

<b>Local Members Interest</b>
N/A

## **Health and Care Overview and Scrutiny Committee Monday 11 July 2022**

### **Integrated Care System (ICS) update**

#### **Recommendation(s)**

I recommend that:

- a. The Overview and Scrutiny Committee note the progress in the development of the ICS.
- b. The Overview and Scrutiny Committee note the developments in appointments to the NHS Integrated Care Board (ICB).

**Report holder: Peter Axon: Interim Chief Executive Designate ICB**

#### **Summary**

##### **What is the Overview and Scrutiny Committee being asked to do and why?**

The Overview and Scrutiny Committee is asked to note the developments in the creation of the ICS, which includes the Integrated Care Partnership (ICP) and the NHS ICB.

#### **Report**

##### **Background**

##### **1. ICS Transition Update:**

- 1.1 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 on 1 July 2022. This paper summarises progress across a small number of key areas, namely –
  - ICS establishment
  - Board appointments
  - ICP strategy development
  - Delivery portfolios
  - Place working
  - Provider collaboratives
  - Clinical professional leadership
  - Working with People and Communities Strategy.

## **2. ICS establishment**

- 2.1 Following royal assent, the Integrated Care System, including the NHS Integrated Care Board, was formally established on the 1 July 2022.
- 2.1 42 NHS Integrated Care Boards (ICB) and 42 Integrated Care Partnership (ICP) committees have now been established, with statutory responsibilities for improving health and care services. The new ICB in Staffordshire and Stoke-on-Trent replaces the six Clinical Commissioning Groups and will have the statutory responsibility for commissioning and monitoring local health and care services including GP services. In April 2023 these duties will increase when the ICBs become responsible for primary care services (pharmacy, dentistry and optometry) and also some specialised commissioning.
- 2.1 This change presents a genuine opportunity to deliver our ambitions for greater integration between health and care, to reduce inequalities and improve health and care outcomes for local people. It is our collective responsibility to ensure we capitalise on this opportunity, to deliver real change that goes beyond infrastructure and to address some of the challenges that we face.

## **3. NHS ICB Board Development**

- 3.1 Following the appointment of the five non-executive directors (NEDs) for the ICB in January 2022, a national recruitment process was undertaken to secure the executive director posts. The full complement of executive director posts is now in place to ensure the ICB has the capacity and capability to undertake its functions from the 1 July 2022:
- Chief Finance Officer – Paul Brown
  - Chief Medical Officer – Paul Edmondson-Jones
  - Chief Nursing and Therapies Officer – Heather Johnstone (interim 12-month appointment)
  - Corporate Governance Director – Sally Young
  - Chief People Officer – Alex Brett (shared post with Midlands Partnership NHS Foundation Trust)
  - Chief Digital Officer – Chris Ibell (shared post with Midlands Partnership NHS Foundation Trust)
  - Chief Delivery Officer – Phil Smith
  - Chief Transformation Officer – Chris Bird (12-month secondment).
- 3.2 Following engagement with partners, the ICB Board membership also includes:
- Chief Executive (CEO) of Staffordshire County Council – John Henderson
  - City Director of Stoke-on-Trent City Council – Jon Rouse
  - One primary care representative – To be appointed
  - One physical health NHS provider – Tracy Bullock CEO of University Hospitals North Midlands NHS Trust
  - One mental health NHS provider – To be appointed.

- 3.3 The inaugural Board meeting will take place on the 1 July 2022 to ratify the key policies and procedures, that have been developed during shadow form over the past few months.
- 3.4 Each ICB is required to have a Constitution and the Bill sets out proposed statutory and mandatory requirements of what must be included, there are sections which are able to be localised, such as ICB Board composition, nomination and selection criteria, and terms of office. The local Constitution was developed following engagement with partners and was assured by NHS England and Improvement (NHS E/I). It is available on the websites of the CCGs and future ICB website [www.staffsstoke.icb.nhs.uk](http://www.staffsstoke.icb.nhs.uk)
- 3.5 In preparation for the launch of the ICB we have met regularly with NHS E/I to seek assurance. They have praised our progress and readiness as a system. Our comprehensive Development Plan has been assured by NHS E/I and we are making strong progress in this inaugural year.

#### **4. ICP Development**

- 4.1 The next stage is to develop the Integrated Care Partnership (ICP), which is a far-reaching, multi-agency committee. This is likely to involve over 60 people and will meet quarterly. During 2022/23 its primary role is to develop the Integrated Health and Care Strategy, which will set the overall direction for local services building on existing networks and Health and Wellbeing Board plans. The first partnership meeting is expected to take place in July or August 2022 and committee papers will be available on the ICS website.

#### **5 Emerging “Delivery Portfolios”**

- 5.1 The ICB and ICS Chief Executives Forum have recently approved the establishment of seven portfolios that encompass the core clinical and service ambitions of the system. These portfolios will be supported through the appointment of capacity within each. Achievement of the objectives within each portfolio will be enabled through both Place and our Provider Collaboratives. It is envisaged that Place will mainly focus on those services that operate at community and neighbourhood level (horizontally integrated services). Whereas our Provider Collaboratives will focus more on specialised, secondary care services (vertically integrated arrangements such as Urgent and Emergency Care). These two emerging aspects of our operating model are described in more detail below.

#### **6 Working at Place Level**

- 6.1 With the ICB now fully established, the development of Place working arrangements can gain momentum. Although the strategy and statutory

responsibilities will sit at a systemwide level (ICB/ICP), the real engine room for delivery will be at a Place and Provider Collaborative levels. In line with the national White Paper, the shadow Board agreed that in Staffordshire and Stoke-on-Trent activity would be delegated to two Places (geographical areas), aligned with the footprints of the upper tier local authorities. This will better support integration between health, care and the voluntary sector and ensure that services are designed based on local needs and local insight.

- 6.2 Building on the work that has taken place over the past few months, the population health management work-stream, in particular, will be working with Place to identify the local priorities, using local data and networks. Over time our Places will be given delegated authority and budgets to support delivery of national and local priorities and delivery of the overarching system strategy that will be developed by March 2023.

## **7 Provider Collaboratives**

- 7.1 Key to delivering integration is through building closer networks and removing barriers across: health and social care, physical and mental health, and health and care and the voluntary sector. A Provider Collaborative is a key mechanism to enable this.
- 7.2 A Provider Collaborative Board has been established to oversee the development of our Provider Collaborative arrangements. In the past much of the focus has been on redesigning NHS commissioning. The new provider collaborative will focus on how NHS providers can support the integration agenda, supporting service redesign, making greater use of our People and budgets and sharing insight. This Board will report on progress into the ICB and ICP.
- 7.3 As well as the potential for an overarching Provider Collaborative Board, the system is also determining the benefit that specific Collaborative groups would bring, for example an Urgent and Emergency Care Provider Collaborative, bringing together all parties relevant to the UEC pathway to redesign service provision.

## **8 Clinical and professional leadership**

- 8.1 Following engagement with clinicians and health professionals across the ICS, the new Clinical and Professional Leadership Framework was approved at the shadow ICB in May. This work will be overseen by the Chief Medical Officer for the ICB.

- 8.2 The framework sets the overall direction for how we will ensure the voice of clinicians and a wider range of health and care professionals is informing our work. Over the past few months we have strengthened connections between our different workstreams, for example with finance colleagues working closely with the Health and Care Senate to ensure our decisions are informed by our experts. Importantly, this will help us to deliver our ambitious priorities and deliver improved care for local people.
- 8.3 To support the framework the Board agreed the recruitment of two clinical directors/Deputy Chief Medical Officer (up to eight sessions each) and we will be working with HR to support the recruitment for these posts. In addition, there will be 20 sessions for senior clinical programme leads (to support our new Portfolios) and 48 sessions for clinical locality or place leads. There will be further communications about these opportunities over the coming weeks.

## 9 Working with People and Communities Strategy

- 9.1 The Working with People and Communities Strategy outlines how we will involve and engage local people and staff to deliver our statutory duties for involvement. We would like to thank partners, patient groups and the voluntary sector for their contributions to this key document. This is a live strategy during 2022/23 and will evolve as we develop our approach. The strategy can be viewed on the [website](#).
- 9.2 The guiding principles behind the strategy are to:
- **Recognise** the work that is already being done by partners and within communities to champion the public voice
  - **Celebrate** and build on what is working well
  - **Strengthen** our approach by identifying gaps and finding ways to fill them to address inequalities.
- 9.3 On-line events have been organised in July to discuss the latest developments in health and care services, answer people's questions on the changes and seek views on the above strategy.
- 9.4 Several face-to-face roadshows are also being finalised, with dates to be promoted shortly. To find out more or book a place [visit the website](#) or contact the team on 0333 150 2155.

### List of Background Documents/Appendices:

Presentation will be provided on the day

## Contact Details

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**Please note that from Friday 1<sup>st</sup> July the CCGs become the NHS Integrated Care Board and all emails will change to the format below:**

**[Firstname.surname@staffsstoke.icb.nhs.uk](mailto:Firstname.surname@staffsstoke.icb.nhs.uk)**

