** the IDC approval of the award for the IPS contract

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Integrated Care Board

Agenda item no.	ICB 25-01-063								
Meeting date:	25 th January 2023								
Paper title	CCMPL Oversight Report								
Paper presented by:	Nicholas White								
Paper approved by:									
Paper prepared by:									
Signature:									
Committee/Advisory Group paper previously presented:									
Action Required (please select):									
A=Approval	<input type="checkbox"/>	R=Ratification	<input type="checkbox"/>	S=Assurance	<input type="checkbox"/>	D=Discussion	<input type="checkbox"/>	I=Information	<input checked="" type="checkbox"/>
Previous considerations:									

1. Executive summary and points for discussion

The purpose of the paper is to provide a short oversight report to confirm actions taken by the Clinical and Care Multi Professional leadership group (CCMPL).

The CCMPL is multi-organisational and multi-professional, made up of senior clinical and professional leaders. The group was established in July 2022 and meets monthly. The key aims of the group are:

- To provide a clear clinical and professional vision for the system and set system priorities.
- To provide oversight of the health and care senate and system clinical advisory groups

It is proposed that the group is to be renamed and is now to be called the Clinical and Professional Cabinet. The purpose for the change is to encourage colleagues to feel empowered, to have a voice, and demonstrate collaborative working.

It is also proposed that following each Clinical and Professional Cabinet a copy of the slide deck presented, and actions taken at the meeting, will be circulated to the system Chief Executives. This will ensure that system leaders are kept abreast of the work being done by the cabinet. The Cabinet will, in addition, report by exception anything significant from the meeting to the ICS Board going forward.

On 8th December 2022 the second STW Health and Care senate was held. It was co-hosted by the National NHSE CC MPL team, held virtually and had an attendance of other 60 members. The feedback from national colleagues was very positive. During the event (entitled “Creating a Shared Vision for Success for Clinical and Care Professional Leadership’ Workshop in Shropshire, Telford and Wrekin”) 3 key themes for future development were identified:

1. Leadership development offer (and workforce development) –creating cross-system opportunities such as mentoring, rotation, secondments etc; and exposure to different roles/areas of the system and broadening of skillsets, starting at lower banding.
2. Communications, clarification and strategy – people are keen to know what it means and how they fit into it. Mapping what exists already and working out what’s missing? And then supporting people to access information, navigate the system and get involved if they want to.
3. Digital and data enabled collaboration, shared care records, and PHM

These will be further developed at the next Senate to be held on 5th April 2023.

Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin ICB is asked to note the contents of this report.

3. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

4. Appendices - None

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	
Equality, Diversity, and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	
Action approved at Board:	
If unable to approve, action required:	
Signature:	Date:

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	