

Staffordshire and Stoke-on-Trent Integrated Care Board

# Candidate Information Pack



October 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, areas of natural beauty and 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.**

Our partners are united behind a compelling vision and purpose ([page 3](#)), to make a real difference to our residents and communities.

As with other systems, we are working hard to tackle the increasing demands placed on health and care whilst dealing with significant urgent and

emergency care pressures and the care backlog. This is within a context of limited resources and an exhausted workforce. We need to deliver on the current priorities whilst also targeting our collective energy, as a whole system, on supporting more activity in the community, addressing the wider determinants of health and tackling unwarranted variation and health inequalities. This presents a significant opportunity for integrated care systems (ICSS) to work collaboratively to achieve the best outcomes for our citizens and communities, ensuring we are truly a system that is greater than the sum of its parts. Locally, we have already begun that journey and you will be joining a team of people who are absolutely dedicated to that aim.

We have the energy and experience of our partners and staff behind us and a shared commitment to do what is right for local people – giving them the best chances from start through to end of life.

It is an exciting time to join us, as we take forward the learning from COVID-19 and the good work we have begun, to really gain traction on the quadruple aim. We are proud to be a finalist in the 2022 Health Service Journal's annual awards for Integrated Care System of the Year. A testament to the hard work and innovation shown by our clinicians and staff and also underpinned by our strong working partnerships. We know there is more work for us to do before we become a truly integrated system and we have some very real challenges to overcome if we are to realise our ambitions.

I will be retiring from the NHS in December 2022 and I am immensely proud of how far we have come as a system. The opportunity to harness the system leadership for the next stage of our evolution, is both exciting and attractive. We are seeking a passionate, credible and inspirational Chair who will embody our vision and lead a strategic and innovative approach to service integration and transformation, whilst cultivating a collaborative and empowering culture within the ICB/ICS.

**Are you driven by the values of social justice and inclusion, have a strong desire to improve care for local people and a burning passion to improve health outcomes?** Then please take time to read this pack and apply for this exciting opportunity. We look forward to hearing from you.



**Prem Singh**

Integrated Care Board  
(ICB) Chair

A handwritten signature in black ink that reads "Prem Singh".

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# Our purpose

1

Giving children the best start in life so they can start school ready to learn

2

Having the right services to help you live independently and stay well for longer

3

Helping you receive joined-up, timely and accessible care, which will be the best that we can provide



## Our vision

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

## Our aims

We know that we need to change the way we work and develop a new culture of integration (joined-up care). This new culture will support four key aims:



1. Improving people's health and healthcare – focusing on wellness not sickness



2. Tackling inequalities – fairer access to care and opportunities for improved health



3. Enhancing productivity and value for money



4. Supporting the broader social and economic development of our area.

# Who we are

This is an exciting new era for health and care services, and an opportunity to fundamentally tackle the challenges facing our communities.

The new, strengthened Integrated Care Partnership committee and single NHS Integrated Care Board will enable us to work differently to deliver better care and outcomes for local people and our One Workforce.

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 partners of Staffordshire and Stoke-on-Trent's ICS now include:

**1.1 million**  
population



**1 Integrated Care Board**  
replaced the 6 Clinical Commissioning Groups



**1 Integrated Care Partnership**

**2 Place areas**

**2 Health and Wellbeing Boards**



**143 GP practices**

**25 Primary Care Networks**



**1 NHS 111 and GP out of hours**  
• Vocare

**2 major 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

**1 ambulance trust**



- West Midlands Ambulance Service NHS Foundation Trust

**1 Integrated health and care system**



**2 Healthwatch organisations**

**10 councils**

- 2 upper tier local authorities
- 8 district and borough councils



**2 voluntary sector networks**

- VAST
- Support Staffordshire



**4 hospices**

**7 neighbouring major hospitals**

**331 care homes**



# About our system



## Our finance

In total, across the NHS and upper tier local authorities, we spend **£3.5bn on health and social care** for our 1.1 million residents, with a **£3.0bn spend on health services**.

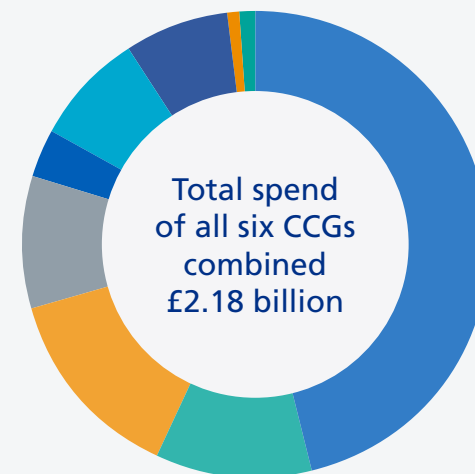
We have a strong collaborative working relationship across all system partners, speaking with one voice and viewed as a model system.

We have a balanced plan for 2022/23.

The system has a number of challenges to address with an underlying deficit of £135m. We're jointly signed up to tackle this through transformation and by truly treating the right patient, at the right time, in the right setting.

### Total CCG spend in 2021/22

● Acute services	£1.01bn
● Mental health services	£234m
● Community health services	£300m
● Prescribing	£199m
● Primary care services	£69m
● Primary care co-commissioning	£174m
● Continuing care services	£157m
● Other programme costs	£17m
● Running costs	£21m



## Our performance

Provider	Current CQC rating
University Hospitals of North Midlands NHS Trust	Requires Improvement (December 2021)
University Hospitals of Derby and Burton NHS Foundation Trust	Good (June 2021)
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)



**10,736**  
births



**445,551**  
diagnostic tests 2021/22



**216,137**  
ambulance calls 2021/22



**465,789**  
A&E attendances 2021/22



**72.2%** of people with learning disabilities had an annual health check 2021/22



**1,255,233**  
outpatient appointments 2021/22



**8,920** patients waiting over 52 weeks June 2022 – compared to 0 in February 2020 (before COVID pandemic)

# Our population

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



Local population is expected to grow by **4% by 2039**



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

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



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 and **17.1%** of pupils in Stoke-on-Trent 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.

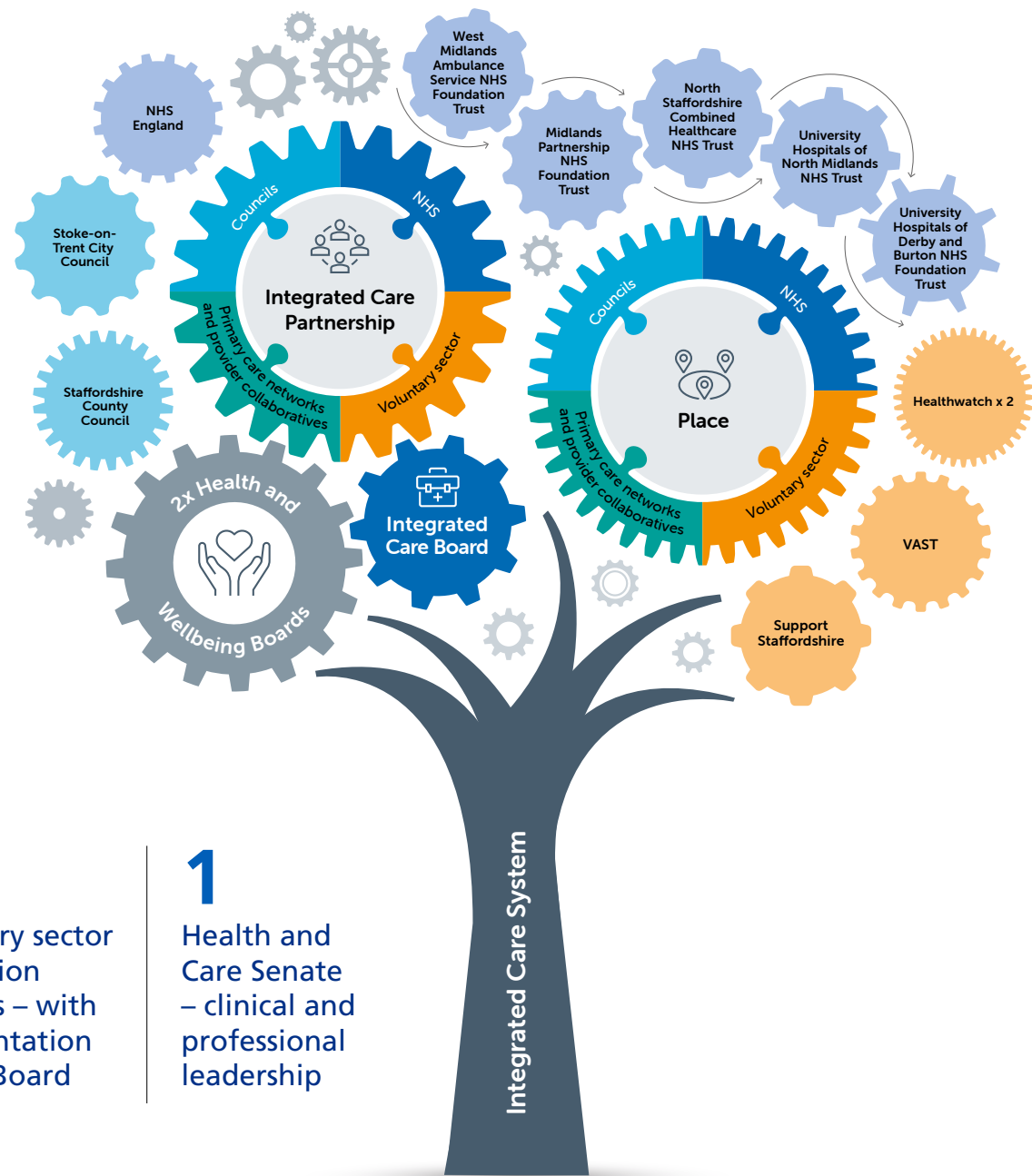
All our partners are committed to making changes that will improve health and care services for local people.

# 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 Place working.

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 new Integrated Care Partnership.



**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

# 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

**Exemplar** major trauma network at University Hospitals of North Midlands

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



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



**£200 million**

funding to tackle health inequalities

**Over 100 leaders**  
with ethnic diverse heritage supported through our **Stepping Up Alumni**



Leading the way with the COVID-19 vaccine programme, so far:

**76% first dose, 72% second dose, 84% boosters and 37% autumn boosters** delivered (as of 19/10/22)



**£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

**1 Integrated Care Record**  
system-wide





# 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.



## 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 two place-based partnerships, provider collaboratives and 25 primary care networks.

Our NHS, social care and voluntary sector providers will work more closely together through networks, including primary care networks (GP practices) and provider collaboratives (across physical, mental and social care services).

These will look to:



Reduce any duplication or variation in our services



Reduce inequalities or barriers to accessing services



Look at how we can work more efficiently to improve the quality and safety of care and use our workforce and budgets to the maximum benefit for local people.

LEVEL 1

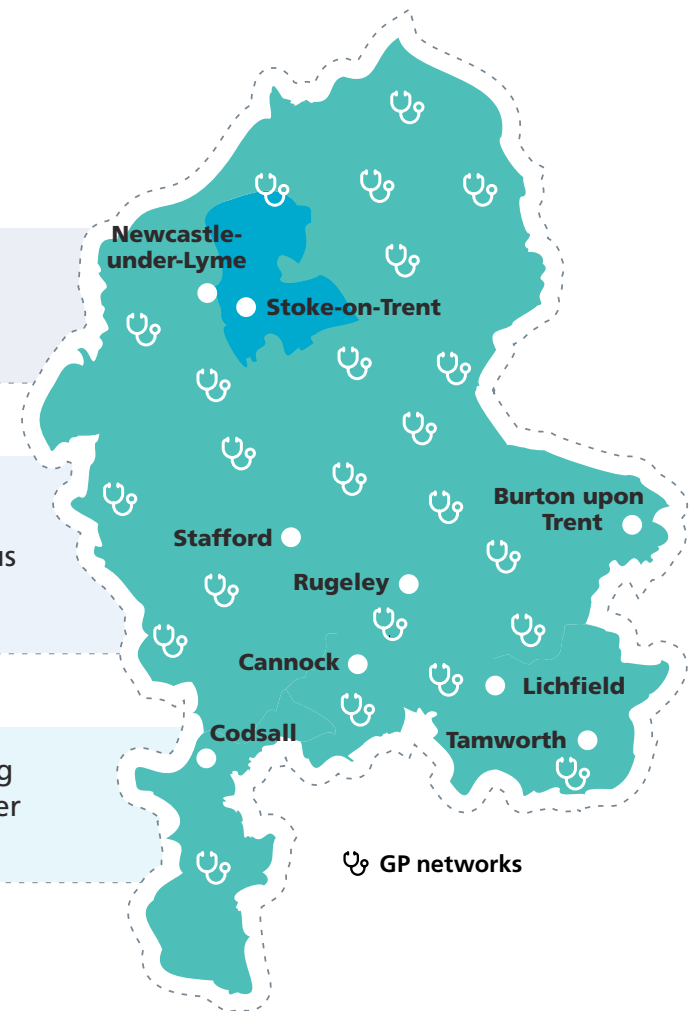
**System** - 1.1 million people - setting the strategy and managing performance.

LEVEL 2

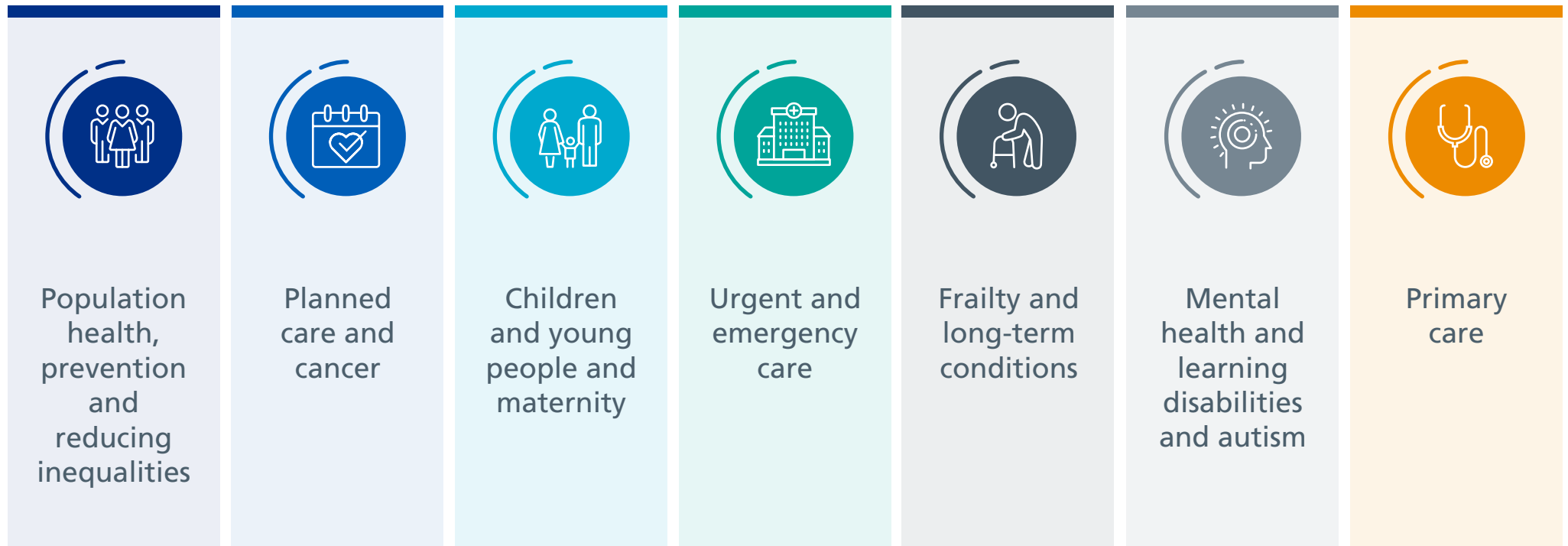
**Place** - Local budgets and responsible for planning and designing services, coterminous with local authorities.

LEVEL 3

**Neighbourhoods** - 25 GP networks working with communities and local services to deliver local care.



# Our operating model - portfolios



**Working with our partners we have agreed seven key portfolios that will set the priorities and focus of our work at a system level, place and within provider collaboratives.**

# 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 Committee is accountable to the ICB Board for the development and delivery of the People Plan. The largest priority will be the development of a One Workforce approach across our organisations, along with the 2022/23 system agreed priorities.

\*Data from July 2022

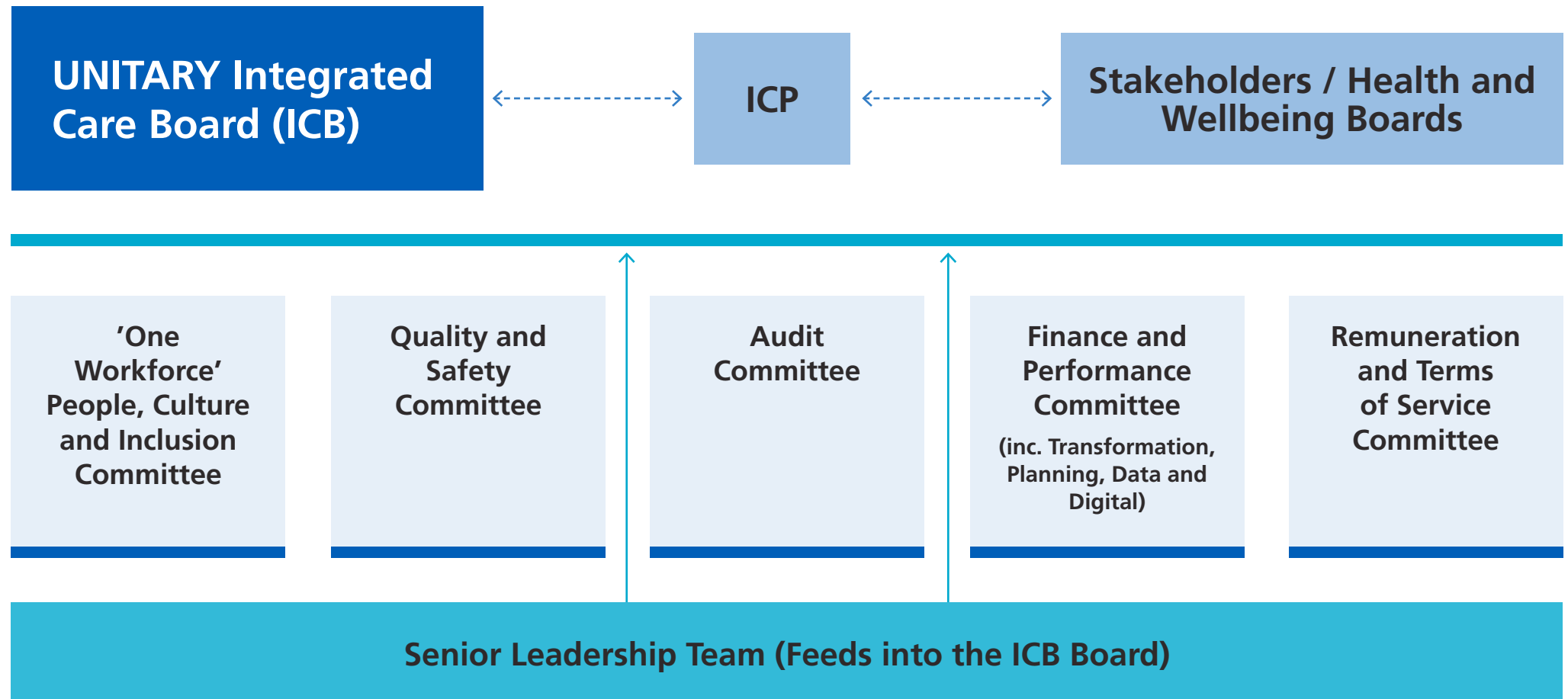


- NHS provider: **19,009 whole time equivalent (WTE)\***
- General practice: **2,733 WTE\***
- Adult social care workforce: **20,500 WTE\***
- Integrated Care Board: **249 WTE\***

## Our workforce people plan 10 domains



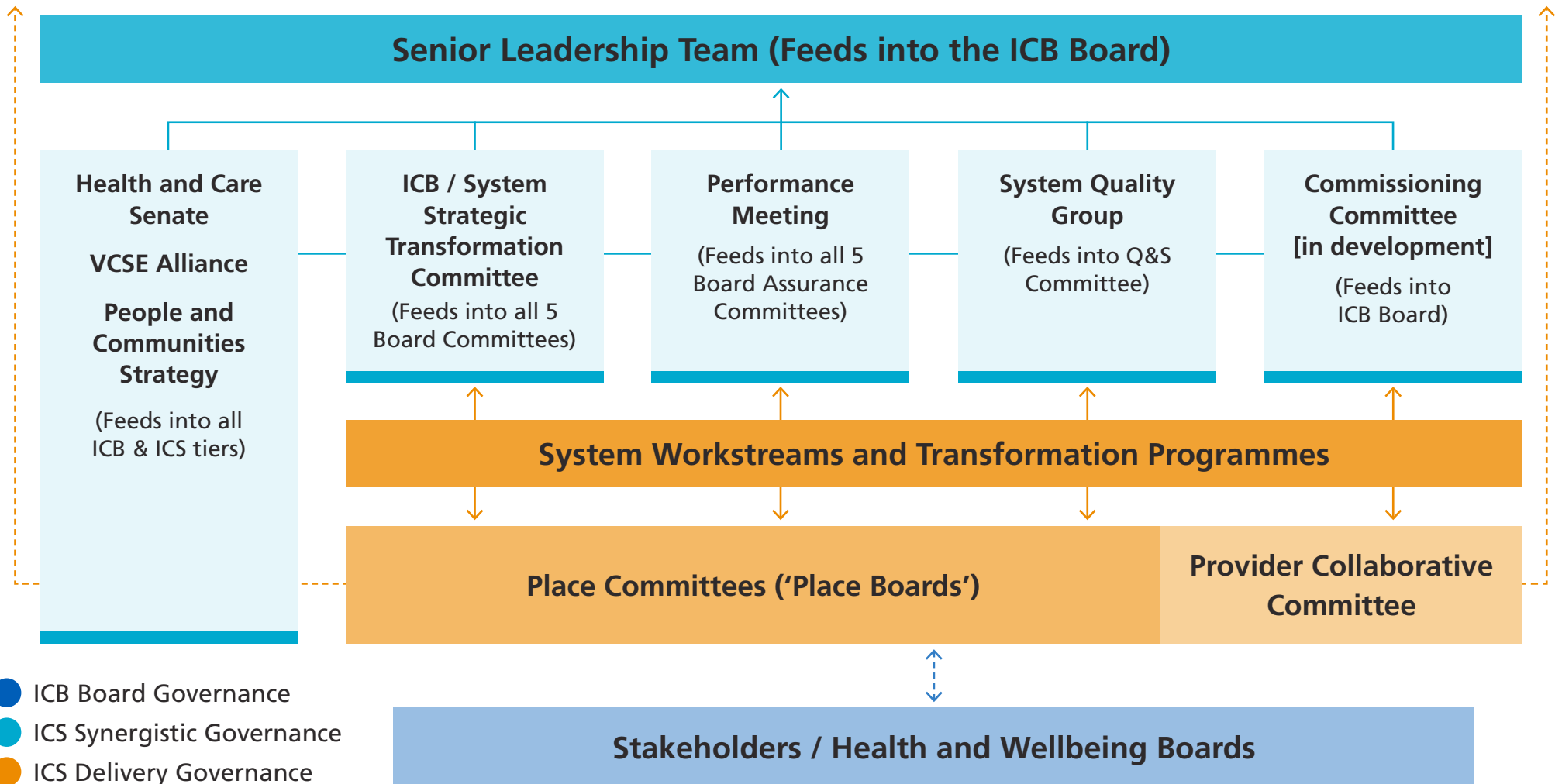
# Our governance part one



- ICB Board Governance
- ICS Synergistic Governance

# Our governance part two

## UNITARY Integrated Care Board (ICB)



# Meet the Board



**Prem Singh**  
Chair



**Josephine Spencer**  
Non-Executive:  
Chair of Quality and  
Safety Committee



**Heather Johnstone**  
Interim Chief Nursing and  
Therapies Officer



**Tracy Bullock**  
Partner Member -  
acute physical health.  
Chief Executive Officer,  
University Hospitals of  
North Midlands NHS Trust



**Peter Axon**  
Interim Chief  
Executive Officer



**Shokat Lal**  
Non-Executive:  
Chair of People, Culture  
and Organisational  
Development Committee



**Sally Young**  
Director of Corporate  
Governance



**Dr Buki Adeyemo**  
Partner Member -  
mental health. Interim  
Chief Executive, North  
Staffordshire Combined  
Healthcare NHS Trust



**David Pearson**  
Vice Chair.  
Non-Executive:  
Chair of Remuneration  
Committee



**Dr Paul Edmondson-  
Jones MBE**  
Chief Medical Officer



**Chris Bird**  
Interim Chief  
Transformation Officer



**Dr Paddy Hannigan**  
Partner Member -  
primary care



**Megan Nurse**  
Non-Executive:  
Chair of Finance and  
Performance Committee



**Alex Brett**  
Chief People Officer



**Phil Smith**  
Chief Delivery Officer



**Dr Jack Aw**  
(non-voting member)  
Partner Member -  
primary care



**Julie Houlder**  
Non-Executive: Chair of  
Audit Committee



**Chris Ibell**  
Chief Digital Officer



**Jon Rouse**  
Partner Member - local  
authority. City Director,  
City of Stoke-on-Trent  
Council



**John Henderson**  
Partner Member - local  
authority. Chief Executive  
Officer, Staffordshire  
County Council.



# Supporting appendices



# Appendix one: Our partners in more detail

Provider	Chair	Chief Executive
University Hospitals of North Midlands NHS Trust	David Wakefield	Tracy Bullock
University Hospitals of Derby and Burton NHS Foundation Trust	Kathy McLean	Stephen Posey
North Staffordshire Combined Healthcare NHS Trust	David Rogers	Dr Buki Adeyemo (interim)
Midlands Partnership NHS Foundation Trust	Richard Cotterell	Neil Carr
Royal Wolverhampton NHS Trust	Prof. Steve Field	Prof. David Loughton
West Midlands Ambulance Service NHS Foundation Trust	Prof. Ian Cumming	Anthony Marsh

Voluntary Sector	Chief Executive
VAST	Lisa Healings
Support Staffordshire	Garry Jones

Healthwatch	Manager
Healthwatch Staffordshire	Baz Tameez
Healthwatch Stoke-on-Trent	Simon Fogell

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. Paul Roberts	Andrew Stokes
Stafford Borough Council	Cllr. Patrick Farrington	Tim Clegg
Cannock Chase District Council	Cllr. Valerie Jones	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. Matt Ewart	David Heywood
Lichfield District Council	Cllr. Doug Pullen	Simon Fletcher

# Appendix two: The Midlands region

