NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

NHS Shropshire, Telford and Wrekin & NHS Staffordshire and Stoke-on-Trent Public Boards in Common

Thursday, 26 November 2026



Agenda

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

1.30pm on Thursday, 26 November 2026
Room 1, Wellington Civic Offices, Larkin Way, Tan Bank, Wellington, TF1 1LX

[A = Approval / R = Ratification / S = Assurance / D = Discussion / I = Information]

	Agenda Item	Lead	Purpose	Format	Time
Welcome and Opening Matters					
1.	Welcome and Apologies	Chair	I	Verbal	1.30
2.	Leadership Compact	Chair	I	Enc.01	
3.	Declarations of Interest	Chair	S	Verbal	
4.	Minutes of the previous meeting/s	Chair	A	Enc.02	
5.	Matters arising and meeting action list from previous Meetings	Chair	D	Enc.03	
6.	Questions submitted by members of the public in advance of the meeting	Chair	I	Enc.04	1.35
Resident's Experience					
7.	Recognising and Escalating Neonatal Seizures and Perinatal Stroke	Vanessa Whatley	D	Enc. 05	1.40
Leadership Report's					
8.	Chair's Report	Ian Green OBE	I	Enc.06	1.55
9.	Chief Executive's Report	Simon Whitehouse	I	Enc.07	2.05
Strategic Development and Oversight					
10.	Commissioning Intentions	Dr Lorna Clarson	I/D	Enc.08	2.15
11.	Midlands Partnership University Foundation Trust Advanced Foundation Trust Application	Phil Smith	I	Enc.09	2.25
12.	Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) Annual Reports	Vanessa Whatley	S/R	Enc.10	2.35
13.	Perinatal Assurance	Vanessa Whatley	S	Enc.11	2.45
Governance and Performance					
14.	Governance Handbook including Scheme of Reservation and Delegation, Functions and Decision Map, Conflicts of Interest Policy, and Standards of Business Conduct policy	Mish Irvine	A	Enc.12	2.55
15.	Integrated Performance Assurance Report	Claire Skidmore	S/D	Enc.13	3.05
Break – 10 minutes					
Committee Reports					
16.	Joint Remuneration Committee 'Triple A' Highlight Report	Shokat Lal	A/S/I	Enc.14	3.15
17.	Audit Committee in Common 'Triple A' Highlight Report	Roger Dunshea	A/S/I	Enc.15	3.25

18.	Joint Finance Committee 'Triple A' Highlight Report	Claire Skidmore	A/S/I	Enc.16	3.30
19.	Joint Strategic Commissioning & Transformation Committee 'Triple A' Highlight Report	Prof Trevor McMillan OBE	A/S/I	Enc.17	3.35
20.	Joint Quality and Performance Committee 'Triple A' Highlight Report	Cheryl Etches OBE	A/S/I	Enc.18	3.40
21.	Shropshire Place Board 'Triple A' Highlight Report	Phil Smith	S/I	Enc.19	3.45
22.	Stoke-on-Trent Place Board Report	Phil Smith	S/I	Enc.20	3.50
23.	Staffordshire & Stoke-on-Trent Health and Care Senate 'Triple A' Highlight Report	Dr Salma Reehana	A/S/I	Enc.21	3.55
Any Other Business					
24.	Items notified in advance to the Chair	Chair	D	Verbal	4.00
25.	Review of new or amended risks following discussions in the meeting	Chair	D	Verbal	
26.	Meeting Effectiveness: • Have we upheld the behaviours agreed in the Leadership Compact? • Has there been any learning and how we can improve going forward?	Chair	D	Verbal	
27.	Date and time of next meeting:	Chair	I	Verbal	
Meeting Close – 4.10					

Mr Ian Green, OBE
Cluster Chair
NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Mr Simon Whitehouse
Cluster Chief Executive
NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Cluster Leadership Compact

As system leaders, we commit to working as partners first, placing the needs of our communities above organisational boundaries. We will lead in ways that strengthen trust, collaboration and shared purpose across our two Integrated Care Systems (ICS).

Respect, Inclusion and Compassion

- Value all partners equally
- Listen actively and seek to understand different perspectives
- Treat one another with kindness, empathy and respect

Openness, Honesty and Psychological Safety

- Be open about what we can deliver
- Foster psychological safety and constructive challenge
- Share knowledge, insight and expertise freely

Trust and Integrity

- Act as trusted partners and do what we say
- Act with integrity, transparency and consistency
- Build trust through openness and mutual support

Courage, Ambition and Shared Risk-Taking

- Be ambitious and pursue new ideas
- Make difficult decisions together
- Adapt course collectively when evidence requires

Collaboration and System-First Leadership

- Prioritise system outcomes over organisational interests
- Use resources responsibly and collectively
- Present a united approach to communities and partners

Leading by Example

- Model collaborative leadership
- Champion integrated working
- Encourage and empower colleagues and partners

Consistency, Accountability and Shared Stewardship

- Apply shared standards fairly
- Hold ourselves and others to account
- Maintain a solutions-focused attitude

Forward Focus, Innovation and Constructive Challenge

- Focus on possibilities not past barriers
- Stay optimistic and committed to improvement
- Challenge constructively and resolve conflict openly

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Shared Meeting Minutes of NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Boards

Thursday, 24 September 2026 at 13:00
Newcastle Suite, The Beaconside Group, Stafford Enterprise Park, Weston Road, Stafford, Staffordshire, ST18 0BF

Present:

Ian Green OBE (IG)	Chair (Meeting Chair), NHS STW & NHS SSOT
Simon Whitehouse (SW)	Chief Executive Officer, NHS STW & NHS SSOT
Claire Skidmore (CS)	Deputy Chief Executive Officer and Chief Finance Officer, NHS STW & NHS SSOT
Cheryl Etches OBE (CE)	Non-Executive Member, NHS STW & NHS SSOT
Roger Dunshea (RD)	Non-Executive Member, NHS STW & NHS SSOT
Vanessa Whatley (VW)	Chief Nursing Officer, NHS STW & SSOT
Dr Salma Reehana (SR)	Chief Medical Officer, NHS STW & NHS SSOT
Dr. Lorna Clarson	Chief Officer of Strategy and Improving Outcomes, NHS STW & NHS SSOT
Dr Ian Chan (IC)	Primary Care Partner Member, NHS STW
Dr Joanna Chan (JC)	Primary Care Partner Member, NHS SSOT - Virtually
Phil Smith (PS)	Chief Officer for System Development and Integration, NHS STW & NHS SSOT
Prof Trevor McMillan OBE (TM)	Non-Executive Member, NHS STW & NHS SSOT
Shokat Lal (SL)	Non-Executive Member, NHS SSOT & NHS SSOT
Joanne Williams (JW)	Trust Partner Member and Chief Executive Officer, The Shrewsbury and Telford Hospital NHS Trust and Shropshire Community Health NHS Trust

In Attendance:

David Sidaway (DS)	Local Authority Partner Member and Chief Executive Officer, Telford and Wrekin Council – Virtually
Patrick Flaherty	Local Authority Partner Member and Chief Executive Officer, Staffordshire County Council
Mish Irvine (MI)	Chief of Staff, NHS STW & NHS SSOT
Lynn Cawley (LCY)	Participant Member and Chief Officer, Healthwatch Shropshire
Dr Tony Ahmed (TA)	Participant Member, Dentistry, NHS STW and SSOT
Adele Edmonson (AE)	Head of Communications and Involvement, NHS STW & SSOT
Liz Lockett (LL)	Chief Nurse, Midlands Partnership University NHS Foundation Trust
Paul Winter (PW)	Associate Director of Corporate Governance, NHS STW & SSOT

Claire Colcombe (CC)	Board Secretary, NHS STW
Dr Jessica Harvey	Participant Member, Joint Chair GP Board, Shropshire, Telford and Wrekin - Virtually

Apologies:

Mike Lawton (ML)	Deputy Chair, Non-Executive Member, NHS SSOT
Dr Buki Adeyemo (BA)	Trust Partner Member and Chief Executive Officer, North Staffordshire Combined Healthcare NHS Trust
Neil Carr OBE	Trust Partner Member and Chief Executive Officer, Midlands Partnership University NHS Foundation Trust
Dr Simon Constable (SC)	Trust Partner Member and Chief Executive, University Hospitals of North Midlands
Jon Rouse CBE (JR)	Local Authority Partner Member and Chief Executive Officer, Stoke-on-Trent City Council
Tanya Miles	Local Authority Partner Member and Chief Executive Officer, Shropshire Council

Minute No. BIC-24-09-1 – Welcome & Apologies

1.1 The Chair welcomed attendees to the meeting, including those attending both in person and virtually. The Board noted that the meeting was quorate.

1.3 The Chair invited notification of any additional apologies, none were received.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common NOTED the apologies for absence and confirmed that the meeting was quorate.

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Minute No. BIC-24-09-2 – Leadership Compact

2.1 The Chair reminded members of the principles and behaviours set out within the Leadership Compact and emphasised the importance of conducting the meeting in accordance with those principles. Members noted the commitment to collaborative leadership, accountability, openness, respect and a system-first approach to decision-making across the Cluster.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common APPROVED the Leadership Compact and agreed to conduct the business of the meeting in accordance with its principles.

Minute No. BIC-24-09-3 – Members' Declarations of Interests

3.1 The Chair invited members to declare any interests in relation to the business to be conducted at the meeting.

3.2 No additional declarations of interest were made.

NHS STW/SSOT Cluster Board Register of Interests

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common noted that no additional declarations of interest were declared.**

Minute No. BIC-24-09-4 – Minutes from Previous Meetings

4.1 The Boards in Common considered the draft minutes of the Extraordinary Boards in Common meeting held on 12 June 2026 and the Boards in Common meeting held on 25 June 2026.

4.2 Two minor amendments to the minutes of 12th June 2026 were proposed and agreed:

- Phil Smith's role title to be corrected
- Add SSOT to each Non-executive members name line in the attendee's section.

4.3 The Chair invited members to comment on the accuracy of the minutes of 25 June 2026. No further amendments were proposed

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common APPROVED the minutes of the meeting held on 12 June 2026, subject to the agreed amendments; and APPROVED the minutes of the meeting held on 25 June 2026 as an accurate record.**

Minute No. BIC-24-09-5 – Matters Arising / Actions from previous meeting

5.1 Members reviewed the action log and received an update on progress against outstanding actions.

5.2 Members noted that the majority of actions had either been completed or were progressing as planned. Updates were received in relation to:

- End of life care and neighbourhood development;
- The joint leadership statement on anti-racism, anti-Semitism and Islamophobia;
- Delivery of the Working with People and Communities Strategy; and
- The Public Sector Equality Duty (PSED) action relating to commissioning intentions and strategic plans.

5.3 The Chair invited members to identify any actions requiring further discussion. No additional matters were raised.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common NOTED the updates provided and AGREED closure of those actions identified as complete, noting the continued progress of actions that remained ongoing.**

Minute No. BIC-24-09-6 – Questions from members of the public

6.1 The Boards in Common noted that two questions had been received from members of the public in advance of the meeting.

6.2 The first question, submitted on behalf of Healthwatch Stoke-on-Trent, related to access to podiatry services in Stoke-on-Trent. The second question related to the collection and monitoring of data concerning postpartum haemorrhage rates.

6.3 Responses to both questions will be provided in accordance with the Board's agreed process.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common NOTED the questions received from members of the public.**

Minute No. BIC-24-09-7 – Digitalisation of Diabetes Care

7.1 The Boards in Common received a resident experience presentation highlighting the impact of the MyHealthKits Diabetic Wellness Kit, a low-cost intervention developed to support individuals living with diabetes to undertake foot care and self-management at home.

7.2 Members viewed a resident experience presentation demonstrating the benefits of the MyHealthKit Diabetic Wellness Kit. The Boards noted evidence of improved confidence, self-management and quality of life for patients, together with reduced utilisation of healthcare services. Members welcomed the focus on prevention and patient empowerment and discussed opportunities to apply similar approaches to other long-term conditions. Clarification was provided regarding patient support arrangements and evaluation methodology.

Action/s:

- *The programme team to provide further information regarding the utilisation and outcomes of MyHealthKit recipients who did not participate in the follow-up evaluation (LC)*

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Boards meeting as the Boards in Common RECEIVED and DISCUSSED the resident experience presentation and noted the positive outcomes demonstrated through the MyHealthKits Diabetic Wellness Kit pilot.**

Minute No. BIC-24-09-8 – Chair's Report

8.1 The Chair presented his report, providing an overview of engagement activity undertaken since the previous meeting.

8.2 Members noted visits undertaken to Haywood Hospital, the Community Diagnostic Centre in Hanley, Harplands Hospital and Teldoc. The Boards welcomed the opportunity to gain insight into community, diagnostic, mental health and primary care services and recognised the importance of understanding the experiences of patients, families and carers.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Chair's Report.**

Minute No. BIC-24-09-9 – Chief Executive Report

9.1 The Chief Executive presented his report, providing an update on key national and local developments affecting both Integrated Care Boards.

9.2 The Boards noted the positive annual assessment letters received from NHS England, progress in relation to management of change, removal of undertakings from NHS Staffordshire and Stoke-on-Trent ICB and recognition received through national awards programmes. Discussion focused on neighbourhood health, place governance, the future role of Healthwatch, prevention, workforce development and the continued importance of using commissioning levers to improve outcomes and reduce inequalities.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common ACCEPTED and NOTED the Chief Executive's Report.**

Minute No. BIC-24-09-10 – Commissioning Board Assurance Framework (CBAF) and Risk Management Report

10.1 The Boards in Common received the first integrated Commissioning Board Assurance Framework (CBAF) and Corporate Risk Register (CRR) report, which reflected the newly agreed strategic objectives and the migration to a single Cluster risk management system.

10.2 Members noted that all six strategic objectives were assessed as providing partial assurance with improving delivery trajectories. The Boards discussed the concentration of high-scoring risks, including ambulance handover delays, and highlighted the importance of effective risk oversight, risk appetite and public accessibility of risk information. Members welcomed the development of the new reporting format and the single Cluster approach to risk management.

Action/s:

- *Executive Leads to ensure strategic risks and mitigating actions are regularly reviewed and updated to maintain the CBAF as a live management tool (MI)*
- *Governance and Risk Teams to explore options for presenting strategic risks in a more accessible, plain-English format (MI)*
- *A future Board Development Session on organisational risk appetite to be arranged. (MI)*

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire, Stoke-on-Trent Integrated Care Board meeting as the Boards in Common:**

- **Approved the Commissioning Board Assurance Framework (CBAF).**
- **Approved the revised reporting format for future reports.**
- **Received assurance on the current strategic risk position.**
- **Supported continued enhanced oversight of the highest-rated risks through the Board Assurance Committee structure.**

Minute No. BIC-24-09-11 – NHS Shropshire, Telford and Wrekin 2025/26 Annual Report and Accounts

11.1 The Chair presented the NHS Shropshire, Telford and Wrekin Annual Report and Accounts.

11.2 Members noted that the Annual Report and Accounts had previously been approved through the appropriate governance arrangements and that presentation in public session fulfilled the statutory requirement. The Boards also noted the positive observations of internal and external auditors and thanked staff involved in preparing the report.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire, Stoke-on-Trent Cluster Integrated Care Boards meeting as the Boards in Common were ASSURED that NHS Shropshire, Telford and Wrekin Integrated Care Board had met the statutory requirements relating to the Annual Report and Accounts and NOTED the report.**

Minute No. BIC-24-09-12 – NHS Staffordshire and Stoke-on-Trent 2025/26 Annual Report and Accounts

12.1 The Chair presented the NHS Staffordshire and Stoke-on-Trent Annual Report and Accounts.

12.2 Members noted that the Annual Report and Accounts had previously been approved through the appropriate governance arrangements and that presentation in public session fulfilled the statutory requirement. The Boards also noted the positive observations of internal and external auditors and thanked staff involved in preparing the report.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire, Stoke-on-Trent Cluster Integrated Care Board meeting as the Boards in Common were ASSURED that NHS Staffordshire and Stoke-on-Trent Integrated Care Board had met the statutory requirements relating to the Annual Report and Accounts and NOTED the report.**

Minute No. BIC-24-09-13 – 5 Year Strategic Commissioning Plan Delivery

13.1 The Boards in Common received a six-month review of progress against the Five-Year Strategic Commissioning Plans and noted the significant progress made in establishing the foundations of a mature strategic commissioning organisation. Key achievements included approval of the Cluster Operating Model, completion of the Strategic Commissioning Diagnostic Self-Assessment, development of the Strategic Commissioning Framework for Neighbourhood Health and continued progress in place and neighbourhood development.

13.2 Members acknowledged the progress achieved despite significant organisational change and welcomed developments in neighbourhood health, place-based working and strategic commissioning. Discussion focused on implementation, prevention, innovation, digital development and reducing health inequalities. The Boards also noted ongoing challenges relating to urgent and emergency care, diagnostics, elective recovery, mental health, neurodevelopmental pathways and workforce capacity.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire, Stoke-on-Trent Cluster Integrated Care Board meeting as the Boards in Common:**

- **NOTED the progress made during the first half of 2026/27 in delivering the Five-Year Strategic Commissioning Plans.**
- **NOTED the priorities identified for delivery during the second half of 2026/27.**
- **NOTED the risks and challenges identified within the report and the actions being taken to mitigate them.**
- **Were ASSURED that continued progress is being made towards the development of a mature strategic commissioning organisation across the Cluster.**

Minute No. BIC-24-09-14 – Cluster Winter Plan 2026/27 and Board Assurance Statement

14.1 The Boards in Common received an update on the development of the Cluster Winter Plan for 2026/27 and the proposed Board Assurance Statement to NHS England.

14.2 Members noted progress towards winter preparedness, including the development of a single Cluster Winter Plan, completion of winter preparedness exercises and ongoing assurance activity. Discussion focused on discharge, community alternatives to admission, vaccination programmes, support for vulnerable residents and the importance of partnership working across the health and care system.

Action:

- *The final Cluster Winter Plan to be presented to the November 2026 Boards in Common for ratification.*

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common:**

- **Received assurance regarding the Cluster's state of winter preparedness.**
- **Endorsed the Board Assurance Statement, subject to consideration of provider assurance statements and completion of final assurance processes ahead of submission.**
- **Supported submission of the final Board Assurance Statement to NHS England by the required deadline.**

Minute No. BIC-24-09-15 – Decision-Making Business Case for Birthing Services Previously Provided at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield

15.1 The Boards in Common received the Decision-Making Business Case (DMBC) setting out the proposed long-term arrangements for birthing services previously provided at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield. The units had remained temporarily closed following the pandemic and the Board was asked to consider making the closures permanent based on the updated information that had been provided and the updated engagement work.

15.2 It was reported that the DMBC had been developed in accordance with NHS requirements for planning, assuring and delivering service change and had been informed by detailed clinical analysis, option appraisal, public consultation and subsequent targeted engagement. The recommendation reflected the need to secure a safe, sustainable and clinically appropriate model of maternity care.

15.3 Members noted that birth numbers at both units had been low prior to their closure and that changes in the complexity of maternity care meant that only a small proportion of women would now meet the criteria for birth within a freestanding midwifery-led unit. Workforce sustainability and the ability to maintain clinical skills were also highlighted as important considerations. Antenatal and postnatal services would continue to be provided locally, with women retaining access to consultant-led and midwifery-led birth options at neighbouring acute hospitals and to home birth services.

15.4 An update was provided on the consultation and engagement process. The 12-week public consultation had run between May and August 2025 and included online, hard-copy and easy-read surveys, deliberative events and face-to-face engagement with women, families, clinicians and communities. A midpoint review had been undertaken against the relevant impact assessments and had resulted in additional targeted engagement, including with communities identified as requiring further reach.

15.5 The principal themes arising from consultation and engagement related to travel, patient choice and the potential impact on neighbouring hospitals. The Board was advised that the assessment had identified minimal additional travel impact, that maternity choice would be maintained and that capacity and demand modelling provided assurance that neighbouring services could accommodate the activity. No viable alternative to the proposed model had been identified.

15.6 Members welcomed the clarity and structure of the business case and recognised the significant amount of clinical, engagement and governance work undertaken over an extended period. The Board noted that the proposal had been considered through the Strategic Commissioning and Transformation Committee and emphasised that the decision should be based on the clinical evidence, safety considerations and comprehensive engagement undertaken. It was acknowledged that the proposed change would not be supported by everyone, but that the overriding consideration must be the provision of a safe and sustainable model of care for mothers and babies.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common APPROVED the recommendation within the Decision-Making Business Case to permanently close the freestanding birthing units previously located at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield, and to retain Glucose Tolerance Testing and Anti-D clinics at Queen's Hospital, Burton.**

Minute No. BIC-24-09-16 – Integrated Performance Assurance Report

16.1 The Boards in Common received the first iteration of the revised Integrated Performance Report, aligned to the National Oversight Framework and supported by the newly established System Performance Group, alongside development of local metrics.

16.2 Members welcomed the new reporting format and the introduction of the System Performance Group which will provide oversight of contract and performance information and escalate matters through the Joint Quality and Performance Committee.

16.3 In relation to finance, both Integrated Care Boards were reported to be delivering their planned year-to-date and forecast positions, after deficit support funding. Key pressures remained within all-age continuing healthcare, prescribing and mental health, including ADHD and autism assessments. These pressures, together with the underlying financial position of both organisations, continued to be closely monitored through the Joint Finance Committee.

16.4 Members sought assurance that action was being taken to address areas of overspend rather than relying solely on short-term mitigations. It was confirmed that recovery plans included both specific actions within areas of expenditure and wider mitigating measures, with longer-term plans being developed to improve financial sustainability and reduce future pressures.

16.5 The Board emphasised the importance of moving towards longer-term financial and commissioning planning, with decisions increasingly needing to be made in the autumn to influence the following financial year and aligned to the development of the five-year plan.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire, Stoke-on-Trent Cluster Integrated Care Board** meeting as the Boards in Common **were ASSURED from the Integrated Performance Assurance Report and noted the actions being taken to address areas of underperformance and risk.**

Minute No. BIC-24-09-17 – Joint Remuneration Committee 'Triple A' Highlight Report

17.1 Members noted workforce, leadership and remuneration matters considered by the Committee, including appointments to executive posts, management of change decisions, revised Terms of Reference and approval of the Cluster On Call Policy.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Joint Remuneration Committee Triple A Highlight Report.**

Minute No. BIC-24-09-18 – Audit Committee in Common 'Triple A' Highlight Report

18.1 Members noted updates relating to risk management, internal audit activity, information governance, counter fraud arrangements and Emergency Preparedness, Resilience and Response.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Audit Committees in Common Triple A Highlight Report.**

Minute No. BIC-24-09-19 – Joint Finance Committee 'Triple A' Highlight Report

19.1 Members noted the Month 3 financial position, continuing healthcare performance, strategic commissioning developments and ongoing oversight of system financial risks.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Joint Finance Committee Triple A Highlight Report.**

Minute No. BIC-24-09-20 – Joint Strategic Commissioning and Transformation Committee 'Triple A' Highlight Report

20.1 Members noted progress in relation to neighbourhood health, strategic commissioning, sustainability, transformation programmes, governance developments and future efficiency requirements.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Joint Strategic and Transformation Committee Triple A Highlight Report.**

Minute No. BIC-24-09-21 – Joint Quality and Performance Committee 'Triple A' Highlight Report

21.1 Members noted continued oversight of infant and neonatal mortality, urgent and emergency care pressures, ADHD and neurodevelopmental pathways, Ivetsey Bank and mental health out-of-area placements. The Boards also noted the successful implementation of a single Cluster risk management approach and strengthened perinatal governance arrangements.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Joint Quality and Performance Committee Triple A Highlight Report.**

Minute No. BIC-24-09-22 – Joint People, Involvement and Inclusion Committee 'Triple A' Highlight Report

22.1 Members noted ongoing work relating to the Committee's Terms of Reference and approval of the Agile Working Policy to support consistent ways of working across the Cluster.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Joint People, Involvement and Inclusion Committee Triple A Highlight Report.**

Minute No. BIC-24-09-23 – Shropshire Place Partnership Committee 'Triple A' Highlight Report

23.1 Members noted ongoing work to strengthen place-based delivery arrangements, neighbourhood development, estates planning and implementation of the Place Universal Offer. The importance of governance clarity and local partnership leadership was highlighted.

Action:

- *A workshop to be held between Place partners and the Health and Wellbeing Board to review governance arrangements, delegations, neighbourhood working arrangements and terms of reference, with the outcomes to be reported back to a future meeting of the Boards in Common.*

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Shropshire Place Partnership Committee Triple A Highlight Report.

Minute No. BIC-24-09-24 – Telford and Wrekin Place Partnership Committee 'Triple A' Highlight Report

24.1 Members discussed the Neighbourhood Health Outcomes Framework, prevention, health inequalities and the role of the VCSE sector. Updates were also received regarding Live Well Hubs, community development initiatives and plans to improve population health outcomes.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Telford and Wrekin Place Partnership Committee Triple A Highlight Report.

Minute No. BIC-24-09-25 – Staffordshire and Stoke-on-Trent Health and Care Senate 'Triple A' Highlight Report

25.1 Members noted a range of formulary, prescribing and medicines optimisation approvals together with discussions regarding antimicrobial stewardship, GLP-1 medicines, implementation of the Single National Formulary and access to talking therapies.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common RECEIVED and NOTED the Staffordshire and Stoke-on-Trent Health and Care Senate Triple A Highlight Report.

Minute No. BIC-24-09-26 – Stoke-on-Trent Place Board 'Triple A' Highlight Report

26.1 Members noted the development of the Stoke-on-Trent Place Board, including governance arrangements, neighbourhood delivery, healthy neighbourhoods, frailty and childhood obesity priorities and future place planning arrangements.

RESOLVE: The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board

meeting as the Boards in Common RECEIVED and NOTED the Stoke-on-Trent Place Board Triple A Highlight Report.

Minute No. BIC-24-09-27 – Any Other Business

27.1 The Chair confirmed that no items of additional business had been notified in advance of the meeting.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common NOTED that there was no other business to consider.**

Minute No. BIC-24-09-28 – Review of New or Amended Risks Following Discussions During the Meeting

28.1 The Boards in Common reviewed the matters discussed during the meeting and considered whether any new strategic risks or amendments to existing risks should be identified.

28.2 Members reflected on the discussions held throughout the meeting, particularly in relation to risk management, winter preparedness, neighbourhood health and place-based delivery. No new risks were identified for inclusion within the risk management framework and no amendments to existing strategic risks were proposed.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common NOTED that no new strategic risks or amendments to existing risks were identified.**

Minute No. BIC-24-09-29 – Meeting Effectiveness

29.1 The Boards in Common reflected on the effectiveness of the meeting and considered whether the behaviours set out in the Leadership Compact had been upheld.

29.2 Members noted that, despite some technical issues experienced during the meeting, the discussions had been constructive and collaborative, with appropriate opportunity for challenge, assurance and debate. Particular reference was made to the value of the resident experience presentation and the insights it provided into the impact of services on local people.

29.3 The Chair acknowledged the challenges experienced with the meeting technology and advised that future meetings would benefit from improved technical arrangements. Members thanked colleagues who had supported the meeting, including those participating virtually.

RESOLVE: **The NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent Integrated Care Board meeting as the Boards in Common AGREED that the meeting had been conducted effectively and in accordance with the principles of the Leadership Compact**

Minute No. Date and Time of Next Meeting / Meeting Close

30.1 The Chair thanked members for their attendance and contributions throughout the meeting. He also thanked colleagues supporting the meeting and acknowledged the flexibility of attendees in managing the technical difficulties experienced during the session.

30.2 Members were advised that the next meeting of the Boards in Common would be held on 26 November 2026 in Wellington.

30.3 There being no further business, the Chair declared the meeting closed.

15:12 – Meeting Closed

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board in Common Action Log

Action ID: BIC0426-01 **Date Assigned:** 30/04/2026
Agenda Item: 'Triple A' Board Committee Highlights Reports
Description: Finalise and publish a joint leadership statement on anti-racism, anti-Semitism and Islamophobia, with co-signature from system leadership.
Lead: Mish Irvine
Due Date: 31/12/2026
Progress Notes: Work is ongoing through the Cluster EDI Group, comprising EDI Leads and supported by the Chief People Officers. Both organisations have anti-racist statements in place, alongside local actions to support belonging and inclusion. Following the change in the role of the ICB, Chief People Officers are leading work to support continued collaborative working on inclusion for both the workforce and citizens. Current areas of focus include race, religion, sexual safety and gender. The group will agree areas for system collaboration on joint programmes, building on the system-led anti-racism programme, with a further update to be provided later in the year.

Action ID: BIC0626-02 **Date Assigned:** 25/06/2026
Agenda Item: The Involvement Strategy (Working with People and Communities)
Description: Provide a progress update on delivery of the Working with People and Communities Strategy at a future Board meeting.
Lead: Mish Irvine
Due Date: 28/01/2027
Progress Notes: The update will be provided in line with the timeline for completion of the ICB commissioning intentions and strategic plans, ensuring that the focus is on areas of highest need. It will also be linked to the PSED-focused commissioning intentions being developed by the Cluster.

Action ID: BIC0626-03 **Date Assigned:** 25/06/2026
Agenda Item: PSED Reports for the Population Across the Cluster
Description: Bring an update back to the September Board meeting.
Lead: Mish Irvine
Due Date: 28/01/2027
Progress Notes: An update has been provided in the September 2026 CEO Board Report. A further update will be provided to the January Board, with the work directly links to delivery of the commissioning intentions and ICB strategic plans.

Action ID: BIC0926-01 **Date Assigned:** 24/09/2026
Agenda Item: Digitalisation of Diabetes Care
Description: Provide information on the utilisation and outcomes of the remaining recipients of the My Health Kit who did not respond to the evaluation
Lead: Dr Lorna Clarson
Due Date: 10/11/2026
Progress Notes: Lead for CVRM programme working with the My Health Kit team to understand if it is possible to track this information

Action ID: BIC0926-02 **Date Assigned:** 24/09/2026

Agenda Item: Digitalisation of Diabetes Care
Description: Explore opportunties to extend the self-care toolkit approach to other long term conditions as part of wider prevention and patient empowerment programmes
Lead: Dr Lorna Clarson
Due Date: 10/11/2026
Progress Notes: Will form part of the wider CVRM programme

Action ID: BIC0926-03 **Date Assigned:** 24/09/2026
Agenda Item: Commissioning Board Assurance Framework (CBAF)
Description: Ensure executive leads regularly review and update strategic risks and mitigating actions to maintain the CBAF as a live management document
Lead: Mish Irvine
Due Date: 10/11/2026
Progress Notes: Execs will be required to update all lead areas of the CBAF on the quarterly frequency agreed by Board in the Cluster Risk Strategy. A CBAF Deep Dive will be presented to the January Board in Common to support the delivery of this action. The next formal quarterly report will be presented to January Committee. A further CBAF Deep Dive will take place at the February Development Session, in preparation for the formal year-end report presented to Board in March, as a precursor to CBAF renewal discussion in April / May 2027.

Action ID: BIC0926-04 **Date Assigned:** 24/09/2026
Agenda Item: Commissioning Board Assurance Framework (CBAF)
Description: Develop options for providing a summary of strategic risks for publication alongside Board papers
Lead: Mish Irvine
Due Date:10/11/2026
Progress Notes: This action will be worked through with our literacy team to support accessiblity of our published documentation. A draft report has been produced and is awaiting approval of the proposed format / contents; prior to reports being presented on the ICB websites (Board Meeting sections).

Action ID: BIC0926-05 **Date Assigned:**24/09/2026
Agenda Item: Commissioning Board Assurance Framework (CBAF)
Description: Schedule a future Board Development Session on organisational risk appetite
Lead: Mish Irvine
Due Date:29/10/2026
Progress Notes: Complete - further discussion on risk appetite held at October Development Session

Action ID: BIC0926-06 **Date Assigned:**24/09/2026
Agenda Item: Commissioning Board Assurance Framework (CBAF)
Description: Consider how healthwatch insights can be incorporated into future discussions regarding complaints management and quality improvement
Lead: Mish Irvine
Due Date: 10/11/2026
Progress Notes: Completed - discussion with Healthwatch scheduled for November 2026 to engage on concerns

Action ID: BIC0926-07 **Date Assigned:**24/09/2026
Agenda Item: 5-Year Strategic Commissioning Plan Delivery
Description: Continue reporting progress against delivery of the 5-Year Strategic Commissioning Plan to the Boards - Add into Board Forward Plan
Lead: Simon Whitehouse / Dr Lorna Clarson
Due Date:10/11/2026
Progress Notes: This item will be included in the Cluster Board Forward Plan to ensure regular updates are presented at our Board in Common Meetings in Public.

Action ID: BIC0926-08 **Date Assigned:**24/09/2026
Agenda Item: Cluster Winter Plan
Description: Final Winter Plan and associated assurance updates to be presented to the November 2026 Boards
Lead: Phil Smith
Due Date:10/11/2026
Progress Notes: Since the Boards saw the Cluster Winter Plan on 24 Sep 26, a range of further assurance events have taken place. Outcome of which is no change to the Plan and SCTC will be asked on 11 Nov 26 to approve the Plan on behalf of the Boards.

Questions submitted prior to the Board in Common Meeting held on the 24th September 2026

Question:
On behalf of people in Stoke-on-Trent who are desperately seeking a podiatrist appointment, Healthwatch Stoke-on-Trent would like to ask when the public engagement took place about the closure of the clinics in Burslem, Hanley, Shelton and Bentilee? Furthermore, what are the plans to recruit podiatrists to ensure there are appointments available in the remaining podiatry clinics in the City of Stoke-on-Trent. What can the ICB do to make improvements to the failing system of podiatry?

Response:
The decision to move the podiatry clinics was undertaken by the provider, in this case this is Midlands Partnership University Foundation Trust (MPUFT) so we have sought their response to the first part of this question. We understand this question has previously been asked of the MPUFT Trust Board and the below is taken from their response on Page 21. MPUFT has assured the ICB they remain committed to providing the best possible adult podiatry services for its patients living in Stoke-on-Trent and across Staffordshire. The decision to relocate from Hanley Health Centre in late 2024 was made following issues raised by the service which were unable to be resolved. Patients were informed of the new arrangements and invited to discuss any issues with a member of the team. They were offered a choice of alternative clinic locations nearby, including Shelton Primary Care Centre, which was used on a temporary basis until July 2025, with additional clinical capacity being provided at these locations utilising staff relocating from Hanley. A decision was taken to relocate podiatry clinics from Burslem Health Centre in June 2026, due to the building no longer being felt to be fit for purpose. In terms of Bentilee Neighbourhood Centre, the relocation of podiatry services from this location took place prior to 2018. MPUFT has explained that staffing has increased with further staff recruited, this is having a positive impact on the wait lists with further improvement expected. They have told us the service has had success with recruitment over the past 12 months, with Band 5 staffing increasing from 1 WTE to 2.8 WTE. Band 5 podiatrists primarily manage lower-risk caseloads, and the service has successfully retained these staff. This has led to improved access to routine and lower-risk podiatry appointments, and resulted in:

- A 16.5% reduction (from 437 to 365) in patients waiting for a first appointment
- A 91% reduction (from 54 to 5) in patients waiting longer than 18 weeks for a first appointment

A further 3 WTE Band 5 podiatrists have been appointed this summer and will formally be joining the team shortly. We anticipate this will lead to a further improvement in access and appointment waits.The Integrated Care Board (ICB) commissions MPUFT to provide podiatry services and has oversight of the performance which is now improving.

Question:
Ahead of the next ICB board meeting, Allison Gardner MP wishes to submit a question on whether the ICB routinely collect and monitor data on the rate of major postpartum haemorrhage (PPH) in Staffordshire and Stoke-on-Trent.

Response:
Post partum Haemorrhage is a standard metric in the Maternity Data Set. This is monitored routinely in Staffordshire and Stoke on Trent monthly at the Perinatal Quality Surveillance Group with the ICB and provider present. It is a key aspect of safety monitoring in the ICBs perinatal oversight across the cluster.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26 November 2026
Title:	Resident's Experience – Recognising and Escalating Neonatal Seizures and Perinatal Stroke: Jenny and Theo's Story
Presenting Officer:	Vanessa Whatley, Chief Nursing Officer
Author(s):	Imogen Hyde, Communications and Involvement

Document Type:				**Action Required (select):**			
Report	☐	**Business Plan**	☐	**Information (I)**	☐	**Discussion (D)**	☒
Strategy	☐	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	Appendix - Jenny and Theo's Story: Recognising and Escalating Neonatal Seizures and Perinatal Stroke Board

Purpose of the Paper:
To provide background information about Jenny and Theo ahead of their story being shared with the Board.

History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
N/A	N/A

Executive Summary, incl. expansion on any of the preceding sections:
The Board in Common will hear from Jenny, a Shropshire mum, who will share her family's experience of perinatal care. Her story powerfully demonstrates why listening to parents, recognising their knowledge of their baby and acting promptly when they raise concerns are so important. Jenny has also contributed to regional learning on perinatal stroke, helping healthcare professionals understand the impact of delayed recognition and the importance of families feeling heard. Her story provides an opportunity for the Board to reflect on this lived experience and the learning it offers for improving the quality, safety and experience of care for babies and families.

Recommendations:
☑ The report is presented to the Board in Common for **DISCUSSION.**

Impact Assessments:					
	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	Yes	No	N/A	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	Yes	No	N/A	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	Yes	☒	No	☒
Any potential / actual Conflict of Interest?	Yes	☐	No	☒
N/A	*N/A*			

Integration with Commissioning Board Assurance Framework (CBAF)					
CBAF1		☐	CBAF4		☐
CBAF2		☐	CBAF5		☒
CBAF3		☐	CBAF6		☐

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26 November 2026
Title:	Chair Report
Presenting Officer:	Ian Green, Chair
Author(s):	Alannah Roper and Bethan Emberton

Document Type:				Action Required (select):			
Report	☒	**Business Plan**	☐	**Information (I)**	☒	**Discussion (D)**	☐
Strategy	☐	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	None

Purpose of the Paper:

This report provides a general update from the Chair, relevant to NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke on-Trent Integrated Care Boards (ICBs) that are not reported elsewhere on the agenda.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	

Executive Summary, incl. expansion on any of the preceding sections:

This report outlines a series of engagements undertaken during the reporting period that reflect the commitment of the Cluster Integrated Care Boards to partnership-working, system leadership and community engagement.

Through meetings with stakeholders, attendance at regional and professional events, and visits to NHS providers, these activities have supported collaboration, shared learning and a continued focus on improving health outcomes for local populations.

Recommendations:

☑ To **NOTE** for information

Impact Assessments:					
	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	Yes	No	N/A	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	Yes	No	N/A	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	Yes	☒	No	☐
Any potential / actual Conflict of Interest?	Yes	☐	No	☒
N/A	*N/A*			

Integration with Commissioning Board Assurance Framework (CBAF)			
CBAF1	☐	CBAF4	☐
CBAF2	☐	CBAF5	☐
CBAF3	☐	CBAF6	☐

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Chair Report

1. National Pause of Integrated Care Board Mergers

1.1. Last month, NHS England advised that a final decision on Integrated Care Board (ICB) mergers and future footprints would be paused until summer 2027. This reflects the Government's wider commitment to devolution and the need to align ICB boundaries with future strategic authority arrangements, which are not yet fully confirmed.

1.2. Until further notice, and while wider discussions are considered, NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent Integrated Care Boards (ICBs) will continue to operate as a Cluster on the current local authority footprints throughout 2026/27 and 2027/28.

1.3. As two ICBs, we will continue to strengthen how we work together and remain focused on improving outcomes for the populations we serve, while supporting staff and delivering our responsibilities.

1.4. I would like to reiterate the importance of us continuing to work as a Cluster with one common set of values, a common culture and with shared leadership and plans during this pause and thank staff for their patience.

2. Engagement with Civic and Local Authority Leaders

2.1. I was pleased to meet with the Lord Lieutenant of Staffordshire to discuss her priorities for the county and to explore how the NHS can support the important work of the Lieutenancy within our communities.

2.2. The meeting provided a valuable opportunity to strengthen links between the NHS and civic leaders, and to consider how we can work together to recognise and support those making a positive contribution to health and wellbeing across Staffordshire and Stoke-on-Trent.

2.3. I also welcomed the opportunity to meet with the new Leader of Staffordshire County Council and to discuss our shared ambitions for improving outcomes for local people.

2.4. Our discussion reinforced the importance of strong partnership working between the NHS and local government as we continue to address health inequalities, support prevention and deliver services that meet the needs of our communities.

3. Regional Leadership Forum

3.1. I recently attended the Regional Leadership Forum in Birmingham alongside colleagues from across the NHS.

3.2. Discussions focused on organisational performance during the second half of the year, as well as longer-term transformation required to ensure services remain sustainable and responsive to future demand.

3.3. It was particularly encouraging to see full representation from NHS organisations across our Cluster at both Chair and Chief Executive level, demonstrating our collective commitment to working together to improve care and outcomes for local people.

4. Pharmacy Conference

4.1. I was delighted to attend the "Celebrating Pharmacy – Shaping the Future Workforce" event on 19 October in our Telford offices. The event brought together colleagues from across the pharmacy family locally to share learning and discuss opportunities to further develop pharmaceutical services.

4.2. The programme included a presentation from the Deputy Chief Pharmaceutical Officer at NHS England, Richard Cattell, who provided valuable insight into national priorities and future developments within the profession. It was positive to see the level of local engagement and for Richard to both see and hear that directly on our patch.

4.3. The event highlighted the critical contribution pharmacy teams make to improving patient care, supporting medicines optimisation and helping people to manage their health more effectively.

5. Visits and Staff Recognition

5.1. During the month, I visited Carlton GP practice in Burton and Modwena Dental Practice in Stoke-on-Trent, providing an opportunity to hear directly from colleagues about the challenges and opportunities facing primary care services.

5.2. These visits demonstrated the dedication of staff working across general practice and dentistry, and the important role they play in delivering accessible, high-quality care for local communities.

5.3. I was also pleased to attend the Midlands Partnership University NHS Foundation Trust (MPFT) Staff Awards Dinner, which celebrated the achievements, dedication and innovation of colleagues from across the organisation. Events such as these provide an important opportunity to recognise the outstanding commitment shown by NHS staff and the positive difference they make to patients, service users and communities every day.

6. Remembrance Day

6.1. Mike Lawton recently represented me at the Stoke-on-Trent Remembrance Day commemorations and laid a wreath on behalf of the NHS.

6.2. The ceremony provided an important opportunity to remember and honour the sacrifices made by members of the Armed Forces and all those who have served their country.

6.3. It was fitting that the NHS was represented at this significant event, reflecting our continued respect and gratitude for those who have given so much in service to others.

Ian Green OBE, Chair
November 2026

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26 November 2026
Title:	Chief Executive Officer (CEO) Report
Presenting Officer:	Simon Whitehouse, Chief Executive Officer (CEO)
Author(s):	Alannah Roper, Rachael Jones and Bethan Emberton

Document Type:				**Action Required (select):**			
Report	☒	**Business Plan**	☐	**Information (I)**	☒	**Discussion (D)**	☐
Strategy	☐	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	None

Purpose of the Paper:

This report provides a strategic overview and update on national and local matters, relevant to the Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent health and care systems, that are not reported elsewhere on the agenda.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	N/A

Executive Summary, incl. expansion on any of the preceding sections:

This report provides an update on key areas of activity across the Cluster, including positive feedback from NHS England on the development of our strategic commissioning role, progress in winter preparedness and strong vaccination uptake across both systems.

It also highlights ongoing work to support organisational transition, improve access and outcomes through primary care, medicines optimisations and Special Educational Needs and Disabilities (SEND) services. The report further showcases national recognition for teams delivering innovation, partnership working and improvements in population health.

Recommendations:
☑ To receive the report for **INFORMATION.**

Impact Assessments:					
	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	Yes	No	N/A	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	Yes	No	N/A	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒
N/A *N/A*				

Integration with Commissioning Board Assurance Framework (CBAF)			
CBAF1	☐	**CBAF4**	☐
CBAF2	☐	**CBAF5**	☐
CBAF3	☐	**CBAF6**	☒

Chief Executive Officer Report

1. Introduction

1.1. This report is presented against a backdrop of continued significant change and reform across the NHS. Our focus remains on commissioning high-quality services, improving outcomes and reducing health inequalities for the populations we serve. We remain committed to progressing with this change programme in a manner that supports our staff and enables them to be the best that they can be in the roles that they have.

1.2. The report highlights a range of activity across the Cluster and demonstrates the commitment of colleagues and partners to improving care for local people. It reflects progress against immediate priorities while continuing to advance our longer-term ambitions for prevention, integration, neighbourhood working and sustainable transformation across the health and care system.

2. NHS England Strategic Review Meeting

2.1. Following the Strategic Review Meeting with NHS England Midlands on 8 October 2026, the Cluster received formal feedback recognising good progress in developing its strategic commissioning role, including five-year commissioning plans, commissioning intentions and a stronger outcomes-focused approach. NHS England welcomed the focus on population health, prevention and inequalities, alongside the development of neighbourhood, frailty and admission-avoidance models.

2.2. The feedback also reinforced the need to translate this strategic ambition into demonstrable delivery. Immediate priorities remain urgent and emergency care, elective recovery and delivery of agreed financial plans, with particular focus on four-hour and 12-hour performance, ambulance handovers and Referral to Treatment (RTT) performance.

2.3. Looking forward to 2027/28 and beyond, the Cluster is expected to demonstrate clearer, measurable commissioning choices, including how investment, activity and resources will shift towards community and neighbourhood care and how workforce, finance, digital, estates and contracting arrangements will support this change. The agreed actions will be progressed through the Cluster's planning and delivery arrangements, with progress discussed through NHS England's ongoing oversight arrangements.

3. Collective Integrated Care Board Strategic Commissioning

3.1. Integrated Care Board (ICB) Chief Executives are strengthening collective working on strategic commissioning, recognising that collaboration across ICBs can achieve greater consistency, impact and value on some priorities, compared with systems acting independently. The emerging ICB Chief Executive Officer (CEO) Delivery Compact supports delivery of the 10 Year Health Plan and places particular emphasis on neighbourhood health, prevention, population health management, care closer to home and commissioning around population need and whole pathways.

3.2. This has now translated into three initial collective priorities agreed by the 25 ICB Chief Executives: people at highest and rising risk of complex need; all-age ADHD and autism pathways; and outpatient transformation. For the high and rising risk cohort, ICBs will initially

focus on the highest-risk 1% of their populations, developing towards the top 5%, with proactive neighbourhood-based care and greater use of outcomes-based commissioning.

3.3. Alongside this, collective work will develop more consistent and sustainable ADHD and autism commissioning arrangements and a common strategic approach to outpatient care, including identifying specialties where there is the greatest opportunity to reduce demand and improve RTT performance.

3.4. Importantly, collective working does not replace the statutory accountability of individual ICBs. The next phase will therefore be to translate the shared priorities into local commissioning intentions and implementation arrangements, with appropriate ICB governance retained for decisions relating to adoption, investment, contracting and service change.

4. Commissioner and Provider Executive to Executive Discussions

4.1. Executive-to-Executive meetings have taken place with Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) and Midlands Partnership University NHS Foundation Trust (MPUFT) as part of the Integrated Care Board's (ICB's) continuing programme of engagement with system partners.

4.2. These were valuable and constructive discussions, providing an opportunity to strengthen relationships, develop a shared understanding of strategic priorities and challenges, and identify areas where closer collaboration and collective action will add value. The discussions have established clear areas for follow-up and will inform continued executive engagement with both organisations.

4.3. The next Executive-to-Executive meeting is scheduled with University Hospitals of Derby and Burton (UHDB) in December 2026. The discussion will focus on strengthening strategic alignment, addressing shared system challenges and identifying opportunities for closer collaboration, with a clear focus on improving outcomes and delivering greater value for the populations we collectively serve.

5. National Audit Office (NAO) report on the restructuring of Integrated Care Boards

5.1. The recent National Audit Office (NAO) report on the restructuring of Integrated Care Boards (ICBs) reinforces the importance of ensuring that organisational change enables ICBs to become stronger, more focused strategic commissioners. Our approach across Shropshire, Telford and Wrekin (STW) and Staffordshire and Stoke-on-Trent (SSOT) is aligned with this direction: using our cluster arrangements to maximise the benefits of greater scale, reduce duplication and share expertise, whilst retaining a strong understanding of our populations and relationships with local partners.

5.2. As we further refine and evolve our operating model, our focus remains on maximising the opportunity presented by these changes to strengthen strategic commissioning capability, support neighbourhood health and prevention, address health inequalities and secure greater value from our collective resources.

6. Winter Preparedness

6.1. Winter preparedness remains on track across the Cluster, with key resilience schemes mobilised and a continued focus on reducing system occupancy ahead of the Christmas period. Primary Care Additional Appointment Hubs are being introduced through a phased rollout from early November to increase capacity across the Cluster and help manage demand across urgent and emergency care pathways. There is continued dialogue to ensure that all partners are prepared and able to respond to the pressures as they arise.

6.2. Risks remain against several key performance trajectories. The earlier than anticipated arrival of Respiratory Syncytial Virus (RSV), approximately five to six weeks ahead of expectations, is contributing to increased operational pressure.

6.3. Vaccination uptake remains positive across both Shropshire, Telford and Wrekin (STW) and Staffordshire and Stoke-on-Trent (SSoT). In STW, flu uptake is 41.1% and in SSoT, the uptake rate is 39.3%, both above the Midlands and England averages. COVID-19 vaccine uptake is 39.5% in STW and 40% in SSoT, remaining above the Midlands (36.4%) and England (37.8%) averages. RSV uptake among pregnant women in STW (57.1%) is notably higher than the national average (51.4%), while RSV uptake in SSoT continues to outperform national rates across all reported cohorts, with particularly strong performance in care home residents (52.2% compared to 44% nationally). Targeted work continues to improve uptake among priority and underserved groups, including care home residents, school-aged children and at-risk cohorts.

6.4. The Cluster-wide Think: Right Help, Right Time, First Time winter campaign launched on 10 November. This campaign supports residents to stay well, take preventative action, seek help early and use the most appropriate NHS service. Activity promotes vaccination and self-care alongside NHS 111, community pharmacy, general practice, urgent care and mental health services, with communications and community engagement stepped up during periods of increased pressure.

6.5. Integrated Care Board (ICB) Board Assurance submissions have been returned to the national team, and the Winter Plan continues to be considered through established system governance arrangements. Colleagues from across the cluster have presented at the differing Scrutiny Committees and provided detailed updates on the preparedness of the system for this winter period. Oversight of delivery, performance, risk and escalation will remain in place throughout the winter period.

7. People, Involvement and Inclusion

7.1. Colleagues are supporting managers with the hybrid working and base changes as we work towards the opening of our Keele Offices and the implementation of the Hybrid Working Policy. It should be noted that the Keele Offices are now expected to be open from January, which is a slight delay on the original plan for these offices to be open from 1 December. This is due to unforeseen circumstances linked to ensuring that the offices are fit for purpose when we start to use them. Additionally, work continues to support the transition of payroll functions from Midlands and Lancashire Commissioning Support Unit (MLCSU), and to enable the transition of ESR management, workforce reporting and the management of statutory and mandatory training from MLCSU – all with an effective date of 1 January 2027.

7.2. Organisation Development and Culture colleagues have been continuing to support colleagues with the impacts of the Management of Change, as well as enabling self-service development on strategic commissioning and supporting the delivery of the staff survey. In addition to this, their focus remains on our organisational development programme on Values and Behaviours and the development of staff engagement. I fully recognise that the length of this change programme has had a negative impact on some colleagues. I would like to thank all Integrated Care Board (ICB) employees for their continued dedication and effort during this challenging period.

7.3. Workforce transformation colleagues are exploring how we support strategic commissioning and neighbourhood working while our programme teams are focused on the successful delivery of our WorkWell and Widening Access to Employment programmes during November, enabling our populations to achieve good health through work.

7.4. Our People, Involvement and Inclusion Committee terms of reference are now drafted, and we are moving to create these Committee meetings in our annual Committee programme cycle. HR and Recruitment colleagues continue to support managers through the Expressions of Interest (EOI – same band as substantive role) stage of the Management of Change, with the aspiration to have completed EOI (any band) during November.

8. Better Together Consultation – Powys Teaching Health Board

8.1. Powys Teaching Health Board confirmed the launch of the Better Together consultation last month, which invites people to help shape the future of local NHS services across Mid Wales. The consultation runs from 5 October 2026 to 10 January 2027 and seeks views on proposals for adult physical health, adult mental health, urgent care and some diagnostic services.

8.2. The proposals respond to significant challenges facing health services across the border, including rising demand, an ageing population and difficulties recruiting and retaining the workforce needed to sustain services across a large rural county.

8.3. Partner organisations within NHS Shropshire, Telford and Wrekin are currently compiling a joint response to the consultation. This will be an opportunity to carefully consider the evidence, describe any potential impacts that may be felt, potentially suggest alternatives and to help to shape next steps. Full details can be found at http://pthb.nhs.wales/BetterTogether.

9. Dental Update – Health and Overview and Scrutiny Committee

9.1. Colleagues from NHS Shropshire, Telford and Wrekin (STW) were invited to attend the Telford and Wrekin Health Overview and Scrutiny Committee on 8 October 2026, to provide an NHS dental update to members.

9.2. A detailed presentation was given, covering routine, urgent and emergency dental access, local initiatives undertaken to improve local access and shared positive access data regarding Telford and Wrekin and the wider Shropshire area.

9.3. Part of this work has come because of dental regulatory changes over the last two years that have allowed us, as commissioners, to remove or reduce NHS dental contracts which have historically not achieved the agreed levels of NHS dental activity for the local population. This

investment has then been redirected to other practices that are able to deliver the additional activity. Across STW, £1.1m has been transferred to alternative dental providers, equating to access for 11,000 additional NHS patients.

9.4. To further support this work in STW, a Dental Services Equity Audit was undertaken, and seven priority areas were identified at ward level. In these areas we saw that factors such as deprivation and wider health inequalities triangulated with lower levels of dental access. The £1.1m of redirected funding was specifically targeted to strategically commission additional dental activity in these identified priority areas. The team worked with local authority colleagues and wider stakeholders to help target this additional activity directly at these communities. I have been informed that the presentation generated a significant number of excellent questions from the Committee members, who expressed their gratitude for the positive update and for the progress being made on this issue.

9.5. The same approach has also been carried out across SSOT, where £1.8m was made available to commission enough activity for an additional 17,000 NHS patients. The work has been identified as an exemplar nationally, and I know that, at the time of writing this paper, the team were due to present this at an NHS England national webinar week commencing 16 November.

9.6. Huge congratulations to everyone involved in this work. I know that the efforts are paying off and this work is making a positive difference to the oral health of both children and adults across the Cluster. The Board are asked to note that for both adults and children, we are above the national averages for access. This is fantastic news for the local populations that we serve and supports improvement on this local and national priority.

10. ICB Primary Care (GP) Team – Improving Access, Quality and Patient Experience

10.1. Primary Care colleagues within the Integrated Care Boar (ICB) continue to work collaboratively with general practice to improve patient access, experience and continuity of care. Following the 2026 GP Patient Survey, targeted improvement work is underway to address variation in patient experience, supported by practice-level engagement, data analysis and the sharing of good practice.

10.2. In STW, the Primary Care Peer Ambassador Programme is supporting this approach, with 16 practices responding to a recent engagement exercise and seven expressing an interest in additional peer-led improvement support.

10.3. Positive progress has also been made in strengthening GP Appointment Data (GPAD) quality through the development of joint guidance across the Cluster. This will support more accurate reporting of urgent same-day access and strengthen performance oversight.

10.4. Collectively, these initiatives demonstrate the continued commitment of the ICB and general practice partners to collaborative improvement, innovation and delivering high-quality, responsive primary care services.

10.5. Elsewhere, we have been raising awareness for antimicrobial resistance (AMR) throughout the month of November to coincide with the global World Health Organisation-backed

awareness week, which takes place annually between 18 and 24 November.

10.6. Locally, we have focused on targeting parents and carers of children aged 0-9 years, and healthcare professionals who might treat them. In the 12 months to July 2026, 35.4% of children aged 0-9 years in Staffordshire and Stoke-on-Trent were prescribed antibiotics. In Shropshire, Telford and Wrekin, this figure was 28.8%. Both were above the national ambition of 25%. As such, this remains an important cohort to target with educational messaging.

11. Special Educational Needs and Disabilities (SEND) Update

11.1. The Special Educational Needs and Disabilities (SEND) system across the Cluster continues to face rising demand, increasing complexity of need, workforce pressures and heightened national scrutiny. More than 55,000 children and young people require SEND support across the four Local Area Partnerships (LAPs), including over 19,000 with an Education, Health and Care Plan (EHCP). Speech, Language and Communication Needs (SLCN), Social, Emotional and Mental Health (SEMH) needs, and Autism remain the most common needs.

11.2. All four LAPs secured Department for Education approval of their SEND Reform Plans in October 2026 and have entered implementation of the national SEND Reform Programme. Progress includes strengthened governance, SEND Communities, Experts at Hand models, inclusion frameworks and enhanced multidisciplinary working.

11.3. The programme aligns with the ICB Five-Year Plan through prevention, early intervention, neighbourhood delivery, reducing inequalities and improving access to support. However, challenges remain, including rising demand for neurodevelopmental, Child and Adolescent Mental Health Services (CAMHS), community paediatric and therapy services. Other challenges include workforce shortages, increasing complexity of need, and maintaining statutory responsibilities while delivering transformation. Continued partnership working, collaborative commissioning and system oversight will be essential to deliver reforms, maintain compliance and improve outcomes for children and young people.

12. Farmer's Health Hubs

12.1. Nurses across the Cluster have been helping to improve access to healthcare for farming communities by taking services directly to agricultural events and rural locations.

12.2. Sister Rose Bain, from Queen’s Hospital in Burton, has been instrumental in developing Famers’ Health Hubs in Staffordshire, attending local ploughing matches to provide convenient opportunities for people to receive health checks and advice.

12.3. Working alongside Gill Boast, Primary Care Nurse Lead for the Cluster, and nursing colleagues from across the region, the initiative has continued to grow and now includes a range of health services such as diabetic eye screening. Discussions are also underway with bowel and breast cancer screening practitioners to explore new ways of reaching rural communities.

12.4. Similar outreach work has been taking place across Shropshire, Telford and Wrekin (STW), led by Shropshire Council in partnership with the NHS and other local organisations. This

programme provides educational sessions alongside comprehensive health checks, including cholesterol and diabetes screening.

12.5. The success of Farmers' Health Hubs highlights the benefits of taking healthcare into communities and reaching people where they live and work. It also reflects the growing focus on delivering more care closer to home, in line with the ambitions set out in the NHS 10 Year Health Plan and neighbourhood health approaches.

13. PrescQIPP Awards

13.1. I am pleased to announce that two outstanding pharmacy-led initiatives received national recognition at the 2026 PrescQIPP Awards on 25 September.

13.2. The Reducing Opioid Related Harm by Reducing Inappropriate Prescribing programme, led by NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB), was recognised for its system-wide approach to tackling the risks associated with long-term opioid use. Through collaboration across health and care partners, the project has supported safer prescribing, opioid tapering and improved pain management, helping patients achieve better outcomes and enhanced quality of life.

13.3. The Beyond Cost Savings: Building a Skilled Care Home Medicines Service project led by Shropshire Community Health NHS Trust with support from the ICB Medicines Optimisation Team, demonstrated the value of embedding pharmacy professionals within care home services. By providing specialist medicines expertise, undertaking medication reviews and supporting care home staff, the service improved medicines safety, reduced medicines-related harm and enhanced the quality of care for residents.

13.4. These awards recognise the innovation, dedication and expertise of pharmacy teams and highlight the vital contribution of medicines optimisation services in improving patient safety, reducing medicines-related harm and delivering high-quality, person-centred care. Well done to everyone involved.

14. Enlivio Summit and Ignite Awards

14.1. Other local award-winning teams include the Improving Population Health directorate within the Integrated Care Board (ICB). The team received national recognition for helping people get the care and support they need before their health deteriorates. The team won the Better Together Award for Integrated Care at this year's Enlivio Summit and Ignite Awards, recognising outstanding work to improve health outcomes for local communities.

14.2. The judges praised the team's success in "driving health equity through integrated care", recognising the strong partnerships that have helped improve support for residents across Staffordshire and Stoke-on-Trent.

Simon Whitehouse
Chief Executive Officer
November 2026

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26th November 2026
Title:	Cluster Strategic Commissioning Intentions
Presenting Officer:	Dr Lorna Clarson, Chief Officer: Strategy and Improving Outcomes
Author(s):	Gemma Smith, Director of Strategy and Commissioning

Document Type:				Action Required (select):			
Report	☐	**Business Plan**	☐	**Information (I)**	☒	**Discussion (D)**	☒
Strategy	☒	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	Appendix 1 – Cluster Strategic Commissioning Intentions

Purpose of the Paper:

To present the proposed Cluster Strategic Commissioning Intentions for 2027-2032 for information and discussion following approval from the Joint Strategic Commissioning and Transformation Committee.

Board members are asked to read the documents hyperlinked in the appendices section above in advance of the meeting, as these provide essential supporting information and context to enable informed consideration.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Senior Leadership Team (D)	20/10/2026
Joint Strategic Commissioning and Transformation Committee	26/10/2026

Executive Summary, incl. expansion on any of the preceding sections:

The Cluster Strategic Commissioning Intentions set out a shared vision for transforming health and care services over the next five years through our approach to strategic commissioning. They describe how commissioning resources, investment and system capacity will increasingly be aligned towards prevention, neighbourhood health, population health management, reducing inequalities and improving outcomes for local people.

The intentions are underpinned by a series of strategic commissioning frameworks, including neighbourhood health, care management, frailty, palliative and end of life care, primary care, community services, mental health, learning disability and autism, medicines optimisation, joint integrated commissioning and market management. Together, these frameworks support a shift

from hospital-based care to community-based care, treatment to prevention, and organisational delivery to population-focused pathways.

The commissioning intentions reflect national policy priorities, including the NHS Oversight Framework, and articulate how commissioning levers will be used to improve access, quality, outcomes, productivity and financial sustainability. They also establish a foundation for collaborative planning with providers, local authorities and wider system partners.

The commissioning intentions will in turn inform the refresh of the Cluster-wide Five-Year Strategic Commissioning Plan, providing a coherent framework across Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin. Detailed commissioning frameworks will be developed for each priority area, translating strategic intent into measurable outcomes, delivery plans, service models and investment priorities.

Applying a Population Health Management approach, these frameworks will identify priority population cohorts, unwarranted variation and opportunities to reduce health inequalities, ensuring resources are targeted where they can deliver the greatest benefit. Population-level outcome measures, Equality Impact Assessments and Public Sector Equality Duty (PSED) requirements will be embedded throughout framework development, ensuring commissioning decisions improve outcomes, reduce inequalities and support equitable access to services across our communities.

Subject to approval, the next phase will focus on the co-development of these commissioning frameworks with local authorities, providers and wider system partners. This will include development of population-level outcomes, delivery plans, contractual arrangements, workforce requirements, financial implications and implementation approaches. This will ensure that the commissioning intentions are translated into sustainable models of care underpinned by measurable outcomes and a refreshed Strategic Commissioning Plan that supports the long-term ambitions of the Cluster.

Recommendations:

- Receive the Cluster Strategic Commissioning Intentions 2027-2032 for **INFORMATION and DISCUSSION**.
- **NOTE** the proposed approach to the development of detailed strategic commissioning frameworks and the subsequent refresh of the Cluster-wide Five-Year Strategic Commissioning Plan.
- **NOTE** the planned progression to the next phase of development with providers, local authorities and system partners, including the development of detailed commissioning plans, contractual arrangements, workforce requirements, financial plans and implementation programmes.
- **NOTE** that subsequent commissioning, contracting and transformation proposals will be brought through appropriate governance routes as delivery frameworks are developed.

Impact Assessments:					
	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	Yes	No	N/A	*DPIA will be completed for individual schemes where required*	
	☐	☒	☒		
Integrated Impact Assessment (IIA)	Yes	No	N/A	*IIA will be completed for each of the intentions as the models are developed.*	
	☐	☒	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	Yes	☒	No	☐
Any potential / actual Conflict of Interest?	Yes	☐	No	☒
N/A	*N/A*			

Integration with Commissioning Board Assurance Framework (CBAF)			
CBAF1	☒	CBAF4	☒
CBAF2	☒	CBAF5	☒
CBAF3	☒	CBAF6	☒

Cluster Strategic Commissioning Intentions

1. Introduction

1.1 The health and care systems across Staffordshire and Stoke-on-Trent, and Shropshire, Telford and Wrekin face a common set of opportunities and challenges. Demand for services continues to grow, driven by an ageing population, increasing prevalence of long-term conditions, widening health inequalities and rising complexity of need. At the same time, the NHS and local government are required to deliver improved outcomes, recover access to services, improve productivity and ensure long-term financial sustainability within constrained resources.

1.2 As Integrated Care Boards (ICBs) continue to mature, the role of commissioning is evolving from the transactional purchasing of services towards a strategic commissioning model focused on improving population health outcomes, reducing inequalities, shaping provider markets and ensuring resources are used to achieve the greatest benefit for local communities. This requires a clear and consistent approach that aligns investment, transformation and service delivery around the needs of populations rather than organisational boundaries.

1.3 The Cluster Strategic Commissioning Intentions set out our shared ambition for the period 2027-2032 and provide the strategic framework through which commissioning decisions will be made across Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin. They establish the long-term direction for how we will use our commissioning levers to improve outcomes, support neighbourhood health, strengthen prevention and early intervention, and deliver sustainable health and care services.

1.4 The intentions reflect a significant strategic shift in how health and care services will be commissioned and delivered. We will increasingly move from treatment to prevention, hospital-based care to community and neighbourhood-based support, reactive services to proactive care management, and provider-focused delivery to population-based pathways. Through the application of Population Health Management principles, resources will be targeted towards those individuals, communities and population groups most likely to benefit, ensuring that investment decisions are informed by need, evidence and opportunities to reduce unwarranted variation and health inequalities.

2. Cluster Strategic Commissioning Intentions

2.1 The Cluster Strategic Commissioning Intentions provide the strategic framework through which the ICBs will exercise their functions as strategic commissioners over the period 2027-2032. They establish a shared set of priorities across Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin, providing clarity on the outcomes we are seeking to achieve for our populations, the priorities for future investment and transformation, and the commissioning approaches that will be used to support delivery.

2.2 The intentions have been developed in recognition that improving health outcomes and securing long-term sustainability will not be achieved through incremental change alone.

Delivery of the ambitions set out within Integrated Care Board Strategies, the National Oversight Framework and emerging Neighbourhood Health models requires a fundamental shift in how services are planned, commissioned and delivered. Strategic commissioning therefore has a critical role in shaping future models of care, influencing provider delivery, targeting investment towards greatest need and ensuring resources are utilised effectively to improve outcomes and reduce inequalities.

2.3 The commissioning intentions do not seek to describe every service commissioned by the Cluster. Instead, they focus on those areas where strategic commissioning intervention has the greatest opportunity to improve outcomes, address unwarranted variation, reduce health inequalities and support transformation at scale. Collectively, they provide a clear statement of commissioning priorities and describe how commissioning levers will be utilised to support the shift towards prevention, neighbourhood health, integrated care and improved population outcomes.

2.4 The intentions are structured around the development of a series of strategic commissioning frameworks which reflect the major opportunities and challenges facing the Cluster over the next five years. Together, these frameworks provide a comprehensive view of how commissioning will support both population health improvement and service transformation across the Cluster.

2.5 Each framework will be developed using a consistent methodology. This will include articulation of a clear commissioning intent, the strategic shift being sought, the outcomes to be achieved, the anticipated delivery trajectory over the next five years and the long-term ambition for the population. This approach provides a clear line of sight between strategic objectives, commissioning interventions and population-level outcomes, whilst allowing flexibility for local implementation and future development.

2.6 A central principle underpinning all of the frameworks will be the use of Population Health Management to inform commissioning decision-making. Future framework development will be supported by population segmentation, demand and utilisation analysis, inequalities assessment and predictive modelling to identify those cohorts where interventions can have the greatest impact. This will ensure that commissioning resources are increasingly aligned to population need and that investment decisions are based upon evidence of expected population benefit. All Strategic Commissioning Frameworks will explicitly identify priority population cohorts, including CORE20PLUS5 populations, locally identified inclusion health groups and those experiencing the poorest outcomes, ensuring resources are targeted where they can deliver the greatest impact

2.7 The commissioning intentions also provide the mechanism through which system partners can collectively align priorities, investment and transformation activity. Delivery of the ambitions described within the document will require close collaboration with NHS providers, primary care, local authorities, voluntary, community and social enterprise organisations and wider partners. In many cases, delivery will be reliant upon shared accountability arrangements, integrated commissioning approaches, neighbourhood delivery models and collaborative provider arrangements. New contractual, alliance, lead provider and outcomes-based commissioning approaches will increasingly be utilised to support delivery of shared outcomes, resource shift and system sustainability.

2.8 Whilst the commissioning intentions establish the strategic direction of travel, further work will now be required to translate these ambitions into detailed commissioning frameworks and implementation plans. Subject to approval, each framework will be developed further by the Cluster in collaboration with providers, local authorities and wider system partners
This work will include the development of required outcomes, contractual arrangements, workforce implications, financial plans, market development requirements and implementation trajectories.

2.9 The detailed frameworks will also subsequently inform the annual refresh of the Cluster-wide Five-Year Strategic Commissioning Plan. They will define the population-level outcomes, delivery trajectories and performance measures that the Cluster intends to achieve, together with the interventions, investment priorities and commissioning arrangements required to deliver them. Equality Impact Assessments and Public Sector Equality Duty requirements will be embedded throughout framework development to ensure that commissioning decisions support equitable access, improve outcomes and contribute to the reduction of health inequalities.

2.10 Through this phased approach, the commissioning intentions provide a bridge between long-term strategic ambition and practical delivery. They establish a clear commissioning narrative for the Cluster, enable alignment across partner organisations and create the foundation for a refreshed Strategic Commissioning Plan that is focused on improving outcomes, maximising value from public resources and delivering sustainable transformation across health and care services.

3. Conclusion

3.1 The Cluster Strategic Commissioning Intentions represent a significant step in the continued development of the Cluster as a strategic commissioner. They provide a clear and shared direction for how commissioning resources, investment and transformation activity will be utilised across Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin over the period 2027-2032.

3.2 The intentions establish a coherent framework through which commissioners and partners can collectively address the challenges facing local populations, whilst supporting the delivery of national priorities, improved population health outcomes, reduced health inequalities and long-term system sustainability. By focusing on areas where strategic commissioning can have the greatest impact, the intentions create a clear line of sight between population need, commissioning priorities and the outcomes we are seeking to achieve.

3.3 The commissioning intentions are not an end in themselves, but the foundation for the next phase of commissioning development. The detailed frameworks that will follow will translate these ambitions into measurable outcomes, delivery plans, contractual approaches and investment strategies, ensuring that strategic intent is supported by practical implementation and robust accountability arrangements.

3.4 Through continued collaboration with providers, local authorities, primary care, the voluntary, community and social enterprise sector and wider system partners, the Cluster will utilise these intentions to shape future models of care, strengthen neighbourhood health, support prevention and early intervention, and ensure that resources are directed towards those interventions that deliver the greatest benefit for our populations.

3.5 The Board in Common is therefore asked to:

- Receive the Cluster Strategic Commissioning Intentions 2027-2032 for **INFORMATION and DISCUSSION**.
- **NOTE** the proposed approach to the development of detailed strategic commissioning frameworks and the subsequent refresh of the Cluster-wide Five-Year Strategic Commissioning Plan.
- **NOTE** the planned progression to the next phase of development with providers, local authorities and system partners, including the development of detailed commissioning plans, contractual arrangements, workforce requirements, financial plans and implementation programmes.
- **NOTE** that subsequent commissioning, contracting and transformation proposals will be brought through appropriate governance routes as delivery frameworks are developed.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26th November 2026
Title:	Midlands Partnership University NHS Foundation Trust (MPFT) Advanced Foundation Trust (AFT) Application
Presenting Officer:	Phil Smith, Chief Officer for System Development and Integration, ICB; Adam McKeown, Chief Strategy and Transformation Officer, MPFT
Author(s):	Helen Lester, Associate Director, System Development, ICB; James Venables, Deputy Director of Strategy, MPFT

Document Type:				**Action Required (select):**			
Report	☒	**Business Plan**	☐	**Information (I)**	☒	**Discussion (D)**	☐
Strategy	☐	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	None

Purpose of the Paper:

The purpose of this paper is to inform the Board in Common of the Advanced Foundation Trust (AFT) application submitted by Midlands Partnership University NHS Foundation Trust (MPFT), which has now entered the formal NHS England assessment stage.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Report to Strategic Commissioning and Transformation Committee (A)	09/09/2026
Chief Executive Report to Board (I)	24/09/2026
Report to Strategic Commissioning and Transformation Committee (I)	11/11/2026

Executive Summary, incl. expansion on any of the preceding sections:

Midlands Partnership University NHS Foundation Trust (MPFT) is progressing through NHS England's assessment process for Advanced Foundation Trust (AFT) status, with the assessment commencing on 2 November 2026. AFT status would provide MPFT with greater earned autonomy and associated strategic, operational and financial flexibilities, while the Integrated Care Board (ICB) would retain its statutory and strategic commissioning responsibilities.

The ICB supports MPFT's application, recognising its potential to strengthen MPFT's contribution to shared system priorities, including neighbourhood and community-based care, mental health transformation, prevention and population health improvement. The ICB will expect any future use of AFT freedoms to demonstrate measurable benefit across the wider system and remain aligned with strategic commissioning intentions and partnership arrangements.

The ICB's formal letter of support was approved by the Chief Executive Officer and Chair and submitted to NHS England on 30 October 2026. The assessment will continue through November and December, with the timing of the Board-to-Board meeting and final decision to be confirmed by NHS England.

Recommendations:

☑ The Board in Common is asked to note for **INFORMATION** Midlands Partnership University NHS Foundation Trust's (MPFT's) application for Advanced Foundation Trust (AFT) status, the Integrated Care Board's (ICB's) support for the application and the next stages of the NHS England assessment process.

Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	**Yes**	**No**	**N/A**	*No DPIA implications*	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	**Yes**	**No**	**N/A**	*There is no specific requirement for an impact assessment to support an AFT application*	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒
N/A	N/A			

Integration with Commissioning Board Assurance Framework (CBAF)

CBAF1	☒	**CBAF4**	☐
CBAF2	☒	**CBAF5**	☐
CBAF3	☒	**CBAF6**	☐

Midlands Partnership University NHS Foundation Trust Advanced Foundation Trust Application

1. Introduction

1.1. Advanced Foundation Trust (AFT) status was set out in the NHS 10 Year Plan, Fit for the Future, and is intended to mark excellence among NHS providers that are delivering the government's three strategic shifts, tackling elective backlogs and working effectively with system partners to improve population health outcomes.

1.2. The national ambition is that all NHS Trusts and Foundation Trusts will be approved as an AFT by 2035.

1.3. NHS England announced the first six trusts approved as an AFT in May 2026:
- Alder Hey Children's NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Dorset HealthCare University NHS Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust.

1.4. The second wave of the AFT Programme includes Midlands Partnership University NHS Foundation Trust (MPFT) who provide integrated physical health, mental health, learning disability, and adult social care services across Staffordshire, Stoke-on-Trent, Shropshire, and Telford & Wrekin.

1.5. The full cohort in the second wave is included below:
- Guy's and St Thomas' NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Kent Community Health NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Midlands Partnership NHS Foundation Trust
- North West Ambulance Service NHS Trust
- Royal National Orthopaedic Hospital NHS Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- West London NHS Trust
- Yorkshire Ambulance Service NHS Trust.

1.6. The 10-Year NHS Plan aims to give power back to frontline NHS leaders through a reinvigorated and reinvented rules-based foundation trust model that will re-empower

provider boards to make decisions locally and improve services for patients and communities.

1.7. AFT status is a marker of excellence for providers who drive the delivery of the three shifts, bring down waiting lists and work with partners to improve population health.

1.8. Both NHS Trusts and Foundation Trusts are eligible to become an AFT. Those who pass the assessment will benefit from greater strategic and operational autonomy, recognising their high capability and empowering their leaders to drive accelerated change and improvement on behalf of their patients and staff.

1.9 An organisation awarded AFT status may subsequently seek designation to hold an Integrated Health Organisation (IHO) contract. This would require a separate assessment of the organisation's ability to lead population health improvement, work across organisational boundaries and manage additional clinical and financial risk. Any IHO contract would be commissioned by the relevant Integrated Care Board (ICB) where the ICB, working with its partners, determined that this was the right model for improving outcomes and allocative efficiency for a defined population. Ultimately the ICB will determine, in partnership, if it wishes to commission and contract for an IHO. The focus at present is very much on maximising the potential from the AFT process, before any discussion can take place around what a future IHO might look like.

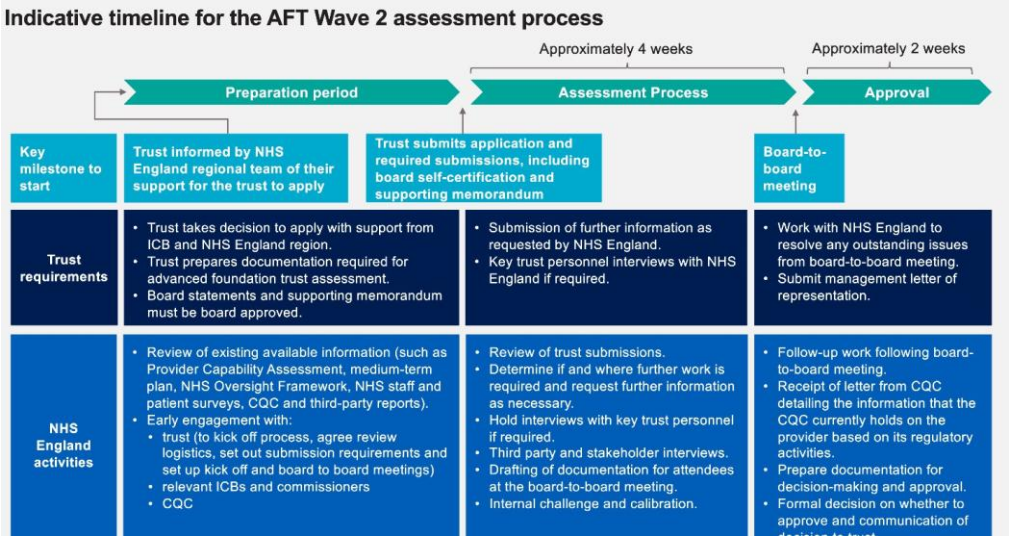
1.10 AFT and IHO are part of a national shift from organisation-by-organisation improvement towards population health delivery, earned autonomy and stronger local accountability. AFT is about proving organisational maturity while IHO is about using that maturity in partnership to improve population outcomes. To date, only two organisations, Northamptonshire Healthcare NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust, have undergone additional assessment and been designated as eligible to hold an IHO contract. It should be noted that, at the time of writing this paper, neither have progressed to contract award or implementation. NHS Staffordshire and Stoke-on-Trent (SSOT) and NHS Shropshire, Telford and Wrekin (STW) strategic commissioning view remains focussed on maximising the flexibilities in the AFT process and being able to see demonstrable benefits for the population served through closer NHS provider integration at a local level.

1.11 MPFT has recently been confirmed by the ICB as the anchor organisation / system integrator for delivering against an outcomes-based strategic commissioning framework across Staffordshire and Stoke-on-Trent. AFT status would complement these arrangements, providing an opportunity to test and demonstrate the additional freedoms and flexibilities that could be realised through an IHO contractual model.

2. The Process in Detail

2.1. MPFT are in the second wave of assessment for AFT status, which was announced in July 2026. The assessment process includes a preparation period, followed by an assessment

process of approximately four weeks, followed by a Board-to-Board meeting with NHS England and then a final approval process. See diagram below:



2.2. On 2nd November 2026, MPFT moved into the assessment phase, which requires the submission of information to NHS England, including an ICB letter of support. The assessment is expected to continue through November and December 2026, culminating in a final Board-to-Board meeting. The Board-to-Board meeting is a high-level review session between the applicant trust's board and a panel comprising NHS England executives and independent members. The meeting is used to test the depth of the board assurance and is likely to cover long-term strategy, transformation ambitions, contribution to NHS and system priorities, approach to performance, quality, safety and improvement, board capability, capacity and succession planning, plus any specific area that have been identified through the assessment. It is understood that the ICB cluster Chief Executive Officer will be invited by NHS England to attend this meeting.

2.3. There are three possible outcomes of the assessment process:

- Approve – The Trust would benefit from AFT freedoms and flexibilities; and would be expected to apply under legislation to convert AFT legal form;
- Reject – If unsuccessful, re-application is possible, but applicants would have to go through the application process from the beginning;
- Defer – If neither approval nor rejection is appropriate due to outstanding issues, an application may be deferred. The length or deferral will not usually exceed 12 months.

2.4. If MPFT were approved as an AFT, they would benefit freedoms and flexibilities as outlined in national policy framework and included below:

- “Advanced foundation trusts:
  - Will give:
    - Strong local leadership and a commitment to delivering the three shifts
    - Detailed annual plans covering finance, service delivery, local engagement and innovation
    - Early warning of any issues on a ‘no surprises’ basis.
  - Will get:

- Freedoms that, once won, are retained unless there is significant fall-off in capability
- Time to plan and deliver investments to improve services and deliver transformation.

- The Centre (NHS England):
  - Will give:
    - Operational autonomy, with advanced foundation trusts provided with time to address all but the most significant concerns
    - Financial freedoms:
      - capital flexibility: the ability to retain and reinvest aggregate revenue department expenditure limit (RDEL) surplus (excluding any deficit support funding) accumulated since 2024/25 in future capital projects
      - capital autonomy: this will be supported by greater capital autonomy for all NHS Oversight Framework segment 1 and 2 trusts, with no need for business case approval for up to £100 million capital department expenditure limit (CDEL) spend, where trusts are using their own operational capital, and/or capital flexibility
      - revenue flexibility: revenue flexibilities limited to non-recurrent spending to support implementation costs linked to capital investment and transformation. As with capital, this will allow the reinvestment of aggregate RDEL surpluses, excluding deficit support, accumulated since 2024/25, subject to the provider having corresponding cash reserves.

  - Will get:
    - Assurance that capable providers are aware of and addressing issues, with ability to escalate swiftly where there are serious quality, finance or delivery concerns
    - Continuing visibility of performance via National Oversight Framework (NOF) segments, league tables
    - Regular updates on contribution towards 10 Year Health Plan delivery via a deep-dive annual review."

2.5 The ICB would retain its statutory and strategic commissioning responsibilities. The financial freedoms are in line with their NOF status and the current NHS financial framework and should not be interpreted as unrestricted authority to incur capital expenditure. MPFT would continue to apply its established Board governance, affordability, liquidity, quality, procurement and value-for-money requirements to all investment decisions.

2.6 The freedoms and flexibilities would not remove MPFT's accountability for quality, performance, financial sustainability or the responsible use of public resources. The opportunity is to give a capable provider greater scope to plan over a longer horizon, make timely investment decisions and accelerate transformation, while remaining aligned with agreed commissioning intentions and wider system priorities. The ICB would expect the benefits to be demonstrated not only for MPFT, but also through improved population outcomes, service sustainability and value across the wider system.

2.7 MPFT have shared a copy of their strategic intent, which were approved by their Board on 28th October 2026. MPFT's position is that AFT status would be a means of accelerating its existing strategic direction, rather than an end in itself. The Trust does not intend to use

greater autonomy for organisational advantage in isolation. It intends to use the freedoms responsibly, with partners, to improve outcomes, strengthen care closer to home and create wider system value.

2.8 If awarded AFT status, MPFT would seek to use the associated strategic, operational and financial flexibilities to make timely investment decisions, accelerate clinically led pathway redesign, scale effective innovation and strengthen delivery across organisational boundaries. Any investment would remain subject to a clear business case, affordability, quality and equality assessment, partner engagement and the Trust's established governance arrangements.

2.9 MPFT has identified three initial areas through which this approach could be demonstrated, which align with priority pathways for the ICB:

- Community-first frailty: building on existing community frailty and same-day emergency care models to support earlier identification, rapid response, rehabilitation, independence and coordinated recovery closer to home;
- Mental health closer to home: strengthening the pathway from prevention and neighbourhood support through to crisis, inpatient and recovery services, including consideration of additional local specialist capacity to reduce reliance on out-of-area care;
- Children's neurodevelopment: developing earlier and more coordinated support for children and families, including a connected digital pathway and a virtual community model bringing together health, education and family support.

2.10 These propositions demonstrate how greater flexibility could translate into practical benefits for patients, families and the wider system. They build on MPFT's role as system integrator and the schemes identified through that work, with AFT freedoms offering an opportunity to accelerate their development and delivery in support of shared system priorities. They are not presented as automatic or pre-approved commitments. MPFT has committed to linking each proposed use of an AFT freedom to a practical decision, an accountable leader, measurable benefits and a clear Board assurance route.

2.11 The value of the propositions therefore lies not simply in their benefit to MPFT, but in their potential to address shared system challenges: fragmented pathways for children and families, reliance on out-of-area mental health care, avoidable hospital use, and the need for stronger prevention and neighbourhood-based support. Their development would be undertaken as partnership propositions, with benefits and accountabilities shared across organisational boundaries.

2.12 Alongside their AFT application, MPFT is developing its role as the lead integrator / anchor organisation for delivery of the Staffordshire and Stoke-on-Trent strategic commissioning outcomes framework. The role is intended to support partners to organise delivery around shared population outcomes, align transformation activity and strengthen collective accountability. A key consideration for the ICB will be how MPFT uses any AFT freedoms to support effective partnership working, rather than concentrating benefit within the Trust. The ICB would therefore expect proposed investments to demonstrate measurable patient and

population benefit, alignment with commissioning intentions, active partner involvement and a clear contribution to system sustainability.

2.13 As part of the assessment process, the ICB was asked by NHS England to provide a letter of support by 2nd November 2026, which should confirm:

- the ICB's support for the trust's application and the factors the ICB has considered in reaching its view;
- comment on the trust's role within the local system and its contribution to system priorities and alignment to local and national objectives, including where relevant, its contribution to addressing key challenges in the system, through collaboration with system partners;
- outline any material risks or concerns in relation to the trust and how these are being managed;
- comment on the development and alignment of the trust's medium-term plan with the system plan, as well as consistency with the ICB strategic commissioning intentions;
- comment on how the trust plans to use the intended freedoms both for the trust and to benefit the wider system;
- include any other relevant material issues the ICB would like to highlight to NHS England.

2.14 The ICB's letter of support addressed these requirements and set out its assessment of: MPFT's role within the system, alignment with local and national priorities, current risks and mitigations, contribution to system plans, and intended use of AFT freedoms for the benefit of the wider system. The letter of support was collated in collaboration with colleagues across the ICB including Contracting, Commissioning, Finance, Quality, Workforce, Communications and Engagement, Governance and Clinical leads. The letter was approved by the Chief Executive Officer and Chair and submitted to NHS England on 30th October 2026.

3 Conclusion

3.1 The ICB supports MPFT's application for AFT status and considers that greater earned autonomy could strengthen the Trust's contribution to shared system priorities. The ICB will continue to work with MPFT to ensure that any freedoms arising from AFT status support population outcomes, system sustainability and delivery of agreed strategic commissioning intentions.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26th November 2026
Title:	Learning from the lives and deaths of people with a learning disability and autistic people (LeDeR) Programme Annual Reports 2025/26
Presenting Officer:	Vanessa Whatley, Chief Nursing Officer
Author(s):	Dan Pickford, ICB Quality Lead for Priority Populations and Local Area Contact for the LeDeR Programme and Jen Morris Clinical Quality Officer - Priority Populations and deputy Local Area Contact for the LeDeR Programme

Document Type:				**Action Required (select):**			
Report	☒	**Business Plan**	☐	**Information (I)**	☐	**Discussion (D)**	☐
Strategy	☐	**Policy**	☐	**Assurance (S)**	☒	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☒		

Appendices:	Appendix 1: NHS Shropshire, Telford and Wrekin LeDeR Annual Report 2025/26. Appendix 2: NHS Staffordshire and Stoke-on-Trent Wrekin LeDeR Annual Report 2025/26.

Purpose of the Paper:

The purpose of this paper is to provide NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent Boards in Common with the NHS Staffordshire and Stoke-on-Trent LeDeR Annual Report 2025/26 and NHS Shropshire, Telford and Wrekin LeDeR Annual Report 2025/26. The Annual Reports provide assurance of the improvement work which has been undertaken in 2025/26 across both Integrated Care Systems (ICSs) to improve the lives of people living with a Learning Disability (LD) and Autistic people across Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent.
Board members are asked to read the documents hyperlinked in the appendices section above in advance of the meeting, as these provide essential supporting information and context to enable informed consideration and decision-making.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
The STW LeDeR Annual Report was shared with the Cluster Combined LeDeR Governance Panel	25.08.2026
The STW LeDeR Annual Report was presented (S) and approved (A) at the Staffordshire and Stoke-on-Trent ICB and Shropshire, Telford and Wrekin ICB Cluster System Quality Group	11.09.2026
The STW LeDeR Annual Report was presented (S) and approved (A) at the Staffordshire and Stoke-on-Trent ICB and Shropshire, Telford and Wrekin ICB Cluster Quality & Performance Committee Meeting in Common	23.09.2026

The SSOT LeDeR Annual Report was presented (S) and approved (A) at the Staffordshire and Stoke-on-Trent ICB and Shropshire, Telford and Wrekin ICB Cluster System Quality Group	3rd July 2026
The SSOT LeDeR Annual Report was presented (S) and approved (A) at the Staffordshire and Stoke-on-Trent ICB and Shropshire, Telford and Wrekin ICB Joint Quality and Performance Committee	29th July 2026

Executive Summary, incl. expansion on any of the preceding sections:

Shropshire, Telford and Wrekin

During 2025/26, 37 deaths were notified to the programme, an increase from the previous year, reflecting increased awareness and engagement with LeDeR across the system.

24 reviews were completed, including 5 focused reviews that provided deeper insight into opportunities for service improvement.

There were a number of positive findings this year:

- The median age at death increased to 64.5 years, exceeding the latest national median age reported for people with a learning disability.
- More than half of those reviewed died in their usual place of residence,
- Two-thirds had ReSPECT and DNACPR plans in place, demonstrating continued progress in personalised and end-of-life care planning.

However, respiratory conditions remained the leading cause of death, highlighting the ongoing need to improve prevention, assessment and management of respiratory health needs.

Reviews identified recurring themes including:

- Communication and information sharing
- Person-centred care
- Ongoing assessment and monitoring
- Clinical decision-making
- Family and carer involvement
- Safeguarding
- Consistent implementation of reasonable adjustments.

Whilst examples of good practice were evident, several focused reviews identified care and service responses that fell below expected standards. These findings emphasis the importance of continued learning, assurance and system-wide improvement.

System partners have demonstrated a strong commitment to learning from LeDeR through improvements in:

- Governance
- Staff training
- Personalised care
- Reasonable adjustments
- Partnership working

Looking ahead, priorities for 2026/27 include:

- Embedding the Reasonable Adjustment Digital Flag
- Strengthening multidisciplinary working
- Improving staff awareness of LeDeR learning
- Ensuring that lessons from reviews translate into measurable improvements in outcomes and experiences

Through continued collaboration and co-production, the STW system remains committed to reducing health inequalities and delivering high-quality, person-centred care for people with a learning disability and autistic people.

Staffordshire and Stoke-on-Trent

During 2025/2026, the Integrated Care Board (ICB) LeDeR bank review team continued to work through the historical reviews following the step-in process which took place in February 2024. A total of 36 reviews were closed from the historical notifications from 2023/2023, 2023/2024 and 2024/2025. A number of historical reviews still remain open with most being on hold (9) owing to external investigations, one being subject to the Child Death Overview Panel (CDOP) and one currently being reviewed.

Despite this, the team made a significant improvement on the 6-month completion timeframe during 2025/2026, bringing it to over 90% by the end of Q1 of 2025/2026 and remaining consistently high during the year. There were 31 of the 67 reviews reported in 2025/26 closed.

In 2025/26, the system received a total of 67 LeDeR platform notifications, with the following breakdown:
• 67 Adult notifications
• 0 Child Death Overview Panel (CDOP)
From these:
Of the 67 adult cases, the reviews were categorised as follows; 53 initial LD, 14 focused reviews (4 LD/A, 7 LD and 1 Autism only) with 14 initial reviews converted to focused reviews as the cause of death was respiratory related (local focused criteria for 2025/26).
The data demonstrates a 6% decrease in the number of notifications received from the previous year.

In 2025/26, the Staffordshire and Stoke-on-Trent system observed a decrease in the average age at death; with Q1 at 59, Q2 and Q3 at 60, increasing to 62 in Q4. The average age of death is higher than the previous year but lower than in 2023/24.

The highest causes of deaths for 2025/26 were:
1. Respiratory related (mainly Aspiration Pneumonia)
2. Cardiovascular Diseases
3. Cancer

These are consistent with previous years.

A summary of the findings from reviews completed in 2025/26 is provided. The report also provides an overview of positive practice and areas for learning/improvement from completed

reviews and improvements made across the ICS as a result, along with actions and improvements to be completed in 2026/27.

Recommendations:

- ☑ To **ASSURE** both BOARDS of the improvement work which has been undertaken in 2025/26 across the Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent ICSs to improve the lives of people living with a Learning Disability and Autistic people.
- ☑ To **RATIFY** the Shropshire Telford and Wrekin and Staffordshire and Stoke-on-Trent LeDeR Annual Reports 2025/26 for publication on the ICBs website.

Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒
N/A	*N/A*			

Integration with Commissioning Board Assurance Framework (CBAF)			
CBAF1	☒	**CBAF4**	☐
CBAF2	☒	**CBAF5**	☐
CBAF3	☒	**CBAF6**	☐

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26th November 2026
Title:	Perinatal Assurance Report
Presenting Officer:	Vanessa Whatley, Chief Nursing Officer
Author(s):	Vanessa Whatley, Chief Nursing Officer

Document Type:				Action Required (select):			
Report	☒	**Business Plan**	☐	**Information (I)**	☐	**Discussion (D)**	☐
Strategy	☐	**Policy**	☐	**Assurance (S)**	☒	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	None

Purpose of the Paper:

The purpose of this report is to provide the Board in Common with an annual assurance paper regarding the quality and safety of perinatal services across both ICB footprints including

- Current performance and trends relating to infant mortality and neonatal outcomes.
- Compliance with relevant national standards, guidance and improvement programmes.
- The effectiveness of governance, risk management and quality assurance arrangements.
- Progress in addressing inequalities and improving outcomes for vulnerable populations.
- Key risks, challenges and mitigating actions requiring ongoing oversight.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Joint Quality and Performance Committee (Part 2)	23.09.26

Executive Summary, incl. expansion on any of the preceding sections:

This report identifies a range of assurances as well as areas requiring continued oversight. It sets out the assurance available from governance, quality surveillance and improvement arrangements for maternity and neonatal services across Staffordshire and Stoke-on-Trent (SSOT) and Shropshire, Telford and Wrekin (STW).

It is important to recognise that concerns remain on this priority area and a continued focus on improved delivery and assurance remain central to our collective efforts. These concerns need to be set against a backdrop of generally positive performance overseen by the relevant Trust Boards and perinatal governance arrangements. University Hospital North Midlands (UHNM) continues to report neonatal and extended perinatal mortality rates above expected levels and is

implementing a supported improvement plan; adjusted mortality outcomes at Shrewsbury and Telford Hospital NHS Trust (SaTH) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) are broadly in line with national averages.

Infant mortality remains a priority across both systems, particularly in areas with rates above the national average, with multi-agency governance, targeted prevention work and NHS England oversight in place. Positive assurance includes reported compliance against national maternity safety programmes and active service user engagement through Maternity and Neonatal Voices Partnerships.

Escalation routes are established through Perinatal Quality Surveillance Groups, System Quality Groups and the Joint Quality and Performance Committee, although specific perinatal governance for UHDB is still in development. The continued variation in outcomes, health inequalities and limited voice for people who birth, and their families limit the assurance available from the existence of these arrangements alone. Continued oversight must therefore consider both improvement actions and their impact on outcomes for people who birth, babies and families.

Recommendations:

- The Board in Common is asked to receive this report and take assurance from the actions being undertaken across the two health and care systems to improve perinatal outcomes and reduce infant mortality, while recognising the outstanding mortality and regulatory concerns and the governance arrangements still in development.
- The Board in Common is also asked to maintain oversight of these concerns through subsequent assurance reports.

Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	**Yes**	**No**	**N/A**	*Assurance Report*	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	**Yes**	**No**	**N/A**	*Assurance Report*	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒

N/A	*N/A*

Integration with Commissioning Board Assurance Framework (CBAF)					
CBAF1		☐	**CBAF4**		☐
CBAF2		☐	**CBAF5**		☒
CBAF3		☐	**CBAF6**		☐

Perinatal Assurance Report

1. Introduction

1.1. This report provides a position to the Board in Common for NHS Shropshire, Telford and Wrekin Integrated Care Board and NHS Staffordshire and Stoke-on-Trent regarding the quality, safety and effectiveness of perinatal services across the two systems, including outcomes relating to infant mortality. The report brings together intelligence from maternity, neonatal and public health services to provide a comprehensive assessment of current performance, risks and areas for perinatal care. To support the understanding of the paper a summary of definitions is provided below

Term	Definition
Perinatal care	A term that describes the collective care of women and babies in maternity and neonatal services
Neonatal Care	Care of babies under 28 days, usually in a dedicated unit
Infant mortality	the death of a live-born baby before their first birthday, that is, aged under 1 year.
Neonatal Mortality	Neonatal mortality: death during the first 28 days of life.

1.2. The report considers key indicators of perinatal quality and safety, including maternal and neonatal outcomes, neonatal mortality trends, inequalities in access and outcomes, compliance with national standards, learning from incidents and reviews, workforce considerations, and progress against local and national improvement programmes. Particular attention is given to understanding variation in outcomes between population groups and localities, recognising that reducing health inequalities is fundamental to improving perinatal and infant health.

1.3. Infant mortality remains one of the most important indicators of population health and system effectiveness. This report therefore reviews current neonatal mortality data, trends over time, contributory factors and actions being taken across both Integrated Care Boards (ICBs) to reduce preventable deaths and improve outcomes for babies and families. This includes consideration of themes identified through child death review processes, maternity and neonatal governance arrangements, and broader public health initiatives.

1.4. The report seeks to provide assurance that appropriate governance, quality oversight and improvement mechanisms are in place across provider organisations and system partners. It highlights areas of good practice, identifies emerging risks and challenges, and sets out actions being taken to strengthen the quality and safety of perinatal care. The overall aim is to support continued improvement in outcomes for mothers, babies and families across Shropshire, Telford and Wrekin (STW) and Staffordshire and Stoke-on-Trent (SSOT), ensuring that services are safe, effective, responsive and equitable for all communities.

2. Perinatal services in the clustered system

2.1. SSOT system has the following Perinatal services located in the system.

- University Hospital North Midlands (UHNM) Consultant led Maternity Unit and Midwife Birth Centre at Royal Stoke University Hospital
- UHNM Level 3 Neonatal Intensive Care Unit. The unit serves as the tertiary neonatal centre for SSOT and STW, supporting neonatal networks and local neonatal units through specialist expertise, intensive care capacity.
- University Hospitals of Derby and Burton (UHDB) Queens Hospital Burton Consultant led Maternity Unit
- UHDB Queens Hospital Burton Level 1 Neonatal Unit.

2.2. STW system has the following Perinatal services.

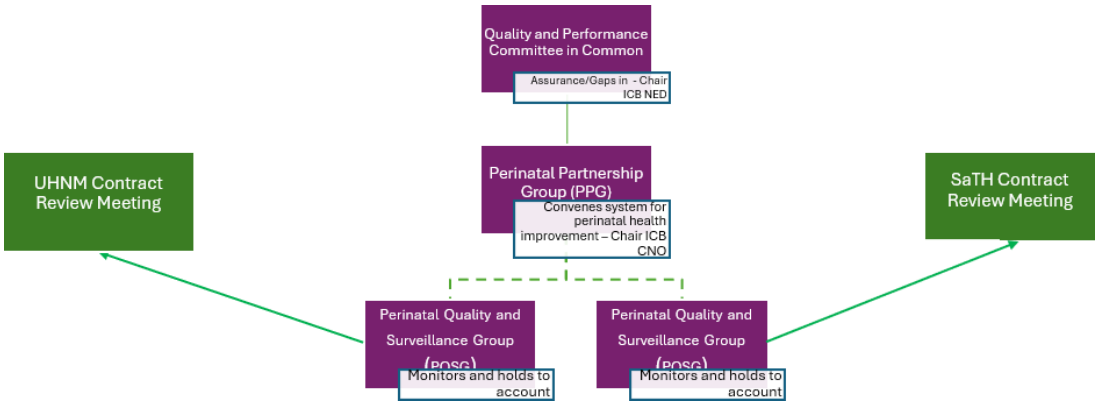
- Shrewsbury and Telford Hospital NHS Trust (SaTH) Consultant led Maternity Unit and Midwife led Unit at Princess Royal Hospital
- SaTH Level 2 Neonatal Intensive Care Unit providing specialist neonatal care and facilitates access to higher levels of neonatal care through the regional neonatal network when required. The level 3 pathway is primarily to UHNM.

2.3. Both system's populations also access a range of other out of system services including Royal Wolverhampton NHS Trust, Walsall NHS Trust, University Hospitals Birmingham (Good Hope Hospital), Mid Cheshire Hospitals NHS Trust (Leighton Hospital) and Wrexham Maelor Hospital.

3. Revised cluster governance arrangements

3.1. The ICB Chief Nursing Officer remains the statutory Senior Responsible Officer (SRO) at system level for perinatal services and is also a statutory partner for child deaths including infant mortality.

3.2. Perinatal Governance for the cluster was revised in March 2026. This is illustrated below and was introduced following regionally led workshops to devise this governance which is now common to other ICBs in the Midlands.



3.3. Perinatal Quality Surveillance Groups (PQSG) meet monthly and provide oversight of provider contracts, maternity data, quality and governance reports, workforce metrics,

incidents and provider risk registers. STW have an established PQSG, SSOT have a newly formed PQSG from April 2026.

3.4. Specific perinatal governance for University Hospitals Derby and Burton (UHDB) is currently in development. NHS SSOT is an associate of the NHS Derby and Derbyshire contract because Queens Hospital Burton forms part of the Trust and predominantly serves East Staffordshire. Recent agreement has been made for representation from the SSOT/STW cluster at the Derbyshire, Lincolnshire and Nottinghamshire cluster perinatal governance. Governance remains through Derby and Derbyshire currently.

3.5. PQSGs are subgroups of Contract Review Meetings and provide monthly escalation reports on perinatal contractual compliance and concerns. Both the PQSGs and contract review meetings can escalate concerns to System Quality Group, which meets monthly and reports directly to the joint Quality and Safety Committee.

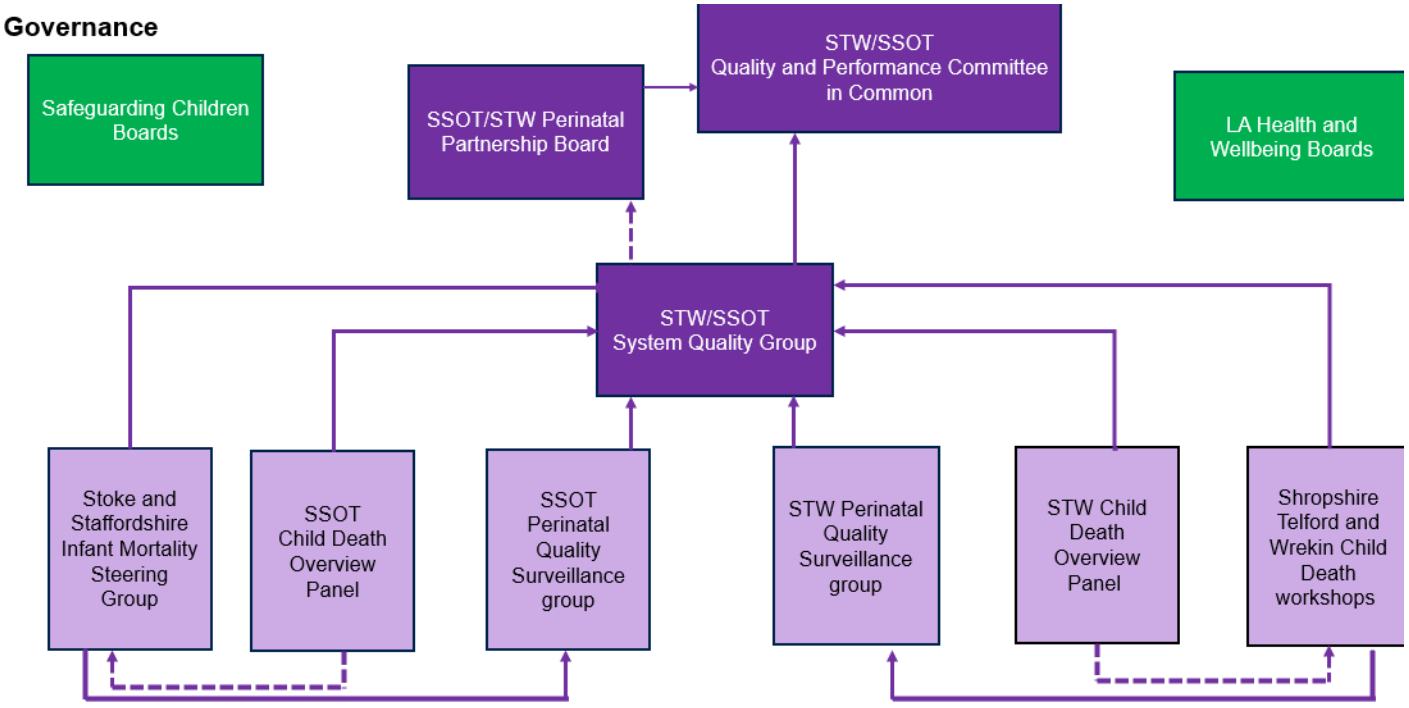
3.6. The Perinatal Partnership Group (PPG) meets quarterly to engage all partners on perinatal pathways, risks, national directives and recommendations. It receives quarterly escalation reports from each PQSG on themes and actions and reports directly to QPC for assurance. The PPG also receives infant mortality updates, although its focus is neonatal mortality, including healthy pregnancy and the first 28 days of life (the neonatal period).

3.6. Infant Mortality Governance supports system-level improvement and informs national mortality trends during the first year of life. Neonatal mortality is included in this. This governance has been reviewed and revised in line with revised cluster arrangements.

3.7. The Child Death Overview Panels (CDOP) in each system oversee the reporting, parental communication and thematic review of all child deaths aged 0-17 years including pre-term babies, in order for public health themes and other learning to be fed into the system for action. The CDOP panels are chaired by an Independent Chair co-funded by the 4 local authorities and the ICB. Infant mortality (deaths < 1 year) forms part of this governance.

3.8. The Chief Nursing Officer and the Directors of Public Health in each local authority hold statutory responsibility for child death oversight processes.

3.9. Child death governance is more complicated due to the inter-agency relationships.



3.10. A specific multi-agency infant mortality steering group was established in SSOT due to both local authorities being >5% above the national average rate of infant deaths (<1 year) in 2024.

4. Neonatal and Infant Mortality

4.1. Neonatal and infant mortality is influenced by a range of contributory factors including the health of the family, smoking in the household, weight, deprivation, health inequalities and the uptake of screening and vaccination. It is important that public bodies, especially public health and health services, work together to ensure that women have access to the right advice, support and healthcare services to be as well as they can be when becoming pregnant as well as throughout pregnancy and following the birth. Maternity and neonatal services have an important role in offering high quality care and following the birth there are supportive public health services to ensure that babies and families are supported by services such as health visiting and primary care services.

4.2. The sources below provide different perspectives on neonatal mortality: Fingertips is a publicly available public health data base which describes population trends through three-year averages, the National Child Mortality Database provides annual data, and MBRRACE-UK reports perinatal mortality by NHS Trust with a focus on inequalities.

4.3. The Midlands has historically been a national outlier for infant mortality though recent data from the National Child Mortality Database shows it is now much more in line with other regions in England, neonatal mortality remains higher regionally but is also reducing following focussed improvement work across the regional footprint.

4.4. Fingertips (population health) published rates for neonatal mortality by local authority in SSOT/STW geographies for 2022-2024 (most recent data) are below. The data shows that 3

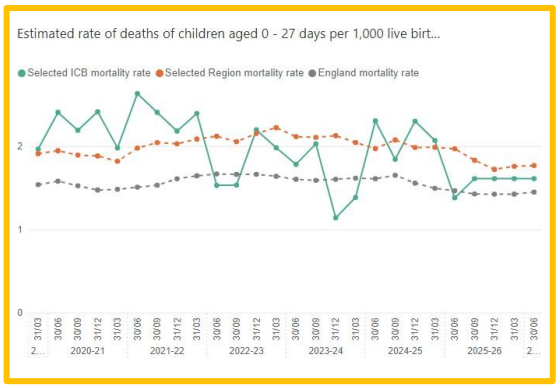
areas are more than 5% or more above the national average (red). Up-to-date data is carefully tracked locally to fully understand these rates. The ICB, hospitals and public health teams work closely to understand the impact of long-term health trends including smoking, obesity, health inequalities and prematurity to reduce this to minimum levels. We can see some improvements in some of these areas though we need to sustain improvement and find new ways to tackle some of these issues.

2022-24 neonatal mortality per 1,000 live births							
Area Name	**Deaths**	**Denominator**	**Rate**	**Lower CI 95.0 limit**	**Upper CI 95.0 limit**	**Total deaths with a rate of rate of 1.0**	**Difference**
England	**5,236**	**1,708,315**	**3.1**	**3.0**	**3.1**	**1,708**	**3,528**
Shropshire	**18**	7,400	**2.4**	1.4	3.8	7	11
Staffordshire	**95**	23,428	**4.1**	3.3	5.0	23	72
Stoke-on-Trent	**42**	9,125	**4.6**	3.3	6.2	9	33
Telford and Wrekin	**29**	5,868	**4.9**	3.3	7.1	6	23
Total cluster deaths	**184**					**46**	**138**

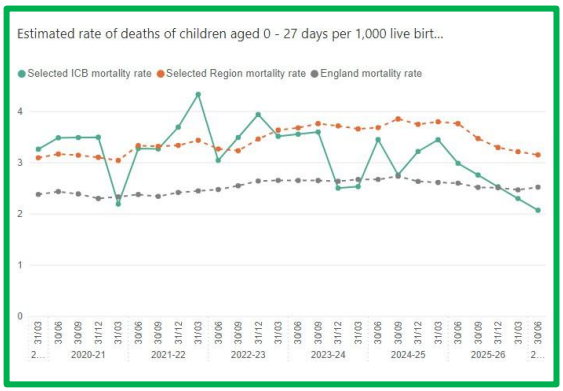
4.5. Data is provided by the National Child Mortality database which is more up to date (30th June 2026) provides an overview of data. This shows STW to be in line or better than similar areas with SSOT similar on mortality for babies born >24 weeks gestation and rising for those of 24 weeks gestation or less, this is population level data, not by Trust, an infant mortality group is established to fully understand where improvement opportunities exist.

STW

Children aged 0-27 days per 1,000 live births Gestation flag *(is ≥ 24 weeks gestation)*

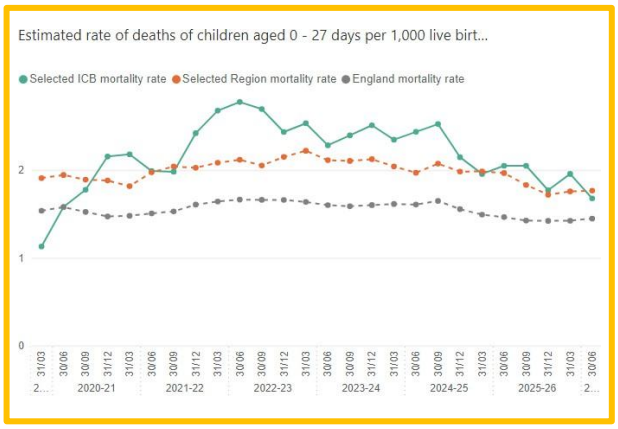


Children aged 0-27 days per 1,000 live births Gestation flag *(is all gestation)*

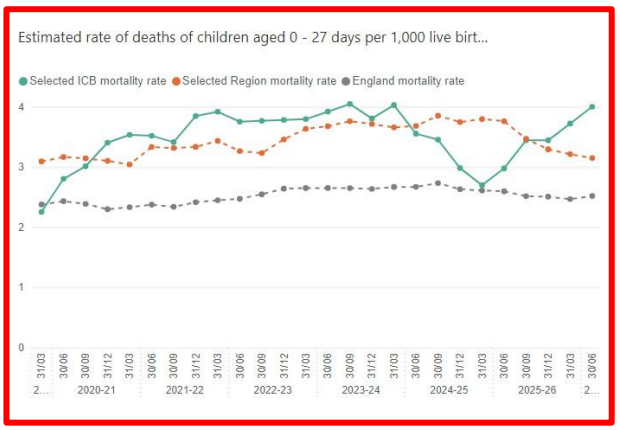


SSOT

Children aged 0-27 days per 1,000 live births Gestation flag *(is ≥ 24 weeks gestation)*



Children aged 0-27 days per 1,000 live births Gestation flag *(is all gestation)*



4.6. Current MBRRACE-UK perinatal mortality data give the below picture by Trust this is for babies born in 2024 which is the most recently adjusted data. The rate and averages are adjusted to the number of births and unit types. In the overall report MBRRACE highlights ongoing inequalities in mortality rates by ethnicity and socio-economic deprivation, local data is in development to ensure this can reported on in SSOT/STW. This is where public health teams, the ICB and all the Trusts that provide perinatal services to Staffordshire and Stoke-on-Trent are most focussed working with the NHSE regional team and seeking to reduce health inequalities.

MBRRACE-UK 2024 data.

Rate per 1,000 total births by Trust (stabilised & adjusted 2024)	**5 to 15 % lower rates**	**UK average**	**over 5% higher rates**
Stillbirth		SaTH 2.83 (2.85) UHNM 4.47 (3.50) UHDB 2.89 (2.93)	
Neonatal Deaths		SaTH 1.14 (1.12) UHDB 0.91 (1.04)	UHNM 2.42 (1.92)
Extended Perinatal Mortality (Stillbirths and neonatal deaths combined)		SaTH 3.97 (3.96) UHDB 3.77 (3.96)	UHNM 5.88 (5.42)

4.7. Analysis of available data and CDOP outcomes by public health team in local authorities and the ICB has supported action including-

- Going further to influence wider determinants of health which are contributing to infant mortality, including smoking in pregnancy where there has bene good progress in both SSOT and STW. Further work is needed to address smoking in the pre-pregnancy stage.
- Reduction of high body mass index (BMI) in pregnancy, which is currently being strengthened across both systems.
- Improved assurance around neonatal care through quality surveillance data across all providers. In addition, UHNM are undertaking their own quality assurance priorities in this area working with NHSE and the ICB to further develop actions.
- An SSOT focussed workshop on 1st October 2026 reviewed a full data set, CDOP themes and work in progress by system partners to re-engage the system and identify key priorities.
- This is planned to be at least 6 monthly with focus on learning and dissemination from CDOP.

4.8. NHS England hold 6 monthly assurance meetings with statutory partners (ICB CNO and Directors of public health) challenging progress on the delivery of actions and seeking detailed assurance on infant mortality including neonatal.

4.9. Child deaths, including infant mortality, are overseen quarterly at System Quality Group and at Safeguarding Children's Partnerships as well as at quarterly workshops (STW). Child deaths guidance is covered in Working Together to Safeguard Children (2026) and as such also report to Statutory Safeguarding Children Boards in each local authority.

4.10. Health and Wellbeing Boards are statutory boards between health and local authorities which oversee the health of the population. Infant mortality is part of this agenda and as such they have oversight of risks and improvements. More recently assurance has also been given to the Overview and Scrutiny Committee in Stoke-on-Trent.

4.11. Annual reports are produced by the independent CDOP chair for both systems. These reports include the efficiency of progressing deaths through CDOP for learning. These have been approved by QPC for publication on safeguarding partnerships websites.

5. Perinatal care routes of assurance

5.1. Regulation is undertaken by the CQC and the table below shows the current CQC rating for services in the integrated care systems.

Trust	Maternity CQC rating	Services for Children and Young People CQC rating
SaTH	Good (2023)	Good (2023)
UHNM	Good (2023)	Good (2020)
Queens Hospital Burton (UHDB)	Requires Improvement (2025) Inspection August 2026 (awaiting publication)	Good (2019)

5.2. UHDB currently has an NHSE led Learning and Development Group in existence to support improvement due to previous CQC ratings. The CNO from DLR cluster sits on this and escalates to SSOT /STW as required.

5.3. The Saving Babies' Lives Care Bundle (SBL) is a set of evidence-based practices and guidelines aimed at reducing stillbirths and improving the care provided to expectant mothers during pregnancy. It was introduced in the UK by the National Health Service (NHS) in 2016 as part of a national initiative to reduce stillbirth rates by 50% by 2025.

5.4. All 3 Trusts have declared compliance with the Saving Babies Lives Care Bundle.

5.5. This care bundle is now comprised of six important elements of care to ensure those who give birth and babies are as healthy as possible, forming a comprehensive bundle aimed at preventing premature births. These elements are **Monitoring fetal movements**: Ensuring that women are monitored for reduced fetal movements, which can indicate potential complications, **Cigarette smoking cessation**: Encouraging women to quit smoking before and during pregnancy to reduce the risk of stillbirth. **Detection of small for gestational age babies**: Identifying and managing babies who are small for their gestational age to improve their chances of survival. **Improved monitoring of babies during labour**: Ensuring that babies are monitored more effectively during labour to detect any complications early and **Aspirin use**: Offering aspirin to women with certain risk factors to reduce the risk of stillbirth. **Prevention of preterm birth**: Implementing strategies to prevent preterm birth, which is a significant risk factor for stillbirth.

5.6. The Maternity Incentive Scheme (MIS) is a financial incentive programme designed to enhance maternity safety within NHS Trusts. It refunds the Maternity Incentive Scheme payment made to NHS Resolution for Trusts that can demonstrate they have implemented a set of core safety actions. SaTH and UHNM have both declared, and evidenced, compliance in their annual declaration (25/26). This includes oversight by Maternity and Neonatal Safety Champions (includes MNVP, exec and NED champion) and the System Senior Responsible Officer.

5.7. Maternity and Neonatal Voices Partnership (MNVP)/Patient Voice provided by the cluster are active across UHNM, SaTH and community services in the Burton area provided by UHDB. The ICB has a senior strategic lead, a lead and volunteers. MNVP is focused on the engagement and experience of those who use the services including those whose voices may not always be heard. This information and the voice of women and families is fed back into local services to continuously improve them.

6. Patent experience

6.1. The current source of information relating to patient experience are the national results of CQC surveys. This is currently being strengthened and reviewed following the report by Baroness Amos into the quality of maternity services. Results are graded across 7 ratings from much better to much worse than the national average. Outliers are published, none of which included the 3 trusts below.

CQC Maternity survey results 2025

	Labour and Birth	Staff caring for you	Care in hospital after birth
SaTH	Better than expected	Somewhat better than expected	About the same
UHNM	Not available due to data quality	About the same	About the same
UHDB	About the same	About the same	About the same

7. Conclusion

7.1. The Boards can take assurance that governance, quality oversight and improvement arrangements are in place across both ICBs, where improvements are required the NHS England regional team, ICBs, Trusts and public health teams are working together to ensure that actions are embedded and sustained. These arrangements are intended to support service quality and contribute to the reduction of infant mortality. Although maternity and neonatal services demonstrate compliance with key national programmes and maintain surveillance systems, continued oversight and joint working with public health across the ICBs is needed to assess their effectiveness, reduce variation in outcomes, address health inequalities and improve modifiable risk factors, including smoking and obesity during pregnancy.

7.2. Through strengthened partnership working, active monitoring of performance and outcomes, and continued learning from perinatal and child death reviews, both systems remain committed to achieving sustained improvements in the health and wellbeing of birthing people, babies and families.

7.3. Specific actions are underway to improve infant and neonatal mortality indicators. System leaders are driving this work forward in collaboration with NHS Trusts, NHSE and directors of public health as well as wider stakeholders to strengthen public health measures and improve outcomes.

Vanessa Whatley
Chief Nursing Officer,
NHS STW and NHS SSOT
17 November 2026

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26th November 2026
Title:	Governance Handbook including Scheme of Reservation and Delegation (SORD), Functions and Decisions Map, Conflicts of Interest Policy and Standards of Business Conduct Policy
Presenting Officer:	Mish Irvine, Chief of Staff
Author(s):	Bethan Emberton, Head of Governance and Corporate Services

Document Type:				**Action Required (select):**			
Report	☐	**Business Plan**	☐	**Information (I)**	☐	**Discussion (D)**	☐
Strategy	☐	**Policy**	☒	**Assurance (S)**	☐	**Approval (A)**	☒
Other	☒			**Ratification (R)**	☐		

Appendices:	Appendix 1 – Governance Handbook including Scheme of Reservation and Delegation and Functions and Decision Map. Appendix 2 – Conflicts of interest Policy. Appendix 3 – Standards of Business Conduct Policy.

Purpose of the Paper:

To seek the NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent Boards in Common approval of the Governance Handbook including Scheme of Reservation and Delegation (SORD), Functions and Decisions Map, Conflicts of Interest Policy and Standards of Business Conduct Policy which are hyperlinked in the appendices section above.

Board members are asked to read the documents hyperlinked above in advance of the meeting, as these provide essential supporting information and context to enable informed consideration and decision-making.

History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
First review by the Audit Committee in Common for approval of a recommendation to both ICB Boards (A).	15 October 2026
Policy Review Group	28 September 2026
Senior Leadership Team Meeting for discussion (D).	6 October 2026

Executive Summary, incl. expansion on any of the preceding sections:

This Governance Handbook brings together the principal governance documents, policies and arrangements which support the Constitutions of both Integrated Care Boards and promote good governance across the Cluster.

The Handbook should be read alongside each ICB's Constitution and other statutory governance documents. It explains how governance arrangements operate across the Cluster whilst recognising that each ICB remains an independent statutory organisation with its own legal duties and accountabilities.

Where governance arrangements apply equally to both organisations they are described once within this Handbook. Where statutory responsibilities or local governance arrangements differ, these are identified separately.

The Handbook supports transparency, accountability and good governance and will be reviewed annually and following material changes to governance arrangements by the Corporate Governance Team on behalf of both Boards.

The handbook identifies the Board as the approving body. The Board in Common is therefore asked to approve the handbook, scheme of reservation and delegation and functions and decisions map.

Recommendations:

☑ To **APPROVE** the Governance Handbook including Scheme of Reservation and Delegation (SORD), Functions and Decisions Map, Conflicts of Interest Policy and Standards of Business Conduct Policy.

Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	**Yes**	**No**	**N/A**	*Equality Impact Assessments completed on individual policies*	*Outcome and date of completion: September 2026*
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒

N/A	*N/A*

Integration with Commissioning Board Assurance Framework (CBAF)			
CBAF1	☒	**CBAF4**	☒
CBAF2	☒	**CBAF5**	☒
CBAF3	☒	**CBAF6**	☒

Governance Handbook, Scheme of Reservation and Delegation, Functions and Decisions Map, Conflicts of Interest Policy and Standards of Business Conduct Policy

1. Introduction

1.1. The proposed governance handbook, scheme of reservation and delegation, functions and decisions map, conflicts of interest policy and standards of business conduct policy provide a common framework across both Integrated Care Boards (ICBs).

2. Governance Handbook

2.1. The Governance Handbook brings together the key governance arrangements that support the effective operation of the ICB, providing a clear framework for decision-making, accountability, assurance and oversight. It should be read alongside the ICB Constitution and supporting governance documents and provides a single point of reference for Board members, committees and officers.

3. Scheme of Reservation and Delegation

3.1. The Scheme of Reservation and Delegation sets out those matters reserved specifically to the Board and those responsibilities delegated to committees, executive officers and other authorised decision-makers. It supports clear accountability, appropriate delegation and timely decision-making, while ensuring that the Board retains oversight of matters of strategic or statutory importance.

4. Functions and Decisions Map

4.1. The Functions and Decisions Map provides clarity on where responsibility and decision-making authority sit across the organisation, including the respective roles of the Board, its committees and executive officers. It supports transparency and ensures that functions are exercised at the appropriate level and in accordance with the ICB's wider governance framework.

5. Conflicts of Interest Policy

5.1. The Conflicts of Interest Policy sets out the arrangements for identifying, declaring, recording and managing actual, potential and perceived conflicts of interest. The policy is intended to support openness and transparency in decision-making and ensure that decisions are taken in the best interests of the ICB and the populations it serves.

6. Standards of Business Conduct Policy

6.1. The Standards of Business Conduct Policy establishes the standards of conduct expected of Board members, employees and others acting on behalf of the ICB. It provides a clear framework for managing areas such as gifts, hospitality, sponsorship and other business interests, supporting high standards of integrity, transparency and public accountability.

7. Conclusion

7.1. The governance handbook, scheme of reservation and delegation, functions and decisions map, conflicts of interest policy and standards of business conduct policy provide a consistent cluster-wide framework to strengthen transparency, decision-making integrity and public confidence.

7.2. The Board is identified as the approving body. The Board in Common is asked to approve the governance handbook, scheme of reservation and delegation, functions and decisions map, conflicts of interest policy and standards of business conduct policy.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26 November 2026
Title:	Integrated Performance Report
Presenting Officer:	Claire Skidmore, Chief Finance Officer
Author(s):	Angela Parkes, Associate Director of Planning, Performance Oversight and Assurance

Document Type:				Action Required (select):			
Report	☒	**Business Plan**	☐	**Information (I)**	☐	**Discussion (D)**	☒
Strategy	☐	**Policy**	☐	**Assurance (S)**	☒	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	Appendix – Integrated Performance Report

Purpose of the Paper:

This paper presents the latest position against the National Oversight Framework (NOF) metrics and key areas of performance across both Integrated Care Boards (ICBs). It provides assurance on delivery, highlights areas of underperformance and associated risks, and summarises the actions being taken to improve performance.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
System Performance Group (Performance sections – For discussion). Quality and Performance Committee (Performance sections - for discussion and assurance) Finance committee (Finance section)	5/11/26 25/11/26 24/11/26

Executive Summary, incl. expansion on any of the preceding sections:

The integrated performance report is structured around the National Oversight Framework (NOF) metrics that are used to assess the Integrated Care Board's (ICB's) performance and also includes additional quality headlines relevant to the Board. It should be read in conjunction with the Triple A reports produced by the Chairs of the Finance Committee and Quality and Performance Committee.

National Oversight Framework Summary

Domain: Population health, prevention and reducing inequalities

- No metrics reporting concerning variation
- U75s mortality rate for cancer reporting improving variation for both Shropshire, Telford and Wrekin (STW) and Staffordshire and Stoke-on-Trent (SSOT)
- Cardiovascular Disease (CVD) mortality showing improvement for both STW and SSOT
- Diabetes prevention showing improvement for STW. For SSOT it has been identified that any issues are related to seasonal variation. Unvalidated data indicates that referrals increase in September, so no action is required at this time.

Domain: Allocating resources / access to services

- Community 18 weeks wait (ww) is reporting concerning variation for SSOT. Deep dive undertaken to understand issue. This is linked to improved reporting and the ICB is assured patients are not waiting any longer. *Recommendation from System Performance Group (SPG): No further action required*
- Change in waiting list size continues to deteriorate for both STW and SSOT. *Recommendation from SPG: ICB to work with providers to develop targeted actions for specialities contributing the most to growing waiting lists*
- People with Learning Disabilities and Autism (LDA) in mental health hospitals with longest Length of Stay (LOS) reporting concerning variation for STW. A deep dive is being undertaken by the end of November. A cluster wide group is to be implemented to remove blocks and enable discharges. *Recommendation from SPG: Await outcome of deep dive.*
- Cancer diagnosed as stage 1 or 2 reporting improving variation for both STW and SSOT
- Same day GP appointments reporting improving variation for SSOT and well above national plan for STW

Domain: Experience of care

- Mental health out of area placements are showing concerning variation in STW. This is linked to the availability of in area beds and work is in hand to address this. System Performance Group determined no further action is required at this time.
- Admission rate for people with LD in mental health hospitals reporting concerning variation for both STW and SSOT. A deep dive is being undertaken by the end of November. A cluster wide group is to be implemented to remove blocks and enable discharges. *Recommendation from SPG: Await outcome of deep dive.*

Domain: Effectiveness of care

- Percentage of deaths with 3 or more admissions in the last 90 days of life reporting concerning variation for both STW and SSOT. There is an ongoing focus on proactive care planning, frailty and end of life pathways. *Recommendation from SPG: contact leads to identify work being undertaken in the area to determine if this will address this underperformance or if further action is required.*
- Talking therapies is reporting normal variation for STW but is significantly below plan. A deep dive is being undertaken with the outcome to be shared in November. *Recommendation from SPG: Await outcome of deep dive.*
- Severe Mental Illness (SMI) Physical health checks provisional data indicating that the plan is not being achieved in STW. *Recommendation from SPG: Issue identified with incorrect form being used, this has now been fixed, and an improvement should be seen. Discussion to be held at Contract Review Meeting. Await outcome of this work before next steps identified.*
- Over 65s bed days reporting improving variation for both STW and SSOT

Domain: Patient Safety

- No metrics reporting concerning variation
- Antibiotic use for children reporting improving variation for both STW and SSOT

Domain: Finance

- STW ICB is reporting a year-to-date overspend of £1.9m (0.1%), primarily driven by unmitigated ADHD/ASD and Mental Health cost pressures.

- SSOT ICB has reported an underspend of £97k despite overspends on Continuing Healthcare (£5.3m), Mental Health (£4.9m), Prescribing (£0.9m)
- Overspends are being seen in both ICBs in areas such as Continuing Healthcare, weight loss management drugs and Mental Health, however at this time, these are forecast to be fully mitigated by year end and both ICBs are forecasting to meet their planned breakeven positions by the end of the financial year

Domain: People

- The GPs per 100k of the population measure has improved for STW and SSOT and is now above the mean for both
- Staff survey is completed annually so a quarterly Pulse survey is used to monitor staff engagement in the interim periods.

Quality report summary

Building on the performance report, the quality metrics report that is presented to Quality and Performance Group provides a clinical quality perspective, looking at what the data tells us about patient safety, experience and outcomes across STW and SSOT. The key points from this report are summarised below.

Primary Care continues to show encouraging signs around access and prevention. Diabetes eight-care-process completion has improved in both systems, although there remains a notable difference between STW at 44.6% and SSOT at 61.7%, presenting an opportunity for shared learning. Same-day urgent appointments are also showing positive improvement, although both systems remain below the national 90% ambition.

Within urgent and emergency care, improvements in ambulance response and handover are encouraging, but these are not yet consistently translating across the whole pathway. Discharge, patient flow and prolonged Emergency Department (ED) waits remain key quality pressures. For context, 21.8% of Type 1 attendances at Shrewsbury and Telford Hospital NHS Trust (SaTH) exceeded 12 hours, compared with the national average of 9.7%, reinforcing the importance of whole-system improvement.

Mental Health and Learning Disabilities remain areas requiring continued oversight, particularly for out-of-area placements, inpatient use and neurodevelopmental waits. Dementia diagnosis also highlights differences between our systems, with STW at 59.5%, below the national ambition of 66.7%, while SSOT is performing above it at 72.5%.

Within planned care and cancer, reductions in some of the longest waits are positive, although minimising harm while patients wait remains important. Cancer performance is also mixed, with STW achieving 87.3% against the national 80% Faster Diagnosis Standard, while the 62-day pathway remains below the March 2027 expectation.

Maternity, patient safety and Infection Prevention and Control (IPC) continue to be monitored through established governance arrangements. Although some measures provide positive assurance, areas such as Caesarean section variation and healthcare-associated infections require continued scrutiny, particularly where performance against national expectations or local trajectories remains challenging.

Overall, the report presents a balanced picture of progress alongside ongoing quality challenges. The priority moving forward is to ensure that the analytical intelligence is supported by clinical and operational assurance, enabling Board to have greater confidence in how risks are being managed and improvements sustained.

Recommendations:

☑ To **note** and **discuss** the content of this report, taking **assurance** from the information provided.

Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
	☐	☐	☒		
Integrated Impact Assessment (IIA)	**Yes**	**No**	**N/A**	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
	☐	☐	☒		

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒
N/A	*N/A*			

Integration with Commissioning Board Assurance Framework (CBAF)

CBAF1	☒	**CBAF4**	☒
CBAF2	☒	**CBAF5**	☒
CBAF3	☒	**CBAF6**	☒

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	Thursday 26th November 2026
Reporting Committee:	Joint Remuneration Committee
Date of Meeting:	10th October 2026
Meeting Quorate Y/N?	Yes
Presenter:	Shokat Lal
Author:	Stacey Robinson

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

N/A

ADVISE

N/A

ASSURE

The Joint Remuneration Committee met to discuss the following:

- **Clinical Professional Leadership Redundancy Business Case -** The Committee received and approved a paper in relation to compulsory redundancy for 8 members of the Clinical Professional Leadership team following a robust management of change process.
- **Chief Executive and Executive Director Appraisals -** The Remuneration Committee received a report in accordance with the Committee's Terms of Reference - specifically its responsibility for overseeing the performance and appraisal of Executive Board members.

The Committee noted that the Chief Executive and Executive Director 2025/26 Appraisal process has been carried out appropriately in line with NHSE guidance and noted the outcomes of the process.

Key Risks & Mitigations

Policies & Procedures Approved

None

Decisions to be Escalated

The Board in Common is asked to **APPROVE** the committee terms of reference

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	Thursday 20th November 2026
Reporting Committee:	Audit Committee in Common
Date of Meeting:	15 10 2026
Meeting Quorate Y/N?	Y
Presenter:	Roger Dunshea, Non-Executive Member
Author:	Paul Winter/Melanie Glover

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

Information Governance (IG) Sub Committee AAA Report

The Committee noted the alert arising from the IG Sub Committee which related to the Federated Data Platform, a national NHS platform that brings together provider data, including patient-identifiable information, for analysis and reporting purposes. The technical solution provided by Palantir, had been subject to national scrutiny regarding ethical and data governance considerations. Whilst the ICB was engaged with Federated Data Platform, there were currently no plans to use local solutions involving de-identified data.

The Committee noted the alert arising from the IG Sub Committee which related to work underway to develop a report providing assurance to the relevant sub-committee, and to the Audit Committee in Common, on information governance, data security and data protection. The ICB was currently required to complete two separate annual DSPT declarations, requiring separate policies, although work was underway to align these.

ADVISE

Risk Registers

The Committee noted the update on the new risk management system, Corestream. As the system is updated in real time, the Risk Register report reflected the position at the date of circulation. Any subsequent changes would be reported at the meeting by the relevant Risk Owner or a member of the Governance Team. Where required, the Governance Team could access Corestream during the meeting to present the live Risk Register and highlight any updates since publication.

Review of Waivers for Single Contract Tenders

The Committee were advised that four Single Tender Waivers had been approved: STW/2026/044 (Taylor Made Construction) for required building works at the Cluster ICB Northern Hub; STW/2026/045 (OT Direct Ltd) for the Specialist Occupational Therapy Gateway Service; and STW/2026/046 (MPFT SSoT Payroll) and STW/2026/047 (MPFT STW Payroll) relating to the coordination of payroll provider arrangements.

Update of the year end external audit management letter actions

The Committee noted following the conclusion of the Grant Thornton audit, two recommendations had been made for SSoT and one for STW relating to the annual accounts process. These recommendations had been reviewed and some had resulted in enhancements to Journal review procedures and the formal sign-off process for the Mental Health Investment Standard.

A recommendation regarding Service Auditor Reports had been considered and following outcome of an internal review of an external software system, it was concluded that the system was under the ICB's control and therefore did not require a Service Auditor Report. The related policy and process guidance would be reviewed as part of the Internal Audit review of financial controls.

Counter Fraud
The Committee were advised of work that had commenced around International Fraud Awareness Week and a Failure to Prevent Fraud paper that highlighted Section 250 of the Crime and Policing Act.

Local proactive exercises would be undertaken around a Personal Health Budget review for SSoT and a review of Section 12 Mental Health Assessments for STW.

SSoT Internal Audit
The Committee were provided with an Internal Audit Progress Report for SSOT which outlined the Contract Management Review which received a substantial assurance rating.

There were two Audit Reviews in progress (Appraisal, Training and Staff Wellbeing) (Key Financial Transactional Processing Controls)

STW Internal Audit
The Committee were provided with an Internal Audit Progress Report for STW which outlined the Data Security and Protection Toolkit which received a moderate assurance rating and the Contract Management Review which received a substantial assurance.

There were two Audit Reviews in progress (Appraisal, Training and Staff Wellbeing) (Key Financial Transactional Processing Controls)

External Audit
The Committee noted the SSoT and STW External Audit report.

The Core audit period for 2026/27 would commence in the new year.

Governance Update
The Committee noted the HfMT Audit Committee Handbook.

The Committee approved the Cluster Audit Committee in Common Terms of Reference.

ASSURE

Information Governance (IG) Sub Committee AAA Report
An update from the IG Sub Committee held in October was provided which focused on the DSPT Internal Audit Report and considered four risks recorded on the Information Governance Risk Register.

Key Risks & Mitigations

Policies & Procedures Approved
Policy on the Management of Policies – approved Petitions Policy – approved Governance Handbook including Scheme of Reservation and Delegation and Functions and Decision Map / Standards of Business Conduct Policy / Conflicts of Interest Policy – approved to go to Board for approval

Decisions to be Escalated
The Board in Common is asked to **APPROVE** the committee terms of reference.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	Thursday 26th November 2026
Reporting Committee:	Finance Committee in Common – Part 1 (ICB) & Part 2 (System)
Date of Meeting/s:	29th September 2026 and 27th October 2026
Meeting/s Quorate Y/N?	Yes
Presenter:	Claire Skidmore, Chief Finance Officer and Deputy Chief Executive Officer
Author:	Kelly Weatherill, Executive Assistant

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

There were no items to alert the ICB Board from either of the meetings.

ADVISE

29th September 2026

Finance Committee in Common Part 1 (ICB)

Chief Finance Officer Update

The Committee received a Chief Finance Officer update which covered: -

- The work underway to review medium-term financial planning, contracts, and efficiencies.
- The submission of the updated Medium-Term Financial Plan, including the 2027/28 efficiency plan and 2028/29 route to cash.
- The current pressures relating CHC and ADHD services and the recovery actions underway.
- The changes to tariffs and the National Payment Scheme for next year.
- The three-year planning approach and assumptions, and the work underway to assess the impact of national changes on provider contracts.

STW/SSOT Month 5 Finance Report

The Committee received an update on the latest position regarding delivery of the ICB finance plan for revenue (including efficiency) and capital.

STW

The month 5 position was reported as break even against the submitted balanced plan. This is despite overspends on Continuing Healthcare (£6.4m) and Mental Health (£4.7M) which have both been fully mitigated in the position.

The efficiency plan has delivered £13.3m savings against a target of £14.7m, an adverse variance of £1.4m. This relates to the reprofiling of the Individual Commissioning Review Programme delivery following discussions with NHSE colleagues.

All contracts have been agreed, for in-system local Providers these have also been signed off by both parties. There is only 1 remaining contract unsigned with Worcestershire Acute Hospitals NHS Trust and finance to finance conversations are taking place to resolve.

The ICB has a total capital allocation of £3.2m which is a capital allocation of £1m designated for General Practitioner Services Capital, £1.7m for STW ICB Strategic Capital and £0.5m for STW ICB Primary Care Modernisation and Utilisation Fund. These are expected to be spent in full by year end. In order to deliver the capital plan, £1.4m will need to be brokered in-year from within the overall system capital programme, this has been agreed between the ICB and MPFT and is awaiting NHSE approval.

SSOT

The month 5 position was reported as breakeven which is in line with plan. This is despite overspends on Continuing Healthcare (£4.2m) and Mental Health (£3.2m) which have both been fully mitigated in the position.

The efficiency plan has delivered £24.2m savings against a target of £16.3m, a positive variance of £7.9m. This position was driven by the phasing of the efficiency plan.

All contracts have been agreed, (bar Nottingham University Hospitals NHS Trust where meetings are being held to resolve) and, for in-system local Providers, these have also been signed off by both parties. There is only 1 other remaining contract unsigned with University Hospitals Derby and Burton NHSFT, and finance to finance conversations are taking place to resolve.

The ICB has a total capital allocation of £7m which is a capital allocation of £2.3m designated for ICB IFRS16 (Keele) and General Practitioner Services Capital, £3.7m for STW ICB Strategic Capital and £1m for STW ICB Primary Care Modernisation and Utilisation Fund. These are expected to be spent in full by year end. In order to deliver the capital plan, £0.3m will need to be brokered in-year from within the overall system capital programme, this has already been agreed between the ICB and MPFT and is awaiting NHSE approval.

STW & SSOT Medium Term Financial Plan (MTFP) Update - Including Efficiency

The Committee were provided with an update on the progress in refreshing the STW and SSOT medium-term financial plans and developing a rolling three-year efficiency programme to support delivery of sustainable financial balance. MTFP development continues, with planning assumptions reviewed and the multi-year efficiency programme strengthened. A firm 2027/28 efficiency plan has been developed, with outline plans for 2028/29, supported by enhanced governance, data-led opportunity reviews, and ongoing work with providers and system partners to deliver savings, routes to cash, and longer-term transformation.

Cluster Finance Strategy

The Committee received an update on the agreed structure and developing content of the Cluster Finance Strategy. The strategy sets out the approach to implementation across the

cluster and includes key elements such as financial management rules, business case and value-for-money processes, governance arrangements, and workforce training and development.

The cluster-wide ICB finance strategy is in development, and its content is in the process of being reviewed and socialised with NHS partners in the two Systems. The full strategy, when developed, will return to the Finance Committee for approval in January 2027.

Neighbourhood and Place Financial Framework
The Committee were updated on the financial planning assumptions and approach that underpins the Neighbourhood and Place Financial Frameworks. The framework continues to be developed and has now been socialised with integrated organisations following the Strategic Commissioning & Transformation Committee approval for 2026/27. Further development is planned for 2027/28 onwards, while the Place Resource and Stewardship Framework remains in draft. Key financial expectations and principles were set out in the presented paper.

National Capital Programme Update
An update was provided on all national capital programmes, individual schemes against each programme, including the responsible organisation and latest status update. The national capital schemes for Frontline Productivity (Digital) and Neighbourhood Capital initially required full multi-year programme submissions. NHS England's scheme has been limited to 2026/27 to allow national agreement on prioritisation and benefits realisation; multi-year allocations will be reconsidered once 2026/27 is confirmed.

A similar update was provided at the Finance Committee Part 2 meeting.

Finance Committee in Common Part 2 (System)

STW/SSOT Month 5 System Finance Report
The Committee received an overview of the latest position regarding the STW & SSOT ICS finances for revenue, efficiency, risks and capital. All NHS partners continue to forecast delivery of their planned year-end position. Whilst adverse variances to plan were reported at month 5 by SaTH and UHNM, both organisations remain forecast to achieve breakeven positions at year end.

Significant risks remain, with £40m identified at SaTH, of which £20m is currently mitigated, and £45m identified at UHNM, for which mitigations have yet to be confirmed. Both Trusts are finalising Financial Recovery Plans, with completion expected by the end of September 2026.

No capital risks have been reported at month 5.

Deconstructing the Block Update
The Committee were provided with an update on the recent Deconstructing the Block submissions made across the cluster - Acute and Non-Acute. The submissions were submitted to NHS England in September 2026 and are expected to inform the 2027/28 National Payment Scheme. Feedback is awaited. The exercise could lead to changes in Deconstructing the Block adjustment limits and implementation timelines. Areas of concern relate to currencies, productivity assumptions, and data quality. National discussions continue.

27th October 2026

Finance Committee in Common Part 1 (ICB)

Terms of Reference – Mid Year Review
The Terms of Reference (ToR) were presented to the Committee for review. The ToR for the Finance Committee in Common were previously approved in April; therefore, this review formed part of a scheduled mid-year assurance process ahead of the November Board meeting, to confirm that the ToRs remain current, appropriate, and fit for purpose. **The appended committee Terms of Reference require Board in Common approval.**

Chief Finance Officer Update
The Committee received a Chief Finance Officer update which covered: -

- Midlands region reporting a £112m adverse financial position at Month 6.
- UHNM and SaTH identified among the main contributors to regional overspend; recovery plans submitted and under review.
- Efficiency delivery and bank expenditure remain key drivers of financial pressure.
- Positive progress reported on reducing the number of unsigned contracts.
- Month 7 submissions to NHSE will include best, most likely and worst-case financial scenarios to support oversight of risk.
- Organisations are being challenged to identify opportunities to outperform planned financial targets.

STW/SSOT ICB Month 6 Finance Report
The Committee received an update on the latest position. In line with NHSE reporting requirements, month 6 (September 2026) reporting was a full submission covering income & expenditure, efficiency, run rate, underlying position, contract alignment and capital.

STW
A small month 6 year to date overspend of £2.6m (0.3%) has been reported which reflects the fact that ADHD/ASD cost pressures remain a concern and that further mitigations for these need to be found. The forecast outturn position remains break even against the submitted balanced plan. This is despite overspends on Continuing Healthcare (£9.7m) and Mental Health (£6.1M) which have both been fully mitigated in the position. A recovery plan is in place to address year to date overspends by year end.

The efficiency plan has delivered £15.6m savings against a target of £17.1m, an adverse variance of £1.5m. This relates to the reprofiling of the Individual Commissioning Review Programme delivery following discussions with NHSE colleagues rather than a material shortfall in programme delivery.

At the time of the meeting, all contracts have been agreed, and, for in-system local Providers, these have also been signed off by both parties. There is only 1 remaining contract unsigned for which the ICB continues to wait for contract documentation from the host commissioner (the contract value is agreed).

The ICB has a total capital allocation of £3.2m which is a capital allocation of £1m designated for General Practitioner Services Capital, £1.7m for STW ICB Strategic Capital and £0.5m for

STW ICB Primary Care Modernisation and Utilisation Fund. These funds are expected to be spent in full by year end.

In order to deliver the capital plan, £1.4m will need to be brokered in-year from within the overall system capital programme, this has been agreed between the ICB and MPFT and is awaiting NHSE approval.

SSOT

The month 6 position year to date and forecast outturn position is breakeven which is in line with plan. This is despite year to date overspends on Continuing Healthcare (£5.6m) and Mental Health (£2.9m) which have both been fully mitigated in the position. A recovery plan is in place to address year to date overspends by year end.

The efficiency plan has delivered £27.m savings against a target of £22.9m, a positive variance of £4.1m.

At the time of meeting, it was noted that all contracts had been agreed with the exception of one where meetings were being held to resolve the outstanding issue and, for in-system local Providers, these have been signed off by both parties.

The ICB has a total capital allocation of £7m which is a capital allocation of £2.3m designated for ICB IFRS16 (Keele) and General Practitioner Services Capital, £3.7m for STW ICB Strategic Capital and £1m for STW ICB Primary Care Modernisation and Utilisation Fund. These are expected to be spent in full by year end.

In order to deliver the capital plan, £0.3m will need to be brokered in-year from within the overall system capital programme, this has already been agreed between the ICB and MPFT and is awaiting NHSE approval.

ADHD Deep Dive

The Committee received a paper to describe the financial performance for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).

The update covered the financial performance of ADHD and ASD services. It presented a detailed review of the current financial position, including the factors contributing to the reported overspend and the mitigating actions being taken to address these pressures.

Update on Contract Performance

The Committee also received an update on the current Contract finance position for all Acute, Community & Mental Health providers (including Independent Sector) for both ICBs. Contract expenditure remains broadly in line with plan across both ICBs. STW ICB reports a small forecast overspend (£0.9m), with mental health services expected to recover to plan by year end. SSOT ICB reports a small forecast overspend (£0.4m) on acute and community contracts and a £1.5m pressure within mental health services.

Key risks highlighted to the committee for STW include agreement of the SaTH activity plan and UEC baseline, and increasing Tier 3 weight management demand. Key risks for SSOT include winter demand, referral growth, case mix and delivery of planned activity. Mitigating

actions include strengthened contract management arrangements, recovery plans and targeted improvement programmes.

Finance Committee in Common Part 2 (System)

STW/SSOT Month 6 System Finance Report
The Committee received an overview of the latest position regarding the STW & SSOT ICS finances for revenue, efficiency, risks and capital. All NHS partners continue to forecast delivery of their planned year-end position. Whilst adverse variances to plan were reported at month 6 by SaTH and UHNM, both organisations remain forecast to achieve breakeven positions at year end.

Significant risks remain, with £41.6m identified at SaTH, all of which is currently mitigated, and £44.5m identified at UHNM, for which full mitigations are yet to be confirmed. Both Trusts have completed and submitted Financial Recovery Plans to NHSE.

No capital risks have been reported at Month 6. A Month 5 'expected FOT exercise' has been completed for both systems and with in-cluster brokerage enacted both systems spend is anticipated to be in line with the existing capital plan values.

ASSURE

There were no items of assurance from either of the meetings.

Key Risks & Mitigations

29th September 2026

The Committee received an update on the Integrated CBAF and Risk Register Report. The CBAF and Corporate Risk Register updates were presented for Committee discussion and approval.

Risk ratings have been reduced following a review of the risk register, reflecting improved assurance around both 2026/27 in-year financial risks and longer-term financial sustainability. It was recommended that the CBAF is updated to align with the revised risk scores. This reflects the implementation of recovery plans, alongside ongoing development of the finance strategy, medium-term financial plan, and collaborative work with system providers.

27th October 2026

The Committee received a verbal Risk Register update.

No new risks or escalations were reported, and no changes were made to the risk scores. The three Finance Committee risks relate to system financial sustainability, ICB year-end financial performance, and delivery of revenue and capital plans.

Policies & Procedures Approved

The Committee did not receive or approve any policies in either of the meetings; nor did any papers received under the Business Cycles of both parts have any likely future impacts on current policy matters.

Decisions to be Escalated
The Board in Common is asked to **APPROVE** the committee terms of reference.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	Thursday 26th November 2026
Reporting Committee:	Extraordinary Joint Strategic Transformation & Commissioning Committee
Date of Meeting:	24 September 2026 – virtual approval of business case 26 October 2026 – extraordinary Committee
Meeting Quorate Y/N?	Yes
Presenter:	Trevor McMillan, Non-Executive Member
Author:	Vanessa Ridout, Executive Assistant

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

Business Case for Same Day Urgent Access Hubs in Shropshire, Telford and Wrekin SCTC **virtually approved** the Primary Care Winter Plan 2026/27 Business Case for Same Day Urgent Access Hubs in Shropshire, Telford and Wrekin on 24 September 2026. This was in line with the ICB Constitution clauses to allow for out-of-meeting decision to be made. All members approved the business case.

WorkWell Award of interim delivery contracts and the case management platform call-off (Commercially confidential)
The Committee approved the award of two interim WorkWell delivery contracts to 31 March 2027 b Direct Aare under Procurement Act 2023 Schedule 5 paragraph 2.

ADVISE

Cluster Strategic commissioning Intentions
The Committee received the Cluster Strategic Commissioning Intentions for 2027-2032 for review and approval. The commissioning intentions establish a shared strategic commissioning framework across Staffordshire and Stoke-on-Trent, and Shropshire, Telford and Wrekin, setting out the priority areas for investment, transformation, service redesign and resource allocation over the next five years. The intentions provide a clear strategic direction for commissioners, providers, local authorities and system partners and establish the foundation for the development of detailed Strategic Commissioning Frameworks that will support delivery of the NHS Oversight Framework, Neighbourhood Health Model, Integrated Care Strategies and long-term system sustainability.

The Committee:

- **Approved** the Cluster Strategic Commissioning Intentions 2027-2032.
- **Endorsed** the proposed approach to the development of detailed strategic commissioning frameworks and the subsequent refresh of the Cluster-wide Five-Year Strategic Commissioning Plan.
- **Supported** progression to the next phase of development with providers, local authorities and system partners, including the development of detailed commissioning

plans, contractual arrangements, workforce requirements, financial plans and implementation programmes.

- **Noted** that subsequent commissioning, contracting and transformation proposals will be brought through appropriate governance routes as delivery frameworks are developed.

Primary Care GLP-1 Prescribing Hubs

The Committee received the report and were asked to approve the proposal to use the NHSE NICE TAG allocation to continue the delivery of weight management initiation and titration clinics through primary care hubs for the eligible patient cohort. It was noted that the financial risk associated with the tirzepatide prescribing budget relates to a separate cohort of patients and should therefore be considered separately from this allocation. Failure to protect the NICE TAG allocation for its intended eligible cohort creates a risk that the ICB may be unable to meet its statutory obligations to fund and resource treatments recommended through NICE Technology Appraisals.

In terms of future plans the model will continue to evolve. There are 2 other pieces of work in development that will require further business cases to be developed, but this infrastructure will support a sustainable primary care model and look to decrease the ICBs spend on right to choose pathways:

1. NHSE and NICE are currently reviewing a new oral medication for weight loss and further details are expected later this year.
2. The ICB is working on a business case for expanding these hubs to include diabetes patients whose Hba1C is out of control, with a view to improving health outcomes and reducing spend on hospital admissions. This would also ensure the ICB has some control over the medicines budget and ensure our resources are being spent on those who will benefit the most.

The Committee **noted** the update provided within the report and **approved** the continuation of the primary care weight management hubs in line with the updates presented.

ASSURE

Key Risks & Mitigations
The were no risks to escalate.

Policies & Procedures Approved
ASD and ADHD Commissioning Policy The policy establishes a consistent commissioning framework for the referral, triage, assessment and post-diagnostic management of suspected Attention Deficit Hyperactivity Disorder (ADHD) and autism across all age groups. It sets out the eligibility criteria, minimum referral requirements, quality standards, prescribing expectations and commissioning arrangements that will apply across both Integrated Care Boards, including services accessed through NHS Right to Choose pathways.

The policy aims to improve equity of access, consistency of assessment quality, patient experience and value-based use of NHS resources, whilst ensuring compliance with national clinical guidance and patient choice legislation.

The Committee:

- **Approved** the Joint SSOT and STW ADHD and Autism Commissioning Policy.
- **Noted** the findings of the accompanying Integrated Impact Assessment.
- **Endorsed** the implementation of a consistent commissioning approach across Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin.
- Supported the development of associated operational guidance, referral management arrangements and provider assurance processes required to support implementation.
- **Noted** that a formal review of the policy and its impact will be undertaken within 12 months of implementation, including consideration of access, equality, quality, finance and patient experience outcomes.

Decisions to be Escalated
To notify the Audit Committee of the ICB Constitutions clauses being invoked by SCTC allowing for an out-of-meeting that all decision makers agreed with. The Board in Common is asked to **APPROVE** the committee terms of reference.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	Thursday 26th November 2026
Reporting Committee:	Quality and Performance Committees in Common
Date of Meeting:	23rd September 2026
Meeting Quorate Y/N?	Yes
Presenter:	Cheryl Etches, Non-executive Director and Committee Chairperson
Author:	Vanessa Whatley, Chief Nursing Officer, NHS STW & NHS SSOT

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

- Performance and quality pressures continue across a number of pathways, notably community waiting times, diagnostic waits, Referral to Treatment performance, mental health out-of-area placements, learning disability and autism-related admissions and neurodevelopmental waiting times. Further work is also required to understand the repeated admissions/deaths within 90 days measure, where data quality and late death registration affect interpretation. Contract performance notices have been used where necessary, including in relation to neurodevelopmental waiting times and temporary CAMHS crisis service closures.
- The Committee has highlighted continuing quality concerns relating to capacity and activity pressures within community and district nursing, particularly within Staffordshire and Stoke-on-Trent, significant waits for children and young people requiring autism and ADHD assessment and C. difficile rates remaining above trajectory across both systems. These areas remain priorities for system quality oversight and improvement.
- Urgent care and winter resilience remains a key risk, with Emergency Department overcrowding and insufficient flow through admission, discharge and transfer pathways identified as the principal factors affecting quality, patient safety and experience. Although mitigating programmes are in place, the Committee recognises the ongoing risk of corridor care and the importance of maintaining operational performance through winter pressures.
- Neurodevelopmental pathways remain a significant area of concern. A contract performance notice was issued in June 2026 relating to waits for children and young people within the Shropshire, Telford and Wrekin contract, with a system-wide strategic review of ADHD and autism services planned alongside development of more consistent commissioning standards.
- In maternity and perinatal care, mortality outcomes at SaTH and UHDB were reported as mainly in line with national averages. However, UHNM continues to report higher-than-expected neonatal and extended perinatal mortality in MBRRACE data and public health priorities have been identified alongside Trusts action plan. Infant mortality remains a priority where rates exceed the national average, alongside broader risks from variation in outcomes, health inequalities, workforce pressures and regulatory concerns.

ADVISE

- Overall, the Committee considered that established governance, surveillance and improvement mechanisms provide assurance across the principal areas of quality and performance, while recognising that there are material pressures requiring sustained executive and system attention. Future reporting should increasingly focus on outcomes, variation and demonstrable impact of improvement actions, supported by stronger benchmarking, reliable data and clearer triangulation of quality, performance and risk intelligence to provide assurance.
- The Board should therefore maintain oversight of winter resilience and urgent and emergency care flow, community and diagnostic waiting times, neurodevelopmental pathways, infection prevention and control, maternity and neonatal and infant mortality and inequalities in outcomes. Strengthened risk governance and targeted deep dives should enable the Committee to provide clearer assurance on whether mitigating actions are producing measurable improvement.

ASSURE

- The Committee received assurance that elective recovery plans are established with relevant providers and capital funding has been approved to increase out-of-area mental health capacity. Targeted deep dives have also been commissioned into community and diagnostic waiting times and the repeated admissions/deaths measure to strengthen understanding of underlying causes and inform improvement action.
- There was positive assurance across several indicators, including improving cardiovascular mortality, early cancer diagnosis, same-day GP appointments and staff engagement. Development of an increasingly insight-led quality report, incorporating national, regional and quality oversight framework (QOF) benchmarking, should further strengthen the Committee's ability to understand variation and identify emerging quality risks.
- The LeDeR Annual Reports also identified continuing improvement priorities and positive progress, particularly respiratory-related mortality, dysphagia, aspiration pneumonia, epilepsy and recognition and management of deterioration, with a small number of reviews identifying care below the expected standard.
- Statutory safeguarding responsibilities continue to be effectively discharged across both systems. Positive independent scrutiny and progress with Families First Partnership reforms, child protection information sharing, domestic abuse workforce development, strengthened management of complex safeguarding cases and enhanced provider collaborative scrutiny were highlighted.
- The Committee received assurance regarding winter preparedness, with a single Cluster Winter Plan supported by provider and system-wide initiatives to improve patient flow and decompress Emergency Departments. The Quality Impact Assessment indicated expected improvements in resilience, quality and patient and staff experience, although some patient safety, well-led and equity risks were expected to remain stable.
- Appropriate arrangements are in place within primary care to respond to the Leng Review, including engagement with practices and Primary Care Networks and implementation of strengthened role definition, supervision and safeguards for Physician Associates, alongside continued monitoring of compliance, workforce impact and emerging patient safety or experience issues.
- The Committee received assurance that robust governance, surveillance and improvement arrangements are in place for maternity, perinatal services, neonatal

outcomes and infant mortality across both systems, including compliance with national maternity safety programmes, service-user engagement, targeted multi-agency intervention and NHS England oversight where required.

- Positive assurance was also received through the LeDeR programme, including an increase in median age at death for people with a learning disability to 64.5 years, improved end-of-life planning, reasonable adjustments and hospital passport use, and strengthened cross-system governance and learning.

Key Risks & Mitigations
The Committee identified several areas requiring continued scrutiny and improvement. The oversight of the initial clustered Risk Register and Board Assurance Framework is developing but continues to provide challenge requiring stronger clinical input, validation by risk owners and clearer articulation of the impact expected from mitigating actions, particularly where risks remain highly rated for prolonged periods. All risks assigned to QPC have been discussed and reviewed. The initial CBAF has been presented.

Policies & Procedures Approved
☑ LeDer Annual Report SSOT for recommendation to the Board.
☑ LeDer Annual Report STW for recommendation to the Board.
☑ Safeguarding Annual Report SSOT approved for publication.
☑ Safeguarding Annual Report STW approved for publication.

Decisions to be Escalated
☑ Approval of Committee Terms of Reference.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	02.11.26
Reporting Committee:	Shropshire Integrated Place Partnership (ShIPP) Joint Committee
Date of Meeting/s:	15.10.26
Meeting/s Quorate Y/N?	Y
Presenter:	Phil Smith, Chief Officer System Development and Integration
Author:	Rachel Robinson, Shropshire Council, Executive Director for Public Health (DPH)

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

- **Governance and accountability:** Unclear governance across Healthy Neighbourhoods, the Accelerator Group and wider partnership arrangements risks duplication, misalignment and loss of partner trust. Clear place-based leadership, decision-making and reporting responsibilities are needed.
- **Voluntary & Community Sector capacity:** Insufficient and/or short-term resourcing and organisational support for the voluntary, community, faith and social enterprise sector threatens prevention programme delivery and sustainability.
- **Children's mental health:** Some weaker connections between mental health services and primary care-led Integrated Neighbourhood Teams risk duplication, gaps in provision and additional pressure on services.

ADVISE

- **Governance review:** A small group will develop proposals for the Accelerator Group's purpose, role and governance, aligned with Healthy Neighbourhoods and Health and Wellbeing Board arrangements. Progress will return to the next meeting.
- **Healthy Neighbourhoods:** The shared vision, common purpose and principles were supported, subject to recirculation and a two-week period for members to raise concerns. Governance and accountability require confirmation. A December update will include the programme's end-point maturity assessment, evidence and case studies.
- **Prevention funding:** Healthy Ageing delivery began on 1 October 2026. Seven Trusted Faces organisations will mobilise in stages, dependent on agreements, funding, staffing and operational readiness. A December activity report and subsequent regular reporting will cover delivery, finance, outcomes, risks and learning. An external evaluator is expected to be appointed in early 2027.
- **Children's mental health prevention:** A partnership workshop was supported to review existing provision, update previous mapping and agree evidence-informed priorities. A coordinating lead will be identified, with primary care, children's commissioning and social care included.

- **Estates:** The partnership will convene a system-wide discussion to establish an overview of the current estates position.

ASSURE

- **Partnership foundations:** The neighbourhood programme has strengthened relationships, joint leadership and shared learning, with early evidence of impact and an outcomes framework to support future assessment.
- **Funding oversight:** Prevention funding has been received by the accountable organisation. Agreements and payments are being managed in phases, with expenditure and commitments monitored.
- **Agreed delivery approach:** Members supported the prevention funding recommendations, including staged mobilisation based on readiness and continuing delivery, financial and outcomes reporting.
- **Committee business:** The meeting was quorate, the previous minutes were approved and no declarations of pecuniary interest were made.

Key Risks & Mitigations

- **Governance uncertainty and duplication:** Develop aligned governance proposals, clarify place-based leadership and accountability, and establish proportionate reporting and assurance arrangements. Progress is due at the next meeting.
- **Voluntary and community sector capacity:** Members identified the need for adequately funded coordination, leadership and organisational support. Sustainable resourcing remains an outstanding issue.
- **Disconnected children's mental health provision:** Update existing service mapping, hold a cross-partner prevention workshop, identify a coordinating lead and strengthen primary care and children's services involvement.

Policies & Procedures Approved

No policies or procedures were recorded as approved. The shared neighbourhood vision, common purpose and principles were supported subject to recirculation and member review; the prevention funding recommendations were also supported.

Decisions to be Escalated to ICB Board

No new decisions requiring ICB Board approval were explicitly recorded. Governance clarity, voluntary and community sector capacity, and coordination of children's mental health prevention are highlighted for Board awareness under Alert.

NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Report to:	Board in Common
Date:	Thursday 26th November 2026
Title:	Stoke-on-Trent Place Board Development Session: Outcomes and Next Steps
Presenting Officer:	Phil Smith, Chief Officer System Integration and Delivery
Author(s):	Hayley Allison, Place Director Staffordshire Stoke-on-Trent and Darren Birks, Head of Place Stoke-on-Trent

Document Type:				Action Required (select):			
Report	☒	**Business Plan**	☐	**Information (I)**	☒	**Discussion (D)**	☒
Strategy	☐	**Policy**	☐	**Assurance (S)**	☐	**Approval (A)**	☐
Other	☐			**Ratification (R)**	☐		

Appendices:	None

Purpose of the Paper:

To provide the Board with a summary of the key outcomes, areas of consensus and agreed development priorities arising from the Stoke-on-Trent Place Board Development session and to outline the proposed next steps towards establishment of formal Place Board arrangements by April 2027. This report is in lieu of a Triple A report.

History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	

Executive Summary, incl. expansion on any of the preceding sections:

The Stoke-on-Trent Place Board Development Session on 28th September 2026 brought partners together to move the Place Board from broad strategic ambition towards a clearer purpose, agreed priorities and an owned programme of work. Participants reaffirmed a shared commitment to prevention, reducing inequalities, strengthening neighbourhood delivery and improving outcomes for residents through collective action.

There was broad agreement that the Place Board should:

- Operate around a single set of locally agreed place priorities.
- Focus on long-term population health improvement and prevention.
- Bring partners and resources together to address issues requiring collective action.
- Strengthen the role of community intelligence, lived experience and neighbourhood insight in decision-making.
- Develop a high-level outcomes-focused dashboard and assurance framework.
- Streamline governance and clarify accountability.
- Progress towards formal Place Board arrangements by April 2027

Partners also expressed broad support in principle for the proposed Neighbourhood Health schemes for 2026/27, subject to refinement, affordability assessment, full costing and governance approval.

A programme of twenty development priorities for the Place Board was identified covering governance, delivery, neighbourhood transformation, intelligence and resource stewardship. These priorities now require translation into a proportionate delivery plan supported by clear milestones and ownership arrangements.

Recommendations:

- ☑ To note for **INFORMATION** the outcomes and agreed direction arising from the Development Session, including the requirement for implementation plans and delivery milestones.
- ☑ **To DISCUSS** the proposed programme of development work required to establish formal Place Board arrangements by April 2027.

Impact Assessments:

	Completed?			If N - N/A, Rationale	If Y, Outcome / Date Reported & Signed off
Data Protection Impact Assessment (DPIA)	**Yes** ☐	**No** ☐	**N/A** ☒	*Not required*	*Reported to IG Committee:* Click or tap to enter a date.
Integrated Impact Assessment (IIA)	**Yes** ☐	**No** ☐	**N/A** ☒	*Not required*	*Outcome and date of completion:* Click or tap here to enter text.

Is the decision within Scheme of Financial Delegation (SOFD) powers & limits	**Yes**	☒	**No**	☐
Any potential / actual Conflict of Interest?	**Yes**	☐	**No**	☒
N/A	*N/A*			

Integration with Commissioning Board Assurance Framework (CBAF)			
CBAF1	☐	**CBAF4**	☐
CBAF2	☐	**CBAF5**	☐
CBAF3	☐	**CBAF6**	☒

Stoke-on-Trent Place Board Development Session: Outcomes and Next Steps

1. Introduction

1.1. The Development Session followed the inaugural Shadow Stoke-on-Trent Place Board in July 2026 and sought to clarify the future role, priorities and operating arrangements of the Place Board. Existing system strategies and previous discussions were used as the foundation for discussion, enabling partners to focus on future delivery and governance requirements rather than revisiting strategic intent.

1.2. Discussions confirmed strong alignment across partner organisations around prevention, reducing inequalities, integrated neighbourhood working, stronger community involvement and better use of collective resources.

2. Strategic Direction

2.1. Partners agreed that the Place Board should maintain a long-term focus on prevention, early intervention and population health improvement whilst developing a single, locally agreed set of priorities to guide collective action across Stoke-on-Trent. The ambition is to create a more connected system that delivers improved outcomes and experiences for residents through coordinated delivery across organisational boundaries.

3. Role of the Place Board

3.1. The emerging consensus is that the Place Board should:

- Agree shared outcomes and priorities.
- Bring partners together to coordinate collective action.
- Remove barriers to delivery.
- Align resources where appropriate.
- Provide assurance on the delivery of agreed outcomes.

3.2. The Board should not duplicate existing statutory responsibilities or operational functions, which should remain within established organisational and governance arrangements.

4. Governance and Formalisation

4.1. A significant element of future work will focus on establishing the formal governance arrangements required by April 2027. This includes clarifying delegated authority, simplifying existing governance structures, defining relationships with the Integrated Care Board (ICB) and Health and Wellbeing Board (HWBB), and establishing appropriate escalation and reporting routes.

4.2. In order to establish formal sub-committee arrangements, sign-off is required via both Stoke-on-Trent City Council Cabinet and ICB Board. Cabinet papers and corresponding appendices including assurance framework and scheme of delegation have been drafted and are proposed to be heard at the November 26 Cabinet meeting.

4.3. Relevant papers will look to be passed through ICB Board for approval in early 2027.

5. Neighbourhood Health

5.1. Partners reviewed a range of proposed 2026/27 Neighbourhood Health initiatives aimed at supporting a proactive, integrated and population-based approach to care. These included frailty services, cardiovascular risk management, integrated care coordination and enhanced partnership working with the voluntary, community and social enterprise sector.

5.2. Broad support was expressed for the overall direction, subject to further development, affordability assessment, full costing and formal governance approvals.

6. Resources and Collective Stewardship

6.1. The session identified the need for a clearer collective understanding of resources available across the local health and care system. Partners supported development of a Place-Based Resource Stewardship Framework, based upon population need, agreed outcomes and transparency of decision-making, whilst maintaining statutory accountability within individual organisations.

7. Outcomes, Assurance and Intelligence

7.1. Partners agreed that future assurance arrangements should be based around a concise outcomes-led dashboard focused on:

- Population outcomes.
- Health inequalities.
- Delivery of agreed priorities.
- Impact of partnership working.
- Risks and mitigations.

7.2. The dashboard will be informed by neighbourhood intelligence, lived experience and community insight alongside traditional performance information.

8. Conclusion

8.1. The Development Session demonstrated strong alignment between partner organisations regarding the future direction of place-based working in Stoke-on-Trent. It established clear agreement on the strategic focus, governance requirements and development priorities needed to support the transition from Shadow Place Board arrangements to a formal partnership model.

8.2. The next phase of work should focus on converting the identified development priorities into a structured programme of delivery, supported by clear ownership, milestones and reporting arrangements, ensuring readiness for formal Place Board implementation by April 2027.

Board Assurance Committee "Triple A" Highlight Report

Report To:	Board in Common
Date:	Thursday 26th November 2026
Reporting Committee:	Staffordshire and Stoke-on-Trent Health and Care Senate
Date of Meeting/s:	8th October
Meeting/s Quorate Y/N?	Y
Presenter:	Dr Salma Reehana, Chief Medical Officer and H&C Senate Chair
Author:	Dr Rachel Gallyot, Chief Medical Officer and H&C Senate Chair

Summary of Key Discussions & Decisions from the Committee Meeting

ALERT

None.

ADVISE

1) GPL-1 Service Specification

The Senate reviewed the updated GLP-1 service specification, supporting the obesity NICE pathway. This represented an update to the existing specification, rather than a new model of care and would support continuation of Primary Care based initiation and titration hubs. These would support approximately 5k patients, that are eligible under the obesity NICE TA, whilst providing a platform for future expansion into cohort 2.

The Senate members were reminded of the conflict of interest for general practice members and that the focus would be on the pathways.

Discussions focused on accessibly and concerns were raised about geographic access to hubs. Members were advised that delivery would increasingly operate at Primary Care Network (PCN) level, providing greater local flexibility and improved patient access.

It was confirmed that some minor clinical adjustments will need to be made to the service specification, but that these would not be material changes, and it was agreed that any material clinical changes would need to return to the Senate for approval.

A future update to the excluded and restricted procedure policy will return to the Senate to reflect the cohort expansion.

The Senate clinically **approved** the proposed GLP-1 pathway, eligibility criteria and prescribing arrangements. It was noted that there may be some minor clinical adjustments needed, but any future material changes to the specification should be returned to the Senate for approval.

2) Senate Terms of Reference
The Senate reviewed its existing Terms of Reference (copy attached) following a request from Board.

Further revisions will be required, as SSOT and STW move towards a joint committee for the Health and Care Senate.

The Senate **approved** the Terms of Reference and noted that the revised joint committee Terms of Reference would be presented to the November Senate for discussion.

3. Integrated Medicines Optimisation Group Approvals September Fast-tracked items
Two fast-tracked items were presented for Senate approval.

a) A shared-care agreement for lithium, which is follows the national protocol and creates a single cluster-wide protocol across SSOT and STW.
b) A shared-care protocol for riluzole, used in motor neurone disease, formalising existing prescribing practice and improving governance and safety arrangements.

Discussion confirmed involvement of specialist clinicians in protocol development and noted that changes from previous arrangements were largely administrative and harmonising in nature.

The Senate clinically **approved** IMOG decisions (a – b) which applies to the Staffordshire and Stoke-on-Trent Medicine formulary.

4) Development of Symptomatic Primary Care Diagnostic Pathways
An update was provided on the continuing programme of diagnostic pathways, which are based on NICE best practice and are designed to support management of patients, presenting with symptoms in Primary Care. The pathways have been developed collaboratively, with partners, and are intended to standardise the investigation and referral processes. Once a draft has been developed it is taken through a confirm and challenge process with each of the relevant acute trusts. The final approved pathway is uploaded onto GP365 to allow everybody access.

Updates included: -

- A new Urology Pathway.
- Amendments to the Lower GI Pathway incorporating FIT-positive/FIT-negative guidance.
- Amendments to the Gynaecology Pathway to include an additional area of unscheduled bleeding.

Members welcomed the robust governance process. It was confirmed that adherence to the pathways is checked through Quality Improvement Framework (QIF) audits, discussions with the acute trust and checking of referral rates. Questions were raised regarding accessibility, dissemination and integration into future Single Point of Access (SPOA) developments and there was broach support for embedding pathways into referral systems, rather than solely relying on GP365. Questions were raised regarding the level of GP engagement, during the creation of the pathways, and it was confirmed that there is a minimum of 1 GP from each facing acute trust, so normally a minimum of 4 plus there are 3 appointed cancer leads.

The Senate supported the continued development and implementation of diagnostic pathways.

The Senate clinically **approved** the new Urology pathway and the amendments to the LGI pathway to include FIT +ve and -ve pathways and the inclusion of section 7 Unscheduled Bleeding on HRT in the Gynaecology pathway.

ASSURE
None.

Key Risks & Mitigations
None.

Policies & Procedures Approved
The Senate clinically **approved** the proposed GLP-1 pathway, eligibility criteria and prescribing arrangements. The Senate **approved** the Terms of Reference and noted that the revised Terms of Refence would be presented to the November Senate. The Senate clinically **approved** IMOG decisions (a – b) which applies to the Staffordshire and Stoke-on-Trent Medicine formulary. The Senate clinically **approved** the new Urology pathway and the amendments to the LGI pathway to include FIT +ve and -ve pathways and the inclusion of section 7 Unscheduled Bleeding on HRT in the Gynaecology pathway.

Decisions to be Escalated
The Board in Common is asked to **APPROVE** the Senate terms of reference