Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

STW Integrated Care Board

MEETING
30 November 2022 14:00

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25 November 2022

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AGENDA

Meeting Title	Integrated Care Board	**Date**	30 November 2022
Chair	Sir Neil McKay	**Time**	2pm
Minute Taker	Corporate PA	**Venue/ Location**	The Sovereign Suite Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Rd, Shrewsbury SY2 6ST

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

Reference	Agenda Item	Presenter	Purpose	Paper	Time
ICB 30-11.034	Apologies and Introductory comments by the Chair	Sir Neil McKay	I	Verbal	2.00
ICB 30-11.035	Declarations of Interests To declare any new interests or interests that conflict with an agenda item Register of Board members interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB 30-11.036	Minutes from the previous meetings held on 28 September 2022	Sir Neil McKay	A	Enclosure	
ICB 30-11.037	Matters arising and action list from previous meetings	Sir Neil McKay	A	Enclosure	
ICB 30-11.038	Questions from Members of the Public Guidelines on submitting questions can be found at: https://stwics.org.uk/get-involved/board-meetings	Sir Neil McKay		Enclosure	2.20
ICB 30-11.039	Residents Story: Pauls Story *Idiopathic Pulmonary Fibrosis diagnosis*	Patricia Davies	S & I	Verbal	2.25
	Strategic System Oversight				
ICB 30-11.040	CEO update • Hospital discharge funds • SEND report • Palliative Care assessment outcomes by NHSE • National Oversight Framework Assessment for Q2	Simon Whitehouse	I	Enclosure	2.45
ICB 30-11.041	Update on the development of the Integrated Care Partnership:	Nicola Dymond	A & I	Enclosure	3.00

	• Proposed amendments to the Integrated Care Partnership terms of reference • Development of the Integrated Care Strategy				
ICB 30-11.042	Primary Care Update *Claire Parker, NHS STW attending*	Gareth Robinson	S & I	Enclosure	3.10
ICB 30-11.043	Clinical Leadership Update	Alison Bussey and Nicholas White	S & I	Enclosure	3.20
	Comfort Break – 10 minutes				
	System Governance and Performance				
ICB 30-11.044	ICS Performance Update including People and Finance	Claire Skidmore Nicola Dymond Gareth Robinson	S & I	Enclosure	3.30
ICB 30-11.045	Proposed amendments to the Constitution and Governance handbook	Nicola Dymond	A	Enclosure	3.50
ICB 30-11.046	Committee Reports Finance Committee Chair's report for the meetings held on 28 September 2022 Quality and Performance Committee Chair's report for meetings held on 28th September 2022 Integrated Delivery Committee Chair's report for the meeting held on 7th November 2022 System People Committee Chair's report for the meeting held on 14th September 2022 Primary Care Commissioning Committee Chair's report for meeting held on 7 October 2022 Remuneration Committee Chair's report for meeting held on	 Professor Trevor McMillan Meredith Vivian Harry Turner Dr Catriona McMahon Dr Niti Pall Professor Trevor McMillan	 S S S S S S	 Enclosure Enclosure Enclosure Enclosure Enclosure Verbal	4.00
ICB 30-11.047	Any other business – notified to the chair in advance	Sir Neil McKay	D	Verbal	4.30
	Date and time of next meeting: **Wednesday 25 January 2023, 2pm-5pm** **Telford venue tbc**				

Sir Neil McKay
Chair of
NHS Shropshire Telford, and Wrekin

Mr Simon Whitehouse
Chief Executive Officer of
NHS Shropshire Telford, and Wrekin

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NHS
Shropshire, Telford and Wrekin

NHS Shropshire Telford and Wrekin Integrated Care Board

Minutes of Meeting held in public on Wednesday 28th September 2022 at 2pm Mercure Telford Centre Hotel, Forge gate, Telford TF3 4NA

Present:

Sir Neil McKay	Chair, NHS STW
Simon Whitehouse	Chief Executive, NHS STW
Trevor McMillan	Deputy Chair and Non-Executive Director, NHS STW
Dr Niti Pall	Non-Executive Director, NHS STW
Roger Dunshea	Non-Executive Director, NHS STW
Meredith Vivian	Non-Executive Director, NHS STW
Gareth Robinson	Executive Director of Delivery and Transformation, NHS STW
Claire Skidmore	Chief Finance Officer, NHS STW
Mr Nicholas White	Chief Medical Officer, NHS STW
Patricia Davies	Trust Partner Member and Chief Executive Shropshire Community Health NHS Trust.
Stacey Keegan	Foundation Trust Partner Member and Interim Chief Executive Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Andy Begley	Local Authority Partner Member and Chief Executive, Shropshire Council
David Sidaway	Local Authority Partner Member and Chief Executive, Telford and Wrekin Council.
Dr Ian Chan	Primary Care Partner Member for Telford and Wrekin
Dr Julian Povey	Primary Care Partner Member for Shropshire

In Attendance:

Harry Turner	Chair Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Dr Catriona McMahon	Chair Shrewsbury and Telford Hospital NHS Trust
Nuala O'Kane	Chair, Shropshire Community Health NHS Trust
Pauline Gibson	Non-Executive Director, Midlands Partnership Foundation NHS Trust
Terry Gee	Chief Executive Officer, STAY Telford
Lynn Cawley	Chief Officer, Healthwatch Shropshire
Cllr. Simon P Jones	Shropshire Council, deputising for Cllr. Lezley Picton
Alison Smith	Director of Corporate Affairs, NHS STW
Nigel Lee	Interim Director of Strategy and Partnerships Shrewsbury and Telford Hospital NHS Trust
Tracy Hill	Interim Chief People Officer NHS STW

Vanessa Whatley	Deputy Director of Nursing and Quality NHS STW
Melissa Asbury	Business Manager to the Chief Executive, NHS STW
Jayne Knott	ICB Programme Support, NHS STW

Minute No. ICB-28-09.014 - Introduction and Apologies:

14.1 The following apologies were noted:

Alison Bussey	Chief Nursing Officer, NHS STW
Nicola Dymond	Director of Strategy and Integration NHS STW
Louise Barnett	Chief Executive Shrewsbury and Telford Hospital NHS Trust
Neil Carr	Foundation Trust Partner Member and Chief Executive, Midlands Partnership Foundation NHS Trust
Cllr. Lezley Picton	Leader of Shropshire Council
Cllr. Shaun Davies	Leader of Telford and Wrekin Council
Heather Osborne	Chief Officer AGE UK
Barry Parnaby	Chair, Healthwatch Telford and Wrekin
Mark Docherty	Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service University NHS Foundation Trust

14.1 The Chair welcomed everyone to this meeting of the STW ICB and reminded Board members that this was a meeting held in public.

14.2 The Chair also welcomed:

Dr Saloni Peatfield-Bakhshi ST6 at Birmingham Community Healthcare NHS Foundation Trust, Learning Disability Service who joined us as part of her development programme.

Mrs Pauline Gibson who is the Non-Executive Director representative from Midlands Partnership Foundation NHS Trust.

Councillor Simon P Jones Cabinet Member with Portfolio for Adult Social Care and Public Health.

14.3 The Chair went on to acknowledge the death of Her Majesty Queen Elizabeth II, and the succession of King Charles III. The Chair offered condolences to the Royal family on behalf of the Board.

14.4 The Chair commented that we now have a new Government and a new Secretary of State. The Secretary of State has declared her plan for the foreseeable future which was published last week. It is clear the ICBs are seen as pivotal, in terms of the delivery of the Government's agenda for health care.

14.5 The Chair mentioned that the Hospital Transformation Plan Strategic Outline Case (SOC) has been approved and published. This will now enable us to move forward with the next phase of the capital redevelopment.

14.6 There is also good news about the investment for the elective care hub at Princess Royal Hospital.

14.7 The Chair went on to say that we are still facing significant challenges which is described in the papers around urgent and emergency care and access. There will be further opportunity for discussions around the urgent and emergency

improvement plan and the winter plan on the agenda. However, we need to acknowledge that the pressures facing our local NHS organisations, are being equally felt by our Local Authority colleagues. The interrelationship between the Local Authorities and the NHS remains strong, but there is still a vast amount of work for us to do together i.e. to see how we can tackle the issues around discharge of medically fit patients.

14.8 From an internal perspective, there is a huge amount of work being undertaken in the ICB to redesign and establish new structures.

Minute No. ICB-28-09.015 – Declarations of Interest

15.1 Dr Niti Palls amended declaration of interest form has now been included in the Declaration of Interests Register and uploaded onto the website. Register of Board members interests can be found at: Register of Interests - NHS Shropshire Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

Minute No. ICB 28-09.016 Minutes from the previous meetings held on 29 June, 1 July, and 27 July 2022

16.1 Minutes were approved as an accurate record.

Minute No. ICB 28-09.017 Matters arising and action list from previous meetings

17.1 Actions were noted as complete/closed with the exception of:

17.2 Fuller review for local general practice will be presented at a future Board meeting, this will also be presented at the Primary Care Committee to be endorsed. The Chair thought it would be a good opportunity to have a substantial discussion around Primary Care and its development and include the two Primary Care Partner Members of the Board in the conversations.

17.3 Population Health Management – CEOs were seeking resources to deliver the program. This has now been debated and next steps discussed.

Action: Mr Simon Whitehouse to check on progress and update prior to the next Board meeting

17.4 Dr Niti Pall commented that she would like to see how a population health management approach will be incorporate into the finance regime, how capitated budgets would work and what the activity analysis is going to look like.

17.5 Mr Whitehouse responded by saying that the population health management work that has been completed is underpinned by the local needs assessment. This means that the data and intelligence build upon our community's needs. However, at this point in time this has not been translated into capitated budgets that could sit at place level. There is a finance plan that supports delivery of this.

Minute No. ICB 28-09.018 Questions from Members of the Public

18.1 No questions were submitted about this agenda specifically. However, questions were submitted to the Chair around transport and access for the planned Health and Wellbeing hub in Shrewsbury and responses are being prepared and will be published in three weeks' time.

Minute No. ICB 28-09.019 Residents Story: Musculoskeletal pathway

Ms Stacey Keegan introduced the video and highlighted the following:

19.1 Anne Marie is a yoga teacher from Shropshire and her story describes her 18-month journey through the Musculoskeletal pathway relating to problems both her knees and hip. At the time of filming the video she was still awaiting an appointment with a consultant. She acknowledges the good standard of physiotherapy sessions she has received but reflects on the time lost and her frustration caused by each joint having to be referred separately.

19.2 Ms Keegan commented that the video highlighted that flow of services between imagining, referrals, GPs needs streamlining further.

19.3 Mr Nigel Lee added that he had been working as SRO for MSK work, and reiterated that within the Transformation group there is primary care and all three of the provider trusts representation. Mr Lee agreed that there is a need for streamlining to be clear for everybody but clarified that there is a vast amount of work being undertaken to ensure consistency in the approach which will make it easier for our patients to navigate and for practitioners/GP to be clear about that pathway, and direction and advise for patients to be clearer.

19.4 The Chair asked if the Transformation group had a patients representative involved. Mr Nigel Lee responded by saying the MSK Board had not got a patient representative, but patients had been involved in the engagement workshops.

19.5 Ms Keegan commented that Healthwatch had also supported from an engagement perspective earlier on in the Programme.

19.6 The Chair suggested that Anne Marie may like to join the group, and asked Ms Keegan to action this.

Action: Stacey Keegan to discuss with Anne Marie about joining the MSK group as a patient representative.

19.7 Dr Julian Povey commented that he would like to see more consistent application of the pathway and that a timeline across all specialities would be useful.

19.8 Dr Ian Chan added that he believed specialists should be able to refer between themselves within their own service.

19.9 Ms Lynn Cawley commented that Healthwatch have been involved in key discussions around the MSK transformation programme and are keen to continue to be involved particularly around the evaluation of any changes to the services and any reviews of what is currently happening.

19.10 Dr Niti Pall asked how does this relate to the financial flow? How do we measure patient safety and patient outcome measures in some of these pathways? And how are they quantified?

19.11 The Chair suggested that in light of the questions raised by this item and as MSK was one of the big six ticket items and given its implications for the development of other pathways, that the Board receive a report/paper that gives a plan of what is to be done and describes the benefits that are proposed to accrue and how it is going to be evaluated.

19.12 Mr Harry Turner also mentioned that this subject would be included on the agenda for the Board to Board meeting at RJAH on 12 October.

Action: Ms Keegan suggested bringing a report/paper on MSK Transformation back to Novembers Board for a broader discussion.

19.13 Dr Ian Chan commented that any future work or transformation, the processes to be followed should be patent focused. As it is the patient journey focus that will eliminate duplication.

19.14 Mr Roger Dunshea asked what action can be taken from this meeting of both improving communications and on waiting times for patients.

19.15 Dr Julian Povey responded by saying that there was a need to know waiting times for all different elements of the pathway. He said that some of the fundamental things that we need to practice a safe system are not currently working in the system.

19.16 Dr Catriona McMahon asked:

- Whether we were making enough use across the system for My Planned Care which does have all the waiting times.
- Radiology is not included in My Planned Care as one of the waiting time data sets. Is there an opportunity to influence this.
- Are we confident that the data within My Planned Care is accurate enough to then be recommended to patients as a source by which they can gain information.

19.17 Mr Whitehouse responded by saying that:

- Providers have the responsibility for communicating where they are up to with their own waiting times and positions.
- My Planned Care has an update across specialty by specialty by provider organisation.
- There is a need for providers to communicate to our wider clinical community and make sure general practice is aware – this is part of managing and sharing the risk across the system.
- We need to find a way where accurate and timely information is shared across providers (including GP)
- There is a risk that a number of services are missed in the current waiting times i.e. mental health and community services waiting times as these are often a hidden waiting list or a hidden delays as they are not reported in the same manner as elective waits.
- We also need to look at what our population health challenges are.

19.18 Mr Meredith Vivian observed that questions were being asked of this Board without very many answers and asked for responses to be provided.

The Chair asked members of the Board to note the following recommendations

- **Agree to get an update in November about the MSK pathway redesign work from Ms Stacy Keegan and Mr Nigel Lee.**
- **Circulate document for information around communication to patients around waiting times – SaTH and RJAH.**
- **Analyse and look at any actions that need to be taken collectively to understand how diagnostic waiting times in areas that are not included in national/regional performance management can be improved.**

Report on the items described to be brought back to this Board in November.

The Chair asked for thanks to be given to Anne Marie for her contribution and to ask her if she would be interested in joining one of the groups to help us work through and deal with the problems, she has shared with us today.

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

Minute No. ICB 28-09.020 Interim CEO update

Mr Simon Whitehouse presented the paper and highlighted the following:

20.1 The 'Our Plan for Patients' was published on 22 September. The plan focuses on four areas which is broken down as follows:
A. Ambulance Handover
B. Backlog of Care
C. Care (social care and community-based care)
D. Doctors and Dentists

20.2 All of the above areas are within our workplan. There will be a piece of work being undertaken with Chief Executives and Executive teams to ensure that there is clarity of our focus across each of those areas and we will be clear on how our current plans align and deliver the performance focus that is coming through from the new Government and the Secretary of State.

20.3 The challenge is to make sure that areas identified as priorities are delivered. Work with Clinical teams, Leadership teams and involve staff and residents to focus on improving outcomes.

20.4 Section A of the papers updates on what is happening within the system.

- Covid-19 autumn booster programme has started and has been positive across Shropshire Telford and Wrekin, but wanted to reinforce this to Organisational teams, Patients and members of the public and partners. Cohort lists are being worked through as set out in the national plan. Mr Whitehouse thanked colleagues that are part of delivering the programme.
- Recognition of the pressure the system is under around urgent and emergency care.
- Recognise the work that the teams are doing across the system to respond to that pressure he included community services, children's services, mental health and general practice. There is significant demand being placed on current health services.

Mr Whitehouse wanted to publicly, through this board meeting, thank our staff for the work they are delivering despite the current challenges they are facing.

20.5 Section B of the papers focuses on several key areas:

- The Integrated Care Partnership will shortly be established which is the overarching partnership board, that with the ICB makes up the statutory parts of the ICS. This needs to be built on the good work of the two Health and Wellbeing Boards that builds on the strategic needs assessments that already exists in our organisation. The Integrated Care Partnership needs to deliver an integration strategy.

- The draft strategy needs to be produced by December, and this needs to be taken through the correct governance routes to get that point.

- The Memorandum of Understanding (MOU) needs to be ratified as a Board today.

- The Hospital Transformation Programme (HTP) Strategic Outline case (SOC) received approval. Mr Whitehouse said he recognised that there would be some nervousness and some concerns in some partners and parties around what does it mean now in terms of the detail and how it gets taken forward. We have a collective responsibility to be able to articulate the strongly integrated out of hospital care and the delivery of that. Ensure the right services are in the right place for secondary care.

- The NHS has an Oversight Framework which sets criteria where each of our statutory organisations and the Integrated Care Board are scored against a number of criteria.

- The Integrated Care Board was tasked with working with our providers to do an assessment of those oversight framework ratings and to make a submission to NHSE with recommendations around where or organisations should be.

- Chief Executives and Board agreed to take a partnership approach. A self-assessment process was led by Chief Executives and Chairs in statutory organisations for that to be taken through their own governance routes, and then to a Chief Executives meeting, ready to be published at this Board. Outcomes can be seen in the report. We now need to ratify the outcomes to enable formal submission to NHSE.

20.6 Mr Roger Dunshea asked for a critical path on the production of the strategy in terms of our involvement as a Board. He went onto raise in relation to HTP and the local community programme concerns about communication and getting the message across to our communities and our patients about how we should go forward together.

20.7 Mr Whitehouse responded by saying that he would expect an outline of areas that need to be covered to be discussed at the Board Development meeting in October. In terms of HTP, we need to get the community-based approach right and in line with the needs for our population. We need to articulate both the stages will go through with the local residents around the development, as well as articulate and take on board their views on how we develop the solutions and do this in a co-production way.

20.8 Mr Meredith Vivian asked for re-assurance and assurance that the population are going to be part of the process of developing that strategy. He also asked for an update on the health and wellbeing hub in Shrewsbury and clarity on the ongoing consultation.

20.9 Mr Whitehouse responded that an Integrated Care Strategy would get produced for December as a first draft, which will be based upon pulling together Health and Wellbeing Board plans that are already in place rather than a full public consultation. Before the final version is published in 2023, we will fully engage with our local communities.

Mr Simon Whitehouse and Mrs Nicola Dymond to circulate to board timeline for final version of the Integrated Care Strategy to be published.

20.10 Mr Whitehouse stated that we need to ensure everything is being done to support general practice to be sustainable and to deliver high quality services. How do we support general practice to be sustainable to meet the needs of our population going forwards, in fit for purpose premises that we can deliver modern day general practices from in a way that allows us to build a community approach.

20.11 Mr Gareth Robinson commented that there are concerns within our population around the process. Those concerns focus on the process of engagement, the location that has been identified as the preferred location and the transport issues that relate to that. The options appraisal process has been reopened and nine options were originally reviewed. The consultation is an important aspect, and the informal consultation engagement has been done to date. The formal consultation will be done when a clear option can be carried forward and this will be done in the near future. It was originally scheduled for October but has now been delayed partially due to the reopening of the options appraisal.

20.12 Town Council meeting will take place on 4 October. A stakeholder reference group which has representatives from practices, local councils and other interested groups will contributed to the development of the options appraisal going forwards.

20.13 Dr Julian Povey offered to be involved in the Programme Team as needed.

20.14 Dr Catriona McMahon commented that we have to include the five-year strategy plus elements for a ten-year strategy in the HTP OBC. Having visibility of the timeline for the development of the 5-year Strategy is needed as soon as possible.

Mrs Nicola Dymond to share timeline for development of the 5-year strategy with SaTH

20.15 The Chair asked if this Board had a clear line of sight on the governance arrangements for HTP and the timelines for the delivery of the OBC.

Mr Nigel Lee to produce a briefing on the governance arrangements for HTP and the timelines for delivery of the HTP OBC to be circulated to the Board

20.16 Mr David Sidaway commented that Telford and Wrekin Council remain opposed to HTP. He would like to understand regarding the elective hub, how residents will benefit from the £10m investment. Mr Sidaway added for the Board's information that the first Integrated Care Partnership meeting would be held in early October.

20.18 Ms Lynn Cawley asked if Healthwatch would be invited to the first ICP meeting. Following on from the discussion around the Health and Wellbeing Hub, Ms Cawley wanted to make the Board aware that Healthwatch Shropshire have been raising concerns around the level of communications and engagement around the hub, and that they were not invited to attend the first reference group meeting.

20.19 Dr Povey asked as a board in relation to the MOU and National Oversight Framework, would we expect to see a report that has a rag rating and a progress assessment against those exit criteria.

20.20 Mr Whitehouse responded saying that we were working with NHSE to make sure the elements are connected, but it is important that the Board has sight of the draft criteria as it is developed.

20.21 The Chair requested that we do not produce another detailed performance management system with data and rag rates. We need to focus on the essential priorities.

20.22 Mr Terry Gee mentioned that he also has not received an invitation to the ICP meeting. He also commented that he was not confident that the entirety of the Voluntary Community Sector supports the HTP.

20.23 The Chair commented that the core membership for the first ICP meeting would be limited with a view that it would be developed in time. He confirmed that there will be a means of making sure that other partners are engaged and given an opportunity to influence the way the discussions go. He also mentioned that there would be more clarity in the document around membership.

The Board is asked to:

- **Ratify the MoU agreed between the ICB and NHS England**
- **Approve the Provider NOF ratings as agreed by the ICB Executive team and approve the draft metrics for the system exit criteria from SOF4**

RESOLVE: ***NHS Shropshire, Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.***

Minute No. ICB 28-09.021 ICB delegation to sign off the SaTH submission of the 10 Maternity Safety Actions of the Clinical Negligence Scheme for Trusts (CNST) reporting to NHS Resolution.

Mrs Vanessa Whatley presented the paper and highlighted the following:

21.1 SaTH is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is regulated by NHS Resolution (NHSR) and is designed to support the delivery of safer maternity care.

21.2 The scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

21.3 The purpose of the paper is to provide the Local Maternity and Neonatal System and Integrated Care Board with:

- Assurance that SaTH is compliant with the standards it is obligated to have attained by now. Details of the standards that must be evidenced between now and the reporting deadline of 5 January 2023.

The Board is asked to:

- **Review and accept the contents of the report**
- **Commit to confirmation of an Accountable Officer**
- **Be aware that there are specific submission and oversight timescales as outlined in the paper**

***RESOLVE:** NHS Shropshire, Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.*

Minute No. ICB 28-09.022 West Midlands ICB CEO Collaboration

Mr Simon Whitehouse presented the paper and highlighted the following:

22.1 The paper sets out an approach that we have been working on with five ICBs across the West Midland's part of our region to discuss how we might collaborate and work as a West Midlands level to avoid any duplication of work. The paper includes a proposed term of reference. The terms of reference have come to this Board to demonstrate a line-of-sight in the governance terms, of how that joint committee would report through to this Board for sign off.

22.2 The Chair asked what basis we will use to judge the success of the collaboration.

22.3 Mr Whitehouse responded with if we start to develop some of the responses to either the workforce challenges or some of our provider development in a way that gets us to be working differently with West Midlands Regional colleagues and we see that benefiting and articulated in our system.

22.4 The Chair asked whether the collaboration should invite local authority representation to explore the means of extending the terms of reference and the priorities for action which deal with the interface between health and social care for which ICBs have all got responsibility.

22.5 Mr Whitehouse clarified that the collaboration is to focus primarily on the delegation of NHS commissioning responsibilities from NHS England to ICBs.

The Board is asked:

- **to approve the TOR and to confirm the expectation that the TOR will be reviewed as delegation arrangements progress through into 2023/24.**
- **to note the commissioning framework and to confirm (as part of the TOR for the committee) that it is for the committee to determine the most appropriate arrangements for each activity and/or function.**

***RESOLVE:** NHS Shropshire Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above*.

Minute No. ICB 28-09.023 People Services and Functions

Mrs Tracy Hill presented the paper and highlighted the following:

23.1 **Chief People Officer role**:
Following discussions with Chief Executive colleagues it has been agreed to go out to recruit a Chief People Officer for Shropshire Telford and Wrekin.

23.2 The Chair commented that he was supportive of the principle subject, being clear that there are not any opportunities to share a Chief People Officer with a neighbouring ICS. The appointment of a Chief People Officer has within the job description the task of finding ways of unifying the people functions within the various NHS organisations. After further discussions it was clear that we should proceed with the appointment, which is exclusively for Shropshire Telford and Wrekin, and to be clear that there will be a clear statement of intent that describes the internal collaboration between organisations including the extent to which local authorities want to get involved.

23.4 Dr Catriona McMahon commented that the statement of intent is within the current people plan.

23.5 Dr Julian Povey commented that it was important to have a Chief People Officer across the ICS, but there is a need to ensure this covers or feeds into primary care; both general practice and the wider strategy.

23.6 Ms Lynn Cawley informed the Board that increasingly in recent years staff from across health and social care have contacted Healthwatch to raise concerns about their working circumstances and their employer and increasingly this is happening since the pandemic. Ms Cawley had made a previous request to attend the people Board to inform them that Healthwatch had included a page for workforce on their website for staff and to discuss issues.

Ms Keegan to contact Ms Cawley to see how the People Board could accommodate the interest and intelligence that Healthwatch have gathered.

23.4 **STW NHS People Team:**
Mrs Hill clarified that this is a central resource which is to support the development and transformational programs in relation to our workforce going forward. Historically been funded by monies received from Health Education England. This approach has only afforded short term employment contracts to be available. Securing longer term resource has been considered to provide that central support, and conversations will be had with Chief Executives. Further update will be presented at a future Board.

23.5 **Progress with People Plan and Workforce Big Ticket programme**
Despite resource challenges progress is being maintained in those programmes of work which have been determined as priority.

23.6 The Chair asked Mrs Hill to give some thought to having a more substantial discussion about this at a future meeting. Mrs Hill agreed and said it would be useful for it to coincide with the Integrated Delivery Committee. The Chair requested that the Local Authorities and others were involved in the discussions.

It was agreed to add Progress with the People Plan and Workforce Big Ticket programme to the agenda for January's Board

The Board are asked to:

- **Note the content of this paper and**
- **Support and/or direct further actions as appropriate**

RESOLVE: ***NHS Shropshire, Telford and Wrekin Board Members NOTED the content of the report and APPROVED the recommendations as stated above.***

Minute No. ICB 28-09.024 ICS Performance Update

Mrs Claire Skidmore introduced the first item on finance and highlight the following

Finance

24.1 The System holds a £19m deficit plan for 2022/23 and carries a significant underlying deficit. Local challenges that impact on expenditure include those associated with geography, configuration of estate and availability of substantive workforce.
The Month 5 system financial position shows an overall £8.1m adverse variance to the plan submitted. The current forecast outturn (FOT) position shows a £4.1m adverse variance to plan in line with the forecast reported at Month 4. Most of this variance relates to the unrecoverable year to date COVID overspend and escalation areas remaining open and includes assumptions about mitigations to current overspends which will be tested as part of the exercise to review the forecast at Month 6. These mitigations are currently flagged as high risk.

24.2 The Chair has asked the Chairs and Chief Executives of the NHS organisations including the ICB to focus on the plans that were agreed at the beginning of the financial year because these need to be delivered.

24.3 The Chair also requested that Robert Jones and Agnes Hunt and Shropshire Community Trust to look at what opportunities can be given up to help contribute towards the overall position.

24.4 There have been discussions with both Local Authorities around tackling the problems of medically fit for discharge patients.

24.5 Dr Povey asked what differentiation was used between what is the system risk, what is an ICB risk and what is an individual Trust risk?

24.6 Mrs Skidmore responded by saying that there was an element of the overall stretch for our savings target that was agreed collectively would add when we were designing the final version of the plan which took us to the £19m deficit position. As there were no schemes identified against that where we could allocate that number to a specific organisation, it was agreed that we would capture our system risk.

Ambulance handover performance

Mr Gareth Robinson presented the paper and highlighted the following key points:

24.7 Positive level of activity through Same Day Emergency Care (SDEC) and percentage of patients that are triaged within 15 minutes. Despite some improvements in ambulance handover performance in August we have seen a deterioration during September. There are two specific changes during the course of September and October which will be addressed.

24.8 The NBT Trial was commenced at PRH recently which is a different way of managing patients through their clinical pathway as they get ambulance offload to ED and through to wards. The trial commences at RSH today. This will increase an acceleration in ambulance handovers.

24.9 Recruiting Paramedics into ED will take place in the next 4/5 weeks at PRH

104 and 78 week waits

24.10 Slight variance as highlighted in the report against the 104 week wait performance. Over delivery of activity from RJAH in terms of the internal performance is offsetting an underperformance in mutual aid.

24.11 There is a fundamental change in the National target position. We had signed up to a system operating plan which had a trajectory for clearance of 104 week waits by the end of February 2023, this had been brought forward with an expectation of clearance by October, which is not deliverable. Mitigating actions are in place to reduce this as fast as possible

Cancer

24.12 At the end of August, the system is behind its planned reduction of >62day backlog. This is due to a combination of capacity and demand issues in three main tumour sites of urology, gynae and colorectal. The system has taken several actions to get underneath the issues and improve its position by the year end: -

- Completed a full analysis of the cancer backlog by patient to understand where each patient is in their journey, developed associated action plans which are being monitored weekly.
- Reviewing and improving pathways, including utilising a 'Best Practice Pathways Project Manager' for challenged pathways.
- Plan in place with radiology team to get extra capacity from outsourcing.
- Fully utilising breast community pain clinics to reduce pressure on 2ww appointments.
- Fully utilise current FIT process whilst planning to tender new service for April 23

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

24.14 The Chair asked Mr Meredith Vivian what the Quality and Performance Committee's evaluation of the current performance.

24.15 Mr Vivian said that the Committee receives detailed data and questions and queries the performance but will take this question back to the Committee and ask what else can be done.

The Board is asked to note

- **The current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce.**
- **Urgent and emergency care it is asked to note the actions requested via the Integrated Delivery Committee for system partners regarding UEC improvement.**
- **Elective/Cancer recovery the Board is asked to receive assurance that all operational actions that can be done are being done.**

- **Diagnostics, the Board is asked to request that the Director of Elective Recovery works with the Chief Operating Officers of both providers to urgently complete the work on the combined demand and capacity modelling which will inform the system recovery plan.**

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

Minute No. ICB 28-09.025 UEC Improvement plan

Mr Gareth Robinson introduced the paper and highlighted the following:

25.1 Following the development of an initial Shropshire Telford & Wrekin Urgent and Emergency Care Improvement Plan in 2021/22, work has been completed on a refreshed plan for the 2022/23 period. The plan sets out to ensure an agreed set of improvement priorities, developed by the system, are in place to identify and tackle areas of service improvement, transformation, and redesign to ensure that we are providing the best services for our residents and addressing areas where performance is below the standard we would want. The plan, previously approved by the ICS Shadow Board, has recently moved from the development stage to the implementation stage and this report provides a position on progress against targets.

The Board is asked to:

- **To note the deteriorating position of the UEC Improvement Programme and request an update from the UEC Delivery Board in October on the recovery plan in place to ensure that the Programme is back on plan and resources are made available to support these improvements**
- **Individual organisation officers are requested to identify resource from within their organisations to support the remedial activity. Where recovery is not outlined, a detailed appraisal of each project will be required.**
- **Note the steps being taken to better address areas where performance is not as expected and to improve processes for gaining assurance.**

25.2 **Winter plan**

- System-wide working

The NHS STW Winter Plan is a system wide document that reflects the capacity and demand modelling and plans across all health and social care partners. Planning commenced in June with a system workshop involving all partners which has then led into an engagement process culminating in final review by all system operational leads and Chief Executive Officers. CEO Approval was provided on 21st September with a small number of conditions:

Clarity to be provided on how the tracking and monitoring of the actual position against the capacity and demand model would be carried out. Development of a Surge Response Plan is to be brought back to CEOs for approval. This Surge Response Plan will set out the specific actions the system can take to deal with the potential acute bed shortfall

The ICB Board is asked to approve this Winter Plan on the basis of those conditions being completed during October.

25.3 There was qualified support from SaTH, although Mr Nigel Lee commented that the plan still could contain risks for SaTH.

25.4 Mr Robinson replied with there are two risks:

- Some of the assumptions with capacity and demand model.
- MFFD numbers currently at approximately 145 if this deteriorates significantly this will have an impact on the position as will the impact of Flu/Covid/norovirus through winter. We have planned for historical rates from January 2020 through to current with the exclusion of the highest peaks of covid.

Minute No. ICB 28-09.026 Committee Reports

26.1 The Chair firstly apologised to Mr Harry Turner as the Integrated Delivery Committee report had been omitted from the agenda and invited him to make a verbal report instead.

26.2 Mr Turner explained to the Board that the IDC was a delivery committee rather that an assurance committee. A pragmatic approach will be taken, and Terms of Reference and membership will be monitored so it is fit for purpose. Deep dive will be done around the big-ticket items.

Finance Committee

26.3 Mrs Claire Skidmore presented the report and highlighted the following:

- The inaugural finance committee meeting was held on 28th July and the second one took place earlier today.

- Terms of reference have now been reviewed and Mrs Skidmore requested support from the Board to sign these off so the development of the committee can be continued.

  The key areas of focus were:

- In the terms of reference, the membership of the committee, and a proposal was put forward to invite finance committee chairs or equivalent from each partner organisation to sit on the system part of the meeting.

- Having an additional Expert Lay Advisor for Finance to support as Vice Chair of the Committee, who can add non-executive challenges into discussions.

The Board approved the terms of reference and the recruitment of an additional Lay Expert Advisor to be Vice Chair of the Finance Committee.

Quality and Performance Committee

26.4 Mr Meredith Vivian presented the report and highlighted the following:

- Future meetings will be arranged so they are more contemporary.

- The risk register will be at the top of each meeting with the agenda being driven by those risks that are a feature and need attention.

- Terms of Reference have now been agreed.

- Dementia targets slipping behind, recovery plan in place.

- Mental Health needs to be addressed at this Board going forward

Audit Committee

26.5 Mr Roger Dunshea presented the report and highlighted the following:

- The Committee has concerns regarding the strategy and objectives.

- There is a need to have a supporting risk management framework which needs to be developed quickly to ensure all the elements of the ICSs objectives that the key pledges and aims are properly placed in a governance framework.

Mrs Nicola Dymond to lead on this piece of work which will go through Audit Committee and then presented at future Board, so the Board assurance framework is aligned to the strategic priorities

System People Committee

26.6 Dr Catriona McMahon presented the report and highlighted the following:

- The people committee sits underneath the strategic arm of the system rather than the assurance arm.

- Terms of reference have now been modified to reflect membership and attendees to ensure there were voices from all the stakeholders that will have influence on shaping the future workforce across the whole system including the third sector, further education universities and local authorities.

- First meeting will be held in November which will include a strategy discussion, looking at the workforce in line with work already being undertaken

Primary Care Commissioning

26.7 Dr Niti Pall and Mr Nick White presented the report and highlighted the following:

- Decisions are to be made around the content of the agenda.
- What risk registers need to be reviewed at meetings.

A fuller report will be presented at the next Board.

Remuneration Committee

26.8 Mrs Tracy Hill presented the report and highlighted the following:

- Terms of Reference approved by the committee.

26.9 Mr Meredith Vivian asked for an update around the plans for the substantive ICB CEO role.

26.10 The Chair responded by saying that approval had been sought with the regional office on the 29th June to proceed with the appointment, but we are still awaiting the go head to start the recruitment process.

Minute No. ICB 28-09.027 Information Only - Publication of the Independent Inquiry into Child Sexual Exploitation in Telford

27.1 The Chair encouraged Board members to read the Publication of the Independent Inquiry into Child Sexual Exploitation in Telford, which is in the appendices for information.

Minute No. ICB 28-09.028 Information Only - NHS Shropshire, Telford and Wrekin CCG Annual Report and Accounts

28.12 The Board noted the report

Minute No. ICB 28-09.029 Information Only - Due Diligence Assurance

29.01 The Board noted the report

Minute No. ICB 28-09.030 Information Only - Policy Alignment

30.01 The Board noted the report

Minute No. ICB 28-09.031 Information Only - 22/23 NHS Operational Plan

31.01 The Board noted the report

There were no further matters to report.

17:10pm – Meeting Closed

Date and Time of Next Meeting
Wednesday 30 November 2022 – 2pm, Sovereign Suite, Shrewsbury Town Football Ground, Montgomery Waters Meadow, Oteley Rd, Shrewsbury SY2 6ST

SIGNED …….. DATE ……

Integrated Care System
Shropshire, Telford and Wrekin

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ACTIONS FROM THE INTEGRATED CARE BOARD MEETINGS HELD IN PUBLIC

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
1.	28 September 2022 Minute No. ICB 28-09.017 Matters arising and action list from previous meetings	Population Health Management – CEOs were seeking resources to deliver the program. This has now been debated and next steps discussed. Mr Simon Whitehouse to check on progress and update prior to the next Board meeting	Simon Whitehouse	30 November 2022	Complete This will report back to the Population Health Board in the next few weeks. Fuller report needs to go to strategy committee
2.	28 September 2022 Minute No. ICB 28-09.019 Residents Story: Musculoskeletal pathway	Ms Keegan to discuss with Anne Marie about joining the MSK group as a patient representative. Ms Keegan suggested bringing a report/paper back on MSK Transformation to November's Board for a broader discussion Circulate document for information around communication to patients around waiting times. Analysis and look at any actions that need to be taken collectively to understand how diagnostic waiting times in areas that are not included in national/regional performance management can be improved.	Stacey Keegan	30 November 2022	Complete – request made. Deferred to January Board meeting to allow enough discussion time of the item Complete, Agenda - Planned Care Delivery Board

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
3.	28 September Minute No. ICB 28-09.020 Interim CEO update	Integrated Care Strategy Mr Simon Whitehouse and Mrs Nicola Dymond to circulate to board the timeline for final version of the Integrated Care Strategy to be published.	Simon Whitehouse and Nicola Dymond	30 November 2022	Complete
4.	28 September 2022 Minute No. ICB 28-09.020 Interim CEO update	Health and Wellbeing Hub in Shrewsbury Mr Simon Whitehouse to circulate to board exact date in 2023 for final version to be published. Mr Nigel Lee to produce a briefing on HTP for next Board	Simon Whitehouse Nigel Lee	30 November 2022	
5.	28 September 2022 Minute No. ICB 28-09.023 People Services and Functions	Chief People Officer role: Ms Stacey Keegan to contact Ms Lynn Cawley to see how they could accommodate the interest and intelligence that Healthwatch have gathered.	Stacey Keegan	30 November 2022	Complete - Meeting being arranged.
6.	28 September 2022 Minute No. ICB 28-09.023 People Services and Functions *Progress with People Plan and Workforce Big Ticket programme*	It was agreed to add Progress with People Plan and Workforce Big Ticket programme to the agenda for Januarys Board	Board Secretary	25 January 2023	For January agenda

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
7.	28 September 2022 Minute No. ICB 28-09.025 UEC Improvement plan	Mr Gareth Robinson to update the Board with any further developments on the winter plan	Gareth Robinson	30 November 2022	
8.	28 September 2022 Minute No. ICB 28-09.026 Committee Reports	Audit Committee: Mrs Nicola Dymond to lead on this piece of work which will go through Audit Committee and then presented at future Board, so the Board assurance framework is aligned to the strategic priorities	Nicola Dymond	25 January 2023	

Actions Closed

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
1 July 2022 ICB 01-07.004 NHS Shropshire Telford, and Wrekin Governance Handbook	Governance Handbook - Review terms of reference and membership at first committee meetings. Look to consolidate that information in committee terms of reference that require amendment for approval by the Board.	Nicola Dymond	28th September 2022	Complete 28-09-2022
1 July 2022 ICB 01-07.005 Transition from CCG to ICB – Adoption of NHS Shropshire Telford and Wrekin CCG Policies	Transition from CCG to ICB – Adoption of NHS Shropshire, Telford, and Wrekin CCG Policies – Updated report for Septembers board	Nicola Dymond	28th September 2022	Complete 28-09-2022
1 July 2022 ICB 01-07.008 Transition from CCG to ICB – Due Diligence Assurance Report	Transition from CCG to ICB – Due Diligence Assurance Report An update will be presented at Septembers Board	Nicola Dymond	28th September 2022	Complete 28-09-2022
29 June 2022 – Shadow ICB Meeting ICS 29-06.007 - Access and referrals for children into learning disability and autism services.	The Chair asked for the Quality and Performance Committee to give some thought to this suggestion when it meets as a precursor to bringing something back to this board at an appropriate time.	Meredith Vivian Alison Bussey	28th September 2022	Complete 28-09-2022

Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
29 June 2022 – Shadow ICB meeting ICS 29-06.012 - ICS Performance Update inc. People and Finance.	• Mr Gareth Robinson to bring an update of UEC Improvement plan to a future ICB Meeting. • Mrs Garside to bring a quarterly place-based dashboard back to this Board going forward with high level metrics included. Mrs Claire Skidmore, Mrs Julie Garside, Mrs Tracy Hill, and Mr Gareth Robinson to work together on developing the performance reporting through to the Board based upon the assurance received from its committee structure.	Gareth Robinson Julie Garside Claire Skidmore	28th September 2022	Complete 28-09-2022
29 June 2022 – Shadow ICB meeting ICS 29-06.013 - 22/23 NHS Operational Plan	The Chair asked for the correct paper about the Operational Plan to be issued as soon as practicable.	Gareth Robinson	29th June 2022	Complete 28-09-2022
30 March 2022 – Shadow ICB meeting ICS 30-03.011	Mrs Garside to present a summary dashboard for the system containing 19 key metrics and CQC compliancy reports for each local authority is being finalised and it is expected that these will be reported to the ICS Board from April	Julie Garside	27th July 2022	Complete 28-09-2022

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ICS board – Questions received from members of the public

Name, Date and Time	Submitted questions	Summary Response
14/09/22 - 16:47 **Kate Halliday** **Shropshire Councillor Belle Vue Ward**	1. At the ICS Board meeting on 29th June 22, in response to a question from the public about transport to the health and wellbeing hub, the ICS stated that' The programme is working with the Council to ensure that there is a specific bus route that stops next to the new Hub. There are also Section 106 monies from the wider SUE South development to support a new bus route. The modelled cost savings will be developed as part of the business case'. In response to a councillor question put to them on 7th September 22, Shropshire Council Cabinet confirmed that they will not be funding public transport routes to the hub. Please could you clarify: a. If the proposals go ahead will the ICS fund bus routes to the hub if there is no adequate public transport for the patients of existing surgeries, as is the case for the preferred site on Oteley Road? b. If the ICS will not fund public transport to the hub, and none is available at their preferred site, will they proceed with their plans? 2. I understand that NHSE are considering funding the proposed Health and Wellbeing hub (a Cavel Centre) in Shrewsbury. Whilst the funding amount is not being made public at present, if the hub goes ahead and the building goes over budget who will be responsible for the overspend?	With the support of the Council, the Project Team is currently rerunning the site options appraisal to determine the most suitable alternative sites for the hub. A travel impact assessment will be undertaken on any shortlisted site options once they are identified. This will allow the Programme Team to understand the travel requirements At this point it is not possible to commit to funding services. The programme will seek to develop a specific transport approach for the chosen site once we are at that point The Full Business Case will only be submitted to NHSEI if it is affordable within the funding available

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Integrated Care Board

Agenda item no.	ICB 30-11.040
Meeting date:	30th November 2022
Paper title	ICB CEO Update Report
Paper presented by:	Simon Whitehouse, ICB Chief Executive
Paper approved by:	Simon Whitehouse, ICB Chief Executive
Paper prepared by:	Melissa Asbury Business Manager to the ICB Chief Executive
Signature:	
Committee/Advisory Group paper previously presented:	Not applicable

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

Previous considerations:	Not applicable

1. Executive summary and points for discussion

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

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

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

A. Hospital Discharge funding
B. SEND inspection update
C. Palliative Care assessment outcomes by NHSE
D. National Oversight Framework Q2 Review

A. Hospital Discharge Funding
This section provides an update as to the current position with Hospital Discharge Funding and the work being undertaken by partners to support patients upon discharge from hospital.

B. SEND Ofsted Inspection Update
This section provides an update as to the Ofsted inspection of SEND services on 21st November 2022.

C. Palliative Care assessment outcomes by NHSE

This section provides a progress report as to the Palliative Care assessment outcome framework and the national recognition of the progression of the system in this area.

D. National Oversight Framework Q2 Review

This section provides an update as to the correspondence that has been received setting out the NHS England decision on the ICB and our providers.

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

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

3. Recommendation(s)

The Board is asked to-

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

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

5. Appendices

Appendix A – QSRM Feedback letter September 2022

Appendix B - Palliative and End of Life Care Update

Appendix C - STW NOF Letter re Quarter 2 segmentation and Quarter 3 process

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	Section 3
Quality and Safety	Section 3
Equality, Diversity, and Inclusion	-
Finances and Use of Resources	Section 3
Regulation and Legal Requirements	Section 3
Conflicts of Interest	-
Data Protection	-
Transformation and Innovation	-
Environmental and Climate Change	-
Future Decisions and Policy Making	Section 3
Citizen and Stakeholder Engagement	

Request of Paper:	**The Board is asked to-** • **Note the detail provided in part one of this report** • **Note the detail provided in the update for hospital discharge funding** • **Note the update regarding the SEND Ofsted inspection** • **Note the feedback regarding Palliative Care assessment outcomes by NHSE** • **Note the outcomes of National Oversight Framework Assessment for Q2**	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

ICB CHIEF EXECUTIVE OFFICER UPDATE REPORT

1. INTRODUCTION

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 is supported with appendices that are contained in the supporting pack of Board papers.

The first part of the paper provides a generic update on activities at both a national and local level – CEO Business Update.

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

A. Hospital Discharge funding
B. SEND inspection update
C. Palliative Care assessment outcomes by NHSE
D. National Oversight Framework Q2 Review

2. CEO BUSINESS UPDATE

2.1 On the 29th September 2022, system colleagues took part in the Quarterly System Review Meeting (QSRM) with colleagues at NHSE/I. There was robust challenge and discussion in the session, however there was recognition of partners across STW working well together, and an acknowledgement of the challenging circumstances under which we are currently operating. The full feedback letter is provided as **Appendix A** to this paper. The regional team gave positive feedback on several areas including –

- Continued system working to deliver the Covid vaccination programme
- HTP progression from SOC to OBC
- Demonstratable progress in terms of responding to the IPC concerns at RJaH
- National prominence for the positive work being undertaken on Palliative and End of Life Care (PELOC).

There remain challenges, well known in the system, which are identified in the response regarding finances, urgent care and ambulance handover delays, elective care (particularly around 104 week waits and cancer) and workforce. There are ongoing actions for the system which are being undertaken at pace and the next QSRM is 7th December 2022.

2.2 There have been a number of visits and wider system conversations that have taken place since the last Board meeting-

- On the 11th October, Nick White, Chief Medical Officer and myself spoke at the Consultant Welcome event at SATH, and this was a great introduction to many medical colleagues joining us within STW.
- Board Members and Executives from NHS STW and STW ICB were able to join Board colleagues at RJAH on the 12th October for a Board to Board session. This

was a great opportunity to discuss the continued progress with IPC concerns and to continue the development of a joint approach to tackling the ongoing issues with 104ww patients. Board to Board sessions are planned with the other providers in our system in the near future.

- Colleagues and I attended a briefing with MP colleagues from STW on the 21st October and were able to update on a number of key areas including UEC and Ambulance handover delays, HTP and LCP and finance issues.

2.3 As I shared in the September Board update, Sir Neil McKay and I joined a group of local GPs in early September to discuss plans for the Shrewsbury Health and Wellbeing Hub and its development. The key to a strong Integrated Care System must be a healthy and sustainable General Practice and the opportunity to gain valuable insight and knowledge was appreciated by myself and Neil. There was a subsequent meeting held on the 27th October to discuss the developments and opportunities for the Hub and we remain committed to continued engagement and communication with our primary care colleagues in this matter. I have been fortunate enough to visit a number of colleagues across general practice over the last two months – my thanks to Dr Kate Leach, Dr Mary Eardley and colleagues at Belvedere Medical Centre; Jane Read and Colleagues at Claremont Bank; Izzy Cullis and colleagues at Marysville Medical Practice; Zoe George and colleagues at Marden Medical Practice; Ed Jutsum and colleagues and Beeches Medical Practice and finally to Rachel Sissons and the team at Riverside Medical Practice. Alongside these visits, I have also taken part in a PCN development day supported by colleagues with the Kings Fund.

2.4 As has been previously noted, the launch event of the High Potential Scheme took place on 23rd November. Recruitment to the second cohort has been completed for candidates within Shropshire, Telford and Wrekin alongside colleagues in Staffordshire and Stoke-on-Trent. The programme is designed to increase the diversity of senior leaders and retain leaders with high potential to accelerate their careers into Executive Director roles and is delivered in partnership with SSOT ICS and the National Leadership Academy. We have also been able to offer LA colleagues access to this development programme and we are delighted to have 3 colleagues from Telford and Wrekin Council as part of this cohort.

3. INTEGRATED CARE SYSTEM DEVELOPMENT

A. Hospital Discharge Funding

At the time of writing this paper we are still waiting for the national guidance on the Social Care Discharge Funding that was announced several weeks ago. Locally, there have been constructive and honest conversations between system partners, with a recognition that this is a challenging situation for us all. However, all parties remain committed to the partnership working that will support our teams in the delivery of integrated care. Moving forward, the joint work on effective discharge and enablement activity is more important than ever given the pressures in our UEC pathways and the ambulance handover delays. Ensuring that we have the right support provided to meet the needs of local people and delivered through a model of care that is fit for purpose needs to be one of our collective priority transformation areas.

Section 91 of the Health and Care Act came into force on the 1st of July 2022 and this government guidance relating to discharge (Hospital Discharge and Community Support guidance (1st July 2022) sets out the following:

Local areas can choose the appropriate funding mechanisms to enable these processes, such as the Better Care Fund (BCF), or other means that are affordable within existing budgets available to NHS commissioners and local authorities. For example, the BCF can, subject to local agreement, continue to be used to fund services at the interface of the health and social care system, such as intermediate care and hospital discharge planning, as well as core adult social care services and breaks for unpaid carers.

This sets out the context for the work that is currently underway by our combined operational leadership teams to deliver, by the end of November, a proposal to Chief Executive Officers across the ICB that sets out options for delivering our shared responsibilities across both discharge pathways and existing BCF services within the overall funding envelope of the BCF. We remain confident that the ability and expertise that exists within our respective organisations will enable innovation and service change to meet the local needs in the context of some difficult choices that will need to be made.

Partners have also been working together to share the collective responsibility to reduce the number of patients that are currently in hospital who have 'no criteria to reside'. There is a significant amount of work that SATH continues to undertake to improve their internal processes around discharge, and we have seen a decrease in the number of failed discharges since this work commenced. We are now sharing the focus to working with community and local authority partners to deliver against an improvement trajectory for the 'no criteria to reside' patients.

It is difficult to think of a more compelling case for the delivery of integrated care and the need for strong system working. The work of the two place boards, alongside the leadership of all partners in the system is essential to progress this matter and to support the safe and effective discharge of patients to the most appropriate environment for their onward care.

B. SEND Inspection Review

We have notification from Ofsted and CQC of the Area SEND Re-visit Inspection of Shropshire services following the Local area review in January 2020 and the subsequent Written Statement of Action. Inspectors were in Shropshire from **Monday 21 November 2022.** The purpose of the re-visit is to determine whether the local area has made sufficient progress in addressing the areas of significant weakness detailed below.

1. Inconsistent strategic leadership and weak strategic planning most notably in the CCG, including the ineffective use of data to accurately commission and plan services
2. The lack of inclusion of health services' input into the area's SEND action plan
3. Significant waiting times for large numbers of children and young people on the ASD and ADHD diagnostic pathways

4. Significant waiting times for those needing assessment and treatment from the speech and language therapy service

5. Inconsistency in the quality of input from education, health and care into EHC assessment and planning

6. The high rate of exclusions for children and young people with an EHC plan and the high rate of repeat fixed-term exclusions for those receiving SEND support.

Inspectors will be evaluating the experiences of children and young people with SEND. Most inspection evidence is gathered by looking at individual children and young people's experiences, largely through meeting with practitioners, education settings, children, young people and their families to understand the nature and impact of their work and scrutinising records. A more detailed update will be presented once the Ofsted/CQC findings have been received.

C. Palliative Care assessment outcomes by NHSE

There has been positive movement following the quarterly review of palliative care assessment outcomes by NHSE. A meeting took place with the NHS England network and members of Shropshire, Telford and Wrekin ICS, and this evidenced significant progression in the domains identified which has moved the system from level 3 to level 2, with assurance meetings bi-annually rather than quarterly. NHSE colleagues reported significant improvement in their assurance, including recognition of excellent work with regard to Governance assurance from 'emerging' to 'mastering', and also the recognition of good links to STW ICS Quality group. Detailed in **Appendix B** is the outcome self-assessment framework (NHSE Palliative and End of Life Care Maturity Matrix) with the current position and plans for further improvement in this area.

D. National Oversight Framework Q2 Review

As can be seen in **Appendix C** correspondence has been received setting out the NHS England decision on the ICB and our providers. Board members will recollect that a process was put in place across the system where providers undertook a self-assessment, and this was then further reviewed within the ICB alongside the supporting evidence. We will continue to work with our providers and with NHS England as we complete the Q3 process as set out in the correspondence.

4. CONCLUSION

The Board is asked to-

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

Simon Whitehouse
CEO
NHS Shropshire, Telford and Wrekin

Integrated Care System
Shropshire, Telford and Wrekin

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Integrated Care Board

Agenda item no.	ICB 30-11.041
Meeting date:	30 November 2022
Paper title	Integrated Care Partnership Progress Report
Paper presented by:	Nicola Dymond Director of Strategy and Integration
Paper approved by:	Nicola Dymond Director of Strategy and Integration
Paper prepared by:	Alison Smith, Director of Corporate Affairs Sarah Walker, Principal Improvement Consultant, MLCSU Irene Schwehla, Senior Improvement Consultant, MLCSU
Signature:	
Committee/Advisory Group paper previously presented:	An ICP progress report together with the Committee's terms of reference were approved by the Board at its meeting held on 27th July 2022 – item number ICB-27-07.011

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

Previous considerations:	**None identified.**

1. Executive summary and points for discussion

The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations. Shropshire< Telford and Wrekin ICP held its inaugural meeting on 5th October 2022.

This report seeks to:

a) present amended terms of reference for the Integrated Care Partnership (ICP) for approval;
b) provide an update on the discussion held at the first ICP meeting on 5th October; and
c) provide an update on the development of the integrated care strategy.

a) Integrated Care Partnership Terms of Reference

At the first meeting of the Integrated Care Partnership the terms of reference that were approved at the Board meeting on 27th July 2022 were considered and amended. The ICP agreed to recommend to NHS Shropshire, Telford and Wrekin and the two respective Local Authorities to approve the amendments. There were some minor amendments which are shown in Appendix 1 as tracked changes:

- separation of Director of Children and Adult Services in the membership bullet points;
- the addition of Lead Cabinet Members for Shropshire Council being able to chair in the absence of the Leader; and
- addition of a dispute resolution as Appendix 2 which had been missing from the version the Board considered on 27th July.

The Board is recommended to approve the amendments as outlined above and in Appendix 1.

b) Update on the discussion held at the first ICP Board meeting on 5th October

Agenda items discussed in addition to the TORs - see paragraph a) – were

- A presentation on the Integrated Care Strategy and ICS Priorities given by the Chief Executive of Shropshire Council where he set out how the ICP was a key part of setting strategic direction, building on the work undertaken by the two Health and Wellbeing Boards. Opportunities for joint and collaborative working across a wide range of partners in order to improve the health and wellbeing of the local population were discussed. Proposed next steps were consideration of key committees and agendas and consultation with organisations. A sensible and pragmatic approach was considered the best approach to be taken in order to work together and avoid duplications.

- An update on the Headlines of the Joint Strategic Needs Assessment (JSNA) from Shropshire and Telford and Wrekin Council was received and noted by the Board. A discussion took place in relation to the work on the JSNA and it was suggested that data was used to influence early intervention and prevention and these be key agenda items.

- The Director: Health & Wellbeing (TWC) and the Executive Director: Health, Wellbeing & Prevention (Shropshire Council) presented a joint report on the Health and Wellbeing Strategies for Shropshire and Telford & Wrekin. The ICP noted the points made in the presentation.

- Next steps suggested were

    - To arrange a meeting at the end of the year to look at priorities utilising the work already undertaken by Healthwatch.
    - To consider the totality of the funding and whether to switch from favoured services to a reallocated in a different way.

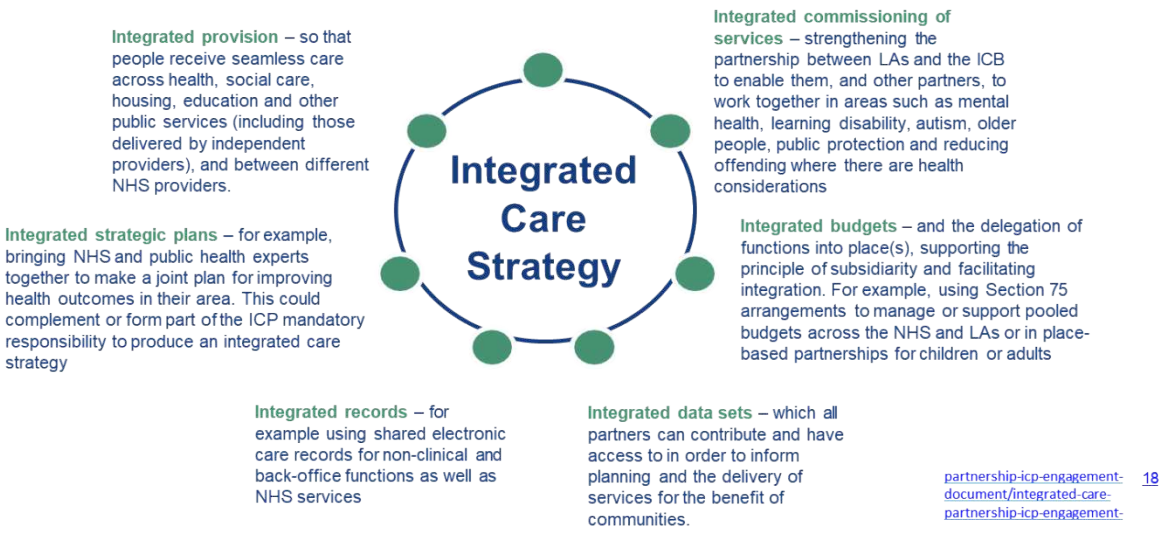
c) Update on the development of the Integrated Care Strategy (IC Strategy)

An IC Strategy development working group, comprised of ICB, Local Authority and local Health Watch members has been meeting regularly since the beginning of October 2022 to progress the development of the draft IC Strategy.

The following legislative criteria are being considered in the development of the IC Strategy

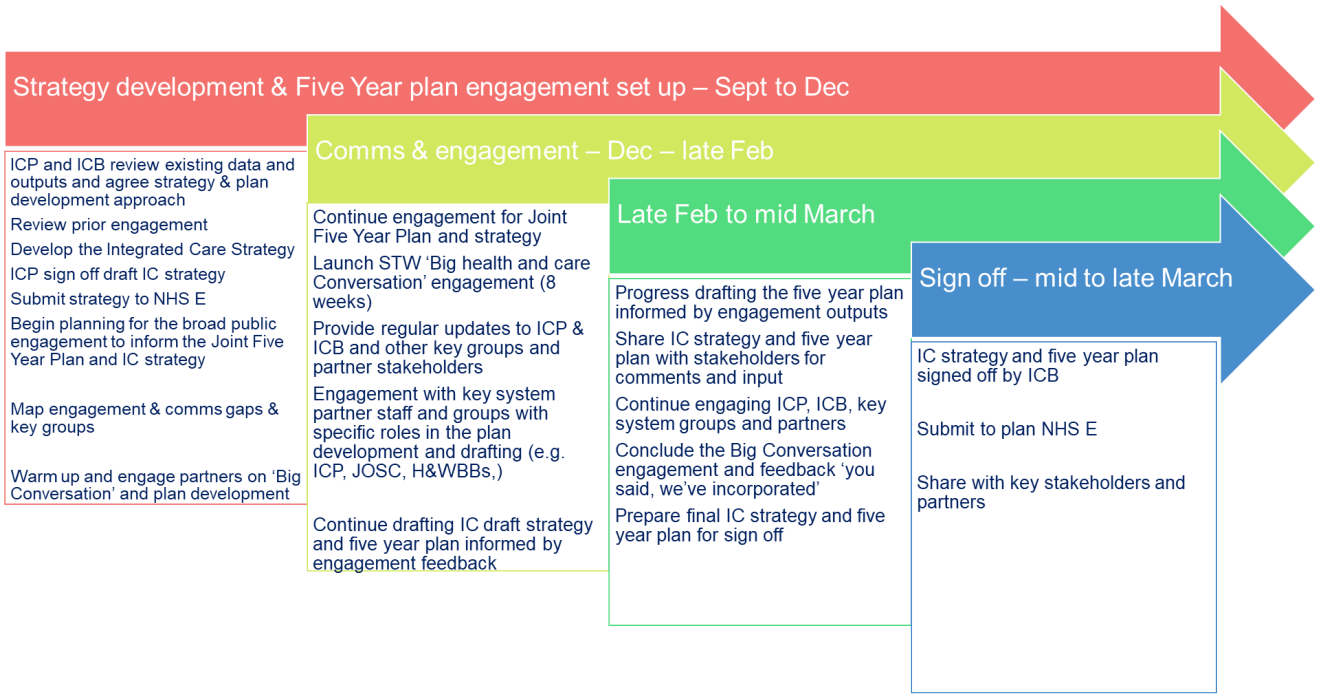
INTEGRATED CARE STRATEGY *An integrated care partnership must prepare a strategy (an "integrated care strategy") setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, partner local authorities and NHS England*	
MUST	**MAY**
Involve people who live and work in the area	Include a statement on how other related public services can be more closely integrated with health and social care
Involve local Healthwatch organisations	
Have regard to the NHS Mandate	
Have regard to any guidance issued by the Secretary of State for Health and Social Care	
Consider the extent that needs can be met through section 75 agreements	
Publish each strategy and give a copy to each LA and ICB	

Key components, as recommended by NHS England, will be considered for the IC Strategy



A workshop to engage stakeholders from the Shropshire, Telford and Wrekin ICB, Healthwatch, local councils, provider and partnership organisations, the voluntary sector and other bodies across the Integrated Care System took place on 16 November 2022. Participants were asked for input on the draft mission and values and the priorities of the ICS, how to embed new ways of working into the system and how to ensure effective partnership engagement and input moving forward, in the shaping and development of the ICS's plans. Stakeholder input will inform the next draft version of the Integrated Care Strategy.

Extensive engagement on the Five Year Forward plan and the IC Strategy has already begun and will continue as set out in the timeline below.



Which of the ICB Pledges does this report align with?

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

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

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

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

N/A

4. Appendices

Appendix 1 – Integrated Care Partnership Terms of Reference and appendices – with tracked changes

Appendix 2 – Dispute Resolution

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

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

INTEGRATED CARE BOARD – 30th NOVEMBER 2022

Agenda item no.	ICB 30-11.042
Meeting date:	30th November 2022
Paper title	GP Access Report
Paper presented by:	Claire Parker, Director of Partnerships and Place
Paper approved by:	Gareth Robinson, Director of Delivery and Transformation
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care
Signature:	
Committee/Advisory Group paper previously presented:	

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

Previous considerations:	

1. Executive summary and points for discussion

The purpose of this report is to provide the Integrated Care Board with the latest position on GP access performance and the challenges faced, the mitigations to address them together with information on the longer term plans to deliver sustainable general practice.

Key points:-

a) General Practice are delivering more appointments now than before the pandemic
b) This additional capacity is outstripped by the significant increase in demand (estimated 30%) on General Practice resulting from the elective backlog and changing work patterns in other parts of the system.
c) It is acknowledged that for some patients they continue to experience significantly long waits to get through to the practice on the telephone, much of which is a result of the increase in demand which practice telephone systems and call handling workforce are not able to cope with.
d) The number of face to face appointments are increasing – with 7 out of 10 patients being seen face to face.
e) The limiting factors for increasing GP access are increasing demand, workforce and estate.
f) General Practice is optimising the way in which it uses its available capacity by undertaking clinical telephone triage and offering a range of modes of consultation including telephone and online and through a range of different health and non health professionals. Patients are therefore streamed to the most appropriate worker in the practice to meet their needs, this often does not require a GP.
g) There have been increases in some parts of the General Practice workforce compared to 2019, however, compared to 2015 there are 12% fewer GPs and 27%

fewer GP partners. The attractiveness of General Practice as a job/career choice has significantly reduced due to the stress of increasing demands and increasing incidence of abusive and aggressive behaviour towards General Practice front line workers from patients and public.

h) A number of initiatives are in place to support increased General Practice recruitment and retention. This includes GP and GP Nurse (Workforce) Strategies and dedicated and targeted training and development resources and ensuring the full utilisation of the STW Primary Care Network (PCN) Additional Roles funding.

i) Although the ICB has a small number of new build and developments to existing premises projects in planning, being built or delivered in the next few years, availability of adequate, fit for purpose premises remains a significant limiting factor in recruitment and retention. This is compounded by there being no current identified source of national capital funding at the scale required to meet the need. The system therefore needs to think creatively about how it can utilise a 'One Public Estate' approach to support General Practice and needs also to maximise access to potential sources of external capital funding through such routes as Section 106 applications associated with new housing developments. Funded nationally, a PCN Estates Strategy is in development.

j) The ICB has 8 PCNs which vary in size considerably and are at different stages of maturity. The Kings Fund has been commissioned to work with each PCN to develop an organisation development plan. Key themes from this work were fed back to a joint ICB senior exec/PCN Clinical leads workshop at the end of October. A key limiting factor to developing at pace is time out from clinical work for PCN leadership to do the development work/contribute to the wider system plans.

k) National proposals for sustainable General Practice are set out in the Fuller Report published in May 2022. The key elements of this are around integration of primary and community services and redesign of same day urgent care. PCNs are at the heart of these developments and the ICB/PCNs have begun dialogue with wider system partners particularly in relation to integration. It is important to ensure that this work aligns to and complements other system change programmes, in particular the Local Care Transformation Programme. PCNs cannot achieve the Fuller recommendations alone.

l) A refresh of the Primary Care Strategy 2019-24 is planned for early next year. This needs to align with the ICB Strategy.

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	
Enhanced engagement and accountability	
Creating system sustainability	x
Workforce	x

2. Recommendation(s)

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

Note the contents of the report and:

a) Request PCCC to drive and review the refreshed Primary Care Strategy as a development from the overall ICS strategy and as a core component of the system five year plan
b) Request PCCC to receive and review the report from the Deputy Medical Director on the implications, opportunities and actions resulting from the Fuller report and ensure they are included in the development of the Primary Care Strategy. Specific consideration will be attached to how the PCNs are maximised in delivering the integration agenda
c) Request that PCCC urgently review telephone access, agree an improvement plan with Practices and update the Board on the progress being made
d) Request that the One Public Estate approach be looked at in regards to the future of General Practice premises.

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

No.

4. Appendices

Appendix 1 – NHS STW General Practice Workforce profile by staff group 2019 to-date
Appendix 2 – PCN Additional Roles recruitment plans 2022/23
Appendix 3 – GP Retention Fund – Schedule of Initiatives

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	Improved access to General Practice services
Quality and Safety	
Equality, Diversity, and Inclusion	PCNs are targeting prevention and health inequalities
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	PCNs are at the heart of the Fuller Report recommendation for integration of primary and community services which links with the STW Local Care Transformation Programme
Environmental and Climate Change	
Future Decisions and Policy Making	

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

Signature:		**Date:**	

Meeting:	
Meeting date:	
Agenda item no.	
Paper title	

Report to Integrated Care Board

GP Access Report

30th November 2022

1. Key facts about General Practice In Shropshire, Telford & Wrekin

1.1 There are 51 GP practices in STW with 376 GPs (headcount), 296 (whole time equivalent (wte) (as @ Sept 2022, including GP Trainees)

1.2 Shropshire has 38 GP practices covering a total registered population of 320,372. These practices vary in size from the smallest at 2,346 to the largest at 20,714 patients. Shropshire has 265 GPs (headcount), 203 (wte).

1.3 Telford & Wrekin has 13 GP practices covering a total registered population of 198,495. These practices vary much more in size than Shropshire with the smallest at 5,142 patients and the largest at 50,156 patients. T&W have 111 GPs (headcount), 93 (wte).

2. GP Access – Latest appointment activity data

2.1 The latest activity data is to the end of August 2022. The data in the table below is analysed for T&W and Shropshire individually. Compared to the same period in 2019, April to August 2022:

	.	Face to Face	Non Face to Face	Restored to pre pandemic capacity
T&W	+15,625 (+4%)	7 out of 10	46% increase	10/13
Shropshire	+41,311 (+5%)	7 out of 10	56% increase	31/38

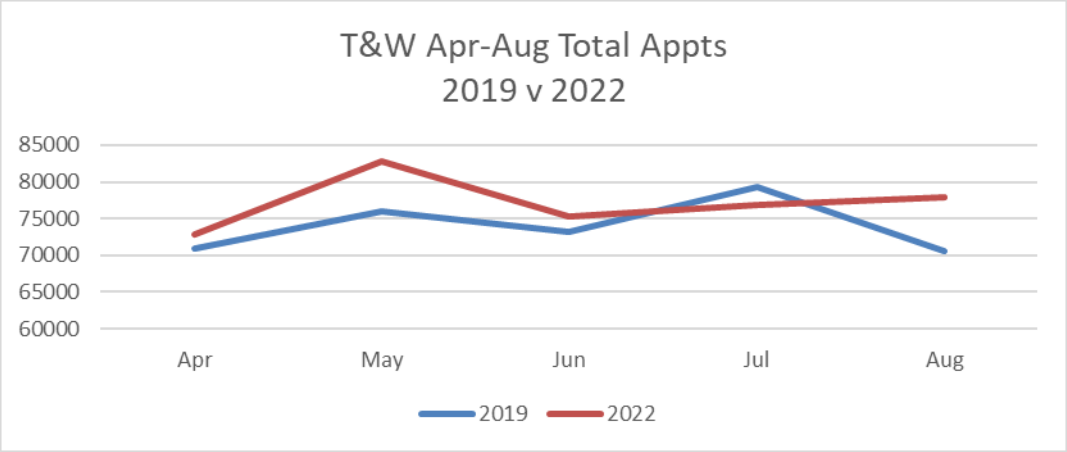
2.2 The ICB should note that by the time of the Board meeting, NHS Digital (NHSD) will have published practice level data (24 November) as laid out in the Secretary of State for Health and Social Care's "Our Plan for Patients".

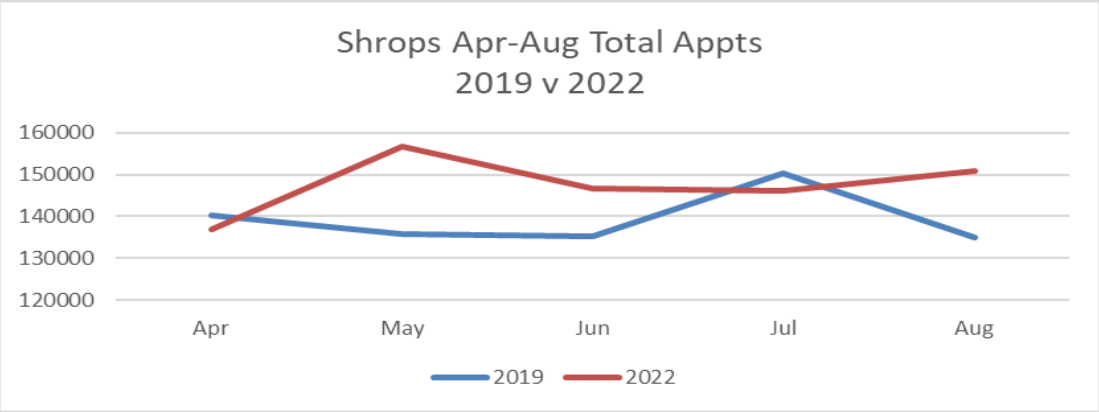
"Patients will have more information available to choose the right practice for them. From November 2022, we will publish easy-to-use data showing exactly how many appointments each practice in England is delivering and how long people wait between booking an appointment and receiving one."

2.3 It contains data for every practice in the country covering a breakdown of, for example, time between booking and appointment date, total appointments, how the patient was seen (eg telephone or in person) and who patients were seen by (eg GP or nurse). This means that for the first time ICBs and other NHS organisations as well as the public are able to view data about appointments undertaken at a local practice or compare several practices in a community, ICB area or region. The ICB has received advance restricted access to t his data so that practices who are showing low numbers have the opportunity to review to ensure that their appointment recording is accurate prior to publication.

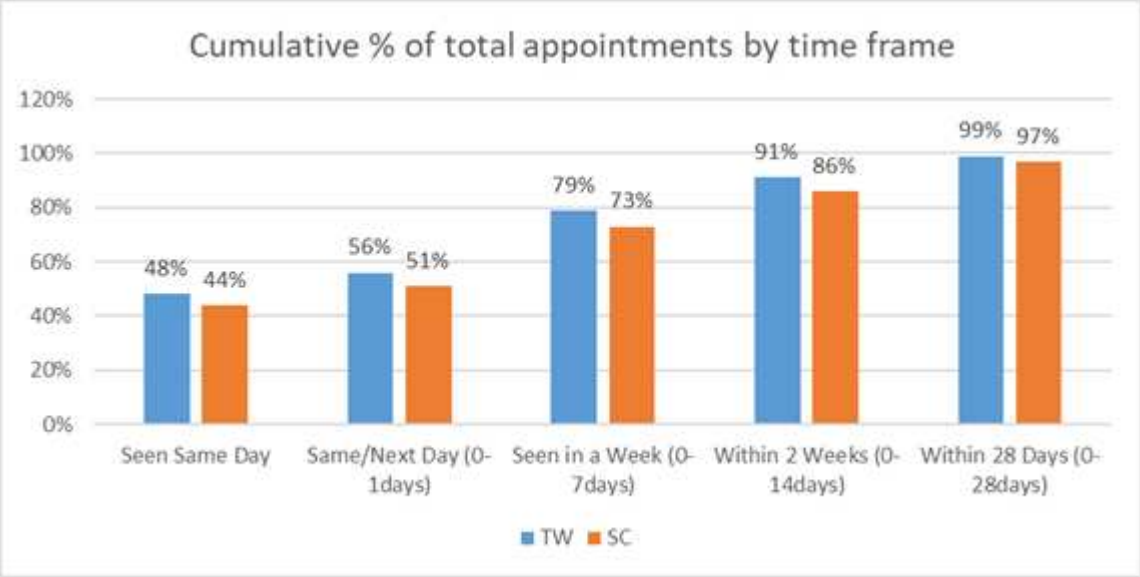
2.4 Whilst transparency about the number of appointments provided at practice level is important in supporting patient choice, the ICB are asked to note this data has limitations and does not represent the complete picture of GP workload or capacity. There is no national standard that GP practices are asked to work to when recording patient appointment information so practices may record information differently, for example activities such as reviewing test results, referrals and so on are not included, also an appointment at a care home may be recorded once, but a number of patients are seen during the visit, it does not include appointments provided via PCN staff. This means that any ranking of practices based on appointment numbers will not be a fair or appropriate reflection of either work carried out in general practice or patients' experience of access at specific practices. In summary, GPAD only measures data about appointments and is not a measure or indication of practice quality or patient care.

2.5 The graphs below show the appointment trends split by T&W and Shropshire practices from April to August this year inclusive compared with the same period in 2019.





2.6 The graph below shows the waiting times for appointments. This indicates that 91% of patients in T&W and 86% of patients in Shropshire are seen within 2 weeks.



3. Telephone response times

3.1 The ICB Primary Care Team is aware that some patients are experiencing delays in getting through to their practice on the telephone. The ICB does not have access to data on telephone answering waits and abandonment rates. This data is the property of and held by individual practices. The significant increase in General Practice demand in general but more particularly the increase in use of telephone triage/ appointments has put many practices telephone systems and reception capacity under significant strain.

3.2 Given the current challenges in this area then the ICB will be looking to work more closely with Practices in terms of the data that is available. Clearly, we have a collective responsibility to understand the challenges and to develop an improvement plan on this issue. Cloud based telephony is one part of this solution but there is a need to recognise that the access challenges are also linked to the numbers of people that are available at any one time to take the calls.

4. Online consultations

4.1 This mode enables patients to access an online triage service that allows them to easily seek support and self- help advice. It is accessed via the practice website. Patients can use the service to request a sick/fit note for example and to access resources that can help them manage and understand their own health.

4.2 This mode of consultation is underutilised as compared to the rest of the region. STW usage is 1.8 per 1,000 patients, currently the lowest in the West Midlands region compared to the highest area in the region which is 18.3 per 1,000 patients. NHS England regional digital team are working with STW Primary Care Team to support increase in uptake. A target of 5 online consultations per 1000 head of population was a funded incentive target in the PCN DES this year, however, this has now been deferred nationally until 2023/24 for the reasons described in section 5 below therefore given other competing priorities and pressures in General Practice this winter it is unlikely that the improvement plan will be implemented until after winter.

5. Community Pharmacy Consultation Service

5.1 The GP Community Pharmacy Consultation Service (GP CPCS) offers patients same day minor illness consultations with a community pharmacist. The service was developed to allow practice teams to refer low acuity patients for convenient, same day consultations with clinical advice.

Benefits to practices	Benefits to patients
• Improve access for patients with higher acuity illnesses or for those with complex health needs to GPs by diverting appropriate consultations to trained community pharmacists in a way that is convenient, safe and effective.	• Improved access to treatment and advice that can be provided by Community Pharmacy, where a GP appointment is not necessary. • Identify ways that individual patients can self-manage their health more effectively with the support of Community Pharmacists, and to recommend solutions that could encourage self-care for minor illness symptoms in the future.

Implementation stage	Number of practices
3 = Ready	32
2 = Engaged	15
1 = Pre- engagement	4
TOTAL	**51**

5.2 STW practices are encouraged and supported to implement GP CPCS in collaboration with colleagues from the Local Pharmaceutical Committee (LPC) and the nationally funded Primary Care Commissioning (PCC). Practices are offered resources and hands on support and training to assist them with using the software and speaking with patients. The support from PCC end in November 22, we continue to work closely with the LPC implementation lead however their nationally funded contract will cease in January 2023.

5.3 Next steps are to continue to support practices to implement the service to offer to patients and to increase the number of referrals.

5.4 Some of the reported barriers are:-

- Patients do not want to buy over the counter (OTC) medicines
- The workload in community pharmacies is also increasing
- Workforce issues in community pharmacies and general practice
- Becoming more difficult to spend the time needed to go through the process

5.4 Data on the type of conditions being referred into this service is captured. This is provided in the table below, however, there are a large number of instances where the type of condition has been stated as 'other reason'. The Primary Care Team will try to understand why this is used and phase it out so that the data is more meaningful.

Condition	Activity	Condition	Activity
Sore throat	99	Earache Ear discharge	61 46
Skin rash	142	Eye, sticky or watery Eyelid problems Eye, red/irritable	50 15 33
Other	378	Cough	96
Diarrhoea	38	Cold/Flu	28
Bites/Stings	44	Urinary Tract Infection Pain passing urine	38 65
Vaginal itch or sore	32	Constipation	13
Acne, spots, pimples	17	Allergic reaction	14

5.5 There is an indicator in the Primary Care Network (PCN) Directed Enhanced Service (DES) Investment and Impact Fund (IIF) that incentivises PCNs to refer into GP CPCS. It is 0.65 CPCS referrals per 1,000 registered patients per week e.g. list size of 10,000 = 6.5 referrals per week. The PCN dashboard isn't showing a current position on achievement, this has been requested from NHSE.

6. Additional General Practice capacity this winter

6.1 General Practice has received 2 sources of funding for additional capacity this winter:-

6.1.1 Local system winter monies: £216,000. This has been distributed on a fair shares basis to all 51 practices to deliver additional same day appointments between October 2022 and March 2023 but with the primary focus from November to January, the anticipated peak in demand. Practices will be measured on the number of appointments offered, their fill and DNA rates. It is not possible to demonstrate a direct causal link between additional capacity in General Practice and a reduction in A&E footfall. The impact is assumed to be that in the absence of these additional General Practice appointments patients would have accessed other urgent and emergency care services including A&E.

6.1.2 National monies for PCNs: NHSE have made changes to the PCN DES contract requirements from October 2022 to release funding to be repurposed as a PCN Support Payment. This payment is to be used to purchase additional workforce and increase clinical capacity to support additional appointments and access for patients. NHSE have also introduced 2 additional roles which can be recruited to utilising the Additional Roles Reimbursement Scheme (ARRS), one of which is a GP Assistant. The Primary Care Workforce lead has shared details of the post criteria with PCNs and offered support to any who wish to recruit to these posts.

6.2 The above is significantly less funding than General Practice received to support through last winter.

7. Key challenges and constraints to improving GP access

7.1 These are threefold:-

7.2 The following sections of this report address each one of the above in turn, describing the challenges and constraints and the actions being taken to address them.

7.3 Increasing Demand

7.3.1 The elective backlog created by the necessary standing down of services during the pandemic continues to significantly impact on General Practice through increased demands as patients turn to their GP to support them whilst their tests/diagnosis and treatment are delayed. It is estimated that this has increased demand in General Practice by 30%. Examples of how the backlog is impacting are:-

a) Patients look to their GP to support them with their symptoms eg pain relief
b) Patients telephone the practice for an update on waiting times for their elective intervention or about concern having received an appointment letter due to the length of time until their appointment
c) Patients telephone the practice for diagnostic results that are delayed in reporting
d) Patient conditions deteriorate requiring more frequent or intensive General Practice support
e) The public are more anxious about their health in general because of the pandemic
f) Patients suffering from ongoing covid symptoms (Long Covid)
g) Patients suffering the mental health impact of the pandemic

7.3.2 In addition, increased demands on General Practice are created when other parts of the system change their working patterns, eg increasing requests to do referrals, actions for other people such as prescribe, refer on, talk to linked services. Some of this demand is generated because hospital and community staff are not aware they can do these things direct for themselves.

7.4 Workforce Profile in Primary Care

7.4.1 In September 2022, there were 1237 whole time equivalent (WTE) staff working in primary care across STW. The split by Shropshire and T&W is set out in the table below. The workforce data is monitored by 4 staff groups: GPs, Nurses, Direct Patient Care (DPC), Administration.

	Telford & Wrekin		Shropshire		STW	
	Headcount	**WTE**	**Headcount**	**WTE**	**Headcount**	**WTE**
GPs (including trainees)	111	93	265	203	376	296
Nurses	76	57	158	102	234	159
DPC	44	36	175	113	219	149
Admin	311	233	561	400	872	633
Totals	**542**	**419**	**1159**	**818**	**1701**	**1237**

7.4.2 Trends in the workforce profile are monitored over time. STW has data split by T&W and Shropshire by staff group from 2019. The table below shows a comparison of

the position by staff group in 2019 and September 2022, together with an indication of the highest recorded monthly number in that period.

Telford & Wrekin (wte)				
	March 2019	**September 2022**	**Variance**	**Highest recorded number in the period 2019-2022**
GPs (including trainees)	93	93	0	101 (Sept 21)
Nurses	52	57	+5	61 (June 21)
DPC	27	36	+9	40 (Sept 21)
Admin	191	233	+42	233 (May 22)

Shropshire (wte)				
	March 2019	**September 2022**	**Variance**	**Highest recorded number in the period 2019-2022**
GPs (including trainees)	189	203	+14	209 (Jan 22)
Nurses	89	102	+13	102 (Sep 22)
DPC	84	113	+29	115 (Aug 22)
Admin	352	400	+48	404 (Aug 22)

7.4.3 The full trajectory of the workforce profile is provided at Appendix 1. The key message from above is that for T&W the workforce gains made in 2021 have not been maintained but the picture in Shropshire is better. However, whilst the increases in workforce noted above compared to pre-pandemic are showing encouraging signs, compared to 2015 there are 12% fewer GPs and 27% fewer GP Partners.

7.4.4 There are significant challenges to recruitment and retention of General Practice staff because:-

a) They have worked tirelessly to keep General Practice open during the pandemic and the increasing demands mean that an increasing number of staff are approaching burn out. This has been compounded by media stories indicating that General Practice is or has done less than other providers during the pandemic
b) The demands on General Practice are unprecedented and continue to increase.
c) Incidence of patient abusive or aggressive behaviour towards staff on the telephone or in person has increased significantly
d) The above makes General Practice as a job/career choice unattractive
e) Challenges of recruiting in rural practices (cost of living etc)

7.5 Initiatives to increase the General Practice workforce

7.5.1 **PCN Additional Roles Reimbursement Scheme (ARRS)** – Introduced in 2019, the objective of the Network Contract DES was for primary medical services contractors to establish and develop PCNs whereby local practices group together to deliver services in their local area (it was envisaged that each PCN would have a patient size of 30-50,000).

PCNs have received national investment to increase the General Practice workforce. They can recruit to a range of specified roles. The 8 PCNs in STW have been given an annual allocation of £8,481,699 in 2022/23 for ARRS roles. Plans are in place to recruit to 200 ARRS roles by the end of March 2023 (based on August submission). A breakdown of the planned number of posts by type by PCN is provided at Appendix 2. Numbers reported in post in October 2022 were 180. The planned 200 roles, however, only utilise 80% of the PCNs' allocation.

The challenges faced by PCNs in utilising their full allocation and the actions taken to mitigate them are:-

Challenge/constraints	Mitigation
Lack of Human Resource capacity/ expertise within the PCN to support effective recruitment	Outsource the work
Lack of suitable available candidates	Ensure maximum flexibility in the application of the criteria for the posts
Employment arrangements – PCNs cannot employ staff as they are not an 'employing organisation'	Some PCNs have or are considering creating limited companies to enable direct employment Partnering arrangements with other practices or other providers to employ/host the posts
Some of the criteria for the posts is restrictive in terms of the number each PCN can recruit to as well as other elements	Ensure maximum flexibility in the application of the criteria for the posts. NHSE announced in October 2022 some additional flexibilities to some of the posts and the introduction of 2 new posts a) GP Assistant and b) Digital and Transformation Manager
Lack of suitable available estate to accommodate these additional roles. ICB annual business as usual capital allocation is not sufficient to accommodate the needs of 51 practices and the PCN ARRS roles. Currently there is no alternative source of national capital. Any extension/increase in primary care estates has a revenue consequence for the ICB for which it does not have an identified source of funding	Needs to be tied in with the wider One Public Estate work Nationally funded programme to support each PCN to develop a workforce and estates strategy. It is hoped that NHSE will use this information to prioritise capital funding for General Practice estates in the next spending review. Maximise uptake of potential external sources of funding for estates
STW is a small system with limited cross border movement of workforce. If PCNs are successful in recruiting, the risk is it depletes another local providers workforce	Need to be tied into a One System Workforce Strategy Introduction of hybrid approach to roles for example – clinical pharmacists
ARRS funding is for the salary costs, there is no additional funding for other costs such as IT	Bid to NHSE for additional digital monies potentially available through the national winter programme Factor into IT budget setting for 2023/24
A lack of knowledge in some organisations/PCNs about how new	The Training Hub has recruited a number of Clinical Facilitators to provide peer support and

roles can be utilised as part of multi-disciplinary teams to support service delivery. A lack of understanding about the level of clinical support and supervision the new roles need whilst transitioning into primary care.	develop a full support package for PCNs and clinicians. They also help in raising awareness of the scope of practice for the roles in the context of supporting service delivery.

7.5.2 GP (Workforce) Strategy

Earlier this year the Primary Care Commissioning Committee approved a new GP Strategy. In line with the STW ICS People Plan, and workforce strategies in other systems, the strategy is based around attracting, recruiting and retaining GPs. It incorporates actions covering the following interventions: -

Key Interventions	8 Key Intervention Stages
• Marketing the role of the GP • Supporting the recruitment and deployment of GPs • Engaging and networking • Ensuring that professional development is available • Ensuring that personal support is available • Developing career opportunities/new ways of working	• School/sixth-form students choosing medicine courses at universities • Medical Students • Foundation Year Doctors • GP Trainees • Newly-Qualified GPs • First5 GPs • Mid-Career GPs • Late-Career GPs

The supporting action plan contains over 50 actions, and 50% of those actions are already underway. The Primary Care Team is small and therefore does not have the capacity to take forward all the actions at one time. Together with a group of GPs and Practice Managers the action plan has been prioritised to ensure maximum impact as early as possible. Prioritised actions that need funding to be implemented have been included in the Local GP Retention funding plan which is now being implemented (the schedule of projects being funded is provided at Appendix 3).

7.5.3 Training and Development

A procurement exercise was undertaken with STW ICB emerging as the preferred bidder to host an ICS Training Hub. Training Hubs are a Health Education England (HEE) initiative to support primary care workforce transformation. The contract ensures that the system receives both infrastructure and development funding for the next 3 -5 years to deliver against key workforce priority areas. In relation to GP Access, the Primary Care Workforce and Training Hub team, which sits within the ICB Primary Care team, currently support the following initiatives to create workforce capacity:-

- **ARRS roles** - supporting embedding these new roles into primary care. Through the recruitment of ARRS Facilitators, various support programmes for these new roles transitioning into primary care have been put in place. These include peer support networks, training and clinical supervision needs assessments and plans to address these as well as access to preceptorship programmes, all of which support recruitment and retention of these roles. Furthermore, support is provided to PCNs to recruit to these roles.

- **Workforce training and development –** the training hub offers a comprehensive training and education programme to all clinicians to support upskilling, new ways of

working and supply. The programme is wide ranging and provides opportunities for clinicians to upskill and advance their practice by providing access to funding and training. This in turn creates capacity within teams and supports retention. The programme also includes support for the required blend of remote and face-to-face consultations through the provision of triage and video group consultation training.

- **Recruitment and supply –**The recruitment of newly-qualified clinicians is supported by the Fellowships and Preceptorship programmes. The hub also supports and coordinates access to Apprenticeship programmes to support supply and enable PCNs to develop existing staff and grow their own to create capacity and appropriate skill mix to deliver services. In addition, the Hub links into local Higher Education Institutes to coordinate student placement within primary care to support supply and recruitment as exposure to general practice is crucial in influencing a career choice in primary care.

- **The Nursing workforce -** The Training Hub supports the general practice nursing workforce through the delivery of the objectives of the STW GPN Strategy. The workstreams to support this include the co-ordination of STW allocations for the Fundamentals of GPN programme to support nurses new to general practice, student nurse placement, GPN to Advanced Nurse Practitioner pathway, HCA development programme, Nurse Associate Apprenticeship programme, careers events, GPN and HCA education forums and clinical supervision planning

7.6 Estates

7.6.1 The ICB has an annual business as usual capital allocation for General Practice of £300,000 which has to cover 73 practice sites (including branch surgeries). This is only sufficient to support minor expansions/improvements to practice premises. Historic larger sources of capital funding for General Practice ceased in 2019 when the Estates Transformation and Technology Fund (ETTF) stopped. Other than the national Cavell programme (of which Shropshire is one of the 6 pilots) there is no other source of NHS capital funding for large GP estates developments. ICB should also note that expansion of General Practice premises can have revenue consequences for the ICB for which there is only a very limited source of funding.

7.6.2 Examples of current and in planning new builds for STW are:-

- **Shawbirch** – opened in July 2022 – current patient list size around 13k – planned housing bringing around 5k additional patients – building sized for 22,000
- **Shifnal** – about to start – completion by Dec 2023/Jan 2024 – current list size c12k – building sized for 20k patients
- **Whitchurch** – Pauls Moss development – current list size is around 15k – building sized for 20k+ - started February 2022 – completion by Sept 2024
- **National Cavell Programme** – colocation 6x South Shrewsbury GP practices with additional space to accommodate PCN staff, Community Trust services and left shift activity (incl diagnostics) – current list size of 6 practices c45k, new building would be sized for 60k+ patients (and additional services). This development is in the planning stage and funding is subject to NHSE approval of a Full Business Case.

7.6.3 Current estates improvement schemes funded by our annual capital allocation which will impact positively on improving access are:

a) **Stirchley** – creating additional 2x clinical rooms – this is mainly aimed at creating space in advance of the development planned for The Hem (around 350 houses = 900 patients)
b) **Broseley** – creating additional 3x clinical rooms (this will absorb most of the patients coming into the area from the Ironbridge Power Station development – around 1,100 houses = 2,750 patients)
c) **Wellington Road** – creating an additional 3x clinical rooms – addresses the need for more space resulting from housing development around Newport area – around a 1,000 houses planned for development over next 5-10 years (extra 2,500 patients)

7.6.4 The Primary Care Team Estates lead is also looking to maximise potential external sources of funding through such routes as Section 106 Planning Obligations which are a means to get property developers to agree to make a capital contribution towards healthcare to offset the impact (and cost) caused by the increased population resulting from the development they are undertaking. The aim is to create an additional pipeline of capital funding to enable new builds/extensions. Six applications have been made to-date but only 1 confirmed @ £915k – outstanding remainder totals around £1.7m.

7.6.5 The Board are asked to support, via partners, the opportunities that exist with the One Public Estate approach to support the premises challenges faced by local Practices. There is very little capital available, as detailed, yet the need for integration with partners has never been greater.

8 Longer term General Practice developments

8.1 PCN Development

8.1.1 There are 8 PCNs in NHS STW. They vary in size (as can be seen from the table below). It is a requirement that every PCN has a Clinical Director.

PCN	Population size	No. of practices	Clinical Director
Shrewsbury	127,734	16	Charlotte Hart
SW Shropshire	36,389	6	Finola Lynch
SE Shropshire	58,989	9	Jess Harvey
North	90,391	7	Tim Lyttle
Teldoc	61,621	2	Ian Chan, Rashpal Bachu
SE Telford	37,895	3	Nitin Gureja, Melanie Thompson
Wrekin	47,147	4	Derek Ebenezer, Nav Singh, Rohit Mishra
Central and Newport	57,904	4	Stefan Waldendorf

8.1.2 The Network Contract DES is updated annually and forms part of a long-term, larger package of general practice contract reform. It is intended that there will be a Network Contract DES each financial year until at least 31 March 2024 with the requirements of the Network Contract DES evolving over time.

8.1.3 The PCN DES includes a number of service requirements which PCNs must deliver as well as a number of incentive targets (IIF) for which PCNs receive payment if achieved. The primary focus for the PCN DES for 22/23 is:-

- **Enhanced Access** – 6.30-8pm Monday to Friday, 9-5 Saturday, same day and bookable in advance including digital modes of accessing appointments
- **Health in Care Homes** – lead GP, MDT approach, weekly ward rounds Enhanced, personalised plan
- **Early Cancer Diagnosis** – cervical, bowel, prostate, skin
- **Learning Disability/Severe Mental Illness Annual Health Checks** – identify and on the register, receiving annual health check
- **Cardiovascular Disease** – improve diagnosis of hypertension (more blood pressure checks), improve identification of atrial fibrillation (pulse checks), early identification of heart failure
- **Structured medication reviews** for those who would most benefit
- **Anticipatory care** – contribute to the design and development of the system model (in line with the soon to be published national model)
- **Targeting Health Inequalities**/Social Prescribing

8.1.4 Although established in 2019, PCNs are at different stages of development and maturity which was hindered by the pandemic and the PCNs necessary focus on supporting the covid vaccination programme.

8.1.5 This year the PCNs used some of their national development monies allocation to commission the Kings Fund to work with each individually to develop an Organisation Development Plan. This piece of work culminated in a workshop at the end of October attended by the PCN leaders and senior members of the ICB to hear the key themes of the Kings Fund exercise and agree next steps. This included both how the PCNs can support each other and also how the ICB and ICS can support. One of the key challenges, particularly for the smaller PCNs, in their further development, delivering impact and influencing the wider system programmes of change is clinical leadership and management capacity/time/ headspace. As a first step to address this, in November the PCNs agreed to top slice some of their national PCN Development Fund and divide it equally (rather than on a fair shares basis) amongst the 8 PCNs so that each has equal access to funds to facilitate backfill for an additional day per month of Clinical Director time.

8.1.6 The ICB is also considering ways to address this as we move into the next focus for PCNs on integration with other services as set out in the Fuller Report. This also forms part of a dialogue currently underway to ensure that the wider GP voice is loud and strong in the system following the transition from a CCG (GP membership organisation) to an ICB (where General Practice are one amongst all the other providers within the system). There is work underway, led by Dr Deborah Shepherd, to ensure that there is an effective system for the GP Voice to be heard going forward.

8.1.7 It should also be noted that PCNs are at different stages of where their focus should be, some are focussed purely on their national service contractual requirements, others are looking wider than the DES to developments within the place based ICS work. Similarly there are differences in the way that practices view the PCNs status within the ICS. Feedback indicates that a number of

practices see the PCNs as only there to fulfil the delivery of the DES and question PCN involvement, or place, when talking about wider service changes.

8.1.8 PCN Development is a standing agenda item at the Primary Care Commissioning Committee.

8.2 Professor Claire Fuller's National Stocktake Report 'Next Steps for Primary Care Integration' May 2022

8.2.1 In November 2021 Amanda Pritchard asked Professor Claire Fuller, CEO designate Surrey Heartlands ICS and GP, to undertake a stocktake on integrated primary care, looking at what is working well, why it's working well and how the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems could be accelerated. The review report was published at the end of last month.

8.2.2 The Fuller report set out the current context of General Practices as follows:-

a) Every day, more than a million people benefit from the advice and support of primary care professionals – acting as a first point of contact for most people accessing the NHS and also providing an ongoing relationship to those who need it. This enduring connection to people is what makes primary care so valued by the communities it serves.

b) Despite this, there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it.

c) Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most. In large part because of this, patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments: the 8am Monday scramble for appointments has now become synonymous with patient frustration.

d) At the same time, primary care teams are stretched beyond capacity, with staff morale at a record low.

e) Left as it is primary care as we know it will become unsustainable in a relatively short period of time.

8.2.3 The report goes on to describe a new vision which includes helping people to stay well for longer, redesign of same day urgent care and integrating primary care bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations.

8.2.4 It suggests this is usually most powerful in neighbourhoods of 30-50,000, where teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.

8.2.5 All 42 ICS Chief Executives signed a letter of support for submission with the review report and a commitment to implement the necessary changes, however, nationally and locally the report has received a mixed reception from the GP body.

8.2.6 The national response is awaited, however, STW have begun to consider how best to take the recommendations forward and in what priority order. It is important to note that the Fuller report does not just involve General Practice, it is a call to the system to redesign how services are delivered and integrated. Therefore it is important that our next steps link in with rather than duplicate work already underway or planned in the wider system. A key alignment will be with the Local Care Transformation Programme and the PCNs have begun a dialogue with Shropshire Community Health NHS Trust about how they can jointly take forward integration initiatives.

8.2.7 Dr Deborah Shepherd, Deputy Medical Director and lead for Primary Care and PCN development has taken a report to SHIPP and TWIPP to introduce the Fuller recommendations and commence a dialogue about how the system can support PCNs as they cannot achieve the Fuller requirements alone. The actions required to deliver the Fuller requirements will be incorporated in our primary care and related strategies and action plans.

8.3 Overarching Primary Care Strategy

8.3.1 There is an existing Primary Care Strategy covering the period 2019-2024. The plan was to refresh this in 2020 but this was paused due to the pandemic. The Primary Care Strategy will be refreshed in the next 6 months focused on the delivery of the ICB and ICS strategy and outcomes. Ideally a more ambitious view through the PCNs needs to be designed. Key challenges to delivery of the strategy is how general practice is funded and resourced. This needs to have the integration strategy central to its recommendations and core focus.

8.3.2 The potential opportunities that may be available with the other primary care services (Pharmacy, Optometry, Dentistry) being delegated to ICB's from April 2023 will need to be fully explored (notwithstanding the contractual restrictions).

8.4 Primary Care Estates Strategy

8.4.1 In 2022/23 NHSE have funded and commissioned external resources to support a programme of work with PCNs to develop workforce and estates strategies. This work with individual PCNs is due to complete by January 2023. These individual plans will be consolidated to form the ICB Primary Care Estates Strategy and will be fed up to the national team along with all other systems to inform the national estates and funding programme for the future.

APPENDIX 1 – General Practice Workforce Profile

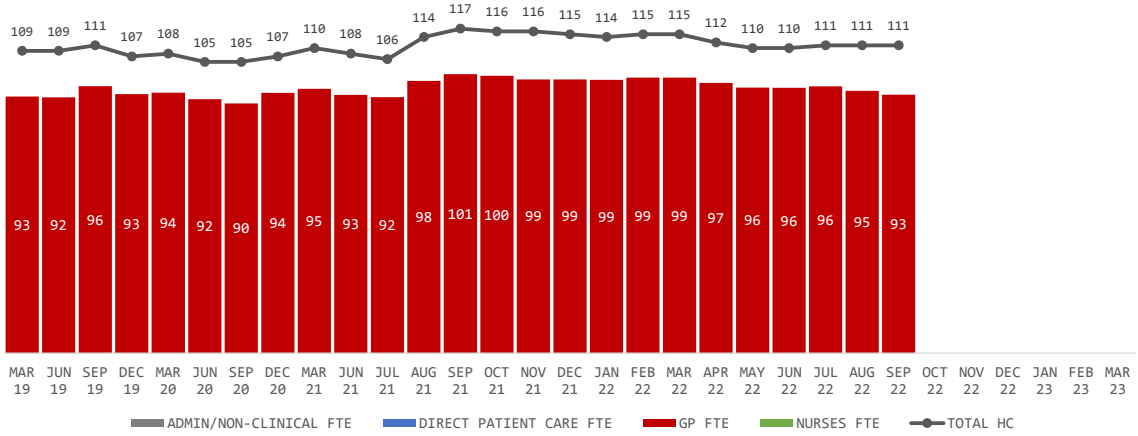
Workforce Data September 2022 – Overview

	Telford & Wrekin		Shropshire		ICS	
	HC	WTE	HC	WTE	HC	WTE
GPs	111	93	265	203	376	296
Nurses	76	57	158	102	234	159
DPC	44	36	175	113	219	149
Admin	311	233	561	400	872	633
Totals	542	419	1159	818	1701	1237

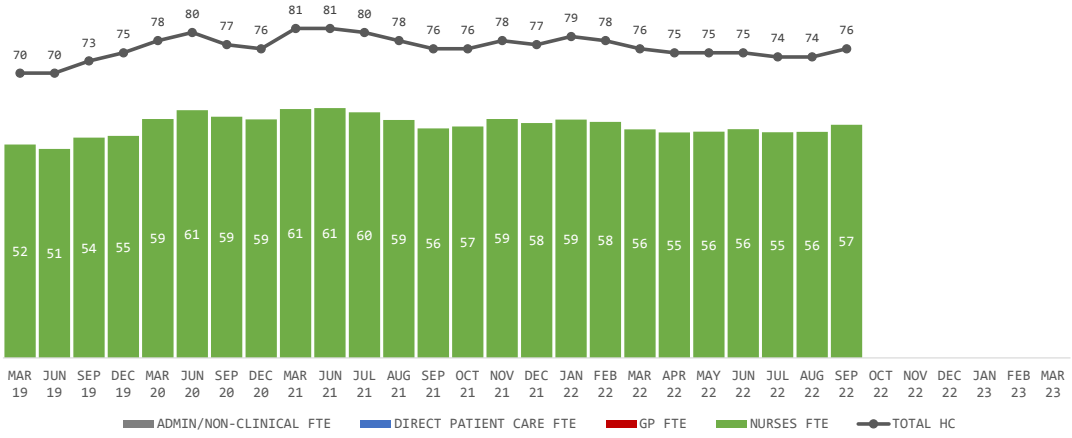
Workforce Data September 30th, 2022 – the 13 Telford Practices

NB: Headcount (line) and WTE (bars)

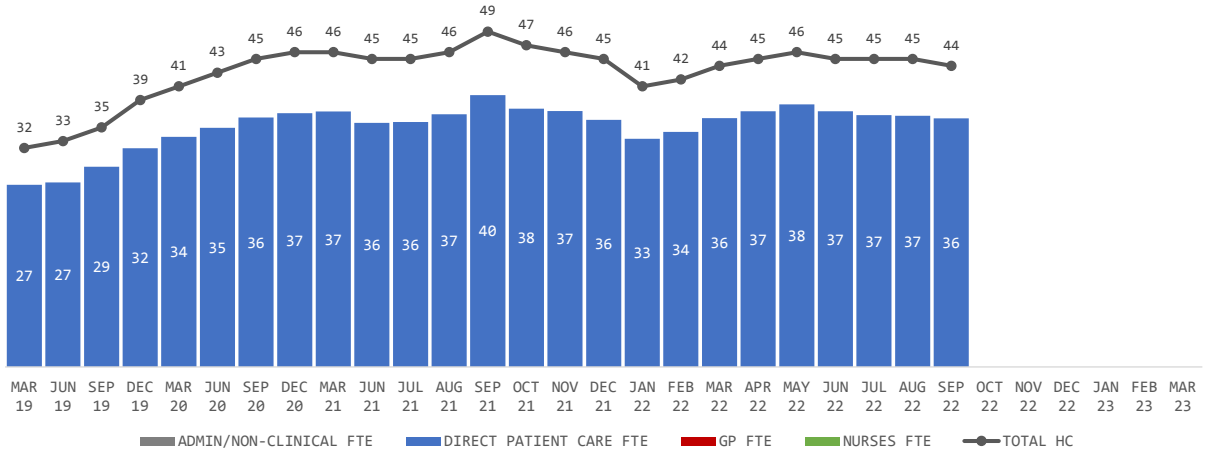
GPs (including Trainees)



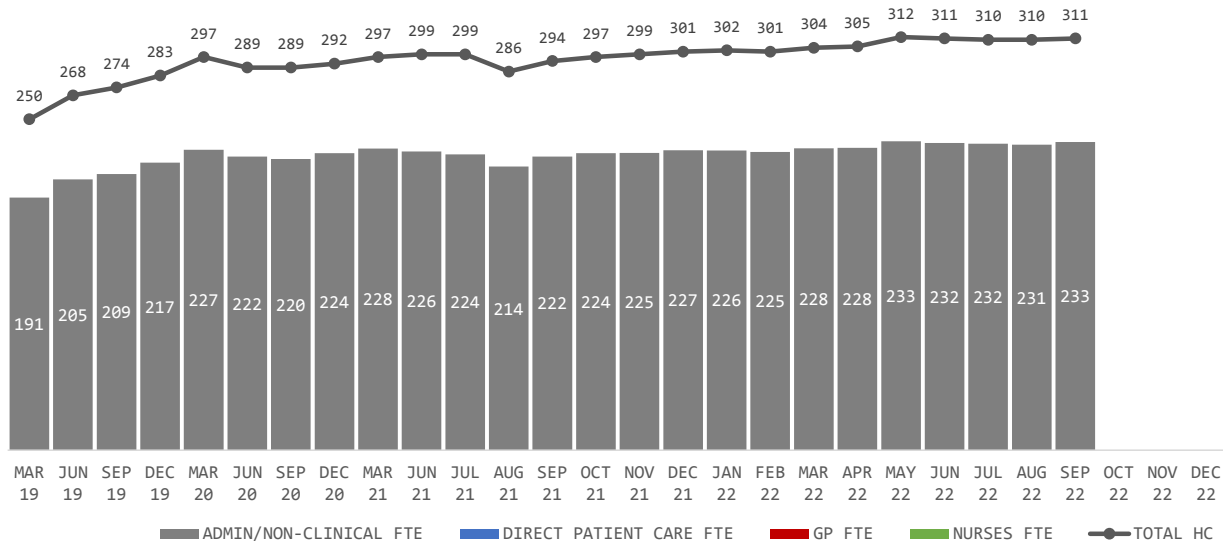
Nurses



Direct Patient Care



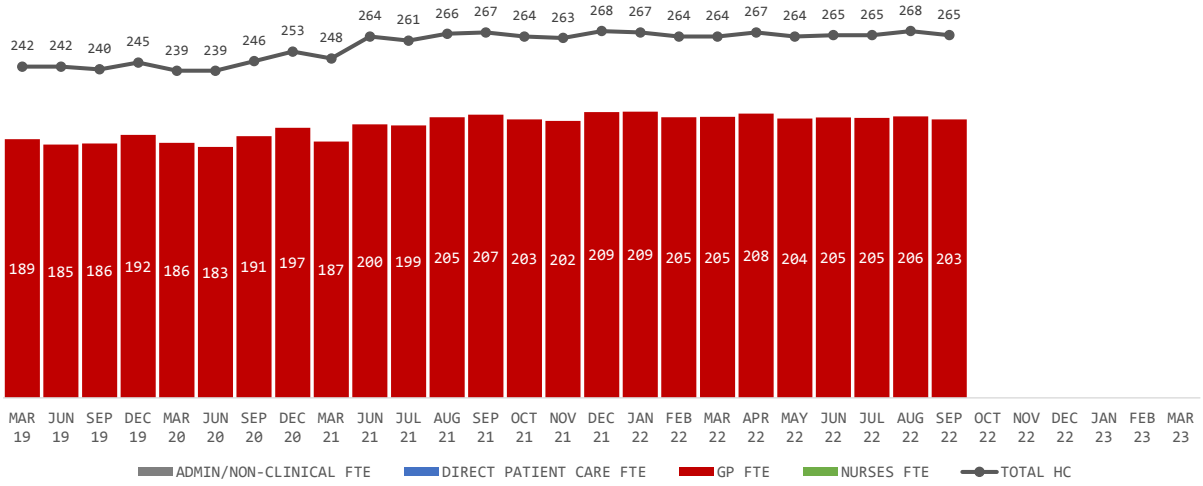
Admin



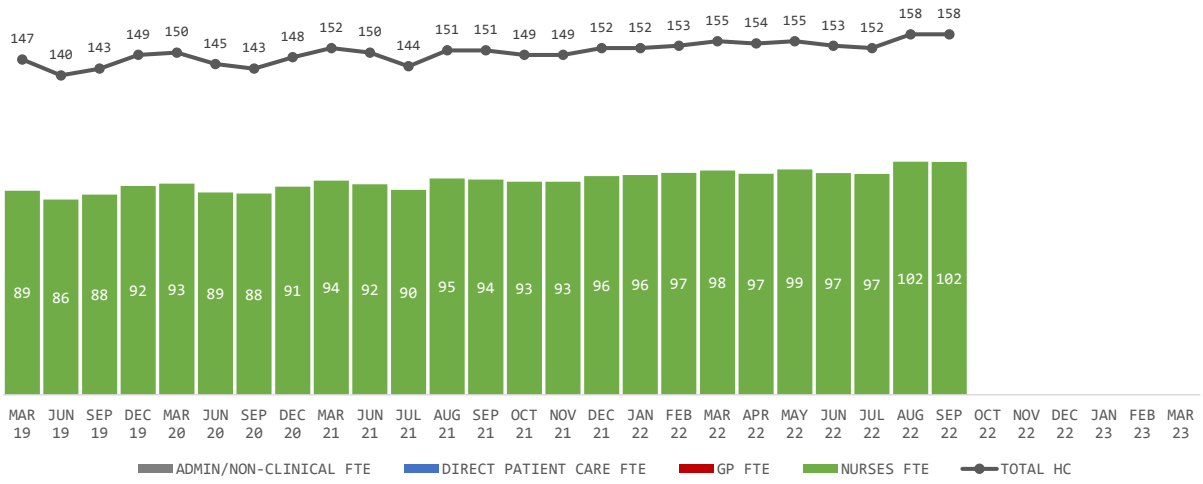
Workforce Data September 30th, 2022 – the 38 Shropshire Practices

NB: Headcount (line) and WTE (bars)

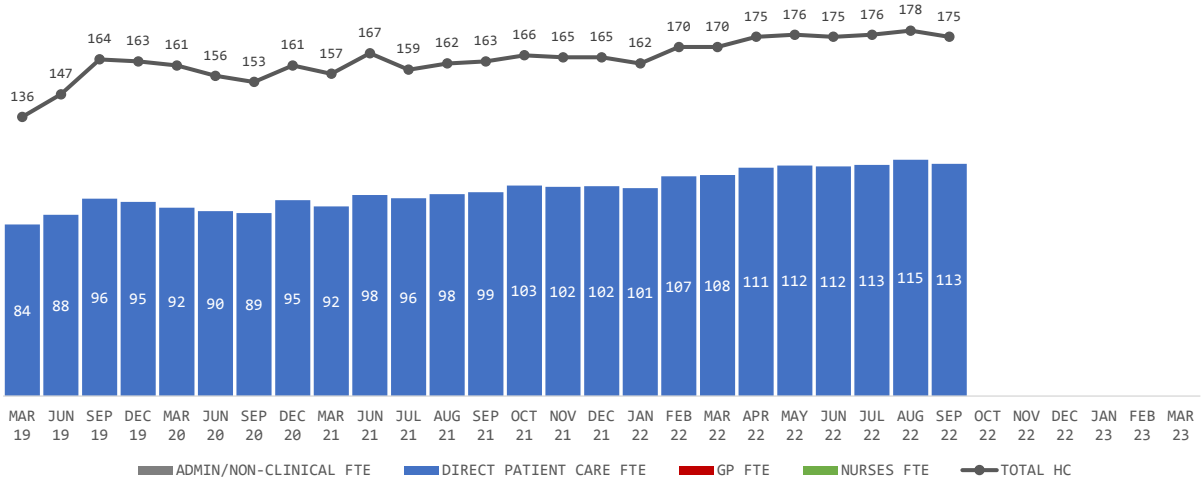
GPs (including Trainees)



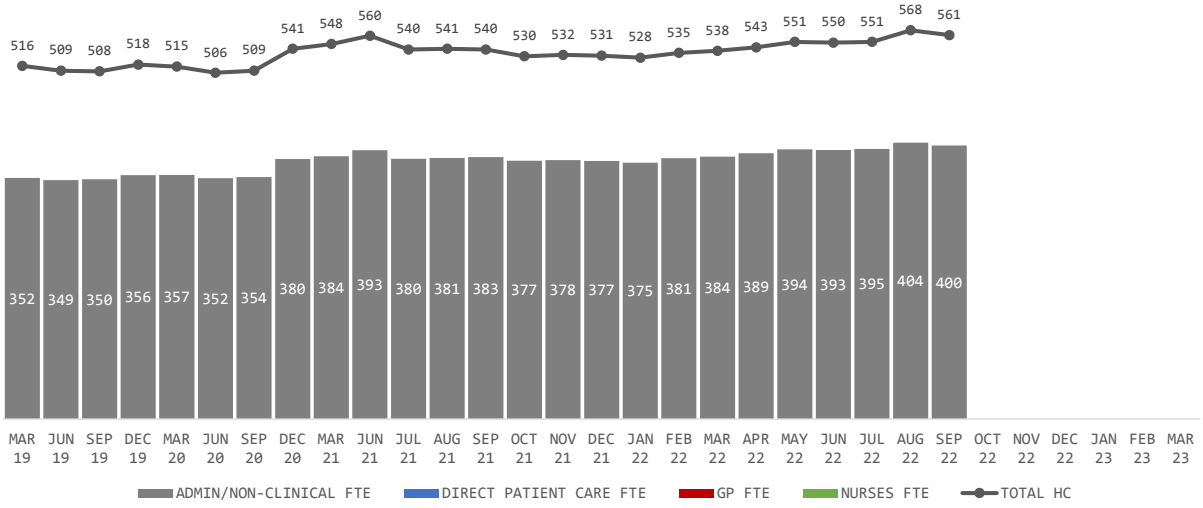
Nurses



Direct Patient Care



Admin



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APPENDIX 2 – PCN Additional Roles Reimbursement Scheme (ARRS) recruitment plan 2022/23 (based on August 22 submission)

Summary of Formal, Submitted Plans @ August 2022																	
NB all figures are FTE																	
PCN	Year	Care Coordinators	Clinical Pharmacists	Dieticians	First Contact Physios	Health & Wellbeing Coaches	Adult Mental Health Practitioners	CYP Mental Health Practitioners	Nursing Associates	Occupational Therapists	Paramedics	Pharmacy Technicians	Physician Associates	Podiatrists	Social Prescribing Link Workers	Trainee Nursing Associates	Totals
North Shropshire	22/23	1.6	7	1	2.75	1	0.5			2.75	3	2	4		3.83		29.43
Shrewsbury	22/23	9	8	1.6	4.2	4	2	1			5.32	5	4	0	6.4		50.52
South West Shropshire	22/23	2	3.5	1	2	2	2			1	1	2	1		3.5		21
South East Shropshire	22/23	4	5	1	3	3	1	1			1	1	2	1	4		27
Teldoc	22/23		5		2						1	1	3		3		15
Wrekin	22/23		4		1		1		2						2		10
Newport & Central Telford	22/23	2	4	1	3	2	1			1	3		4		5		26
South East Telford	22/23	5.5	1		1.8	1	2		2			1		1	5		20.3
Total	22/23	24.1	37.5	5.6	19.75	13	9.5	2	4	4.75	14.32	12	18	2	32.73	0	199.25

APPENDIX 3 – Schedule of Initiatives to Support Delivery of the GP Strategy funded through the GP Retention Fund

Project/Initiative	Comments
Supervision Training	A course for local GPs who are not trainers, but who are increasingly involved in supervision of trainees in their practices. groups of GPs who would benefit are: ➢ Fellowship GPs who have no supervisory experience and may want to "test the water" to see if they would like to go on to become GP trainers ➢ Any other GPs working in training practices, where they themselves are not trainers, but who regularly carry out trainee supervision ➢ Shropdoc GPs who supervise trainees on out of hours shifts ➢ Any GPs from non-training practices who may be involved in supervision of ARRS staff (e.g. physicians associates, pharmacists etc.)
Clinical Supervision Pilot	The pilot would be carried out across the South East Shropshire PCN in those practices wishing to take part. The expectation will be for GPs to be paired together and meet for two separate one-hour sessions each month with the role of supervisor and supervisee reversing for the second session. This hour will be protected time within the clinical working day and the meeting can be face to face or online depending on the preference of those paired.
ED Network Chair	One session a month for a GP to lead the development of the Ethnically Diverse Primary Care Staff Network
First 5s Network	Funding for two joint leads plus commissioning of training and development events. The joint leads to be funded at 1 session a month each.
Research	Commissioning a research project looking into a range of topics/issues. Specific areas where research/surveys should take place include understanding the career choices of GP Trainees, getting more data on Locums and discovering the key issues that would assist in the retention of mid to late career GPs. The possible cost amount is an estimate - we will need to confirm this and either expand or retract the extent of the research depending on the costs.
ED Champion	We currently fund an ethnically diverse GP Champion at one session a month – this has proved successful in providing support to IMG doctors. Increase the funding to 2 sessions a month, with increased focus on smart outcomes and deliverables.

Project/Initiative	Comments
Sponsoring Practice Worker	Given the large rise in the number of International Medical Graduates (IMG) doctors on our Vocational Training Scheme (VTS) and the slow growth of practices choosing to become sponsoring practices this role will publicise the scheme and provide hands-on support and guidance to individual practices and/or PCNs who are considering applying to become a sponsoring practice. The challenge will be to find someone with the necessary skills and knowledge – funding for two sessions a month
Reimbursement for Practice Sponsorship Fees	As an incentive to encourage practices to apply to be a sponsoring practice offering reimbursement of their fees - normally around £500 per practice.
Differential Attainment Support	Anecdotally we know that there are a number of IMG doctors on our VTS who face additional challenges in successfully completing the exams and assessments. HEE West Midlands are addressing this issue and this proposed project will seek to learn from the HEE work and commission relevant, additional training and support for specific IMG doctors.
Marketing Role	Funding for a GP and/or a PM (possible joint role) to design, develop and implement a series of marketing activities aimed at the following groups: 6th Form Students considering studying medicine at University, Medical Students and Foundation Year doctors. The role would also involve visits, talks and presentations. Two sessions a month.
Recruitment Support	Commissioning an external recruitment professional to develop a suite of recruitment tools for use by practices. The role would involve some initial work to understand the specific needs of practices and then to produce the required information/tools.
Career Breaks role	Funding for a GP and/or a PM (possible joint role) to develop information resources and tools to provide information to GPs (mainly mid to late career) who are interested in taking career breaks. Two sessions a month.
Women's GP Network lead	Funding for a GP to set up and run a Network dedicated to addressing the specific issues encountered by female GPs including (but not exclusively) childcare, return to work, menopause and part-time working). Two sessions a month.
Older GPs Network lead	Funding for a GP to set up and run a Network dedicated to addressing the specific issues encountered by older GPs including (but not exclusively) retirement planning, pensions, and part-time working. Two sessions a month.

Project/Initiative	Comments
Locum support	Provision of funding to the Shropshire Sessional GP Network to provide specific, dedicated training/development events/opportunities for the Network members.
Locum Lead	We currently fund a "Newly-Qualified GP Locum Champion" at one session a month – this has proved successful in providing support to doctors coming off the VTS and considering working as a Locum. The proposal is that this role is widened to include all Locums and to increase the funding to 2 sessions a month, with increased focus on smart outcomes and deliverables.

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Integrated Care Board

Agenda item no.	ICB 30-11.043
Meeting date:	November 30th 2022
Paper title	Clinical and Care Multi Professional Leadership Chair's Report
Paper presented by:	Nick White/Alison Bussey
Paper approved by:	Nick White/Alison Bussey
Paper prepared by:	Nick White/Alison Bussey

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

1. Executive Summary and Points for Discussion

The purpose of the paper is to provide a summary of NHS STW Clinical and care leadership arrangements, work to date and work that is planned.

Clinical and Care Multi Professional Leadership Group

The Clinical and Care Multi Professional Leadership group (CCMPL) is inclusive and multi-disciplinary, made up of senior clinical, social work and public health leaders. This was established in July 2022 and meets monthly.

The key aims of the group are:

- To provide a clear clinical and professional vision for the system and set system priorities.
- To provide oversight of the health and care senate and system clinical advisory groups
- All actions from the meetings are to be carried solely by the co-chairs

To date the group has focussed on the following priorities:

- UEC, including the system Rapid quality review,
- System Risk collation,
- Establishment of UEC CAG,
- Setting the clinical leadership development vision to enable the clinical senate session to take place,
- Compassionate leadership with Health & Well being of staff being central,
- Virtual wards and meaningful involvement of General practice

Clinical Senate

The Clinical senate is well established with approximately 80 staff being core to the network. The senate meets quarterly with the first, since the ICB came into being, on 6th September 2022.The focus of this session was building on the work of the senate during 2021 and earlier this year. The second session is planned for December 8th which will be facilitated by Maria Smith – Leadership and Learning, NHSE/I.

The purpose of this session will be to enable a shared understanding of the national drivers of the current clinical and professional leadership agenda, to share examples of best practice from within the system and to develop areas for focus and action which will set the work programme for the new financial year.

Clinical Advisory Groups

NHS STW have a clear ambition to establish Clinical advisory groups (CAGs) for the reasons specified below:

- Main vehicle within the system for delivering Clinical and Care Professional Leadership. Some of these will be formed from existing groups currently operating within the system; others will be new.
- Majority of CAG's to provide advice over a segment of care (eg Cardiac, MSK, Respiratory, Diabetes, Mental health)
- Some CAG's will provide advice for a specific priority function (eg UEC, Diagnostics) 10-20 Members in each drawn from entire spectrum of Clinical and Care Professionals in all our constituent organisations. Careful consideration of membership to ensure it is inclusive and diverse.

There are 4 CAGs established, MSK, Cardiac services, Mental Health and UEC.

Forward plan

Future CAG development will include Children and Young people's services which will include MH, Children in care and Palliative and end of life care. Future senate agendas will be set by CCMPL. We will also establish further CAGs to link in directly with the key transformation and clinical agenda. The work of both CCMPL and the clinical senate does and will continue to link and steer the people plan focus.

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

Integrated Care System
Shropshire, Telford and Wrekin

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Integrated Care Board

Agenda item no.	ICB 30-11.044
Meeting date:	30th November
Paper title	Integrated Performance Report
Paper presented by:	Nicola Dymond
Paper approved by:	
Paper prepared by:	Julie Garside, Director of Planning & Performance
Signature:	
Committee/Advisory Group paper previously presented:	N/A

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

Previous considerations:	Not applicable

1. Executive summary and points for discussion

Operational Performance

Elective Activity Against Plan (STW ICB)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD
DayCase							
Actual	4,795	5,783	5,563	5,416	5,745	5,770	33,072
Plan	5,072	5,835	6,649	7,200	6,684	6,746	38,186
variance	-277	-52	-1,086	-1,784	-939	-976	-5,114
Elective							
Actual	360	496	526	540	465	480	2,867
Plan	355	554	722	836	766	757	3,990
variance	5	-58	-196	-296	-301	-277	-1,123
First Outpatient							
Actual	34,009	42,606	39,347	38,517	38,748	40,127	233,354
Plan	35,595	36,467	37,969	42,824	38,520	40,554	231,929
variance	-1,586	6,139	1,378	-4,307	228	-427	1,425
Follow Up Outpatient							
Actual	58,623	68,986	65,518	65,273	66,054	63,985	388,439
Plan	59,955	61,861	63,751	70,126	62,357	64,682	382,732
variance	-1,332	7,125	1,767	-4,853	3,697	-697	5,707

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

Non-Elective Activity Against Plan (SaTH only)

Number of specific acute non-elective spells in the period	April	May	June	July	August	September	YTD
19/20 Baseline	4,809	5,120	4,889	5,099	4,843	4,864	29,624
22/23 Actual	4,511	4,798	4,656	4,512	4,316	4,353	27,146
22/23 Plan	5,659	5,612	5,504	5,745	5,467	5,497	33,485
22/23 vs Baseline	93.8%	93.7%	95.2%	88.5%	89.1%	89.5%	91.6%
Actual vs plan	79.7%	85.5%	84.6%	78.5%	78.9%	79.2%	81.1%

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

1.1 Urgent & Emergency Care (UEC)

The system's performance is shown in detail slide 3-13 of Appendix A against the 8 of the 10 national core metrics that can currently be reported. As per previous months, performance in many areas continues to deteriorate. This data should be viewed in conjunction with the board paper on urgent care.

Ambulance handover delays over an hour increased in October increasing the distance from plan by 41%. Initiatives to improve performance are underway and include development of RSH ED, the Acute Floor development due for completion 9th December and the Next Patient Model. Handovers below 15 minutes remain low and remains less than half of the regional average performance.

There has been a relative improvement in the number of ambulances conveyed which implies ongoing effectiveness of the single point of access with STW being below the regional average for the first time this year. The last 2 weeks has shown an improved position for Cat 1 and 2 ambulance mean response times which is encouraging.

Within ED, the percentage of patients triaged has decreased in month together with a further increase in patients in the depart >12hrs. The overall mean time in the department continues to rise. There has been significant sickness in ENP staffing group which is impacting on patient waits. A skill mix review of this staff group combined with closer working between SaTH and the UTC provider is underway to improve the position.

The use of Same Day Emergency Care (SDEC) pathways is above the national average for surgery and the system has set itself a local stretch target above that. Medical SDEC did achieve the national target in July and despite falling back in August has exceeded the target in October.

Length of Stay remains a challenge but recent MADEs (Multi Disciplinary Discharge Events) and new ways of working in the Integrated Discharge team are starting to show improvement in the number and time of discharge. This is a continued area of focus of the UEC improvement plan. Length of Stay on the Medically Fit for Discharge (MFFD) list reduced in September and October following improvements during Q1. Ongoing challenges accessing domiciliary and nursing care is making progress in this area difficult despite huge

efforts of both local authorities. Discharge improvement work is ongoing to identify morning discharges and a trial with EZEC transport to test a model for very early discharges. the Next patient model is also supporting the early identification of patients for discharge lounge and pre-planning discharge the day before with the aim of improving morning discharges.

The data showing the rate of increase in the volume of complex discharges is now being received from both Local Authorities. This work was finalised only recently and was too late for UEC Board in November but will be going there on 6th December and will feature in the Appendix to this report from January. Work is also now underway to predict levels and type of discharge to further help the system plan its capacity.

A specific piece of work is also due to be presented to the UEC board in December, which has mapped all the improvement plan schemes to outcome metrics. Process metrics are also being added to the monitoring process, with support from NHSE, to further enhance our understanding of the direct impact of actions taken.

A 'deep dive' into the progress and governance of the UEC improvement plan was presented to the November Quality and Performance Committee to provide assurance.

1.2 Elective Recovery

At the end of October NHS STW had 39 patients waiting over 104wks vs our plan of 39. This is all due to complex spinal cases at RJAH and some patients choosing to wait. The system is working with NHSE on its regional mutual aid hub to try and bring this backlog down more quickly and independent sector providers in London for spinal cases. However, it should be noted that the number of patients willing to travel that far for treatment is low, so the overall impact is limited but it's important to do everything possible to get our patients treated. It should be noted that the system is delivering against its planned trajectory for 104wk waiters but the national ask of elimination by the end of October was not achieved The ICB can be assured that all operational actions that can be done are being done in this regard and rigorous action and monitoring by System providers and NHS continues with daily oversight calls.

The volume of patients waiting over 78wks remains above plan and has widened significantly to circa 118 over plan in October. RJAH is improving with only 8 patients above plan due to significant work within the non-admitted cohorts. For SaTH, limited theatre capacity and limited elective beds on both sites, continues to impact recovery.
Both trusts are focusing on recruitment to improve capacity as well validation of all non-admitted pathways to plan for the next 6 months' activity. The ring-fenced elective hub is due to be operational in June 23 and is the key action to improve our position to the required level. Work also continues with improvement programmes for outpatients, including transformation projects; Virtual Outpatients and Patient Initiated Follow Ups (PIFU) plus outsourcing to the Independent Sector.

NHSE have tasked both trusts with validating patients who will have waited 52 weeks at the end of March 23, by 23rd December 22 to further support recovery over the next 4 months.
A 'deep dive' on Elective Care and Diagnostics will be presented to the Quality and Performance Committee in January, to understand the risk of long waiting on patients

1.3 Cancer

At the end of September, the system is meeting the revised trajectory to reduce to 420 patients in the >62days backlog by March 2023. The original NHSE figure was 169 which

would have been a return to pre-Covid levels. A combination of capacity and demand issues in four main tumour sites of urology, gynae, colorectal and skin has led to an increased backlog. The system has taken several actions to get underneath the issues and improve its position by the year end: -

- Reviewing and improving pathways, including utilising a 'Best Practice Pathways Project Manager' for challenged pathways.
- Plan in place with radiology team to increase reporting capacity commencing in the first week of December.
- Increased capacity for skin minor ops and commencement of a Teledermatology pilot from December.
- Fully utilising breast community pain clinics to reduce pressure on 2ww appointments.
- Implementation of the Best Practice Trimmed pathway for prostate cancer.
- Fully utilise current FIT process whilst planning to tender new service for April 23.

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

1.4 Diagnostics

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

For 22/23 although the plan and recovery baseline (target 120% of 19/20 baseline by March 23) is being met in most modalities, the demand levels have significantly increased consequently there has no reduction in the backlog despite performance being above plan in large volume areas such as CT and MRI. September performance has improved across all modalities, including non-obstetric ultrasound and gastroscopy and all are above plan. It should be noted that Flexible Sigmoidoscopy requires a new baseline to be calculated due to pathway changes since 19/20.

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

1.5 Mental Health

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

- Children's access to mental health services, including Core BeeU, ASD and Eating Disorders. Difficulties in recruiting and retaining skilled staff, combined with increasing demand have led to increased waiting times.
- Physical health checks for patients with Serious Mental Illness (SMI) has a trajectory to achieve targets by April 2023 linked to Community transformation with improvements anticipated for November.
- IAPT access target is not currently being met but implementation of a new combined service across the System is on track. Longer term investment proposals will be submitted to the System Investment Panel in the New Year following discussions with NHSE on requirements.

- Dementia diagnosis rates have deteriorated but is expected to meet target in April 2023. Admiral Nurses giving vital support into care homes and to existing services are now in place.

Demand for PICU and Acute Out of area beds is increasing and outstripping capacity, mirroring the national picture. A Business case is being developed to support a longer-term solution to out of area placements.

1.6 Further Assurance

The Quality and Performance committee has approved a schedule of 'deep dive' reports into specific areas, focused to address detailed questions where more assurance is required due to long term failure of targets or slow rates of improvement. Authors will need to demonstrate how health inequalities and inequity have been considered in their report. The schedule is as follows:

Domain	Deep Dive Focus	Date of Committee	Author
UEC	Progress of Improvement Plan	23rd November	Sam Tilley
Planned Care	Impact of long waits and risk of harm to patients	January	Gloria Onwubiko
Diagnostics	Delays in testing and reporting and the impact on elective and cancer performance	January	Gloria Onwubiko
SMI and LD Health Checks	How can higher rates be achieved and spread more evenly throughout the year	February	Claire Parker
Primary Care	Access and patient experience	March	Claire Parker

2. Finance

The System holds a £19m deficit plan for 2022/23 and carries a significant underlying deficit. Local challenges that impact on expenditure include those associated with geography, configuration of estate and availability of substantive workforce.
The M7 system financial position shows an overall £14m adverse variance to the plan submitted. The current forecast outturn (FOT) position shows a £4.1m adverse variance to plan in line with the forecast reported at M6.
The overspend is mainly driven by increased staffing costs due to open escalation areas at SATH and overspends in the ICB on Independent sector ophthalmology activity and community discharge beds which are partially offset with prior year accrual reversal benefits.
Plans are currently forecast to deliver with the exception of COVID overspends already incurred. Significant risk in the current forecast position is under discussion with NHSE in line with the recently released change in Forecast Outturn protocol.

3. People

Agency WTE has continued to rise steadily since January 2022, with a large increase since May of 86 wte, this is counter to the operational workforce plan where agency WTE was

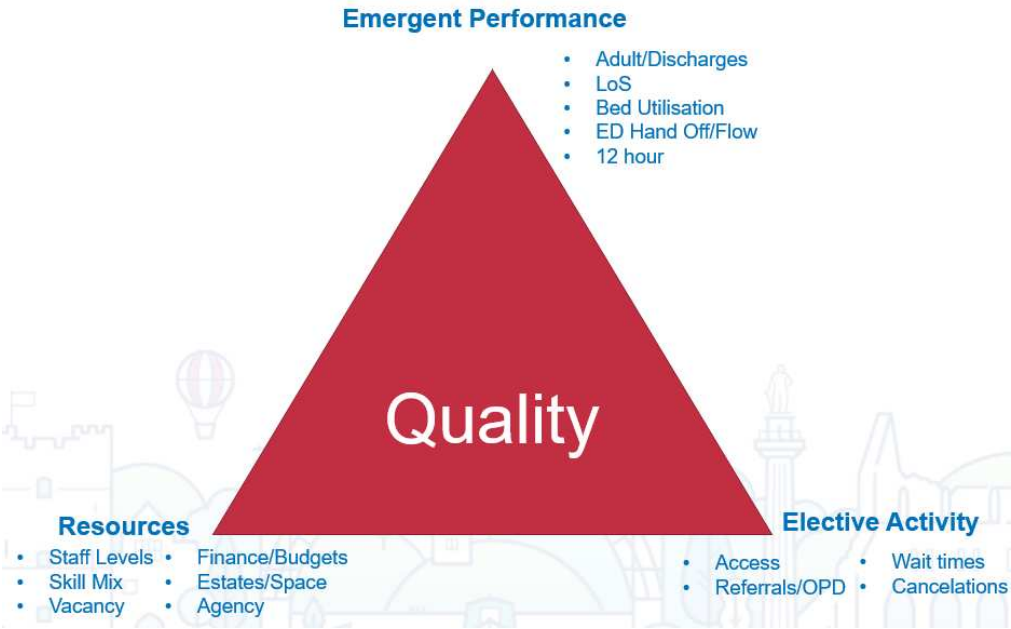
planned to reduce month on month. Vacancies; SCHT have the highest vacancy rate of 11.6% a reduction of 1.6% since August but still a significant increase since March 2022, from a stable position of 4-6%. In comparison vacancy rates for SATH are 7.3% and RJAH 8.9%. The NHS turnover of staff since March 2022 has risen significantly in RJAH from 9% to 13% and SCHT from 14% to 16%. The turnover in SATH has remained steady around 14%-15% but this is still higher than usual. The highest turnover continues to be Care Workers at 32%.

Further development will be made to link people metrics to operational performance to enhance understanding and focus action.

4. Report Development

Work is ongoing to develop a more focused report that highlights operational system performance by exception and the impact mitigating actions are having on improving performance. Where there are provider specific performance issues these will be identified, and system partners will contribute with provider specific intelligence on risks and issues related to this issue.

The aim of future reports is to draw direct links between emergent performance issues including the impact of emergency on elective and resource issues, both financial and people. Quality of care being the priority and at the heart of performance, finance and people, see below.



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

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

Leadership and Governance	
Enhanced engagement and accountability	
Creating system sustainability	
Workforce	x

6. Recommendation(s)

The Board is asked to note the current integrated performance of the system in this summary, and the on-going challenges with our systems operational performance and associated risks with our financial performance and workforce. For Elective/Cancer recovery the Board is asked to receive assurance that all operational actions that can be done are being done. For UEC, progress is being made with the improvement plan with impact of the acute floor completion expected in December and enhanced monitoring will be in place from December to track the direct impact of specific actions.
In addition, the Board are asked to approve the following developments of this report:

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

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

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

8. Appendices

Appendix A is the summary data pack for the key system performance metrics for Urgent and Emergency Care, Elective/Cancer/Diagnostics recovery combined with a summary of the financial position and key workforce metrics for Month 7.

9. What are the implications for:

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

Shropshire, Telford and Wrekin's Residents and Communities	See below
Quality and Safety	Section on operational performance summarises the position regarding improvement underway in UEC and elective/cancer/diagnostics recovery for patients access to services
Equality, Diversity, and Inclusion	All operational recovery is being delivered to maximise equity of access

Finances and Use of Resources	Risks highlighted to the delivery of the financial plan
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 30-11.045
Meeting date:	30 November 2022
Paper title	Amendments to ICB Constitution and Governance Handbook
Paper presented by:	Nicola Dymond Director of Strategy and Integration
Paper approved by:	Nicola Dymond Director of Strategy and Integration
Paper prepared by:	Alison Smith Director of Corporate Affairs
Signature:	
Committee/Advisory Group paper previously presented:	The ICB Constitution and Governance Handbook were presented to the inaugural ICB at its meeting on 1st July 2022 – as part of item 22-07.007 NHS Shropshire, Telford and Wrekin Constitution and item 22-07.004 NHS Shropshire, Telford and Wrekin Governance Handbook

Action Required (please select):									
A=Approval	X	R=Ratification		S=Assurance		D=Discussion		I=Information	
Previous considerations:	**None identified.**								

1. Executive summary and points for discussion

1.1 Amendments to the Constitution

NHSE has recently sent correspondence to NHS Shropshire, Telford and Wrekin (NHS STW) highlighting a number of errors in the nationally published model constitution that were not corrected at the time of the publication and on which NHS STW's constitution is based, asking for these to be rectified. A summary of these corrections is outlined in the report below for approval and shown as tracked changes in Draft version 2 of the Constitution in **appendix 1** to this report.

The Board is asked to note that following its approval a formal application to amend the Constitution must then be made to NHSE and these changes are not applicable until this ratification has been received.

1.2 Amendments to the Committee Terms of Reference which form part of the Governance Handbook

At its inaugural meeting held on 1st July 2022 the Board approved the Governance Handbook which consolidates the key documents that form the governance structure of NHS Shropshire, Telford and Wrekin.

At this meeting the Board also requested that its committees should review the content of their respective terms of reference at their first meeting and present any proposed changes to the Board meeting for approval.

This report seeks to collate and present all of the proposed changes to committee terms of reference for approval by the Board as shown in draft version 2 of the Governance Handbook as **appendix 2**.

1.3 At the meeting held on 29th September the Board approved proposals for an initial joint committee arrangement between the six West Midlands ICBs to allow collaboration on a number of areas where it would be beneficial for these ICBs to make joint decisions (item 28-09.022). The Board approved the terms of reference for the West Midlands ICBs Joint Committee and an initial commissioning framework against which the committee will operate and delegated activities will be conducted. These terms of reference have now been inserted into the Joint Committee and delegation arrangements sections of the Governance Handbook and the delegation areas added into the Scheme of Reservation and Delegation (SoRD) for completeness.

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

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

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

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 seeks to provide assurance that NHS Shropshire, Telford and Wrekin has a robust Constitution and Governance Handbook in place which aligns to legislative requirements.

4. Appendices

Appendix 1 – NHS Shropshire, Telford and Wrekin Constitution – with tracked changes, draft version 2

Appendix 2 – NHS Shropshire, Telford and Wrekin Committee Governance Handbook – with tracked changes, draft version 2.

5. What are the implications for:

Shropshire, Telford and Wrekin's Residents and Communities	No implications
Quality and Safety	No implications
Equality, Diversity, and Inclusion	No implications
Finances and Use of Resources	No implications
Regulation and Legal Requirements	NHS Shropshire, Telford and Wrekin is required to have a Constitution in place that has been approved by NHS England.
Conflicts of Interest	No implications
Data Protection	No implications
Transformation and Innovation	No implications
Environmental and Climate Change	No implications
Future Decisions and Policy Making	No implications
Citizen and Stakeholder Engagement	No implications

Request of Paper:	Approve the proposed amendments to the Constitution outlined in the report below. Approve the proposed amendments to the Governance Handbook	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	

Agenda item no.	ICB 30-11.045
Meeting date:	30 November 2022
Paper title	Amendments to ICB Constitution and Governance Handbook

1.1 Background

Under the Health and Care Act 2022, 42 Integrated Care Boards (ICBs) were established on 1 July 2022 and each ICB required to have a constitution setting out the board membership and governance arrangements for the organisation.

The following report outlines a number of proposed amendments to the Constitution and the Governance Handbook for approval and noting by the Board.

1.2 Amendments to the Constitution

NHSE has recently sent correspondence to Integrated Care Boards highlighting a number of errors that were not corrected at the time of the publication of the model constitution on which NHS Shropshire, Telford and Wrekin's constitution is based and asking for these to be rectified. A summary of these corrections is outlined in the report below for approval and none are considered material.

Following commencement of the Health and Care Act (2022) NHSE's legal team conducted a review of the model constitution that was published by NHSE in May 2022 and identified several small amendments that need to be made. These are summarised as follows:

- Page 3 Section 1.4.7 (f) – Health and Care Act reference 'section 14Z44' corrected to read 'section 14Z45'
- Page 11 Section 3.2.4 – Reference to the 'sections 56A to 56K of the Scottish Bankruptcy Act 1985' replaced with 'Part 13 of the Bankruptcy (Scotland) Act 2016'.
- Page 11 Section 3.2.7 – 'A health care professional (within the meaning of section 14N of the 2006 Act)'. First line updated to remove reference to section 14N of the 2006 Act and capital letters for 'Health Care Professional'. Line to read as follows 'A Health and Care Professional or other professional.
- Page 34 Section 7.1.1 – Reference to 'paragraph 11(2)' amended to 'paragraph 12(2)'.
- Page 41 Appendix 1 – Add definition of 'Health Care Professional' to the table. Definition to be added: 'An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.'

These amendments are shown as tracked changes in the draft version 2 of the Constitution attached as **appendix 1** to this report.

The Board is asked to approve these proposed changes but note that following its approval a formal application to amend the Constitution must then be made to NHSE and these changes are not applicable until this ratification has been received.

1.3 Amendments to the Committee Terms of Reference which form part of the Governance Handbook

At its inaugural meeting held on 1st July 2022 the Board approved the Governance Handbook which consolidates the key documents that form the governance structure of NHS Shropshire, Telford and Wrekin:

- Scheme of reservation and delegation (SoRD)
- Functions and Decisions Map
- Standing Financial Instructions (SFI's)
- Terms of reference of ICB committees and joint committees
- Conflicts of Interest Policy
- Standards of Business Conduct Policy
- Framework and Principles for Public Involvement and Engagement
- Petitions Policy

At this meeting the Board also requested that its committees should review the content of their respective terms of reference at their first meeting and present any proposed changes to the Board meeting for approval.

This report seeks to collate and present all of the proposed changes to committee terms of reference for approval by the Board as shown in draft version 2 of the Governance Handbook in **appendix 2**.

The Committees that are requesting changes are as follows:

- Finance Committee – for information only – page 86
- Quality and Performance Committee – page 95
- Integrated Delivery Committee – page 117
- Audit Committee – page 128
- Primary Care Commissioning Committee – page 165

Strategy Committee and System People Committee will be reviewing their respective terms of reference in late November/early December and will bring any proposed changes to the Board meeting in January.

1.4 West Midlands ICBs Joint Committee

At the meeting held on 29th September the Board approved proposals for an initial joint committee arrangement between the six West Midlands ICBs to allow collaboration on a number of areas where it would be beneficial for these ICBs to make joint decisions (item 28-09.022). The Board approved the terms of reference for the West Midlands ICBs Joint Committee and an initial commissioning framework against which the committee will operate, and delegated activities will be conducted.

These changes are shown as tracked changes to the draft version 2 Governance Handbook in **appendix 2.** The terms of reference have been inserted into the Joint Committee (page 174) and delegation arrangements (page 177) sections of the Governance Handbook and the delegation areas added into the Scheme of Reservation and Delegation (SoRD) (page 27) for completeness.

The Board is asked to note these insertions following its approval of the content of the West Midlands ICBs Joint Committee Terms of Reference and commissioning framework at its meeting on 29th September.

1.5 The Board is asked to note the following points:

a) that some Committees have not yet had an opportunity to meet and so some additional changes may be presented at the next meeting in January;

b) changes to the Constitution, once approved by the Board must be submitted to NHS England for ratification.

c) the Board has the ability to approve changes to the Governance Handbook, without any further ratification needed from NHSE; and

d) Some changes to Finance Committee Terms of Reference were approved at the September Board meeting as outlined in the Committee Chair's report and these are included for information only.

2. Recommendation(s)

NHS Shropshire, Telford and Wrekin is asked to:

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 30-11.046
Meeting date:	30th November 2022
Paper title	Finance Committee Chair's Report – 28th September Meeting
Paper presented by:	Trevor McMillan
Paper approved by:	Trevor McMillan
Paper prepared by:	Claire Skidmore

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Finance Committee meeting held on 28th September 2022 for noting.

1.2 The minutes of the meeting are attached for information.

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

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

Report

1.5 Both part 1 (ICB) and part 2 (system) of the meeting had similar agendas with items to consider the month 5 finance position and associated risks.

1.6 An early draft of finance entries for the Board Assurance Framework was shared with the Committee and it was agreed that further work would be undertaken by the Directors of Finance in October and November to develop the entries.

1.7 The financial position and associated risks considered by the Committee are the subject of a separate report to this Board. The Committee noted significant risk in delivering the financial plan for the year and took limited assurance at its meeting that the System could return to plan over the remainder of the year given the operational challenges in the System. It will continue to scrutinise the financial impact of actions being taken to address the run rate in excess of plan.

2. Recommendation(s)

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

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

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

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

4. Appendices

Appendix 1 - Finance Committee minutes from the part 1 and part 2 meetings held on 28th September 2022.

Request of Paper:	NHS Shropshire, Telford and Wrekin Board is asked to note the areas highlighted in the report	**Action approved at Board:**	
		If unable to approve, action required:	
Signature:		**Date:**	30th November 2022

Integrated Care Board

Agenda item no.	ICB 30-11.046
Meeting date:	30th November 2022
Paper title	Quality and Performance Committee Chair's Report September 22
Paper presented by:	Meredith Vivian, Chair and Non-Executive Director
Paper approved by:	Meredith Vivian, Chair and Non-Executive Director
Paper prepared by:	Vanessa Whatley Deputy Director of Nursing & Quality Julie Garside, Director of Planning and Performance

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

1. Purpose of Paper

The purpose of the paper is to provide a summary of NHS STW Quality and Performance Committee meeting held on 28th September 2022.

2. Executive Summary

2.1. Context

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

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

2.2. Link to Pledges
Pledge 1- Improving safety and quality
Pledge 3 - Delivering improvements in mental health and learning disability / autism provision.

3. Exception Report

Alert

Two additional risks were raised as recommended to the risk register, these were lack of anaesthetic support to specialist dental services and delays in receiving imaging reports. The risk of workforce shortages was raised and being discussed with the People Committee. Mixed sex accommodation breaches at SaTH remain high at over 40 incident per month and are under review by the Trust. The number of women accessing perinatal mental health care

is rising and under review with commissioners at 620 in June 22. The length of stay in acute mental health beds are rising and MPFT are working to understand this trend.

The national target for Dementia Diagnosis rates is set at 66.67% by NHSEI, however, Shropshire Telford & Wrekin is falling below this figure at a local rate of 59.50% There is an action plan to address this and QPC will review progress in January 2023.

NHS to NHS feedback dominant theme was discharge related issues in Quarter 1 2022/23, highlighting ongoing concern over the safety of discharges. There is a Discharge Alliance Group as well as input from the Medicines Management Team and Quality Team who are working with SaTH colleagues to facilitate system improvements.

Assurance

The risks presented were all agreed as appropriate, and the agenda will be based on assurance of these going forward. The risks are around, urgent and emergency care, children a young people's mental health care, paediatric ophthalmology provision, palliative and end of life care services, effective maternity care and consistent standards of infection prevention and control.

The Niche Report action plan is expected to be closed by December 2022. The remaining actions are relating to large programmes of work such as urgent and emergency care, and actions are sighted in those agendas.

The terms of reference for the QPC were recirculated and approved.

Healthwatch Shropshire and Healthwatch Telford and Wrekin are both running or contributing to projects in line with the risks on the risk register.

There is improvement in the reporting of serious incidents in a timely manner in all NHS organisations in Shropshire Telford and Wrekin ICS.

Advise

There is collaborative work with NHSE to take a baseline measurement of where the system is in relation to the NHSE Experience of Care Framework which has three strands, Co-production as a default for improvement, using insight and feedback and Improving experience of care at the core of priority programmes. A group is being established including 50% residents to progress this.

Healthwatch Shropshire and Healthwatch Telford and Wrekin have both resumed Enter and View visits.

3. Recommendation

To note the areas highlighted in the report.

Integrated Care Board (ICB)

Agenda item no.	ICB 30-11.046
Meeting date:	30 November 2022
Paper title	Integrated Delivery Committee (IDC): Chair's Report of meeting held on 07/11/22
Paper presented by:	Gareth Robinson, IDC Vice Chair
Paper approved by:	Harry Turner, IDC Chair
Paper prepared by:	Jan Heath, System PMO

Action Required (please select):								
A=Approval	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 Integrated Delivery Committee (IDC) meeting held on 07/11/22.

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

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

1.3.1 The Chair commenced by updating the Committee on his discussion at CEO Group regarding the ongoing challenge of providing assurance to the ICB given that the Committee is still in the early stages of implementing new ways of working with a focus on delivery. The CEO group were supportive of the IDC approach and the principles that were being applied.

The Chair reminded the Committee that this meeting would provide the first opportunity to report formally to the ICB.

It was agreed that the IDC would review the Terms of Reference and approach at a development workshop in December.

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

- A standard report format has been adopted and the Committee agreed to use InPhase for standard programme highlight reports following recent improvements to the system including the facility to capture financial benefits

- Local Care Programme Director updated that 22/23 recurrent financial impact of £2.3m (growth suppression) had not yet been signed off by

the Local Care Programme Board but expressed a high level of confidence that this would happen at the next meeting on 15th November

- It was reported that the Outpatients Transformation benefits model had been signed off by key stakeholders including the SaTH Director of Finance and was on track to deliver £1.5m (growth suppression) in 2022/23 that would release capacity to clear the elective backlog

- The Interim Programme Director for the Workforce BTI reported a high level of confidence in delivering £2.5m cash releasing savings in 2022/23 against planned savings of £3m plus £1m stretch. Further work has been underway to identify the resources that would be required to bring forward schemes from 23/24 to bridge the gap

  A revised risk-adjusted plan has been developed in relation to the Workforce BTI that could achieve a further £1.7m in-year with additional investment of £50k. A business case is being drawn up for approval to appoint interim resource to deliver the additional schemes.

1.3.3 The Committee considered an update on the Financial Improvement Programme (FIP) that combines 3 programmes targeted to deliver a total system efficiency of £41m in 2022/23:

<u>1.6% Cost Improvement Plans (CIPs)</u>
The CIPs are on track to deliver plan value of £18m with an increased level of confidence. The system procurement team has identified further opportunities for further savings at c£700k. The Committee agreed that the additional benefit could be used to offset the shortfall in the BTI forecast.

<u>BTI (Big Ticket Items)</u>
The overall BTI efficiency forecast is currently £9m against a plan value of £12m in 2022/23 that includes an unallocated £2.9m. Following work on benefits modelling since the last Committee, there is a high level of confidence that both Outpatients and Local Care programmes will achieve planned benefits. Work continues to identify additional opportunities through the FIP and the stretch targets applied including the Workforce BTI.

The ICS Director of Delivery & Transformation emphasised that it is the responsibility of BTI Programme Directors to monitor and challenge delivery against the financial plan and ensure achievement against expected outcomes.

<u>Financial Improvement Programme</u>
Progress on developing plans to achieve the £11m stretch target has proved slower than expected. The long list of potential opportunities

drawn up by the System PMO based on benchmarking had not been progressed as required.

The Director of Delivery & Transformation would be seeking a CEO Chair for the FIP with support from the Shropcom CEO and reminding all partners that they had all signed up to the stretch target and to the approach to achieving it. Detailed plans would then need to be developed at pace with leads with support from the PMO and a mechanism put in place to track progress.

1.3.4. Local Care Transformation Update: Benefits Realisation

The Committee considered progress on the development of a benefits realisation framework and the progress made since the last meeting. It was noted that stakeholder engagement was still outstanding, and consultation would take place during November.

Challenges discussed included the need for demand & capacity modelling with assumptions and data that was aligned to the HTP OBC and the interdependency with the Workforce plan.

It was noted that in order to meet the HTP OBC critical path, detailed modelling based on the Local Care Transformation Programme would need to be completed by end December.

It was agreed that given resource constraints within the Local Care programme team and the need to align with the HTP OBC, that programme resources would be pooled across the two BTIs including the PA Consulting team supporting the OBC.

The Director of Delivery & Transformation recognised the need to fully engage with all partners including LAs, primary care, residents and communities and that the Local Care programme board was the appropriate forum to facilitate this. The LCTP Programme Director confirmed that all partners are engaged.

1.3.5 MSK Deep Dive

The Committee considered a deep dive of the MSK BTI programme and noted delays in implementation due to the change in key programme team members including the Programme Manager and Programme Director. The programme plan and benefits realisation framework are currently under review now that the team is back to full strength and clear delivery trajectories are being established for Phase 1.

The Chair reminded the MSK Programme Director that a full update was required at the ICB in January and on that basis, a detailed benefits

realisation framework and programme plan for Phases 1 and 2 should be presented to the January IDC.

1.3.6 Outpatients Transformation Deep Dive

The Outpatients Transformation Programme Director presented a detailed update on progress made across Advice & Guidance, PIFU and Virtual Consultation to reduce face-to-face activity in acute in line with national targets. Progress included sign off of the benefits realisation framework, a baselined QIA and health inequalities assessment.

However, whilst it was reported that the System is one of the best performers in the region for Advice & Guidance activity levels, this is not converting to a reduction in face-to-face appointments. Work is underway to understand the underlying causes for this.

Longer term the programme remains on track and there is a high level of confidence that it will deliver forecast financial efficiencies at £1.5m in 2022/23. Whilst the financial impact is not cash-releasing, it will contribute to clinical gains that will help to clear the elective backlog. Further work is underway to identify opportunities to deliver an additional £500k stretch in-year.

The risk register was discussed, and a number of actions agreed to address risks at programme board level before escalating to the IDC.

The Chair reminded members that the purpose of the IDC is to unblock risks after all options for mitigation have been exhausted by the programme boards, and that any risks escalated to the IDC should be presented alongside a specific request for support.

1.3.7 Proactive Prevention: System Case for Change

The Committee received a proposal that had been first presented to the CEO Group in 2021 and had formed part of the Local Care programme pre-pandemic. The purpose of the paper was to re-introduce the concept of a system-wide approach to prevention that would support independence and reduce hospital admissions.

The Director of ASC for T&W presented the case for change and requested that the IDC approve the development of a new system-wide model of working and formally sign up to the Think Local Act Personal (TLAP) model.

The IDC recognised a compelling case for developing a system-wide approach to proactive prevention and was fully supportive of all partners committing to the TLAP.

However, the Committee agreed that the decision should sit with the ICB to ensure endorsement at the appropriate level followed by further development by the Strategy Committee to align with the Integrated Care Strategy. A programme of work could then be handed back to the IDC for delivery.

1.3.8 Other Reports

A number of other reports were included in the papers for information:

- UEC Board reported good progress on risks
- Chair's Report for TWIPP, ShIPP, Planned Care Boards provided
- Vaccination update and commissioning update papers

2. Recommendations

The ICB is asked to:

2.1 **Note** the IDC focus on delivery and the intention to review the approach at a developmental session in December

2.2 **Note** the adoption by the IDC of a standard report format and the use of the InPhase PMO system to generate programme highlight reports

2.3 **Note** an increased level of confidence that the 1.6% CIP will deliver a plan value of £18m in 2022/23 and approval at IDC that additional opportunities identified by the system procurement team at £700k will be used to offset a shortfall in the BTI programme

2.4 **Note** the slow progress in developing plans within the FIP to mitigate the £2.9m unallocated BTI efficiency plus the £11m stretch within the finance plan

Support the IDC approach to developing detailed FIP plans with a December deadline including appointment of a CEO Chair for the FIP and putting a mechanism in place to track progress

2.5 **Note** that the Local Care Transformation Programme (LCTP) benefits paper setting out the approach to achievement of £2.3m efficiencies in 2022/23 will be submitted for approval at the next LCTP board meeting

Note that given resource constraints within the LCTP team and the critical interdependency with the Hospital Transformation Programme (HTP) Outline Business Case (OBC), programme resources would be pooled across the two BTIs to ensure LCTP detailed modelling was completed by end December

2.6 **Note** the progress made in the Outpatients Transformation programme including sign off of benefits realisation methodology resulting in a high level of confidence that the programme would achieve £1.5m in efficiencies in 2022/23 and note the further work underway to deliver a further £500k stretch

2.7 **Note** a high level of confidence in the delivery of £2.5m cash-releasing efficiencies in 2022/23 arising from the Workforce Big Ticket Item against a plan value of £3m and a stretch target of £1m

Note the work underway within the Workforce BTI to bring forward the delivery of phase 2 schemes to achieve a potential additional cash-releasing efficiency of £1.7m. This includes submission of a business case seeking approval for £50k investment to fund the delivery of the risk-rated plan

2.8 **Note** the delay to the MSK Transformation programme and the requirement for the Programme Director to present a detailed programme plan and benefits realisation framework at the January IDC in advance of the ICB

2.9 **Request** support for the development of a Proactive Prevention strategy by the Strategy Committee aligned to the Integrated Care Strategy and a programme with costed benefits that can handed back to the IDC for delivery

Request that the ICB considers the proposal that all partners commit to the Think Local Act Personal (TLAP) model

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 30-11.046
Meeting date:	30 November 2022
Paper title	People Committee Chair's Report
Paper presented by:	Dr Catriona McMahon
Paper approved by:	Dr Catriona McMahon
Paper prepared by:	Dr Catriona McMahon

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 first NHS STW People Committee meeting, held on 14th September 2022 for noting.

1.2 The minutes of the meeting have not yet been approved. They will be attached to the next Board meeting pack, for information, once approved.

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

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

1.4.1 This was the first meeting of the new STW People Committee, with a new membership and more diverse attendee pool. The purpose of this meeting with primarily administrative.

1.4.2 The People Committee Terms of Reference were reviewed by members and attendees, with comments received. They will be returned to the People Committee on the 30th November, 2022, for final review.

1.4.3 Given the number of new members/attendees, Tracy Hill (interim System People Lead) presented the ICS Pledges with a specific focus on People and workforce challenges; and Stacey-Lea Keegan (ICS SRO for People) presented, in summary, the ICS People Plan, and progress made to date

1.4.4 A discussion was had about the challenges and the opportunities that we face in STW, with regards to our workforce. It was agreed that we would dedicate most of our next meeting (30th November) to brainstorm/explore opportunities for novel and/or cross-sectoral solutions. It was agreed that the next meeting would be extended to 3 hours, to facilitate this discussion.

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. None

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

3.1 None

4. Appendices

Appendix 1 - None

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

Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Integrated Care Board

Agenda item no.	ICB 30-11.046
Meeting date:	30th November 2022
Paper title	Primary Care Commissioning Committee Chair's Report
Paper presented by:	Niti Pall, Non-executive Director (Chair)
Paper approved by:	Niti Pall, Non-executive Director (Chair)
Paper prepared by:	Emma Pyrah, Associate Director of Primary Care

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

1. Executive Summary and Points for Discussion

1.1 The purpose of the paper is to provide a summary of NHS STW Primary Care Commissioning Committee meeting held on 7th October 2022 for noting.

1.2 The minutes of the meeting held on 6 July 2022 were approved.by the Committee and are attached.

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

- **Terms of Reference:** The committee considered a revised version of the terms of reference which were approved. It was noted that the terms of reference will develop over time and will need further amendment to include pharmacy, optometry and dentistry when those commissioning functions are delegated to the ICB from 1st April 2023.

- **Shrewsbury Health and Wellbeing Hub:** The Committee received a progress report on this development providing the background to, and status of, the Shrewsbury Health & Wellbeing Hub project which represents a significant investment from national funds of between £40m and £60m if the business case is approved. It was noted that the site options appraisal is being re-run in response to significant concerns raised by both members of the public and Councillors when the ICB announced the Otley Road site. A significant amount of work has been undertaken to ensure the project's communications and engagement strategy and plan are robust. Communication with the Council and HASC has been improved and a Stakeholder Reference Group meets regularly. Delays to the timeline mean that the indicative date for the formal consultation to commence is April 2023. It was noted that if the project does not go ahead, the Practices involved all have significant estates issues that could threaten their viability and sustainability in the medium term.

- **Enhanced Access Implementation Plan** – The Committee received a progress report on the implementation of the PCN DES Enhanced Access Service Requirements. All 8 PCNs submitted plans which were approved by the ICB as meeting the DES service requirements and the service went live on 1st October 2022. The Committee noted that this development brings together 2 previous extended access schemes into one consolidated offer delivered through PCNs, it does not provide additional appointment capacity however. There have been some issues with digital interoperability solutions which are being worked through with the software supplier. The Committee were interested in how this digital interoperability might enhance/link to wider system developments including virtual ward. It was agreed that this would be a topic of discussion at a future meeting.

- **PCN Development Workshop –** the Committee received details of Organisational Development (OD) work undertaken with the 8 Primary Care Networks this year. Part of the ICB's NHSE PCN Transformation Funding was used to commission the King's Fund to work with each individual PCN to look at issues and processes in order to develop individual OD plans. This will culminate in a senior ICB Exec/PCN Clinical Director Workshop on 31st October where themes will be shared and the PCNs have also requested that time is spent during the workshop examining the relationship between PCNs, the wider ICS and the part PCNs will play in the wider system. The Committee looks forward to receiving the outputs from that workshop at its next meeting.

- **Supporting PCNs through winter -** the Committee received information on national and local requirements on Primary Care for winter planning and any associated funding streams. There are both national and local sources of funding available to support winter which should be focused on creating additional appointment capacity in General Practice.

- **GP Survey Results 2022** – The Committee received analysis of the GP Survey results published nationally in July. It noted that overall, GP Practices across Shropshire, Telford and Wrekin scored equal to or above national averages. However, local results compared to the 2021 survey showed a reduction on patient satisfaction against all criteria. The largest reduction in results relates to the front door of General Practice and patients' ease of accessing the service. This compares to only a small reduction in satisfaction with the quality of patient experience during a consultation. The Primary Care and Quality teams will work with the GP Practices that scored below the national average on multiple domains of the survey or where scores are particularly low in one or more domain.

2. Recommendation(s)

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

2.1 Note this report.

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

3.1 Not applicable.

4. Appendices

4.1 Not applicable.

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