

# Telford & Wrekin Health and Wellbeing Board

Meeting Date: 24 March 2022

Paper title: ICS update

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## 1. Summary

Update on the progress with regard to ICS development and governance arrangements for Shropshire, Telford and Wrekin.

## 2. Recommendations

The board is asked to note the paper.

## 3. Report

### Context

This report is an update to the summary of the Integrated Care System (ICS) development programme in Shropshire, Telford and Wrekin presented to this board on 9 December 2021.

Since the previous update the establishment timeline for the ICB has been extended to 1 July 2022 to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill to be completed.

This paper is showing progress made to the establishment of statutory function of the ICS, how the infrastructure will work together and how services, can be planned for and delivered in the future.

### Principles and Aims

Each system is required to have a System Development Plan (SDP) outlining its journey towards becoming a new statutory organisation, giving detail of the component part of the ICS and its future aims and vision, including its arrangements for population health and health inequalities. The SDP has been structured around the principles and aims of ICS development in STW and can be summarised as follows:

Each ICS is required to have a statutory Integrated Care Partnership (ICP). The ICP will be formed by representatives from our Integrated Care Board (ICB), local authorities and a union of key stake holders and organisations. Discussions around how the ICP will operate at a system level have progressed and a draft model is due for presentation to the Region in late May.

- ▶ From 1 July 2022 each ICS is required to have formed a statutory Integrated Care Board (ICB). This board will coordinate planning and providing NHS services across the system and deliver objectives for the improvement of population health. It is anticipated that the Shropshire, Telford and Wrekin ICB will start to operate in shadow form from April 2022.
- ▶ The governance and accountability arrangements for people and workforce functions in the ICS will need to be agreed.

- People are the key priority for the ICS. In order to support and strengthen the health and care workforce, a people plan, has been signed off.
  - In order to provide assurance to staff within the ICS during the transition period a staff communications plan and timed messages have been created.
- ▶ The following deliverables are required for the establishment of ICS's
- Appointment of ICB Board members – The board members for Shropshire, Telford and Wrekin ICS have been recruited; appointments are due to be announced by the end of March 2022. The new members have commenced an induction programme which will allow them to take up their functions as soon as possible.
  - An ICB – the constitution has been drafted and agreed by the ICS; following agreement with the region it will set out the key governing principles for the ICS.
  - A draft functions and decision map – a detailed chart has been designed and is due for submission to NHSE/I by the end of May 2022 in readiness implementation from 1 July.
  - System and Place Level Quality arrangements are being refined to match the future functions model;
  - Quality and safety systems and functions are being made ready to take effect from 1 July 2022, including implementation of System Quality Groups in line with the National Quality Board's guidance.
- ▶ Two Place-Based Partnerships for 2022/23 (Shropshire Integrated Place Partnership (ShIPP,) and Telford & Wrekin Integrated Place Partnership (TWIPP) have been agreed within the system. Both ShIPP and TWIPP have representation from local authorities, local NHS trusts, PCNs and VCSE and are reporting through the CEO.
- ▶ Acute provider collaboration across ICS boundaries have been providing mutual aid to each other. These arrangements have been invaluable during times of high pressure on systems. Further development and implementation of membership, governance arrangements and programmes for provider collaboratives are key milestones on the transition plan.

Future provider partnership arrangements, including provider collaboratives, primary care networks and other collaborative arrangements are currently being drawn up.

- ▶ Clinical leadership involvement in all areas of the ICS and ICB are considered critical. A development plan to assure clinical leadership involvement has been drafted. Learnings from other systems, outcomes from guides Actin Learning Sets and feedback from the ICB board have been incorporated in the latest version which is due for submission to the Region on 27 May 2022.
- ▶ How to best engage with local people and communities is a further key aim.
- People, staff, and communities have to be allowed input into the planning and the delivery of services; services have to be joined-up in order for people's experience of health and care to be improved.
  - In order to develop the ICS's strategic direction health and care staff, local system partners and the voluntary, community and social enterprise (VCSE) sector were involved in focus groups. Outcomes from this interaction were used to develop the 10 ICS Pledges. These pledges are being refreshed on an ongoing basis to assure for them to remain relevant to the system aims.

- TWIPP and SHIPP are developing their own priorities, reflecting the different needs of each local population, and thinking about how it will work differently in the future.
  - We have strengthened our place-based working by establishing a Memorandum of Understanding (MOU) with VCSE, based on a number of shared ambitions. We have also developed a VCSE Alliance with our partners, linked to our ICS Board, to ensure inclusivity of VCSE as a strategic partner.
- ▶ All ICBs will agree how the allocation of funds will be used to perform its functions.
- Our ICS financial allocations are currently administered through the CCG. Once the ICS becomes a new statutory body in July, funds will be agreed by the ICB which will include our 2 local authorities as members of the board.
  - We are progressing work to agree how our funding allocations and payment mechanisms apply to non-NHS partners, the suitability of our ICS financial risk and governance, as well as our financial plan refresh and standardised financial reporting and controls.
  - The CCG are continuing to develop policies/processes for safe financial system transition based on national guidance. This process will also be informed by an ongoing due diligence exercise and transition planning.
- ▶ All ICS's must follow the Digital road map set out in the national advice 'What Good Looks Like' (WGLL).
- A 3 year digital transformation plan with the objective to put smart digital and data foundations in place, is being developed.
  - The ICS Digital Strategy will be closely aligned to the WGLL framework set by the NHS nationally.
  - ICS Digital and Data Transformation Plan will also ensure that we are reaching into relevant boards/committees, ensuring that digital/data conversations are centralised via programme managers and technical leads.