Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW Integrated Care Board

MEETING
29 March 2023 14:00

PUBLISHED
24 March 2023

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AGENDA (PART 1)

Meeting Title	Integrated Care Board	**Date**	Wednesday 29 March 2023
Chair	Professor Trevor McMillan	**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 35 minutes: 2pm – 2.35pm)					
ICB 29-03-064	Apologies and Introductory comments by the Chair	Professor Trevor McMillan	I	Verbal	2.00
ICB 29-03-065	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)	Professor Trevor McMillan	S	Verbal	
ICB 29-03-066	Minutes from the previous meeting held on Wednesday 25 January 2023	Professor Trevor McMillan	A	Enc	
ICB 29-03-067	Matters arising and action list from previous meetings	Professor Trevor McMillan	A	Enc	
ICB 29-03-068	Questions from Members of the Public: *(There were no questions submitted in January)* Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Professor Trevor McMillan	I	-	
ICB 29-03-069	Follow up on Patient's Story: MSK Integration across Shropshire Telford and Wrekin *(Mike Carr attending)*	Stacey Keegan	S	Enc	2.10

STRATEGIC SYSTEM OVERSIGHT (approximately 45 minutes 2.35pm – 3.20pm)					
ICB 29-03-070	ICB CEO Report: • Update to ICB on Emergency decision made by Chair and CEO • GP Access Report Update • Impact of Industrial Action • SEND visit to Shropshire Council • Planning and JFP Update: Draft Outline Plan • Health and Wellbeing Hub Update • Waiting times 0 target • Joint Provider Collaborative for Mental Health Services	Simon Whitehouse	S	Enc	2.35
ICB 29-03-071	Review of NHS Health Inequalities objectives within the System Operational Plan 22/23 and Recommendations for 23/24. *(Tracey Jones attending)*	Simon Whitehouse	A	Enc	2.50
ICB 29-03-072	People Programme Annual Report 2022/23 & ICS People Strategy 2023 - 2027 *(Presentation by Tracy Hill)*	Tracy Hill	A	Enc	3.05
10 MINUTE BREAK					
SYSTEM GOVERNANCE AND PERFORMANCE (approximately 40 minutes 3.30pm– 4.10pm)					
ICB 29-03-073	Integrated Care System Performance Report: • Finance • Performance • Quality • People	Julie Garside	S	Enc	3.30
ICB 29-03-074	System Risk Appetite and Board Assurance Framework (BAF)	Simon Whitehouse	A	Enc	3.45
ICB 29-03-075	Delegation of Pharmacy, Optometry and Primary and Secondary Care Dental services (PODs) commissioning functions from NHSE to ICBs and the associated governance arrangements required from April 2023. *(Tracey Jones attending)*	Simon Whitehouse	A	Enc	3.55
BOARD COMMITTEE REPORTS (approximately 25 minutes 4.10pm-4.35pm)					
ICB 29-03-076	**Assurance**				
ICB 29-03-076.1	Quality and Performance Committee Chair's Report for meetings held on 23 November 2022 and 25 January 2023	Meredith Vivian	S	Enc	4.00
ICB 29-03-076.2	Finance Committee Chair's Reports for meetings held on 29 November 2022 and 31 January 2023	Professor Trevor McMillan	S	Enc	
ICB 29-03-076.3	Remuneration Committee Chair's Report for the meeting held on 9 March 2023	Professor Trevor McMillan	S	Enc	

	Strategy				
ICB 29-03-076.4	Strategy Committee Chair's Report for meetings held on 19 January 2023 and 16 February 2023	Cathy Purt	S	Enc	
ICB 29-03-076.5	System People Committee Chair's Report for meeting held on 15 March 2023	Dr Catriona McMahon	S	Enc	
ICB 29-03-076.6	Primary Care Commissioning Committee Chair's Report held on 3 February 2023	Dr Niti Pall	S	Enc	
	Delivery				
ICB 29-03-076.7	Integrated Delivery Committee Chair's Report for meetings held on 13 February 2023 and 13 March 2023	Harry Turner	S	Enc	
ICB 29-03-077	Any Other Business: *(To be notified to the Chair in advance)*	Professor Trevor McMillan	D	Verbal	4.35
	Date and time of next meeting: Wednesday 26 April 2023 Shrewsbury				

***RESOLVE**: To resolve that representative of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)*

Professor Trevor McMillan OBE
Deputy Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

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NHS Shropshire Telford and Wrekin Integrated Care Board

Minutes of Meeting held in public on
Wednesday 25 January 2023 at 2pm
Reynolds Suite The Holiday Inn Telford International Centre, St. Quentin Gate, Telford TF3 4EH

Present:	
Sir Neil McKay	Chair, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
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	Chief Executive Shropshire Community Health NHS Trust.
Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Stacey Keegan	Foundation Trust Partner Member and Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership NHS Foundation Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire County 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
Terry Gee	Chief Executive Officer, STAY Telford
Nigel Lee	Interim Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust (SaTH) – representing SaTH
Mark Docherty	Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust
Alison Smith	Director of Corporate Affairs, NHS STW
Cllr. Andy Burford	Telford and Wrekin Council- representing Cllr. Shaun Davies

Jackie Jeffrey	Vice Chair Shropshire, VCSA
Tina Long	Interim Chair, Shropshire Community Health NHS Trust
Jayne Knott	ICB Programme Support, NHS STW

Minute No. ICB 25-01-048 Introduction and Apologies:

48.1 The Chair opened the meeting of the STW Integrated Care Board (ICB) and welcomed everyone. The following apologies were noted:

Louise Barnett	Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Barry Parnaby	Chair, Healthwatch Telford and Wrekin
Cllr. Lezley Picton	Leader of Shropshire Council
Tracy Hill	Interim Chief People Officer, NHS STW
Cllr. Shaun Davies	Leader of Telford and Wrekin Council
Pauline Gibson	Non-Executive Director, Midlands Partnership NHS Foundation Trust

48.2 The Chair welcomed Nigel Lee, Interim Director of Strategy and Partnerships, Shrewsbury and Telford Hospital NHS Trust representing SaTH and Tina Long, the new Interim Chair for Shropshire Community Health Trust. The ICB also welcomed Cathy Purt, Non-Executive Director at Shropshire Community Health Trust, who was also the Chair of the ICB Strategy Committee and Jackie Jeffrey in the place of Heather Osbourne, Chief Officer, Age UK.

48.3 The Chair thanked the outgoing Chair of the Shropshire Community Health Trust, Nuala O'Kane for all the work she had done for the ICS, the ICB and for Shropshire Community Health Trust, as well as for health and care across the System over many years. He said she would be greatly missed and wished her the very best for the future.

48.4 The Chair also offered congratulations to Stacey Keegan who had been formally appointed as Chief Executive Officer of the Robert Jones and Agnes Hunt Orthopaedic Hospital.

48.5 The Chair said that it had been an incredibly busy time since the ICB had met and he wanted to pay tribute to and to record his personal gratitude to all the people within the System and partner organisations for the fantastic spirit of camaraderie during this period that had helped to make sure that the System had been able to provide the best possible care during one of the most difficult times working in the NHS. So, thank you everybody for your contributions and for the hard work and effort of all your staff.

Minute No. ICB 25-01-049 Declarations of Interest:
It was noted that no new Declarations of Interest had been declared and none declared that conflicted with any agenda item.

The Register of Board Members Interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.net)

Minute No. ICB 25-01-050 Minutes from meeting held on 30 November 2022:
The Minutes of the meeting held on 30 November 2022 were approved as an accurate record.

Minute No. ICB 25-01-051 Matters arising and Action List from previous meetings:
51.1 The Chair referred to the Action List and confirmed that all actions were either completed, or, on today's agenda, with the exception of the following Matters Arising:

- The PCCC Report on GP telephone access. The ICB discussed the timing of the publication of that Report and Nicholas White confirmed that it would be brought back to the ICB on 29 March 2023.

- The Big-Ticket Item, People Plan and Workforce, had been deferred until the ICB met on 29 March 2023 so that Tracy Hill could be in attendance.

- The Chair asked Mr Robinson to circulate to the ICB information on indicative waiting times for treatment across all the different specialities as soon as possible.

Action: Mr Gareth Robinson to circulate to the ICB information on indicative waiting times for treatment across all the different specialities as soon as possible.

51.2 The Action List was approved.

Minute No. ICB 25-01-052 Questions from Members of the Public:
No questions were submitted from members of the public.

ICB 25-01-053 Presentation on the implementation of The New Dementia Model:
Mr Gareth Robinson introduced the Dementia Team, George Rook, Helen White and Linda Vaughan to the ICB.

George Rook thanked the ICB for the opportunity to come and present the New Dementia Model. He said it was the product of several years of co-produced work across Shropshire, Telford and Wrekin and said that the slide presentation circulated to the ICB was the vision for a new Model for dementia assessment and post-diagnosis support.

Mr Rook said that the Model had been developed and co-produced by people living with dementia, unpaid carers and health and care professionals working together through the Shropshire, Telford and Wrekin Health Economy Dementia Steering Group of which he was Chair. He said that the Model tried to address the issue that people living with dementia and their unpaid carers, felt largely unsupported under the current system. He said that most of changes related to Shropshire in order to bring care there up to level available in Telford.

Mr Rook highlighted the following key elements of the new Dementia Model:

- Fair access across the community.
- Referral and pre-assessment support within general practice.
- Assessment and diagnosis carried out within the newly named service, the Dementia Assessment and Support Service (DASS) hosted by MPFT.
- In complex cases, post-diagnosis support to be carried out by Admiral Nurses.

- Four Admiral Nurses in Shropshire appointed in December.
- Less complex cases handled by Dementia Navigators from existing staff within DASS.
- Each person having a Living Care Plan, a positive plan, in a sense to fight against being seen as 'disabled' by care services and 'enabled' to live well.
- Annual Dementia Reviews carried out in General Practice by staff who are sufficiently trained and experienced in dementia.
- Community Peer Support Groups facilitated by the Alzheimer's Society Dementia Link workers.
- In Telford, carer respite entitlement provided a minimum of 25 hours a year. Mr Rook said that he wanted to see the same 25 hours available in Shropshire too.

Mr Rook said that the New Dementia Model would improve the health and well-being of up to 10,000 people (sufferers and their carers) and that he believed the service could prove to be the best dementia support service in the Country. He said the Model would be able to deliver better value because people's needs would be met, GP appointments and hospital admissions would be reduced. He saw it as a win-win situation.

Mr Rook said that there were challenges to implementation of the New Model around collaborative working of partners and systems. Mr Rook asked the ICB for Board sponsorship, guidance and support for the New Model because he wanted to ensure that baseline data would be available to evaluate the success of the New Model in three- or four-years' time.

The Chair thanked Mr Rook for the very clear presentation and said it was a very compelling set of arguments for moving the service forward.

Dr Ian Chan and Tina Long both said that more and more patients with dementia were presenting with multiple unmet needs because they lived alone, presented late with symptoms, and often ended up in hospital because of self-neglect. Tina Long added that Shropshire Community Health Trust was doing a thorough deep dive into assessment and diagnosis because there were groups of undiagnosed people who were not getting the right level of support.

The Chair thanked Mr Rook for all the hard work that had gone into the New Model and said that he looked forward to hearing about progress and seeing the team again in about six months' time. The Dementia Team left the meeting. The ICB agreed to review the New Model with the Dementia Team again in six months' time to reflect on how it was operating and the progress that had been made.

Action: Gareth Robinson. ICB to review the New Dementia Model again with the Dementia Team in six months' time to reflect on how it was operating and the progress that had been made. To September ICB Forward Plan.

RESOLVE: NHS Shropshire, Telford and Wrekin ICB NOTED the content of the presentation and APPROVED the actions stated above.

Mrs Niti Pall joined the meeting.

Minute No. ICB 25-01-054 CEO Report

54.1 Simon Whitehouse presented his CEO Report that updated the ICB with activity that had taken place since it had last met. Mr Whitehouse added the following comments:

54.2 Part 1: NHSE Quarterly System Review (QSRM)

Mr Whitehouse referred to Appendix A, the feedback letter from NHS England regarding the last QSRM that sets out the areas of good practice that were recognised and the areas of challenge, indicating current performance and current functioning within the System. He said that positive feedback had been received in the following areas:

- Progress at SaTH and RJAH with 104 week waits for elective care.
- Covid-19 and flu vaccination rates remained 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.

There remained challenges around performance regarding elective care, cancer, access to primary care face to face appointments and a significant financial challenge. The system continued to report long ambulance handover delays and it is important that this measure is seen as a 'proxy measure' for the UEC position across the system.

54.3 Urgent and Emergency Care including Industrial Action

Mr Whitehouse said that he wanted to recognise the Urgent and Emergency Care pressures that the System had been under from the impact of industrial action, Covid-19 and Winter Flu, as well as the challenge workforce were under relating to ambulance handover delays. He said he wanted to thank publicly every member of the health and care workforce, ICB statutory organisations, the Chairs and CEOs who had worked tirelessly over this period. Mr Whitehouse said that the System would continue to have Winter pressures a while longer and that a further cold snap would drive a further period of increased activity. There remained significant improvement work to be undertaken in this area.

54.4 Department of Health and Social Care Meeting with Maria Caulfield MP

Mr Whitehouse advised the Board that a meeting had taken place with Maria Caulfield MP on behalf of the Department of Health and Social Care. He said the purpose of the meeting had been to engage directly with ICB Chairs and Chief Executives and that it had been a helpful and constructive conversation on a variety of topics from urgent care pressures to long waiting times for treatment.

Mr Whitehouse said that he had taken the opportunity to invite the MP to see the fantastic work taking place across the System but also to ask the Government to engage positively and constructively with the trade unions to bring an end to the industrial action. The Chair added that they had also raised with the MP the huge amount of work that still needed to be done for social care. He said that having hospital discharge funding on a non-recurring basis was of limited value going forward and that what was needed was a long-term social care strategy to fix the System.

54.5 Part 2: Adult Social Care Discharge Fund and Acute Discharge Improvement Plan Funding

Mr Whitehouse said that the report touched on some of the additional monies that had come into the System as a result of the Adult Social Care Discharge Fund. The Acute Discharge Improvement Plan had been facilitated and developed through working with partners effectively to draw money down and into the System.

Mr Whitehouse said that System partners were now working together to reduce the 'no criteria to reside' patients and get people out of hospital quickly when there was no requirement for them to be there. He said that better performance ultimately meant better outcomes for patients.

54.6 Development of the Office of the West Midlands ICB Joint Arrangements

Mr Whitehouse referred to the September CEO report that included information on the development of the West Midlands Office of the ICB's, setting out what activities would take place on a sub-regional footprint.

Mr Whitehouse referred to Appendix B attached containing full details of the Joint Arrangements. It was noted that the Office would initially have two key roles:

- To support a consistent and efficient approach to commissioning of services on behalf of the ICBs.
- To agree a programme of work and set of priority areas for ICBs to work at scale for the benefit of West Midlands Patients.

54.7 Transfer of delegated activities from the NHS England to ICB's

Mr Whitehouse referred to the transfer of responsibilities from NHS England to the ICB relating to Pharmacy, Optometry and Dentistry (POD) appearing later on the agenda for approval. Mr Whitehouse said that it was important not to lose sight of the fact that the delegation was not simply a business transaction but an opportunity to make sure that those areas were managed in the right way within the new System, from the contracts and commissioning process to how and what services were provided to residents.

Patricia Davies raised issues of scarce people resources, evaporation of staff and knowledge base, budget and money transfer in the West Midlands footprint and the risks that may arise. Mr Whitehouse said that due diligence was underway in relation to the delegation of POD activities but that he shared some of the concerns that had been expressed.

54.8 Funding

Cllr Andy Burford talked about discharge funding being non-recurrent and how it was a continuing worry that it was ending in two months' time. He said he was also concerned about funding via the Better Care Fund.

Mr Whitehouse said that there were likely to be some difficult discussions about priorities and that it would be necessary to prioritise within existing resources.

David Sidaway confirmed that one-off funding allocated to Councils and the IBC for Telford and Wrekin predicted a £6 million deficit in April.

Mr Gareth Robinson confirmed that a:

- £5.1 million allocation had been made in December that was revenue neutral. A commitment to additional capacity for domiciliary care and social care support had been made for this money.
- £1.7 million allocation last week was also revenue neutral. He said he was working with both Local Authorities and partners with proposals for the funding.
- Both sets of funding provided against costs incurred, revenue neutral but genuinely bringing additional capacity.
- That there would be no additional ICB spend over and above that allocated through the identified national resource.

RESOLVE: NHS Shropshire Telford and Wrekin ICB NOTED the contents of the CEO report as follows:

- **Noted the detail provided in Part 1 and 2 of the Report.**
- **Noted the detail provided in the update for Urgent and Emergency Care.**
- **Noted the update around Primary Care challenges and pressures.**
- **Noted the update regarding the further development of the Office of the West Midlands ICB's.**
- **Noted the update of the development of the IC Strategy for STW.**
- **Noted the POD Delegation operational update.**
- **Noted the risks around the available discharge funding in 23/2**

Minute No. ICB 25-01-055 Report on the Integrated Care Strategy (IC Strategy) and the Development of the Joint Forward Plan (JFP):

55.1 Nicola Dymond introduced the report on the IC Strategy and Development of the JFP, as follows:

1 Update on development of the Approved Interim Integrated Care Strategy.
2 JFP.
3 Engagement Plan.

55.2 IC Strategy
Mrs Dymond said that a huge amount of work had gone into these areas. She referred to work done analysing and addressing inequalities in access to services, driven by deprivation and rural exclusion, as well as a focus value-based principles in support of independence and self-care, as well as end of life care. She said that a lot of work had taken place to convert strategy into action.

55.3 Engagement with the Public
Both Mr Andy Begley and Mr David Sidaway expressed the following concerns about the engagement process:

- That the Strategy did not look at the wider determinants of health outcomes and how to leverage that to greater effect.
- That the engagement process failed to leverage the capabilities and knowledge of the Voluntary Sector.
- That engagement needed to be at as low a level as possible across the geography and not just at a macro level.

- The good work carried out needed a step change. That what was necessary was to look at how the System leveraged everything within a place-based model to make the kind of improvements necessary.

Mr Sidaway said that the two Local Authorities were best placed to support and guide public engagement. He suggested that engagement should also take place through the Health and Well-Being Boards of both areas. He said it was a real opportunity for the ICB to lead that engagement but with clear support from both Local Authorities.

55.4 Mrs Dymond said that the Approved Interim Integrated Care Strategy had been presented to the ICB to enable it to reflect upon the contents following ICP approval.

55.5 JFP

Mrs Dymond said that the JFP would be derived from the IC Strategy and made the following additional comments:

- That guidance had been released from NHS England. She confirmed that a draft outline version of the JFP had to be submitted to NHS England at the end of March.
- That the engagement process and socialising of the JFP had to be complete for final publication in June.
- JFP to be fully aligned and reflected into organisational and ICS development.
- That the Big Health and Well-Being Conversation piece of work effectively sat across two phases of work:

  Phase 1: Helping to build strategic intent and moving forward with key decision-makers and partner organisations.
  Phase 2: Focused around communities and public discussions.

  She said there had been 5 Community sessions planned in March for Ludlow Bishops Castle, Bridgnorth, Oswestry and Telford.

55.6 Sir Neil McKay summarised the discussion as follows:

- That pulling together all the different parts of the Integrated Care Strategy, JFP and Engagement Plan alongside the ICB Operational Plan, Finance Plan and People Plan would be a huge amount of work that needed to be done before the end of March. He referred to the Board Development Session on 22 February 2023 and said it was an opportunity to make good use of that time and for these items to be put on the agenda for that session.

- That the ICB would need to think about the means of delivery in terms of provider arrangements and provider collaboration.

- That the ICB needed to be in a position where it had a number of clear incisive priorities in the JFP making sure that it did not suffer the same fate as the old NHS style plans and commissioning intentions. He said that there had been a lot of mapping work behind the scenes that would need to be brought to fruition through those engagement sessions. He said that plans had to have clear outcomes.

- That the ICB should clearly take advantage of the Voluntary Sector networks as well as enhance engagement opportunities through the Health and Well-Being Boards.

Action: Nicola Dymond. To discuss with the Voluntary Sector and with the Health and Well-being Boards the Integrated Care Strategy, Joint Forward Plan and Engagement Plan. To include Integrated Care Strategy, Joint Forward Plan and Engagement Plan as part of the agenda for the Board Development day on 22 February.

RESOLVE: NHS Shropshire, Telford and Wrekin ICB NOTED the report on the development of the IC Strategy, the development of the JFC and the Engagement Plan

Minute No. ICB 25-01-56 Progress with Big Ticket Item Hospitals Transformation Programme (HTP)

56.1 Mr Nigel Lee, Interim Director of Strategy & Partnership, presented the HTP Report. Mr Lee referred to a number of key points from the report as follows:

- Progress had been made on the second of the three major stages in the HTP, the Outline Business Case (OCB). Full Business Case targeted for approval in Autumn 2023.
- The importance of the HTP work in the context of the overall work within the ICS.
- The fundamental aims and the plans to retain two thriving hospital sites to improve care that had been led by clinical teams and working with national and other clinical bodies, so improvements in care are focused on outcomes.
- A rigorous governance framework including accountability to the ICB Integrated Delivery Committee and SaTH HTP Committee.

56.2 Mr Lee said that the intention was to submit the OBC to the Joint Investment Committee in the Summer and the Full Business Case by the end of this calendar year.

56.3 Engagement with the Public.
Mr Lee said that he was really grateful to partners across the ICS for all of their support and wanted to reiterate that HTP included a model of care aimed at improving the quality of services for all residents. He said HTP was a key part of wider ICS ambition.

56.4 The Chair made the following comments:

- That the ICB knew that in some quarters HTP was not supported but nonetheless it needed to move it forward, explaining more and more to communities, about the new service. He said he would be grateful if when the ICB had discussions around this table and elsewhere about HTP, that HTP and the Local Care Programme should be seen to be one and the same piece of work.
- With Government support and large amounts of capital to invest the ICB owed it to residents to make sure it took advantage of it.

- That the ICB owed it to residents to make sure that they felt part of the process of designing the new service which was not just about hospital rebuilding but about the whole fabric of health and care in the community.

56.5 Nuala O'Kane expressed concern that the message regarding the benefits of HTP had not been heard. She said that there was a large part of the community, mainly around the Telford and Wrekin area, that did not see it as an advantage but a loss. She said that she was concerned that the voices opposing the HTP were louder than those advocating it and asked the ICB to do more around messaging.

56.6 ICB members made the following additional comments:

- That HTP should be seen as part of the overall ICS Strategy and communicated to residents as such.
- That the ICB had good evidence that centralised high level acute care saved people's lives and improved outcomes.
- That it was necessary to reinforce the 'whole system approach' to communities and the key messages of HTP.
- To articulate 'hospitals without walls' and community-based delivery of care to residents as well as hospital-based care.

56.7 Cllr Andy Burford said that some people argued early on at the inception of the Future Fit programme that the two things; transformation of acute care and community service provision, were intimately linked but that link was broken during the course of Future Fit. He said it became a focus on hospitals and there needed to be a lot of work done now to convince people that there could ever be a step change to the picture of acute care in Shropshire, Telford and Wrekin.

RESOLVE: NHS Shropshire Telford and Wrekin ICB NOTED the progress on the OBC and the timetable for 2023 and NOTED the plans for continuous involvement of the public and communities, stakeholders and staff in the development of the detailed plans.

Action: Autumn 2023 submission of Full Business Case. Nigel Lee to update ICB in September 2023.

Minute No. ICB 25-01-057 Integrated Care System Performance Report

57.1 Mr Gareth Robinson introduced the Integrated Care System Performance Report and Appendix A - Data Pack. He made the following comments relating to operational performance.

57.2 Urgent and Emergency care. Mr Robinson said he was in no doubt that performance during November, December and January had been really challenging with some of the worst performance around ambulance response times.

- December reported 20% of total attendances incurring 12+ hours stay in ED.
- Two critical incidents had been declared since the last ICB.
- A number of specific actions came out of the Winter Flow Summit that had a material impact on performance, including an expansion in Primary Care appointments at GP practices, with more than 30 practices offering additional appointments.

- Additional national money into the Adult Social Care Discharge Fund. This had helped to support the ongoing work on the number of complex discharges of patients.
- The provision of temporary and additional beds at Robert Jones and Agnes Hunt Orthopaedic Hospital.
- An ICB system control centre at Shrewsbury and Telford Hospital relating to flow of patients in and out of Emergency Care.
- Increased capacity in the Virtual Ward by 20 beds with plans to move to 75 beds by the end of the month.
- A single point of access to ED had a significant impact in terms of stepping up the number of patients, averaging 6 patients per day, up to 25 patients per day.
- Elective Care Key Data: Continued work towards zero 78 and 104 Week Waits targets by the end of March. 78 Week Waits forecasting 889 patients waiting with an intention to bring that down to 723. 104 Week Waits forecasting 34 patients waiting. He said there were obviously risks around hitting the zero target by the end of March.

57.3 The Chair said that the elective care numbers were very concerning and the ICB needed to discuss how those numbers would be reduced. He asked that provider CEOs reviewed these urgently and ensured that recovery plans delivered on their stated ambitions. He further asked that provider Chairs have strong oversight on the need to deliver significant improvements in the long wait trajectories.

57.4 <u>Ambulance response times</u>
Mark Docherty offered the ICB reassurance that ambulance services were performing better in recent weeks. In December he said there had been many patients waiting for an ambulance for long periods but now, as a result of reduced demand in Shropshire, patients were getting an ambulance response quickly. He confirmed that prior to coming to the meeting today there were no delays this morning at hospitals and that had not been seen that for many months.

Mr Docherty also referred to patients changing their behaviours as a result of industrial action and a reduction in inappropriate calls. However, he also confirmed that he was currently aware of lots of patients getting a taxi or the bus to hospital rather than call or wait for an ambulance. He said if January carried on as it had been, for the first time in over a year, there was a reduced risk of handover delays from 25 down to below 20 which was very encouraging.

Patricia Davies, Stacey Keegan and Nigel Lee all said that the last few months had been amongst the most challenging they had seen over the last three years and that the joint focus of the partnership working together gave a sign for cautious optimism, despite working under an enormous amount of pressure in relation to emergency care.

57.5 <u>Pressure on hospitals</u>
Dr Catriona McMahon and Nigel Lee said that the operational pressure on hospital workforce was significant.

57.6 Patient data
Nuala O'Kane asked about data on patient harm caused by delayed handover and delayed care to which Dr Catriona McMahon responded. Dr Povey said that the System as a whole was not measuring significant harm to patients.

Action: Mr Nick White and Alison Bussey to co-ordinate data on patient harm caused by delayed handover and delayed care with SaTH and WMAS for review by the Quality and Performance Committee in March.

57.7 The ICB acknowledged that the following changes were having a significant beneficial effect on the System:

1 The Integrated discharge team.
2 The Acute Floor.
3 Virtual Ward
4 Rapid Response.

57.8 The Chair said that the changes looked promising but that it was important to see whether the improvement could be sustained, particularly post-industrial action.

57.9 It was also acknowledged that these System changes needed to be reviewed to ensure that they had not shifted the risks or indeed created additional risks in the System. Gareth Robinson said that whether the System was improving or not was not an exact science. He said the key performance indicators told a story upon which one could make a judgment of an overall impact. He acknowledged that there may be risks being carried in the System due to the speed of the changes that had been introduced.

57.10 Reducing 78 Week Waits to zero target.
Mr Robinson confirmed that the NHS England target for the 78 week waits at the end of March was zero. He said that the STW ICB number had been 458 at start of year and that NHSE had accepted that number. He said currently SaTH stood at 512 and Robert Jones and Agnes Hunt at 222, totalling 734.

The Chair said that there had to be an integrated plan to achieve the zero target quickly and with review and oversight of that plan by the Integrated Delivery Committee before the end of March.

The Chair asked Gareth Robinson to co-ordinate with the two hospitals and with the Integrated Delivery Committee Chair. He said it was imperative that those numbers were reduced dramatically and for the ICB to have sight of that plan. In addition to the Integrated Delivery Committee overseeing the operational plan to achieve the zero target, it was acknowledged that the Quality and Performance Committee would also need to review the plans.

Action: Mr Gareth Robinson to produce an integrated plan to achieve the zero target, review and oversight of that plan by the Integrated Delivery Committee and Quality and Performance Committee before the end of March. Next Chair's Reports to report on that plan.

57.11 Finance

Claire Skidmore introduced the finance section of the Integrated Performance Report. The following Key Data at Month 9 was noted:

- £49.8m YTD deficit
- £28.8m adverse to plan
- £4.1m adverse to plan FOT

Mrs Skidmore said that the drivers of the overspend were entirely consistent to what had been reported all year. She said there were a set of market pressures through the ICB and the CHC, where it was most prominent, and they had been able to mitigate this through the use of unlocking balance sheet and non-recurring funds. Mrs Skidmore referred to the cost of discharge and the cost of escalation within SaTH amounting to multiple millions of pounds as being one of the main core drivers of the movement from plan.

Mrs Skidmore also reflected on the people section and the level of vacancy rates and sickness rates, saying that the System was still having to bring in agency and locums to cover the work. This then resulted in increased escalation costs, so it really was absolutely in the System's interest to drive those discharges to improve the bottom line.

To give some assurance that work was well underway on the finance plan for next year and beyond, Mrs Skidmore said that they were not just looking at one year but the longer term and that the initial cut of the numbers would be submitted to the Finance Committee next week. Professor Trevor McMillan said that if the ICS was going to make a real difference over a five-to-ten-year period, then it had got to start thinking now about what it wanted to look like in five to ten years' time and start prioritising the finances towards that.

RESOLVE: NHS Shropshire, Telford and Wrekin ICB

NOTED the current integrated performance of the System, the on-going challenges with System's operational performance and associated risks with our financial performance and workforce. For Elective/Cancer recovery the Board

NOTED the assurance that all operational actions that could be done had been done. The Board also noted that for UEC, performance in December was really challenging across the System. However, a comprehensive series of actions had taken place which when combined with lower levels of demand had allowed the System to be in significantly improved position in the care of our patients.

In addition, the Board APPROVED the following developments:

- **The 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 remained a priority.**
- **To include quality and safety metrics and incorporate their impacts within the narrative report.**

Minute No. ICB 25-01-058 Transfer of Pharmacy, Optometry and Dental services (POD) Commissioning Services from NHSE to ICB - Approval of governance documents:

58.1 Gareth Robinson presented the Report and Appendices 1 and 2 on Delegated commissioning of Pharmacy, Optometry and Dental services from NHS England to NHS Shropshire Telford and Wrekin effective from April 2023. The ICB noted that the following functions were to be delegated:

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

58.2 The ICB was asked to note the contents of the delegation briefing paper and to approve:

1. The joint working arrangements for POD from April 2023
2. The ICB-to-ICB Agreement for the establishment of the West Midlands Region Joint Commissioning Group (as a sub-committee of the main Tier 1 Joint Committee) and
3. The Terms of Reference for the ICB and West Midlands Region Joint Commissioning Committee.

RESOLVE: NHS Shropshire, Telford and Wrekin ICB NOTED the contents of the report and APPROVED the joint working arrangements for POD and the documents listed in 2 and 3 above.

Minute No. ICB 25-01-059 Governance Handbook: Amendment to Scheme of Financial Delegation

59.1 Claire Skidmore introduced the Amendment to the Scheme of Financial Delegation paper. She said that after operating for a number of months they had found a small area of the Financial Scheme of Delegation had been quite restrictive operationally and so a proposal for amendment had been put to the Audit Committee on 18 January that did not take away any financial control but that would allow some flexibility. Mrs Skidmore asked the ICB to approve the proposed amendment as outlined.

RESOLVE: NHS Shropshire, Telford and Wrekin ICB NOTED the contents of the report and APPROVED the recommended amendment to the Financial Scheme of Delegation in the Governance Handbook.

Minute No. ICB 25-01-060 Board Committee Reports

60.1 Quality and Performance Committee Chair's Report
The Quality and Performance Committee Chair's Report for the meeting held on 26 October 2022 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.2 Finance Committee Chair's Report
The Finance Committee Chair's Report for a meeting held on 2 November 2022 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.3 Audit Committee Chair's Report
The Audit Committee Chair's Report for the meeting held on 18 January 2023 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.4 Remuneration Committee Chair's Report
The Remuneration Committee Chair's Report for the meeting held on 1 November 2022 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.5 Strategy Committee Chair's Report
The Strategy Committee Chair's Report for a meeting held on 15 December 2022 was received and attachment approved.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.6 System People Committee Chair's Report
The System People Committee Chair's Report for a meeting held on 30 November 2022 was received.
NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.7 Primary Care Commissioning Committee Chair's Report
The Primary Care Commissioning Committee for a meeting held on 2 December 2022 was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

60.8 Integrated Delivery Committee Chair's Report
The Integrated Delivery Committee Chair's Report for the meetings held on 20 December 2022 and 16 January 2023 was received. Harry Turner said that there were just two points he wanted to make:

- Acknowledging the concern that the ICB had around pace, delivery and finance, the IDC had agreed that Mr Robinson would mandate leads in the organisations, who the IDC would hold accountable for delivery, and he said that he believed that this was now happening.

- On the 78 and 104 Week Waits for treatment, Mr Turner confirmed that the IDC had agreed that it would also undertake a deep dive into these and would be able to report to the ICB in more detail in the next Chair's Report.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

Minute No. ICB 25-01-061 Minutes of ICP
Minutes of the Integrated Care Partnership meetings held on 5 October 2022 and 21 December 20220 were received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Minutes.

Minute No. ICB 25-01-062 Clinical and Care Multi-Professional Leadership (CCMPL) Report
The Clinical and Care Multi-Professional Leadership Report was received.

NHS Shropshire, Telford and Wrekin ICB NOTED the Report.

Minute No. ICB 25-01-063
Date and time of next meeting: Wednesday 29th of March 2023. The Chair closed the meeting at 4:40pm.

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Integrated Care Board

Actions List from ICB Meeting Wednesday 25 January 2023

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Minute No. ICB 25-01-051.1 Indicative waiting times for treatment	Circulate to the ICB information on indicative waiting times for treatment across all the different specialities	GR	As soon as possible	See attached Appendix Waiting Times SaTH. Information to be shared with GP practices monthly. Information across all providers to be shared with next update.
Minute No. ICB 25-01-053 New Dementia Model	ICB to review the New Dementia Model again with the Dementia Team in six months time to reflect on how it was operating and the progress that had been made.	GR	September ICB	To September ICB Agenda
Minute No. ICB 25-01-055.6 IC Strategy, JFP and Engagement Plan	To discuss with the Voluntary Sector and with the Health and Well-being Boards the IC Strategy, JFP and Engagement Plan. To include IC Strategy, JFP and Engagement Plan as part of the Agenda for the Board Development Day on 22 February.	ND	As soon as possible	Completed
Minute No. ICB 25-01-056.7 Hospital Transformation Plan	Autumn 2023 submission of Full Business Case. Nigel Lee to update ICB.	LB	September ICB	To September ICB Agenda
Minute No. ICB 25-01-057.6 Data on Patient Harm	Co-ordinate data on patient harm caused by delayed handover and delayed care with SaTH and WMAS for review by the Quality and Performance Committee before end of March	NW/AB	End March	To QPC to review data
Minute No. ICB 25-01-057.10 Waiting times for treatment 0 target	To produce an integrated plan to achieve the 0 target, review and oversight of that plan by the IDC (operation of the plan) and QPC (quality and delivery	GR	End March	Weekly reports have been provided to IDC and CEOs on position

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
	risks of plan) before the end of March. Next IDC and QPC Chair's Report to report on that plan.			relating to forecast numbers of patients waiting for greater than 78 weeks at the end of March 2023. See update in CEO Report and IDC Chair's Report.

Actions List from ICB Meeting Wednesday 30 November 2022

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
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	SW	29 March 2023	To ICB 26-04-23 Agenda
Minute No. ICB 30-11-037.4 Recruitment for Chief People Officer	To keep the ICB updated with recruitment progress	SW	Ongoing	In progress
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	SW	From 30 November 2022	In progress
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	See CEO Report ICB 29-03-23
Minute No. ICB 30-11-044.5 SaTH.	Consider the introduction of a publicly available facility showing live capacity data at emergency	Gareth Robinson	25 January 2023	In progress

Agenda Item	Action Required	By Whom	By When	Date Completed/Comments
Emergency department live capacity data for patients	departments and signposting patients to other available options eg MIU			

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	To ICB 26-04-23 Agenda
28 September 2022 Minute No. ICB 28-09.019 Residents Story: Musculoskeletal pathway	Ms Keegan to discuss with Anne Marie about joining the MSK group as a patient representative. Ms Keegan suggested bringing a report/paper back on MSK Transformation to November's Board for a broader discussion Circulate document for information around communication to patients around waiting times. 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	Stacey Keegan	30 November 2022	To ICB 29-03-23 Agenda

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
	national/regional performance management can be improved.			
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 Well-Being Hub in Shrewsbury Mr Simon Whitehouse to circulate to Board exact date in 2023 for final version to be published.	Simon Whitehouse	30 November 2022	See CEO Report ICB 29-03-23
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	To 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	To ICB 29-03-23 Agenda

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INTEGRATED CARE BOARD

Agenda item no.	ICB 29-03-069
Meeting date:	29.03.2023
Paper title	MSK Integration across Shropshire Telford and Wrekin
Paper presented by:	Mike Carr, Chief Operating Officer – RJAH, Chair – STW MSK Transformation Group
Paper approved by:	TBC
Paper prepared by:	Mike Carr, Chief Operating Officer – RJAH
Signature:	
Committee/Advisory Group paper previously presented:	Chief Executive Meeting 8th March 2023 Integrated Delivery Committee 13th March 2023 Equality and Inclusion Committee 15th March 2023 MSK Transformation Board 21st March 2023

Action Required (please select):									
A=Approval	x	R=Ratification		S=Assurance		D=Discussion	x	I=Information	

Previous considerations:	

1. Executive summary and points for discussion

The paper outlines an approach to further transforming MSK services across STW. A primary proposal is the appointment of RJAH Trust as the Strategic Lead for MSK services responsible for designing and delivering a comprehensive MSK service with an embedded focus on prevention and population health.

It is recommended that the scope of the current MSK transformation programme be extended to cover the following areas;

- Continue the work of the existing group to transform therapy led MSK services.
- Greater focus on population health and prevention by improving links with Public Health.
- Review the provision of orthopaedic services.
- Support delivery of the planned changes to Trauma services outlined in the Hospital Transformation Programme.

The existing MSK transformation board is intended to be disbanded and reconvened with a membership that provides the appropriate representation and expertise for the revised scope.

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:

- Approve the appointment of RJAH as the strategic lead for MSK services across STW.
- Discuss the expanded high-level scope of MSK transformation.
- Discuss the supporting principles of the future MSK transformation.

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

Supports the ICS strategic intent for a single MSK service.

4. Appendices

Appendix 1. MSK integration Presentation

Appendix 2. GIRFT visit outcome letter

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Standardised MSK services across STW, ensuring that services are available as local as possible including improved access to specialist services.
Quality and Safety	Reduction in unwarranted variation such as emergency readmission rates.
Equality, Diversity, and Inclusion	Equity in access including the implementation of a waiting list management approach that utilises health inequalities data.
Finances and Use of Resources	Optimised use of the STW capacity.
Regulation and Legal Requirements	
Conflicts of Interest	

Data Protection	
Transformation and Innovation	Innovation will be at the core of proposed service developments.
Environmental and Climate Change	
Future Decisions and Policy Making	

Action Request of Paper:	Approve the appointment of RJAH as the strategic lead for MSK services across STW. Discuss the expanded high-level scope of MSK transformation. Discuss the supporting principles of the future MSK transformation.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	29.03.2023
Agenda item no.	
Paper title	MSK Integration across Shropshire Telford and Wrekin

1. Background

The population of STW continue to experience variation within the system and in comparison, to other regions. For instance, a person from the most deprived quintile is 41% more likely to be readmitted as an emergency following surgery than a person from the most affluent quintile. We also know that there is an underrepresentation of specific population groups on our waiting lists and our rates for diabetic amputations are significantly higher than other regions.

The MSK transformation programme has existed in STW in its current format for over 3 years, in recent months there has been demonstrable progress with the alignment of the TeMS and SOOS services in February of this year under the MuSST banner.

Despite the recent progress there is a consensus from group members that progress has been frustratingly slow and limited in its reach. It is suggested that this is a result of inconsistent leadership, a lack of strategic direction and a lack of decision-making authority amongst other challenges.

In January 2023, the STW ICS had an MSK focussed GIRFT visit which recommended “a new strategy for orthopaedics” should be developed to serve the population. With specific focus on increasing daycase rates, addressing the significant variation in theatre utilisation, developing cross site working for consultants, and a continued focus on eliminating long waits.

To help shape the future ambition for MSK services, ICS organisations jointly commissioned The Value Circle to undertake a review of the current MSK transformation programme and make recommendations on next steps. The initial feedback which remains in draft form is attached in Appendix 1.

2. Report

The integrated care system in Shropshire, Telford and Wrekin (STW) have ambitions to improve safety and quality, integrate services, tackle health inequalities and access to care, and create a great place for staff to work. The ICS have an opportunity to demonstrate an efficient and sustainable way to fulfil these ambitions by taking a population-based approach to meet the needs of patients facing musculoskeletal (MSK) concerns.

We have identified a number of system wide inefficiencies and operational challenges around utilisation of resources to drive better value, reduce variation in clinical outcomes including equity in access to care. Within the provision and commissioning of MSK services in STW, there is an understanding that addressing the current challenges to achieve the long-term ambitions will require the current system functions to be fundamentally redesigned along with work on relationships.

This transformation would also consider a whole pathway approach which will enable a preventative care model, thereby reducing the need for acute intervention.

The ICS have reached a stage where they are now ready to allow delegation of functions, commonality of assurance, and a system wide method for governance processes which will enable the MSK transformation to be implemented and embedded.

Through our evidence-based understanding of the current challenges, we identify the following benefits and focal areas for MSK integration across the ICS:

- Clinical outcomes: a reduction in unwanted variation by consistently delivering evidence-based pathways of care. For instance, comprehensive use of the GIRFT pathway for hip arthroplasty and using best practice to reduce avoidable complications including infections.

- Equity in access for population: taking a population-based approach will enable the resources across STW to be best placed to address population needs and also support equity in care.

- Workforce challenges: operating as a single team will help support and maintain integrated services. This will improve staff experience and access to career development, resulting in improved retention, recruitment, and utilisation of staff skills.

- Better utilisation of resources: seeing resources and capacity as one will enable more efficient delivery of care and increase standardisation leading to less waste.

- Opportunity for greater innovation: clinicians working in an integrated way will drive shared learning and enhance ideas for improvement. This will also drive equity for the population.

- Prevention and early intervention: working across the whole of the pathway will support community engagement in preventative care to reduce the risk of MSK problems, thus improving clinical outcomes and resource usage.

- Enabling an integrated imaging service: standardising protocols for imaging across the MSK pathway will reduce the need for repeat imaging, improve patient outcomes, and provide better use of resources.

To successfully drive forward a new model of care there will be a requirement for a single effective leader with the capacity, capability and specialist experience to lead and help deliver change.

It is proposed that RJAH are the strategic lead as:

- RJAH has evidence based successful clinical outcomes with good patient experience.

- RJAH are a specialist orthopaedic organisation that is nationally recognised.

- The Trust is able to focus, almost exclusively on MSK services and therefore have the capacity to lead this work.

- Demonstrated a strong track record of being a research-based organisation with innovative clinical leadership which will further enable effective development and improvement of the quality of care.

- RJAH deliver care to a large geographical population and have the expertise in taking a wider system and population perspective.

- Being part of a network of specialist orthopaedic hospitals, RJAH are able to draw on wider expertise to take the model forward.

In order for the system to be able to work effectively in the MSK transformation the following principles will need to be adopted:

Strategic Lead

- RJAH will be responsible for designing and delivering a comprehensive MSK service with an embedded focus on population health. Whilst RJAH will function as the strategic lead, all other organisations will be needed to collaborate and participate in the effective planning and delivery of services. This will be formalised through an overarching provider collaborative framework and standards set for delivering safe, effective, equitable services with good experience for the population. Individual Trust boards will be responsible for delivering these standards within the services that they provide.

Revised scope for MSK transformation

- Continue the work of the existing group to transform community MSK services

- Greater focus on population health and prevention by improving links with Public Health colleagues.
- Review the provision of orthopaedic services
- Support delivery of the planned changes to Trauma services outlined in the Hospital Transformation Programme.

Finance

- The existing MSK Big Ticket Item has an efficiency target of £1.2m for 2023/24 and with the standardised interface service now in place there is high confidence of delivering against this target.
- It is anticipated that further financial improvements can be made through embedding best practice and maximising our resources (workforce and estate).
- Identifying these financial improvements and producing a revised MSK efficiency plan will be an immediate priority with a planned completion date of Q1 2023/24.

Workforce

- Continue to build on the collaboration between the RJAH and SaTH consultant workforce with further joint recruitment currently underway. As part of the review of orthopaedic services there will be a need to establish a model which begins to align this workforce in regard to practice and deployment.
- For staff groups such as nursing and AHP's, the development of an STW wide accreditation programme can help ensure standardisation of MSK care across the system.

Waiting List Management

- A single waiting list for MSK services across STW.
- Application of a health inequality focus on the management of waiting lists both in regard to prioritisation and support for patients whilst waiting.

Engagement

- The MSK transformation group will work closely with members of the Equality and Involvement Committee to ensure appropriate engagement in the planning, development and decision making of new models of care.
- All system partners will be encouraged to support the planning process including, primary care, the voluntary sector, community health services and secondary care service.

Digital

- To support system working, integrated digital platforms will be required to facilitate the appropriate sharing of clinical information.

Governance

- The existing MSK Transformation Board will be disbanded and replaced by a group with appropriate representation and expertise in line with an expanded scope of change. The work of the programme will be delivered through 2 sub- groups one

focussing on therapy led and non-surgical, community interventions and the second with a remit to review Orthopaedic and Orthopaedic trauma services.

- The revised MSK Transformation Board will report directly into the Integrated Delivery Committee where it is hoped that the broader membership will enable appropriate escalation of non-clinical issues which may not be as easily resolved through the Planned Care Delivery Group.

3. Conclusions

There is scope to enhance the quality, consistency, and efficiency of MSK services across STW.

In order to make the degree of change required and to ensure this is done at an appropriate pace, the proposal is to appoint RJAH as the strategic lead for MSK services across STW, although provision will remain the collective responsibility of all organisations.

If appointed into the strategic lead role, RJAH will be responsible for producing a comprehensive plan to improve and standardise services across STW, ensuring greater equity of access and outcome and improved utilisation of our collective resources.

4. Recommendations

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

- Approve the appointment of RJAH as the strategic lead for MSK services across STW.
- Discuss the expanded high-level scope of MSK transformation.
- Discuss the supporting principles of the future MSK transformation.

Integrated Care System
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Integrated Care Board

Agenda item no.	ICB 29-03.070
Meeting date:	29th March 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:	Tracy Eggby-Jones, Corporate Affairs Manager
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

Action Required (please select):											
A=Approval		R=Ratification		S=Assurance	x	D=Discussion		I=Information	x		

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). This includes the ICB's decision on financial outturn, which 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 nine parts:

A. GP Access
B. Special Educational Needs and Disabilities (SEND) Visit - Shropshire
C. Planning and Joint Forward Plan (JFP) update: draft outline plan
D. Impact of Industrial Action
E. Shrewsbury Health and Wellbeing Hub Development
F. Waiting times to 0 target
G. Joint Provider / Commissioner Collaborative for Mental Health Services
H. National Staff Survey Results
I. Notification of changes to running cost allowance

GP Access

This section provides an update on the changes to the GP Contract and PCN Contract for 2023/24 and how practices can be supported to improve access during 2023/24 building on the contract changes.

B. Special Educational Needs and Disabilities (SEND) Visit

This section provides an update on the findings of the SEND area review by Ofsted and CQC and the actions being taken to improve delivery of services and the wider SEND programme.

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C. Planning and Joint Forward Plan (JFP) update: draft outline plan

This section provides an update on the development of the draft Joint Forward Plan by 31st March 2023 and the engagement events that have taken place with stakeholders and communities to help shape the plan and its priorities.

D. Impact of Industrial Action

This section provides an update as to the current position with the planned industrial action and actions being taken to manage the disruption which is ongoing.

E. Shrewsbury Health and Wellbeing Hub Development

This section provides an update on the development of the Shrewsbury Health and Wellbeing Hub and the work that has been progressed since the last update.

F. Waiting Times to 0 Target

This section provides the latest position on the waiting times to 0 target, along with the improvement seen since the last Board meeting in January.

G. Joint Provider / Commissioner Collaborative for Mental Health Services

This section provides the latest position on the development of a joint provider/commissioner collaborative for mental health services.

H. National Staff Survey Results

This section provides a summary view of the outcomes from the recently published staff survey results.

I. Notification of Changes to Running Cost Allowance

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	x
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, including the ICB's emergency decision on financial outturn**
- **detail provided in relation to GP access**
- **detail provided around SEND visit**
- **update on the development of the draft Joint Forward Plan**
- **update on Industrial Action**
- **update around the development of the Shrewsbury Health and Wellbeing hub**
- **latest position on the waiting times to 0 target**
- **publication of staff survey results**
- **notification of change to the running cost allowance**

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

- **framework and next steps set out in the provider / commissioner collaborative approach for mental health services**

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 C- Draft Joint Forward Plan - Separate Document
Appendix F – Indicative Waiting Times
Appendix G - Joint Provider/commissioner Collaborative for mental health services: Business Case
Appendix H - Staff survey Results Summary
Appendix I - Notification of Running Cost Allowance Changes

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	Please see Section 3
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:	**To Note:** • **detail provided in part one of this report, including the ICB's emergency decision on financial outturn** • **detail provided in relation to GP access** • **detail provided around SEND visit** • **update on the development of the draft Joint Forward Plan** • **update on Industrial Action** • **update around the development of the Shrewsbury Health and Wellbeing hub** • **latest position on the waiting times to 0 target** • **the development of a joint provider commissioner collaborative for mental health services** • **the publication of the staff survey results** • **the notification of changes to the running cost allowance** **To Approve** • **framework and next steps set out in the provider / commissioner collaborative approach for mental health services**		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	ICB BOARD MEETING
Meeting date:	29th March 2023
Agenda item no.	ICB 29-03.070
Paper title	ICB CEO Update Report

PART 1: CEO BUSINESS UPDATE

ICB Decision on Financial Outturn

1.1 Since September the system has indicated that it would need to amend its forecast financial position (FOT) to show a significant deterioration from plan. In November, NHSE issued a FOT change protocol to be followed. The system has therefore been in regular dialogue with NHSE colleagues regarding the projected forecast based on run rate and known mitigations. The system has also been in discussions with national colleagues with meetings taking place in October, December 2022 and February 2023.

1.2 The FOT protocol guidance requires the system overall and each organisation to:

- complete a variance analysis regarding the overspend and underlying causes,
- complete a detailed review of uncommitted expenditure,
- complete a recovery plan showing the steps taken to reduce expenditure including detail of difficult choices made,
- show detail of any shortcomings identified from the HFMA financial sustainability review,
- evidence of sign off by the board including executives and non-executives of the change of forecast

1.3 The system sought Board approval for the amendment to be formally reported in the Month 10 position. Due to the timing of the discussions with NHSE and the month end submissions, this was enacted through emergency decision making with approval from both the ICB/System Chair and CEO and engagement with both the system finance committee and system audit committee chairs. Provider organisations have all taken the FOT change through their internal governance processes.

1.4 There are a number of key drivers of the deterioration from plan and the system is taking action wherever possible to mitigate the impact of these. It is crucial that we are able to see how and when the benefits from these actions will manifest in the financial position as this level of granularity of information is being used to inform the 23/24 financial plan.

1.5 Further detail around the financial position and the action being taken is provided in the finance section of the Integrated Performance Report.

Hewitt Review

1.6 As part of my work with the NHS Confederation and as chair of the national ICB CEO network, I have been closely involved in supporting Patricia Hewitt with her review.

1.7 The review is due to be published shortly and will be supported by a letter that is signed by all 42 ICB CEOs. The review will set out the next steps in the development of ICBs. A further update will be brought to the Board once it has been published.

PART 2: INTEGRATED CARE SYSTEM DEVELOPMENT

A. GP Access

2.1 Improving GP access remains high on the national and local priorities. On 6th March, NHSE published a letter describing changes to the GP Contract and PCN Contract for 2023/24 with a significant refocus on and repurposing of incentive funding to improving patient experience of contacting their practice and receiving a response with an assessment and/or be seen within the appropriate period (for example same day or within 2 weeks where appropriate, depending on urgency).

2.2 NHSE have confirmed that they will shortly publish a Delivery Plan for Recovering Access to Primary Care. This will set out how practices and PCNs can be supported to improve access during 2023/24 building on the contract changes.

2.3 The ICB Primary Care Commissioning Committee continues to monitor GP Access performance as a standing agenda item. The ICB will work closely and in partnership with Primary Care colleagues on this important agenda.

B. Special educational needs and disabilities (SEND) Visit Shropshire

3.1 The report by Ofsted and CQC and published on 6th February 2023 has found that partners in Shropshire have made sufficient progress in the following three areas:

I. Strategic leadership and planning across the area, including the use of data to accurately commission and plan services. The report recognises that the strategic leadership has strengthened considerably despite the financial pressures, staff turnover and the COVID-19 pandemic.
II. The inclusion of health services' input into the area's SEND action plan. There is greater clarity of roles and responsibilities across education, health and social care and leaders work in partnership and have a keen focus on children and young people with SEND.
III. The rate of exclusions for children and young people with an EHC plan and the rate of fixed-term exclusions for those receiving SEND support. Leaders' actions to address the high rate of exclusions and suspensions for children and young 2 people with SEND across Shropshire have been successful. They have led to a significant number of exclusions being prevented since the last inspection.

3.2 The report highlights that "while many strategic plans are at a very early stage of implementation, they are the right plans and provide a secure base on which to build on the emerging improvements thus far. The pace of change and improvements made by the strategic leadership team have particularly accelerated over the last 12 months."

3.3 The report also recognised that the involvement of the parent carer forum (Parent and Carer Council (PACC) has increased at a strategic level.

3.4 Further progress is still required to address three outstanding areas of significant weakness. These include wait times for children and young people on the Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)

diagnostic pathways; wait times for those needing assessment and treatment from the speech and language therapy services; and the quality of input from education, health and care into Education, Health and Care (EHC) assessment and planning.

3.5 NHS Shropshire, Telford and Wrekin and Shropshire County Council fully accept the findings in the report. Since the local area inspection, we have continued to work on our SEND priorities and have made a good start addressing the concerns identified by Ofsted and CQC in 2020. We are particularly pleased that the significant changes we have made with regards to our strategic leadership have been recognised and we have made huge steps to ensure that we are working better together with our partners.

3.6 We have an accelerated action plan that will be submitted to Ofsted and CQC in March 2023 to address the three outstanding areas of concern and we will continue to work hard with partners, parents and children to ensure that those who rely on our support get a better experience.

3.7 We continue to invest more in SEND provision and better services, this has included recovery action plans for speech and language therapy and the neuro developmental pathway. On 6th March the system presented a summit on the needs of parents and children and young people with complex care needs, the outputs from this event will be included in the workplan for the CYP and families system board. The Local authority SEND partnership board and the CYP board will monitor and assure the progress of the workplan and the accelerated action plan. We can now focus our efforts on the delivery of services and the wider SEND programme.

3.8 Families' voices will continue to be heard through engagement opportunities, coproduction, and representation provided by organisations such as IASS, Healthwatch, and the Shropshire Parent and Carer Council. Ofsted and CQC will not carry out any further revisit unless directed to do so by the Secretary of State. Any further steps required of Shropshire will be determined by the Department of Education and NHS England.

3.9 Telford and Wrekin Council and NHS STW have been notified of a SEND area review under the new Ofsted framework commencing week beginning 20th March 2023.

C. Planning and Joint Forward Plan (JFP) update: draft outline plan

4.1 Work is well underway to develop an initial draft of the joint forward plan (JFP) by 31st of March 2023. This initial draft will develop the 'how' we deliver the priorities in our interim integrated strategy. The initial engagement will shape the plan as we develop the draft, and once the draft is published on 31st March, further engagement for the final submission on 30th June 2023 will be undertaken.

4.2 Weekly planning meetings are held with all stakeholders contributing to the content of the plan, and to ensure the timelines through the appropriate governance route are delivered. We are also, as a system, supported by NHSE, however, this is a collaborative system plan not an NHS only plan.

4.3 Engagement with stakeholders and communities –'Big Health and Well Being Conversation' commenced at the beginning of March following previous stakeholder workshops to develop the strategy. Initial feedback states that the plan must deliver the 'how' we as a system will deliver our priorities, be ambitious but realistic, and involve and engage with communities on a more regular basis.

4.4 We have developed a process of feeding the engagement responses into the plan – "You said, we did." However, due to timescales for the publication of the draft plan, not all of the engagement may be visible in the plan at this time. There is a commitment to ensure that the responses will be clear within the final plan as we continue to engage.

4.5 The plan will need to align with the operational plan for 2023/24, the financial recovery plans and deliver on the interim integrated strategy. This will then inform the system's strategic intentions. There will be an annual review and refresh of the JFP with further engagement on the plan's content.

4.6 A current draft outline as of the 15th March 2023, is attached as an appendix to this report. Please note this is not the draft that will be published but an indication of the current work and proposed content.

D. Impact of Industrial Action

5.1 The priority of NHS STW during any industrial action has been to ensure that patients are kept as safe as possible and that services are maintained as effectively as possible. At the same time it is important that we support our staff across the system during this challenging period.

5.2 NHS STW ICS has utilised the NHSE national planning framework & checklist of preparations for all our partner trusts in advance of strikes, to ensure preparedness and mitigation of any identified risks.

5.3 NHS STW ICS have held detailed preparation sessions, supporting trusts in their planning and identifying where mutual aid between trusts can be provided.

5.4 As a system we have done all we can to manage the disruption of any industrial action. The concentration has been on ensuring the safe provision of urgent and emergency care, particularly for life threatening illnesses, triaging as needed on the basis of clinical priority. We have also worked with our trust leaders to successfully preserve planned care, minimising disruption.

5.5 Throughout the period of Industrial Action our EPRR has stood up a full tactical and strategic response.

5.6 We worked closely with our communication colleagues to ensure that public messaging was consistent and that nobody should put off seeking emergency care. We can confirm that all Key life-saving services continued.

5.7 We continued to advise that anyone who needed less urgent care should be encouraged to use NHS 111 online for advice and that people continued to attend their appointments unless told otherwise.

5.8 We have held system wide debriefs following each episode of industrial action to ensure that learning was identified. Staff wellbeing was a prioritised workstream throughout planning and all staff offered support and debrief opportunities.

5.9 We are currently (at the time of writing this paper) in the process of planning for Junior Doctor strikes led by our CMO and CNO and supported by EPRR.

5.10 Our Provider Trusts have worked tirelessly to maintain the delivery of services to local people whilst supporting their staff. It is important that we recognise this effort and the positive approach that has been adopted throughout this period.

E. Shrewsbury Health and Wellbeing Hub Development

6.1 The key piece of work that has been progressed since the last update is the site options appraisal which is nearing completion. The appraisal has been through a number of due diligence stages to get the 47 sites on the long list down to 7 shortlisted sites. All 7 are currently being assessed by technical experts against a range of criteria including planning permission, access to utilities, proximity to existing practice locations and travel impact.

6.2 We have commissioned an external specialist company to undertake the travel impact assessment work. The provider is an approved company which has been selected via Shropshire Council's procurement process. This is a key document that will inform who would be impacted across the shortlisted sites and considers numerous factors. To instruct the travel assessment criteria, Shropshire Council's Transport Team, along with the Project Team, have co-designed the criteria to ensure the analysis process meets local needs.

6.3 In addition, the project team have provided the peak times patients access GP services and patient postcodes to measure the travel to and from each respective practice. This method will allow the travel analysis to consider not only the impact of distance, but the means of travel and the cost implications. The analysis will consider alternative bus routes as mitigation factors. The completion date for the technical expert analysis the end of March 2023.

6.4 To ensure transparency in decision making, the project team wish to facilitate a workshop to share the finalised list of viable options and for the technical experts to present their findings. Invitations to the workshop will include Project Board members, Shropshire Council, Health and Care Scrutiny members, and Stakeholder Reference Group members.

6.5 Public engagement, particularly with underrepresented groups, continues.

6.6 In relation to the national Cavell programme, of which the ICB is a pilot, NHSE have advised of a decision to “slow down” the process to allow a stocktake and enable all of the pilot projects to develop at the same speed. This does not impact on the financial decision timelines previously shared as the 2024/2025 spending review period.

6.7 In regard to Shrewsbury Health and Wellbeing Hub the project team will continue to:

- develop the options appraisal process.
- complete the public engagement activity
- complete the pre-consultation business case

6.8 In line with the ICB’s statutory duties, the project team we will present those findings to Shropshire Council Scrutiny Committee.

6.9 Shrewsbury was chosen as the target area for this development, and in particular the southern geography of Shrewsbury, because there are 6 GP practices within this geographical area with a mixture of properties with varying conditions but in the main the stock is either no longer fit to deliver modern healthcare services and/or there is

insufficient space to meet future demand, with no option to extend outwards or upwards. It also has some of the most deprived areas of Shropshire. This development will help reduce health inequalities by providing a wider range of co-located integrated health and wellbeing services from a modern fit for purpose building. The site options appraisal criteria include the proximity of the site to areas of highest deprivation.

6.10 The ICB is currently waiting for an update from the national team in regards to the availability of capital funding in order to progress this development.

F. Waiting Times to 0 Target

7.1 A weekly report has been provided through to the Integrated Delivery Committee (IDC) and CEOs on the position relating to the forecast number of patients waiting for greater than 78 weeks at the end of March 2023.

7.2 The table below shows the latest reported position along with the improvement seen since the last Board meeting in January. SaTH and RJAH are committed to improving the position further through utilisation of capacity via Ward 36, insourcing and additional waiting list initiatives, using funding that NHSE will make available.

Organisation	78 Week Waits at March 2023 Reported 30.01.23	78 Week Waits at March 2023 Reported 06.03.23	Improvement
SaTH	512	137	375
RJAH	222	130	92
Total	**734**	**267**	**467**

G. Joint Commissioner/Provider Collaborative for Mental Health Services

8.1 Following appointment of our joint Programme Director to take forward the development of a Local Provider / Commissioner Collaborative for mental health services, a proposal was considered at the Integrated Delivery Committee (IDC) meeting in March.

8.2 The proposal sets out the scope, approach, design principles and governance structure for development of a business case that will assess the options for establishment of an LPC to tackle the challenges identified within the Moorhouse Report. This proposal has also been signed off by the MPFT Board.

8.3 The IDC supported the proposal and approved the work to proceed with a number of caveats. The final output from that work will be brought back to the ICB for approval at a future date.

H. National Staff Survey Results

9.1 The results of the 2022 NHS Staff Survey were published on 9th March 2023. In this ICS, the staff survey is currently carried out in our provider Trusts – SaTH, SCHT and RJAH. Each organisation has a detailed report examining each question, services or teams of more than 11 people and free text comments. The report in the appendices to this report provides a high-level summary only.

9.2 The staff survey is aligned with the NHS People Plan, and the People Promise. The data has been measured against each of the seven elements of the People Promise, plus two further themes – staff engagement and morale. Each organisation is benchmarked against its peers – RJAH against Specialist Trusts, SaTH against Acute Trusts and SCHT against Community Trusts.

9.3 Nationally, the context for the NHS and Social Care has been challenging over the past 3 years and many of our services have experienced significant increased demand, increased acuity and complexity in presentation of patients/service users and a number of significant workforce challenges

9.4 The ICB inherited a position from the previous CCG which did not take part in the staff survey. The ICB CEO has confirmed to ICB staff that it will take part in future years and that there will be a 'temperature check' planned to be completed shortly.

I. **Notification of the changes to the Running Cost Allowances**

10.1 Confirmation has been received from NHSE that ICB running cost allowances will reduce over the next two years. ICBs are expected to reduce these by 20% in 2024/5, and by a further 10% in 2025/6. The executive team are supporting staff and working through outlines plans to address. A paper outlining our approach to this will be brought back to a future board meeting

CONCLUSION

The Board is asked to NOTE the:

- **detail provided in part one of this report, including the ICB's emergency decision on financial outturn**
- **detail provided in relation to GP access**
- **detail provided around SEND visit**
- **update on the development of the draft Joint Forward Plan**
- **update on the impact of the industrial action**
- **latest position on the waiting times to 0 target**
- **the development of a joint provider / commissioner collaborative for mental health services**
- **notification of change to the running cost allowance**

Simon Whitehouse
Chief Executive Officer
NHS Shropshire, Telford and Wrekin

March 2023

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-71
Meeting date:	29th March 2023.
Paper title	Review of NHS Health Inequalities objectives within the System Operational Plan 22/23 and Recommendations for 23/24.
Paper presented by:	Tracey Jones Deputy Director Partnerships.
Paper approved by:	Simon Whitehouse ICB Chief Executive Officer
Paper prepared by:	Tracey Jones Deputy Director Partnerships.
Signature:	
Committee/Advisory Group paper previously presented:	Strategy Committee (March 2023). Feedback from Strategy Committee 1. Consideration to be given to director level leads for all subcomponents/ projects relating to projects in the operational plan to provide opportunities to lead implementation and board level input. 2. Support of recommendation two with a view that there is a requirement for increased analyst capacity around this work to assist in tracking health inequalities.

Action Required (please select):												
A=Approval		R=Ratification		S=Assurance	X	D=Discussion	X	I=Information				

Previous considerations:	

1. Executive summary and points for discussion

Tackling inequalities in outcomes, experience and access is one of the four key objectives for all ICBs. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the ability to access care that is available to them. People living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health group, for example the homeless, are most at risk of experiencing these inequalities.

COVID-19 shone a harsh light on some of the health and wider inequalities that persist in our society. In response to this NHSE identified five key priority areas relating to reducing health inequalities in the 2022/23 Operational Planning Guidance.

- Restoring NHS services inclusively after Covid with a particular focus on Elective Care.
- Mitigating against digital exclusion.
- Ensuring data sets are timely and complete.

- Accelerating prevention programmes to proactively target those at greatest risk of poor outcomes (including addressing the 5 clinical areas in the Core20PLUS5 Appendix One).
- Strengthen leadership and accountability.

A high-level implementation plan was developed across system partners to deliver against the system narrative submitted to address these key priorities. Whilst guidance issued from NHSE recommended the establishment of a Health Inequalities Board to be established as a forum to monitor progress, a decision was taken by Shropshire Telford and Wrekin Clinical Commissioning Group (CCG) in March 2022 to adopt a dispersed approach. This approach viewed health inequalities as everyone's core business which would be reported to multiple groups / boards (as per then CCG governance structures) according to the topic area addressed.

In August 2023 discussion with the Senior Responsible Officer (SRO) for Health Inequalities (Director of Strategy) and the Director of Planning, it was decided that an evaluation would be undertaken of the progress of the ambitions in this high-level implementation plan. For clarity, this evaluation was focused on the NHS led elements of the health inequalities actions in the operational plan and not reviewing the wider health inequalities plans led by Public Health in the two local authorities.

The key aims of the review were to:

a. Provide an assessment of progress against actions in the Health Inequalities Implementation Plan from March 2022 to the end of December 2022.
b. Evaluate the process and progress of implementation by identifying enablers and barriers across the projects identified.
c. Provide an overview of the current governance and reporting arrangements for each topic.
d. Provide a series of recommendations to improve the implementation of the health inequalities elements of the 23/24 operational plan.

18 projects were identified within the high-level implementation Plan. The findings were self-reported by the identified topic leads who supplied evidence of achievement and reflections on their perceptions of enablers and barriers.

The findings in brief in relation to aims a and b above were:

- 50% of the projects had achieved all the actions detailed in the high-level implementation plan, with a further 33% partially achieving the actions detailed.
- 17% of projects had yet to partially meet the actions detailed in the plan, although the process of this review has galvanised leadership and action in relation to the key area of a system wide inclusive elective care recovery approach.
- Key enablers were related to clear governance and knowledgeable leadership, additional dedicated roles to progress initiatives, collaboration with Telford and Wrekin and Shropshire Public Health teams, and direct engagement with stakeholders.
- Conversely barriers to achievement including no dedicated leads, no resources to develop programmes, limits in the capacity of stakeholders to engage, access to data and historical issues relating to fragmentation of pathways.

The findings in relation to the effectiveness of the overview of the governance and reporting arrangements indicate that the original aims of topic specific reporting at groups/committees has not been consistently enacted. This indicates a need for closer monitoring /assurance of

progress against reducing health inequalities as the system matures and develops it ambition to deliver reductions in health inequalities as core business.

The recommendations for action to improve achievement against the 23/24 operational plan ambitions for reducing health inequalities are detailed below.

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	X
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	

2. Recommendation(s)

NHS Shropshire, Telford, and Wrekin ICB is asked to approve the following recommendations.

1. **To note** the ICB has agreed to identify capacity to undertake a mapping exercise to address current infrastructure requirements for effective implementation during Q1. The scope of this exercise will:

   a) Assess how dedicated Health Inequalities roles in other ICB's such as Health Inequalities Lead /SRO and Health Inequalities Practitioner contribute to success, in terms of driving and delivering this strategic objective and, if appropriate consider the existing configuration of roles.

   b) Identify baseline staff competencies and capacity to rapidly increase knowledge and skills particularly those of Board Members and the SRO responsible for Health Inequalities, Topic Leads and Project Support Staff.

2. **To agree** that the ICB will receive quarterly updates from Q2 2023/24 onwards on progress against the 5 key priorities and the Adult CORE20+5 and the Children and Young People CORE20+5.

   The BI team are in the process of replacing the two joint analysts posts currently within the ICB team's establishment who are responsible for this reporting hence the reports starting from Q2 to allow for recruitment and training. The ICB is also looking to utilize any regional and national reporting of inequalities to reduce the local reporting burden but as this is not presently robust there are local plans to report STW data until such time as the regional/national reporting can be used with confidence.

1. 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

2. Appendices

Appendix One: Leads involved in the review.

Appendix Two: Details of top 10 enablers and barriers.

3. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	The work programmes referenced in this report support improving access to and outcomes from healthcare interventions for all our residents.
Quality and Safety	Addressing inequalities will improve quality of care and patient safety.
Equality, Diversity, and Inclusion	The paper specifically addresses inequalities
Finances and Use of Resources	All members of the Integrated Care Board are requested to ensure resources within their own organisations are deployed to progress the inequalities agenda across the ICS
Regulation and Legal Requirements	This paper addresses the ICBs duties regarding inequalities as directed in the NHSE Operational Planning Guidance 2022/3.and 23/24 Planning Guidance
Conflicts of Interest	None arising from paper content
Data Protection	None arising from paper content
Transformation and Innovation	None arising from paper content
Environmental and Climate Change	None arising from paper content
Future Decisions and Policy Making	None arising from paper content

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

Meeting:	**Integrated Care Board**
Meeting date:	29th March 2023
Agenda item no.	
Paper title	Review of NHS Health Inequalities objectives within the System Operational Plan 22/23 and Recommendations for 23/24

1.Introduction

1.1 Tackling inequalities in outcomes, experience and access is one of the four key objectives for all ICBs. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the ability to access care that is available to them. People living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health group, for example the homeless, are most at risk of experiencing these inequalities. The pandemic has increased the prominence of health inequalities, both within and beyond the NHS.

1.2 NHSE identified five key priority areas relating to tackling health inequalities in the 2022/23 Operational Planning Guidance.

a. Restoring NHS services inclusively after Covid with a particular focus on Elective Care.
b. Mitigating against digital exclusion.
c. Ensuring data sets are timely and complete.
d. Accelerating prevention programmes to proactively target those at greatest risk of poor outcomes (refer also Core20PLUS5 below)
e. Strengthen leadership and accountability.

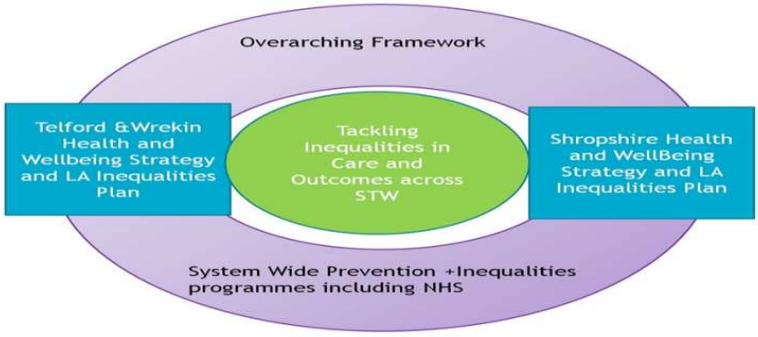
1.3 The Core 20 of the Core20PLUS5 approach refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health. The PLUS element refers to population groups which should be identified at a local level to reflect local data. The 5 refers to five specific areas of clinical focus detailed in table 2 below.

1.4 Table 1 Core20PLUS5 Clinical Areas of Focus

Maternity*	Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. * This model of care requires appropriate staffing levels to be implemented safely
Serious mental illness	Ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
Chronic respiratory disease	A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.
Cancer	75% of cases diagnosed at stage 1 or 2 by 2028.

Hypertension/Lipid detection and modification	To allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

1.5 The Operational Planning Guidance required a narrative to be submitted to indicate how the system would specifically address the above areas. This narrative was set within the context of the wider overarching framework that has been adopted for the Shropshire, Telford and Wrekin system which places the work led by the NHS within and supported by wider health inequalities work and local authorities' health inequality plans.



1.6 Whilst guidance from NHSE identified that systems should establish a core health inequalities board, it was decided by NHS Shropshire, Telford and Wrekin Clinical Commissioning Group that a dispersed approach to monitoring and assuring health inequalities would be adopted. This reflected the view that addressing health inequalities is mainstream activity that is core to, not peripheral to, the work of the NHS. It was decided to embed the work across a range of meetings within the governance structure as it existed in April 2022.

1.7 Feedback from NHSE rated the overall ambitions of the system as described in the operational plan as green i.e., meeting the requirements of the guidance. However, recommended that a high-level implementation plan was developed. This was subsequently developed in Quarter 1 22/23. As part of the learning from the system operational planning process and the change in SRO for health inequalities in the ICB, it was decided that the high-level plan would be reviewed to determine how this had been implemented operationally.

1.8 The key aims of the review were to:

a. Provide an assessment of progress against actions detailed in the health inequalities high level implementation plan from March 2022 to the end of December 2022.
b. Evaluate the process and progress of implementation by identifying enablers and barriers across the projects identified.
c. Provide an overview of the current governance and reporting arrangements for each topic.
d. Provide a series of recommendations to improve the implementation of the health inequalities elements in the 23/24 operational plan.

1.9 Out of scope were an evaluation of parallel, complimentary programmes delivered alongside and in collaboration with our wider system Local Authority and VCSE partners. The implementation and monitoring of Primary Care Network health inequalities plans also supports the delivery of system wide strategies. However, from a timing perspective lay outside the NHS STW high level implementation plan.

2. Methodology, timescales, and response rate

2.1 Identified leads for each area were asked to take part in the evaluation by completing a standard implementation template, which was customised for each topic. (Appendix One List of identified leads). Leads were asked to indicate whether they wished to complete the template via discussion with the Interim Project Manager on Teams, with Leads remaining responsible for approving of the final templates *or* to complete and return the template via email discussion.

2.2 The purpose and desired outcomes of the evaluation were shared alongside the approach. The context was clearly explained as supportive and enabling in order to identify successes and examples of good practice in addressing health inequalities across the system whilst being realistic and resourceful about the challenges faced. Leads were invited to liaise with or identify other individuals to contribute.

2.3 The evaluation was completed in three months by the Interim Project Manager, with each phase completed as follows:

a) Scoping of evaluation: including desktop review of local and national plans and agreeing methods and approach with the Deputy Director of Partnerships NHS STW (17th – 25th October).
b) Completion of templates by topic leads, via Teams and email plus follow up, repeat requests and queries (26th October – 22nd December 2022).
c) Completion of evaluation report and appendices / (15th December 2022 - 10th January 2023).
d) Sharing of initial findings with System SRO and Senior Leadership Team of NHS STW Feb 2023.

2.4 Response rates from the identified Health Inequalities areas were:

a) 10 (59%) responded via in depth Teams discussions (meetings involved 13 individuals – 10 topic leads and three of their colleagues)
b) 7 (35%) responded via brief Teams calls and / or email exchanges. (Involving 11 individuals – 2 leads and 9 of their colleagues)
c) Limited responses were received in relation to the Alcohol Care Team and local NHS Action in relation to Air Pollution

3. Achievement of actions detailed in the implementation plan and enabling factors and barriers across the system.

3.1 Of the projects the findings in relation to achievement of the actions in the high level implementation plans are detailed below:

a) **Nine** (50%) of topic areas achieved all actions within the plan to the end of quarter: Faster Cancer Diagnosis – Project B Cancer Champions, Annual Health Checks for Severe Mentally Ill, Hypertension Case Finding, Chronic Respiratory Disease – Vaccination programmes, Personalised Care Planning – Children and Young People with Asthma, Diabetes, Tobacco dependency, Tackling obesity- weight management and Annual Health Checks for people with Learning Disability.
b) **Six** (33%) topic areas partly achieved actions within the plan to the end of quarter 3: Strengthening leadership and accountability – *element relating to Integrated Impact Assessment only,* Midwifery Continuity of Care, Complete Data Sets, Faster Cancer Diagnosis - *Project A* Faster Diagnosis Standard, Diagnostic Hub, Air Pollution and Rurality.

c) **Three** (17%) topic areas had not partially achieved their actions i.e., no evidence or limited response: Alcohol Recovery Team, Inclusive Restoration of Services and Mitigating Digital Exclusion

* NB for this element of the evaluation, eighteen topic areas were considered with Faster Cancer Diagnosis split into Project A and B

3.2 The review found progress has been slow in the establishment of an agreed system level plan for mitigating against digital exclusion as part of an overall Digital plan. It was however noted in feedback that individual providers and the local authorities have begun work that is addressing this.

3.3 The second area where progress is behind the timescales in the plan is ensuring the inclusive recovery of elective care. Key to this agenda is improved data collection and reporting as this will drive a better understanding of local health inequalities in access to, experience of and outcomes from healthcare services, by informing the development of action plans to narrow the health inequalities gap.

3.4 The findings from providers indicated that the level of achievement was differential, with Robert Jones and Agnes Hunt achieving the action of reporting waiting lists to their Board disaggregated by deprivation and ethnicity.

3.5 A total of 265 enablers and barriers were identified by leads and key colleagues across the system with 137 (52%) described as enabling factors associated with success and 128 (48%) associated with barriers and challenge.

3.6 Appendix Two identifies the top10 enablers and barriers. Enabling factors were directly identified by topic leads for all areas (excluding strengthening leadership and accountability, mitigating digital exclusion, faster cancer diagnosis Project A Faster cancer diagnosis standard and diagnostic hub and Alcohol Recovery Team)

4. Links between enabling factors cited and completion of actions to Quarter 3.

4.1 The findings of the evaluation demonstrate a clear, positive association between the top five enabling factors cited (good governance and leadership, effective and inclusive partnership, experienced proactive delivery partners, broad stakeholder engagement and co-production and availability of additional funding / dedicated posts) and the achievement of actions in the implementation plan to the end of Quarter 3.

4.2 This association is described in **Table 2** below.
Notes: Table 2 The vertical column identifies: topic areas achieving all actions in the plan to end of Quarter 3, topic areas partly achieving actions and topic areas not achieving actions. The horizontal column shows the association with top five enabling areas with ✓ denoting reference to / evidence of enabling factors and x denoting no reference or evidence provided. N/A indicates this enabler is not currently relevant to this topic.

4.3 Table 2 Enablers Cross referenced to Projects achieving actions.

Enablers	Governance and leadership referenced/ evidenced	Collaborative and inclusive partnerships	Experienced, trusted, and proactive delivery partners	Additional funding and/ or dedicated posts	Broad stakeholder engagement and coproduction
Areas achieving all actions to End of Quarter 3					
1.Faster Cancer Diagnosis – Project B Cancer Champions	✓	✓	✓	✓	✓
2.Annual Health Checks for Severe Mentally Ill	✓	✓	✓	✓	✓
3.Hypertension case finding	✓	✓	✓	**X**	**X**
4.Chronic Respiratory Disease – Vaccination programmes					
5. Personalised Care Planning – C&YP with asthma	✓	✓	✓	✓	✓
6.Diabetes	✓	✓	✓	✓	✓
7. Tobacco dependency	✓	✓	✓	✓	✓
8. Tackling obesity- weight management	✓	✓	✓	✓	✓
9.Annual Health Checks for people with Learning Disability	✓	✓	✓	✓	✓
Areas partly achieving actions to end of Quarter 3					
10.Strengthening leadership and accountability – *element relating to Integrated Impact Assessment only*.	**X**	✓	**N/A**	**X**	**N/A**
*11. Midwifery Continuity of Care	✓	✓	✓	✓	✓
12.Complete Data Sets	✓	✓	**N/A**	✓	**N/A**
13.Faster Cancer Diagnosis - *Project A* Faster Diagnosis Standard, Diagnostic Hub etc.	**X**	✓	✓	✓	**N/A**
14.Air Pollution	✓	✓	**X**	**N/A**	✓
15. Rurality	✓	✓	✓	✓	✓
Areas not achieving actions to end of Quarter 3					
16.Mitigating Digital Exclusion	**X**	**X**	**X**	**X**	**X**
17.Inclusive restoration of services	**X**	**X**	**X**	**X**	**N/A**
18.Alcohol Recovery Team	**X**	**X**	**X**	**X**	**N/A**

*In relation to Midwifery Continuity of Care, the original numerical target is currently suspended nationally. However, the topic lead for this area provided details of the approach currently being taken.

5. Dispersed Governance.

5.1 Table 3 Review of the actual versus proposed reporting.

Table 3

	Governance in place or proposed	**Has this occurred**
1.Strengthening Leadership and Accountability – Integrated Impact Assessment only	Population Health Board	✓
2.Mitigating Digital Exclusion	Proposed: Digital System Strategy Group	x
3.Inclusive Restoration of Services	Proposed: Planned Care Board	x
4.Complete Data Sets	Population Health Board	x
5.Faster Cancer Diagnosis – Project A: Faster diagnosis standard and diagnostic hub	STW systemwide Cancer Strategy Board	✓
Faster Diagnosis – Project B: Core Connectors – Cancer Champions	a) Population Health Board b) Highlight reports to NHSE. c) Six-monthly updates on measures to SHIPP/TWIPP d) Cancer Alliance	✓
Midwifery Continuity of Care	Local Maternity and Neonatal System	✓
7.Chronic Respiratory Disease – Vaccination programmes	Internally to SCHT Performance Executive and Board. In the ICB- Integrated Delivery Committee, the Health Protection Assurance Board and, when requested, TWIPP and ShIPP.	✓
8.Annual Health Checks for people with Severe Mental Illness	Learning Disability and Autism Board	✓
9.Hypertension Case Finding	PCN Development Forum	x
10. Personalised Care Planning – CYP with Asthma	Personalised Care reports planning and actions on a regular basis to Shropshire Integrated Place Partnership Board (SHIPP), and to Telford and Wrekin Integrated Place Partnership Board (TWIPP).	✓
11.Diabetes	Diabetes Programme Board via highlight reports. Not commenced yet in relation to health inequalities	x
12.Tobacco Dependency	Population Health Board Also plans and highlight reports to the NHS Tobacco Dependency Treatment Steering Group	✓
13.Alcohol Recovery Team	NHSE monitoring	N/A

14.Tackling Obesity – weight management	Population Health Board Primary Care Committee	✓
15.Annual Health Checks for people with Learning Disability	Learning Disability and Autism Delivery Group then to LD&A Board.	✓
16.Rurality	Population Health Board.	✓
17.Air pollution	ICS Climate Group	x

5.2 The implementation plan has sourced where leads expected to be reporting into and the review indicated that for active projects, the reporting mechanisms were as planned. However, notably there was a lack of internal reporting across the health inequalities agenda either to internal sub committees or the ICB.

5.3 Feedback was shared as part of the review, that although the concept of health inequalities being core to what we do and everyone's business, there was an area for improvement in the assurance and oversight of this at the most senior Boards, i.e., Provider Boards and the Integrated Care Board. This related to both giving prominence to the area and also to an approach which enabled.

5.4 In discussion with leads feedback around the need to develop more detailed metrics in addition to process/ milestone reporting so that the impact of the work could be monitored. It was recognised that one of the key building blocks for this was having timely and complete data and greater analytical team support in term of team capacity) to deliver this for each of the areas.

6. Case study illustrating Impact at Individual level

As part of the enablers feedback, several cases studies of positive outcomes were shared. The following example has been selected as a story to share with the Board.

Annual Health Checks for People with Learning Disability

A gentleman appeared on GP list with annual health check outstanding for 3 years with "Did Not Attend" appointments. Initial contact made via telephone call on contact number provided. No reply and no opportunity to leave a message. Letter sent with team contact information and easy read information (What is an annual Health check) asking for him to call us. No response to letter. Healthcare Support Worker visited the home with an information pack. She spoke to the gentleman for half an hour on the door - step telling him why contact was being offered.

He declined an appointment on that day but said she could go back the next day. Home visit completed the next day and successful baseline observations taken. In discussion, the gentleman shared he didn't like going to the GP, or going out generally, he cared for himself and asked his brother when he needed anything he couldn't manage for himself.

He had never taken up any cancer screening, so he was also supported, at a later date, to understand and complete his bowel screen. All information shared with GP along with suggestions for reasonable adjustments due to the difficulties in making initial contact and reluctance to engage.

This simple act of completing bowel cancer screening reduces the risk of dying of bowel cancer by 25%. (NHSE 2022)

7. Conclusions

7.1 The findings of the evaluation have informed conclusions relating to:

a) **The efficacy of the dispersed approach to implementing Health Inequalities.** The current dispersed approach to implementation is associated with variable levels of implementation across the NHS Led Health Inequalities areas in the Implementation Plan.

b) **Maturity of the model.** The way in which the dispersed model is operating (differing levels of infrastructure and resource across topic areas, differing levels of consistency, rigour, and coordination in terms of governance, leadership, and accountability) may be detrimental to the current ambition of making health inequalities core NHS business. Greatest progress has been made when there is rigour and oversight and supportive knowledgeable leadership.

c) **Gaps in relation to baseline requirements** – As a system we are addressing some but not all of the baseline requirements in the operating planning guidance, despite our collective commitments in the submitted operation plan to do so. There is a greater need for focus on assurance and the opportunities this affords for supportive interventions and actions. The role of all provider Board Executives leads is vital to promote and support this progression.

d) **Opportunities afforded by this evaluation** By systematically identifying factors enabling of success and barriers representing challenge, this evaluation provides a unique opportunity to improve the current approach to health inequalities at both topic and system level. Significant progress has been achieved during the first year of implementation and the process of evaluation in itself, has helped to focus minds providing additional opportunities to improve knowledge, increase coordination, accountability, and commitment. These opportunities can now be harnessed to further improve inequalities in outcomes, experience, and access in 2023- 2024.

8. Recommendations

NHS Shropshire, Telford, and Wrekin ICB is asked to approve the following recommendations.

1. **To note** the ICB will identify capacity to undertake a mapping exercise to address current infrastructure requirements for effective implementation during Q1. The scope of this exercise will:

   a) Assess how dedicated Health Inequalities roles in other ICB's such as Health Inequalities Lead /SRO and Health Inequalities Practitioner contribute to success, in terms of driving and delivering this strategic objective and, if appropriate consider the existing configuration of roles.

   b) Identify baseline staff competencies and capacity to rapidly increase knowledge and skills particularly those of Board Members and the SRO responsible for Health Inequalities, Topic Leads and Project Support Staff.

2. **To agree** that the ICB will receive quarterly updates from Q2 2023/24 onwards on progress against the 5 key priorities and the Adult CORE20+5 and the Children and Young People CORE20+5.

   The BI team are in the process of replacing the two joint analysts posts currently within the ICB team's establishment who are responsible for this reporting hence the reports starting from Q2 to allow for recruitment and training. The ICB is also looking to utilize any regional and national reporting of inequalities to reduce the local reporting burden but as this is not presently robust there are local plans to report STW data until such time as the regional/national reporting can be used with confidence.

Appendix 1 - Topic and Leads		
Ref.	**Topic**	**Topic Lead /comments**
1.	Strengthening leadership and accountability	Edna Boampong Director of Communications and Engagement NHS STW – for development of Integrated Impact Assessment only.
2.	Mitigating Digital Exclusion	Meryl Flaherty Contract Business Partner NHS STW - information received relating to contracts only. Brief update received from Rebecca Gallimore Director of Digital Transformation SaTH on 10.01.2023
3.	Inclusive restoration of services	Sunil Raikundalia, Elective and Urgent Care Performance Consultant Care,
4.	Complete data sets	Craig Kynaston Head of Business Intelligence NHS STW
5.	The “Big” 5 – Maternity Continuity of Care	Fiona McCarron Consultant Midwife Women and Children’s Division, SaTH
6	Faster Cancer Diagnosis Project A: Implementation of Faster Cancer Diagnosis standard Project B	Project A: Jessica Greenwood, Lead Cancer Nurse SaTH Project B: Tracey Jones, Deputy Director of Partnerships NHS STW
7.	Respiratory Disease – immunisation programmes	Steve Ellis Programme & Service Director and Deputy Senior Responsible Officer Covid-19 Vaccination Service Shropshire Community Health NHS Trust
8	Physical Health Checks for people with Severe Mental Illness	Gail Owen NHS STW
9.	Cardiovascular Disease – hypertension case finding	Bernie Lee Consultant in Public Health Shropshire Council
10.	Accelerated prevention programmes. Personalised Care Planning – Children and Young People with Asthma	Nicola Siekierski Asthma Transformation Manager NHS STW
11	Diabetes	Fiona Smith Transformation and Commissioning Partner NHS STW
12.	Tobacco Dependency	Emma Pyrah Associate Director of Primary Care NHS STW
13.	Alcohol Care Team	Mike Ford Mental Health and Learning Disability Lead SaTH
14.	Tackling obesity	Janet Gittins Primary Care Partnership Manager NHS STW
15.	Annual Health Checks for people with Learning Disability	Janet Gittins Primary Care Partnership Manager NHS STW
16.	NHS based action on Air Pollution	Will Nabih Associate Director Estates SaTH
17.	Rurality (PLUS element)	Bernie Lee Consultant in Public Health, Shropshire Council

Appendix Two Top Enablers and Barriers with narrative supplied by Topic leads.

Enablers

1.Effective governance arrangements including leadership, Programme Board arrangements, consistent and timely use of programme or project management tools and posts including Project Support roles.

"Our Board members are all very committed, and we really believe in the improvement of outcomes for people diabetes and proactively preventing people from developing diabetes".

"Leadership is strong, inclusive, and shared with expert delivery partners. There was total clarity and agreement from the start about what we are all trying to achieve. Role's responsibilities and boundaries are clear and challenges to partners / other levels of the system are made supportively and constructively and escalated if required".

"A range of project tools which are fit for this purpose have been suggested by NHS STW and our delivery partners. The tools are vital to monitor progress and delivery – we know when we are on track or off and have the combined knowledge and confidence to keep improving" (Core Connectors – Cancer Champions)

2. Collaborative and inclusive partnership working across ICS particularly Primary Care Team colleagues, NHS acute, community and primary care providers, MPFT, both Local Authorities, VCSE's and people experiencing health inequalities.

"*MPFT IHOP (Intensive Health Outreach Team) in place to offer support to practices. IHOT have focused not just on ensuring each person has an annual health check but also that these health checks are meaningful and meet the quality standards required. Good practice and learning are shared with GPs and the wider primary care teams. Our network of nominated LD leads and advocates in practices works really well with lead GP, leading Practice Managers and other staff sharing ideas and good practice- demonstrating the differences made to people with learning disability and their families".* (Annual health checks for people with learning disabilities)

"Input *and feedback from partners, notably from our Local Authorities, has broadened our consideration of travel and access analysis".* (Development and roll out of Integrated Impact Assessment as part of Strengthening Leadership and Accountability)

"*Members of the Primary Care Team are a vital enabler across the patch. We are involving them in more inequalities topics as they have the trust, relationships, influence, and expertise to engage primary care.*

3. Experienced, pro- active and trusted providers and delivery partners with wide reach across the health and care system and outreach to communities (i.e., with effective links to, embedded in deprived areas / from communities affected by health inequalities)

"*We have expert, high level clinical training and development for the Band 6 Nurses (seconded from Shropcom with no previous Children and Young People experience) The ongoing input mentoring and expertise from Lynette Charles Respiratory Nurse Consultant at SaTH has made a huge difference: enabled the delivery of 48-hour reviews and annual asthma reviews to support primary care. As a result of ongoing direct support from Lynette, the Band 6's has been quickly skilled up, confident, highly motivated, and well-connected working across acute, community and primary care settings".* (Personalised Care Planning – Children and Young People with Asthma)

"*Knowledgeable, skilled and effective interventions and support from well-established Local Authority community outreach/ healthy lifestyles teams across STW"* (Hypertension Case Finding)

4. Additional funding, dedicated posts at various levels including Transformation Lead for Children and Young People Asthma, Diabetes Co Ordinator, Cancer Connectors and volunteer Cancer Champions, enhanced management / clinical structures to link with primary care e.g., SMI and health checks for people with learning disabilities.

"Recruitment of two not one Band 6 nurses thanks to two funding streams accessed previously by resourceful CYP Commissioner, are really making an impact which we now need to make sustainable" (Personalised Care Planning - Children and Young People with Asthma)
"The vital impact that is being made by the Clinical Staff from providers – expert, highly motivated – sharing skills and ideas - Ben Holland and Adam Vance in MPFT and Vicky Birch in Maternity Services SaTH" (Tobacco Dependency)

5. Broad stakeholder engagement and co - production notable examples being in the Cancer Champions / Connectors project, Personalised Care Planning, Physical Checks for people with Severe Mental Illness.
"Good relationships and links being developed with all healthy lifestyle services: Occupational Therapist, Social Prescribing Link Workers, Health and Wellbeing Coaches, Clinical Pharmacists and Dietitians will make a real difference to overall wellbeing and wellness including in the prevention and treatment of poor emotional and mental health".
(Annual Health Checks for People with Severe Mental Illness)

6. **Data available and accessible with data sharing developed** (examples data sharing agreement with ICS and CSU, use of DOCMAN platform to share activity and data, progress re use of Aristotle in primary care)
7. **Effective pathways and processes in place** from referral routes, supportive and flexible access, experience, and outcomes (including added value of integration with and onward referral for additional support)
8. **Effective and flexible HR and Workforce practices** in place to support recruitment including secondments, role development and retention, rapid adoption and skills sharing and mentoring arrangements
9. **Learning , development, skills, use of tools and innovation** to identify and address inequalities both locally and nationally (examples include close links with Public Health colleagues in both local authorities re CVD, hypertension case finding and development of Integrated Impact Assessment , regional and national networks provided by NHSE, innovative local use of webinars , the use of apps for personalised care planning, good links with academic bodies e.g. the Academic Science Network, the Personalised Care Institute and the Lincoln International Institute for Rural Health

10.**Effective comms both local and national as appropriate** – multi - faceted, multi directional – sustained and targeted to inform, reach, and influence target groups and most deprived areas.

Barriers
The top ten themes in terms of barriers to effective implementation are:
1. Unclear Governance and leadership, accountability and reporting, absence of project and programme management approach, lack of clarity re aims, objectives and outcomes.
"Co-ordination of actions cross organisation has been difficult in particular in areas such as travel planning" (Air Pollution)

"Ongoing challenges re ICS wide intelligence platform with a fully linked longitudinal data set to enable population segmentation and population health management. Progression towards a linked dataset is dependent on factors around governance, infrastructure and aligning system partners strategic directions. Ongoing work is facilitating aligning strategies and governance to achieve this" (Complete Data Sets)

"Up until now no one identified to clearly lead and be accountable for the inclusive restoration process. We do not yet have effective system ownership and leadership of this issue. Do not have an agreed systematic process and methodology to make progress locally: some lack of skills, knowledge, and confidence re identifying and effectively

addressing inequalities in the restoration of elective and planned care (as is the case across the system).
There is not one forum where everything is discussed however there is an ambition to do this as part of the planned care board work" (Inclusive Restoration of Services)

2. Data accessibility and sharing - enduring local and national problems of data sharing with primary care, availability of patient level data dependent on good will of primary care, difficulties in using available data to identify inequalities and inform targeted, evidenced interventions.
"Access to data and data sharing. There is a need to develop a data sharing agreement with GP practices to share patient details. Although there is no firm commitment and plan to develop such an agreement, recent discussions have made some progress to achieve this." (Hypertension Case Finding)
"Interoperability and data sharing re annual checks is an enduring local and national problem. When physical checks are undertaken by/ with secondary care teams data cannot be transferred and shared between RIO and EMIS systems in primary care. A pilot took place via DOCMAM (platform to enable flow of data and documents to and from primary care) in August using a form designed by MPFT to transfer data about the physical checks to primary care.

3.Specific Skills and training -Need for HI skills development re HEAT and Heart and other tools. Difficulties and delays in development of Population Management approach and Digital Strategy affecting and analytic/ intelligence capacity.

4.Access to, engagement with and capacity of primary care, lack of funding (no DES or LES) limited opportunities for facilitation, coordination and leadership of inequalities work to embed and sustain improvements (e.g., PCN Development Forum very useful but opportunities for sustained involvement and improvement limited)
For example, a recent engagement event and invite to primary care for expressions of interest had limited success." (Diabetes)

5. Fragmented pathways, variation in models and processes, legacy of previous commissioning, lack of alignment in between Shropshire and Telford services
"The differential way in which services were historically commissioned has contributed to fragmented pathways, services, and inconsistencies in care. "(Diabetes)
"These *services are not part of existing contracts with partners- limited leverage…*)
"*Delays in diagnostics affecting compliance. Action plan in place to improve Radiology scan and reporting turnaround times. Subject to national and international recruitment, outsourcing insourcing, additional mobile scanners, and Waiting List Initiatives to be in place." (Faster Cancer Diagnosis)*

6. Limited funding / short term funding of posts: insufficient to prove concept, embed and sustain good practice. Repeated, failed recruitment and delays with secondments. Concerns re workforce to address inequalities – ratio of trainees and interims to permanent qualified, staff, limited pool of Health Inequalities practitioners to upskill workforce. Particular concerns re NHSE policy changes, funding reductions and reductions in targets.
"*Capacity at every level to support the effective planning and implementation of case finding is challenging. In particular ongoing coordination and facilitation of learning and improvements in PCN's – to fully implement DES"* (Hypertension Case Finding).
"Recruitment has been a major barrier with concerns locally and national. Skilled staff for Alcohol Recovery Teams ACT are in very short supply. Also, we are reluctant to second because of concerns about undermining already weakened, existing services. (ACT)

7. Slow adoption of new skills, lack of digital skills, role development creates feelings of resistance of providers/ delivery partners to address inequalities within new settings using

new service delivery models and / or tools. Difficulties and delays in development of Population Management approach and Digital Strategy affecting and analytic/ intelligence capacity.

8. Challenges with Comms and engagement including population apathy re Covid and Flu in under 65's, challenges of reaching target groups in terms of location, language, ethnicity, and other barriers

9.Covid legacy /restoration of services/ clearing of backlogs and waiting lists can be prioritised over health inequalities and/ or without interventions to address gaps in waiting lists and uptake by deprived communities and groups

10. Gaps between national expectations and local capacity including differences in skills and resources in rural versus urban settings, missed opportunities to fully link local and national action

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD

Agenda item no.	ICB 29-03-070
Meeting date:	29th March 2023
Paper title	People Programme Annual Report 2022/23 & ICS People Strategy 2023 - 2027
Paper presented by:	Tracy Hill, Interim Chief People Officer
Paper approved by:	Stacey-Lea Keegan CEO RJAH & SRO People Agenda
Paper prepared by:	Sara Hayes, People Transformation Programme Lead
Signature:	Tracy Hill
Committee/Advisory Group paper previously presented:	• Regular monitoring of the Local People Plan 2022/2023 at the monthly People Delivery Committee. • People Strategy 2023 – 2027 presented at the NHS STW People Committee on 15th March 2023.

Action Required (please select):									
A=Approval		R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

Previous considerations:	N/A

1. Executive summary and points for discussion

In 2022/23 our System people transformation team was working to deliver priorities set out in the Local People Plan in April 2021. These reflected the priorities of the national People Plan and brought them to life in the context of Shropshire Telford and Wrekin (STW). Additionally, the ICS set out to achieve a Workforce Big Ticket Programme with 3 key objectives: reducing the need to engage agency staff, efficient utilisation of our workforce and procurement of agency staff efficiently and effectively. The first part of this report sets out our delivery against the priorities of that Local People Plan:

- Looking After Our People - Health and Wellbeing
- Belonging in STW – Organisational Development, Leadership and Culture
- Belonging in STW - Equality, Diversity and Inclusion
- Growing for the Future - Attract, Recruit, Retain
- New Ways of Working & Delivering Care – Enabling Programmes
- New Ways of Working & Delivering Care – Strategic Workforce Planning
- Focus on Nursing
- Workforce Big Ticket Item & Workforce Efficiency

The second part of this report describes our workforce position as we approach the end of 2022/23.

We then share the ICS People Strategy 2023 – 2027, which sets out our ambition for the next 5 years and is structured around the four core pillars of the NHS People Plan. This is underpinned by the NHS People Promise and the ambitions set out in the 2021 report, "The Future of NHS Human Resources & Organisational Development".

The development of this Strategy represents a positive step towards working together on an agreed strategic direction and brings to life the ambition of our People Committee in emphasising the principle of subsidiarity - considering system-wide impacts and approaches alongside organisational ones.

We have retained most of our current Local People Plan portfolios so we can continue to see that golden thread of strategic connection with national NHS People priorities. We have set out our aspirations for 2027, clarified the focus of our portfolios and our senior decision makers and stakeholders have identified several priorities they believe are of paramount importance in our delivery plans.

The People Strategy 2023 – 2027 is being considered at the People Committee on 15th March 2023 before we progress to a programme of socialisation with partners across the System.

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	
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	X

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

1. Note the delivery of System people transformation programmes during 2022/23; and
2. Support the principles of our one System People Strategy 2023 – 2027; and
3. Support employer organisations to come together collaboratively to deliver the priorities our senior People decision makers and stakeholders have identified as having most impact for our whole system workforce; and
4. Support the principle of Our People first in people programmes, people management and people services, leading change by example even when organisational pressures might challenge this approach.

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

Yes. The paper sets out evidence that could mitigate the following BAF risk:

Risk ID	Strategic Pledge	Opened / Added by	**Risk and description**
8	10	T Hill	**ICS Workforce** There is a risk that the ICS will be unable to provide the workforce to deliver clinical and non-clinical services due to inability to recruit, retain, keep well and effectively deploy a workforce with the necessary skills & expertise that meet service requirements - resulting in a failure to deliver services.

4. Appendices

N/A

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Successful delivery of our People Strategy and our People Transformation Programmes will directly impact on the people who work in health & care in our system and indirectly impact on the provision of health & care for all the residents of STW.
Quality and Safety	Successful delivery of our People Strategy and our People Transformation Programmes will indirectly impact on the quality & safety of the services our people provide for our residents.
Equality, Diversity, and Inclusion	Successful delivery of our People Strategy and our People Transformation Programmes will increase inclusion, equality & diversity

	for our workforce and help us to address EDI matters for the people who receive health &care services.
Finances and Use of Resources	
Regulation and Legal Requirements	None identified
Conflicts of Interest	None identified.
Data Protection	None identified.
Transformation and Innovation	Successful delivery of our People Strategy and our People Transformation Programmes will enable delivery of our ICS Big Ticket Transformation Programmes and our Workforce Big Ticket Item.
Environmental and Climate Change	None identified
Future Decisions and Policy Making	None identified

Action Request of Paper:	• Note the delivery of System people transformation programmes during 2022/23; and • Support the principles of our one System People Strategy 2023 – 2027; and • Support employer organisations to come together collaboratively to deliver the priorities our senior People decision makers and stakeholders have identified as having most impact for our whole system workforce; and • Support the principle of Our People first in people programmes, people management and people services, leading change by example even when organisational pressures might challenge this approach.		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	29th March 2023
Agenda item no.	
Paper title	People Programme Annual Report 2022/23 & ICS People Strategy 2023 - 2027

1. Background

This report is in three parts. The first part sets out the achievements of our People Transformation Programmes in 2022/23. The second part sets out our current context and what the workforce metrics, staff survey and workforce plans are telling us as we approach the end of 2022/23. The third part sets out the vision for our People Strategy 2023 – 2027, and the shared vision our People Committee senior stakeholders have developed - a positive step towards working together in an agreed strategic direction underpinned by consistent and aligned system and organisational People delivery plans and priorities.

2. Report

Part 1: People Transformation Programmes - 2022/23 Delivery
In 2022/23 our System People Transformation Team has been working to deliver priorities set out in the Local People Plan in April 2021. These reflected the priorities of the national People Plan and brought them to life in the context of STW. Additionally, the ICS set out to achieve a Workforce Big Ticket Programme with 3 key objectives, reducing the need to engage agency staff, efficient utilisation of our workforce and procurement of agency staff efficiently and effectively.

The System People Transformation Team has been created to support and enable workforce transformation for the workforce of our System as a whole and does not provide people management for the ICB as an employer.

It is difficult to single out achievements in year, and an Annual Report setting out the team's work in full has been produced. This paper highlights below some considerable successes which should be set in the context of a small team who have experienced high staff turnover this year due to the uncertain nature of fixed term roles and short-term funding, and changes in ICS Chief People Officer capacity mid-year.

Looking After Our People - Health and Wellbeing:

- Menopause support – 313 staff accessed clinics and app (Peppy)
- Art of being brilliant, stress and burnout sessions – over 270 attendees
- Refining accessibility of health and wellbeing offers, improving communication via the Learning Management System
- The Trauma Resilience Management (TRiM) Hub has provided support to 818 people in health & social care roles; of these 83 people said they have stayed in their roles because of the support, and 75 people said they did not go off sick because of the support.
- Psychological Wellbeing Hub has supported 348 people and the team has engaged with stakeholders to receive feedback and develop the offer appropriately.

- Delivered Men's Health webinars, clinics and forum and are assessing impact to build on these. We concluded the
- Concluded collaborative procurement process for Occupational Health Services with NHS providers and have secured funding from Be Well Midlands which will enable specific focus on wellness from the perspective of flexible working.
- Scoped and now planning for our Healthy Lifestyle, Carers, Domestic Abuse Training and Sleep School and will now move this forward in line with project plans.

Belonging in STW – Organisational Development, Leadership and Culture

- Launched cohort 2 of the High Potential Scheme (HPS), in partnership with the Leadership Academy and Staffordshire and Stoke on Trent ICS – 30 participants.
- Delivered 3 cohorts of the Replenish & Restore programme.
- Provided OD support to the ICS MSK Transformation Programme
- Supported OD community of practice.
- Supported 48 people to complete programme of development to have honest/difficult conversations.
- Enabled 7 people to develop Action Learning Set Facilitation skills.
- Developed a draft ICS OD Development Programme.
- Commenced NHS STW organisational development programme.
- Supported the development of the System People Strategy 2023 - 2027

Belonging in STW - Equality, Diversity and Inclusion

This part of our portfolio has been extremely challenged in terms of capacity, which means our programme has had to be very tightly focussed. We have:

- Received the Rural Racism research findings and begun to develop our action plan to address the issues identified.
- Continued to support our system EDI Steering Group and Staff networks and have been one of the first ICS' nationally to deliver the Oliver McGowan Mandatory Training across our workforce in partnership with HEE and Shropshire Council.

Growing for the Future - Attract, Recruit, Retain

We have focussed our small resource on staff retention,

- Completing the NHSE Nursing & Midwifery Retention Self-Assessment tool
- Implementing the NHS E 5 High Impact Actions for Nursing & Midwifery.
- Creating a System Workforce Retention Strategic Group
- Developing our retention approach to ensure we meet the needs of our whole workforce.

New Ways of Working & Delivering Care – Enabling Programmes

Our resource has focussed on enabling:

- Sign-up to our system Workforce Sharing Agreement by SaTH, SCHT, RJAH, MPFT and NHS STW – and is now focussed on implementing the Agreement to enable free movement of our NHS workforce in support of patient care.
- We have enabled some System terms & conditions agreements – for example on local travel expenses reimbursement and the King's Coronation – and supported a collaborative approach to Industrial Action preparation.

New Ways of Working & Delivering Care – Strategic Workforce Planning
For capacity reasons we have:

- Focussed on enabling delivery of our NHS E Operational Workforce Plan, and in so doing, have created and developed a network of workforce information and people professionals who carry out workforce planning in their organisations.
- Commenced the roll-out of strategic workforce planning training for leaders, in partnership with Skills for Health.
- Sought alternative capacity to support workforce transformation for our ICS Big Ticket Transformation Programmes.
- Commenced the use of an ICS Workforce Metrics Dashboard in our People Delivery Committee meetings to build on our understanding of our workforce and will be further developed in 2023/24.

Focus on Nursing

- Our Health Care Support Worker (HCSW) Academy for those new to health & care is now a sustained business as usual service, and has enabled the attraction, recruitment, and improved retention of 445 people who live within STW since January 2021. This programme has showcased STW ICS as a beacon site for HCSW recruitment and is being presented regularly for other ICSs to consider adopting.
- Commenced Cohort 1 of our ICS Integrated Preceptorship Programme
- Developed our first cohort of T-level programme student placements in partnership with Telford College.
- Continue to develop our Learning Management System to provide one repository for ICS learning and training
- Developed a centralised clinical placement platform for our students.
- We are proud to have developed a Shropshire Nursing Pathway with Shrewsbury College, guaranteeing people direct entry into Shrewsbury University to do nurse training after 2 years at college.
- Built on our Nurse Associate and Nurse Apprenticeship programme and worked with Telford College to establish a pre-employment programme to equip people with some of the fundamental skills needed to enter a career in health & care.
- Developed a coordinated centralised approach to delivering simulation training across STW, in partnership with HEE and Telford College.

Workforce Big Ticket Item & Workforce Efficiency
The Workforce Big ticket had a requirement to deliver £3m of workforce efficiency programmes in year (£10m over 3 years). Early in 2022/2023 there was collective acknowledgement from System CEOs and senior leaders that capacity to deliver workforce transformation programmes was constrained. The primary focus was to reduce predominantly agency costs in the short-term whilst longer term capacity was secured to enable development of a sustainable multi-year workforce transformation programme.

Between May and August, the limited capacity, (2 days per week), leading and supporting the workforce BTI, focused on engaging temporary staffing colleagues across Providers to understand current working practice relating to agency procurement and benchmarking this against nationally recognised best practice models. Furthermore, approval was gained, meeting the System investment governance requirements, to procure an electronic staff

rostering system for Shropshire Community Health Trust, this being a key enabler to the future implementation of a System wide collaborative bank staff system.

Significant additional challenges have been experienced during the year to gain traction. This has been due largely to operational pressures, sickness, industrial action, evolving governance and capacity within organisations to drive programme forward.

In December 2022 additional capacity (1wte) was secured for the Workforce BTI. This additional capacity has been closely aligned to SATH, given the requirement to drive down costs at pace. Schemes of work have focused on business as usual, grip and control measures and more transactional workforce programmes.

It is important to note the Workforce BTI has delivered £1.2m minimum (relative to 19-20) of savings during the year. Cost reduction was higher given escalating costs above 19-20 baseline and quantification of full benefits is currently being signed-off by organisations.
In addition to the £1.2m delivered, a further £1.8m of schemes are fully signed off and in the final stages of implementation. These programmes will begin to deliver cash releasing benefits in the new financial year (mainly direct engagement model and continuation of elimination of off-framework agency).

Finally, the team are finalising the validation of the benefit of the Health and Wellbeing programmes delivered in year. These have also reduced and avoided cost growth – namely the Trauma related sickness programme (TRiM) which has supported over 1000 members of staff across the System remain in work (currently actively supporting 67 clinicians who have suffered trauma related stress remain in work).

Workforce BTI 2023/2024

The existing capacity to support the programme is expected to cease on 31st March 2023 (highlighted as a key risk in the NHS England response letter).

Focus remains on delivery of 2022-23 savings, with the team also supporting SaTH in developing their 2023-24 efficiency programme".

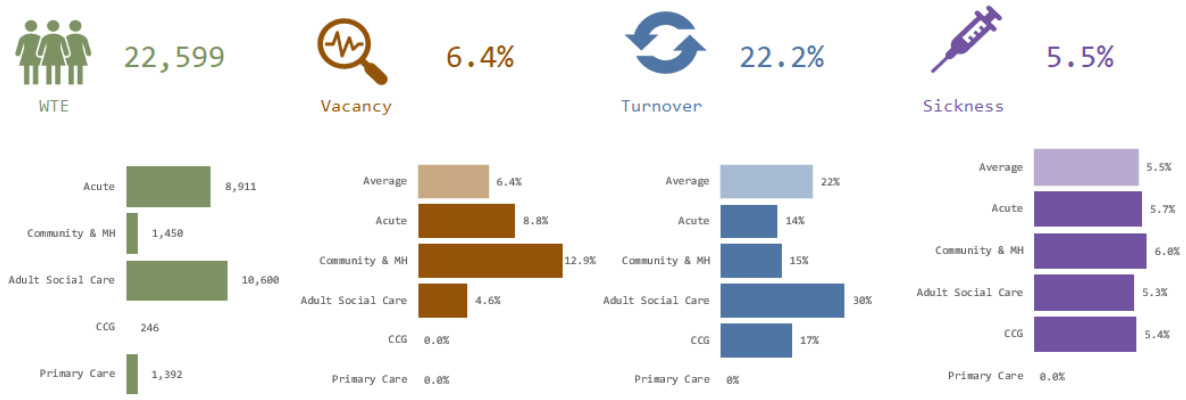
Furthermore deep dives are being conducted into nursing and medical staffing to develop robust and credible plans to reduce agency spend toward 3.7% national target.

The 2023-24 in-year benefit/cost reduction is forecast to be **£5.4m (£6.6m over 2 years)** across the 3 provider organisations with most of this programme already signed off through internal governance moving to the implementation stage. This programme is focused on:

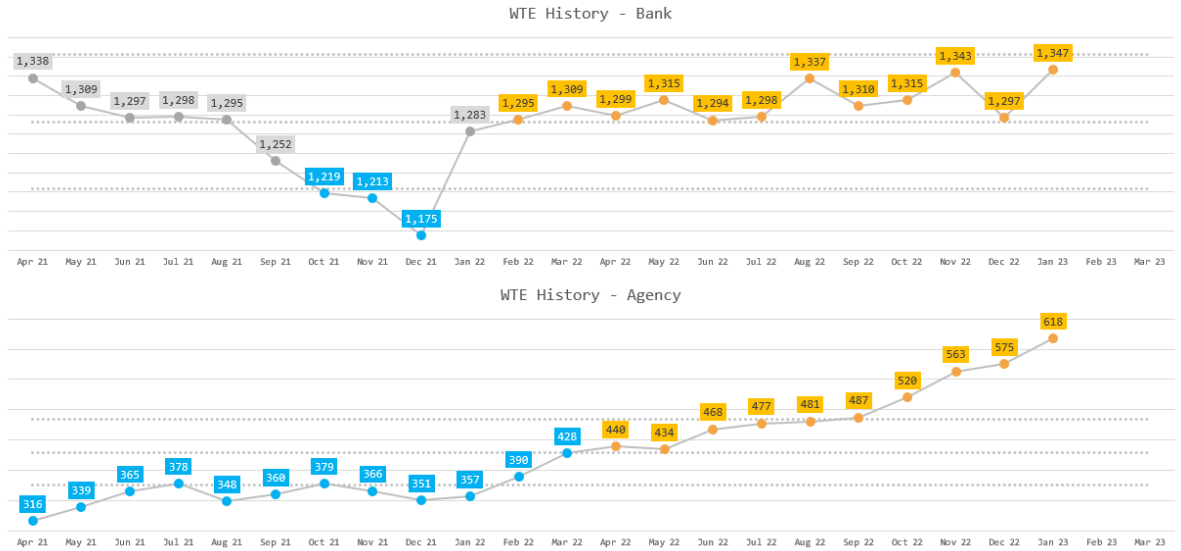
- Reduction in HCSW agency premium - £1.3m;
- Direct engagement model - £0.7m
- Reduction/elimination of off-framework agency - £1.3m;
- Salary sacrifice schemes - £0.5m
- Bank incentive proposal to return rates back to pre-pandemic levels - £1.6m

Part 2: Our current Workforce context

As we approach the end of 2022/23, our core STW workforce metrics (January 2023) show that for the 22,599 people we employed across health and social care, more people are employed in the care sector than health. Our overall system average for vacancies is 6.4% although this varies across the sectors, with the Community health sector reporting the highest vacancy % and adult social care the lowest. Average turnover is 22.2%, with the Acute health sector reporting the lowest % and adult social care reporting the highest. And finally, our system average sickness is 5.5%, with our community health sector reporting the highest % and adult social care the lowest. This is shown graphically below.



The same metrics shows the use of Bank workers is broadly consistent, but use of Agency workers is steadily increasing and has been since April 2021.



Additionally, consideration should be given to recent Staff Opinion Survey results as referenced in the Chief Executive Board paper, providing feedback on staff working experiences.

Provider health organisations are currently finalising NHS E operational plans. Although final refinements are not yet complete, the following can be highlighted from draft plans in RJAH, SaTH & SCHT.

By March 2024 we:	**Which means that:**
Are planning to increase our budgeted establishment by almost 400 WTE and recruit 100% of these service development posts	• We will have more posts to fill • Recruitment activity will increase for line managers and recruitment services
Are planning to still have 91% (approx. 726) of our current underlying vacancies	• We are not addressing the underlying workforce pressures which support staff to have a positive work experience

Are planning to bring turnover and sickness down to current organisational targets	• We will need to significantly reduce **actual** turnover and sickness absence in our workforce

We have determined a plan to achieve the workforce supply necessary to recruit to service developments and turnover (not underlying vacancies) through a combination of:

- 39% Domestic recruitment
- 24% Other supply (unspecified)
- 19% Newly qualified
- 14% International recruitment
- 3% apprenticeships

The planning process has enabled us to identify a significant number of risks, which can be summarised as follows:

- Legacy workforce availability deficit – current vacancies
- Planned workforce demand growth from service developments
- Risks associated with specific roles or professions that are common to more than one organisation
- Risks associated with the current workforce profile that are common to more than one organisation

Additionally, primary care services are seeking to recruit an additional 251 WTE, 105 of which are in roles funded by the Additional Roles Reimbursement Scheme (ARRS) which concludes in March 2024. Roles funded though ARRS include many of the key AHP roles that are also a challenge to recruit and retain in secondary health care.

With emphasis on new ways of delivering care alongside the foreseeable future workforce position, it is reasonable to conclude a required focus towards working collaboratively across our services and employers is needed - to drive proactive, sustained, and successful recruitment and retention, and to develop education and career pathways and pipelines to address future workforce supply needs. Further measures for consideration include agreement to recruit to an, "over supply" with knowledge of staff turnover rates to mitigate financial risk.

Part 3: Shropshire Telford & Wrekin ICS People Strategy 2023 – 2027

On 30th November 2022 the ICS People Committee met for a visioning workshop and agreed an action to progress a single People Strategy for all ICS employers, whereby organisations retain identity whilst working together to make a difference at scale where this provides benefit.

People Committee members and senior stakeholders have subsequently met on 26th January and 28th February to develop our One People Strategy. This has been discussed at the People Committee on 15th March 2023 with the need for further socialisation alongside System partners.

This approach represents the coming together of senior decision makers from SaTH, SCHT, RJAH, MPFT, Local Authority, Further Education, Higher Education, Voluntary Sector, and the Care Sector to envision a new future for our people - a positive step towards working together with a shared strategic direction, underpinned by consistent and aligned organisational People delivery plans.

Our People Strategy sets out our ambition for the next 5 years for the circa 23,000 people who work with us across health & social care and is structured around the four core pillars of the NHS People Plan, underpinned by the NHS People Promise and the ambitions set out in the 2021 report, "The Future of NHS Human Resources & Organisational Development". Each ambition describes what we want to do and our shared prioritised plans for delivery – and can be flexible to accommodate changing demands.

We have retained most of our current Local People Plan portfolios so we can continue to see that golden thread of strategic connection with national NHS People priorities. We have set out our aspirations for 2027, clarified the focus of portfolios and identified several year 1 priorities that the stakeholder group felt were of paramount importance in our delivery plans.

Priority 1. Growing for the Future
"We aspire to have engaged, motivated, skilled people who want to start & progress their career and broaden their experiences with us."

This priority includes Learning & Development, Talent Management, Best Use of Resources, and Starting Out in a Career in Health & Social Care.

In Year 1, our stakeholders have asked us to prioritise:

- Creating a co-ordinated approach to apprenticeship programmes across the ICS
- Implementing a Legacy Mentoring programme (our experienced people mentoring our new people).
- Implementing centralised CPD/apprenticeship/development funds and their stewardship.
- Increasing our pre-registration student placements and developing a sense of belonging to STW from the onset of a placement.

Priority 2. Belonging in STW
"We aspire to have a shared compassionate & inclusive culture that enables our people to thrive at work."

This priority includes Celebrating Diversity & Inclusion, Staff Voice, Choice & Control, Justice & Fairness and Culture, Values & Leadership.

In Year 1, our stakeholders have asked us to prioritise:

- Ensuring our approach to inclusion is for everyone, including those with protected characteristics.
- Ensuring everyone – in health & social care – can contribute to a staff survey providing feedback on their experiences.
- Attract - Working together to develop consistent employment marketing & branding for all STW health and care employers.

Priority 3. Looking After Our People
"We aspire that our people will feel valued, nurtured & cared for and will recommend us as a great place to work."

This priority includes Health & Wellbeing, Reward & Recognition, Careers and Good Work.

In Year 1, our stakeholders have asked us to prioritise:

- Ensuring we have a single System approach to our people's wellbeing.

- Ensuring we have a single approach to inclusive leadership, starting with HPS.
- Raising the profile of flexible working and flexible working platforms.

Priority 4. New Ways of Working & Strategic Workforce Planning
"We aspire to be one workforce, supporting the delivery of high-quality care to our communities."

This priority includes Workforce Information, Digital Innovation in people matters, Strategic Workforce Planning and enabling us to belong to One Workforce

In Year 1, our stakeholders have asked us to prioritise:

- Begin using a common and shared set of key workforce information (metrics) for all System employers.
- Operationalise the One Workforce principle (People first) in all our key People work programmes.
- Create & use a single workforce plan for all our System workforce.

Work is now being completed to determine the measurable objectives for each of these programmes of work, creating greater transparency and a clear route to demonstrate (or not) impact of our actions.

3. Conclusions

In conclusion, despite challenges the System People Transformation Team have delivered successes and enabled transformational change across a wide range of programmes during 2022/23.
The aim in the coming year is to determine a clearly focussed programme of work which will truly impact on the workforce position as outlined in this paper.

The development of the System People Strategy for 2023 – 2027 represents a significant step forward in agreeing a shared vision and priorities and will enable focus specifically on the People programmes our senior decision makers and stakeholders have identified as having the greatest impact for our whole workforce.

4. Recommendations

NHS Shropshire, Telford and Wrekin Board is asked to:

1. Note the delivery of System People Transformation programmes during 2022/23; and
2. Support the principles of our one System People Strategy 2023 – 2027; and
3. Support employer organisations to come together collaboratively to deliver the priorities our senior People decision makers and stakeholders have identified as having the greatest impact for our whole system workforce; and
4. Support the principle of our People first in people programmes, people management and people services, leading change by example even when organisational pressures present this as a challenge.

Integrated Care Board

Agenda item no.	ICB 29-03-073
Meeting date:	29 March 2023
Paper title	Integrated Performance Report
Paper presented by:	Julie Garside, Director of Planning & Performance
Paper approved by:	Simon Whitehouse
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

1.1 Operational Performance

Elective Activity Against Plan (STW ICB)

Elective Activity v Plan: Acute Providers within STW

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	YTD
Day case	Plan	4050	4630	5529	5970	5532	5589	6021	5929	5519	5914	54683
	Actual	3898	4609	4463	4365	4645	4672	4723	5019	4329	4876	45599
	variance	-3.8%	-0.5%	-19.3%	-26.9%	-16.0%	-16.4%	-21.6%	-15.3%	-21.6%	-17.6%	-16.6%
Elective Inpatient	Plan	271	426	590	684	627	620	736	740	647	646	5987
	Actual	273	393	413	441	373	379	425	426	378	359	3860
	variance	0.7%	-7.7%	-30.0%	-35.5%	-40.5%	-38.9%	-42.3%	-42.4%	-41.6%	-44.4%	-35.5%
First Outpatient Attendance	Plan	14057	13584	14850	16989	15047	15962	17426	16208	13943	16991	155057
	Actual	12188	15607	14394	14140	13809	15043	15128	16328	12554	14721	143912
	variance	-13.3%	14.9%	-3.1%	-16.8%	-8.2%	-5.8%	-13.2%	0.7%	-10.0%	-13.4%	-7.2%
Follow-up Attendance	Plan	18933	19645	20708	22305	20038	21302	23518	23513	19928	24178	214068
	Actual	18997	22832	22089	21622	21453	21631	21943	24320	18989	21718	215594
	variance	0.3%	16.2%	6.7%	-3.1%	7.1%	1.5%	-6.7%	3.4%	-4.7%	-10.2%	0.7%

Elective activity for the system continues to be below plan across all points of delivery. Outpatient Follow Up activity exceeded lower planned levels in August-September but has since fallen below planned levels from October onwards, and year to date activity is just below plan by 0.7%.
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	4685	86%	88%
Dec-22	4963	5072	4702	95%	93%

Non-elective activity at SaTH is consistently below 19/20 levels every month and is also below 22/23 plan. The year-to-date activity totals 40,769 against plan of 46,285, therefore is 12% below planned levels. Performance against plan has been deteriorating from July 2022, but activity increased in December which is consistent with previous winters and there were also significant pressures seen around Flu, COVID and Strep A in paediatrics. Despite month-to-month variation the overall number of A&E attendances remains equivalent to 21/22.

1.2 Urgent & Emergency Care (UEC)

The system's performance is shown in detail slide 3-13 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 but there has also been signs of gradual improvement.

In summary the performance in February remained challenging across the system. STW, as the rest of the NHS, experienced extreme pressure across the system over the winter period. This has 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, there has been a significant improvement in ambulance handover figures in January and February. A full review of will be completed in the coming weeks, but it appears to be linked to a reduction both in ED attendances and in ambulance calls.

Key actions remain targeted at improving patient flow which are critical to reducing time to initial assessment and patient time in ED. The acute floor has and remains key to improved ambulance handover times and the System Control Centre continues to drive out system response. Initial improvements seen in timely discharge seem to have stalled and further actions are planned to improve both rate and time of discharge. These include discharge planning from admission, meaning a major focus on complex pathway management and plans are being developed with all system partners to enable the re-introduction of Discharge to Assess. There is an equal focus on improving the rate of simple and timely discharges too. The detail of these plans is being worked through at the UEC Improvement Summit on Friday 24th March – the output of which will be a refreshed UEC improvement plan for the system for 23/24.

On a positive note, despite the pressures in the period December to February, 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 usage was affected in January but the opening of the acute floor and changes to admission pathways being embedded, improvement was seen in February, and is now back close to the national target of 30% (actual 28%)

There has also been a big step forward in the utilisation of the Virtual Ward (VW) with the system utilising the 100-bed equivalent capacity available. This was increased from 50 beds equivalent with the recruitment of additional staff during February and increased further in March to 150. There is always a slight dip in utilisation as additional capacity comes on line but over time that improves. The development and clinical sign off of further step-up pathways is critical in reducing demand into SaTH and optimising the use of our increased VW capacity.

STW continues to benefit from the national allocation of additional funding to support patient discharge into care settings. The system continues to monitor the impact on a fortnightly basis via a national template. This is being measured against a baseline of discharge levels in October 2022. After the initial improvement seen due to this funding the impact now appears to have plateaued so further work is underway across the system to see what more can be done to reduce the level of No Criteria to Reside patients which is the national measure replacing the local Medically Fit For Discharge or MFFD position.

Two key events took place in March to drive further improvement:

- A complex discharge pathway summit took place in March which identified two additional priority areas of work to be taken forward by the system. These will focus on bringing forward the timing of discharge planning (which currently only triggers when patients are identified as MFFD) and the development of a discharge to assess model.

- The UEC Improvement Programme 2023/24 System Summit which brought together clinical and operational leads from across the system to develop the clinically-led improvement plan focussing on the national agenda of standardise, stabilise and sustain. This is taking place on 24th March with a full plan being brought forward to the Integrated Delivery Committee through the UEC Delivery Board.

1.3 Elective Recovery

At the end of February there were 14 patients waiting over 104wks vs our plan of 0, which has halved since the last reported position in November. This remaining 14 are due to complex spinal cases at RJAH and some patients choosing to wait. RJAH are forecasting that they will have 2 waiting by the end of March 2023, one due to a clinical reason and the other due to planned industrial action for Junior doctors. The system has been working with NHSE on its regional mutual aid hub to bring cased down more quickly including using independent sector providers outside area 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 they will have zero patients waiting above 104wks by the end of March, having previously reporting around 34 at risk of 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 has considerably improved from the 734 reported at the end of January, the latest forecast is down to 216 by the end of March 23which is much improved form the original local plan of 458. 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, the system is on track to achieve the 216 by month end and a further reduction down to 90 by the end of April. Collectively both providers & the ICS are focussed on achievement of these local plans. SaTH's plans are to have no >78wks from April and RJAH continue to drive down their complex long waiters as quickly as possible and in line with patient choice.

Both SaTH and RJAH are focusing on increased recruitment to improve capacity as well as 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 STW's rate of recovery. 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 delivering targets where not met (Virtual consultations). Despite there being no national target for virtual consultations is 23/24 the local system has agreed via the Planned Care Operational Board to maintain a local one which is included in the planned care dashboard.

1.4 Cancer

At the end of February there were 430 patients waiting >62 days, 180 of which were waiting more than 104 days. Overall the numbers waiting have reduced since December & is now on target to meet the revised trajectory of 420 patients in the >62days backlog by March 2023. 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 198 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 LATP).

Despite plans to achieve a local target for the 28 Day Faster Diagnosis standard of 65% by March 2023 delays with getting FIT testing fully embedded the system is likely to end the year ~61-62%. That will enable the system to achieve the national target of 75% by March 24.

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.

1.5 Diagnostics

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 only a gradual reduction in the backlog despite performance being above plan in large volume areas such as CT and MRI. Since the summer we have seen month on month improvement, but the progress has recently plateaued but is expected to be much better in February, but further capacity is required to continue to reduce the backlog at pace. The system has applied for additional funding for this from NHSE nationally but to date there have been delays in approval. For Non Obs U/S which had the largest number of long waits, improvements have been made in operational delivery and additional insourcing so that is now also expected to improve over coming months.

For Echocardiography, the end of March predicted position is 1,219 patients on the waiting list with 330 exceeding 6 weeks. This position is being proactively managed during April by scaling up the single site delivery, enabling more flexible working and more efficient use of resource to rapidly impact on this position. The end of April plan is now shows a significantly improved waiting list of 549 patients with none waiting more than six weeks.

The additional capacity brought on to provide outsourced radiology reporting has brought a huge improvement to the reporting times and corresponding performance. This and in house WLIs are maintaining the improved plain film reporting position.

Overall SaTH's current DM01 performance for radiology (February 2023) unvalidated, shows strong improvement:

• Imaging overall up from 69% to 79%
• MRI up from 78% to 93%
• CT up from 90% to 96%
• US up from 55% to 64%

1.6 Mental Health

Mental Health waiting targets are prone to fluctuation but there are several areas where remedial action plans are in place and corresponding improvement is now being seen in most areas:

- 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 to support children with an urgent need and those with a lesser routine need has led to improvement in waiting times. In the quarter to June 2022, 62% of referrals for an urgent assessment and treatment were being seen within 1 week and 61% of referrals for a routine assessment & treatment were being seen within 4 weeks, both against a 95% standard, By the end of quarter to December 2023, 80% of children were seen within 1 week for an urgent need, and 62% of children seen within 4 weeks for a routine need.
- Children & Young People access to Mental Health services is a further national ambition; the target for STW in 2022/23 is 7517 but performance is currently at circa 5155 reported numbers. There is recognition that the main provider (MPFT) have been under-reporting activity against this target, and are working with data teams in MPFT and with ICB colleagues to improve data compliance and submissions. A national data issue meant that up until very recently we had no visibility at ICB level of performance against this ambition,
- Physical health checks for patients with Serious Mental Illness (SMI) remain below national targets, although performance has started to improve in the last couple of months and is on trajectory, with 1640 completed in the 12 months to January against a target of 2300. Further improvement is expected for February to March. IT and data quality issues together with current working practices between primary and secondary care have impacted on anticipated performance improvement, and there remains some potential underreporting of health checks. A detailed review of the service and specification is starting from January.
- The Talking Therapies 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 the 2023/24 revised targets. Waiting list initiatives are in place to

reduce long waits between first and second appointments for more complex patients via a sub-contract arrangement.

- Dementia diagnosis rates deteriorated since the start of the pandemic and have not shown much improvement. Recovery plan is in place, 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 levels of sickness, despite an increase in referrals causing a backlog. There is also still much work to do around the dementia strategy. For these reasons it is not expected to meet target until December 2023.
- Demand for PICU and Acute Out of area beds fluctuates on a week-by-week basis but is consistently above bed capacity, mirroring the national picture. There are no female beds available within the system, so any women automatically must go to an out of area bed. 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, these are held quarterly with the last one held in January and the next is planned for April 2023.

A deep dive into SMI and LD Health Checks was presented to the Q&P Committee in February focusing on the current issues, actions being taken to address these and how higher rates and a more even spread of workload throughout the year could be achieved.

Perinatal Mental Health services are performing well against the national access target. Access to perinatal services against proportion of births has increased to 16% against a target of 10%. A further performance measure is for all women to be offered an appointment within six weeks of referral. In the 10 months to January, 90% of women were offered an appointment. The service has of late experienced high levels of sickness and a number of vacancies, which it is managing and actively recruiting staff. Conversely, access rates have been consistently above the 10% target all year, at around 17%.

1.7 Finance

At Month 10 the STW system is reporting a £54.7m year to date deficit (£33.7m adverse variance to plan) and a £65.8m forecast deficit for the year (£46.7m adverse variance to plan). This position is in line with the run rate and risk adjusted forecast reported at Month 9 but represents a £42.5m movement in the formally reported forecast due to the enactment in Month 10 of the NHSE Forecast Outturn Change protocol. The position by organisation is shown in the table below with further information available in the finance section of Appendix A.

Organisation	**Variance to YTD plan at M10 (£'000)**
NHS Shropshire, Telford and Wrekin ICB	(7,908)
Shrewsbury and Telford Hospitals NHS Trust (SATH)	(21,306)
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT (RJAH)	2,852
Shropshire Community Healthcare NHS Trust (SCHT)	2,000
System Stretch Target	(9,291)
TOTAL	**(33,653)**

Since September the system has indicated that it would need to amend its forecast financial position (FOT) to show a significant deterioration from plan. In November, NHSE issued a FOT change protocol to be followed. The system has therefore been in regular dialogue with NHSE colleagues regarding the projected forecast based on run rate and known mitigations. The system has also been in discussions with national colleagues with meetings taking place in October, December and February.

The system sought Board approval for the amendment to be formally reported in the Month 10 position. Due to the timing of the discussions with NHSE and the month end submissions, this was enacted through emergency decision making with approval from both the ICB/System Chair and CEO and engagement with both the system finance committee and system audit committee chairs. Provider organisations have all taken the FOT change through their internal governance processes.
There are several key drivers of the deterioration from plan which have been discussed in detail at the finance committee. The system is taking action wherever possible to mitigate the impact of these. It is crucial that we can see how and when the benefits from these actions will manifest in the financial position as this level of granularity of information is being used to inform the 23/24 financial plan.
Further detail around the financial position and the action being taken is provided in the finance section of Appendix A

1.8 Year End Audit Requirements

In accordance with the Department of Health group accounting manual, the ICB is required to incorporate a statement in the Members' Report to the effect that, for all individuals who are a member of the Board at the time that the report is approved:

- the member knows of no information which would be relevant to the auditors for the purpose of their audit report, and of which the auditors are not aware; and
- the member has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of that information.

The auditors have also asked that those charged with governance within the organisation confirm that they have disclosed any information in respect to the following points:

- Their knowledge of any actual, suspected, or alleged fraud affecting the entity;
- Their awareness of the risks of fraud in the entity, including those that are specific to the entity's business sector; and
- Whether they have any knowledge of potential litigation or claims affecting the entity.

The Board is asked to:
- NOTE the amended financial forecast outturn position
- Approve the incorporation of wording within the annual report which confirms that:
    - the member knows of no information which would be relevant to the auditors for the purpose of their audit report, and of which the auditors are not aware; and
    - the member has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of that information.
    - the member has disclosed any information relevant to the following:
        - Their knowledge of any actual, suspected, or alleged fraud affecting the entity.
        - Their awareness of the risks of fraud in the entity, including those that are specific to the entity's business sector; and
        - Whether they have any knowledge of potential litigation or claims affecting the entity.

1.9 People

Due to timing of data flows the workforce metrics are reporting month 11 – February 2023

Agency has continued to rise steadily since January 2022 from 301 to 579 WTE, with a large increase since May of 158 WTE (February), this is counter to the operational workforce plan where agency WTE was planned to reduce month on month.

Vacancies; SCHT have the highest vacancy rate of 12.3% an increase of 3% since October and a significant increase since March 2022, from a stable position of 4-6%. In comparison vacancy rates for SATH are 7.2% and RJAH 9.5% which have reduced in month.

The NHS turnover of staff since March 2022 rose significantly and has stabilised around 14%. RJAH from 9% to 13% and SCHT now 14%. The turnover in SATH has remained steady around 14%-15% but this is still higher than usual. Across staff groups, care workers account for the largest turnover rates at 35%, Nursing, midwifery and health visiting turnover is 18% with other staff groups between 14% and 15%.

1.10 Report Development

Work to develop a more focused report that highlights operational system performance by exception and the impact mitigating actions are having on improving performance, has been delayed in February/March due to all available capacity being directed at operational planning. This work will be resumed in April.

The aim of future reports remains 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. 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	x
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 note the improving picture on long waits, 62day Cancer backlog and diagnostic waits and to receive assurance that all operational actions that can be done are being done. For UEC, performance remains really challenging across the system because of ongoing pressure both locally and across the region. Variation in demand in February compared to January has contributed to some deterioration, but improvement in areas of ambulance handovers and SDEC has been maintained. Further work is underway with all system partners focussed on improving rates of discharge to support better flow, critical to improving STW's UEC system.

This is the basis of a dedicated improvement summit on 24th March - the output of which will be a refreshed UEC Improvement Plan for 23/24.

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 and 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 10 and key workforce metrics at Month 11.

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:**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-074
Meeting date:	**29th March 2023**
Paper title	**System Risk Appetite and Board Assurance Framework (BAF)**
Paper presented by:	**Simon Whitehouse, ICB Chief Executive**
Paper approved by:	**Simon Whitehouse, ICB Chief Executive**
Paper prepared by:	**Alison Smith Director of Corporate Affairs**
Signature:	
Committee/Advisory Group paper previously presented:	**Not applicable**

Action Required (please select):									
A=Approval	X	R=Ratification		S=Assurance	X	D=Discussion		I=Information	X

Previous considerations:	**None identified.**

1. Executive summary and points for discussion

1.1 The Board of an NHS organisation is responsible for ensuring there is an effective system of internal control which comprises the systems and processes that an organisation has in place to give the Board and other stakeholders reasonable assurance that the functions of the organisation are operating as they should do and the organisation is achieving its objectives and meetings its legal and other obligations. In practice this means that at the core of an effective internal control system there needs to be a structured approach to identifying objectives, risks and problem areas. In the NHS this structure is provided by an "assurance framework", also referred to as a Board Assurance Framework (BAF) underpinned by a risk management framework.

1.2 This report seeks to update the Board on:

1) progress with the development of the new system risk management framework; and
2) to present a draft System Risk Appetite and System Board Assurance Framework for approval.

Which of the ICS 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	X
Economic regeneration	X
Climate change	X
Leadership and Governance	X
Enhanced engagement and accountability	X
Creating system sustainability	X
Workforce	X

2. Recommendation(s)

2.1 The Board is recommended to:

- note the progress to date develop an ICS risk management framework and to support the planned next steps outlined in this report;
- approve for adoption the proposed System Risk Appetite outlined in section 3.2 of this report and System Board Assurance Framework outlined in section 4.3 and in appendix 1; and
- note that further work will be undertaken to supplement the detail in the System Board Assurance Framework which will be presented to a future meeting of the Board.

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 report provides assurance that the Shropshire, Telford and Wrekin ICS and NHS Shropshire, Telford and Wrekin are developing a system risk management framework to ensure that; shared strategic risk at system level or where a system partner organisation is managing a risk that may have an impact at a system level and risks to the ICB as a corporate entity are being identified and managed appropriately.

4. Appendices

Appendix 1 – Risk Appetite by Risk Domain
Appendix 2 – Strategic system risks, mapped against; ICS aims (x4) and STW ICS pledges (x10)
Appendix 3 – Detailed System Board Assurance Framework

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	With reference to regulation and legal requirements, as an NHS organisation the ICB is required to have in place as part of its internal control processes, a mechanism for identifying and managing strategic risk. There are no other specific implications on these areas, as a result of this report. However, the ICS risk management framework will seek to identify risk across all of these areas and demonstrate how the risks are being mitigated.
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:	• note the progress to date develop an ICS risk management framework and to support the planned next steps outlined in this report; • approve for adoption the proposed System Risk Appetite outlined in section 3.2 of this report and System Board Assurance Framework outlined in section 4.3 and in appendix 1; and • note that further work will be undertaken to supplement the detail in the System Board Assurance Framework which will be presented to a future meeting of the Board.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care Board

Agenda item no.	**ICB 29-03-74**
Meeting date:	**29th March 2023**
Paper title	**System Risk Appetite and Board Assurance Framework (BAF)**

1. Introduction

1.1 The Board is responsible for ensuring there is an effective system of internal control which comprises the systems and processes that an organisation has in place to give the Board and other stakeholders reasonable assurance that the functions of the organisation are operating as they should do and the organisation is achieving its objectives and meetings its legal and other obligations. In practice this means that at the core of an effective internal control system there needs to be a structured approach to identifying objectives, risks and problem areas. In the NHS this structure is provided by an "assurance framework", also referred to as a Board Assurance Framework (BAF) underpinned by a risk management system.

1.2 A proactive and robust approach to risk management can:

- Reduce risk exposure through the more effective targeting of resources to address key risk areas;
- Improvements in economy, efficiency and effectiveness resulting from a reduction in the frequency and/or severity of incidents, complaints, claims, staff absences and other losses;
- Support informed decision-making to allow for innovation and opportunity.
- Enhance compliance with applicable laws, regulations and national guidance.
- Increase stakeholder confidence in corporate governance and ability to deliver.
- Development of a 'lessons learnt' environment.

1.3 In an Integrated Care System (ICS) the need to have an effective approach to risk management is equally important given that it will rely on partner contribution to shared objectives and risks, dispersed controls and mitigation and shared costs and benefits. It is therefore proposed that the ICB adopts an approach to risk management that applies to the commissioning work of the ICS as a whole, in addition to the ICB as a corporate entity.

1.4 This approach does not seek to stop sovereign organisations from managing their own risks independently or attempt to subsume the risks of individual organisations into one ICS risk management approach. Instead, it needs to enable a strong and holistic partnership approach to managing system risks; i.e. those risks that are shared by more than one organisation in the system, or where the risk to an individual organisation is of such materiality that its impact would be felt by other organisations in the ICS that would require a system response. There may over time be a natural alignment of risk management approaches by system partners, but at this time, given organisational capacity and system challenges, effort has been focussed on starting to construct an ICS risk management approach as a first step.

1.5 At the transition of the CCG to the ICB, the ICB adopted the CCG's existing risk management approach which is outlined in the Risk Management Strategy, and can be found on the ICB website using the following link:

Approved Documents Policy (shropshiretelfordandwrekin.nhs.uk)

1.6 The CCG Risk Management Strategy was adopted in order to ensure that whilst work was undertaken to develop a new risk management framework that better aligned to the ICS's strategic objectives, the ICB and ICS had a means of recording and managing risk of the system and the ICB as a corporate entity, not achieving the respective strategic objectives and statutory responsibilities during the first year of operation 2022/23.

1. This report seeks to update the Board on:

- progress with the development of the new system risk management framework; and
- to present a draft System Risk Appetite and System Board Assurance Framework for approval and adoption.

2. Progress on Developing a New System Risk Management Framework

2.1 Work has started on developing a new system risk management framework. The new system risk management framework will incorporate the following:

- a system risk appetite,
- Board Assurance Framework for the System,
- new operational risk register for both the system and ICB as a corporate entity,
- a new Risk Management Policy; and
- a new risk management data system for capturing risk.

2.2 NHS STW commissioned the Good Governance Institute (GGI) to assist in a piece of work in the Autumn of 2022 to develop an initial system board assurance framework (BAF) and system risk appetite. The aim was to:

- Identify and establish a common understanding of the key risks to the ICS aims.
- Identify the systemic nature of many of the risks e.g. multiple partners are involved in identifying early warnings, controlling and mitigating risks and the costs and benefits affect multiple partners and should be managed equitably.
- Gain a shared understanding of each other's capacity, constraints and ambitions to inform a common risk appetite.
- Establish a system risk appetite to help guide and ensure consistency of decisions.

2.3 This work has been informed by two system workshops facilitated by the GGI, which were convened on 2nd and 14th November 2022 and which were attended by a wide range of invited stakeholders which included; ICB executives and non-executives and senior staff, local authority executives/senior staff and members, NHS Trusts and Foundation Trust Executives/senior staff and Non Executives, Governance leads across the system.

2.4 Feedback from these workshops was collated and shared back to those who attended the workshops as well as those that were invited but unable to attend, to allow a broader scrutiny of the content. At this point additional input and feedback through in-depth interviews with a select number of workshop attendees (x4) was also facilitated by the GGI to explore the content in more detail.

2.5 The output from this work: a draft system risk appetite and draft system Board Assurance Framework is presented to NHS STW Board in this report for approval and adoption. It should be noted however, that the system Board Assurance Framework and risk appetite will need to be reviewed again, once the system has adopted its Joint Forward Plan which will have newly developed strategic objectives identified, that the risk framework will need to be aligned to going forward.

2.6 Following adoption of a risk appetite for the system and an initial draft BAF, a draft Risk Management Policy, which will include the Board approved system risk appetite statement, will be presented to the ICB Audit Committee for approval. The policy will outline a process for capturing strategic ICS system risk in a system Board Assurance Framework, which will be supported by an Operational Risk Register which will reflect both ICB and ICS operational risks and then below this, risk logs which will be used to record operational risks at individual team, Place and programme/project-level.

2.7 Following introduction of the new ICS Risk Management Policy, the ICB will develop the detailed content of the system Board Assurance Framework and an Operational Risk Register (which will include both ICS and ICB specific strategic operational risks) within an electronic risk management system for capturing risks at all levels to aid reporting and oversight. The intention will also be that this data system can be used by others in the ICB and working at system level to capture and report against risks held at project, team, place and programme level. Training/awareness raising will then be rolled out to individuals in the ICB and wider ICS to support adherence to the policy and use of the new electronic risk management system.

2.8 The GGI, based upon the discussions in the workshops, has developed a proposed set of Risk Domains which are categories (or areas) of risks that is an effective way to group individual risks to highlight a potential source of threats so these can be captured at a BAF, operational or Project/Programme/Team/Place level. These are set out below and have been mapped to the committees within the ICB governance structure where assurance would be received on the management of each category of risk. This will form part of the new Risk Management Policy.

Domain	Descriptor	Assurance Committee
Population Health	Risks to developing robust plans and/or delivering agreed system plans/priorities, including the required transformation programmes that ensure the delivery of equitable and improved outcomes for our citizens. Including risks to the commissioning of appropriate services that meet the populations needs and tackle health in equalities.	Board
Engagement and Partnership Working	Risks to effective engagement and communication with patients, carers, the public, clinicians and all other stakeholders. Risks to partnership working with wider ICS partners.	Strategy Committee Integrated Delivery Committee
Quality	Risks to maintaining and improving quality; including the safety and effectiveness of treatment and care and patient experience and to compliance with quality standards including regulatory and performance standards.	Quality and Performance Committee
Finance and resources	Risks to all areas pertaining to finance and financial control including financial sustainability. This also includes risks related to contractual enforcement issues.	Finance Committee
Workforce	Risks to sustaining a skilled and effective workforce, incorporating issues related to staff recruitment and retention, training and development (including succession planning) and organisational morale and culture.	System People Committee

Regulation, Governance and Probity	Risks to compliance and the ability to demonstrate compliance with: • regulatory standards, • legal standards, • standards of business conduct and governance (including Information Governance) • statutory duties including those related to delegated functions This includes transparency in decision-making, the robust management of conflicts of interest.	Audit Committee

2.9 Going forward, and acknowledging that the risk appetite as outlined later in this report reflects a moment in time and will need reviewing at regular intervals to keep it relevant, the BAF and risk appetite will be kept up to date through an annual board-led review of the strategic objectives and the key risks to their achievement which will be informed by:

- the perspectives of partners, regulators and other external bodies
- horizon scanning
- risks on the Operational Risk Register and on partners risk registers.

2.10 The Board is asked to note the progress to date and to support the planned next steps outlined in this section to further develop an ICS risk management framework.

3. STW ICS Risk Appetite Statement

3.1 Risk appetite is a key component of a risk management framework and outlines the level of risk that the ICS is prepared to accept in relation to an event/situation, after balancing the potential opportunities and threats that situation presents. It represents a balance between the potential benefits of innovation and the threats that change inevitably brings. Understanding risk appetite is important because:

- If we do not know what our system's collective appetite for risk is, and the reasons for it, this may lead to erratic or inopportune risk-taking, exposing the system or individual organisations within the system to a risk it cannot tolerate; or an overly cautious approach, which may stifle growth and development.
- If decision makers do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised, and patient and user outcomes affected.

3.2 Following discussion at the workshops in November the GGI and ICB Director of Corporate Affairs have collated the views expressed, to create the following proposed ICS risk appetite statement, which seeks to express risk appetite across a number of key components that reflect the complexity of managing risk at an ICS level. The key message from the workshops and subsequent discussions has highlighted that:

- There is a shared view that the status quo is increasingly not a "safe" option
- Consequently, there is a growing appetite for innovation, albeit that this carries higher risk
- However, this is tempered by the level of need for evidence to support innovative approaches and our capacity to manage the risks.

Risk Appetite Statement	
	Context
Status Quo	We are currently operating in a challenging environment. What we once regarded as exceptional circumstances have become the new normal and carry very **HIGH** risks across the board: to the health and wellbeing of our population; to the quality of services; to our ability to reduce inequalities and improve health and care outcomes; to our financial sustainability; to our ability to meet regulatory obligations; to our reputation and to our workforce resilience and sustainability. Maintaining the status quo and continuing to operate in the same way as we currently are a high-risk option. To achieve our objectives, we need to change our approach and to be braver. This means increasing our appetite for risk in some areas to achieve the benefits we want for our population.
Innovation	The board wishes to consider innovative ideas, even if they carry **HIGH** risks because we believe: • If we stick to all the current approaches, the situation is highly likely to get worse. • The risk of doing nothing is greater than the risk of implementing innovative approaches which fail, because we can learn from the failures and do better in the future. • Only innovative thinking will help us improve population health and wellbeing and the quality of services in a sustainable way We are particularly interested in innovation which moves resources away from treatment and towards early intervention and prevention and that enables us to target inequalities. We will seek innovative approaches to addressing our strategic risks. When considering whether or not to adopt an approach we will always seek to understand the benefits that it can deliver against our priorities. In general, we will prefer approaches that enable us to: • accelerate the time scale in which benefits can be delivered • deliver benefits at greater scale and with a wider scope of impact, for example benefiting more of our population or several areas of inequality • deliver sustained benefit • deliver commensurate benefits for our partners Our aim is to balance risk and benefits and to balance risk across all risk domains to ensure we can innovate whilst operating within regulatory and statutory frameworks.
Evidence-base	We have a **MEDIUM** attitude to the evidence we require to support the adoption of innovative ideas. We prefer there to be some evidence of the risks and benefits associated with an innovative approach before we adopt it. In some instances, we are willing to be amongst the first to adopt innovative ideas where there is scant/emergent evidence of impact and risk if these are our best options for addressing our most challenging priorities and can be adapted to our local circumstances. We are willing to help build the evidence-base and identify early indicators that demonstrate the delivery of benefits or the emergence of risk.
Controls and mitigation	To enable us to deliver potentially high-risk approaches, we require a **HIGH** level of control when we innovate. We expect very tight controls and detailed mitigation, with regular updates to the board for potential course-correction. We would like to see: • Risk mitigation and controls being delivered across the system, with input from both the NHS and local authorities, as well as other partners

	• Devolution of responsibility around mitigation and controls, so those closest to the area of risk can respond to immediate information and are empowered to take decisions. • Controls that are proportionate and effectively manage risk without stifling innovation • Controls based on measures of impact and outcomes and early indicators of risk
Planning and Delivery	We have a **HIGH** appetite for developing and delivering ambitious plans against accelerated timelines to achieve our aims and objectives. We will operate a control environment and programme management approach that enables innovation whilst ensuring we can act quickly to identify and address risks and issues and take corrective action where delivery varies from agreed trajectories. Our planning approach will identify the outcome and output measures which we will use to assess our progress and demonstrate our success. We will ensure these can be monitored during implementation.
Capacity	Our capacity to bear risks is **LOW** to **MEDIUM**. The risks inherent in the status quo are significantly beyond our current capacity to bear risk, across several risks categories. This, coupled with our ambition to adopt innovations, even where they may involve high risks, means that we are actively pursuing measures to increase our capacity, e.g., through: • Pooling or transferring risks, e.g., use of Better Care Fund and s75 arrangements, outcomes-based contracts, s113 arrangements • Closely working with regulators • Working closely with stakeholders and partners to share rationale and build support for difficult decisions • Proactively communicating and engaging with stakeholders and the population to identify the issues we need to solve and enable co-design • Proactively communicating and working with staff at all levels to build support for new ways of working • Proactively working with NHSE on paths to financial stability, which may involve some short to medium term increases in financial risks While we are willing to consider innovations which carry high risks across all and any risk category, our constrained capacity means that we will have to be very selective in which ideas we pursue in each time horizon.

3.3 To translate the ICS risk appetite as described above in terms of risk areas, the table in **appendix 1** of this report expresses the risk appetite statement against each of the risk domains for information.

3.4 The Board is asked to approve for adoption the proposed System Risk Appetite outlined in section 3.2 of this report.

4. System Board Assurance Framework (BAF) Overview

4.1 The BAF brings together all the relevant information about risks to the system's strategic objectives and used properly, the system BAF should:

- provide a structure and process for the board to focus on those risks that might compromise the achievement of the system's strategic objectives;
- provide the board with a simplified approach to reporting and prioritisation and drive the board's (and sub-committees') cycle of business; and
- encourage individuals and groups within the system to proactively think about their objectives, with board agendas focused on strategic risks rather than operational issues.

4.2 The setting of strategic objectives is fundamental to the identification of those risks that are most significant to the Board and it is important that the BAF reports only at this strategic level. For the System Board Assurance Framework that is being presented in this report, whilst the Joint Forward Plan is still under development and strategic system objectives have not yet fully materialised, it is suggested that the ICS aims and the 10 pledges are used as a guide, and focus is on risks to cross-cutting 'enablers'. Mapping of the cross cutting enablers listed above to the Pledges and ICS aims are shown in detail in **appendix 2** to this report for information:

- collaborative working and aligned focus
- efficient and effective use of resources
- capacity to meet health, care and wellbeing demand
- ability to recruit, retain, train the workforce
- ability to adopt digital and data systems effectively
- the socio-economic environment
- the policy and regulatory environment.

4.3 STW ICS System Board Assurance Framework

The GGI facilitated workshops produced a number of strategic risks following group discussions which have been analysed and worked up into a number of Strategic System Risks. The full detail can be found in **appendix 3** to this report but the Board is asked to note that additional detail is required that will need to be populated by ICB Executives and partners following the Board meeting. A further completed version will be presented at a future Board meeting.

The table below seeks to summarise the detail contained in the full Board Assurance framework described in appendix 3 to this report:

Ref	Strategic System Risk	Risk Lead(s)	Assurance committee(s)	Current score (Impact/ Likelihood)	Trajectory
1	Unable to develop and sustain a culture of collaboration and partnership working and secure system focus on targeting initiatives	• **ICB CEO** • LA CEO • NHS provider CEOs	• ICB Board • LA Board(s) • NHS provider boards	16 (4x4)	⇨
2	Inefficient and ineffective use of budgets and resources, including workforce, estate, etc	• **ICB Finance Officer** • LA Finance Officers • NHS provider finance officers	• ICB Finance Committee • ICB Quality and Performance Committee • LA Finance Committee(s)	25 (5x5)	⇧
3	Lack of capacity to tackle health inequalities and to meet the health and wellbeing needs of the growing and ageing population, including meeting quality, safety and experience objectives	• **ICB Chief Nursing Officer** • LA Directors of Adult Social Care • NHS provider COOs	• Quality and Performance Committee • LA Board • NHS provider boards	25 (5x5)	⇨
4	Inability to develop, recruit, train and retain an integrated health,	• **ICS Chief People Officer**	• System People Committee	25 (5x5)	⇨

	care and wellbeing workforce	• NHS Provider People Officer • LA Chief People Officers	• LA board • NHS provider boards		
5	Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS	• **ICB Chief Medical Officer** • LA Digital Officer(s) • NHS provider digital officers	• ICB Strategy Committee	15 (5x3)	⇨
6	Inability to respond strategically to an increasingly challenging political and economic environment, the rising cost of living and slowing economic growth	• **LA CEO** • ICB CEO	• ICB Board • LA Board(s)	25 (5x5)	⇧
7	Ineffective contribution to social/ economic development and the green agenda	• **ICB CEO** • LA CEO(s) • NHS provider CEOs	• ICB Board • LA Board(s)	12 (4x3)	⇨
8	Inability to respond to the uncertainty regarding adult social care reform and funding levels	• **LA Director of Adult Social Services** • ICB CEO	• ICB Integrated Delivery Committee • LA Board	16 (4x4)	⇨

4.4 To help provide clarity to those identifying and managing risk in the system the table below presents the system risk appetite statement translated for each individual BAF risk:

Ref	System strategic risk	Context and approach
1	**Unable to develop and sustain a culture of collaboration and partnership working and secure system focus on targeting initiatives**	**Status quo:** The ICB is a new organisation in its first year of establishment. The system partners do not have a long history of joint/ aligned working. There is an energy and willingness to pursue more concerted joint action on shared objectives. The ICP strategy is due in December and the 5-year forward plan is due in June. As such, the status quo carries **HIGH** risks of lack of focus. **Innovation:** We have a **MODERATE** appetite for innovation and considering activities which could result in a step change in aligned thinking and action. We are particularly interested in adapting innovative approaches to population health management as a way of aligning system partners behind joint initiatives and as a way of increasing efficiency, productivity and value for money
2	**Inefficient and ineffective use of budgets and resources, including workforce, estate, etc**	**Status quo:** We are now working as a collective on system financial planning and working towards full open book accounting. There are some initiatives around workforce passporting, joint posts, and 'one public estate' planning. As such, the current state carries a **HIGH** risk of inefficient and ineffective use of budgets and resources. **Innovation:** We have a **MODERATE** appetite for the fast adoption of integrated planning practices, where there is some evidence that these can significantly improve the efficiency and effectiveness or how we allocate resources. We are willing to look at innovative ways of sharing back-office functions and system assets, such as estates. We are willing to invest time in facilitating greater co-ordination. We are interested in adapting innovative ways of sharing costs, risks and benefits equitably across system partners.

3	**Lack of capacity to tackle health inequalities and to meet the health and wellbeing needs of the growing and ageing population, including meeting quality, safety and experience objectives**	**Status quo:** We have a good understanding of the capacity challenges which impact on our performance. However, we do not have clear plans to work together to address the escalating and sustained capacity pressures which are occurring across the year and the ongoing impact of Covid on demand and the delivery of care standards. As such there is a **HIGH** risk of lack of capacity and unmanaged demand impacting on the quality, safety and sustainability of services. **Innovation:** We have **MODERATE** appetite for the development of integrated service provision models and innovative services where there is evidence that this can improve our ability to meet the needs of our population, address inequalities and make efficient and effective use of our resources. We are interested in adopting and developing service models that are sustainable and affordable and tackle gaps in capacity whilst managing demand.
4	**Inability to develop, recruit, train and retain an integrated health, care and wellbeing workforce**	**Status quo:** We are beginning to develop our workforce plan in partnership but have yet to develop a comprehensive understanding of future workforce needs and how we will work together to meet these to take into account the impact of integrated working and the development of new roles. As such there is a **HIGH** risk of gaps in future workforce provision and an ongoing impact on the wellbeing of health and care staff. **Innovation:** We have a **MODERATE** appetite for the development of new roles and ways of working that will ensure integration and sustainability and that will support staff recruitment and retention. We are interested in adopting training programmes that support staff to develop and enhance their skills to work effectively as part of multidisciplinary team.
5	**Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS**	**Status quo:** We are beginning to develop our digital strategy to ensure technology and information support our strategic aims. Further work is required to ensure we identify the opportunities offered by technology in the development of integrated care models and that we improve our use of data to support effective decision making. Therefore, there is a **HIGH** risk that we fail to fully exploit digital and data systems to best effect in the pursuit of strategic objectives. **Innovation:** We have a **MODERATE** appetite for innovation and the fast adoption of digital and data systems there is evidence that they will support integrated planning and service delivery and improve effectiveness and efficiency. We will be cautious in adopting digital interfaces between service users and services, ensuring that we fully understand any impacts these may have on equity of access.
6	**Inability to respond strategically to an increasingly challenging political and economic environment, the rising cost of living and slowing economic growth**	**Status quo:** We are operating in a challenging environment with increasing pressures due to cost-of-living increases and financial uncertainty. We are working with our partners to see how we can contribute to addressing these challenges. We are also beginning to scope the impact on service users and our workforce. There is a **HIGH** risk that there are further, as yet undeterminable, impacts in the future. **Innovation:** We have a **MODERATE** appetite for innovation in this area preferring approaches where there is good evidence of an impact on equity of access, experience and wellbeing and recognising that we will need to work with a wide range of partners to have an impact in this area.
7	**Ineffective contribution to social/ economic development and the green agenda**	**Status quo:** We are developing our understanding about the impact of our work on social and economic development and the green agenda. We have begun the development of our green/net zero plan but there is more to do to understand our impact in relation to our roles as an employer, procurer of services and community actor meaning that there is a **MODERATE** risk that we do not make an effective contribution. **Innovation:** We have a **MODERATE** appetite for innovation in this area preferring approaches where there is good evidence of impact on our own contribution to sustainability. We are particularly interested in approaches that support us to achieve our objectives, such as increasing our recruitment and retention. We recognise that we need to work with a wide range of partners to ensure effectiveness and impact in this area.
8	**Inability to respond to the uncertainty regarding**	**Status quo:** Social care is an integral part of our system. We are able to measure the impact access to care packages and placements has on acute

	adult social care reform and funding levels	flow and delayed discharges. There is more to do to understand the potential impact of adult social care reform and funding challenges on our broader system performance and our ability to achieve our objectives. There is a **HIGH** risk that uncertainty in this area will impede our ability to effectively plan and deliver health and care services that meet the needs of our population. **Innovation:** We have a **MODERATE** appetite for innovation in this area preferring approaches that ensure core and essential services are maintained and recognise the differential funding mechanisms for health and social care. We will fully exploit the mechanisms available to us to pool resources and share risk in order to achieve our objectives.

4.4 It is proposed that the BAF will be reviewed by the Board quarterly to ensure that it is enabling the Board to:

- maintain focus on the ICS strategic objectives
- monitor the status of risks to the ICS's strategic objectives
- focus on the key risks across the system and understand the role of partners across the system and the interdependencies in controlling these
- assess the effectiveness of the controls being put in place to manage the risks and the strength of assurances it receives that these controls are effective
- shape Board agendas and discussions to ensure focus on priorities
- enable transparency, so stakeholders understand key issues and the future priorities of the organisation.

The Board is recommended to:

- note the progress to date to develop an ICS risk management framework and to support the planned next steps outlined in this report;

- approve for adoption the proposed System Risk Appetite outlined in section 3.2 of this report and System Board Assurance Framework outlined in section 4.3 and in appendix 3; and

- note that further work will be undertaken to supplement the detail in the System Board Assurance Framework which will be presented to a future meeting of the Board.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD.

Agenda item no.	ICB 29-03-075
Meeting date:	29th March 2023
Paper title	**Delegation of Pharmacy, Optometry and Primary and Secondary Care Dental services (PODs) commissioning functions from NHSE to ICBs and the associated governance arrangements required from April 2023.**
Paper presented by:	Tracey Jones Deputy Director of Partnerships
Paper approved by:	Gareth Robinson Director of Delivery and Transformation
Paper prepared by:	Tracey Jones Deputy Director of Partnerships
Signature:	
Committee/Advisory Group paper previously presented:	Governance elements developed in collaboration with Midlands Region PODs Governance Group chaired by Simon Whitehouse CEO NHS STW and Tony Sanders CEO NHS Northamptonshire. Formal Delegation documents prepared and disseminated by NHSE.

Action Required (please select):									
A=Approval	x	R=Ratification		S=Assurance		D=Discussion		I=Information	

Previous considerations:	This is a continuation of previous papers and CEO briefings on the mandated delegation of PODs from NHSE to ICBS from April 23.

1. Executive summary and points for discussion

1.1 The purpose of the paper is to enable the Board to be assured that the necessary governance arrangements are in place and to formally sign off the delegation agreement for the transfer of Pharmacy Optometry and Dentistry from NHSE to the ICB and the associated governance arrangements that enable the delivery of the operating model for the Joint commissioning of Pharmacy, Optometry and Primary and Secondary Care Dental services (PODs) across West Midlands ICBs from April 2023 .Additionally, these governance arrangements allow for the joint planning of a subset of specialised services between West Midlands ICBs and NHSE from April 2023.

1.2 The delegation from NHS England (NHSE) to Integrated Care Boards (ICBs) of Primary Pharmacy Services, Optometry Services and Primary and Secondary Dental Services from April 23 is in accordance with NHSEs long-term policy ambition of giving systems responsibility for managing local population health needs, tackling inequalities, and addressing fragmented pathways of care.

1.3 The ICBs in the Midlands have worked together to develop arrangements to jointly commission POD on an East and West footprint.

1.4 A Midlands wide governance group led by Simon Whitehouse ICB CEO for Shropshire &Telford ICB and Toby Sanders ICB CEO for Northamptonshire have developed a set of governance documents required to establish a Joint Committee and set of joint working arrangements. These have been agreed and supported by all ICBs and NHSE.

1.5 The approach for the associated workforce to transfer from NHSE to ICBs for POD services is for the teams to be hosted by one single ICB for each footprint, with the West Midlands footprint being hosted by Birmingham and Solihull (BSOL) ICB from July 23.

1.6 A formal hosting agreement between the six ICBs is currently being developed and will be brought through the necessary governance structures for assurance prior to July 23. This multi-ICB approach has been developed with consideration to the future delegation of other NHSE commissioning functions that will also be delivered on a West Midlands footprint.

1.7 In addition, NHSE will delegate a subset of specialised services from April 24 to ICBs. During 23/24 ICBs will be expected to jointly plan these services with NHSE through a set of joint arrangements prior to formally picking up full delegation from April 24. A joint working agreement for the above arrangements has been developed and agreed through the governance group.

1.8 The paper also presents the national delegation agreement between NHSE and NHS STW ICB which gives delegated authority to ICBs for the continued commissioning of Primary Medical services and for taking on responsibilities for POD services.

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	
Creating system sustainability	
Workforce	

2. Recommendation(s)

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

1. Approve the joint working arrangements in Appendix 1A and 1B.
2. Note Appendix 2 Terms of reference for the Joint Committee and subgroups and Appendix 3 Draft Financial Risk sharing agreement between ICBs for POD
3. Approve the minor amendments to ICB financial scheme of delegation Appendix 4
4. Approve the Delegation Agreement Appendix 5

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.

No

4. Appendices

Appendix 1A - ICB and NHSE joint working agreement around specialised commissioning through PART A of the joint committee
Appendix 1B - ICB joint working agreement between ICBs around POD commissioning PART B of the joint committee
Appendix 2- Terms of reference for the Joint Committee and subgroups
Appendix 3- Draft Financial Risk sharing agreement between ICBs for POD
Appendix 4 – Amendments to NHS STW Scheme of Financial Delegation
Appendix 5 – Delegation Agreement

1. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Enables greater focus on local population health needs, tackling inequalities, and addressing fragmented pathways of care.
Quality and Safety	No issues arising from paper
Equality, Diversity, and Inclusion	Aim to improve inequalities
Finances and Use of Resources	Amendments to financial scheme of delegation Appendix 4
Regulation and Legal Requirements	Delegation of PODS to ICBs National Policy
Conflicts of Interest	None from the content of the paper
Data Protection	Has been addressed through delegation agreements
Transformation and Innovation	Delegation provides future opportunities
Environmental and Climate Change	None from the contents of this paper
Future Decisions and Policy Making	The delegation agreement enables ICBs to set strategy and ensure closer integration

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

Meeting:	Integrated Care Board
Meeting date:	29th March 2023

Agenda item no.	ICB 29-03-075
Paper title	Delegation of Pharmacy, Optometry and Primary and Secondary Care Dental services commissioning functions from NHSE to ICBs and the associated governance arrangements required from April 2023.

1. Purpose of Report

The purpose of this report is to inform the Integrated Care Board in relation to the future governance arrangements and associated documents that require approval for the delegation of an agreed set of services currently commissioned by NHSE.

2. Background

2.1 From April 23 NHS England (NHSE) will commence the formal delegation) of Primary Pharmacy Services, Optometry Services and Primary and Secondary Dental Services to Integrated Care Boards (ICBs).

2.2 In the following year form April 2024 NHSE will delegate a subset of specialised services to ICBs with the expectation that from April 2023 they will work jointly with NHSE to plan these services. This is in accordance with NHSEs long-term policy ambition of giving systems responsibility for managing local population health needs, tackling inequalities, and addressing fragmented pathways of care.

2.3 The expectation is that by giving ICBs responsibility for a broader range of functions they will be able to design services and pathways of care that better meet local priorities. ICBs will also have greater flexibility to integrated services across care pathways, ensuring continuity for patients and improved health outcomes for the local population. The ICBs in the Midlands have worked together to develop arrangements to jointly commission POD/specialised services on an East and West footprint.

2.4 A Midlands wide governance group led by Simon Whitehouse ICB CEO for Shropshire and Telford ICB and Toby Sanders ICB CEO for Northamptonshire have developed a set of governance documents required to establish a Joint Committee and set of joint working arrangements. These have been agreed and supported by all ICBs CEOs and NHSE.

2.5 The approach is for the workforce transferring from NHSE to be hosted by one single ICB for each footprint. For West Midlands this is BSOL/Nottingham ICB. This multi-ICB approach has been developed with consideration to the future delegation of other NHSE commissioning functions that will also be delivered on a West Midlands footprint.

3. Governance structures post April 23 for the oversight and management of delegated PODs functions and preparation for the further delegation of aspects of specialised commissioning

3.1 The Midlands Governance group has agreed a set of joint governance arrangements from April 2023.

Tier 1 Joint Committee

This committee will be responsible for overseeing and decision making of the following:

- PART A – Joint NHSE/ICB joint planning of specialised services
- PART B – Joint ICB commissioning, and oversight of POD services and any other collaborative commissioning arrangements agreed by the ICBs.
  This will cover all aspects of commissioning including finance, performance, and quality.

Tier 2 groups and Tier 3 sub-groups

These groups will have delegated authority from the Joint committee around specific services or functions as set out in governance diagram in 3.8.

3.2 In order for this operating model to be established the governance group have produced the following documents:

- ICB and NHSE joint working agreement around specialised commissioning through PART A of the joint Committee (Appendix 1A)
- ICB joint working agreement between ICBs around POD commissioning (Appendix 1B)
- Terms of reference for the Joint Committee and subgroups (Appendix 2)
- Draft Financial Risk sharing agreement between ICBs for POD (Appendix 3)

3.3 The documents have all been co-produced with the ICB Directors of Governance/or Chief Finance Officers with NHSE and have been signed off by ICB CEO.

3.4 For NHS STW there has been a requirement to make an addition to the financial schemes of delegation to enable POD staff at tier 3 transact everyday business. These changes are shown as tracked changes in Appendix 4. The inclusion in the STW financial scheme of delegation of lower banded staff for the POD team is minimal risk as they are not material values, and the staff are still subject to the same policies which ensure financial control.
The implication of not agreeing this amendment is that the default would be for all POD invoices to require sign off by ICB staff. There is no capacity to resource this within the ICB as the existing resource sits with the POD team.

3.5 The associate director for primary care will be the key link between Tiers 1 and 2 and the existing Primary Care Commissioning Committee with the appropriate integration of all four elements of primary care services.

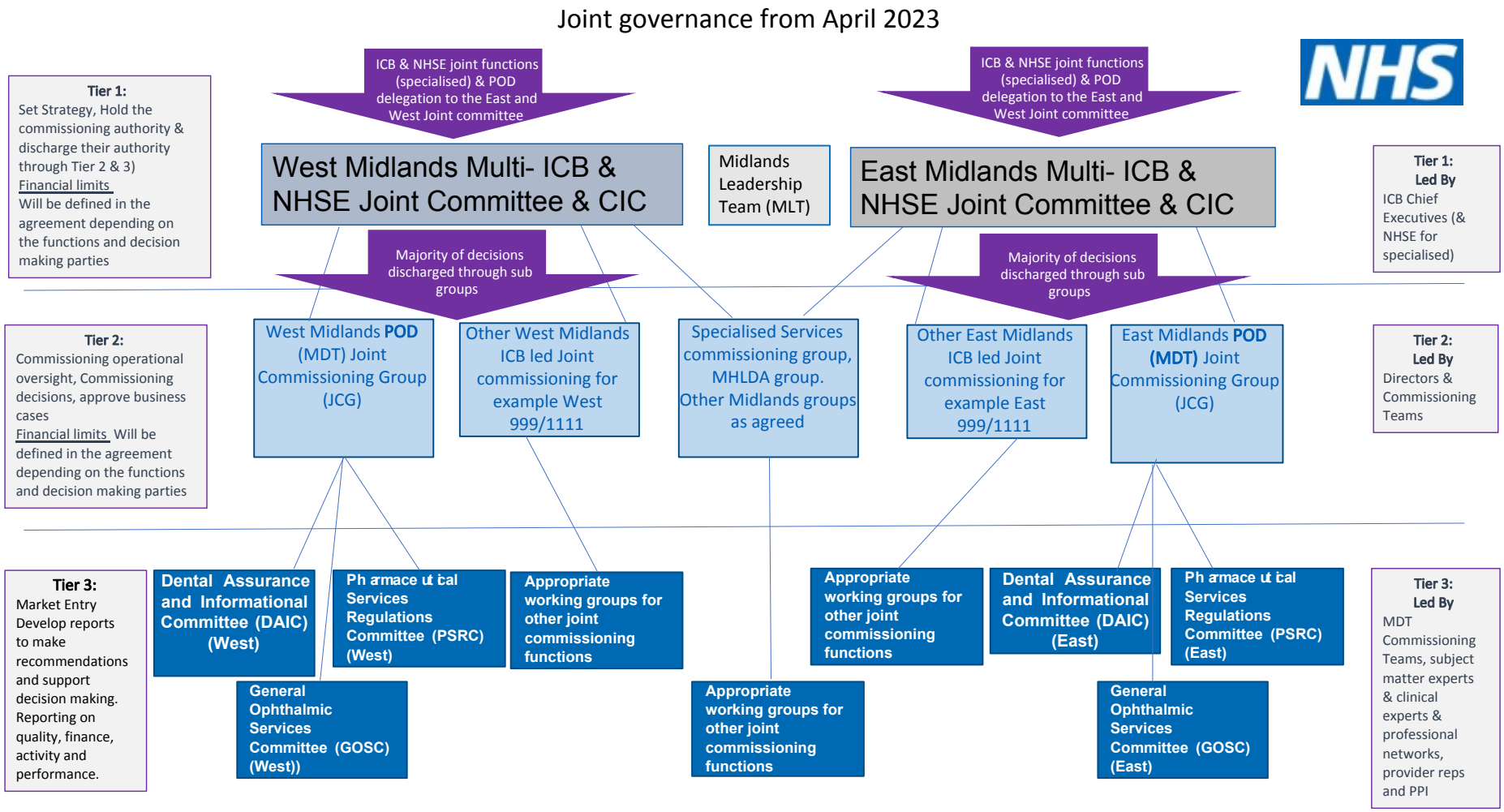
3.6 A further document which is currently being developed is the hosting agreement between the 5 ICBs and BSOL ICB as the host for the staff transferring over from NHSE in July 2023. This will progress through appropriate governance later in the year for assurance and approval prior to July 2023.

3.7 The Delegation Agreement which sets out the overall agreement between individual ICBs and NHSE to allow CBs to continue to commission primary medical services and take on POD services from April 2023 is shared in Appendix 6 and will require CEO signature by 30/3/23.

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

1. Approve the joint working arrangements in Appendix 1A and 1B.
2. Note Appendix 2 Terms of reference for the Joint Committee and subgroups and Appendix 3 Draft Financial Risk sharing agreement between ICBs for POD
3. Approve the minor amendments to ICB financial scheme of delegation Appendix 4
4. Approve the Delegation Agreement Appendix 5

3.8 Midlands Governance Framework 23/24



Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-076.1
Meeting date:	29th March 2023
Paper title	Quality and Performance Committee Chair's Report
Paper presented by:	Meredith Vivian, Non-Executive Director NHS STW
Paper approved by:	Meredith Vivian, Non-Executive Director NHS STW
Paper prepared by:	Vanessa Whatley Director of Quality and Safety/Deputy Chief Nurse

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 Quality and Performance Committee meeting held on Wednesday 23rd 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.

1.5 Alerts

A new risk has been added to the QPC risk register relating to Diabetes and a supporting paper was presented detailing a lack of cohesive multi agency approach to diabetes management across the STW ICS resulting in the risk of people living with diabetes coming to significant harm through acute presentations or the long-term effects of poorly controlled or delayed diagnosis of diabetes. The risk is rated 20 (extreme) with a plan to reduce to 16 (high) by April 23. Key issues are highest amputation rate in the region (Minor amputations 39.8/10,000 registered diabetic pts vs England 20.8, major amputations 10/10,000 vs England 7.5/10,000), below average compliance in primary care with the 8 care processes (e.g. low risk foot screening), access to the Multidisciplinary Footcare Team at SaTH exceeding NICE guidance for ulcerated feet (3 weeks vs NICE 48 hours recommendation), ICS for achieving all three treatment targets for people with type 1 diabetes (10th /11 regional ICS for type 1 diabetes and 9/11 ICS for type 2 (NDA data 21/22). A Programme Board is established, clinical advisory group and planned care board support. Progress monitored monthly via the risk at QPC. Further update to QPC to be presented in March 2023.

It was reported that 78 week waits were high especially with the spinal cohort due to ongoing continued bed gap and non-elective pressures at SaTH. The solution to that is

to ring fence capacity which will be brought on the new PRH elective hub. This is due to be operational by June 2023. Meanwhile progress is being made through use of services at the Royal Orthopaedic Hospital Birmingham. QPC continues to monitor.

The LMS report advised a funding gap if the current service continues in the same model. Negations were reported as ongoing with providers. The service is funded by NHSE and LMNS.

Discharge issues remains a key theme from the clinical voice route (NHS-to-NHS) communications. SaTH Service Improvement team have contacted to ICB to help support this issue. In addition a new theme of referral concerns arising from the clinical voice in Q2 is being investigated.

1.6 Assurance
Urgent and Emergency care remains a high risk on the QPC risk register and discussed monthly. The Urgent & Emergency Care (UEC) Improvement Plan was presented with a range of pre-hospital and in -hospital actions including focus on frequent UEC attenders, use of the single point of access, acute floor development at SaTH and revised IDT model. Most of the actions were reported as on track or partially on track (due to delays).It was reported as too early to identify improvement data related to actions and a further update report will be provided in 2023.

Healthwatch Shropshire and Healthwatch Telford and Wrekin are undertaking a patient experience surveys in line with key system risks. E.g. Experience of Urgent and Emergency Care in which there were 170 respondents. Reports are discussed at System Quality Group with escalation to QPC as required.

1.7 Advise
The Performance report is being strengthened to include more detail on Children and Young People's Pathways.

A programme of deep dives to QPC over the coming months was presented to the Committee. This is in line with the risk register.

Nick White now Co-Chairs together the SOAG with Jess Sokolov
which take place on the fourth Wednesday of every month. Nick White informed the Committee that overall SOAG is progressing well.

The LMNS Equity and Equality Action plans have been shared with the Midlands Regional Perinatal Team in October 2022 and are currently being reviewewd follwign comments.

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 Accept the report.
2.2 Consider the alerts for further action.

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 QPC risks of Diabetes and UEC were discussed in depth. Some assurance was gained but action is needed and being monitored in both.

4. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Wednesday 23rd November 2022.

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-076.1
Meeting date:	29th March 2023
Paper title	Quality and Performance Committee Chair's Report
Paper presented by:	Meredith Vivian, Non-Executive Director NHS STW
Paper approved by:	Meredith Vivian, Non-Executive Director NHS STW
Paper prepared by:	Vanessa Whatley, Director of Quality and Safety/Deputy Chief Nurse

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 Quality and Performance Committee meeting held on Wednesday 25th January 2023 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. Key to this is staff recruitment and workforce challenges are particularly problematic in the Shropshire Care Group of MPFT.

1.5 Alerts

There remain significant challenges around children and young peoples MH waiting times. Workforce recruitment issues are having particular impact.

Urgent and Emergency care actions that were planned and being delivered in December had been impacted by the increased incidence of Group A Strep resulting in high paediatric attendances. Outbreaks of COVID19 and flu also impacted demand during December affecting demand and staffing.

Cancer pathways had not increased significantly during November 2022 and although there was some current improvement, the colorectal pathway was unlikely to improve until the Faecal Immunochemical Test (FIT) testing pathway tender has been awarded. The Elective hub will be set up from June 2023 is also expected to have some ring fenced capacity for cancer to improve this data.

The rates of mental health patients with a length of stay of over 90 days has increased due to increasing acuity of patients requiring longer lengths of stay as

well as challenges with discharge to environments other than home. MPFT are working on this.

1.6 Assurance

There are mitigations in place including working with mutual aid and some acceptance of children unable to be placed on a waiting list elsewhere to support the paediatric patients requiring the ophthalmology service at SaTH although currently closed to routine referrals due to the retirement of a single-handed consultant in April 2022. The risk is on track to de-escalate in April 2023.

A deep dive on elective care and diagnostics and detailed action plan was presented and challenges discussed around getting the right clinical engagement against the backdrop of UEC pressures and changing culture to accept new ways of working in outpatients. The QPC continues to receive regular reports on this area of work.

1.7 Advise

The Committee heard that Healthwatch Shropshire have been successful in retaining their contract for the next three years with the potential for two additional years.

The Safeguarding Court of Protection Policy was ratified on behalf of the ICB Board.

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 Accept the report.
2.2 Consider the alerts for further action.

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 report provides assurance that the QPC is seeking assurance on the elective care and diagnostics and discussing challenges.

4. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Wednesday 25th January 2023.

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-076.2
Meeting date:	29th March 2023
Paper title	Finance Committee Chair's Report – 29th 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 meetings held on 29th November 2022 for noting.

1.2 The minutes of the meetings are attached for information.

1.3 The section 1 meeting was quorate however section 2 of the meeting was not. As no decisions were required to be taken it was agreed for the meeting to continue. 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 section 1 (ICB) and section 2 (system) of the meeting had similar agendas with items to consider the month 7 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 work in progress to review the forecast with Regional and National NHSE colleagues. In the section 1 meeting, an action was agreed to request an update on progress with the BCF review from the Integrated Delivery Committee. This is to provide assurance to this committee that risk to the financial position for this area is being minimised.

1.7 The Committee was 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.

1.8 The section 2 meeting received a paper on the 2023/24 plan and partners were asked to share the paper with their respective organisations in order to capture continued support for the continuance of the overarching financial principles and core financial planning principles that we had previously agreed as a system. Since the meeting, endorsement has been

received from all partners with accompanying points of note that have been taken into account as part of the planning process.

1.9 The Section 2 Committee also considered the action plan to deliver the finance elements of the NOF4[1] exit criteria. Whilst it was felt to be a helpful governance document, the committee noted that it was not intended to replace our strategic, operational and programme plans.

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 29th 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:**	29th March 2023

[1] NHS Oversight Framework – the system is at level 4 (the highest level of scrutiny and support)

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-076.2
Meeting date:	29th March 2023
Paper title	Finance Committee Chair's Report – 31st January 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 meetings held on 31st January 2023 for noting.

1.2 The minutes of the meetings are attached for information.

1.3 Both sections of the meeting were 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 Section 1 (ICB) and section 2 (system) of the meeting had similar agendas with items to consider the month 9 finance position and associated risks. Both meetings received a paper on progress with the 2023/24 plan as well as an update on the development of the risk register and Board Assurance Framework. Section 2 also received a briefing on the work of the Capital Prioritisation and Oversight Group (CPOG).

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 work to date to review the forecast with Regional and National NHSE colleagues. In the section 1 meeting, the Chair reflected on the past year and the delay in developing transformation projects which has impacted significantly on the financial position. A need to increase traction and pace of projects was noted which the Integrated Delivery Committee will be driving.

1.7 The Committee was not able to take assurance that the System could return to plan over the remainder of the year and noted the pressing requirement to agree a reforecast position.

1.8 Both meetings were updated on the actions underway to deliver a draft plan for activity, finance and workforce and noted that there is still much work to be done on both the in-year as well as medium term figures.

1.9 At the section 2 meeting, the committee heard that the CPOG had collated an initial position for the 2023/24 capital plan and had mapped the revenue consequences of that spend for inclusion in the revenue plan. Further updates will follow through the reports on the plan.

1.10 Both meeting sections were also provided with a verbal update on progress with developing the finance risk register and Board Assurance Framework entry for finance and expect to review a near final draft at meetings in early March which will then be included in the BAF presented to the Board at its March meeting.

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 31st January 2023.

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:**	29th March 2023

Integrated Care Board

Agenda item no.	ICB 29-03-076.3
Meeting date:	29 March 2023
Paper title	Extraordinary 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 Extraordinary Remuneration Committee meeting held on 9 March 2023 for noting.

1.2 The meeting was quorate. Due to conflicts of interest an Extraordinary Remuneration Committee was convened.

1.3 A summary of the report is outlined below for the Board's consideration:

1.3.1 There was only one agenda item which was a report regarding the post of Expert Lay Advisor

1.3.2 The addition of this post and associated remuneration was considered and approved by the Extraordinary Remuneration Committee.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin Board is asked to:

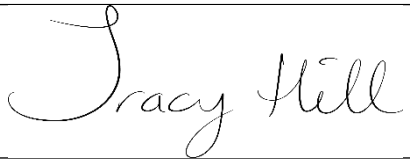
2.1 Note the business completed at the Extraordinary Remuneration Committee on 9 March 2023.

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:**	

Integrated Care System
Shropshire, Telford and Wrekin

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Integrated Care Board

Agenda item no.	ICB 29-03-076.4
Meeting date:	Wednesday 29th March 2023
Paper title	Strategy Committee Chair's Report
Paper presented by:	Mrs Cathy Purt, Chair ICB Strategy Committee
Paper approved by:	Mrs Cathy Purt, Chair ICB Strategy Committee
Paper prepared by:	Alison Smith, ICB Director of Corporate Affairs

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 Strategy Committee meeting held on 19th January 2023 for noting.

1.2 The minutes of the meeting are attached for information as appendix 1.

1.3 The meeting was quorate and no conflicts of interest were declared that conflicted with an item on the agenda.

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

- The terms of reference for the Committee were amended and approved for recommendation to the Board meeting that took place on 25th January 2023.
- A draft committee workplan was presented and approved.
- The final version of the Interim Integrated Care Strategy was presented for information.
- Information was presented on the NHSE guidance for the development of the Joint Forward Plan, the timescales, and the stakeholder and public engagement plan. The Committee noted the very challenging timescales for producing the Joint Forward Plan and the need to deliver a robust engagement plan within that timescale.
- An update on the System Utilisation Review was provided which provided very high level findings which appeared to suggest that this piece of work would begin to highlight where the system can improve care for patients but also assist in identifying financial opportunities for savings.
- An update item on NOF 4 Exit Criteria and Metrics was deferred to the next meeting.

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 Strategy Committee Chair's report for the January 2023 meeting.

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 identified.

4. Appendices

Appendix 1 - Strategy Committee minutes from the meeting held on 19th January 2023

Request of Paper:	To note the Strategy Committee Chair's report.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care Board

Agenda item no.	ICB 29-03-076.4
Meeting date:	Wednesday 29th March 2023
Paper title	Strategy Committee Chair's Report
Paper presented by:	Mrs Cathy Purt, Chair ICB Strategy Committee
Paper approved by:	Mrs Cathy Purt, Chair ICB Strategy Committee
Paper prepared by:	Alison Smith, ICB Director of Corporate Affairs

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 Strategy Committee meeting held on 16th February 2023 for noting.

1.2 The minutes of the meeting are attached for information as appendix 1.

1.3 The meeting was quorate, and no conflicts of interest were declared that conflicted with an item on the agenda.

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

- National Operational Planning Objectives 2023/24 - the Committee received a summary of the summary guidance that was released on 23rd December 2022. The presentation outlined the key areas of focus within specific service areas within three high level priorities:
  - Service recovery
  - Delivery of ambitions in LTP – prevention, reduce inequalities and joined up care.
  - Transformation of services to deliver safe, sustainable health and care through integration.

  Timescales and key milestones:

  - Draft 2023/24 Operational Plan submitted to NHSE by 23rd February 2023
  - Final Operational Plan submitted to NHSE by 30th March, following sign off at Integrated Delivery Committee and Board
  - Draft 1- & 2-year Integrated System Improvement Plan (ISIP) by end of January (to Strategy Committee in February)
  - Draft 5-year ISIP by end of March 2023 submitted to NHSE (Strategy Committee and Board in March)
  - Draft Joint Forward Plan by 30 March 2023

- Final Joint Forward Plan by end of June 2023

- The Committee received an update on NOF4 Exit Criteria progress and noted that there is a need to set some clear criteria that are achievable but stretching within a defined period. The Committee also noted that the target date for completion of the exit criteria has been put back by NHSE to the end of 2023/24. The progress information highlighted that levels of staff sickness across the system were high and asked that this is highlighted by the Committee to the System People Committee for confirmation on what action is being taken to address this by partner organisations.
- System Utilisation Review update – currently meetings were being arranged with individual partner organisations to go through their specific data, albeit this has been challenging given the continuing industrial action, which has meant some meetings have had to be stood down. A further update will be presented at the next Committee meeting.
- Joint Forward Plan – weekly planning meetings involving a wider group of partner stakeholders is now meeting. The Engagement Strategy has been approved by the Integrated Care Partnership and the Board. The first draft of the Joint Forward Plan will be presented at the Integrated Care Partnership on 20th March. Post March there will continue to be further engagement to inform the refinement of the Joint Forward Plan.

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 Strategy Committee Chair's report for the February 2023 meeting.

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 identified.

4. Appendices

Appendix 1 - Strategy Committee minutes from the meeting held on 16th February 2023

Request of Paper:	To note the Strategy Committee Chair's report.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 29-03-076.5
Meeting date:	15th March 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 15th March 2023 for noting.

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

1.3 The minutes of the meeting will be attached to the next update, following their anticipated approval at the next People Committee meeting in May 2023.

1.4 The minutes of the meeting on 30th November 2022 were approved and are attached to this paper.

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

1.5.1 The Terms of Reference were approved and are attached.

1.5.2 The Annual Report 2022 – 2023 was received which outlined the work led and facilitated by the NHS STW People Transformation Team. The value and importance of this work was acknowledged alongside recogntion the Plan has had a broad focus in year. It was agreed greater value may be felt to focus on fewer, targeted priorities which will improve our workforce position. Additionally the achievements were noted in the context of high staff turnover in the team linked to short term contracts and uncertainty of future employment.

1.5.3 A presentation was received in summary of the System workforce plan which has been completed by all Providers as part of the NHS E planning round. The presentation highlighted significant workforce shortages and the importance of effective and efficient recruitment alongside an impactful retention strategy.

1.5.4 Discussion was also had in relation to recent Staff Opinion survey results 2022.

1.5.5 The Committee received the draft System People Strategy 2023 – 2027. This has been developed fully with System partners, who have engaged in two workshops to design the Strategy. The Strategy was supported in principle, subject to further socialising with System partners on how to express ambition in a way which is fully engaging of all our People. Attention is now focussed on finalising, driving, and delivering the People Plan objectives 2023 – 2024.

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 15th March 2023, 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

1. Minutes of the meeting on 30th November 2022.
2. Terms of Reference – approved 15th March 2023.

Request of Paper:	To note.	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	17th March 2023

Integrated Care Board

Agenda item no.	ICB 29-03-076.6
Meeting date:	ICB 29-03-23
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=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 Primary Care Commissioning Committee meeting held on 3rd February 2023 for noting.

1.2 The minutes of the meeting held on 2 December 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 **Proposal to change PCCC Agenda Structure:**
Following the introduction of the ICB in July 2022, a new PCCC was formed and has met 3 times since its inception. In December, a meeting of key committee members, including the committee chair, was held to review how the committee is functioning, whether it was fulfilling its core delegated functions and any improvements that could be made. The outcome of that meeting is a proposal to restructure where primary care related reports and updates appropriately feed into the system.

The Committee supported the proposal that the PCCC agenda is restricted to core delegated function items with a standing open section agenda covering finance, performance, workforce, quality (ie risk register), decisions to be made and any other business. Closed section items will be restricted to any items that are financial/commercial in confidence or risk related items that are not yet in the public domain ie CQC activity prior to publication of inspection report. Another group will be established with a focus on primary care strategy/transformation development. This would be more informal in nature than PCCC, providing a discussion and recommendation forming/decision making forum with a different membership including ICB clinical leads, GP Board members, PCN Directors for example.

1.5 Application to Reduce Practice Boundary – Albrighton Medical Practice: An application from Albrighton Medical Practice to reduce their Practice boundary which falls within Staffordshire was not supported. The request was made because of a housing development of approximately 500 houses in Staffordshire. The application was not supported because this would leave patients outside of any practice's boundary. It was agreed that Executive level conversation with Staffordshire colleagues would be held to find a mutually acceptable solution.

1.6 GP Access Report – The Committee received the latest GP Appointment figures which continue to show that General Practice are providing more appointments now than before the pandemic, the majority of which are face-to-face. However, the Committee also acknowledged the feedback from the Healthwatch representative that some patients are experiencing significant difficulties in getting through to their practice on the telephone and accessing timely appointments. A GP Access improvement plan is in development and will come to a future committee.

1.7 Delegation of Pharmacy, Optometry and Dentistry (POD) – The Committee received an update report on the transition plans for this delegation from NHSE to ICBs from 1st April 2023. The ICBs in the region will be supported in the delivery of their delegated functions by a hosted regional service made up of current members of the NHSE POD commissioning service. A governance structure has been agreed which includes a Joint Board. The Committee will need to consider and agree what form of reporting it will require in future over and above the reporting within the proposed regional governance structure.

1.8 The Committee received update reports on workforce and finance.

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 System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board (ICB)

Agenda item no.	
Meeting date:	29/03/23
Paper title	Integrated Delivery Committee (IDC): Chair's Report of meetings held on 13/02/23 and 13/03/23
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 13/02/23 and 13/03/23

1.2 Both meetings were quorate.

1.3 A number of confidential items were considered at the meeting on 13/02/23.

1.4 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 13/02/23

1.5.1.1 The minutes of the meeting on 16/01/23 were approved.

1.5.1.2 The January IDC Chair's Report was approved

1.5.1.3 Local Care Benefits Realisation
The IDC received a presentation on the progress made to date in developing a benefits realisation framework for the Local Care Transformation Programme (LCTP).

The SRO outlined the high level outcomes and the two key programmes to be delivered in 2023/24 – Virtual Ward (VW) and Integrated Discharge Teams (IDT) and acknowledged that further work was required in terms of clinical engagement with Primary Care.

Detailed KPIs and milestones were still a work in progress with support from the PA Consulting team which is also working on HTP.

The IDC requested that SaTH formally demonstrate agreement to the benefits modelling and the impact on growth and alignment of the longer term trajectory with local plans.

The IDC agreed an action that:

- The LCTP benefits realisation framework be formally signed off by all key stakeholders and brought back to the IDC for final approval. The framework to include a 5-yr programme aligned to HTP setting out both operational and financial impact and the detailed model of the budgets impacted, by how much and when, in terms of growth avoidance and cost out. The framework also to include a monitoring mechanism including KPIs, trajectories and reporting.

1.5.1.4 HTP Update

The HTP SRO provided an update on progress made in developing the HTP OBC and reported that the five sections of the OBC are all broadly on track.

Two areas of risk were noted and were being monitored:

- Inflation
- Design and costings

The HTP team is working with the national team to mitigate against potential delays to the JIC schedule.

The IDC noted the update.

1.5.1.5 Financial Improvement Programme Update

The System PMO reported that

For Month 9 2022/23:

- Local Cost Improvement Plans (CIPs) are on track to achieve a slight positive variance against plan value of £18.2m
- The BTI programmes are forecasting £8.6m against plan value of £11.945m therefore a shortfall of £3.3m that includes the unallocated 'stretch' of £2.9m.
- The shortfall is being addressed through acceleration of the Workforce BTI programme and opportunities identified through the FIP programme
- The £11m 'stretch' target is now unlikely to be achieved in 2022/23

Operational Planning Activity:
The PMO escalated that no BTI activity-based assumptions had yet been finalised to inform the draft operational and financial plans due for submission to NHSE.

The IDC agreed an action that BTI SROs should review activity and financial modelling to understand the current forecast and how to deliver financial impact going forward without reliance on growth avoidance benefits. SROs should complete the review of activity submissions to meet the NHSE deadline and report back to the PMO by 16th February.

1.5.1.6 MSK Transformation Update

The MSK Programme Director provided a brief update on the successful go-live of the new MSST service that represents a significant step forward in providing consistency of service across STW. Full migration to the new process is due for completion by end August 23.

Clinical engagement is now underway for orthopaedics and work is being done to improve Consultant access to theatres across the system. The scope of the programme is under review and a proposal will be presented to the ICB on 29th March. The IDC has requested that the proposal is brought back to the March meeting of the IDC.

1.5.1.7 78 week waits

A paper setting out the latest position on 78 week waits compared with the NHSE zero target by end March was submitted to the IDC. The paper was noted with the request that weekly updates are provided to CEOs.

The IDC agreed an action to require a monthly update on progress,

1.5.1.8 Finance Plan 23/24 Update

A verbal update was provided on the current position regarding the underlying recurrent deficit given the planning guidance requirement to submit a plan that delivers financial breakeven. Noting that the system is already in financial recovery, the CEOs have agreed to set the ambition to reduce the deficit to £50m in 23/24.

The IDC noted the update and the intention for the 23/24 financial plan.

1.5.2. IDC Meeting of 13/03/23

1.5.2.1 The minutes of the meeting on 13/02/23 were approved.

1.5.2.2 Points of note from the Actions Arising from the previous meeting included:

- It was noted that work is well underway to finalise the Local Care benefits framework aligned to both the system planning round and the HTP OBC deadlines. The LCTP SRO will present the final framework to the April IDC together with the governance timeline for final approval in line with the HTP OBC.

In addition, discussions are to take place regarding increasing capacity within the LCTP team and integration with the community team.

- ShIPP and TWIPP governance structure would now form part of the governance review being undertaken by the Director of Corporate Affairs in 2023/24

1.5.2.3 MSK Transformation Update

An update on the MSK Transformation programme was presented together with the recent work undertaken by the Value Circle. The MSST service is now up and running and represents significant progress in standardising the approach across STW and reducing inequities in service provision. However, it is recognised that there is now an opportunity to be far more ambitious particularly in view of national and regional support for developing a new model for all MSK pathways across STW.

On that basis, the Programme Director set out an outline approach to development of a new service model based on four key principles: equity of access, integration of workforce, inclusivity and financial impact. The new model would place RJAH as the strategic lead for MSK services but include service provision across all system partners including preventative and rehabilitation services across the wider community and the third sector.

The model would include a single Consultant body to ensure standardised processes and maximise deployment of resource, but recognising that other professions involved in MSK services were distributed across the system. The presentation included an outline roadmap to achieve a new model in 12 months.

The Programme Director emphasised that the proposal was not that RJAH would become single provider but the strategic lead and that the new model would not destabilise any other organisation within the system nor the system itself. In view of the expansion in scope, the accountability and governance structure for the existing MSK Transformation programme would be reviewed.

The proposition was supported by the IDC with a number of comments noted:

- Enabling resource requirements e.g. finance and BI would need to be articulated as soon as possible in order to ensure capacity
- Strategy leads would need to consider alignment with interdependent strategies such as digital and workforce

- Procurement opportunities such as standardisation of equipment may already be captured in procurement efficiency plans and would require monitoring
- Any opportunity for realising early benefits in 2023/24 should be pursued

The IDC agreed that

- The Programme Director would provide an update on the scope and design of the new model of care to the August IDC meeting
- In view of the expanded scope and scale of transformation now being proposed and the interdependency with enabling workstreams, the earlier decision for the MSK programme to report into the Planned Care Board would be reversed, and it would continue to report directly into the IDC as a BTI.

1.5.2.4 MHLDA Provider Collaborative Business Case

The Chair summarised the Provider Collaborative Business Case proposal that seeks a mandate to commence formal engagement with system partners to develop a business case for the establishment of a local provider collaborative (LPC) for the tactical commissioning of mental health services.

The paper set out the background including the national agenda and the evidence that a collaborative care model with providers and commissioners working jointly can improve access to mental health care for the population.

The proposal seeks to address the challenges identified in the Moorhouse report through development of a business case that assesses three broad types of LPC:

- Provider Leadership Board
- Shared Leadership
- Lead Provider

The business case will adopt design principles based on national guidance and set out the expected outcomes from the preferred PC model.

The paper sets out a proposed oversight and reporting structure for the development of the business case and core membership that is initially limited to STW organisations involved in provision of mental health services, whilst acknowledging that as the work progresses, membership will necessarily expand.

The paper acknowledges work already underway in other systems across the region and potential benefits to be derived from further engagement at a regional level.

IDC supported the proposal and approved it to proceed based on a number of caveats:

- IDC approval is limited to approval to commence discussions with key stakeholders to initiate development of the business case, not approval of the business case itself
- Given other work underway within the system on PC's, this proposal needs to consider interdependencies and potential opportunity for a common approach across STW to PCs
- SCHT to be included in core membership from the outset of the work given its CYP remit
- Enabling resources required to undertake the work e.g. finance, BI are made explicit and agreed at IDC
- Financial case still to be understood and approved
- Procurement requirements to be reviewed for accuracy

1.5.2.5 Virtual Ward Update

An update paper was presented to the IDC that reported current performance is on track with the initial milestone achieved of capacity of 100 VW beds and actual referrals exceeding the planned demand in December 22 and January 23.

Occupancy rates are lower than expected at 75% due to shorter average length of stay as a result of the proportion of step-up referrals. As further clinical pathways are onboarded to increase the number of step-down referrals, the length of stay and occupancy rates are expected to increase.

Recruitment is reported as on track and the Care Home pathway has been operationalised. Further pathways including the red (step-down from SaTH to SCHT) pathway were expected to be signed off by 17/03/23.

However, IDC had previously requested that a number of specific concerns were addressed via the Virtual Ward Oversight Group (VWOG) including Primary Care perspective of the Virtual Ward service; overarching governance and clinical oversight; and pharmacy specific issues.

Those concerns are yet to be fully addressed and a number of related actions were agreed at IDC:

- Red pathway to be locked down at a meeting with clinical leads on 17/03/23
- Meeting scheduled for 14/03/23 to sign off all assumptions that match LC interventions
- Head of Medicines Quality & Optimisation to be invited as a member onto the VWOG and for that to be noted in the VWOG ToR

- VWOG to review the specific issues raised line by line with regard to primary care engagement, clinical oversight and pharmacy and to provide feedback to the next LCTP
- The VW programme should be presented to the GP Board and formal communication initiated regarding the pathways and the implications for primary care
- LCTP to provide assurance at the next IDC meeting in April that the issues have been addressed

1.5.2.6 Financial Improvement Programme

The System PMO reported that

At Month 10 2022/23:

- Local Cost Improvement Plans (CIPs) are on track to achieve a positive variance of c£300k against plan value of £18.2m
- The BTI programmes are forecasting £8.6m against plan value of £11.945m therefore a shortfall of £3.3m that includes the unallocated 'stretch' of £2.9m
- The £11m 'stretch' target will not be achieved in 2022/23 although a number of schemes have been identified through the Financial Improvement Programme (FIP) that will start to deliver efficiencies in 2023/24.

2023/24 Efficiency Plans:

- The CIP target for individual organisations has been set at 2.2% that equates to £29.4m. To date, schemes to a value of £24m (82%) have been identified. The majority of the unidentified target sits within the ICB and urgent action is being taken to address the gap of £4.7m including line by line review of budgets, 'check and challenge' meetings and weekly review of progress by the Director of Delivery and Transformation.This represents a key risk for the system as efficiencies identified within ICB often become absorbed into individual provider CIP plans. Work continues to identify areas of influenceable spend
- The BTI activity levels and financial impact are still being finalised for 23/24 – so far, £3.8m of cash releasing benefit and £2.6m of growth suppression benefit has been identified. An issue was raised by the System PMO regarding the interpretation and treatment of non-cash releasing benefits such as run rate reduction – an action was agreed to address this through finance and operational leads
- A further £10m cost reduction has been assumed within the draft financial plan and being addressed through opportunities identified within the FIP. These schemes require further development and data modelling before benefits can be finalised.

The IDC noted that

- The unidentified gap of £4.7m within the ICB CIP allocation represents a key risk for the system as efficiencies identified within ICB often become absorbed into individual provider CIP plans. Work continues to identify opportunities within areas of influenceable spend
- Phasing of efficiencies presents additional risk as the majority of schemes are backloaded into the second half of 23/24
- All system partners would need to focus on the additional FIP schemes and provide support as needed to ensure delivery including quality impacts

The IDC agreed that

- The System PMO would facilitate consensus with finance and operational leads on the definition, treatment, and presentation of categories of financial impact to ensure clarity re. cash releasing/growth suppression
- Programme SROs would ensure that QIAs were completed as appropriate to be tracked through the integrated PMO report
- Once finalised, the 2023/24 FIP would be taken to the EIC for challenge and support

1.5.2.7 <u>78 Week Waits Update</u>

Progress towards achieving the NHSE target of zero patients waiting longer than 78 weeks by end March 2023 is reported weekly to CEOs and monthly to the IDC as part of oversight arrangements requested by the ICB.

The latest position and improvement since the last ICB in January was presented to the IDC as below:

Organisation	78 Week Waits at March 2023 Reported 30.01.23	78 Week Waits at March 2023 Reported 06.03.23	Improvement
SaTH	512	137	375
RJAH	222	130	92
Total	**734**	**267**	**467**

A series of further interventions has been identified to further improve the position including:

SaTH

- Transfer of gynaecology patients to Walsall and UHNM
- Transfer of gynaecology and urology activity to internal insourcing
- Ward 36 for orthopaedic activity
- ENT and Max Fax support via mutual hubs

RJAH

- Additional operating capacity at ROH
- Scoliosis capacity at RNOH
- WLIs for T&O (inc. Spinal Disorders)

Whilst there remains a risk to achievement of the zero target in March, STW is working with NHSE to secure additional funding for further interventions to deliver zero by end of April.

The IDC agreed an action that SCHT should be included in weekly updates going forward.

The IDC noted the report and confirmed the expectation that weekly reporting would continue.

1.5.2.8 Investment Panel

The IDC received a report on the Investment Panel that took place on 6th March. The Investment Panel considered papers on SDF funding, exceptional growth included in the 23/24 plan and four investment cases and made recommendations as below:

- SDF Funding: that the proposed allocation of SDF funding in the draft 23/24 plan be revised to provide further information on the outcomes being sought and details of previous funding. In addition, the Panel requested a separate view of all spending on mental health and local care ahead of committing the expenditure.
- Exceptional Growth: The IDC noted the creation of the new planning category
- Endoscopy, Radiology & Therapies to be removed from exceptional growth and returned to the Investment Panel as a case focused on implementing 7-day services
- ICB to review system growth assumptions applied to CHC and non-system contracts
- ARMS Investment Case: Option 2 to be developed as an Invest to Save case and represented at a future Panel
- Continuous Glucose Monitoring Investment Case: ICB to pursue whether the spend could be accommodated within the prescribing budget
- Integrated Discharge Teams (IDT) and Virtual Wards (VW): The Panel strongly supported the schemes but raised questions regarding finance

and activity information that needed to be addressed before moving forward with the work. The Panel requested further work to rapidly review finance and activity information before confirming inclusion in the plan.

The IDC noted the Panel's recommendations and approved in full.

1.5.2.9 Policy for Joint Working with the Pharmaceutical Industry
A proposal was presented to the IDC seeking approval to proceed with the uptake of primary care rebates at a local level to realise benefits in addition to the national rebates in place. The rebates available at a local level between the ICB and pharma companies are volume-based and include both medicines and med tech with the potential for significant savings. Scrutiny and monitoring is already in place through the Contract team to ensure that uptake of rebates is risk-free and cannot be construed as promotion of any particular product.

The IDC approved the proposal**.**

1.5.2.10 Agenda items related to Outpatients Deep Dive and Digital Costed Plan were deferred to the April IDC meeting.

1.5.2.11 Other papers submitted for information included:

- Commissioning update
- Vaccination update
- MH,LD&A Operational Delivery Group Chair's Report

2. Recommendations

The ICB is asked to:

2.1 **Note** the requirement that the Local Care Transformation Programme (LCTP) benefits framework is formally signed off by key stakeholders and sets out both operational and financial impact aligned to the HTP
2.2 **Note** the HTP update and areas of risk identified
2.3 **Note** progress made regarding the MSK Transformation programme and go-live of the MSST service
2.4 **Note** IDC support for the MSK proposal to expand the scope of the programme and the opportunities for wider scale transformation of service provision across all MSK pathways
2.5 **Note** IDC approval for the initiation of the project to develop the MHLDA Provider Collaborative Business Case and commencement of discussions with stakeholders with the caveat that the financial case is still to be understood and approved

2.6 **Note** the concerns yet to be addressed regarding Virtual Ward clinical oversight and pharmacy-specific issues and the requirement for assurance to be provided to the IDC meeting in April

2.7 **Note** the risks associated with the 2023/24 Financial Improvement Programme including:

- Unidentified gap of £4.7m within the ICB CIP allocation
- Phasing of efficiencies is backloaded into the second half of 23/24
- New opportunities identified within the FIP schemes have not progressed as rapidly as expected
- Interpretation and presentation of financial impact within the BTIs resulting in over-reliance on growth suppression rather than cash releasing benefits

2.8 **Note** improvements made towards achieving the 78 week waits target and further interventions identified that are supported by NHSE

2.9 **Note** the Investment Panel recommendations approved by IDC

2.10 **Note** IDC approval for the policy for joint working with the pharmaceutical industry to benefit from local primary care rebates