



Transforming health and care for
Staffordshire & Stoke-on-Trent

Staffordshire and Stoke-on-Trent Integrated Care System (ICS) update

January 2022

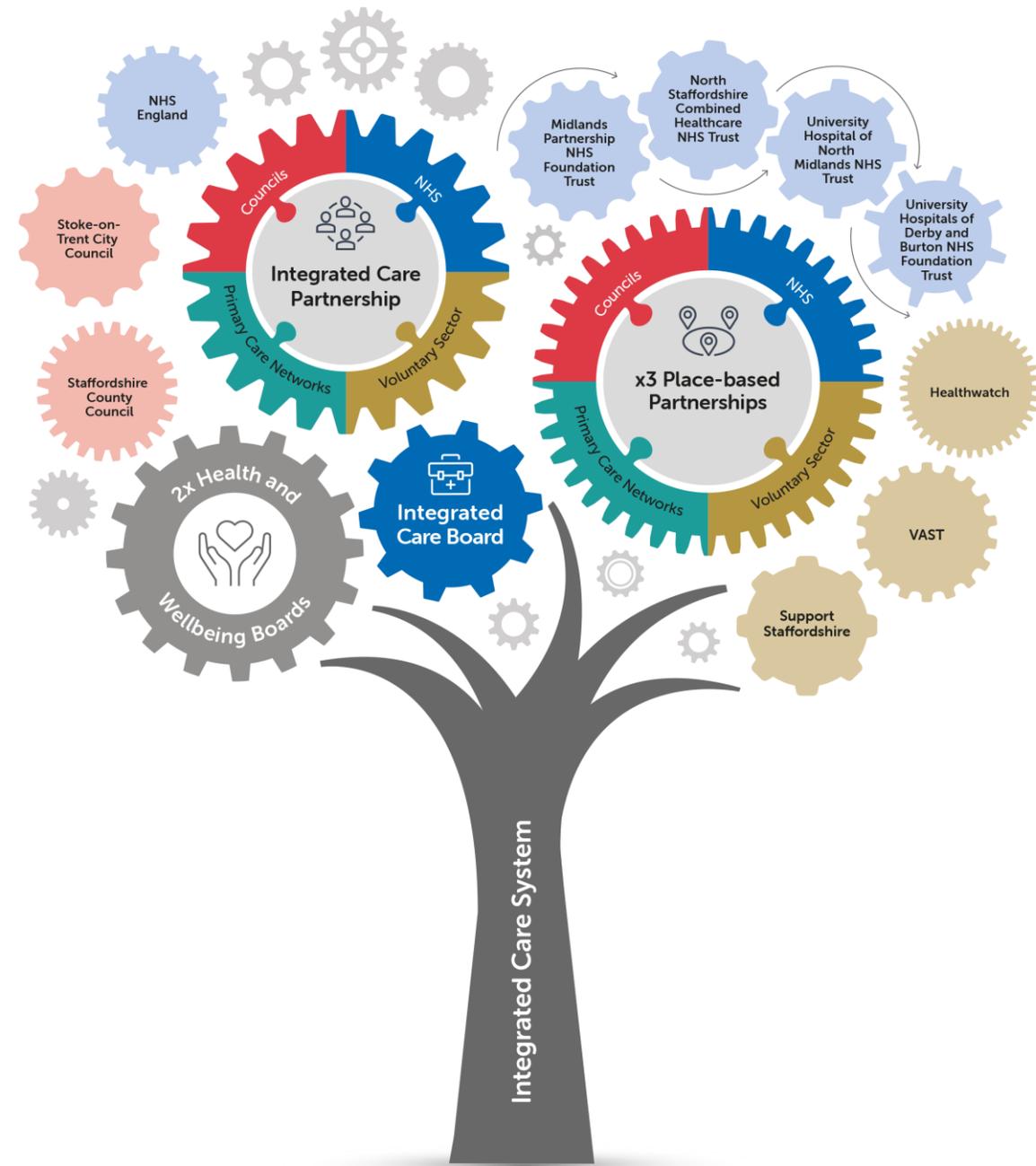


Our journey

The Staffordshire and Stoke-on-Trent ICS transition arrangements over the last couple of months have taken a number of significant steps forward on the journey to be formally established in July 2022.

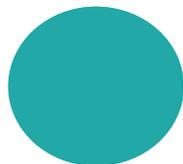
An update is provided on these key areas:

- ICS timeline (revised following national guidance)
- NHS Integrated Care Board (ICB) development
- Integrated Care Partnership (ICP) development
- Key challenges and opportunities



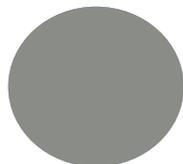


ICS timeline



Target date revised

The national target date for the establishment of the statutory ICS has been revised to 1 July 2022.



How we will use the revised timescale

The new date will provide flexibility as we prepare for the new statutory arrangements and manage our immediate priorities in response to the pandemic. The Shadow ICB will operate from April 2022.



Maintaining momentum

Where possible the ICS development trajectory defined in the Autumn will remain in place, with the first quarter of 2022/23 serving as a continued preparatory period.



NHS ICB development

Dec 2021: ICB Interim Chief Executive Peter Axon appointed

2 Dec 2021: ICB leadership engagement for board composition and ICB constitution concluded

3 Dec 2021: Revised draft ICB constitution submitted to NHS England and NHS Improvement (NHSEI) and amends made – further opportunities for refinement in Q1

Feedback incorporated into revised submission: number of provider Board members, further clarity on deputies, time commitment and delegation arrangements.

Jan 2022: 5 ICB non-executive directors (NEDs) appointed

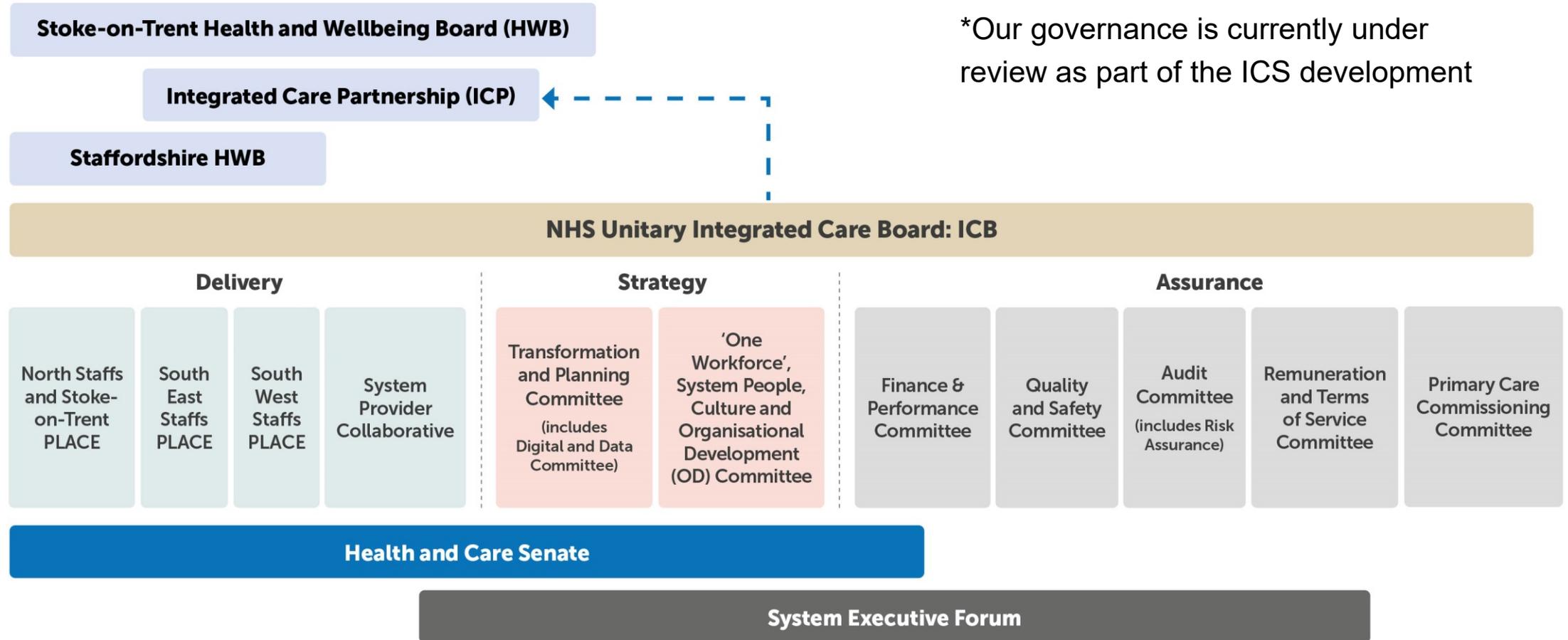
Jan 2022: Recruitment process begins for ICB executive directors



NHS ICB emerging governance

NHS Integrated Care Board (ICB) – governance (draft model)

NHS Staffordshire and Stoke-on-Trent ICB committees governance (draft model)



*Our governance is currently under review as part of the ICS development



ICB membership

Size:

- ✓ Of an appropriate size to enable effective decision making
- ✓ Not so large as to be unwieldy, but large enough to provide the necessary balance of skills / experience appropriate for an ICB
- ✓ Generally accepted UK Corporate Governance guidance suggests an ideal size of between **8-15 members**

Composition:

- ✓ NHSEI guidance states there should be a balance of Execs to non-exec directors (NEDs), or a majority of NEDs, to ensure the right balance of perspectives and to facilitate an effective challenge

Diversity:

- ✓ The organisation's leadership should represent the population it serves

Member type

Independent non-executive members – 6

- Chair – **appointed**
- Independent NED (Chair of Audit Comm.) – **appointed**
- Independent NED (Chair of Remuneration. Comm.) - **appointed**
- Independent NED (Chair of Quality and Safety. Comm.) - **appointed**
- Independent NED (Chair of People, Culture and OD. Comm.) - **appointed**
- Independent NED (Chair of Finance and Performance. Comm.) - **appointed**

Executive members – 5

- Interim Chief Executive Officer – **appointed**
- Chief Finance Officer – **recruiting**
- Chief Medical Officer – **recruiting**
- Chief Transformation and Delivery Officer – **recruiting**
- Chief Nursing and Therapies Officer – **recruitment coming soon**

(“Ordinary”) Partner members – 5

- One from Primary Medical Services (GP) providers
- Two, one from a NHS physical health Trusts and one from a NHS mental health Trust
- Two from the local authorities with statutory social care responsibility



The Unitary Board of an ICB

Requirements:

- ✓ All members are collectively and corporately accountable for the performance of the organisation and system
- ✓ Making decisions as a single group
- ✓ Sharing the same responsibility and corporate liability for the delivery of functions and duties

Responsibilities:

- ✓ Setting the vision, strategies and plans
- ✓ Holding the organisation to account for delivery of strategy
- ✓ Ensuring the organisation operates effectively, with openness, transparency and candour
- ✓ Seeking assurance that Systems of Control are robust, reliable and legal duties discharged
- ✓ Demonstrate appropriate levels of assurance, governance and decision making

Core principles:

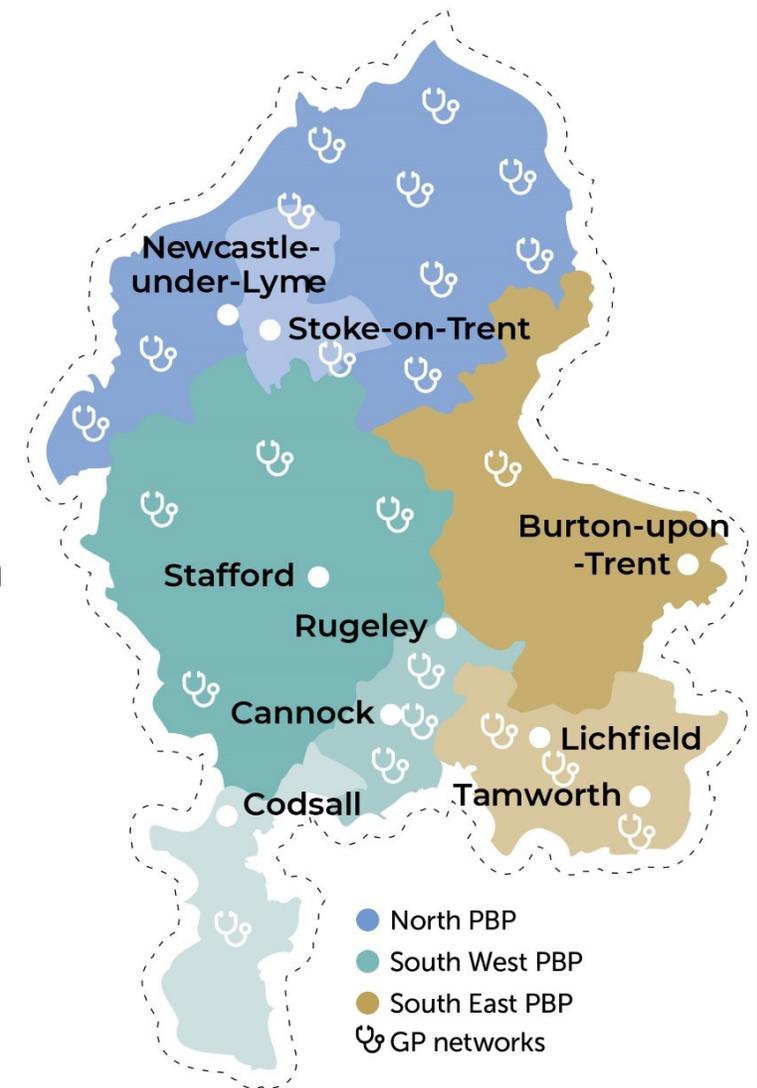
- ✓ Collaborate with all constituent bodies – NHS, Local Authorities and Primary Care
- ✓ Members uphold the principles of collective leadership
- ✓ Members demonstrate the leadership competencies and behaviours required of unitary board members
- ✓ Clinical and professional leadership at its core
- ✓ Promote a culture of engagement, innovation, continuous learning and inclusive leadership



ICP development

An Integrated Care Partnership (ICP) is a requirement of an ICS. An ICP has accountability for the approval and oversight of an Integrated Care Strategy that spans health and social care. NHSEI guidance indicates this strategy is required by March 2023.

- Work has taken place to support the creation of the Integrated Care Strategy, including the recent approval of the City and County level Health and Wellbeing Boards medium-term strategies.
- Plans are in development for the approach to the interim period up to March 2023 to align with system-wide strategic objectives and ICB work plans.
- The first ICP meeting is expected to take place following the establishment of the ICS in July 2022. This will be a development session to socialise the process to deliver key objectives for 2022/23 and the evolution of the strategy.
- ICP membership will be inclusive and reflect wider determinants of health and social care need. Nationally draft ICP membership ranges from 19 to 41.



Key challenges and opportunities for 2022

- Maintaining momentum and focus on ICS development whilst addressing key operational challenges such as –
 - System backlogs (acute and community)
 - Vaccination targets – staffing and population
 - Workforce pressures – vacancies and staffing absence
- Ensuring that all aspects of the ICS programme are developed in unison – aligning key touch points such as governance and place / provider collaborative ambitions and our Integrated Care Strategy and Health and Wellbeing Boards strategies.
- Developing system relationships in such a way that we maximise the opportunity to work in a synergistic manner.



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Questions

