Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW Integrated Care Board

MEETING

27 March 2024 15:10 GMT

PUBLISHED
22 March 2024

Agenda

Location	Date	Time
The Sovereign Suite, Shrewsbury Town Football Club, Cloud Meadow, Oteley Road, Shrewsbury, SY2 6ST	27 Mar 2024	15:10 GMT

Contents

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

AGENDA (PART 1)

Meeting Title	Integrated Care Board	**Date**	Wednesday 27 March 2024
Chair	Professor Trevor McMillan	**Time**	3.10pm
Minute Taker	Board Secretary	**Venue/ Location**	The Sovereign Suite, Shrewsbury Town Football Club, Croud Meadow, Oteley Road, Shrewsbury SY2 6ST

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
OPENING MATTERS (approximately 10 minutes: 3.10pm – 3.20pm)					
ICB 27-03-017	Apologies and Introductory comments by the Chair	Professor Trevor McMillan	I	Verbal	3.10
ICB 27-03-018	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 27-03-019	Minutes from the previous meeting held on Wednesday 31 January 2024	Professor Trevor McMillan	A	Enc	
ICB 27-03-020	Matters arising and action list from previous meetings	Professor Trevor McMillan	A	Enc	
ICB 27-03-021	Questions from Members of the Public: Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Professor Trevor McMillan	I	-	

STRATEGIC SYSTEM OVERSIGHT (approximately 55 minutes – 3.20pm – 4.15pm)					
ICB 27-03-022	ICB Chief Executive (CEO) Report: • NHS Communicate Awards • Integrated Care Partnership (ICP) Board held on 22 January 2024 • Industrial Action • Shaping the STW ICB Programme • NHS Shropshire, Telford and Wrekin NHS Staff Survey Results	Simon Whitehouse	S/I	Enc	3.20
ICB 27-03-023	Delegation of Specified Specialised Acute Service Lines (*Simon Collings to attend)*	Nick White	A	Enc	3.40
ICB 27-03-024	Digital Strategy 2023-26 – Work Programme/Delivery Plan *(Tristi Tanaka to attend)*	Nick White	A/I	Enc	4.00
SYSTEM GOVERNANCE AND PERFORMANCE (approximately 30 minutes – 4.15pm– 4.45pm)					
ICB 27-03-025	Integrated Care System Performance Report: • Finance • Performance • Quality • People	Claire Skidmore	S/I	Enc	4.15
ICB 27-03-026	System Board Assurance Framework	Simon Whitehouse	A/S	Enc	4.35
BOARD COMMITTEE REPORTS – FOR INFORMATION (approximately 10 minutes – 4.45–4.55pm)					
ICB 27-03-027	**Assurance**				4.45
ICB 27-03-027.1	Quality and Performance Committee Chair's Report for meeting held on 30 November 2023 and 25 January 2024 ***(Revised Terms of Reference for approval)***	Meredith Vivian	S/A	Enc	
ICB 27-03-027.2	Audit & Risk Committee Chair's Report – no report	Roger Dunshea	S/I	-	
ICB 27-03-027.3	Finance Committee Chair's Reports for meetings held on 23 January 2024	Professor Trevor McMillan	S/I	Enc	
ICB 27-03-027.4	Remuneration Committee Chair's Report – no report	Professor Trevor McMillan	S/I	-	
	Strategy				
ICB 27-03-027.5	Strategy Committee Chair's Report for meetings held on 14 February 2024	Cathy Purt	S/I	Enc	
ICB 27-03-027.6	People Culture and Inclusion Committee Chair's Report – no report	Dr Catriona McMahon	S/I	-	

	Delivery				
ICB 27-03-027.7	Integrated Delivery Committee Chair's Report for meetings held on 26 February 2024	Harry Turner	S/I	Enc	
ANY OTHER BUSINESS (approximately 5 minutes – 4.55pm-5.00pm)					
ICB 27-03-028	Any Other Business: *(To be notified to the Chair in advance)*	Professor Trevor McMillan	D	Verbal	4.55
	Date and time of next meeting: • Wednesday 24 April 2024 - Telford				

Sir Neil McKay
Chair
NHS Shropshire, Telford and Wrekin

Mr Simon Whitehouse
Chief Executive
NHS Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin
Integrated Care Board

Minutes of Meeting held in public on
Wednesday 31 January 2024 at 2.00pm
The Sovereign Suite, Shrewsbury Town Football Club
Croud Meadow, Oteley Road, Shrewsbury, SY2 6ST

Present:

Sir Neil McKay	Chair, NHS STW
Professor Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Niti Pall	Non-Executive Director, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Nicholas White	Chief Medical Officer, NHS STW
Vanessa Whatley	Director of Quality and Safety/Interim Chief Nurse, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Stacey Keegan	Foundation Trust Partner Member and Chief Executive, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
Louise Barnett	Trust Partner Member and Chief Executive, Shrewsbury and Telford Hospital NHS Trust (SATH)
Patricia Davies	Trust Partner Member and Chief Executive, Shropshire Community Health NHS Trust (SCHT)
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council
Dr Julian Povey	Primary Care Partner Member for Shropshire

In Attendance:

Alison Smith	Director of Corporate Affairs, NHS STW
Dave Bennett	Associate Non-Executive Director, NHS STW
Dr Catriona McMahon	Chair, Shrewsbury and Telford Hospital NHS Trust
Harry Turner	Chair, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
Tina Long	Interim Chair, Shropshire Community Health NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership University NHS Foundation Trust (MPUFT)
Jaqueline Small	Chair, Midlands Partnership University NHS Foundation Trust (MPUFT)
Cathy Riley	Deputising for Neil Carr, Midlands Partnership University NHS Foundation Trust (MPUFT)
Cllr Cecilia Motley	Portfolio Holder for Adult Social Care, Public Health and Communities, Shropshire Council
Cllr Paul Watling	Cabinet Member for Adult Social Care and Health Systems, Telford and Wrekin Council (representing Shaun Davies)

Edna Boampong	Director of Communications and Engagement, NHS STW
Cathy Purt	Non-Executive Director, Shropshire Community Health NHS Trust
Liz Noakes	Director of Public Health, Telford and Wrekin Council
Ali Sangster- Wall	Enter and View Officer & IHCAS Co-ordinator, Healthwatch Shropshire – Representing Lynn Cawley
Jackie Jeffrey	Vice Chair Shropshire, VCSA
Alison Trumper	Head of Peoples Programmes, STW ICS
Simon Fogell	Chief Executive, Healthwatch Telford & Wrekin
Richard Nuttall	Joint Chair, Telford & Wrekin Chief Officers Group (COG)
Jan Suckling	Lead Officer, Healthwatch Telford & Wrekin
Julie Garside	Director of Performance & Planning, NHS STW
Tracey Jones	Director of MH & LD, NHS STW
Sam Tilley	Director of Collaborative Programmes, NHS STW
Claire Colcombe	Corporate Personal Assistant, NHS STW and minute taker

Minute No. ICB 31-01-001 Introduction and Apologies

001.1 The Chair opened the meeting of the STW Integrated Care Board (ICB) and welcomed everyone.

001.2 Apologies were noted as follows:

Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership University NHS Foundation Trust (MPUFT)
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Cllr Lezley Picton	Leader of Shropshire Council
Cllr Shaun Davies	Leader of Telford and Wrekin Council
Niti Pall	Non-Executive Director, NHS STW
Rachel Robinson	Director of Public Health, Shropshire Council
Lynn Cawley	Chief Officer, Healthwatch Shropshire

001.3 The Chair announced that Mr Trevor Purt, Non Executive Director at SaTH, had been appointed Vice Chair of the SaTH Board.

001.4 The Chair thanked the Board members and their organisations for their responses to managing Urgent and Emergency Care over the Christmas and New Year period.

001.5 The Chair acknowledged the MPUFT recent Care Quality Commission (CQC) visit, where they received a 'Good' assessment on their safe caring and older people wards.

001.6 The Chair pointed out a report by Healthwatch Shropshire about GP appointments for Shropshire, Telford and Wrekin and noted it as an important addition to the understanding of the pressures faced by General Practice in terms of availability of appointments. Mr Simon Fogell clarified that Healthwatch Telford & Wrekin were not part of the Shropshire report and that Telford & Wrekin Healthwatch's own report on this area was in the publication process.

001.7 The Chair suggested that both publications be taken into account as part the GP Recovery Programme.

001.8 The Chair announced that the ICB offices have relocated to Wellington, Telford and will be fully open from mid-February.

Minute No. ICB 31-01-002 Declarations of Interest

002.1 Members had previously declared their interests, which were listed on the ICB's Register of Interests and available to view on the website at:

Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

There were no new declarations of interest made and no existing conflicts of interest with any agenda item for today's meeting were raised.

Minute No. ICB 31-01-003 Minutes from the previous meeting held on Wednesday 29 November 2023

003.1 The minutes of the meeting held on 29 November 2023 were presented for approval.

003.2 Dr Catriona McMahon noted that Minute No. ICB 29-11-126 relating to the Board approving the Winter Plan 23/24 was incorrect. Mr Whitehouse confirmed that the minutes should be corrected to remove the approval and show that the Board noted the works that were undertaken and agreed for the plan to be referred to the Urgent and Emergency Care Board for further work and the UEC Board to have delegated authority to approve the winter plan.

RESOLVED:

Board approved the minutes from the previous meeting held on Wednesday 29th November 2023 with the corrected amendment outlined above with reference to minute number ICB 29-11-126 relating to approval of the Winter Plan 23/24.

Minute No. ICB 31-01-004 Matters arising and action list from previous meetings

004.1 The Chair referred to the Action List and wished to draw to attention the following items:

- **Minute No. ICB 29-11-121.4 – Digital Strategy**

  The Chair noted that Mr Nick White was to give an update on the Digital Strategy. Mr White responded saying it was scheduled to take place in March's meeting and that the action list was incorrect. The Chair asked for this to be corrected on the action list.

- **Minute No. ICB 29-11-124 – ICB CEO Report**

  The Chair asked if there was a guardian of the forward plan and whether they could advise when rural racism would appear for discussion. Miss Alison Smith stated that it was suggested that it would be brought to the Board Development Session in February, for a much wider discussion.

- **Minute No. ICB 29-11-131 – System Level Primary Care Access Improvement Plan**

Mr Robinson noted that this item was presented at the last Board meeting where it was decided that a progress update would be given in 9-12 months. The Chair asked when they could expect a further discussion and review given the importance of this agenda to local people. Mr Robinson responded by saying within six months they would have an indication of the impact. The Chair asked that given the interest in this, would the Chief Executives think about whether there would be other opportunities to give an update before the indicated 9-12 months. Mr Robinson responded saying that it would go through Quality and Performance before that time also. It was agreed to bring this back to the June Board.

004.2 The Chair confirmed that the other items would be picked up on the agenda and opened the meeting to raise any other items from the action list. Nothing was raised.

Minute No. ICB 31-01-005 Questions from Members of the Public

005.1 The Chair acknowledged the receipt of 30 questions that had been received from one correspondent. The Chair confirmed that the questions were very pertinent, but too detailed to go through in the meeting. The Chair suggested that the questions be responded as per the process agreed by the Board to management public questions and reported to the subsequent Board meeting.

Minute No. ICB 31-01-006 Patient's Story: Equitable Access – Meeting Family Needs

006.1 Ms. Vanessa Whatley introduced Sian Brooks a Neonatal Lead Nurse at Hope House Hospice at the time of the patient's story and worked closely with the family. Also Alison Massey who works for the ICB as the Transformation System Commissioning Partner and has the lead for palliative and end of life care. Vanessa Whatley advised Members that the story was based around Health Inequalities.

006.2 The story outlined tackling real life Health Inequalities, in a real scenario, the valuable work of the independent sector, and the hospice.

006.3 Vanessa Whatley reported that the Children's Palliative and End of Life Care Strategy was led by the Chief Executive of the hospice.

006.4 Sian Brookes presented the story of a family from a Gypsy-Roma background, where communication was very limited due to language barriers and how this family was supported through their journey of having a baby that was born prematurely at 28 weeks, was cared for and subsequently passed away.

006.5 Sian Brookes explained the anxiety, fear, and anger that the family were experiencing and how, by looking at different solutions and utilising existing interpretation services, the service was able to identify the needs of the family and over time built a connection of trust and confidence with the family.

006.6 Sian Brookes explained that due to this experience there have been lessons learned around looking at ways in which you can meet family needs by looking 'outside of the box'.

006.7 Pauline Gibson questioned what had changed as a result of the learning from the story. Sian stated that they were using the interpreting services instead of trying to manage within the service as perhaps they may have done previously, and they have set up and promoted the use of the interpreting service. Due to the wide staff involvement in this case, it had encouraged the team to offer all of the services, to all families with confidence.

006.8 The Chair requested for a time to be set for the opportunity to discuss, prioritise, and plan the way forward for the Palliative and End of Life Care Strategies for Adults and Children.

Action: Ms Vanessa Whatley to identify a time to discuss the way forward for the Palliative and End of Life Care Strategies for Adults and Children.

Minute No. ICB 31-01-007 Emergency Preparedness, Resilience and Response (EPRR) Assurance

007.1 Mr Whitehouse introduced the paper which provided an update on the EPRR work undertaken in 2022/23, the outcome of the NHS England annual EPRR assessment and key areas of work going forwards which will contribute to the mitigation of organisational risks. Mr Whitehouse reminded the Board of their responsibilities around EPRR and further added that the item demonstrated the challenging position across the system against the core competencies and proposed next steps. Mr Whitehouse invited Mrs Sam Tilley who was the lead in this area to provide a more detailed summary.

007.2 Ms Tilley highlighted the following:

- The paper sets out comprehensive description of the work undertaken over the last period, following the necessary reporting requirements. It sets out both the position in terms of the annual core standards assessment by NHS England and the role they play across the system in that and the participation within the Local Health Resilience Forum, the training and exercising across the period, the occurrence of incidents and the lessons learned from that.

- Ms Tilley noted the extensive work that had been undertaken to date.

- Ms Tilley reported that the paper looked at the annual assessment process in more detail and the role the ICB takes in both discharging its own duties and in assurance around the system responsibilities for individual partners. Ms Tilley added that some challenges around this had been experienced, and the outcome of the assessment for all parties in the system were not as they would have hoped. Therefore, work has focussed on the improvements that needed to be put in place. There was some work that could be carried out jointly, so this is being explored across agencies in order to use their resources effectively so that there are resilient arrangements in place.

- Ms Tilley pointed out that the agenda has grown significantly since the inception of the ICB and that the ICB was now a Category One responder with enhanced responsibilities. Some of the areas on the agenda included cyber resilience, mass casualty effects and flooding. Ms Tilley noted that the work that was required in the background to support the systems, processes, training and practicing how they would respond to these events, was complex. Therefore, consideration on how this would be resourced in a more resilient way going forward, including to support the improvement work, was needed.

007.3 Mr Roger Dunshea stated that the assessment outcome and reasons for it was discussed at the Audit Committee. He was assured that steps were in hand to rectify some of the concerns and that the committee would receive a progress update report detailing what had been achieved. The Audit Committee was taking the responsibility to assess the progress across the provider organisations and Ms Tilley would be reporting directly to the Committee as to where any major issues may occur.

007.4 The Chair noted that the first table showed SaTH as being fully compliant, but then the other table showing a significant reduction in compliance. The Chair asked Louise Barnett to comment on the reasons for SaTH's outcomes and any lessons to be learned. Ms Barnett stated that the report pointed to some of the issues in 4.4 regarding the process and that she was aware of several actions in train, that until completed, could not be taken into account for the assessment. Ms Barnett went on to say that she is sighted on a set of work programmes that are in place that will strengthen this. Reports are being submitted to the Quality and Safety Committee and the Audit Committee on this. Ms Barnett went on to say that there are some differences between expectations against each of the items but recognised that this was an extremely important area and that it was right that they aim for improved compliance and there were plans in place to achieve this. Ms Barnett stated that she was confident there were actions in train to do that.

007.5 The Chair highlighted that the ICB had a 17% reduction in compliance and asked for comments and remedial actions around this. Mr Whitehouse stated that due to a combination of staff sickness, timing of some of the work and competing priorities some of the deadlines were missed or not achieved. Mr Whitehouse added that he had commissioned a review from NHS England, which was currently underway, which would give a set of actions for implementation to partly support the shaping of the future structure of the EPRR response in the ICB as they go through the Management of Change. The review would also support him in having clear oversight of an action plan that can be implemented across the organisation to improve the position going forward.

007.6 The Chair congratulated SCHT and RJAH on their high level of compliance and asked Ms Patricia Davies to share any lessons learned. Ms Davies commented on their level of compliance stating that the SCHT resourced a EPRR expert who worked with service managers, lead managers and lead clinicians. Ms Davies went on to suggest that having skilled people that can work with key champions across the Trust can ensure that there are good business continuity plans in place. Ms Davies added that there was more that the system could do in terms of sharing expertise, and suggested having someone that can co-ordinate activities, work with key champions, embed the learning and keep it updated.

007.7 Dr Julian Povey commented that this was an area where there should be joint provider collaboration and the tables are a microcosm of the system where overall they were poor. Dr Povey pointed out that primary care was not mentioned in this and the approach to primary care around the proposed Business Continuity Plan is that there is no system support. Dr Povey added that this flagged an area where the opportunity should be one of working together as a system and one area where it can be said that they have a combined function to improve the outcomes and position they are in. Mr Whitehouse responded by saying that he agreed with the proposal in terms of the collaborative working but did not fully agree with the summary of the categorisation of the organisations in the system. Mr Whitehouse added that the collaborative working proposal requires all partners to agree to collaborate in that space or else they run the risk of further fragmentation. Mr Whitehouse went on to say that the principle of a strong response as a system, with resources aligned and working together was part of the NHSE review and part of the conversations being held with system partners.

007.8 The Chair stated that part of the ICB's responsibility was to oversee, coordinate and draw together the respective responses so that there was a system view of this important topic. The Chair asked Ms Tilley to clarify the ICB's responsibilities in terms of individual practices.

007.9 Ms Sam Tilley responded by saying that there are many different elements to that. She stated that this does not form part of their core responsibilities in terms of how they are assessed. Ms Tilley went on to say that in the guidance there was a direction of travel towards that, but they are not there yet in terms of NHS England structure. Ms Tilley added that this is an important part of what they need to do. Ms Tilley pointed out that what has played out was the lack of capacity to do everything needed, which was woven through the paper. Ms Tilley stated that going forward, within the paper it was suggested that primary care, specialised commissioning and the wider primary care are factored into the plans because even though there currently was no formal requirement, but there could be in the future.

007.10 The Chair summarised by saying the ICB should not forget their overall responsibility for coordination, but that should not dilute individual organisational responsibilities. The point noted about primary care in the wider sense and the Board needed to be updated and advised about what they need to do and how they think they might go about that. The Board looked to the Audit Committee, under Mr Dunshea's leadership, and the involvement of others about the assurance of this process.

Action: **Sam Tilley to keep the Board updated and advised about they need to do and give suggestions as to how.**

The Board to remit to the Audit Committee under Mr Roger Dunshea's leadership and others on the Audit Committee to assurance this process.

Mr Dunshea to submit the progress report to the Board as an adjunct to the next Board papers (March 2024).

007.11 Mr Dave Bennett asked about resources, as it was difficult to square that with the view of the workforce plan and wondered how they are to set priorities if they are recruiting significantly over plan. Ms Tilley responded by saying this was about resourcing in the wider sense. The discussions about how partners might better collaborate as a system, how they elicit skills, experience and expertise in this field, and they do have a certain amount of capability, capacity and experience within the system. Ms Tilley added that there is a focus on working with other ICBs – the LRF for example would be across a footprint with Hereford and Worcestershire ICB. Ms Tilley went on to say that it was not necessarily about more people, but about how we use the skills, experience and expertise that they currently had access to amongst the partners, externally and NHS England to support with that. The Chair stated that this point was important and should have its due priority, Ms Tilley's response was well received, but if they get to a point where they cannot fulfil their statutory responsibilities then the Board would have a discussion around how to deal with that.

007.12 Mr Simon Fogell asked whether there was a predicted timeline, once the final report has been received from NHSE, where they could have confidence that the system can

meet its obligations. Mr Simon Whitehouse responded by saying in terms of timelines, next steps, and actions linked to that, it would be part of that process. Mr Whitehouse clarified that there was a gap between the assessment against core competencies and the ability of a system to respond to incidents as they arise. Mr Whitehouse went on to say that it had not been stated that there are failures in the responses and that both provider and the ICB have delivered against the number of incidents, nor that there have been failures in the requirements of being a category one responder. The response of the core compliance set out in 4.4 has a different need and different ask in terms of the assessment of those core competencies.

007.13 Ms Louise Barnett stated that she welcomed bringing the teams together and pointed out that they do currently meet together, but there was more that could be done and they were supportive of the work Mr Whitehouse referenced. Ms Barnett added that in terms of the assessment it was helpful in highlighting areas of focus and that within each report, there would be examples of good practice that can be drawn on to get strength across the system. Ms Barnett stated that she believes the process will contribute to the assurance process.

007.14 Mr Meredith Vivian commented that this was a very important piece of work and suggested that there was a significant amount of expertise within the room that was not being used. Mr Meredith Vivian suggested that this was due to the conversation being NHS focussed. Mr Vivian requested assurance that all the EPRR was work in done in conjunction with their Local Authority colleagues as if they are not, it would be a major risk during an emergency. Mr White responded by saying as part of the working with Local Authorities he co-chaired with Rachel Robinson, Shropshire Director of Public Health Local Health Resilience Partnership, and this is how they are linking in with local authorities. Mr White added that they were moving on a footprint jointly with Hereford and Worcester which was a footprint for the police, crime commissioner and emergency services.

007.15 The Chair commented that this was an important discussion and thanked Ms Tilley for drawing attention to these issues. The Board approved the recommendations in section 11.1 of the report, as follows:

007.16 The Integrated Care Board NOTED the content of the report including the outcome of the NHSE Annual Assessment, and SUPPORTED the ongoing EPRR work programme and improvement planning to include:

- **An EQIA on the development of collaborative EPRR working arrangements across the ICS.**
- **A review by EPRR leads to establish a set of policy areas where system policies can be developed to replace single organisational ones.**
- **Work to align the requirements of an emerging System Control Centre model with EPRR practice and Core Standards requirements that interfaces with system on call arrangements.**

<u>Minute No. ICB 31-01-008 ICB Chief Executive (CEO) Report</u>

008.1 Mr Simon Whitehouse, CEO, presented his report highlighting the following:

- <u>Update on Planning for 2024/25</u> – A set of confirm and challenge conversations were taking place between providers, ICB and local authorities in terms of planning, and a clear timetable had been agreed. The NHSE planning guidance for 2024/25 had not been published. Once published, if it fundamentally changes anything,

then the process will need to be reviewed. Mr Whitehouse stated that they have a clearly set out approach within the system and a clearly understood timeline. The risk was well rehearsed in terms of balancing their workforce triangulation, performance, and financial position in terms of what is different is 2024/25.

- Update on UEC performance over Christmas and the New Year – Mr Whitehouse thanked colleagues for the work they did and continue to do, including the response to the industrial action and the effect that it had on staff. Mr Whitehouse pointed out that at this point it remained fragile and recognised that this year had been an improvement on last year's position, but there were still some patients and residents being cared for in areas that were not ideal. Mr Whitehouse further added that system partners were committed to continue to work through that and he was grateful to Ms Louise Barnett for chairing the UEC Board, which was driving the agenda. Mr Whitehouse added that the system partners have responded, reacted, and engaged in a more planned way, which had led to confidence in the planning process and wanted to keep building on that across all providers and across all areas whilst the fragility was still in place.

- Integrated Neighbourhood Teams – Mr Whitehouse stated that there was progress being made in this area. The Local Care Programme was mentioned previously with formal updates. There was positive work happening across this area, pointing out Telford and Wrekin and the rural areas around Shropshire. There was joint planning in terms of developing buildings to have joint services, including Mental Health Services, General Practices, and Voluntary Community Sectors.

- Update on Shaping STW ICB – Mr Whitehouse clarified that the formal process of the Management of Change begins on Tuesday with all staff being notified of the process which will reduce running costs, clearly identify the structures and the work that sits behind them. Mr Whitehouse recognised the impact this will have on individuals and believes that the key part will be the Operating Model for the system and what is meant by provider collaboration, picked up later in the agenda. What is meant by Place Based Partnership, the reframing of some of that work and making sure the ICB was able to discharge its statutory functions whilst understanding what we spend in terms of running costs and getting back to within the budget given was an important part of this. Mr Whitehouse recognised that impact on staff during this challenging period in term of the planning and setting up of 2024/25.

- Core 20 Plus Ambassadors – Mr Whitehouse acknowledged this item and explained that it will be referenced later in the agenda.

- Shropshire Telford & Wrekin GIRFT Visit 13/11/23 – Mr Whitehouse informed the group that there had been several GIRFT interventions across the system which had been positive that have not been reported in the paper. There has been an urgent and emergency care GIRFT visit and are awaiting the outcome of that.

- Hospital Transformation Programme (HTP) – An update on progress made was set out within the paper.

008.2 The Chair thanked Mr Whitehouse and opened up the meeting to comments and questions.

008.3 Ms Tina Long acknowledged the achievements and good work that was happening as detailed within the paper and suggested that this was celebrated. Ms Long requested that at a future time an update was given detailing the impact of the work. Mr Simon Whitehouse responded saying they felt it was important to put as much detail in the report on this piece recognising the development session that took place on the Local Care Programme and linking to the inequalities conversation that was going to take place where it was suggested that the discussion should be around how the system can go further faster – whilst making sure that there is the tracking of the impact and staff and residents begin to feel a positive difference in this area. From a resident's perspective this should also translate into the management of escalation, so that people are cared for in their own homes for as long as possible. The Hospital Transformation Programme and Local Care Programme are predicated on that community-based work, which sets out some of the important structural things that are happening. This then needs to build on so that people feel different in that space.

008.4 Mr Meredith Vivian stated that this was the type of list he was hoping to see and welcomed the report. Mr Vivian then raised the concern around the statement in section 3.1 of the report where one of the bullets says that they are "unleashing the power of the community and the voluntary sector", and requested to know what was meant by this. Mr Whitehouse responded saying that in some of these areas this was working differently than previously, where there is the voluntary community sector leading some of the areas and driving that forward and there are some areas where there is more work needed, as it feels too governed by statutory responsibilities and statutory organisations, rather than engaging communities in a different way. Therefore, where it has been possible to get it right, there was a marked difference in how we have worked within those communities and there was a lot to learn from that. Mr Whitehouse acknowledged that the language used could have been improved.

008.5 Ms Jackie Jeffrey agreed with where they have got it right, it had made a difference, but felt that the system, at present, got it wrong more than got it right. At the ICP meeting it was focussed on the Health and Well-being Boards and how at that local level, working together makes a difference and it feels very powerful. However, when at the ICB Board it is around governance and NHS finance. As far as the voluntary sector in Shropshire is concerned, that there is a lot more work to be done to support the statement that partners are 'unleashing the power'.

008.6 The Chair shared a genuine comment that was made at the Integrated Care Partnership about VCSA feeling listened to by the Health and Well-being Boards but remote in terms of the Board of the ICB, as there is not sufficient attention paid to the kind of issues discussed above. The Chair added that this comment illustrated the need for us to do more work to make sure there was a mutuality of purpose and understanding about what they want to do together and the contribution VCSE colleagues want to be able to make. The Chair went on to say that the recent ICP meeting was energetic and want to know how it might be possible to reenergise these discussions, because there is something not working as well as it could be.

008.7 Ms Jackie Jeffrey responded by saying that she was putting together a response to that specifically around getting back to how they were going to embed the VCSA into the system so that it became a partner that mattered. It was not about being engaged, but with what was being done, making a difference and working together. Ms Jeffrey added that there was something about using the Quality and Development tool to rate where the system is in regards to embedding the VCSA and that would generate some basic principles and how we can get it right more than wrong going forward. Ms Jeffrey stated that she had a plan to come forward to do that.

008.8 The Chair suggested that the ICP need to think about the things that were discussed in the last meeting, look at the ideas they have got, reflect on the comments given around the table and decide between them how this important piece of joint work gets taken forward.

008.9 Dr Julian Povey pointed out that currently the system is in a very dire financial position and so presumed that most of the planning was going to be a continuation of what was already being done with a gradual shift in the direction towards more care in the community. Dr Povey asked how it would be possible to reprioritise what everyone is doing, as the need to invest more money into the VCSE, Community Based Care, Prevention etc, is very clear. Dr Povey added that he hears criticism around GP access, primary care was working at capacity which was on or under budget and was not responsible for the majority of the overspend within the system directly and are being asked to do more that is above what is required on the statutory based funding and the national contract.

008.10 Dr Povey pointed to a comment in 1.3 of the report that says there was going to be discussions with providers about their asks around activity and finance moving forward and this discussion does not include primary care. Dr Povey added that there was a need to invest in primary care, VCSA and out of hospital, but this can only be done by moving some of the money around in the system, which he could not see how that can be done at the moment with the challenges being faced in the acute providers and other providers.

008.11 The Chair responded by saying the membership of the Integrated Care Partnership and the requirements of membership of the partnership does not include providers and therefore does not include General Practitioners. The Chair added that there may be a reluctance to open the membership of that group, but it was something that needed to be considered. The Chair further added that Dr Povey's point around prioritising and directing funds into areas that would make a difference was a regular discussion he has been having with the NEDs, Mr Simon Whitehouse, and Mrs Claire Skidmore. The Chair acknowledged that there is a need to think critically about some of the things that we may not be able to continue doing.

008.12 Mrs Skidmore added that the finance issue cannot be fixed without reference to quality, patient safety, and performance improvement, which was the challenge. With the scale of financial deficit, this was not a one-year plan and the conversation at the Chief Executives meeting stated that in order to have a credible plan for next year, there is a need to have it set in the context of longer term recovery. At some point there will be the need to invest in certain areas to unlock some of the challenges that have been articulated. The conversation at Chief Executives was about fundamental consideration of the cost base itself and the plans being developed look at things like demand management, where the focussing is on workforce and are we enabling our colleagues to deliver for local people. The Chair stated that this issue needed to be revisited.

008.13 Cllr Paul Watling acknowledged the good work that Shropshire and Telford and Wrekin were doing. Cllr Watling went on to say that the only way to move forward was by investing in those areas and making sure that preventative work was affecting the cost of the acute services, which it will if they get it right. Partnership with the third sector is integral to that and must be at the forefront. He stated that he could see positive

things occurring in Telford and Wrekin because of that partnership, the Independent Living Centre was a good example of that. Cllr Watling stated that he was disappointed in the Hospital Transformation Plan because the recommendations the IRP had made to them as a system, was not featured within the report. Cllr Watling also stated that he was concerned that the HTP enabling works are going ahead before the full business case had been made public and currently public feedback was showing that people were concerned. The Chair responded by saying they know the views and concerns of the local people and are very confident that they have a plan that will provide the right kind of healthcare in the right places for years to come, but they have further explaining and work to do involving people with the development of the detail of the plan. The Chair pointed out that Ms Louise Barnett and her team were working on this.

008.14 Ms Louise Barnett stated that they were at a particular stage in the programme for HTP and are committed to the ongoing engagement with communities. There is a commitment to ensure that the changes and services put in place were going to deliver the quality and experience that they want for everybody they serve across their entire catchment. Ms Barnett pointed out that communication and engagement was at the heart of this, and she wants to make sure that everyone understands what is going to happen and ensure they are able to access the services. The Chair added that it is understood that there are particular aspects of the IRP recommendations and ministerial response that Cllr Watling would want to make public, which we are keen to do quickly.

008.15 Mr Simon Whitehouse stated that they are committed to have active dialogue and conversations with Telford and Wrekin Council, SaTH and Shropcom colleagues to get this part right, build on engagement and previous conversations. There will be a collective responsibility to ensure that, as a system, build public confidence in the services that are being putting in place going forwards. The Chair thanked Cllr Watling for his contributions.

008.16 Mr Roger Dunshea referred to point 1.3 around the Joint Forward Plan and the preparations for 2024/25 financial year and requested assurance on how this can begin to reshape the commissioning and contracting for 2024/25. Mr Dunshea also pointed to the National Triangulation tool for activity Finance Workforce and Productivity by Provider and suggested that it would be interesting for the ICB to see that information to see what lessons will come from it. Mr Dunshea added that when integrated neighbourhood teams and proactive care were discussed, he suggested that the Board receives assurance around how much this was costing and what actual evidence there was of change in terms of making a difference in terms of quantification of who was being affected and having a benefit.

008.17 The Chair responded by saying that this incorporated many different areas. The Chair referred to Ms Patricia Davies to discuss the requested work plan. Miss Patricia Davies responded by saying Lisa Keslake and Claire Parker were driving the programme of work and working with key partners across primary care and the local authorities on this in terms of what areas to target first for maximum benefits. The Chair asked Ms Davies for an approximate date to when the Board would receive an update and raised the fundamental point of only having two months to draw together a plan.

Action: Patricia Davies to provide a detailed update on the Local Care programme to the Board in June.

008.18 Mr Whitehouse responded by saying the starting point would not be today in terms of the planning process. The Chief Executives received the update today from the planning leads which resulted in several key actions which were:

1. Individual organisations including the ICB included are to go back and look at the asks and investment being proposed
2. To state, around the areas of joint working, does this demonstrate better value for money, which is linked with better outcomes with the workforce in the right place
3. To state what the commissioning opportunities would be and how do they do it in a way that joins up to build and deliver integration rather than risk further fragmentation.

Mr Whitehouse went on to say that the pace and the delivery of those elements was increasingly important and that the time for delivery against this needs to be the three-year medium-term financial plan.

008.19 The Chair asked when the Board would get the opportunity to spend some time to think about this in detail. Mrs Skidmore responded by saying that by the end of February they will have something that had been through sufficient challenge internally within the management structures to be able to start bringing the headlines to Board, in particularly around some of those difficult decisions around their priorities and commissioning intentions. Mrs Skidmore added that there were many good things that are planned, but there is a need to be structured about how and when they were done. The planning timeline was heavily dependent on the final guidance from NHS England, therefore, at this point can only estimate some of the performance ambitions coming out. Mrs Skidmore further added that work will be progressed to undertake scenario analysis in terms of how hard and fast can go within the limits of the workforce and finances available.

008.20 Mr Simon Whitehouse stated that the ICB had NHS statutory responsibilities in terms of how planning is delivered and as there is no other Board there was a risk of the conversation feeling NHS dominated. Mr Whitehouse recognised that this may unintentionally disengage partners.

008.21 The Chair stated that the financial position had to improve, and it had been reiterated that this was a longer term plan. The Chair asked Mrs Skidmore to give some thought to the timelines and suggest when the Board can actually start looking at the detail of the emerging plan, to give people the opportunity to influence it.

008.22 Professor Trevor McMillan stated that his worry was that this was a repeat of the same situation last year and it had subsequently got worse. Professor McMillan asked if the Chief Executives and Financial Directors had an agreement on what number is being aimed for, or was it still work in progress.

008.23 Mrs Skidmore responded by saying that it was still a working progress and that there is a broad working assumption that they do not want to be in a place where the deficit was ‘at least no worse’ than it was this year. There was an expectation from Regional and National colleagues that the system should not be having continued expenditure that grows beyond what it has been in 4th Quarter, other than inflation which was recognised in the allocation.

008.24 Mr Dave Bennett stated that partners know the underlying run rates and the major assumptions so should be able to map out the starting position and without that visibility it was difficult to engage people in terms of thinking about other things that could be done. Mr Bennett expressed his disappointment of not having this at this Board meeting.

008.25 Mr Whitehouse responded saying that this does exist and is presented through the Finance Committee, Chief Executives and Finance Directors. Mr Whitehouse stated that he would brief NEDs so that they are clear in terms of where the organisations are in their positions.

008.26 The Chair stated that this was an extremely helpful discussion and summarised that Mr Whitehouse, Mrs Skidmore and the Chief Executives need to draw together a process where Board Members can see clearly when they can be engaged again, when they can expect the degree of detail that people are asking for and when they can get the opportunity to influence the outcome.

008.27 The Chair requested further advice about process, timelines and opportunities for Board members to really contribute to this important discussion.

Action: Mr Simon Whitehouse, Mrs Claire Skidmore and the Chief Executives to draw together a process where Board Members can see clearly when they can be engaged again, when they can expect the degree of detail that Board members are asking for and when they can get the opportunity to influence the outcome.

008.28 NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the updates in relation to:

A. Update on Planning for 2024/25
B. Update on UEC performance over Christmas and the New Year
C. Integrated Neighbourhood Teams
D. Update on Shaping STW ICB
E. Core 20 Plus Ambassadors
F. Shropshire, Telford & Wrekin GIRFT Visit – 13 November 2023
G. Hospital Transformation Programme (HTP)

Minute No. ICB 31-01-009 Specialised Commissioning Briefing Report

009.1 Mr Nick White introduced the paper highlighting the following:

- As part of the legislation which brought ICB's into being, several services which were commissioned regionally and nationally are being delegated down to the West Midlands group of ICB's, six in total, that will jointly hold the services. Some of the services have already been delegated by NHS England i.e. Pharmacy, Optometry and Dental. Specialised commissioning services are going to be delegated down from the next financial year 24/25 which will include 178 specialised services in total.

- There was a lot of work on underway around quality, governance and financial making sure that there was fairness of access and ensuring that quality was available.

- The final draft agreement will be out on 9th of February and that will be the final draft version of what the documentation will look like. It will be discussed by the Committee in Common of the six ICB CEOs and it would then be presented to the ICB Board for final approval at the public meeting in March.

009.2 The Chair explained that when he used to Chair the National Specialist Commissioning Committee, it was clear that the commissioning for these services needed to be centralised because they were high cost, low volume and often a risk to local commissioners. The Chair noted it was a system that worked well and asked Mr White what was the purpose and benefits of doing this devolution back to a local level.

009.3 Mr White responded by saying the opportunity to improve the health outcomes was around access and quality and this would ensure that NHS STW have a voice at the table to enable patients to get the right access to services outside the borders and being able to have quality conversations.

009.4 Ms Keegan stated that through being a member of the Federation of Speciality Trusts this was an area of concern and raised the concern around funding flows. Mr White responded by saying that there was a line in the paper which states that any deterioration of a situation that Specialised Commissioning would be held nationally rather than locally, but similarly any excess surplus would also be held nationally. Mr White added that they were locked into that position to give a certain degree of financial stability.

009.5 The Chair stated that it sounded like there was a policy direction that they need to heed carefully. The Chair stated that they need to make sure that they are clear about the opportunities and how they will mitigate the risks. The Chair added that the paper gave some reassurances about that, but he felt more was needed. The Chair asked whether there was disquiet around this. Mr Whitehouse responded saying in terms of the other ICBs, the same conversations were taking place in terms of the right time to take on the delegation to add value against the backdrop of everything else that has been asked. Mr Whitehouse added that this would not be the time to destabilise some of the relationships and ways of working in this space. The ability of the ICB to respond to this additional ask whilst delivering a 30% reduction in the running cost allowance was also a factor that needed to be considered.

009.6 Mr Whitehouse stated that as a Board there would be the opportunity to have that conversation and take a decision around where the Board wants to get to and committed to do that work with his Chief Executive colleagues to understand where other Boards are with this. Mr Whitehouse added that at the March Board meeting a robust conversation will be had around the added value and the risks that go with it.

009.7 Ms Tina Long requested in the future to understand more about the quality aspects, such as how it will be monitored and escalated if significant issues arise. The Chair responded by talking positively about the National Specialist Commissioning Arrangements and that the gathering of data for rare conditions was relatively straightforward and they could monitor quality easier, but fears that it may not be possible once delegated.

009.8 Mr Dunshea asked how reliable the figure of £148 million was. Mrs Skidmore responded by saying that the ICB finance team were doing their due diligence and she

had a meeting with the Director at NHS England Regional team on Friday to keep the focus on it.

009.9 Mr Bennett raised the concern around the deterioration of quality due to other smaller systems creating capability, which will not deliver the quality and scale that would be delivered in a larger centre.

009.10 The Chair summed up that these points should be made to Regional and National colleagues.

009.11 The Board noted the progress outlined in the paper.

Minute No. ICB 31-01-010 Provider Collaborative, including MSK update

010.1 Mr Nigel Lee introduced the paper and highlighted the following:

- The importance to recognise that the provider collaboration was a key part of how partners continue to develop the system operating model.
- The paper gave a brief update on the development of the work that had been done in establishing the Committees in Common, the shared purpose and focus on the four initial priority work streams, and the next steps.
- MSK was led by Ms Keegan, making sure that MSK is registered as a key work stream.
- Currently Mr Harry Turner was the Lead Chair and Ms Patricia Davies the Lead Chief Executive for the Committees in Common.
- There is a clear intent from providers that are committed to work together and that are developing something that is going to be capable of delivering change.

010.2 Mr David Sidaway queried how this aligned with any other broader strategy at the system level and how this plays back into funding if they wanted to fund particular change programmes. Mr Nigel Lee responded by saying that this was an emerging group and one of the issues that they were conscious of was the need to be bigger than four providers. Mr Lee went on to say that they recognise Mr Sidaway's point but had not got the solution for it yet. Mr Sidway stated that this was the right way to go because change in this area had to come from the bottom up. Mr Sidaway clarified that it was a challenge back to the system as to how the Board support Mr Lee in being able to drive the programs he wants to deliver in collaborative way.

010.3 The Chair asked for comments from the Chairs and Chief Executives within the collaborative.

010.4 Dr Catriona McMahon suggested that as the system was restructuring the way that commissioning was carried out, this would change too and could facilitate strategic commissioning at the ICB level and the detail of delivery at the collaborative level. Dr McMahon clarified that the ask from system, Midlands and NHS England initially was to put the collaborative in place to deliver on the critical immediate requirements.

010.5 Ms Tina Long commented that the trick was getting the balance right between governance and delivery.

010.6 The Chair noted that as an important point. The Chair asked Mr Dunshea if, in terms of the balance between governance and delivery, had he any observations arising from the paper. Mr Dunshea responded by saying that his thoughts about the provider collaborative was that a pace was needed and at the moment it was quite difficult to see where the key milestones and timetable was in the process. Mr Roger added that the provider collaborative would need to say what they are looking for in terms of tangible deliverables and when these will be achieved. This would give assurance of what the benefits of the collaborative would be.

010.7 The Chair asked that, given their position in terms of the sign off arrangements involving NHSE and the collaborative, what part do they envisage the ICB would play in that. He went on to ask what the sign off in terms of Mr Dunshea's point about outcomes? The Chair stated that he wanted to make sure that this works. Mr Lee responded by saying there was a focus on the pace of change and recognise the need put the right governance in place. Mr Lee added that there has been an extraordinary level of interest in what this collaborative is doing from across the region. Partners were going to meet with NHSE to try and get a level of confidence and NHSE would then get their assurance through the ICB process. Mr Lee went on to state that if NHSE have the assurance that they are focused on the right things and delivering against them with the milestones at pace, that it should be enough.

010.8 Mr Vivian thanked colleagues for the work which he felt was a fundamentally important piece of work which he completely supported. Mr Vivian pointed out that tactical commissioning was critical because it allowed the ICB to do its specific function properly. Mr Vivian stated that he was anxious about the line that stated "to embed clinical and Community Voices in our work" and wanted to make sure he understood what that meant and what that might look like. Mr Lee responded by saying that the Trusts have got to work through what continuing community engagement actually menas and through this it would both inform and steer the way that they work.

010.9 Ms Davies added that she believed that the public are interested in how this is going to be different in terms of the delivery of care and having the community voice in how they deliver on these priorities of care. Ms Davies added that the engagement and community communication as joint providers was where this needed to get to.

010.10 Ms Barnett commented that recognising the overall strategy and plan of the system and then the contribution that this group of providers can make and ensuring transparency with the system work, so that there is clarity about the aspects being dealt with through the provider collaborative. There was a need to set out transparent objectives and measures.

010.11 The Chair asked whether this will be a meeting in public. Ms Keegan responded saying that they would not meet in public.

010.12 Dr Julian Povey stated that in terms of the paper's title, which stated an update on the advancing of the provider collaborative, he felt that the paper did not fully provide this level of detail and, therefore, did not fully understand what the collaborative is aiming for and what the end point of a provider collaborative would look like in Shropshire, Telford & Wrekin. Dr Povey advised that there is a need to develop the timelines and the milestones towards achieving that. Dr Povey went on to say that the Urgent and Emergency Care work was already in train. Dr Povey asked what the differences were

between the processes now and the processes when led by the ICB. Dr Povey also said that in terms of commissioning outcomes is that there is a need to see a target in saving money or the ability to have freed money for reinvestment. The finance of the MSK aspect does not demonstrate that the provider collaborative achieves those aims any better than when it was ICB led.

010.13 Mr Dunshea commented that the MSK paper was frustrating because there were some good work described in there, but when you get to the recommendations and next steps they were still procedural. Mr Dunshea added that it is about trying to get into the next steps of what is going to be done about those key gains for the patients and the population. Mr Dunshea further added that there is no evidence of how this will enable changes to the services. Ms Keegan responded stating that there was a plan and that the recommendations in the paper were in addition to the current transformation plan that was agreed at the last Committees in Common.

010.14 The Chair stated that he also shared some disappointment on the progress of MSK transformation. The Chair noted that there was great progress on a number of fronts, but the paper was silent on how the provision of elective orthopaedics would look. The Chair stated that there had been an in depth discussion about MSK in October and that did does not seem to have made a great deal of progress since then.

010.15 Ms Louise Barnett stated that the aim of the paper was to give a sense of where this programme is now. The Chair pointed out that markers were set down in October around MSK. Ms Barnett responded by saying the paper was about the collaborative itself and that it did not seek to present the plans and ambitions of each work stream in detail, but instead to show how the collaborative itself is maturing and what stage it is at.

010.16 The Chair pointed out that the Board had asked for an update on the collaborative which the Board have received, but in October the request was for some decisions and solutions about MSK, including the barriers to elective orthopaedics, at some point in future and he had thought this paper would be providing this update.

010.17 The Chair asked about how this will be progress and deal with the MSK issue. Mr Harry Turner responded by saying that up until now the MSK had almost been a RJAH project because there was no collaborative. However, now there is a more collaborative approach and that MSK should be a collaborative decision. Mr Turner added that they want to do this properly so that it was clinically driven and owned by the collaborative, and that work was in train.

010.18 The Chair commented that the elective orthopaedic issues have been in gestation for that last 2 -3 years and thought that in the October meeting a direction of travel was reached. Mr Turner responded by saying that he believes that in October the discussion was around the MSK pathways across the system.

010.19 The Chair reiterated the point made by Ms Barnett that the paper was not intended to deal with the MSK issue in detail and asked for advice about the issue and how long they think it will take before there was a clear recommendation. Mr Turner responded by saying that there was a commissioning element to this, so it was difficult to say at this juncture

010.20 Mr Whitehouse asked the Board to consider a reframing of the ask around UEC and MSK to say that it now must triangulate the workforce activity and financial savings that will flow out of that into 2024/25. Mr Whitehouse went on to say that there would then be a separate strand which was around system architecture and governance,

which was still a development conversation of where the system needs to get to. Mr Whitehouse added that if we progress the priority areas to get to this point and play that into the planning for 2024/25 and lock that in, at that point it will get into the other section of what the collective agreement is for the commissioning ask and what that looks like going into 2025/26 and 2026/27. The Chair stated that discussion about MSK needed to be taken outside of this meeting and that there needs to be a way found that resolves it quickly.

010.21 Mr Nigel Lee stated that this was the first time that the collaborative had been able to give an update of the provider collaborative to the Board and it was important that there was clarity about the baseline of that. Mr Lee went on to say that there are three elements he would take away:

- to continue to develop the collaborative.
- to make sure that the collaborative was an important function and component within the system.
- To ensure that this is clinically led and that clinicians of all varieties talking about different ways of working together.

010.22 The Chair recognised the good progress made on the development of the governance and that they have got an initial view of their priorities but recognised that was further work that needs to be done.

010.23 The Chair thanked everyone and stated that it was good to see the progress that was being made in this area.

010.24 The NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the progress and plans for the Provider Collaboration between the four NHS Provider Trusts.

Minute No. ICB 31-01-011 Tackling Inequalities in Access, Experience and Outcomes

011.1 Ms Liz Noakes introduced the paper and highlighted the following:

- The core aim of the ICB is narrowing health inequalities. Much of the work in terms of tackling inequalities, promoting healthier lifestyles and well-being is taking place within the respective Health and Well-being Boards and wider partners.
- This is the first report for the ICB and focusses on the delivery against key programmes of work that is within the NHS Operating Guidance, the long-term plan, and the Core20 plus 5 programme. The Core20 plus 5 programme is about addressing inequalities in access to healthcare for targeted interventions focused on their most deprived areas.
- They set up a group a system group that has both Directors of Public Health and Lead Executives from each provider. The report highlights the progress against those NHS programmes.

- Partners have started to develop a data tool that all need to ensure is used appropriately to shed light on whether narrowing inequalities at the population level is being achieved.

- They are in the early stages of integrating this approach.

- To link in with the Local Authority Programmes, held a workshop before Christmas where a few key programmes were highlighted.

011.2 Ms Tracey Jones was also in attendance to speak to any elements of the NHS programme.

011.3 The Chair thanked Ms Noakes and commented that he was heartened by the discussion at the ICP and that using ICP as a bridge between the Health and Well-Being Boards, the Local Authorities and this Board, offers significant potential. Ms Noakes responded by saying that that these are more aligned, but in terms of outcomes and tangibles they are not quite there yet. The Chair opened the room to comment.

011.4 Ms Vanessa Whatley asked about the role of the Quality and Performance Committee and how the committee need more in there around health inequalities and linking it with the other quality priorities in the system. Ms Whatley added they will be looking at the quality priorities and thinks there will be a need to make sure that there is an integration of health inequalities within the quality agenda.

011.5 Ms Patricia Davies asked what the contribution to this agenda as a provider would be and whether this could be a discussion to get something out of that workshop. Ms Noakes responded by saying that looking at what providers could offer as employers and buyers of services to use that lever to ensure equality of access, making sure that they are narrowing inequalities in terms of their focused approach with some communities.

011.6 Dr Catriona McMahon commented that she was reflecting on the fact that as a Board at SaTH they identified that health inequalities were important and they know that their staff on a day-to-day basis work very closely with the patients and the service users that come through to talk about opportunities for improving health, their hurdles, the issues they face, and timeliness of appointments. Dr McMahon added that there is a board seminar coming up around thinking about the role as an acute provider where they can make a difference. Dr McMahon further added that it would be challenging to determine how specific health inequalities are playing out with regards to specific patient flows that are coming through and that they do not necessarily collect data about the impacts of inequalities on the impacts of outcomes.
Dr McMahon stated that they have spoken at board several times about how people from different communities are impacted differently and rather than do the analysis, they have been talking about how they reach into the system so that it can be looked at it as a collective.

011.7 Ms Patricia Davies pointed out that on a fundamental level, the commissioning approach was important. Ms Davies added that the there is a risk of looking at this at an organisational level as it may unintentionally increase health inequality.

011.8 Cllr Paul Watling commented saying that on the Children's Services Improvement journey, there is always a discussion re the work as a partnership and using that to improve the outcomes, and this is what they are doing now. Cllr Watling added that there is a need to make brave decisions sometimes and this was about how we can

work differently with our communities. Cllr Watling further added that PCMS have a huge role to play in partnership with them in that approach, the way services are offered and to help solve some of the 8:00am rush issues that you get at GPs, when they could be seeing someone in a community centre. These will have an effect on those inequalities.

011.9 Mr Meredith Vivian pointed out that the Quality and Performance Committee could play a part requiring a quality focused question of all papers to guide them. Mr Vivian added that they have two well-known experts who are charting what is happening and they have said that there is some movement and progress. Mr Vivian asked what Ms Noakes and Ms Jones' views around what would make the biggest difference over the next year.

011.10 Professor Trevor McMillan commented saying that this is an area that pushes the ICB to the full extent of what it should be doing and changing the provision of health services will only partially solve health inequalities. Professor McMillan went on to ask how they could use this to really address the broad system inequalities.

011.12 Dr Julian Povey suggested that the Board recognises the amount of work that has already been done in the councils and the public health departments and build on that work. Dr Povey asked whether there is an approach that triangulates the highlight report and using it to drive how choices are made around what to spend money on next year to try to reduce health inequalities. Dr Povey further asked how they are stimulating clinical buy in to the work as a whole system.

011.13 The Chair responded by saying that he wanted to know how all these views can be drawn together to form a cogent plan and make sure the great ideas that are percolating through the report look into the discussion about priorities, what they are going to stop doing and how they are going to fund things.

011.14 Mr Roger Dunshea asked why not bring what is happening in the NHS and Local Authority together, which would then pick up how would that feed into the commissioning goals. Mr Dunshea further asked about the reality of the many greens on the RAG table. Ms Noakes responded by saying that the RAG table focusses on the delivery of the program. Ms Noakes added that in terms of priorities, data led decision making is a must within this board. Ms Noakes further added that being able to target key outcomes that will make a difference to inequalities and populations within Shropshire & Telford & Wrekin, will require brave decision making that follows that data led decision making.

011.15 Mr Lee commented saying that there has been significant momentum over the past six to 12 months on some of this and it is important that everyone is discussing these programmes of work. Mr Lee added that from a planning perspective the operational plan has some dictated areas of focus, some of which they can begin and some that come with non-recurrent funding. Mr Lee went on to say that there was significant amount of on the ground clinical work that linked to the Joint Forward Plan. Mr Lee stated that they have not got an intelligence picture to be able to ask the 'so what' question and how best to focus their efforts and allow the intelligence led working. Mr Lee recommended that Boards need to be made aware of how that information can be used, which will help with decision making.

011.16 The Chair reiterated the need to make sure that there was a process that enabled analysis to feed into the planning prioritising work.

011.17 Ms Tracey Jones stated that in terms of the work outlined in appendix 1A, which was the Highlight report and all of those detailed plans, these are fed into the commissioning intentions for 2024/25. Ms Jones added that she was a member of the Planning Group and leads on this piece of work and, therefore, was taking the collated work into the planning meetings so that there was a handover between the two parts of their work. Ms Jones further pointed out that it was important that health inequalities need to be improved and it has in terms of the leadership shown by both this board and individual provider boards and the leadership of individuals. Therefore, the green on the RAG table are definitive greens supported by evidence.

011.18 Shropshire, Telford and Wrekin Integrated Care Board NOTED the contents of the report and the progress made to date and continue to SUPPORT and CHAMPION progress against health inequalities key priorities within your respective organisations to improve the experience and health outcomes of the CORE20PLUS populations.

011.19 The Chair thanked Ms Jones and Ms Noakes and stated that this will be a debate that will be returned to time and time again. The Chair announced that this will be Ms Noakes final ICB Board meeting as she is retiring. On behalf of the Board the Chair thanked Ms Noakes for her contribution over years to the health and care services in the area.

Minute No. ICB 31-01-012 Integrated Care System Performance Report

012.1 Mrs Claire Skidmore introduced the paper and highlighted the following:

- Pressures that are highlighted are Urgent Emergency Care and Finance
- In Primary Care, the Primary Care Access Recovery Plan (PCARP) are important measures that will begin to be pulled through in more detail for the committees to look at and for the board to consider.
- The significant areas of focus, particularly around performance, there has been significant positive variation across the elective and cancer targets, and they are now achieving the faster diagnosis standards and fit testing targets. The long waits are coming down and there is increasing confidence in delivering 78 weeks at the end of March and on track to deliver a reforecast target for a smaller number of 65 week waits.
- In diagnostics the performance is slightly behind plan overall and radiology is delivering more than the target percentage for reducing over six week waits.
- In mental health, in children and young people there are improvements across all areas. Talking therapist is a challenging area at the moment, however the quality and performance committee received a report on that last week and undertook a review at some of the recovery trajectories that have been put into place.
- In Urgent and Emergency Care there are no immediate signs of improvement, particularly around the over 1-hour ambulance waits, the 4 hour accident & emergency target and the 12 hours in department. However, there have been some improvements in the time to initial assessment and they are better than the

regional average for the first time. There was a deep dive on Urgent and Emergency Care that went to the quality and performance committee and it was shown that there are year-on-year improvements in a significant number of the metrics, but there is still a long improvement journey required.

- In Workforce, the sickness and turnover rates are the lowest that they have been all year. In terms of the equivalent numbers being over plan that is one of the areas that is being looked at as part of the 2024/25 plan. There has been a focus in planning about how many people that can be attracted and retained which is going to be unpacked a little through the work being undertaken. There are concerns around the reducing numbers of Pharmacists across the patch and increasing vacancies for Allied Health professionals.

- In Finance there is a slight difference in the numbers that are reported and these have the reforecast position agreed and accepted. The significant risks that have been channelled through the paper for some time, are now crystallised into position. Therefore the system is reporting £132.5 million deficit forecast outturn and that is inclusive of approximate £3 million cost of the most recent industrial action.

- Looking at the month eight and nine numbers, a significant amount of work is being undertaken on run rate to ensure that expenditure is in line with the reforecast position.

012.2 Mrs Skidmore mentioned that a request from the National Team had bene received about being put forward as an exemplar for their integrated performance reporting. There has also been an offer from the national lead for the making data count program to do a session with the Board about how we use and interpret data. The Board agreed to this.

012.3 The Chair opened the meeting to questions.

012.4 Dr Catriona McMahon reassured and clarified the point in quality section that stated SaTH were prevented from doing deep cleans. They were able to do deep cleans, but unable to do a program of annualised deep cleaning as they do not currently have the capacity.

012.5 The Chair asked whether there was a plan for the ICB and for the NHS providers that shows how each partner is going to deliver their part of the year end position. Mrs Skidmore responded by saying that there are currently mapping the run rate through the finance Committee and if any of the partners deviate from their forecast position for the month, they ask for an explanation of why that variation has occurred and what actions have been taken to mitigate any deterioration.

012.6 Dr Julian Povey asked whether someone could check the some of the tables on the papers on appendix B there is a part missing around the neonatal deaths.

Action: Mrs Claire Skidmore to check the tables on Appendix B and amend them.

012.7 NHS Shropshire, Telford and Wrekin Board:

- **NOTED the Month 9 system financial position deficit of £106.9m and the change to the reported forecast of £132.8m, which includes an estimate of £3m for costs of Industrial action for December and January.**
- **NOTED that reporting of Primary Care access performance metrics will increase as information is made available and the plan to offer Pharmacy First Schemes from the 31st January.**
- **NOTED the significant improvements in cancer Faster Diagnosis Standard and the continued improvement in reducing long waits for diagnostic and elective activity.**
- **NOTED that the concerning performance in UEC across several metrics but the improvements across multiple areas when comparing December 2023 with December 2022.**
- **NOTED significant improvements in several Mental Health metrics and the ongoing work to recover performance against access to Talking Therapies.**
- **NOTED that IPC metrics are exceeding national target, and the quality assurance actions to manage the risk.**
- **NOTED the external Neonatal Mortality Review from the Royal College of Physicians**
- **NOTED that Month 8 shows a combined positive variance of substantive staff in post against plan by 607 WTE but the Pharmacy workforce remains an area of concern.to review neonatal deaths occurring in the calendar years 2021-22.**

Minute No. ICB 31-01-013 Chief Medical Officer & Chief Nursing Officer – Update

013.1 The Chair requested that the paper was taken as read and for Ms Vanessa Whatley to give an update on the situation regarding measles outbreak in the area.

013.2 Ms Whatley highlighted the following:

- Measles is about preparedness. The preparedness had been done as a system since beginning of December, regularly looking at how well prepared they are from the public health perspective in schools. Mrs Whatley added that GPs have got over 85% vaccination rate, but 95% is needed to achieve herd immunity.

- Significant work with the Acute Trust to get a pathway for the postexposure prophylaxis needed for severely immunity compromised people. It was tested last week and there were good lessons learned. Some of it worked really well and some of it needs improving. They meet every Thursday.

- The first case of measles has been seen in Telford and Wrekin and there was an incident meeting after to try and make sure that the measles is contained as much as possible.

- The numbers in the Midlands are not as bad as they were, but it is too early to state they are coming down.

- Health inequalities is important, the cases that in Birmingham, the West Midlands, Black Country and Coventry and Warwickshire have been focused in areas of deprivation, where vaccination figures are much lower.

- Delivering two vaccinations to local residents was an absolute priority and the numbers are about children under five, which was the data collected and reported.

- Ms Liz Noakes stated that it is about promoting the MMR. The Chair asked if there was anything that the Board could do. Ms Whatley responded by saying that all partners should promote MMR vaccinations within the workplace as much as possible.

013.3 Dr Julian Povey stated that there are big impacts on primary care in terms of infection prevention control and the extra work that comes into primary care. The advice was that anyone who you suspect could have measles need to be treated in a different way and in theory the practices need to assess them with full PPE, including face visors and FFP3 face masks which was something that practices did not have during Covid and still do not have. Dr Povey went on to say there was significant pressure in primary care and potentially a cost pressure around providing adequate PPE for staff and another challenge was the practicalities of the guidelines and how they manage suspected adult and children cases in primary care.

013.4 The Chair asked whether there any kind of large-scale engagement communication programme that should be offered within Shropshire, Telford and Wrekin or if it was covered in other ways. Ms Whatley responded by saying it is being led by the UK Health Security Agency. Ms Noakes added that the local authority has been putting out communications in terms of schools early year, but would be helpful for the Shropshire, Telford and Wrekin communication team to work alongside to reinforce. The Chair asked Ms Vanessa Whatley and Mr Simon Whitehouse to pick up communication around measles.

Action: Ms Vanessa Whatley and Mr Simon Whitehouse to look into broadening the communication messages around measles to Shropshire, Telford and Wrekin residents.

013.5 The Chair thanked Ms Whatley and stated that this will be kept under surveillance and if there are things that need to be considered by the Board then to contact them and not wait until the next meeting.

013.6 NHS Shropshire, Telford and Wrekin Integrated Care Board NOTED the report.

Minute No. ICB 31-01-014 Good Governance Institute (GGI) governance review, and amendments to the Constitution and Governance Handbook

014.1 The Chair asked that the paper be taken as read and mentioned that there had been discussion about it outside of the meeting with Committee Chairs and pointed out that there was a clear set of recommendations in the paper.

014.2 Mr Whitehouse thanked Miss Alison Smith and colleagues for the work that they had done in terms of getting it to this point and recognised the large amount of work that had been required behind the scenes to make sense of the report could not be underestimated.

014.3 The Chair opened the room for comment and recommendations.

014.4 Mr Meredith Vivian pointed out that he saw the rationale for staff related issues to go through the Executive Group, but it seemed that there was no reporting arrangement from the Executive Group and felt it important for more transparency around that. The Terms of Reference say that it may report to the ICB it needs to say that it reports to

the Board or, Mr Vivian suggested Audit Committee might be a place to report to. Mr Whitehouse agreed to use the word "will" in the Terms of Reference and was content to agree.

014.5 Dr Julian Povey asked on point 2.4.5 in the appendices of the paper around the system Executive Group's lack of clarity on membership purpose and how the group fits into the rest of the performance, into the governance structure, there were no further recommendations on what to do with this group. Miss Alison Smith responded by saying that the GGI have recommended using the system executive group as the system Transformation Group which will be composed by the CEOs of the system organisations. The GGI's proposal, which Miss Smith suggested was accepted, is that the System Transformation group is created as part of the formal governance structure as an interim measure to allow the current Integrated Delivery Committee role of management oversight of delivery of the transformation programmes is retained whilst the provider collaborative arrangements develop over time.

014.6 Dr Catriona McMahon raised the concern that the People, Culture and Inclusion Committee was a strategic committee, not an assurance committee and asked if they were missing the opportunity to think about the people aspects of it with a much more robust assurance framework than she can currently offer as the chair of a provider. Mr Whitehouse responded saying that he met with HR colleagues and one of the actions from that was to pick up a conversation with Dr McMahon to come back with an updated more robust approach in terms of that space.

014.7 **NHS Shropshire, Telford and Wrekin Board:**

- **NOTED the content of the Good Governance Institute's Phase 1 summary report on Making Meetings Matter for NHS Shropshire, Telford and Wrekin in appendix A;**
- **APPROVED adoption of the proposed structure for stage 1 and 2 of the ICB governance structure outlined in the GGI summary report (sections 4.4 and 4.7) and set out in sections 2.3.1 – 2.3.3 of this report, except for those areas outlined in section 2.4 of this report where the ICB wishes to take a different approach to that proposed by the GGI, for the reasons outlined;**
- **DIRECTED the ICB CEO and ICB Director of Corporate Affairs to present amendments to the Governance Handbook, Scheme of Reservation and Delegation and new and amended terms of reference to reflect the changes proposed to Integrated Delivery Committee, Primary Care Commissioning Committee, the creation of the System Transformation Group and consolidation of the Place Partnerships ShIP and TWIPP as committees of the Board and related changes to other committees, for approval at the next Board meeting in March 2024;**
- **APPROVED the proposed amendments to the Governance Handbook outlined in the report and shown as tracked changes in appendix B; and**
- **APPROVED the terms of reference for the ICB Executive Group as outlined in appendix C.**

Minute No. ICB 31-01-15.1 Quality and Performance Committee Chair's Report for meeting held on 26 October 2023

015.1 The Board noted the papers as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.2 Audit & Risk Committee Chair's Report for meeting held on 9 October 2023

015.2 The Board noted the paper as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.3 Finance Committee Chair's Reports for meetings held on 26 October and 30 November 2023

015.3 The Board noted the papers as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.4 Remuneration Committee Chair's Report – 20 November 2023

015.4 The Board noted the paper as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.5 Strategy Committee Chair's Report for meetings held on November 2023

015.5 The Board noted the papers as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.6 People Culture and Inclusion Committee Chair's Report – for meeting held on 13 December 2023

015.6 The Board noted the papers as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.7 Primary Care Commissioning Committee Chair's Report for meeting held on 6 October 2023

015.7 The Board noted the papers as read and agreed nothing to discuss.

Minute No. ICB 31-01-015.8 Integrated Delivery Committee Chair's Report for meetings held on 11 December 2023 and 8 January 2024

015.8 The Board noted the papers as read and agreed nothing to discuss.

Minute No. ICB 31-01-016 Any Other Business:

016.1 No further matters to report

The Chair closed the meeting at 17:30

NHS Shropshire Telford and Wrekin
Integrated Care Board
Actions Arising from the Board Meetings

Agenda Item	Action Required	Owner	By When	Update/Date Complete
Minute No. ICB 31-01-013 Chief Medical Officer & Chief Nursing Officer - Update	Ms Vanessa Whatley and Mr Simon Whitehouse to look into sending communication around measles to Shropshire, Telford and Wrekin.	Ms Vaness Whatley Mr Simon Whitehouse	Immediately	
Minute No. ICB 31-01-012 Integrated Care System Performance Report	Mrs Claire Skidmore to check the tables on Appendix B and amend them.	Mrs Claire Skidmore	Immediately	
Minute No. ICB 31-01-008 CEO Report	Mr Simon Whitehouse, Mrs Claire Skidmore and the Chief Executives to draw together a process where Board Members can see the degree of detail that people are asking for and when they can get the opportunity to influence the outcome.	Mr Simon Whitehouse Mrs Claire Skidmore Chief Executives		
Minute No. ICB 31-01-008 CEO Report	Ms Patricia Davies to provide an update on the work plan of the Local Care Programme at the June Board.	Ms Patricia Davies	June	
Minute No. ICB 31-01-007 EPRR Assurance	Ms Sam Tilley to keep the Board updated and advised about they need to do and give suggestions as to how. The Board to remit to the Audit Committee under Roger's leadership and others about assurance with this process. Mr Roger Dunshea to submit the progress report to the Board as an adjunct to the next Board papers (March 2024)	Ms Sam Tilley The Board Mr Roger Dunshea	Ongoing	
Minute No. ICB 31-01-006 Patient's Story: Equitable Access	Ms Vanessa Whatley to identify a time to discuss the way forward for the Palliative and End of Life Care Strategies for Adults and Children.	Ms Vanessa Whatley		

Minute No. ICB 31-01-003 Minutes from the previous meeting	Board Secretary to correct minutes to remove the approval and show that the Board noted the works that were undertaken and agreed for the plan to be referred to the Urgent and Emergency Care Board for further work.	Board Secretary	Immediately	Completed
Minute No. ICB 29-11-23 Digital Strategy	The Chair asked for Digital Strategy to be added to the action log – work to be taken forward and next steps and actions. Mr Nick White to give update to this Board in January. An overview will be presented at the Strategy Committee first.	Mr Nick White	March 2024	Mr Nick White stated that the update was agreed for the March Board meeting.
Minute No. ICB 27-09-108 ICB CEO Report Minute No. 108.34	Recovery plans need to be socialised locally before next Board in November. Mr Gareth Robinson, Dr Ian Chan and Mr Nick White to work with both Councils and partners on the development of the plan and what we can do to improve Primary Care access. It was agreed that a briefing note on HTP update would be circulated at a later date. • Dr Catriona McMahon and Mr Matthew Neal to draft updated briefing note and circulate to Board members.	Gareth Robinson Dr Ian Chan Mr Nick White Dr Catriona McMahon Matthew Neal	29 November 2023	Completed
Minute No. ICB 28-06-097 - Integrated Care System Performance Report	Mr Harry Turner commented around the data of the number of GPs increased, but over the same period the number of appointments seem to have gone down, which the figures didn't tally. • Mrs Skidmore to ask the team to provide a statement specifically to map what has driven the changes and why they don't correlate. • Mr Whitehouse to have discussions with Chief Executives around escalation capacity and then update Board.	Claire Skidmore Simon Whitehouse	27 September	Mrs Claire Skidmore to check with her team for clarification. Action – On-going

Minute No. ICB 29-03-069 – Follow up to Patient's Story: MSK Integration across Shropshire, Telford and Wrekin	Mr Mike Carr to present objectives and clinical outcomes of the MSK Transformation Programme to ICB once agreed by the MSK Transformation Board. • The Board were provided with an update that confirmed significant work was being undertaken that was underpinned by a large amount of clinical engagement with clinical colleagues from partner organisations. The high level workstreams have been presented and there is a plan to do a detailed program update at the Decembers Integrated Delivery Committee, then a fuller update to be presented at this Board in January 2024	Mike Carr	When available	On-going

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 27-03-022
Meeting date:	27 March 2024
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:	

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

A. NHS Communicate Awards
B. Integrated Care Partnership (ICP) Board meeting held on 22 January 2024
C. Industrial Action
D. Shaping the STW ICB Programme
E. NHS Shropshire, Telford and Wrekin NHS Staff Survey Results

A. NHS Communicate Awards

This section reports on the success of NHS STW's communications team at the NHS Communicate Awards.

B. Integrated Care Partnership (ICP) Board meeting held on 22 January 2024

This section provides an update on the meeting of the Integrated Care Partnership (ICP) Board which took place on 22 January 2024.

C. Industrial Action

This section provides an update on the current position in relation to industrial action and actions being taken to manage disruption.

D. Shaping the STW ICB Programme

This section provides an update on the delivery of the Shaping the STW ICB Programme.

E. NHS Shropshire, Telford and Wrekin NHS Staff Survey Results

This section reports on the findings of the NHS staff survey for NHS STW.

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 up the updates in relation to:

A. NHS Communicate Awards
B. Integrated Care Partnership (ICP) Board meeting held on 22 January 2024
C. Industrial Action
D. Shaping the STW ICB Programme
E. NHS Shropshire, Telford and Wrekin NHS Staff Survey Results

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

None

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 the:** • **NHS Communicate Awards** • **Integrated Care Partnership (ICP) Board meeting held on 22 January 2024** • **Industrial Action** • **Shaping the STW ICB Programme** • **NHS Shropshire, Telford and Wrekin NHS Staff Survey Results**		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	ICB BOARD MEETING
Meeting date:	27 March 2024
Agenda item no.	ICB 27-03-022
Paper title	ICB CEO Update Report

A. NHS Communicate Awards

1.1 The communications team has been successful in gaining a national award for the '**Think Which Service**' campaign.

1.2 The NHS Communicate Awards, hosted by NHS Confederation and NHS Providers, were held virtually on Thursday, 7 March 2024. The awards recognise the achievements of communicators across the NHS and celebrate innovation, as well as teams and individuals who have delivered highly effective communications.

1.3 NHS STW's communications team won the Best Behaviour Change or Public Health Campaign Award, which recognises campaigns that have demonstrated a clear behaviour change or positive impact on public health. Judges described the campaign as "*going to the heart of how the NHS handles winter pressures, helping people get the right help, at the right time.*

1.4 This is the second national award the team has won. In November 2023, the team won the Public Sector Value for Money Award for the 'Think Which Service' campaign and was highly commended for the In-House Public Sector Team of the Year award at the national Public Relations and Communications Association (PRCA) UK awards.

B. Integrated Care Partnership Board meeting held on 22 January 2024

2.1 The Integrated Care Partnership (ICP) Board met on 22 January 2024, chaired by Cllr Lezley Picton of Shropshire Council. The agenda covered an update on plans to review and refresh the integrated care strategy, report on progress on the system's Joint Forward Plan and progress in key areas, as well as understanding the discussions and feedback received as part of the Big Conversation programme during 2023. Analysis and opportunities for the management of long-term conditions was also discussed.

2.2 The objective is to produce a refreshed version of the Integrated Care Strategy in the next few months, which will be reviewed by the two Health & Wellbeing Boards and Local Authority Cabinets; the ICB Strategy Committee members will also be invited to review. ICP members valued the time to talk about strategy and outcomes in more depth across the partnership; and all were keen to see more feedback on progress on strategic programmes of work, such as impact on health inequalities, as well as supporting the aims for further integration of services and delivery at Neighbourhood and Place level.

2.3 Plans are also being developed for joint ICB/ICP development sessions to further enhance the integrated working and strategic development opportunities.

C. Industrial Action

3.1 We would like to share our sincere thanks with both clinical and operational colleagues who worked throughout the period of industrial action to minimise disruption and maximise safety for our population across Shropshire, Telford and Wrekin.

3.2 Our integrated Care system continues to work together to manage the ongoing impact of Industrial action, most recently with the Junior doctor's strike action in February.

3.3 A structured debrief was held locally and we continue to contribute to the regional NHSE debriefing process. Sharing the learning across systems and providers is essential for our growth and continued resilience during periods of industrial action.

3.4 Our focus continues through the recovery phase with all partners engagement in a system MADE event and a test of change week across our UEC pathways.

D. Shaping the STW ICB Programme

4.1 As shared at the September 2023 Board Meeting we are in the middle of a major organisational change of NHS Shropshire, Telford and Wrekin to ensure that the nationally mandated running cost reductions are achieved. On 3 March 2023 NHS England wrote to ICBs informing that running cost allowances for all ICBs would be subject to a 30% real terms reduction by 2025/26, with at least 20% being delivered in 2024/25.

4.2 On Tuesday 6th February 2024 we launched a management of change consultation on our proposed staff structures. The consultation period ended on Thursday 21st March 2024. Over the coming weeks, our staff structures will be updated following insights and feedback from our staff. We recognise these are very challenging times for our staff who are continuing to do the day job and deliver on key pieces of work, whilst we review and revise our structures. The Board needs to be aware that there will be an impact on colleagues re what work continues and what stops. The organisation cannot reduce its capacity by 30% and do the same work. This supports the importance of place based work and the provider collaborative development.

4.3 During February and March, we have relocated our organisation's headquarters from Ptarmigan House, Shrewsbury and Halesfield, Telford to Wellington Civic Offices, Wellington. The building still requires some work to be undertaken to deliver on our vision for this space for our staff and partners. This is an exciting new chapter as we move to our new headquarters. Thanks to Telford and Wrekin Council for their support in facilitating and supporting this move. It also means that the rent paid by the ICB remains in the public sector.

E. NHS Shropshire, Telford and Wrekin NHS Staff Survey Results

5.1 Staff at NHS Shropshire, Telford and Wrekin (NHS STW) have shared their work-related experiences in the national NHS Staff Survey aimed at enhancing overall performance within the NHS. The annual survey sought feedback on employees' sentiments towards their work, covering aspects such as safety, communication, and professional growth. This is the first time the organisation (including when it was two CCGs) has participated in the survey. The results demonstrate there is scope for considerable improvement. The findings will be used to develop an improvement action plan, shaped by staff, and will form the baseline for measuring the impact of those actions going forward.

5.2 Thank you to everyone who took the time to complete the survey. The insight gathered highlights areas where we can and need to improve, particularly in addressing issues like burnout and emotional exhaustion. We want to ensure that every individual in our organisation has a positive experience, and we will now carefully review the results to inform our next steps and enhance our organisational practices.

5.3 A full review of the organisation's 2024 survey results is underway, and an action plan will be developed to address them at every level across the organisation. A number of actions have already been identified are in the process of implementation. These include:

- Developing our new operating model
- Implementing our revised staffing structure
- Improving the culture and making sure all staff understand what is expected when it comes to values and behaviours
- Making further improvements to the processes for speaking up
- Introducing a Wellbeing Guardian on the Board
- Ensuring all staff have a health and wellbeing conversation, and are supported to develop a personalised wellbeing plan
- Developing of a values-based appraisal toolkit
- Reviewing the organisation's staff benefits
- Arranging staff focus groups to understand how we can improve the organisation as a place of work.

CONCLUSION

The Board is asked to NOTE the updates relating to:

A. NHS Communicate Awards
B. Integrated Care Partnership (ICP) Board meeting held on 22 January 2024
C. Industrial Action
D. Shaping the STW ICB Programme
E. NHS Shropshire, Telford and Wrekin NHS Staff Survey Results

Simon Whitehouse
Chief Executive Officer
NHS Shropshire, Telford and Wrekin
March 2024

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Agenda item no.	**ICB 27-03-023**
Meeting date:	**27 March 2024**
Paper title	**Delegation of Specified Specialised Acute Service Lines**
Paper presented by:	**Simon Collings**
Paper approved by:	**Nick White**
Paper prepared by:	**Simon Collings**
Signature:	
Committee/Advisory Group paper previously presented:	**ICB Board updated January 2024**

Action Required (please select):											
A=Approval	X	R=Ratification		S=Assurance		D=Discussion		I=Information	
Previous considerations:	**Not applicable**										

1. Background and Context

Background
There are currently 178 Prescribed Specialised Services that are commissioned by NHS England at a Regional and National level. Specialised Commissioning Expenditure of the population Shropshire, Telford and Wrekin ICB in 2022/23 was £148m. This represents 3.7% of the total expenditure on specialised services in the Midlands of £4bn.

Providers within STW ICB delivered £64m of activity (STW £54m and RJAH £10m) to the population of STW. Out of system providers delivered the other £84m with the main outflows going to BSOL ICB (£38m) and SSOT ICB (£27m).

SATH and RJAH currently provide £90m of specialised services to patients across the country. The breakdown by provider is as follows:

- SATH – Expenditure (£66m) – Activity Units all types (149k) – Main service lines Cancer and Renal
- RJAH - Expenditure (£24m) – Activity Units all types (23k) – Main service lines Specialist Orthopaedics, Cancer and Complex Spinal

The STW contract portfolio for Specialised Services in the Midlands in 2023/24 includes

- 27 Main NHS Provider Contracts
- 2 NHS Standalone Service Contracts
- 4 Standalone Independent sector Contracts

These contracts are currently managed for NHS England by the Midlands Acute Specialised Commissioning (MASC) Team. If the delegated commissioning arrangements are agreed by

the board the MASC Team will continue to manage the contracts for the 59 delegated Specialised Services in April 2024.

Regardless of the Board decision in relation to collaboration the MASC Team will continue to manage these contracts on behalf of the 11 ICBs for the retained services.

Until the recent change to legislation NHS England could not delegate the commissioning of these services. The changes to legislation in 2022 mean that NHS England can now delegate the commissioning of Specialised Services to reduce pathway fragmentation at a system level and to improve outcomes for patients. These new commission arrangements are also expected to reduce health inequalities and enhance the quality of health and care for patients, by ensuring that ICBs can strategically plan and commission services for their whole population. Delegation of Specialised Services commissioning will begin with the delegation of 59 Acute Specialised Commissioning Service lines to ICBs in April 2024.

On the 6th December 2023 NHS England Board approved the 11 Midlands ICBs' application for the delegation of an initial 59 specialised acute services to the Midlands ICBs. Although the services are delegated to individual ICBs, the delegation agreement requires ICBs to formally collaborate in a multi-ICB partnership through a formal agreement, this is due to the population levels needed to safely and sustainably delivery specialised services.

Delegation in April 2024 provides the Midlands ICBs with the opportunity to phase delegation with a transition and developmental safety net through working in partnership with NHSE during 2024/25. This partnership with be agreed and defined in the collaboration agreement and the commissioning team - operating framework which have been developed jointly between ICBs and NHSE Midlands.

The clinical leaders across ICBs and NHSE have identified the delegation benefits as follows:

- Equity of access for all patients: There is good evidence that this varies across geographies with those further from specialised provision less likely to have access. Delegation provides the opportunity to understand access and consider outcomes and value across pathways.

- Whole pathway approach: Joining up the whole pathway is likely to encourage focus on upstream prevention improving overall patient outcomes and reducing pressure on specialised services.
- In addition, this ensures any proposed changes in specialised services are planned with interdependent local services; this could include diagnostic services, services that have a key pathway linkage or support services in health care or local authority provision.

- Facilitation of whole pathway transformation across ICS footprints as new services are introduced: It will allow implementation of clinical advances as close to home as possible for patients whilst maintaining speciality capacity for when needed most.

Current Proposals For Delegation Arrangements

There are 5 systems in the Midlands where the 'Developmental Arrangement' agreed by the NHSE Board will be included in the delegation agreement due to financial context for the system or their major tertiary provider.

Developmental Arrangements are not an additional performance management mechanism and, as a prospective position, are separate from regulatory measures such as Undertakings. They can be utilised to support the ICB in a variety of ways and can be co-developed with the ICB to articulate what support the ICB would find most useful.

The NHSE Board supported developmental arrangement to be contained in the delegation agreement is:

> *Ringfencing – Delegated specialised commissioning allocations 2024/25 will be ringfenced to be spent only on specialised commissioning services. This includes reserves and discretionary growth funding as well as existing contractual spend, both block and variable elements. This does not determine which specialised services those allocations are spent on. Any variation of this condition would need to be to be approved by the Regional Director of Commissioning Integration or Director of Finance.*

Risk share arrangements through a Pooled Fund are currently being finalised between the ICBs. ICBs will pay their allocation to the host who, through the hub team, will manage in-year financial performance on behalf of the eleven ICBs. This will mitigate fluctuation between ICBs by managing variable contract elements across a greater footprint and will provide financial performance information for the whole delegated budget. Any residual variance will be apportioned to ICBs proportional to contributions to the pool.

Summary of the due diligence process

The 11 ICB and NHS England have been working together throughout 2023/24 through formal joint working arrangements. This has enabled ICB specialised services leads to understand and work alongside NHSE teams, making informed decisions on finance, quality and commissioning and contracting.

The approach to the transition process for delegation has been led through joint working groups covering finance, governance, clinical quality, strategic commissioning, and planning. This approach was informed by the design principles and operating model set by ICB CEOs.

The comprehensive national safe delegation checklist, which all regions utilise to provide joint ICB and NHS England assurance on deliverables for safe delegation, has guided the approach to due diligence. In addition, learning from the POD delegation, an additional process was agreed and led in the Midlands including ICB and NHSE leads.. The summary due diligence reports have focussed on four key domains and have been received by the East Midlands and West Midlands Joint Committees. The due diligence domains are set out below:

- **Quality** – understanding of the quality issues as the receiving organisations and the agreed framework for how ICBs will operate in 24/25

- **Finance** – Clarity on the absolute risks and issues required for transition. Agreed position on the ICB allocations and methodology and risk share to mitigate the risks for ICBs.
- **Resources** – staff capacity and capability over the transition year (in advance of transfer to ICB hosting in 2024/25) and the ability to meet requirements for delegation as ICBs take on the commissioning role.
- **Benefits and opportunities** – Clarity on the benefits of proceeding with delegation in 24 /25. This assessment must also consider the missed opportunity that may accrue through delay to delegation.

There has been a level assurance met against each of these domains.

The joint working groups have co-produced several key documents that support the delegation of these services, these include:

- **Delegation Agreement:** Nationally mandated document setting out the formal legal requirements of delegation.

- **Memorandum of Understanding (MoU) and Collaboration Agreement 2024/25**
  The MoU sets out the key principles and commitments to supporting the collaborative working model for the 11 ICBs in the Midlands and NHS England Midlands. The MOU should be read in conjunction with the formal Collaboration Agreement which is a mandated requirement of the delegation process. The Collaboration Agreement, which is between the 11 ICBs and NHS England sets on how ICBs will make joint decisions through delegation of responsibility to the existing Joint Committees in the East and West Midlands, how they will commission the services and the financial framework in which they operate including the operation of a pooled fund between the 11 ICBs to manage financial risks across the Midlands. The agreement also sets out how NHS England will work with the ICBs on services that have been identified as suitable for future delegation but are not yet being delegated. The initial agreement is for one year in which it will be reviewed prior to further service delegation.

- **Commissioning Team Agreement and Operating Framework**
  This document described the multidisciplinary team (finance, clinical and quality, commissioning, and support teams) who will work on behalf of the 11 ICBs and NHS England. These staff will continue to be employed by NHS England for 24/25. The document describes who the teams are, what they do and how they work.

- **Service Portfolio Reports**
  These documents have been developed regionally to ensure an appropriate baseline position related to specialised service lines including:.
  - A clear understanding of the services provided within each individual ICB.
  - Organisational memory on quality issues captured, written down and communicated formally to receiving bodies.
  - Identification of the top issues/risks along with mitigating actions - captured for handover.

The Service portfolio reports will continue to be developed and subsequently form the detailed functional document to enable commissioning for ICB populations and across multi-ICBs.

Shropshire, Telford, and Wrekin ICB

Shropshire, Telford, and Wrekin ICB, being in the Recovery Support Programme and NoF 4, faces substantial challenges beyond other systems and careful consideration need to be given before taking on additional functions. Therefore, there are 3 possible options for the Board to consider:

No	Options	Impact & details
1	Do not Delegate	Continue with Joint working with NHSE holding the decision making at the Joint Committee on behalf of STW. ICB allocation to be made to another ICB or retained by NHSE (TBC). Review position in 25/26 depending on improved NoF 4 status
2	Continue as Planned	Increased focus on due Diligence, developing case studies to demonstrate benefits
3	Extend Developmental Arrangements	Extend developmental arrangements to include quality, with a focus on non-deterioration of quality position against service profiles and/or joint oversight with NHSE for quality issues identified within the system's provider base.

Options Appraisal

1. Do not Delegate

The option of Do not Delegate has the potential to marginalise STW is any future decision making as the system would not be represented at the Joint Committee and NHSE would decision make on behalf of the ICB. Furthermore, the STW ICB would not be part of the risk pool arrangements and given the size and scale of system there could be a significant financial risk relating to long term high-cost patients.

Recommendation: Board does not support this option

2. Continue with delegation as planned

To continue as planned with full delegation of 59 specialised services could be beneficial to STW ICB as the system will have a full seat at the table and could start to address some of the current inequities in specialised service provision between large urban centres and rural health economies. However, there are several services under quality surveillance and some fragile service that could require significant oversight and input from STW. Given the current level of challenge in the system there may not be the commissioning capacity needed to support continuation of delegation as planned

Recommendation: Give the current commissioning and quality challenges faced by STW it is recommended that the Board does not support this option

3. Extended Development Arrangements

Option 3 allows delegation to proceed for STW but includes arrangements for additional support to the system from NHSE. This option would allows the ICB to continue to be a decision maker at the West Midlands Joint Committee and therefore have an equal level of influence as other systems. The extended development arrangements would put in joint

oversight and support for quality issues identified in the provider base of this system. There are currently 33 providers of specialised services to STW including UHB and Dudley Group. Both of these providers are on enhanced quality surveillance for services delivered to STW patients. These extended development arrangements would allow local quality and commissioning teams to focus on addressing the challenges that STW is experiencing with ICB commissioned services. NHSE have also offered additional capacity to support NHS STW with this transition. If this option were to be agreed by the Board then this would be agreed directly with NHSE.

Recommendation: It is recommended that the Board support this option for progressing the delegation of specialised services.

4. 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	

5. Recommendation(s)

It is recommended that the Board agree to proceed with option 3 for the delegation of specialised services.

6. 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

7. Appendices

- Appendix 1 - Delegation Agreement
- Appendix 2 - Memorandum of Understanding (MoU) and Collaboration Agreement 2024/25
- Appendix 3 - Commissioning Team Agreement and Operating Framework
- Appendix 4 - Service Portfolio Reports

8. 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	Detailed analysis of flows was undertaken as part of preparations for 2023/24 joint working using 2022/23 data, and more

	recently using 2023/24 population-based budgets. This informs the action required to manage patient flows between different geographies.
Quality and Safety	ICB will continue to access the clinical, pharmaceutical, and quality governance functions provided by the NHS England regional multi-disciplinary team responsible for commissioning specialised services. These functions will continue to support delegated commissioning on a regional footprint post April 2024.
Equality, Diversity, and Inclusion	NHS England – Midlands and ICB colleagues have jointly worked on a health inequalities strategy for specialised acute and pharmacy services in the Midlands. The approach is based on the National Healthcare Inequalities Improvement Programme, and, like the ICB strategies, our strategy shares the overarching vision and 5 principles for delivery, under which actions are set out for delivery at service level.
Finances and Use of Resources	Finances and liability follow the function that is delegated, contracts will transfer and ICBs have decision making authority, details of which will be laid out in the terms of the delegation agreement.
Regulation and Legal Requirements	None
Conflicts of Interest	None
Data Protection	None
Transformation and Innovation	The 2022/23 planning cycle reflected improvements in process by systematically worked across all sectors and engaging with all 11 ICB in the co production of the 1-year strategic business plan. Going forward delegated commissioners need to develop key priorities smartly to enable us to monitor the performance matrix
Environmental and Climate Change	None
Future Decisions and Policy Making	ICB will continue to be partners in the West Midlands Joint Committee, where each ICB

	has equal authority and standing. A Multi-ICB Agreement (MIA) will set out the terms under which the Joint Committee will operate.
Citizen and Stakeholder Engagement	Public participation for services commissioned by NHS England and delivered by providers has often been undertaken by statutory providers, who have used their local contacts through PALs, local patient groups and local authorities to engage directly with patients and carers while NHS England has offered stakeholder support through HOSCs and with national and regional charities and patient groups. This has helped support ongoing feedback for existing services as well as decisions on new services and changes.

Request of Paper:	For the Board to a agree the preferred option for the delegation of specialised services.	**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 – 27th March 2024

Agenda item no.	ICB 27-03-024
Meeting date:	27 March 2024
Paper title	ICS Digital Strategy Update 2023/24
Paper presented by:	Tristi Tanaka, ICB Head of Digital Innovation and Transformation
Paper approved by:	Nick White, Chief Medical Officer and ICB Digital Exec Lead
Paper prepared by:	Tristi Tanaka, ICB Head of Digital Innovation and Transformation
Signature:	
Committee/Advisory Group paper previously presented:	Third presentation 28 June 2023, Board 27 September 2023, Board

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

Previous considerations:	Public Board, 27 September 2023

1. Executive summary and points for discussion

This report provides an update on the ICS Digital Strategy 2023-2028 engagement activities requested by the Chair and Board members.

This report provides an overview of the proposed Digital Strategy for the Shropshire, Telford & Wrekin Integrated Care System. The strategy outlines approaches for adopting digital technologies and tools to enhance health and care.

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	
Workforce	X

2. Recommendation(s)

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

- Note the contents of the report.
- Approve the Shropshire, Telford and Wrekin ICS Digital Strategy 2023-2028 as a vision lever for change.
- Support the proposed strategy and portfolio amendments
- Acknowledge the sustained commitment and drive of digital transformation teams across the ICS in recovery and transformation.
- Advocate for investments in a system digital operating model and related digital capabilities for the workforce and STW communities.

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, this report relates to risks around inefficient use of resources, outdated technologies and improving the ability of the system to benefit from opportunities to enable integrated care services with modern digital services, outlined in the Board Assurance Framework.

- BAF Strategic Risk 2
- BAF Strategic Risk 5

4. Appendices

- Appendix 1 - ICS Digital Strategy 2023-2028
- Appendix 2 - Proposed ICS Digital Portfolio 2024-25

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	ICS Digital pledge – "Work for patients collectively focusing on citizen inclusion in all our digital decisions" will support improved access to health services and information for residents
Quality and Safety	ICS Digital pledge – "Learn and converge as an ICS" – includes the use of digital tools and data analytics with appropriate investment is an opportunity to enhance clinical decision-making, quality of care and patient safety.
Equality, Diversity, and Inclusion	ICS Digital pledge – "Work for patients collectively focusing on citizen inclusion in all our digital decisions" aims to improve accessibility and inclusion through digital channels.

Finances and Use of Resources	ICS Digital pledge – "Learn and converge as an ICS" - will enable more efficient use of resources through optimised digital systems.
Regulation and Legal Requirements	ICS Digital pledge – "Learn and converge as an ICS" gives priority to system compliance with digital standards and data protection regulations.
Conflicts of Interest	No known conflicts of interest
Data Protection	ICS Digital Pledge - "Learn and converge as an ICS" highlights the importance of robust data security and governance.
Transformation and Innovation	ICS Digital Pledge - "Embracing digital into the ICS Culture" will provide forums to share technical knowledge and experience, as well as explore innovation such as new practices and adopting emerging digital technologies such as AI.
Environmental and Climate Change	Alignment through design of digital programmes to reduce paper waste and transportation needs.
Future Decisions and Policy Making	Financial prioritisation framework for investments in digital capabilities that enable equitable, inclusive and sustainable clinical and care service transformation that supports digital literacy for the workforce and STW communities

Action Request of Paper:	• Note the contents of the report • Approve the Shropshire, Telford and Wrekin ICS Digital Strategy 2023-2028 • Support the proposed strategy and portfolio amendments • Acknowledge the sustained commitment and drive of digital transformation teams • Advocate for investments in a system digital operating model and related digital capabilities		
Action approved at Board:			
If unable to approve, action required:			
Signature:		**Date:**	

Meeting:	Integrated Care Board
Meeting date:	27 March 2024
Agenda item no.	ICB 27-03-024
Paper title	ICS Digital Strategy Update 2023-24

1 Background

1.1 In 2023, the ICB was allocated national funding for an external firm to develop Shropshire, Telford and Wrekin's ICS Digital Strategy with digital clinical leadership from the ICB Deputy Chief Medical Officer and acting Chief Digital Information Officer (CDIO).

1.2 Design and development activities were completed through the ICB's digital leaders and governance routes at that time.

1.3 In June 2023, the draft ICS Digital Strategy was shared via the Chief Executive report.

1.4 In September 2023, the DCMO presented the final version of the strategy.

1.5 The Board Chair asked for DCMO and CMO "to produce the next piece of work to show next steps and actions that we should take to develop further thinking."

1.6 At the end of October 2023, the funding for the DCMO role concluded and an ICB Head of Digital Innovation and Transformation role started.

1.7 In November 2023, the Chair asked for the ICS Digital Strategy to be added to the action log – work to be taken forward and next steps and actions. CMO to give update to this Board in January. An overview will be presented at Strategy Committee first.

1.8 In January 2024, the CMO and CNO report included an update on digital.

1.9 In November 2023, an interim Head of Digital Innovation and Transformation was recruited to support the delivery of the system's digital agenda i.e. review the draft public-facing strategy, align the underlying ICS Digital Portfolio of programmes, support delivery of the One Health & Care integrated care record platform and other identified ICB and system digital priorities.

1.10 From the start of November to date, the interim Head of Digital Innovation and Transformation has supported the CMO and ICB Director of Strategy & Partnerships in responding to the Chair's request for further thinking and the Board's feedback about engagement and the achievability of the strategy's ambitions.

1.11 Over the last 4 months, ICB Digital has actively engaged across a range of leads, programmes and system partners, listening, participating, highlighting risks, responding to issues, understanding gaps, reviewing options and within role remit, led approved digital change and existing operational activities.

2 Report

2.1 In order to go forward, it is important to take a brief look back. The knowledge and skills domains that make up digital has evolved rapidly over the last 10-15 years.

2.2 'Digital' is an all-encompassing term that includes a growing range of deep and wide knowledge domains and experience from technical to culture and organisational change:

- technical infrastructure – servers and virtual machines (VMs), storage, networks, operating system, cloud solutions for compute, storage and security
- applications, platforms and integrations – solutions to develop, test, deliver, and manage software, mobile apps, websites

- data and analytics for intelligence – reporting, dashboards, prediction, real-time metrics
- services and ways of working – remote/hybrid meetings and conferences, new roles with a mix of knowledge and skills, external and evolving standards, research and innovation with emerging technologies, involving users throughout in design, testing and outcomes

2.3 Digital transformation is a "foundational change in how an organisation delivers value… through the implementation of digital technologies to re-engineer existing processes or develop new services" (CIO.com, August 2023).

2.4 Digital transformation is about the workforce, partnerships and changing relationships with communities and populations i.e. social change.

2.5 In June 2021, the NHS published the "Integrated care systems: design framework" as part of an evolving list of "Integrated care systems: guidance" with an ask to NHS leaders and organisations to operate with their partners in integrated care systems from July 2022.

2.6 The design framework included the following for "Data and digital standards and requirements":

- Have a renewed digital and data transformation plan
- Have clear accountability for digital and data
- Invest in levelling-up and consolidation of infrastructure
- Implement a shared care record
- Ensure adherence by constituent partners to standards and processes that allow for interoperability across the ICS
- Enable a single co-ordinated offer of digital channels for citizens across the system
- Cultivate a cross-system intelligence function to support operational and strategic conversations
- Agree a plan for embedding population health management capabilities
- Arrangements should be co-ordinated across the NHS and local government, as well as between NHS organisations.

2.7 Due to the complexity and depth of these types of change, investment in new skills, new and adapted service models, tools and ways of working are continuously required to achieve the desired outcomes.

2.8 Since becoming an ICS in July 2022, the investment in 'digital' has varied and the ICB has seen a significant change in digital leadership, exposing opportunities and challenges for sustainable change, design, delivery and operational improvement.

2.9 For various reasons, a 'system' digital operating model was not developed, relying on available digital resources to shape the delivery of the national vision for data and digital.

2.10 In a previous presentation of the strategy, the vision for a Chief Digital Information Officer Function that actively convenes, aligns, enables and orchestrates system digital services underpinning integrated clinical and care services was queried by the Board.

2.11 As part of the ICB's 2023/24 Management of Change programme, there was an opportunity to revisit the way the ICS approaches digital and transformation.

2.12 Due to budget and contract constraints, the proposed ICB Digital operating model maintains current system ways of working with an assumption that all ICB partners will contribute their existing resource, within related financial envelopes to deliver the system's clinical and care transformation ambitions.

3 Conclusions

3.1 The ICS Digital Strategy represents a future state vision for how Shropshire, Telford and Wrekin's workforce and communities might benefit from digitally enabled, clinical and care service transformation.

3.2 Described in the digital section of the Joint Forward Plan, the composition and achievements of the 2023-24 ICS Digital Portfolio reflects the current ways of working, with many of the programmes focused on technical infrastructure.

3.3 From leadership, programme and team engagement, the desire to align work and drive improvements exists.

3.4 During engagement interviews, several Board members expressed concern about public involvement, digital enablement, delivery feasibility, unclear alignment of programmes across providers and partners and frustration about the pace of benefitting from digital.

3.5 Transformation programme and digital teams have noted they have insufficient internal 'digital' capacity and/or the skills/experience mix to deliver more, better and safely with the same or less.

3.6 Each ICS partner must support a fundamental shift to actively engage in digital portfolio management activities to adequately share current and future programmes, prioritise and allocate sufficient time.

3.7 Assuming the limited investment level in digital resources and capacity in 2023-24 will form the basis for 2024-25, it is critical that there a review and alignment of essential system operating model functions where 'data and digital' is a 'provider' - especially governance, finance, workforce support, procurement, supplier management and public involvement.

3.8 ICB Digital have proposed the following changes:

- Extend the strategy from 3 to 5 years, acknowledging 2023 was a development year and providing time for teams to shape emerging portfolio management practices through 2028.
- Ensure the ICS Digital Portfolio prioritises activities to support digital inclusion
- Streamline and align 2023-24 portfolios
- Focus efforts in 2024-25 on developing the ICS Digital Pledge actions/Ways of Working

3.9 To mitigate the impacts of BAF Risks 2 and 5, system leadership must support the allocation of investment in design and implementation capacity for a system digital operating model, prioritise the establishment and resources for digital literacy, knowledge and skills sharing, review the risks of commissioning without modern service delivery capability and commit to addressing identified gaps in 'digital' service supplier management.

4 Recommendations

4.1 The Board is asked to:

4.1.1 Note the contents of the report

4.1.2 Approve the Shropshire, Telford and Wrekin ICS Digital Strategy 2023-2028 as a vision lever for change.

4.1.3 Support the proposed strategy and portfolio amendments

4.1.4 Acknowledge the sustained commitment and drive of digital transformation teams across the ICS in recovery and transformation.

4.1.5 Advocate for investments in a system digital operating model and related digital capabilities for the workforce and STW communities.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

ICB Board meeting

Agenda item no.	**ICB 27-03-025**
Meeting date:	**27th March 2024**
Paper title	**Integrated Performance Report – March 24**
Paper presented by:	**Claire Skidmore**
Paper approved by:	**Claire Skidmore**
Paper prepared by:	**Sam Cook, Deputy Director of Performance Julie Garside, Director of Performance and Planning**
Signature:	
Committee/Advisory Group paper previously presented:	

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

The System continues to have two significant performance pressures, Urgent and Emergency Care (UEC) and Finance.

Operational Performance

- The new GP contract has been published and practices will be required to report 8 key metrics from October 24. Reviews took place in February with all 8 PCNs to assess and provide support to their Capacity and Access Improvement Plans to ensure they are ready for the end-of-year reviews scheduled for May.

- STW was moved into Tier 1 oversight by NHSE for UEC in February. Seven workstreams have been agreed for the programme. In addition to seasonal effects, the system has faced Industrial Action and Critical incidents which has had an adverse impact on UEC performance, however, the patients with No Criteria to Reside (NCTR) at SaTH has seen improvement. In February the number of patients were below the year-end plan for NCTR.

- Whilst performance in planned care remains in recovery and not consistently meeting all national targets, all key metrics are showing significant improvement or are within normal variation. The Cancer backlog of patients waiting over 62-days achieved the

fair shares target of 212 on the 13th March with the number of patients waiting at 193.The Cancer Faster Diagnosis Standard (FDS) within 28 days and Lower GI referrals with a FIT result have exceeded the target now for several months. The Cancer team are working towards the system being out of Tier 1 for cancer by the end of Q1 24/25.

- Long waits for elective care continue to fall but the system and for patients waiting over 78 weeks there is a risk of 4 patients waiting at the end of March 2024. The operational plan target sets a target of zero patients waiting more than 65 weeks by March 2024, however STW is predicting 807 breaches and performing better than H2 forecasts of 1124.

- In both Adult and CYP Mental Health services there has been sustained and steady improvement towards targets, over several metrics. Talking Therapies had previously shown concerning variation and whilst an improvement plan is in place performance is forecast to be 6,700 by the end of March against the trajectory of 7,100. Dementia Diagnosis rates have exceeded 61% in February and is forecast to achieve 61.5% against the 66.7% target by the end of March.

Finance

- At Month 11 the system has a year-to-date deficit of £71.1m, which is £65.2m adverse to plan, the year-to-date deficit is reduced following the receipt of a national allocation, detailed below.
- In Month 11 the reported forecast of £72.7m (reduced from £129.8m) included the additional estimated costs of Industrial action. In Month 11 the system received a national allocation of £57.1m to fund the plan deficit – this was allocated to SaTH (£45.5m) and the ICB (£11.6m), this reduced the £129.8m forecast deficit down to £72.7m which incorporates the additional industrial action impact.

Quality

- The System has exceeded its Infection Prevention and Control Metrics. C difficile has exceeded its annual national objective of 76 cases, with 127 cases to the end of January 2024. Quality assurance is provided by peer review visits but capacity issues at SaTH continue to prevent a consistent approach to the deep cleaning programme. Other infection metrics are also exceeding objectives and relevant partners all have action plans internally which are monitored through Infection Prevention and Control Groups. NHSE and ICB specialists provide support.

- In response to the higher than the national average neonatal deaths SaTH has commissioned an external Neonatal Mortality Review from the Royal College of Physicians to review neonatal deaths occurring in the calendar years 2021-22, the final report is still awaited.

- CHC 28-day assessment compliance is below national standard at 32.3% in quarter 3 from 47% in November 23 report which remains a declining position, however an action plan and improvement trajectory is having impact since this period and is under

close analysis. NHSE regional support and oversight is in place with monitoring. The backlog of 52 cases is also expected to improve in the next reporting period.

Workforce

- Despite variances from the operational plan, trends show improving position for agency WTE at system level with overall WTE and cost reducing from £4.5m in April 23 to £2.5m January 24.

- SaTH is significantly above plan for substantive (+524 WTE), bank (+116 WTE) and agency (+74 WTE) due to escalation of workforce (300 WTE) to keep patient and system safety and higher than planned unavailability (200 WTE) due to sickness, maternity and essential training. In addition, double-running to cover international recruits (100 WTE) whilst they are supernumerary.

- For sickness absence, the target is 5.3% and for turnover is 11.9%. At month 10, system sickness is at 5.52%, and turnover at 11.2%; both below target. Trajectories for SaTH, RJAH, MPFT and SCHT are consistently low with an improving trend.

- The workforce plan for 24/25 has identified seven critical workforce roles by profession with the greatest workforce deficits. Focus will be on these seven areas, recognising some actions will be immediate and targeted and others medium to long term. Greater oversight of workforce monitoring will be provided through the system's People, Culture and Inclusion Committee and workforce and agency steering groups.

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	X
Enhanced engagement and accountability	
Creating system sustainability	x
Workforce	x

3. Recommendation(s)

- To note the Month 11 system financial position deficit of £71.1m and the change to the reported forecast of £72.7m, due to the receipt of a national allocation.

- To note that the fair shares target for Cancer patients waiting more than 62-days was achieved on the 13th March.
- To note the improvement in the forecast for patients waiting more than 65-weeks for elective treatment.
- To note that the system moved into Tier 1 for UEC in February.
- To note the revised forecast for Talking Therapies is below the agreed recovery trajectory.
- To note that IPC metrics are exceeding national target, and the quality assurance actions to manage the risk.
- To note the external Neonatal Mortality Review from the Royal College of Physicians to review neonatal deaths occurring in the calendar years 2021-22.
- To note that Month 10 workforce trends show an improving position for agency with overall WTE and costs reducing from £4.5m in April to £2.5m in January 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 IPR provides assurance on all aspects of performance, Quality, Finance, Operational and Workforce.

5. Appendices

Appendix 1 - IPR report.

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	No
Quality and Safety	See Quality Section
Equality, Diversity, and Inclusion	No
Finances and Use of Resources	See Finance Section
Regulation and Legal Requirements	No
Conflicts of Interest	No
Data Protection	No
Transformation and Innovation	No
Environmental and Climate Change	No
Future Decisions and Policy Making	No
Citizen and Stakeholder Engagement	No

Request of Paper:	To note the contents of the 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 27-03-026**
Meeting date:	**Wednesday 27th March 2024**
Paper title	**System Board Assurance Framework**
Paper presented by:	**Simon Whitehouse Chief Executive Officer**
Paper approved by:	**Simon Whitehouse Chief Executive Officer**
Paper prepared by:	**Alison Smith Director of Corporate Affairs**
Signature:	
Committee/Advisory Group paper previously presented:	**Audit Committee – 17th January 2024**

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

Previous considerations:	**None identified.**

1. Executive summary and points for discussion

The report presents the most up to date version of the System Board Assurance Framework which has been amended by ICB Executives and Directors during January and February and builds on the version shared with the ICB Audit Committee at its meeting on 17th January 2024.

The following report summarises the amendments made which are also shown in the appended SBAF highlighted in red text.

The Board is asked, having given due to consideration to the questions outlined in the following report, to approve the System Board Assurance Framework.

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:

a) **REVIEW the current System Board Assurance Framework and consider if;**

- **any additional assurances are necessary that the risks to the system's strategic objectives, are being properly managed.**
- **any additional risks or amendment to risks are required following discussions in the Board meeting or in other forums i.e. recent committee or group meetings.**

b) **APPROVE the System Board Assurance Framework.**

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 Shropshire, Telford and Wrekin ICS has a risk management framework in place to ensure that strategic risk is being identified and managed appropriately.

4. Appendices

Appendix 1 – System Board Assurance Framework (SBAF) March 2024

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	There are no direct implications on these areas from this report. However, the SBAF may include risks related to these areas.
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:	The Board is recommended to: REVIEW the current System Board Assurance Framework and consider if; • any additional assurances are necessary that the risks to the system's strategic objectives, are being properly managed. • any additional risks or amendment to risks are required following discussions in the Board meeting or in other forums i.e. recent committee or group meetings. APPROVE the System Board Assurance Framework.

Integrated Care Board

Meeting Date:	**Wednesday 27th March 2024**
Paper Title:	**System Board Assurance Framework**

1. Background

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 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 The risk management approach outlined in the ICB's Risk Management Policy adopted by the Audit Committee in April 2023 outlines two mechanisms; one for capturing risk at a system level and strategic operational level for system and ICB;

- the first is the System Board Assurance Framework which outlines the principal risks to the system of not meeting its three objectives set out in the Joint Forward Plan;
- the second is the Strategic Operational Risk Register which outlines the strategic but more operational risks below those on the SBAF which also may have an impact on the delivery of both the strategic objectives of the ICS and ICB as a corporate body.

1.4 The System Board Assurance Framework (SBAF) together with supporting Strategic Operational Risk Registers (SORR), seek to provide the ICB and system with a simple but comprehensive method for the effective and focused management of the principal risks that may impede or assist the ICS and/or the ICB in meeting strategic objectives and statutory obligations.

2. Report

2.1 The report presents the updated version of the System Board Assurance Framework for consideration and approval.

2.2 The SBAF is now regularly presented to the Quality and Performance Committee and Finance Committee together with the System Strategic Operational Risk Register (SORR) for detailed scrutiny, with a more regular pattern of reporting for People, Culture and Inclusion Committee and Strategy Committee now begun.

2.3 The SBAF has been reviewed during February and March by ICB Executive Directors and Directors, drawing on discussions and assurances provided at relevant committees and updating with new or amended narrative which is shown in red text.

Summary of the changes:

Risk 1 - unable to sustain a culture of collaboration and partnership working and secure delivery of integrated care against priorities.

- Additional information from a workforce/people perspective has been added for Risk 1
- Additional information on the development of the provider collaborative

Risk 2 – Risk of not delivering sustainable services within available resources.

- Additional information on the development of the provider collaborative
- Additional and amended information on financial position
- Additional information on Digital Strategy and digital governance developments

Risk 5 – Lack of capacity and strategy to develop and use digital and data systems to enable efficient and effective care across the ICS.

- Additional information on Digital Strategy and governance developments

Risk 6 – Inability to respond strategically to ICS objectives due to the impact of external factors beyond the influence of the ICS.

- New information has been added from an EPRR perspective following NHSE assessment.

2.4 The Board is asked to consider the following:

- Are the risks identified correct and in line with the Board's strategic knowledge of the system?
- Are there any other risks that should be included?
- Are there adequate controls and assurances identified or are there gaps that should be added?
- Are appropriate actions identified to address known gaps in controls and assurances?

2. Recommendation(s)

The Board is recommended to:

a) REVIEW the current System Board Assurance Framework and consider if;

- **any additional assurances are necessary that the risks to the system's strategic objectives, are being properly managed.**
- **any additional risks or amendment to risks are required following discussions in the Board meeting or in other forums i.e. recent committee or group meetings.**

b) APPROVE the System Board Assurance Framework.

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 27-03-027.1
Meeting date:	27th March 2024
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, Interim Chief Nursing Officer

Action Required (please select):									
A=Approval	X	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 30th November 2023

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 **The terms of reference were reviewed, and the agreed version is attached in Appendix 2 for approval.**

2. Alerts

2.1 The diabetes risk remains a concern regarding progress with the programme and further updates were required due to slow progress with the plan to address the risk.

2.2 Work to address long waits appears to be having an effect however, there was concern over the impact of national instruction to reduce the over tariff/ premium costs that are being invested in insourcing and outsourcing capacity.

2.3 Migrant hotels are putting some pressure on the system in terms of being able to respond from a primary care point of view. TB screening is a particular concern, and a group was looking at how this can be tackled.

2.4 Measles was causing significant issues in Birmingham, assurance of occupational health screening processes were highlighted as they were causing the unimmunised healthcare staff will be in a period of 21 days

exclusion if they are exposed to measles which is impacting in affected areas. This had been highlighted to the system via communications from the ICB.

3. Assurance

3.1 The Community Diagnostic Centre was reported as having opened in October.

3.2 Paediatric contract measures were being negotiated to support sustaining the paediatric risk improvements.

3.3 SaTH reported its investigation into an above average rate of postpartum haemorrhage for more than 1.5 litres. This quality work is being reported through the LMNS and Perinatal Quality Surveillance Group.

3.4 The COVID19 and Flu immunisation programme had made a positive start in care home resident vaccination on the winter vaccination programme.

3.5 National concerns around paediatric hearing assessment accuracy which is being managed through the EPRR route by NHS England. This has been looked at locally with SaTH who provides the community service, processes are in place and there were minimal actions, around making sure that equipment was revalidated, and audits reflected current NICE guidance. There were no issues with clinical care and an action plan is in place.

3.6 The Primary Care Access Implementation Plan was presented to QPC. The plan sets out the requirements for the primary care access recovery programme. Performance metrics were being developed to monitor this.

4. Advise

4.1 A revised improvement trajectory was reported for the four-hour performance for the remainder of this year.

4.2 The Child Death Overview Panel (CDOP) annual report was received at System Quality Group regarding child mortality concerns. The first of quarterly workshops on Child mortality was planned for 11th December with system partners CDOP reporting processes are strengthened through Safeguarding Partnerships.

4.3 An overarching childrens group is being discussed with partners to develop an oversight structure. QPC advised 6 monthly updates.

5. Recommendation(s)

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

5.1 Accept the report.

5.2 Consider the alerts for further action.

5.3 Approve the updated terms of reference.

6. 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.

7. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Thursday 30th November 2023

Appendix 2 – Updated Terms of Reference for QPC

Request of Paper:	Accept the report.	**Action approved at Board:**	
	Consider the alerts for further action.		
	Approve the updated terms of reference.		
		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 27-03-027.1
Meeting date:	27th March 2024
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, Interim Chief Nursing Officer

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 25th January 2024

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.

2. Alerts

2.1 A deep dive on emergency care was received which highlighted the challenged position with a high number of ambulance hours lost at handover point and patients waiting too long in the ambulances at emergency departments. Actions are underway including the anticipated results of a Getting It Right First Time (GIRFT) review. Actions are currently underway in accordance with the winter plan.

2.1.1 A&E 12-hour DTA Breaches had risen to 1068 for Dec 23.

2.1.2 A&E 4 Hour Performance (Type 1- Type 3) was 59.5% against the 76% target in Dec-23.

2.2 A new risk was accepted onto the risk register on the ICB current position of an inability to meet statutory responsibilities with regards to 80% of CHC assessments completed within 28 days and no referral waiting longer than 12 weeks then there will be people whose care needs are not met funding, delays in discharge and potential avoidable admissions. The ICB is currently only achieving 2% of assessments completed in 28 days. An action plan accompanied the risk which expected to improve the position by end March 24.

2.3 A new risk that the current lengthy Adult ADHD waiting list does not having a process in place to assess risk of harm was accepted onto the risk register. A task and finish group are meeting weekly to address the risk.
2.4 Diabetes remains a concern with little progress on the risk and an update was deferred to Feb 23 ensure the updated approach.
2.5 The Talking Therapies target for 2023/24 will not be met, latest recovery trajectory will achieve 7,100 of 12,948 target. Access rates are expected to start improving in Q4 with current actions.
2.6 Virtual ward utilisation inconsistently meets the 80% target with December 23 utilisation rates at 68.1% SaTH and SCHT continue to work together to increase the utilisation.
2.7 *Clostridioides difficile* (*C Diff*) rates continue to be high with all parts of the system exceeding set annual trajectories. Current actions are yet to show improvement and remain under evaluation.

3. Assurance

3.1 The Faster Cancer Diagnosis Standards are being met in STW.
3.2 The Dementia diagnosis rate shows sustained improvement over the past 12 months at 60.9%, but still below the England rate was 64.7%.
3.3 The first quarterly childrens mortality workshop focussed on partners sharing what they were doing to influence this agenda to form a system action plan. Data from a range of sources was presented and feedback was positive.
3.4 Emergency admissions due to falls in the over 65's are lower in 23/24 than the previous 4 years at below 120/100,000 population since April 2023, A QI project increased referrals to postural stability programmes in Dec-March 2023 which may have contributed to this.
3.5 The 111-service call abandonment rate of over 50% which was driving some patients to seek help from emergency departments has dropped to 4% which is being monitored closely.
3.6 The Outpatient Parenteral Antimicrobial Therapy (OPAT) service which gives Intravenous antibiotics out of hospital with supervision and support went live in November 23.
3.7 A task and finish group has been established to address the prescribing of Valproate following a patient safety alert. This is a group of medicines used to treat epilepsy which have been found to cause congenital birth abnormalities if taken in pregnancy. The group are working to the national direction and timescales.
3.8 The Children in Care annual report 22/23 was presented to the Committee.

4. Advise

4.1 The refreshed ICB performance report format has been identified as a good example of how to use making data count methodology regionally. The next step is to include quality data to produce and integrated report.
4.2 SaTH are expecting their draft CQC on inspection Oct/Nov 2024 report imminently.
4.3 The Mental Capacity Act Policy was approved on behalf of the ICB Board.

5. Recommendation(s)

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

5.1 Accept the report.
5.2 Consider the alerts for further action.

6. 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.

7. Appendices

Appendix 1 – Quality and Performance Committee minutes from the meeting held on Thursday 25th January 2024

Request of Paper:	Accept the report.	**Action approved at Board:**	
	Consider the alerts for further action.		
		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 27-03-027.3
Meeting date:	27th March 2024
Paper title	Finance Committee Chair's Report – 23rd January Meeting
Paper presented by:	Trevor McMillan; Non Executive Director
Paper approved by:	Trevor McMillan; Non Executive Director
Paper prepared by:	Claire Skidmore; Chief Finance Officer

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 23rd January. (The Committee did not meet in December).

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.

ALERT: Matters of concerns, gaps in assurance or key risks to escalate to the Board	**Section 1 (ICB)** A year to date deficit of £14.6m was presented to the Committee for month 9 reporting though it was noted that once the benefit of an allocation adjustment to pass to providers was transacted, this would leave £19.3m for the ICB (a £9.4m adverse variance to plan). This represents the ytd position within the reforecast position agreed with NHSE (£27.8m). **Section 2 (System)** The Committee heard how a reforecast position of £129.8m (excluding the impact of Industrial Action) has now been agreed with NHSE. This is estimated to drive around £30m worsening in the System's underlying position into 24/25. The Committee heard that individual Finance Committees (or equivalent) were supportive of a reversal of the IFP (Intelligent Fixed Payment System) arrangements however SATH had asked that a revised methodology be adopted for the reversal which was being worked through rapidly so as not to distract from the task at hand with regard to planning.

ADVISE: Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought	**Section 1 (ICB)** The Committee noted the ongoing work of the ICB senior leadership team to mitigate risk in delivering the financial position and optimise reduction of the forecast deficit wherever possible. The budgetary control framework was shared and the Committee asked that this be socialised with the Senior Leadership Team before being returned to the Finance Committee for sign off. The Committee were briefed on proposals to reverse the Intelligent Fixed Payment System and return to national API (Aligned Payment Incentive) mechanisms. **Section 2 (System)** The Committee were briefed on progress with 2023/24 efficiency targets in partner organisations and heard that in the reforecast position, aggregate savings of £52.9m were expected for the year (75% of plan). Planning arrangements for 24/25 finance, activity, workforce and efficiency were shared and the Committee approved the planning principles for the System. It was noted that to date, formal national planning guidance has not yet been issued.
ASSURE: Positive Assurances and highlights of note for the Board	**Section 1 (ICB)** The Committee noted continued work to bridge the remaining efficiency target gap (with a forecast of £25.6m (98% of plan). **Section 2 (System)** -
Changes to the BAF risk(s) and Directorate risk register risk(s) agreed	Financial risk is already reflected in the BAF. The topics discussed at the meeting and resulting conclusions did not materially change the existing assessment of risk.
ACTIONS: Significant follow up actions commissioned (including discussions with other Board Committees, changes to work plan)	**Section 1 (ICB)** It was requested that the budgetary control framework be returned to the next meeting for sign off. **Section 2 (System)** It was agreed that the methodology for distribution of system income, supported by all Directors of Finance, would be shared at a future meeting.
ACTIVITY SUMMARY: Presentations/reports/items of note received including those approved	**Section 1 (ICB)** • M9 finance position overview (revenue and capital) • Efficiency Update • Budgetary Control Framework • IFP Reversal • 24/25 planning update • 24/25 efficiency update **Section 2 (System)** - M9 finance position overview (revenue and capital)

	- Efficiency update - 24/25 planning update - 24/25 efficiency update
Matters presented for information or noting	N/A

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 describes 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 section 1 and section 2 meetings held on 23rd 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:**	27th March 2024

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 27-03-027.5
Meeting date:	Wednesday 27th March 2024
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:	Gemma Smith, ICB Director of Strategic Commissioning

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 Strategy Committee meeting held on 14th February 2024 for noting.

1.2 The minutes of the meeting were ratified at the Strategy Committee on the 13th March 2024 and are attached for information.

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

1.4 The Strategy Committee was a one item meeting and a summary of the discussion, assurance received and areas for escalation are outlined below for the Board's consideration:

Strategic Commissioning Intentions

- The Committee received the Strategic Commissioning Intentions presentation with the caveat that it was a working draft to commence system strategic discussions.

- The Committee were informed that feedback would be incorporated with work also being undertaken via Programme Boards and that the document was not at this stage a final version for approval. It was also noted that timeframes for delivery were draft and indicative and as a system we also need to consider what we prioritise for delivery whilst also recognising a lot of areas have significant work programmes underway.

- The presentation also suggested areas that could be aligned to Place and Provider Collaboratives but it was stated that these will be refined as discussions commence with input from all system partners.

Following the presentation, a number of comments and observations were made by Committee members which are summarised as follows:

- The golden threads throughout the document could be slightly clearer with a specific link to ICS Strategies in one place rather than throughout the document which committee members agreed with.

- The Committee were pleased to see reference to broader social and economic development and asked that further work is undertaken in connecting with public health and our local authority partners to include the the wider determinants of health in a population and reducing health inequalities.

- The Committee also acknowledged that there is work underway to refine and revise the ICP strategy and that the work needs to be intrinsically linked.

- The Committee also queried as to how decision making will be devolved to most appropriate level and how this is undertaken in a way without losing the grip and control that is required and acknowledged that the devolvement, contracting, and the commissioning piece of work will be picked up in the revised governance structure.

- The Committee questioned as to whether there was a process of prioritisation through the intentions and it was acknowledged that this is a live discussion across the system and that this would need to align with the ambition on the Joint Forward Plan.

- The Chair of the Committee commented that it was pleasing to see that we want to reduce inequalities for towns and the rural population featured in the document.

- The Committee asked where the PCNs fit in, are they part of the collaborative or CiC. It was accepted that this was a gap and that we collectively need to make a distinction between provider collaborative infrastructure and delivery of integrated pathways across providers. It was also noted that we need to think of provider collaboration as one mechanism, and place partnership boards as another mechanism and look at how best we can develop models of care and delivery that are most effective and to stimulate a different way of working. It was also reiterated again that primary care and PCNs are a very important part of our system, and we must make sure that they play the full part in what we are trying to do with strategic commissioning.

- The Committee also queried some of the proposed delivery vehicles and governance which was agreed would be picked up as part of the governance review and proposals re the revised ICS governance structure.

- The Committee also noted that NHS England are interested in taking the commissioning intentions, the JFP and our operating model as a system and starting to triangulate how that comes together.

- The Committee noted that there is so much detail in the document which feeds up into the overall intentions, so it would be useful to have another column in the documents that describes how it delivers on the golden threads and what the contribution is to that and that a context document alongside which describes what the strategic family of documents is that we have would be helpful which was agreed.

- The Committee noted that the document also needs to be shared at a CEO meeting as this will need to support the planning process for 24/25 as the outline framework and context.

- The Committee were asked for feedback and clear views on what out provider colleagues think about the priorities could be.

- The Committee also asked that Patient Participation Groups who had not been mentioned in the document could be considered as they are an important element in what we are doing as a system.

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 2024 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

Minutes of the meeting on the 14th February 2024

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 (ICB)

Agenda item no.	ICB 27-03-027.7
Meeting date:	27 March 2024
Paper title	Integrated Delivery Committee (IDC): Chair's Report of meeting held on 26/02/24
Paper presented by:	Harry Turner, IDC Chair
Paper approved by:	Gareth Robinson, IDC Vice Chair
Paper prepared by:	Jan Heath

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) meeting (Part One – Open) held on 26/02/24

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

1.3 The minutes of the meeting held on 08/01/24 were approved.

1.4 The IDC Chair's Report (Jan 24) was approved.

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

1.5.1 MSK Transformation Update

The MSK Transformation Programme Manager provided a verbal update on progress across MSK workstreams including:

- Rheumatology transfer to a single provider (RJAH) is on track to be completed by 31st March
- Pain Service transformation is underway and a pilot is being developed in conjunction with primary care
- A pilot to promote self referrals for level 2 therapies using My Recovery app is commencing from 1st april with Teldoc
- Good Boost is now available across five leisure centres with a focus on physiotherapy and post-surgery rehab
- Emergency pathways for CES and GCA in redesign for launch in April (GCA) and June (CES)

The Programme Manager reported no 'red flags' in delivery with all projects delivering to timescale although a risk was raised concerning capacity of the programme team – an Invest to Save bid is currently being drafted to address this.

Financial benefits were reported as still in development but were likely to be predominantly non-cashable in 2024/25.

The IDC Chair thanked the MSK programme team for the work to date and acknowledged the good progress but expressed concerns regarding the level of assurance given lack of transparency regarding key milestones, outcomes, targets and measurable benefits, both quality and financial.

The IDC expressed some concern that interdependencies and impact of the programme were not fully articulated and requested that the MSK Programme Manager work with the Director of Elective Care and the Deputy Director of Finance to develop a comprehensive report pack for the next IDC in March.

1.5.2 System Operational Plan Dashboard

The Director of Planning & Performance presented key headlines from the latest performance dashboard including:

UEC

- The system is now in Tier 1 and working through the implications including the opportunity to refresh the UEC improvement plan based on the GIRFT visit
- Demand is above plan based on previous years but is below plan on activity and attendance. There is some concern regarding accuracy of data and that is being addressed. Work is ongoing to better understand the drivers of increased demand.
- There has been steady progress on NCTR numbers and LoS since end December but now unlikely that we will hit the NCTR year-end target
- There has been a significant improvement in Time to Triage and performance is now above regional average
- No impact on 4 and 12 hr with the number of 12 hr waiters increasing

Planned Care & Cancer

- Ahead of plan on 65 week waits and will hit plan for 78 weeks going into next year but won't hit the regional target for diagnostics
- Well over the 90% for radiology but non-radiology (endoscopy, audiology and urodynamics) is proving challenging
- Achieving FDS for 2 mths and FIT target and consistently above 80%
- 62 day backlog worsened over xmas as expected but back on track for year end

MH LDA

Improvement reported except for Talking Therapies access which is significantly below plan. A revised recovery plan is in place and will be a priority in 2024/25.

Primary Care
Good progress on the metrics related to the Access Recovery Plan and now able to measure 8 of the 13 measures that will form part of update from March.

1.5.3 Planned Care Board Update
The Head of Elective Care Transformation & System Commissioning provided an overview of Planned Care performance and an update on key transformation programmes:

- All providers are expecting to achieve the 78 week standard of zero by end March and have a plan in place to achieve zero 65 week waits by end Q1
- FIT performance consistently over 80% and had reached 90% in the previous week
- FDS will meet the national standard but in terms of specialties, urology required improvement
- The System is working with NHSE to agree Tier 1 exit criteria for cancer by end Q1
- A patient safety risk has been escalated due to delays in oncology treatments and growing waiting lists especially in urology and colorectal – mutual aid at Clatterbridge has been agreed and funding secured

Transformation programmes underway include Outpatients, Eye Care, Patient Choice & PIDMAS and cancer specialties including colorectal, skin, breast, gynae and urology.

The IDC discussed arrangements for the transfer of costs for those patients being transferred to Clatterbridge and requested that the requirement to adhere to the triple lock process did not cause further delays to treatment.

1.5.4 UEC Board Update
The IDC received a verbal update regarding the UEC Board in advance of the UEC Board meeting due to take place the following day.

The main issue for discussion was the Tier 1 national support following the January GIRFT visit.

The additional support, both financial and in terms of expertise, was welcomed and would add impetus to the drive to implement recommendations from the GIRFT visit in January. There was overwhelming consensus regarding the areas for support and four work programmes had been agreed as the priorities: Alternatives to ED; Professional Standards; Frailty; and Care Coordination. SROs had been identified and had been requested to rapidly develop the detail for each programme.

Two other BAU areas would remain in focus: Discharge Alliance; and 4-Hr Waits.

PIDs for all six workstreams were expected to be submitted for quality check by 25th March and would be presented at the UEC Board of 4th April.

The IDC noted the significant ask in terms of resources required across the system to focus on those six areas and requested that they be prioritised if necessary to ensure delivery.

The IDC sought assurance from NHSE colleagues present at the meeting that reporting would not be duplicated at national, regional, RSP and DHSC level and that reporting would be complementary.

1.5.5 Financial Improvement Programme Update

The Director of Delivery & Transformation summarised the current financial improvement programme update that had been presented to the System Finance Committee.

In terms of current trajectory, the system was slightly behind overall with the ICB slightly ahead of plan, SCHT on plan, RJAH slightly behind and SaTH significantly behind plan.

The 2024/25 efficiency plan was set at 3.5% overall with 70% of schemes identified – ICB on track to deliver, SaTH and RJAH having identified 2.7% and SCHT at 3% so still further work to be done.

It was noted that stretch targets of 4% and 5% would need significant additional transformation/decommissioning programmes to be developed – a stretch target of 5% equated to a further £20M efficiency in addition to the 3.5%.

The IDC also noted that the focus would need to be on cashable recurrent efficiencies as growth reduction was difficult to evidence.

1.5.6 GP Access Recovery Plan

The Associate Director of Primary Care provided an overview of progress on the GP Access Recovery Plan and key highlights including:

- The second round of reviews with PCNs on capacity access improvement plans was almost complete and was on target be in a position to release the 30% capacity support payments by end of year.
- As predicted, it was not possible to deliver on all 7 of the self-referral pathways but following a change of emphasis nationally, the focus had switched to delivering 50% improvement to reduce the demand on practices.
- The next iteration of the plan was being presented to a public board at start of next year with a different emphasis expected. The system is in a much stronger position in terms of measuring the metrics set nationally but still awaiting national data in some areas.

- The launch of the Pharmacy First programme has been a significant success with the STW ICB the only ICB in the region with 100% sign up from community pharmacies.
- The target for cloud-based telephony by end March will not be achieved as telephony providers cannot schedule the work in time. This should be completed by end April.
- Also, as the national digital procurement framework is still not available, the funding is underspent. It is hoped that the funding can be carried forward to 2024/25.
- Significant improvement has been seen across a number of metrics including reduced waiting times, reduced numbers of abandoned calls, increase in variety of appointments, app access, online consultations, ability to track involvement in ARRS – frustrating that not yet able to share with practices but an outline dashboard will be available for the April IDC.
- Work is ongoing with individual practices around the use of 111, attendance at ED and MIU and 999 activity with deprivation and geography noted as drivers of patient behaviour

The IDC noted the significant improvements achieved to date and the need for further comms to counter negative publicity.

1.5.7 Targeted Lung Health Check Proposal
The Head of Elective Care Transformation & System Commissioning presented a proposal based on the national programme for Targeted Lung Health Checks that had been considered by the Commissioning Working Group (CWG) but not yet approved at the Planned Care Board due to a timing issue.

The proposal sought approval for a hybrid delivery model with the acute provider (SaTH) and independent providers where SaTH was not able to release capacity such as radiology.

Funding had been identified via the West Midlands Cancer Alliance with the preferred funding route via the ICB to manage procurement and commissioning using the 'most suitable provider' process.

The CWG had approved the delivery model, the funding route and the procurement process.

The IDC agreed to delegate the approval decision to the Planned Care Board subject to a number of conditions:

- The CWG provide assurance to the Planned Care Board that a range of alternative options had been developed and assessed by the CWG
- The CWG provide assurance to the Planned Care Board that the financial analysis was accurate and confirmation to be received from the ICB Director of Finance

- Confirmation from the Director of Finance to the Planned Care Board that the funding route from the West Midlands Cancer Alliance had followed the triple lock process
- The Planned Care Board was satisfied that interdependencies had been assessed and were being appropriately managed as part of the delivery plan
- Any other conditions required by the Planned Care Board are satisfied

1.5.8 Other Papers Considered

Other papers provided for information and questions included the Vaccination Programme update and TWIPP and ShIPP Chairs' Reports.

1.5.9 Any Other Business

The Chair advised the IDC of the upcoming change to governance structure that would involve a transition of the IDC to the System Transformation Group from April.

2.0 Recommendations

The ICB is asked to:

2.1 **Note** that although a verbal update on the **MSK Transformation** programme indicated good progress, the IDC could not provide assurance on status of benefits as these had not been clearly articulated.

2.2 **Note** that the **MSK Programme Manager** was requested to work with the Director of Elective Care and the ICB Director of Finance to bring a formal update report to the next IDC setting out key milestones, benefits and targets.

2.3 **Note** the patient safety risk due to delays in oncology treatments escalated as part of the **Planned Care** update and the mutual aid agreed with Clatterbridge.

2.4 **Note** the IDC request of NHSE colleagues that the requirement to adhere to the triple lock process did not cause further delays in treatment for those patients transferring to Clatterbridge.

2.5 **Note** the six priorities identified for the **UEC programme** following the GIRFT visit and move to Tier 1 national support, and the programme resource that would be required to deliver the programme.

2.6 **Note** the current status of the **Financial Improvement Programme** and significant additional transformation programmes that would be required to meet a stretch efficiency target in 2024/25.

2.7 **Note** the success in achieving 100% sign up from community pharmacies within the Pharmacy First programme as part **of** the **GP Access Recovery Programme** – the only ICB in the region to do so.

2.8 **Note** that the target to install cloud-based telephony as part of the **GP Access Recovery Programme** will not be achieved by end March but is expected to be completed by end April.

2.9 **Note** that the IDC agreed to delegate approval of the **Targeted Lung Health Check** proposal to the Planned Care Board subject to a number of conditions:

- The CWG provided assurance to the Planned Care Board that a range of alternative options had been developed and assessed by the CWG
- The CWG provided assurance to the Planned Care Board that the financial analysis was accurate and confirmation to be received from the ICB Director of Finance
- Confirmation from the Director of Finance to the Planned Care Board that the funding route from the West Midlands Cancer Alliance had followed the triple lock process
- The Planned Care Board was satisfied that interdependencies had been assessed and were being appropriately managed as part of the delivery plan
- Any other conditions required by the Planned Care Board are satisfied