



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

Staffordshire and Stoke-on-Trent Integrated Care System

Candidate Information Pack



January 2022

Welcome to Staffordshire and Stoke-on-Trent

Staffordshire and Stoke-on-Trent is a great place to live and work. It is a thriving, diverse county with a proud history, famous attractions, and areas of natural beauty. There is a passion for innovation, learning, and research – with the support of two leading universities.

We are responsible for the health and care of 1.1 million people who live in Staffordshire and Stoke-on-Trent, across a geographical area of 1,048 square miles. We are aligned with two upper-tier local authorities – Staffordshire County Council and Stoke-on-Trent City Council.

We serve a very diverse population, with complex health and care needs, comprising both rural and urban areas, extremes of affluence and deprivation, as well as significant health inequalities.

Working with our partners, we have agreed on an ambitious vision which is:

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

We have a strong commitment from all our partners to make our vision a reality and to make a real difference to our residents and communities, by working together. Integrated care systems (ICSs) present a real opportunity to focus on more joined-up services by integrating care, tackling fragmentation and unwanted variations in care/outcomes whilst improving population health and outcomes.

We know the case for change is compelling, as, with most developed healthcare systems, we are grappling with the challenges of an aging population, significantly increasing costs of healthcare and demand for services outstripping resources. The current reforms provide the best platform for change, and we

must embrace this leadership opportunity collectively and not just see this as a commissioning or a three-letter acronym change.

[If you've not already seen it, this short video from NHS England and NHS Improvement provides a great insight into ICSs.](#)

ICSs will be led by an NHS Integrated Care Board (ICB) – an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP) – a statutory committee bringing together all system partners to produce a health and care strategy.

It is an exciting time to join our ICS as we take forward the learning from COVID-19 and accelerate our priorities for integrated working. We know there is more work for us to do before we become a truly integrated system, and we have very real challenges to overcome if we are to realise our ambitions. Local flexibility will be key so that we design an approach that delivers our ambitions for place-based (and neighbourhood) partnerships, providers collaborating to integrate care, whilst we align our collective leadership to tackle the wider determinants of ill-health and inequalities.

We are recruiting candidates to become part of the executive team that will lead the development of the ICS on behalf of the Staffordshire and Stoke-on-Trent system. The executives will be instrumental leaders in the local health and care system.

Working collaboratively with system partners and as members of the unitary board, you will make a significant contribution to achieving the key purpose of the ICB:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development.

The ICS needs diverse, inclusive, and compassionate leaders who not only reflect the community they serve, and the staff employed but have the leadership style and breadth of perspective to make good collective decisions. We are really interested in receiving applications from people with different backgrounds, skills, and experiences.

We are seeking credible and inspirational leaders, who will embody our vision and lead a strategic and innovative approach to service transformation – whilst cultivating a collaborative and empowering culture within the ICS.

Do you have a strong desire to improve care for local people and a passion to improve health outcomes?

If so, then please do take the time to read this pack and apply for a role as part of our executive team.

For more information, you can contact

Emma Pickup

Emma.Pickup@gatenbysanderson.com

and Julia St Clare

Julia.StClare@gatenbysanderson.com.

On behalf of the system leaders, we wish you the very best with your application and look forward to meeting you.



Peter Axon

Interim Chief Executive Officer

Staffordshire and Stoke-on-Trent ICS and the anticipated NHS ICB



Who we are

The Together We're Better partnership has been proactively driving improvement in health and care services since it was established as a Sustainability and Transformation Partnership in 2016.

Since being formally established as an Integrated Care System (ICS) on 1 April 2021, all partners are working at pace to prepare for potential statutory changes in 2022.

Despite the necessary preparations for legislative change, our focus remains on improving people's health and wellbeing through an ambitious transformation programme, creating shared clinical and professional leadership and a determination to reduce inequalities through integrated working.

The local health and social care service landscape is complex. Our partnership includes:



1.1 million population

1 integrated health and care system

- Together We're Better



1 Future Integrated Care Board

3 Place Based Partnerships

2 upper tier local authorities

147 GP practices forming 25 Primary Care Networks



1 ambulance trust

- West Midlands Ambulance Service NHS Foundation Trust

2 major acute hospital trusts

- University Hospitals of North Midlands NHS Trust
- University Hospitals of Derby and Burton NHS Foundation Trust



1 community trust

- Midlands Partnership NHS Foundation Trust



2 mental health trusts

- North Staffordshire Combined Healthcare NHS Trust
- Midlands Partnership NHS Foundation Trust

7 neighbouring major hospitals

2 Healthwatch organisations



9 councils

- 7 district and borough councils and 2 upper-tier county councils

2 voluntary sector networks

- VAST
- Support Staffordshire



4 hospices



331 care homes

1 NHS 111 and GP out of hours

- Vocare



About our system



Our finance

In total, across the NHS and upper tier local authorities, we spend **£3.1 billion on health and social care** for our 1.1 million residents.

£2.7bn spend on health services.

One strategy to tackle **£200m underlying deficit**.

Our system financial model allows 0.5% per annum activity growth and contains cost increases to 1%.

All parties have signed up to this model to bring the system back to financial balance in 2025/26.



11,000
births



387,951
diagnostic tests
2020/21



211,930
ambulance calls
2020/21



362,176
A&E attendances
2020/21



74.2% of people with learning disabilities had an annual health check 2020/21



968,114
outpatient appointments
2020/21

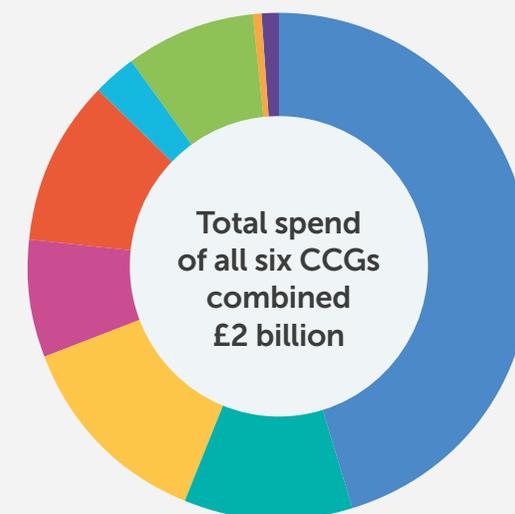


6,000 patients waiting more than 52 weeks August 2021 – compared to 0 in December 2019

Provider	Current CQC rating
University Hospitals of North Midlands NHS Trust	Requires Improvement (February 2020)
University Hospitals of Derby and Burton NHS Foundation Trust	Good (June 2019)
Midlands Partnership NHS Foundation Trust	Good (July 2019)
Royal Wolverhampton NHS Trust	Good (February 2020)
North Staffordshire Combined Healthcare NHS Trust	Outstanding (March 2019)
West Midlands Ambulance Service University NHS Foundation Trust	Outstanding (August 2019)

Total CCG spend £2bn in 2020/21

Acute services	£895m
Mental health services	£214m
Community health services	£256m
Continuing care services	£150m
Prescribing	£208m
Primary care services	£53m
Primary care co-commissioning	£164m
Other programme costs	£9.5m
Running costs	£21m



Our population

We have a diverse population and many people have multiple and complex needs that need support.



Local population is expected to grow by

4% by 2039



One of largest gaps in life expectancy/ healthy life expectancy in West Midlands:

Stoke-on-Trent gap:	Staffordshire gap:
19 years males and	16.5 years males and
25 years females	18 years females



A mix of both rural and urban areas, with **extremes of affluence and deprivation**



Stoke-on-Trent is the **14th most deprived local authority area in England**



8.8% of people in Staffordshire identify themselves as Non-White British

17.8% of people in Stoke-on-Trent identify themselves as Non-White British



50%+ of people have two or more long term conditions



50% of people aged 65+ in Staffordshire alone had some degree of frailty (2018)



In most of our CCGs obesity, excess weight, diabetes, strokes and heart disease are **higher than the national average**



Early deaths - more people under 75 die of cancer than the national average



13.5% of pupils in Staffordshire have special educational needs compared with a **national average of 15.3%**



Staffordshire and Stoke-on-Trent is achieving a **Children and Young People access performance target of 37.4%**



Higher than average infant mortality and smoking during pregnancy



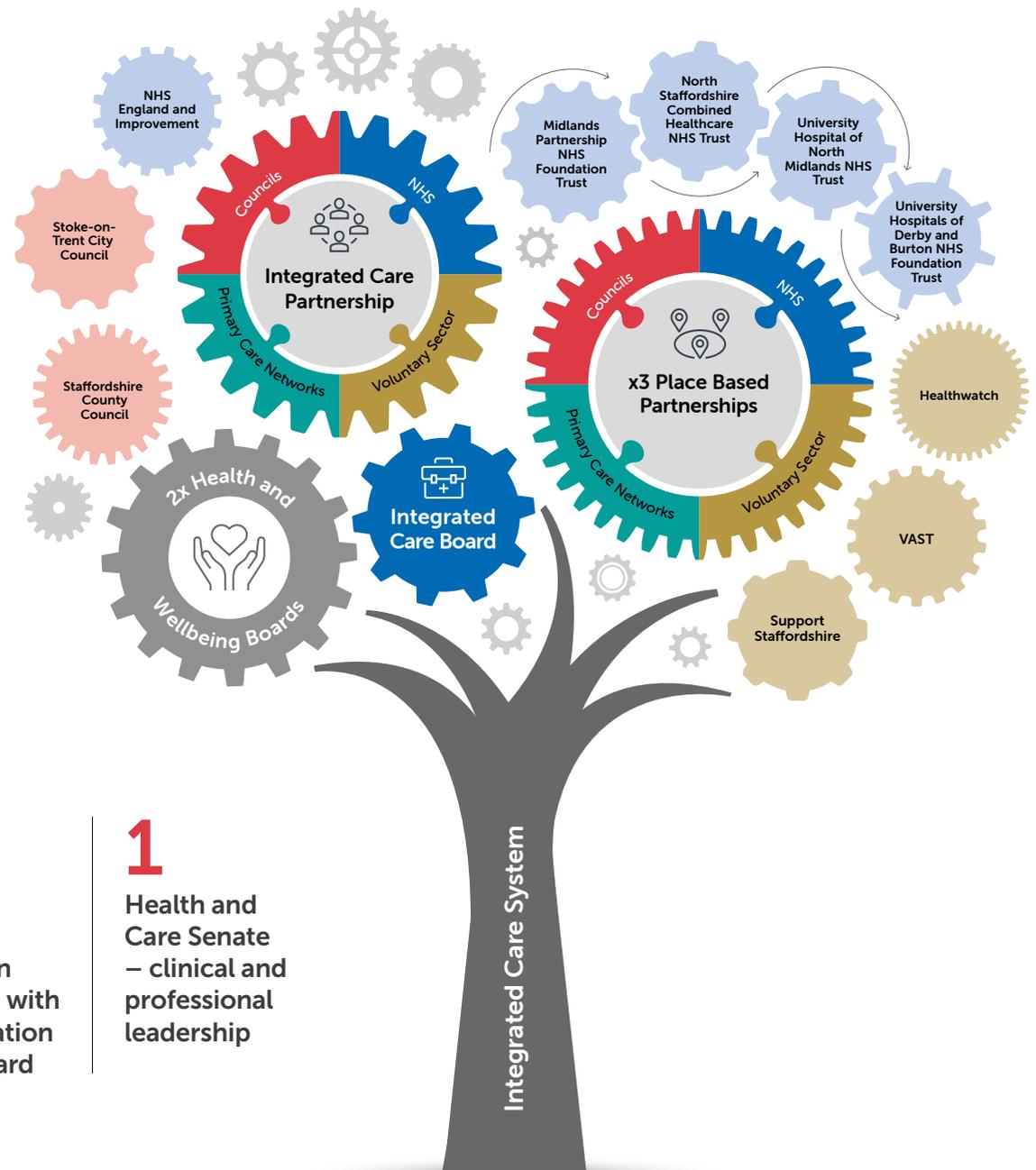
There are opportunities to prevent ill health by working together to look at all the factors that affect health, including education and housing. We want to keep our population at the centre of our care provision, to ensure that it's available closer to where they live, and it's delivered in a joined-up way. All our partners are committed to making changes that will improve health and care services for local people.

Our journey

We are reforming how we work across the health and care system to meet the needs of the whole population, with a commitment to empowering decision making at the local level through three Place Based Partnerships (PBPs).

We recognise the significant opportunities for greater integration created by changes across the public sector and partner organisations, connected by an effective, locally-owned, integrated system leadership and architecture across all levels and areas.

There are already strong relationships with the two upper tier local authorities, Staffordshire County Council and Stoke-on-Trent City Council, which have strengthened during our collective response to COVID-19. We want to embed and further develop effective system working arrangements through our transition to an Integrated Care Partnership by July 2022.



2
Health and Wellbeing Boards and Strategies

2
Overview and Scrutiny Committees for Health and Social Care

2
Healthwatch partners

2
Voluntary sector association partners – with representation on our Board

1
Health and Care Senate – clinical and professional leadership

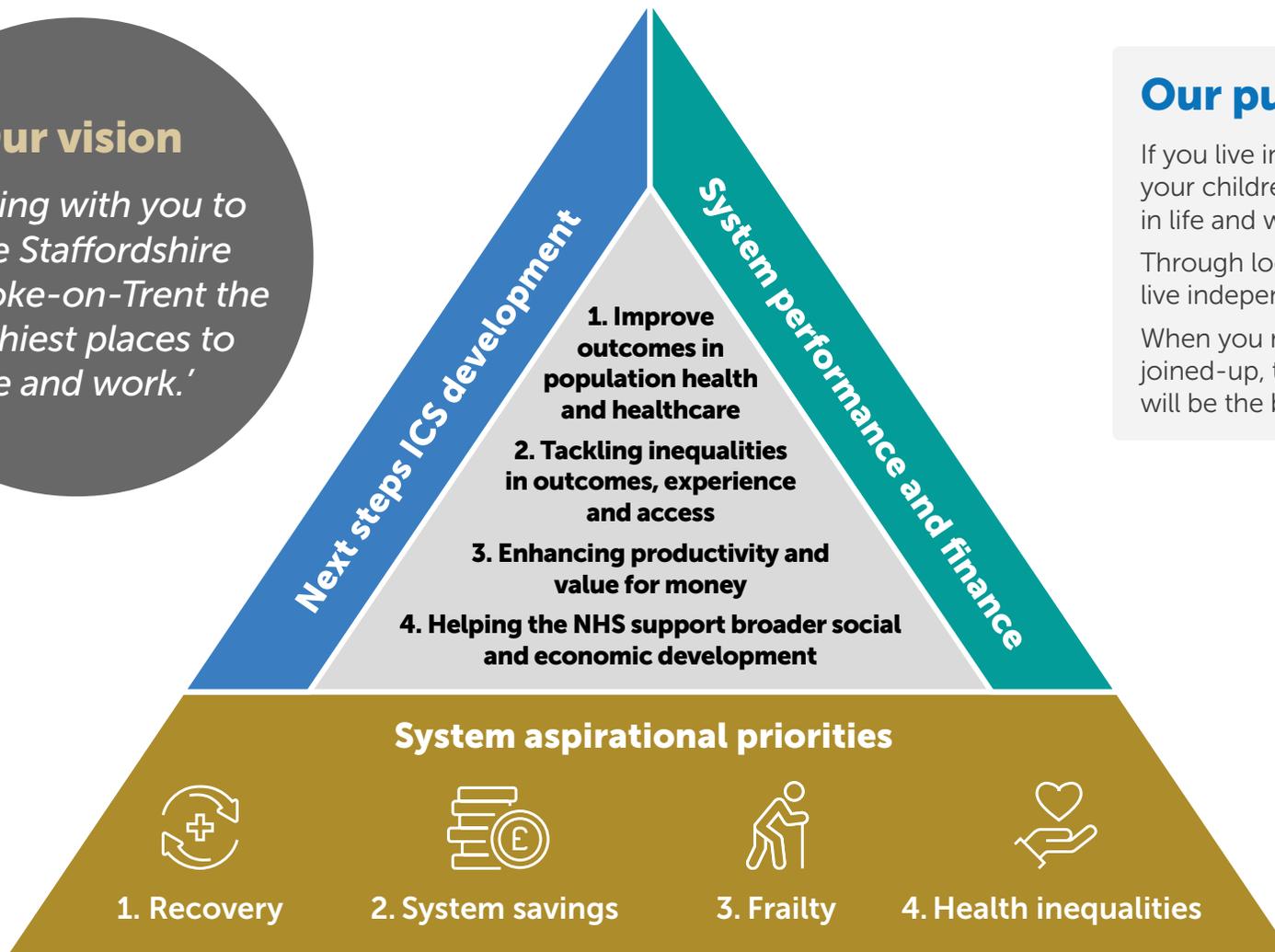
Our vision

As an ICS Board, all partners have been working through a series of development sessions to redefine who we are and set ambitious priorities for the future.

Through this, all partners have committed to a single purpose statement and four core priorities. Demonstrating that we are one system, we have strong clinical and professional leadership to deliver these priorities. Each of our priorities has a Senior Responsible Officer, including Chief Executives from local authorities and the NHS.

Our vision

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



Our purpose

If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.

Through local services we will help you to live independently and stay well for longer.

When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

Our leadership compact

We agreed our leadership behaviours, setting out our commitment to our partners, collective workforce and the people we serve. These will guide us on our ambitious journey to deliver better care for all.

We also have a Memorandum of Understanding that has been shared as best practice regionally – you can view this on our website:

www.twbstaffsandstoke.org.uk



Trust

- We will be dependable: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with integrity and consistency, working in the interests of the population that we serve
- We will be willing to take a leap of faith because we trust that partners will support us when we are in a more exposed position



Courage

- We will be ambitious and willing to do something different to improve health and care for the local population
- We will be willing to make difficult decisions and take proportionate risks for the benefit of the population
- We will be open to changing course if required
- We will speak out about inappropriate behaviour that goes against our compact



Openness and honesty

- We will be open and honest about what we can and cannot do
- We will create a psychologically safe environment where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to concede a little to reach a consensus



Leading by example

- We will lead with conviction and be ambassadors of our shared ICS vision
- We will be committed to playing our part in delivering the ICS vision
- We will live our shared values and agreed leadership behaviours
- We will positively promote collaborative working across our organisations

Our leadership compact *continued*



Respect

- We will be inclusive and encourage all partners to contribute and express their opinions
- We will listen actively to others, without jumping to conclusions based on assumptions
- We will take the time to understand others' point of view and empathise with their position
- We will respect and uphold collective decisions made



Kindness and compassion

- We will show kindness, empathy and understanding towards others
- We will speak kindly of each other
- We will support each other and seek to solve problems collectively
- We will challenge each other constructively and with compassion



System first

- We will put organisational loyalty and imperatives to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound together and once
- We will develop, agree and uphold a collective and consistent narrative
- We will present a united front to regulators



Looking forward

- We will focus on what is possible going forwards, and not allow the past to dictate the future
- We will be open-minded and willing to consider new ideas and suggestions
- We will show willingness to change the status quo and demonstrate a positive 'can do' attitude
- We will be open to conflict resolution



Building something different: place based working

We're championing the need for local delegation and are actively supporting the development of our three Place Based Partnerships (PBP) and 25 primary care networks.

Our PBPs will be the engine room of the ICS. In 2020/21 they set challenging priorities including:



Recovery and restoration



Long term conditions



Frail elderly and care home support



Children and young people



Mental health services

LEVEL 1

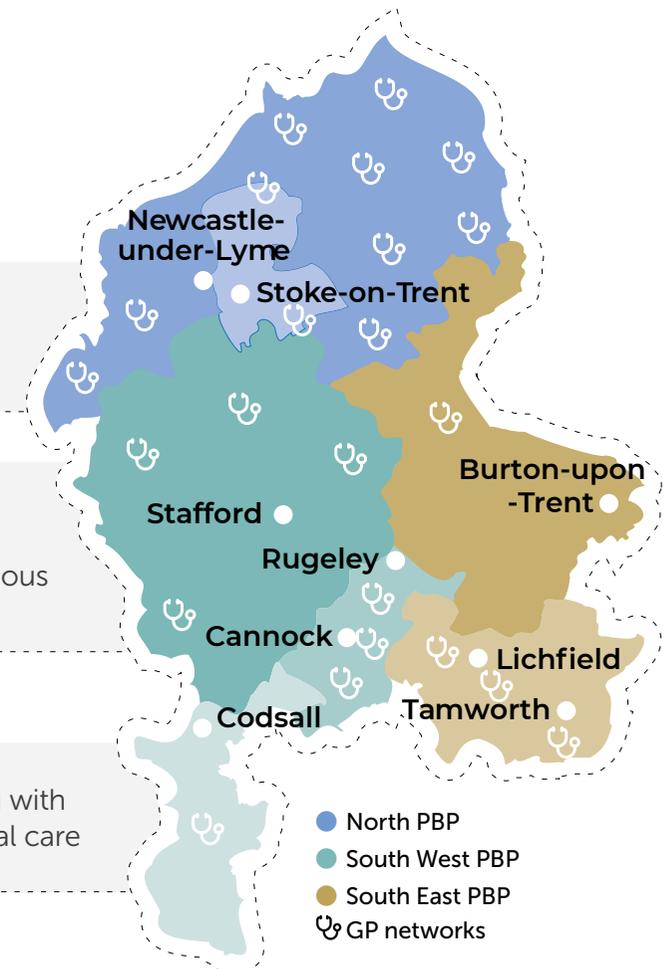
1 system – for 1.1 million people – setting the strategy and managing performance

LEVEL 2

3 places – North, South West, South East PBPs – local budgets and responsible for planning and designing services, coterminous with district and borough councils

LEVEL 3

Neighbourhoods – 25 GP networks working with communities and local services to deliver local care



As well as:

- Asset-based demand management
- Admissions avoidance
- Elective care
- Staying well
- Cancer and diagnostics

Through 2021/22 they will be aligning their priorities to the four core ICS priorities

Supporting our people

Our staff are already at the forefront of integrated working and we are building a culture of one workforce across the system.

We want our staff to feel valued and able to provide high quality, compassionate and safe care. We will support staff directly impacted by this transition.

The People, Culture and Inclusion Board is accountable to the ICS Board for the development of the People Plan. The largest priority will be the Strategic Workforce Improvement Model (SWIM), along with the 2021/22 system agreed priorities.



NHS provider:
19,239 Whole time equivalent (WTE)

General practice:
2,600 WTE

Adult social care workforce:
35,075 WTE

Clinical commissioning groups:
252 WTE

Looking after our people



- Give people time off to recover
- Facilitate carry over and buy back leave
- Support annual wellbeing conversations
- Provide health and wellbeing plans to include: risk assessment, flexible working, infection prevention and control and testing policy, preventative health and wellbeing support
- Provide occupational health and wellbeing support
- Provide rapid access to psychological and specialist support Mental Health Hubs

Belonging in the NHS



- Support improvement plans on Workforce Race Equality Standard findings, improve diversity through recruitment and promotion practices
- Deliver model employer goals
- Support delivery of Equality, Diversity and Inclusion six high impact changes

Growing for the future



- Deliver workforce supply plan with a focus on recruitment and retention, effective collaboration between employers to increase supply
- Draw on national interventions to introduce medical support workers (MSWs), increase health care support workers (HCSWs) and international recruitment of nursing staff
- Support recovery of education and training pipeline inc. clinical placement capacity
- Deliver robust postgraduate (medical and dental) training recovery plans
- Deliver workforce plans that cover all sectors, supporting expansion and development of integrated community teams

New ways of working



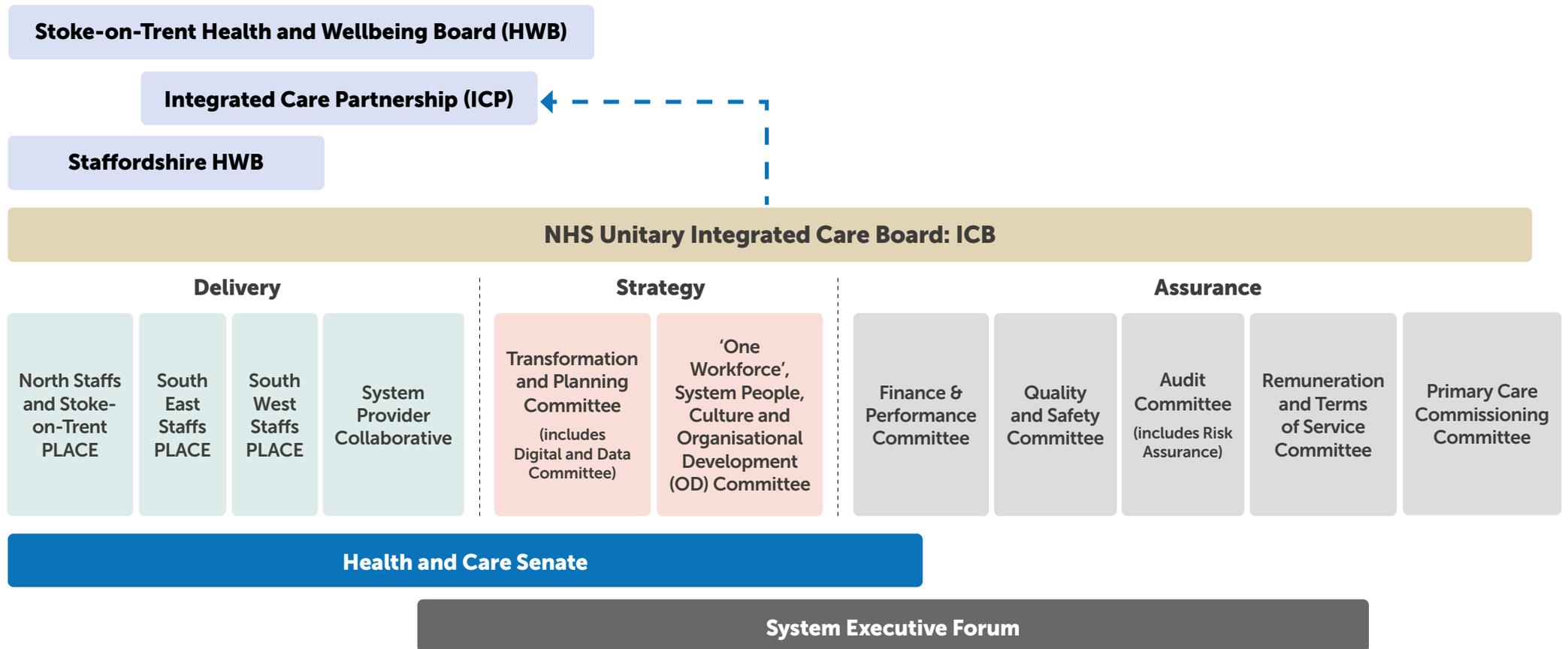
- Maximise the use of e-rostering and deployment of staff
- Provide highest level of attainment for e-job planning and e-rostering
- Deliver interventions to facilitate flexibility and staff movement across systems, including remote working plans, technology enhanced learning and staff digital passports

Our emerging governance

We expect further guidance that will inform our approach locally. However, all partners are clear that we cannot lose sight of our four core priorities and making a difference to local people.

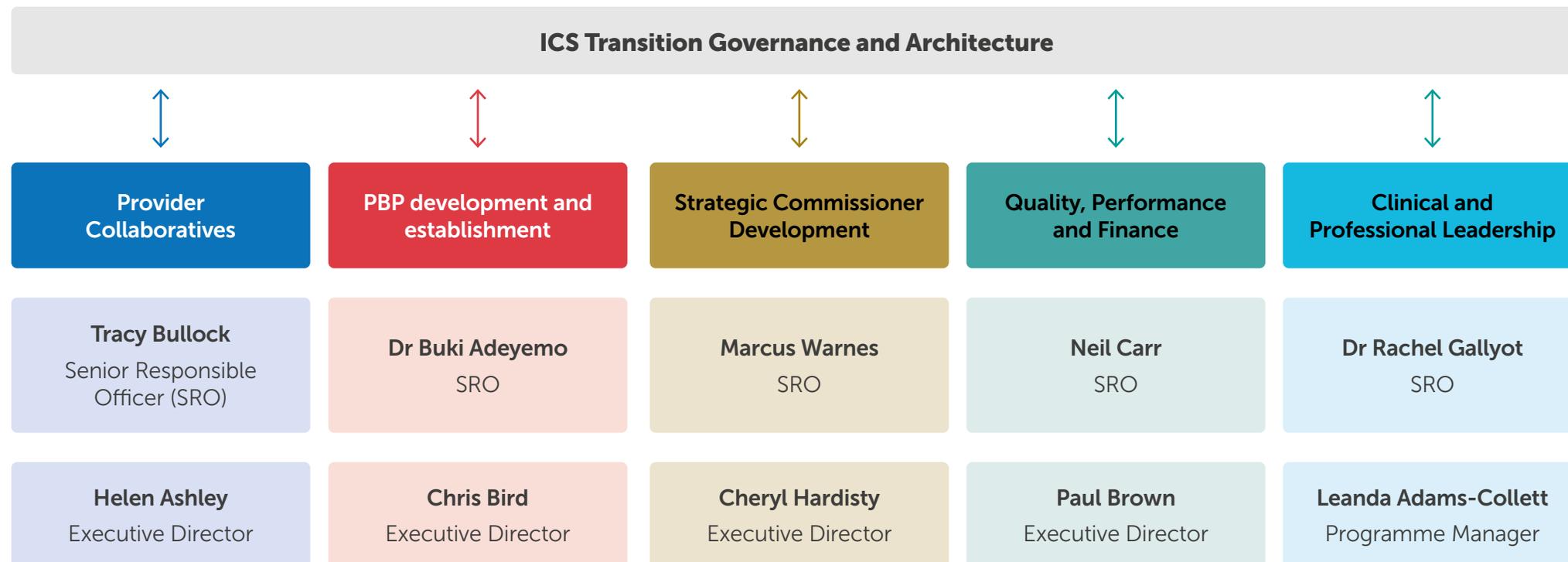
NHS Integrated Care Board (ICB) – governance (draft model)

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



Our emerging governance *continued*

We have set up key workstreams to ensure we have the necessary support, processes and procedures in place to deliver our priorities:



What makes Staffordshire and Stoke-on-Trent great

We have a lot to be proud of in health and social care, with a strong focus on quality, use of new technology and investment in new services. Below are some highlights from our partnership:



£15 million
investment in mental health



£335 million
government
investment secured
for businesses and
communities

1 of 2
**geothermal district
heating networks**

in UK supporting nation's
2050 net zero target

Exemplar
major trauma
network
at UHNM

£200k
funding to tackle health
inequalities

£62 million
investment in skills
to support workforce
of the future



89 leaders
supported on
our Stepping Up
leadership programme

6 CCGs

rated green for
involvement in the
Independent Assessment
Framework – for Patient and
Public Involvement and Equalities



**1 Intelligent Fixed
Payment System**
that has significantly
reduced disputes



Leading the way with
the COVID-19 vaccine
programme, so far:
75% first dose,
69.5 % second dose and
82.2% boosters delivered



**1 Integrated
Care Record**
system-wide

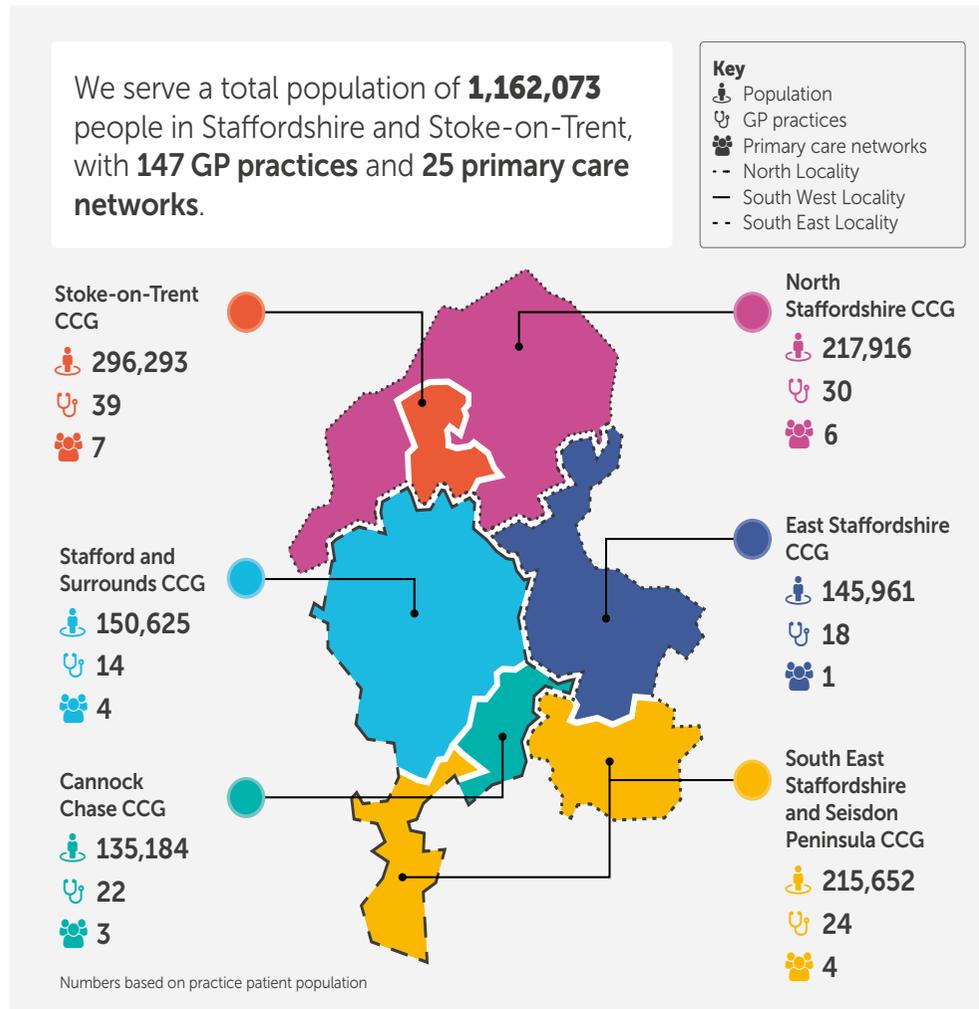


Supporting appendices



Appendix 1: The Integrated Care Body will inherit all the CCGs' statutory duties, functions and staff

Responsible for organising and funding services to improve the health and wellbeing of the whole population.



How we spent our money in 2020/21

We were given approximately **£2 billion** for 2020/21 to spend on **1,162,073 people**. This works out at an average of **£1,712 per person**.

£190 million – of which **£23.6 million** was spent on drugs used in diabetes and **£5.1 million** was spent on drugs for heart failure and high blood pressure

Average cost of a visit to A&E = **£143**

Average cost of one planned day case operation = **£654**

Average cost of each first outpatient appointment = **£151**

Average cost of hip replacement = **£4,138**

In our response to the COVID-19 pandemic, we received **£66.4 million** and we spent **£48.37 million** on COVID-19 support in 2020/21. This included:

£4 million to support primary care services, including £0.78 million to help nursing homes

£41.3 million supporting discharges from hospitals so there was quicker capacity for patients needing treatment for COVID-19 – this was a combination of Continuing Healthcare and Discharge to Assess/Home First costs

£0.9 million for personal protective equipment like masks and aprons

Appendix 1: The Integrated Care Body will inherit all the CCGs' statutory duties, functions and staff

CCGs' role, statutory duties and powers

Conduct needs assessments (general and specific)

Working with local authorities and building on Joint Strategic Needs Assessment (JSNA) and Health Wellbeing Board (HWB).

Commission population-level personalised healthcare services to meet population's needs:

- Hospital care
- Community services
- Mental health services
- Ambulance and patient transport
- Continuing healthcare
- Joint arrangements with local authority
- Primary care, including GP and optical care
- Primary care medicines and high-cost drugs
- Nursing homes
- Individual funding reviews

Provide information on the safety of services by health service

Secure improvement in the quality of services:

- Hospital services
- Primary care services
- Nursing home services

Duty to achieve financial balance

Secure public involvement in service changes

Reduce health inequalities

Promote patient involvement and patient choice

Support innovation and research

Promote integration of services

Work in partnership in areas such as:

- Special educational needs
- Safeguarding
- Public health

System level planning and coordination:

- Reset and recovery
- COVID response
- Vaccination programme
- Create the constitution for the ICS and lead ICS development
- Coordinate digital strategy
- Performance reporting
- System-level engagement with regional and national teams
- Driving response to NHS Long Term Plan (LTP) priorities

Transferred CCGs' duties plus additional duties and responsibilities:

- **Delegations from NHSEI including oversight and assurance** of local performance, finance and quality
- **Extended commissioning responsibilities:** pharmacy, dental, optometry, prison healthcare, vaccinations and immunisations and specialised services. New responsibilities: strategic workforce planning, emergency planning
- Operating through consensus not contracting.

Who we are

Six clinical commissioning groups – one workforce since 2018.

Employing 308 staff – 252 WTE

In 2020/21 **84% of practices** voted to merge as one CCG, which will form part of ICS transition

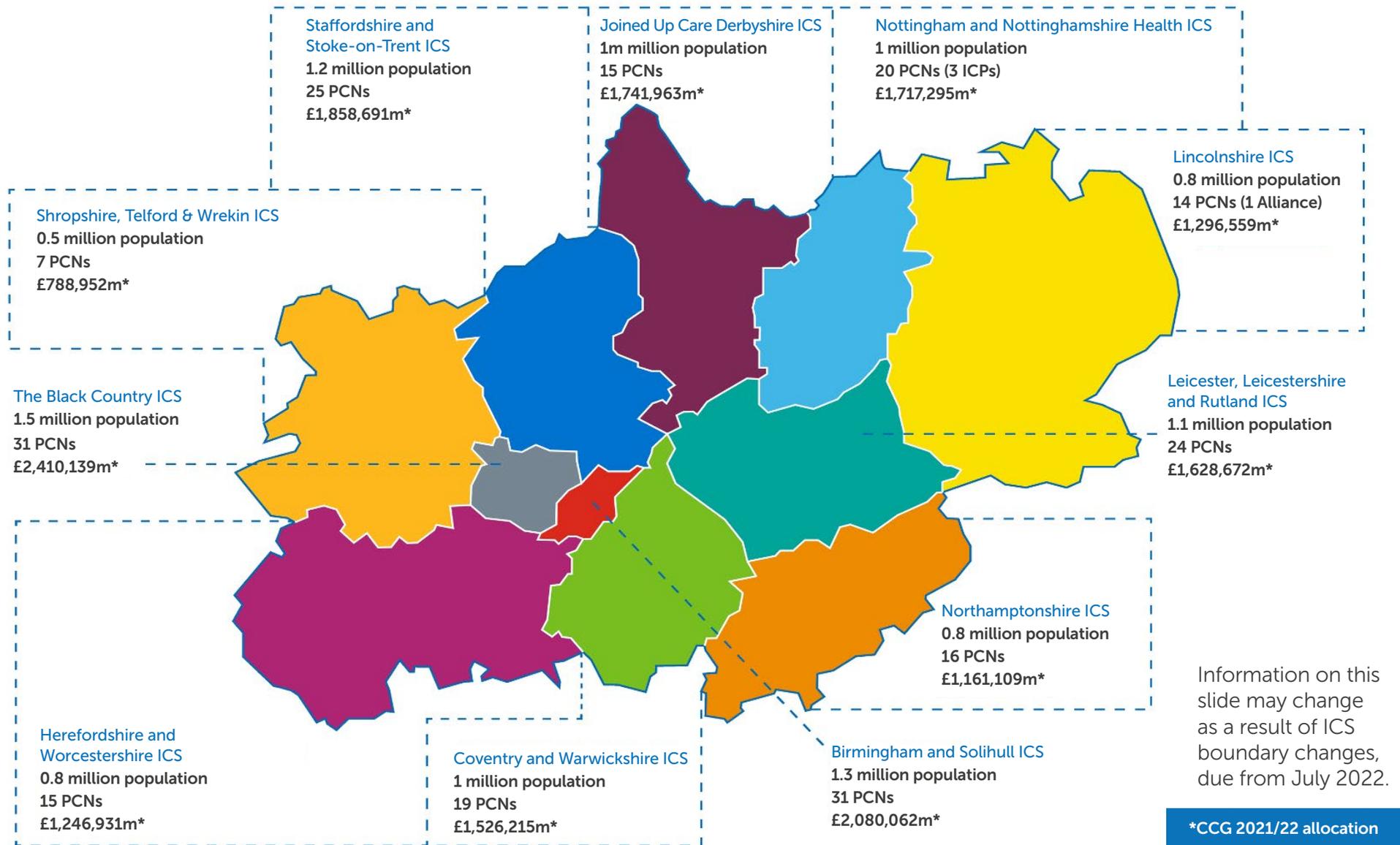
Appendix 2: Our partners in more detail

CCG	Chair
Stoke-on-Trent	Dr Lorna Clarson
North Staffordshire	Dr Alison Bradley
Stafford and Surrounds	Dr Paddy Hannigan
Cannock Chase	Dr Gary Free
South East Staffordshire and Seisdon Peninsula	Dr Sukhdip Johal
East Staffordshire	Dr Rachel Gallyot
1 Accountable Officer: Marcus Warnes 1 executive team and workforce	

Provider	Chair	Chief Executive
University Hospitals North Midlands NHS Trust	David Wakefield	Tracy Bullock
University Hospitals Derby and Burton NHS Foundation Trust	Kathy McLean	Gavin Boyle
North Staffordshire Combined Healthcare NHS Trust	David Rogers	Dr Buki Adeyemo
Midlands Partnership NHS Foundation Trust	Richard Cotterell	Neil Carr
West Midlands Ambulance Service University NHS Foundation Trust	Prof Ian Cumming	Anthony Marsh

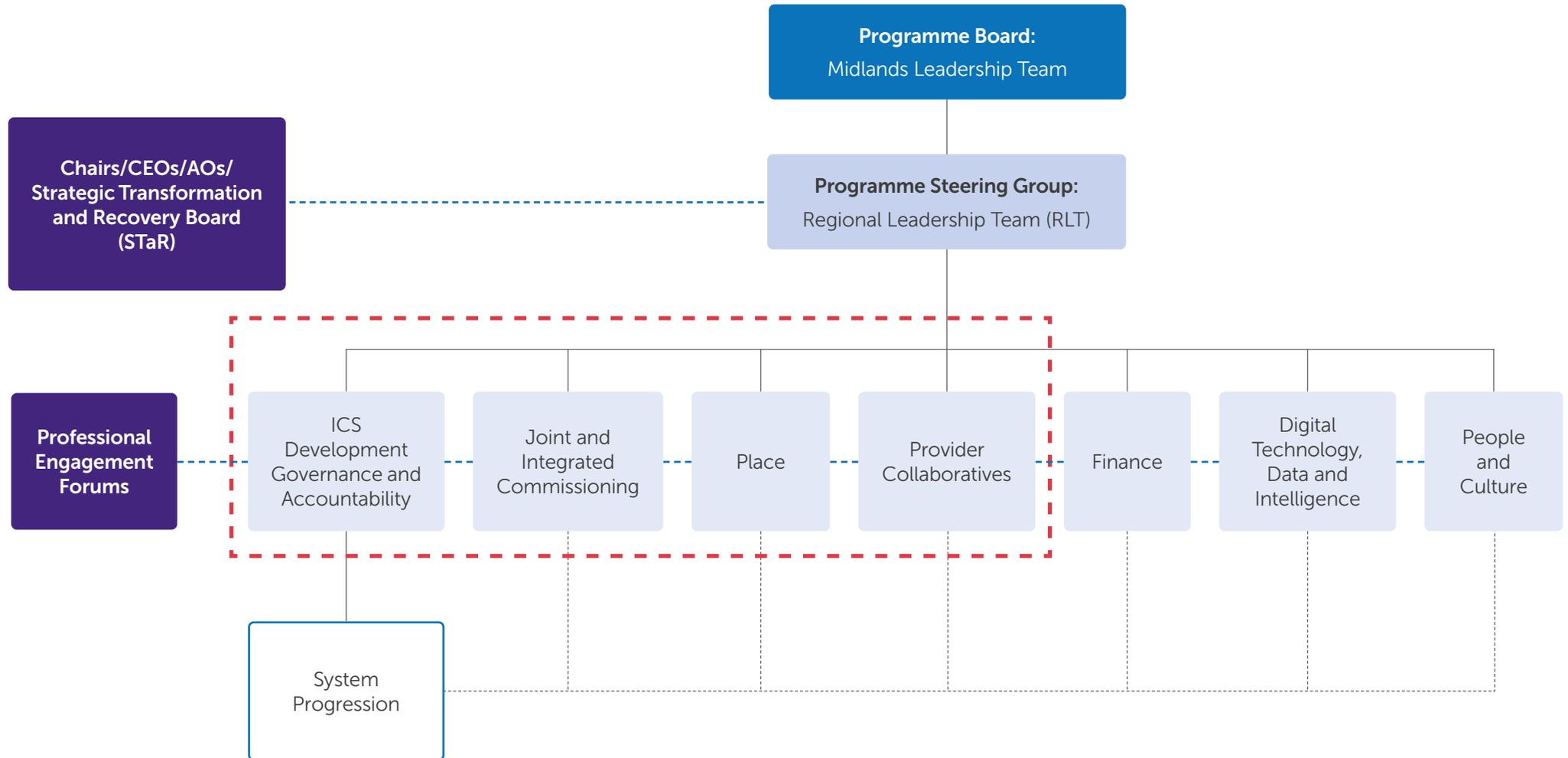
Local authority	Leader	Chief Executive
Stoke-on-Trent City Council	Cllr Abi Brown	Jon Rouse
Staffordshire County Council	Cllr Alan White	John Henderson
Newcastle-under-Lyme Borough Council	Cllr Simon Tagg	Martin Hamilton
Staffordshire Moorlands Borough Council	Cllr Sybil Ralphs	Andrew Stokes
Stafford Borough Council	Cllr Patrick Farrington	Tim Clegg
Cannock Chase District Council	Cllr Olivia Lyons	Tim Clegg
East Staffs Borough Council	Cllr Duncan Goodfellow	Andy O'Brien
Tamworth District Council	Cllr Jeremy Oates	Andrew Barratt
South Staffordshire District Council	Cllr Roger Lees	David Heywood
Lichfield District Council	Cllr Doug Pullen	Simon Fletcher

Appendix 3: The Midlands region



NHS England and Improvement (NHSEI) Midlands Regional Human Resources Directors (HRD) Office

Appendix 4: Midlands approach to ICS Development Programme



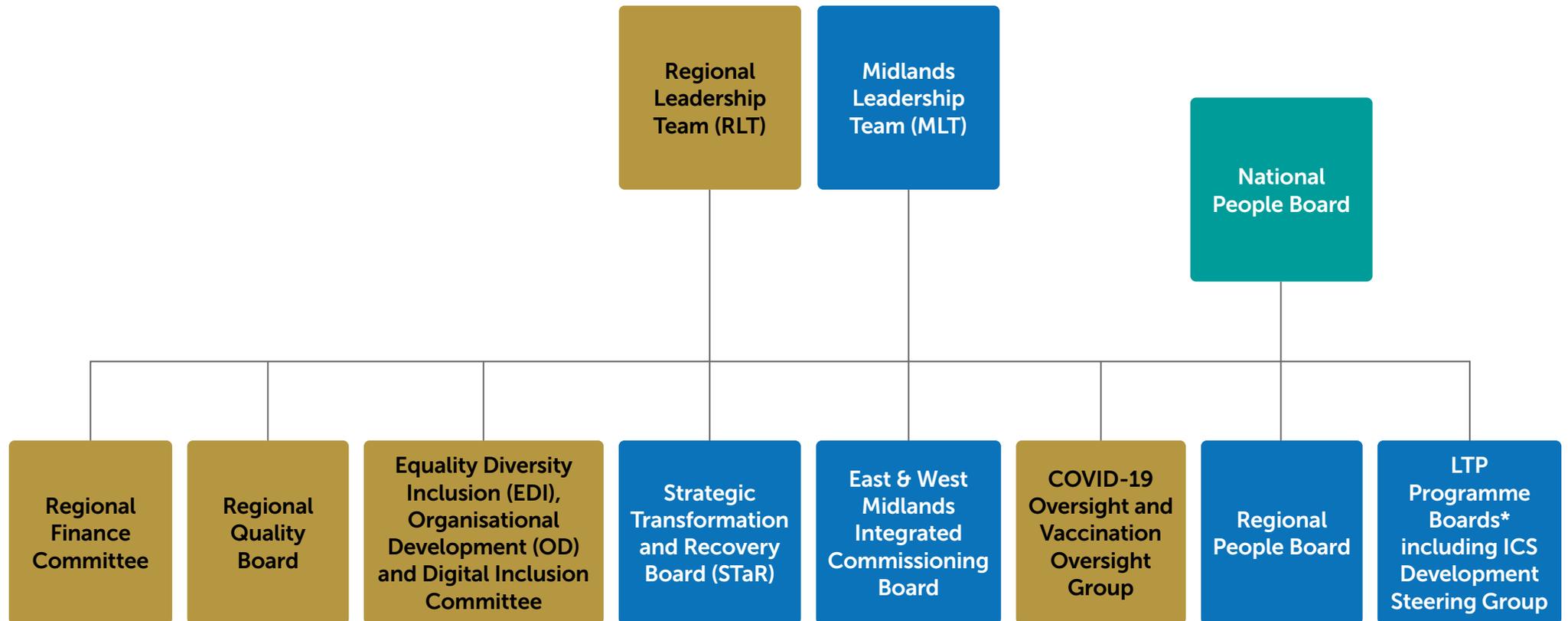
Appendix 4: Midlands approach to ICS Development Programme *continued*

Workstream	Focus
Focus	Support the development of ICSs in support of ICS functions, including but not limited to the accountability and governance requirements of ICSs; informed by System Development Plans and legislative requirements of ICSs.
Joint and Integrated Commissioning	Develop approaches to integrating commissioning functions, including NHSEI Specialised and Direct Commissioning and pan-system Provider Collaboratives.
Place	Further support the development of Places across the Midlands, including the identification and spread of good practice.
Provider Collaboratives	Support the development of Provider Collaboratives specifically providers working at scale, across multiple places, to achieve the benefits of collaborative working.
Finance	Support the implementation of national guidance for ICSs, including how money will flow to and through systems and how financial governance and accountability arrangements will operate.
Digital, Data and Intelligence	To focus on the digital and technology requirements to enable effective, joined-up system working and how data and intelligence are made accessible and used to drive good decision making to improve health outcomes and experience of care.
People and Culture	To ensure strong alignment between national policy and framework development, regional and system priorities and achievement of the shared vision for ICS development with regards to workforce and OD.

Scope and terms of reference

- Influence national ICS policy and approaches to implementation based on the experience of Midlands Systems
- Ensure that there is consistency in interpretation across Midlands Systems whilst recognising that there needs to be flexibility to adapt to the needs of local systems and characteristics of local populations
- Further support the development of ICSs (including Midlands Strategic Transformation and Recovery Board recommendations) and the implementation of transition to statutory ICSs (subject to legislation)
- Identify, agree and deliver regional support offers at scale to support progression including identification and sharing of good practice and learning from the experiences of others outside the region
- Identify those areas of collaboration where a do-once approach would be beneficial
- Identify implications for and influence the future NHSEI regional operating model
- System sponsorship, representation and engagement throughout

Appendix 5: Midlands region governance chart



Current primary reporting route - RLT

Current primary reporting route - MLT

* Supporting programme boards in place for LTP programmes, reporting into MLT