

A new era for health and care services

Staffordshire and Stoke-on-Trent
Integrated Care System



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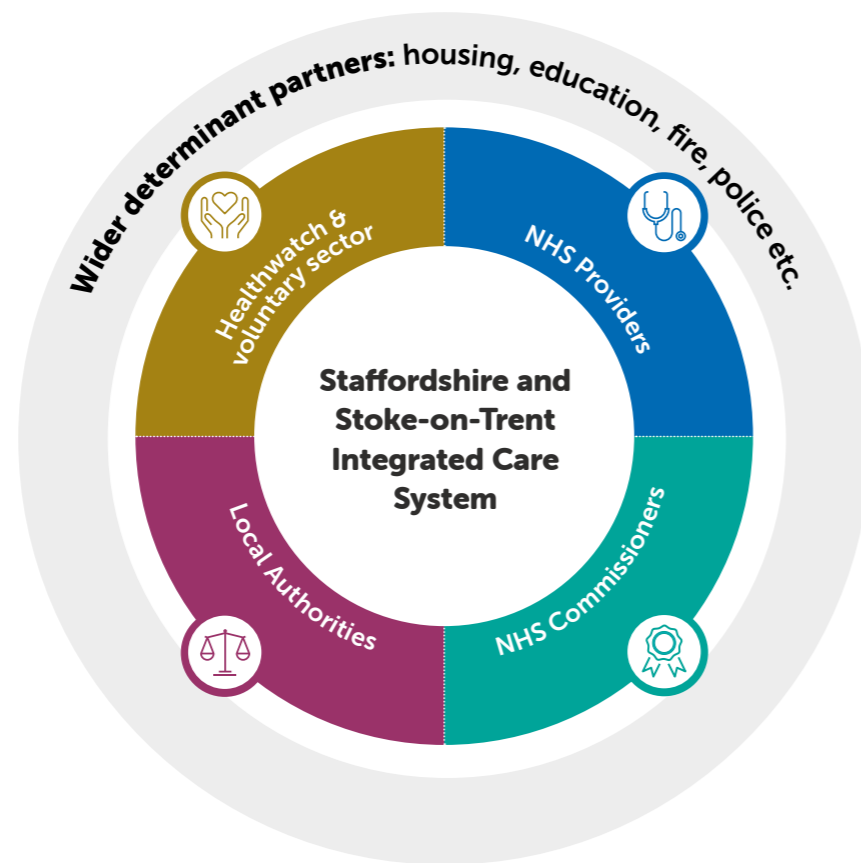
Our vision

Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

Our purpose

- 1 Giving children the best start in life so they can start school ready to learn
- 2 Having the right services to help you live independently and stay well for longer
- 3 Helping you receive joined-up, timely and accessible care, which will be the best that we can provide

Our partners



Our aims

We know that we need to change the way we work and develop a new culture of integration (joined-up care). This new culture will support four key aims:

1. Improving people's health and healthcare – focusing on wellness not sickness
2. Tackling inequalities - fairer access to care and opportunities for improved health
3. Enhancing productivity and value for money
4. Supporting the broader social and economic development of our area

Our priorities

We are focused on working towards 10 national priorities:

- 1 Workforce
- 2 COVID-19
- 3 Elective care (planned appointments and treatment)
- 4 Urgent and emergency care
- 5 Primary care
- 6 Mental health, learning disability and autism
- 7 Population health, prevention and health inequalities
- 8 Digital technologies
- 9 Resources (money and buildings)
- 10 Establish the Integrated Care Board.

Read more about our priorities on [page 13](#).

Our work programmes

Behind the scenes, these work areas will enable this culture change and put in place the tools and resources we need:

- Working with people and communities
- People Plan – wellbeing, recruitment and retention
- Financial sustainability – a system-wide plan
- Digital innovation.

Read more about these work programmes on [page 15](#).

Our Integrated Care Partnership's Strategy

All of this will take time to deliver, and all partners will need to work together. In 2022/23 we will develop our integrated strategy which will set out how we will turn our aims and priorities into a reality. It will also help shape our long-term priorities through to 2027.

Welcome

This is an exciting new era for health and care services, and an opportunity to fundamentally tackle the challenges facing our communities.

The new, strengthened Integrated Care Partnership committee and single NHS Integrated Care Board will enable us to work differently to deliver better care and outcomes for local people and our One Workforce.

Our partners are united behind our single vision and purpose (on [page 2](#)) and we recognise none of us can deliver this alone.

For some time we have been trying to address the challenges of an ageing population with increasingly complex needs, alongside rising costs and demand for healthcare. Rather than focusing on sickness, we must tackle the wider inequalities and causes of ill-health.

The COVID-19 pandemic has been one of the toughest periods in the history of the NHS and social care, and we thank all staff for their dedication. It highlighted what we can achieve when we work together, and it was inspiring to see the innovation, rapid decision making and integration that were embraced out of necessity.

We need to build on this, maintaining a positive, can-do approach, that goes beyond discussion and delivers long-term change. We are working hard to safely and quickly restore services and tackle the backlog of waiting times.

We cannot underestimate this task, particularly as COVID-19 cases and staff sickness rates remain high.

In this document we set out our immediate priorities for our first year, and the portfolios that will enable the change we know is needed.

Many of our challenges will take years, if not decades, to fully address. We are developing an ambitious strategy which sets out how we will turn our aims and priorities into a reality.

A single strategy and infrastructure will help us to reduce variation and inequalities and provide direction, but the real delivery will happen at a community (Place) level. This necessitates a new culture with everyone embracing new ways of working and using local data and insight. We will want to involve our staff, partners and local people at every step of this journey towards integrated and better care.

We're confident we have the energy and experience of our partners and staff behind us and a shared commitment to do what is right for local people – giving them the best chances from start through to end of life.



Prem Singh
Independent Chair
NHS Integrated Care Board



Peter Axon
Interim Chief
Executive Officer
NHS Integrated Care Board

Why do we need to change?

We know we face many challenges and opportunities that will affect our ability to deliver quality, safe services in the future. These include:

- A growing older population, with or at risk of multiple complex conditions and care needs
- A decreasing workforce and vacancies in some key services.

We are not alone with these challenges – many areas across the country face the same issues.

Our partners, professionals, doctors and nurses agree that people will experience poorer health outcomes unless we take action. Health outcomes are a way of measuring how well someone is doing in their treatment and long-term health. Our new way of working will mean we are better able to tackle the causes of illness.

There are many factors that impact on your health and wellbeing, for example education and poverty. To help you to stay healthier and more independent for longer, we need to tackle the real causes of ill-health:



The new **Integrated Care Partnership** will bring together the different agencies and community groups that can help deliver real change. Read more about the new system on the next page.

Evolving into a new system

On 1 July 2022, the 42 Integrated Care Systems in England evolved and created new structures, to deliver new national legislation. This aims to join up working and remove barriers to accessing health and care services.

In our local health and care system, we have formed:



An Integrated Care Partnership

Bringing together the senior leaders across the NHS, local authorities and the voluntary sector who regularly meet as a committee.

This new partnership provides a united voice and single, integrated strategy that focuses on long-term improvements to improve the overall health of the population.

This goes beyond treating sickness to a greater focus on tackling the causes of sickness.



An NHS Integrated Care Board

The organisation legally responsible for monitoring services and NHS spend.

The Board replaced the six Clinical Commissioning Groups on 1 July 2022 and will take on responsibility for other NHS services including dental, optometry and pharmacy in April 2023.



What will this mean for you?

Many of these changes are happening behind the scenes to our organisational structures, and you will not notice much change to begin with. However, over time we hope that working more closely together will mean:

- **More joined-up and better care** – bridging gaps between health and social care
- **Access to high-quality, safe services** – wherever you live and whatever your background
- Empowering and supporting you to take an active role in improving your health and wellbeing with an emphasis on preventing ill-health
- Ensuring that you are at the **heart of decisions** we make about health and care services
- Bringing services closer to you and the other people who use them
- Promoting **community-centred care** to help you to live independent and healthy lives
- Giving health and social care professionals access to **more data and technology** to inform decisions
- Connecting everyone who uses, delivers, and manages health and care services, by creating **one system with one strategy**
- Working closely as a system to make the **best use of money and resources**.

This requires a culture change across all parts of our health and care system. We need to make the most of this opportunity and challenge the way we have delivered care in the past. We need new ideas and to embrace innovative ways of working that will deliver better care long-term.

What will be different?

- **A needs-based approach** – moving from a reactive, demand-based approach
- **Wider determinants** – system partners taking a more proactive approach to health and care management through a focus on prevention
- **Evidence-based** – localised, bespoke support based on high-quality data analytics and flexible capacity to wrap around the needs of the individual
- **Culture shift** – working more closely together and focusing on doing the best thing for the people who use our services
- **Changes to how we work together** – moving away from individual contracts to more multi-provider collaboration and place-based working; giving providers the tools and opportunity to plan and deliver services together; creating the right environment for transformation.

Local people's health and care needs

In Staffordshire and Stoke-on-Trent, we have a diverse population. Many people have multiple and complex needs that need support:



COVID-19 showed that not everyone has equal access to services or a fair chance at living a healthy life. This is not acceptable.

Our long-term strategy needs to even out and improve everyone's health. This starts by giving everyone the best start in life.

By understanding local people's needs, we can put our services and support in the right places to meet those needs. Read more about our approach to population health management later in this document.

Our challenges and opportunities

The challenges facing our local population often mean we face more pressures than other systems. These challenges are faced across all health and social care services, from birth to end of life care services. We know we will need to focus on people's physical and mental health needs.

Our services are generally safe and well-led, which is thanks to our incredible staff. However, we know the demands on our services are changing and increasing.

Both nationally and locally, we face a number of challenges in delivering services to the standards we strive for

-  **Increasing demand for services** – an older population with more long-term conditions will need more care
-  **Hospital admissions** – some people in hospital could have been seen in the community
-  **Care homes** – capacity is fragile, and the standards and availability vary in different areas
-  **Rising expectations** – a 24/7 culture and use of technology is leading to more demands for responsive services, putting pressure on our stretched workforce
-  **We are spending more money than we receive** – our deficit (overdraft) is £133 million. We need to pay this off over the coming years while continuing to deliver quality care
-  **Lifestyle factors** – cases of diabetes, heart disease and obesity are higher than the national average, meaning more people will need treatment in future
-  **Demand for qualified health and care staff is outstripping supply** – we need to attract and retain more staff and support their wellbeing. There is a particular shortage of nurses, midwives, allied health professionals and social workers.
-  **Waiting times** – there are longer waiting times for some key services including emergency care, mental health, planned appointments and cancer treatment
-  **Primary care** – as a result of more complex illnesses and rising expectations, our GP practices are struggling to manage an increased workload

COVID-19 has increased many of our challenges



A backlog of people waiting for routine operations – for example hip operations



Hospital beds – twice as many people are in hospital beds with COVID-19 than during a usual winter (May 2022), impacting on routine operations and treatments



Mental health – more people are seeking mental health support than before, including counselling and therapy services



Safety measures – we still need social distancing in our hospitals and care homes



The health of our workforce – many services are dealing with higher numbers of sickness among health and care staff.

There are opportunities as well, and COVID-19 has accelerated new ways of working



Digital – more access to virtual appointments and remote support to care homes



Workforce – shared working and 'mutual aid' to cover vacancies



New roles – new pharmacy, mental health and social prescriber leads in GP practices are helping to keep people well and reducing demand on GPs and consultants



New community services – helping people to avoid hospital admission and stay at home for longer.

How will these changes help us tackle the challenges?

We need to work together to deliver our vision and help you stay healthier and independent for longer. By combining our efforts, health, social care and the voluntary sector can tackle the bigger issues that impact a person's mental and physical wellbeing. Our new approach and structures will help us do this.

One strategy

A single Integrated Care Partnership and a single NHS organisation (Integrated Care Board) responsible for NHS spend will give us a clear strategy and vision. It will help us reduce variation in services, and deliver ambitious projects like digital innovation.

A local focus

We are putting more of our focus and taking more decisions at a local level. Clinicians, professionals and communities will have a greater role in designing the services that will meet local needs. At a local level, **Places** will take our strategy and use their local data, networks and community knowledge to improve care. We will give them budgets and local responsibility, and they will report their progress to the single NHS Integrated Care Board.

Increased data and local knowledge

We will have a better understanding of local needs through sharing intelligence and ideas. This means we can target our services and staff, for example locating diabetes clinics in the right areas to meet the needs of our diverse communities. This is called **population health management** – you can read more about this later in this document.



More collaboration

Our NHS, social care and voluntary sector providers will work more closely together through networks, including **primary care networks** (GP practices) and **provider collaboratives** (across physical, mental and social care services). These will look to:

- reduce any duplication or variation in our services
- reduce inequalities or barriers to accessing services

- look at how we can work more efficiently to improve the quality and safety of care and use our workforce and budgets to the maximum benefit for local people.

When things go wrong, we come together as a system to learn and make improvements to avoid it happening again. We have closely followed the Ockenden Report into maternity services and are looking at any recommendations that could be applied in Staffordshire and Stoke-on-Trent.



Focusing on wellbeing rather than illness

With a wider lens than health and social care, we will focus our efforts and budgets on **early education and prevention**. This will help us to reduce inequalities and help prevent illness.

Our priorities

In January 2022, the national templates for the 2022/23 operational plan were published. They relate to clear delivery requirements against 10 national priorities:

- 1. Workforce**
 - Invest in our workforce with more people
 - Look after our people
 - Improve belonging in the NHS
 - Work differently
 - Grow for the future
- 2. COVID-19**
 - Deliver the vaccination programme
 - Continue to meet the needs of people with COVID
 - Offer new treatments for COVID
 - Post-COVID services
- 3. Elective care (planned care and appointments)**
 - Maximise elective activity and transform delivery of services
 - Improve performance against waiting times standards
 - Diagnostics
 - Deliver improvements in maternity care
- 4. Urgent and emergency care**
 - Improve the responsiveness of urgent and emergency care
 - Transform and build community services capacity to deliver more care at home
 - Virtual ward models
 - Improve hospital discharge
- 5. Primary care**
 - Improve timely access to primary care
 - PCN initiatives
 - Direct Enhanced Services (additional services above the core contract)
 - GP recruitment and retention
 - Dental services, community pharmacy and optometry
- 6. Mental health, learning disability and autism**
 - Grow and improve mental health services
 - Maintain continued growth in mental health investment
 - Meet the needs of people with a learning disability and/or autism
- 7. Population health, prevention and health inequalities**
 - Develop our approach to population health management
 - Prevent ill-health and address health inequalities
 - Use data and analytics to redesign care pathways
- 8. Digital technologies**
 - Exploit the potential of digital technologies to transform the delivery of care and outcomes
 - Achieve a core level of digitisation in every service across systems
- 9. Resources (money and buildings)**
 - Make the most effective use of our resources
 - Move back to and beyond pre-pandemic levels of productivity
 - Financial framework
- 10. Establish the ICB**
 - Establish ICBs and collaborative system working
 - Work together with local authorities and other partners across the ICS to develop a five-year strategic plan

We produced a local System Delivery Plan for 2022/23 so that we can connect all the work that we are doing and demonstrate our progress against these priorities. This will become our local system plan and will be the main route by which we assess our success in 2022/23.

We cannot underestimate the size of the task ahead. We want to create a culture that builds on the learning from the COVID-19 pandemic. We want local clinicians, professionals and communities to be empowered to deliver changes that will drive improvement and innovation.

It will take several years to achieve this transformation, which is why we need to focus our efforts on:



We need to be brave in our decisions and willing to accept new ways of working, if we are to deliver high-quality, safe health and care services for future generations. Of course, we also remain committed to delivering our four aims (listed on [page 3](#)).

Our **long-term priorities** will be determined through the development of our integrated strategy. This will set out our ambitions for tackling the challenges and opportunities, we face locally over the next five years.



Enabling change

To deliver these priorities and improve the care and treatment we provide for local people, we will need to change the way we work. We have set up a number of programmes that will work behind the scenes to enable this culture change and put in place the tools and resources we need.

These work areas will take several years to achieve, but they are all crucial to delivering our overall vision and strategy:



Working with people and communities

Establishing closer relationships with our communities is key to our success. Building on our local networks, we have an opportunity to change the way we genuinely involve our people and communities. The ICB has a statutory duty for involvement, but as partners, we want to coordinate our approach to put people at the centre of everything we do.

Involving you in our work is more than just a legal or moral duty, it is the right thing to do. It is also about supporting you to embrace the change that is critical to its very success.

The role of Place

- Ensuring ongoing two-way engagement and involvement
- Recognising that relationship building helps increase trust and encourage participation
- Ensuring everyone is listened to, and that you receive feedback on your contribution
- Keeping our principles at the heart of how we plan services, set priorities and make decisions
- Using data and feedback received to address inequalities, such as lower life expectancy
- Seeking out the views of children and young people – the service users of the future
- Empowering you to take responsibility for your own health.

We have worked with local voluntary, community and patient groups to develop 10 core principles that will shape our collective involvement approach.

Our principles

- **Health and wellbeing are everyone's business** – engagement needs to be inclusive and accessible to all
- Put the **public voice** at the heart of decision-making
- **Don't make assumptions** – ask how best to engage
- **Recognise the different needs** of the population, especially those who could be excluded
- **Do it once and do it well** – shared intelligence between partners
- Allow enough **time** to engage properly, adapting the approach where necessary
- **Be honest, open and transparent** – authentic involvement
- **Clear communication that can be understood by all** – be clear on what you are asking and consider your audience
- **Commit to feedback** – explain what impact engagement has made in simple terms
- **Build on what is already there** – utilise existing knowledge, relationships, experience and local assets and channels, including the community and voluntary sector.

There are a number of ways that you can get involved, including joining our virtual People's Panel. Find out more on our website www.staffsstoikeics.org.uk or phone **0300 123 1461**.



People Plan – wellbeing, recruitment and retention

If we can better support the wellbeing and needs of our staff, we can deliver better care and outcomes for local people. Our **ICS People Plan** (available on our website) is our collective commitment to developing and nurturing our 'One Workforce' as a system.

This means supporting the wellbeing of our limited, skilled staff and using them to the maximum benefit for local people. Ultimately, we want to have more staff, working together better in a compassionate and inclusive culture – and help make our local area a better place to live and work.

Our key priorities

- Supporting the health and wellbeing of all staff
- Growing the workforce for the future and enabling adequate supply
- Supporting inclusion and belonging for all, and creating a great experience for staff
- Valuing and supporting leadership at all levels, and lifelong learning
- Leading workforce transformation and new ways of working
- Educating, training and developing people and managing talent
- Driving and supporting broader social and economic development
- Transforming people services and supporting the people profession
- Leading coordinated workforce planning and intelligence
- Supporting system design and development.





Our workforce is our greatest asset in providing high quality care for our populations, however we also recognise the significant workforce challenges we face across health and care. We know we need to harness the collective effort of our workforce to meet the demands we face, having greater impact on what we can achieve together, reducing duplication, and working across boundaries.

We are determined to work as 'One Workforce' where "operating as a whole is greater than the sum of the parts."

Shokat Lal

Chair ICS People, Culture and Inclusion Committee

Clinical and professional leadership

To achieve this culture change and true integration, we need to harness the experience and knowledge of our collective workforce. More than 57,000 people work within the Staffordshire and Stoke-on-Trent system, and everyone has a key role in helping us to deliver our vision.

We have been engaging with clinicians and professionals across health, care and the voluntary sector as we build our **Clinical and Professional Leadership Framework**. This will help us to ensure that local clinical and professional leaders are involved and invested in the work of the ICS. We will introduce our new framework in 2022/23 and invest in leadership opportunities, including diversity, shared learning and collaboration, support and investment in leaders, training and development, and recruitment.

The clinical and professional voice is championed through our Health and Care Senate and local assemblies. Representatives from a range of professions and organisations meet regularly and advise on our priorities and work, from service transformation through to financial savings.

Read more about our clinical and professional leadership approach on our website.



Financial sustainability – a system-wide plan

Our financial challenges are not new. Thanks to the efforts of our partners, we have seen significant improvement in recent years. However, our long-term financial deficit (overdraft) is still assessed as £133.4 million. This is a significant challenge, and we predict to have a £48.3 million deficit in 2022/23 if no action is taken. This is not our money to spend, and we need to pay this back over the coming years to the national NHS.

The 2022/23 position has taken into consideration:

- Minimal growth in our budgets
- **3.5% of increased costs**, for example new drugs and staff costs. Inflation will also have an impact, with increased fuel and food costs
- **2.7% efficiency** from a combination of provider efficiency and wider system savings (savings that require two or more partners).

Becoming an ICS is helping us to achieve financial sustainability whilst delivering our four aims (listed on [page 3](#)). We knew we needed a new, ambitious approach to tackle our financial deficit.

Key areas of our financial strategy

- 1 Avoiding increased activity and reducing variation** – using alternative pathways that reduce the need for costly, hospital care and treatment
- 2 Savings will be needed to cover the cost of inflation and cost pressures** – we will look for new ways to be more efficient
- 3 Resource is allocated to providers** – with a shared approach to managing the deficit equitably.

We have strengthened the links between finance and our clinical and professional leadership. Our **Health and Care Senate** is key to advising us on our difficult financial decisions, to ensure they align with our clinical strategy. By improving the quality of care, we can also achieve the necessary savings.



Did you know...

Each year more than **15 million** GP appointments are missed in the NHS.

This costs **£216m** to the NHS – on top of the disruption to staff and other people.



Digital innovation

Technology has had a significant impact on the quality, safety, effectiveness and cost of health and care delivered. By 2024, we want Staffordshire and Stoke-on-Trent to be nationally recognised as **'an exemplar of digitally enabled transformation'**. COVID-19 has accelerated many of the priorities, but there is still much more we can do.

Our digital vision



Empowered people

We will place people at the centre of their own health and care by adopting technologies that help citizens stay in their homes longer, open new digital avenues into health and care services and promote shared care through two-way information sharing, utilisation of apps and connectivity to wearable technology.



Population health

We will provide a range of tools and data sources and support these to be sensitively utilised in new and innovative ways, to directly and indirectly benefit the health and care offered to the citizens of Staffordshire and Stoke-on-Trent.



Capability and innovation

We will seek to develop the digital capability of both our workforce and the wider population to ensure the digital initiatives stand the highest chance of success. We will develop and embed innovation at the heart of how we operate ensuring that we are constantly exploring how cutting-edge technologies can benefit the local population.



Digitised care

We will ensure that all health and care information is recorded electronically to a high standard and digital tools are available to make health and care professionals lives easier. We will implement a range of new technologies aimed at improving the efficiency and effectiveness of artificial intelligence.



Infrastructure and service

We will provide health and care professionals with an infrastructure that simplifies access to the right resources using appropriate devices to the highest possible cyber security standards. We will provide staff with high quality digital support services at a time and place convenient to them and in accordance with industry level standards.



Invisible boundaries

We will ensure that all residents of Staffordshire and Stoke-on-Trent are able to receive the same high-quality health and care, by ensuring that professionals outside of the immediate geography are as informed as those within it. We will routinely collaborate with local partners to share ideas and deliver digital technology faster.

In 2022/23, we will be developing our **Digital Roadmap** and transformation plan. This will tell us what tools and technologies we need, and how we can be more digitally inclusive and innovative.

Our ambition

- For 60% of adults to have downloaded the NHS App by March 2023
- To provide the tools and support for 470 virtual ward 'beds' by March 2023
- To support 25% of local outpatient appointments to be through video or telephone consultations – with face-to-face appointments still available for those who most need them
- To develop plans for levelling up the electronic patient records for our local population
- Full ICS collaborative record sharing with Shropshire, Telford and Wrekin and the Black Country by September 2022
- West Midlands wide collaborative record sharing available by March 2023
- Technical capability to support population health management by December 2022.

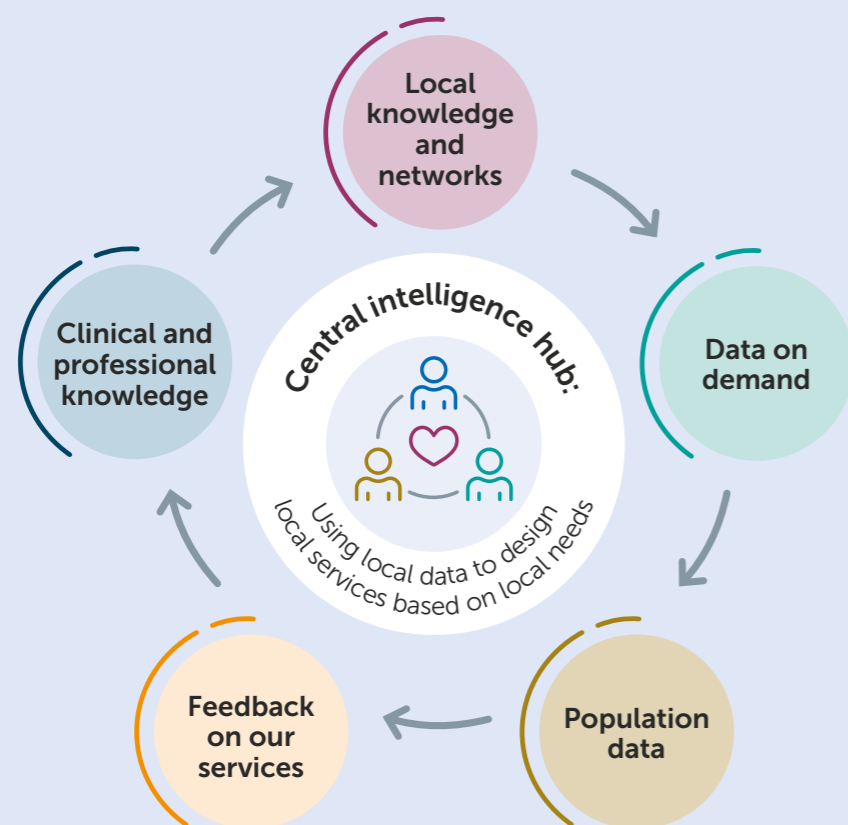


Population health management – using data and intelligence to design local services

We collect a wealth of data and local knowledge across health, local authorities and the voluntary sector. As an ICS, we hope to be able to better use this intelligence to inform our overarching strategy – but also to design services that meet local needs.

This approach is called population health management.

By using data, bringing together local clinicians and professionals and involving communities, we can better **understand current**, and **predict future**, health and care needs:



This is key to **improving outcomes, providing fairer care and opportunities and improving the use of resources**. The COVID-19 vaccination programme showed us how we can reach into local communities, through different networks, and by rethinking the way we deliver services save lives. We launched vaccine clinics in mosques and local community centres, and we engaged with community and faith leaders.

We are now building on this targeted approach to roll-out new ways of working.

Each of our Places will be supported by business intelligence (data analysts) who can help them to design local services. They will do this by working with multiple organisations, health, care and voluntary sector professionals.

Insight

For example, if we know that:

- a population has more cases of diabetes than average
- there is a higher proportion of people from African and Caribbean backgrounds (who can be more prone to diabetes)
- nurses are seeing more people at risk of diabetes
- the local area has a high number of fast-food restaurants which are close to schools.

Intervention

Then we can:

- fund more diabetes education sessions in those areas
- fund more early diabetes checks in those local communities
- work with councils to educate school children about healthy choices
- work with local businesses to raise awareness of healthy options
- work with the voluntary sector, for example foodbanks, to support healthier options for deprived communities.

Our teams are working hard behind the scenes to deliver this – building the infrastructure, making connections and gathering data to help inform our first priorities. We are taking part in national programmes to help accelerate our progress. During 2022/23, our first sets of data will have been reviewed – telling us where to prioritise our efforts.

Our key priorities

- **Developing an intelligence hub** – which brings together all of our evidence
- **Co-production** – working with local communities to help inform our new services
- **Social prescribing** – working with local communities and the voluntary sector to prescribe alternatives to medication, for example local fitness classes
- **Continuous improvement** – monitoring the impact on health and wellbeing to inform other new services
- **Using our workforce in new ways** – upskilling teams, realigning and creating new roles to deliver services in ways that meet local needs.

Summary

This is a significant opportunity to deliver long-lasting transformation and better outcomes for the people who live and work in Staffordshire and Stoke-on-Trent. For too long, we have accepted organisational barriers and budgets as reasons for not delivering integrated care.

We will not waste this opportunity and will build on the innovation seen during the COVID-19 pandemic. During 2022/23, we will work behind the scenes to ensure all parts of the Integrated Care System have everything they need to deliver this new way of working. Our single, integrated care strategy across health and care will then act as the blueprint for long-lasting and ambitious change.

It is everyone's responsibility to make this a success, whether you work in our services, use our services or connect with us. This is the right thing to do for local people, staff and communities. We hope you will take part as we enter this new era for health and care services.

Find out more

If you need printed copies of this document, or need it in a different format or language, please contact us on **0300 123 1461**.

Follow our journey

Website: www.staffsstokeics.org.uk

Email: enquiries@staffsstokeicb.nhs.uk

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