

Extraordinary Integrated Care Board

MEETING
27 July 2022 14:00

PUBLISHED
22 July 2022

AGENDA

Meeting Title	Extraordinary Integrated Care Board	Date	27 July 2022
Chair	Sir Neil McKay	Time	2 – 2.30pm
Minute Taker	Corporate PA	Venue/ Location	The Sovereign Suite Shrewsbury Football Club Oteley Road Shrewsbury SY2 6ST

A=Approval R=Ratification S=Assurance D=Discussion I=Information

Reference	Agenda Item	Presenter	Purpose	Paper	Time
ICB-27-07.009	Introduction and Apologies	Sir Neil McKay	I	Verbal	2:00
ICB-27-07.010	Declarations of Interest: To declare any new interests or interests that conflict with an agenda item Register of Interests - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)	Sir Neil McKay	S	Verbal	
ICB-27-07.011	NHS Shropshire, Telford and Wrekin - Integrated Care Partnership	Ms Nicky OConnor	A	Enclosure	2:05
ICB-27-07.012	NHS Oversight Framework: Significance for NHS Shropshire Telford and Wrekin, including exit criteria from SOF level 4 and assurance processes	Ms Nicky OConnor	A	Enclosure	2:15
ICB-27-07.013	Appointment of External Audit Services	Mrs Claire Skidmore	A	Enclosure	2:25
	Date and time of next meeting: Wednesday 28 th September 2022 2 – 5pm – venue to be confirmed				



*Sir Neil McKay
Chair of
NHS Shropshire, Telford and Wrekin*



*Mr Simon Whitehouse
Interim Chief Executive Officer of
NHS Shropshire, Telford and Wrekin*

Integrated Care Board

Agenda item no.	ICB-27-07.011
Meeting date:	27 July 2022
Paper title	NHS Shropshire, Telford and Wrekin - Integrated Care Partnership
Paper presented by:	Ms Nicky O'Connor
Paper approved by:	Simon Whitehouse
Paper prepared by:	Irene Schwehla on behalf of Nicky O'Connor
Signature:	
Committee/Advisory Group paper previously presented:	
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	D=Discussion
I=Information	<input checked="" type="checkbox"/>
Previous considerations:	Not applicable

1. Executive summary and points for discussion

The Integrated Care Partnership (ICP) provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations.

This paper provides an update for the implementation of the ICP and processes required for its legal establishment.

Terms of Reference for the ICP have been shared with Local authorities and we anticipate that there will be some minor amendments covering quoracy and settlement of disputes added in.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	x
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	

Leadership and Governance	x
Enhanced engagement and accountability	x
Creating system sustainability	
Workforce	

3. Recommendation(s)

It is recommended for the board to

1. **Note** the role and place of the Integrated Care Partnership (ICP) within the Integrated Care System (ICS)
2. **Note** the statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care
3. **Approve** the appointment of Sir Neil McKay as founder member from the ICB for the ICP
4. **Note** the Terms of Reference of the Shropshire, Telford and Wrekin ICP

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

n/a

5. Appendices

ICP Draft Terms of Reference

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	Section A and B
Quality and Safety	n/a
Equality, Diversity, and Inclusion	n/a
Finances and Use of Resources	n/a
Regulation and Legal Requirements	Section C
Conflicts of Interest	n/a
Data Protection	n/a
Transformation and Innovation	n/a
Environmental and Climate Change	n/a
Future Decisions and Policy Making	Section D
Citizen and Stakeholder Engagement	Section B

Request of Paper:	1. Note the role and place of the Integrated Care Partnership (ICP) within the Integrated Care System (ICS)	Action approved at Board:	
	2. Note the statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care		
	3. Approve the appointment of Sir Neil McKay as founder member from the ICB for the ICP		
	4. Note the Terms of Reference of the Shropshire, Telford and Wrekin ICP		
		If unable to approve, action required:	
Signature:		Date:	

EXTRAORDINARY INTEGRATED CARE BOARD REPORT

NHS Shropshire, Telford and Wrekin - Integrated Care Partnership

1. INTRODUCTION

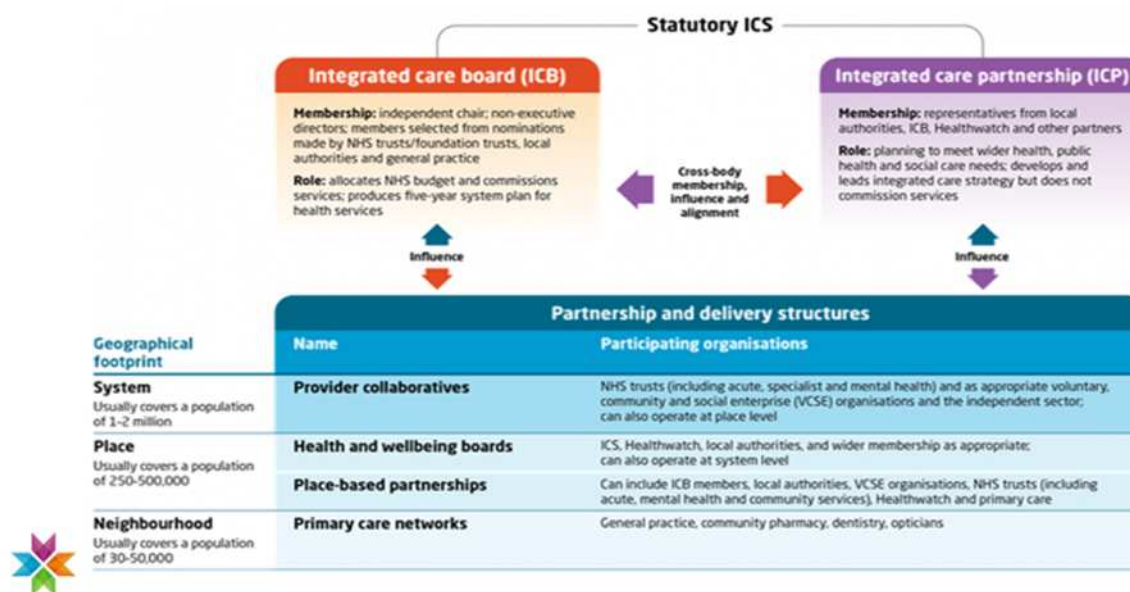
The purpose of this paper is to provide details of

- the role and place of the Integrated Care Partnership (ICP) within the Integrated Care System (ICS)
- the statutory requirements for Integrated Care Boards (ICBs) and ICPs to produce strategies and plans for health and social care
- the requirement to appoint a founder member from the ICB for the ICP
- the Terms of Reference for the ICP





2. CONTEXT

- ICPs are a critical part of ICSs and the journey towards better health and care outcomes for the people they serve. The ICP provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable.

What will the new system look like?



- b. The statutory guidance “Working in Partnership with People and Communities” states that ICBs, place-based partnerships and provider collaboratives have specific responsibilities towards participation, summarised below. There are statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care, each with minimum requirements for how people and communities should be involved.

What is it?			
			
Integrated Care Board (ICB)	Integrated Care Partnership (ICP)	Place-based partnership	Provider collaborative
Role			
New statutory organisation leading integration within the NHS, bringing together all those involved in planning and providing NHS services.	New statutory committee established by the ICB and relevant local authorities, responsible for developing overarching strategies that cover health, social care and public health and address the wider determinants of health and wellbeing.	Partnerships between the NHS, local government and other system partners working together in a locally defined ‘place’ to collectively plan, deliver and monitor services.	Partnership arrangement involving trusts working together within and across systems to plan, deliver and transform services.
Participation responsibilities			
<p>Involve people and communities in the planning of services and proposals and decisions having an impact on services.</p> <p>Demonstrate how legal duties have been met at different levels.</p> <p>Develop integrated health plans with people and communities.</p> <p>Create strategy on how the ICB will work with people and communities.</p>	<p>Develop integrated care strategies with people and communities.</p> <p>Include community leaders and independent representatives of local people.</p> <p>Local authority role in making connections to communities and democratic representatives.</p>	<p>Fully engage those affected by decisions.</p> <p>Build on existing approaches to involve people in decision-making.</p> <p>Support PCNs and neighbourhood teams to work with people and communities to strengthen health promotion and treatment.</p>	<p>Share and build on the good practice that exists in member organisations, such as co-production approaches and links to local communities.</p> <p>Use insight and feedback from patient surveys, complaints data and partners like Healthwatch.</p> <p>Trusts must meet their legal duties to involve people when planning and developing proposals for changes through the collaborative.</p>

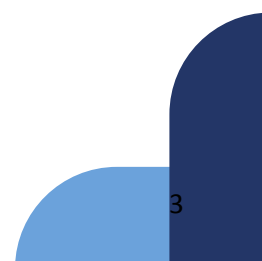
- c. One of the requirements in the ICB establishment timeline is the appointment of the ICB founder member of the Integrated Care Partnership (ICP) in order to formally establishment the partnership. The ICP will be a statutory committee that is formally recognised as a joint committee of the ICB and the two local authorities. It is proposed that Sir Neil McKay, ICB Chair, is appointed as the ICB's founder member. The founder member will work with the ICB Chief Executive, Partnership Board Chairs, local authority elected members and Chief Executives to formally establish the Partnership Board as a statutory committee. The terms of reference agreed by the ICP Steering group are attached at Annex A. These will need to be updated and agreed by the Partnership Board at its meeting in September to reflect the Partnership Board's status as a statutory committee.
- d. Since the last update to the ICB Board discussions have continued with local partners to progress the Terms of Reference and working arrangements for the first Integrated Care Partnership meetings for STW. The principles of working are agreed and in line with the legislative requirements. The ICP will be chaired by both local authorities – the chair arrangements rotating between the two.

The agreement to start the ICP as a small meeting including statutory partners, Healthwatch and the VCSE sector as members was confirmed, based on the requirements of the Health and Care Act, the needs of the residents of Shropshire Telford and Wrekin, the current challenges in the system and the fact that this is a new part of the system. To evolve and learn from the initial meetings and consider any amendments at that time, the operation of the ICP will be reviewed after 6 months.

3. CONCLUSION:

The board is being asked to

- a. **Note** the role and place of the Integrated Care Partnership (ICP) within the Integrated Care System (ICS)
- b. **Note** the statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care
- c. **Approve** the appointment of Sir Neil McKay a founder member from the ICB for the ICP
- d. **Note** the Terms of Reference of the Shropshire, Telford and Wrekin ICP



Integrated Care Board

Agenda item no.	ICB-27-07.012									
Meeting date:	27 July 2022									
Paper title	NHS Oversight Framework: Significance for NHS Shropshire Telford and Wrekin, including exit criteria from SOF level 4 and assurance processes									
Paper presented by:	Ms Nicky O'Connor									
Paper approved by:	Simon Whitehouse									
Paper prepared by:	Irene Schwehla on behalf of Nicky O'Connor									
Signature:										
Committee/Advisory Group paper previously presented:										
Action Required (please select):										
A=Approval	X	R=Ratification		S=Assurance		D=Discussion		I=Information		X
Previous considerations:	Not applicable									

1. Executive summary and points for discussion

The NHS Oversight Framework describes NHS England's approach to oversight of integrated care boards and trusts for 2022/23. NHSE will discharge its duties in collaboration with ICBs, asking ICBs to oversee and seek to resolve local issues before escalation.

In the NHS Oversight framework criteria ranging on a scale of segment 1 (no specific needs) to requirement for mandated intensive support (segment 4) are being used to determine the scale and nature of support needs

For NHS Shropshire Telford and Wrekin the following segmentation applies:

System - Segment 4

Shrewsbury and Telford NHS Trust – Segment 4

Robert Jones and Agnes Hunt Foundation Trust – Segment 3

Section B of the paper gives further details of the ratings and the criteria and process for NHS Shropshire Telford and Wrekin to exit or improve support levels.

A Memorandum of Understanding, setting out the principles which underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health, and care services is being developed. Section C gives details of and deadlines for submission of the MoU.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	x
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	x
Enhanced engagement and accountability	x
Creating system sustainability	x
Workforce	

3. Recommendation(s)

It is recommended for the board to

Note the requirements of the NHS Oversight Framework

Note the agreed exit criteria

Note the approach to the development of the MOU

Once the MOU is complete, **Delegate** sign off to the Chair and Chief Executive of the ICB

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

n/a

5. Appendices

6. What are the implications for:

** For each section the ask will be to either refer to a section of the paper, identify that there are no implications or to submit a separate comment **

Shropshire, Telford and Wrekin's Residents and Communities	
Quality and Safety	Section B
Equality, Diversity, and Inclusion	n/a
Finances and Use of Resources	Section B
Regulation and Legal Requirements	Section A
Conflicts of Interest	n/a
Data Protection	n/a
Transformation and Innovation	Section B
Environmental and Climate Change	n/a

Future Decisions and Policy Making	Section C
Citizen and Stakeholder Engagement	n/a

Request of Paper:	1. Note the requirements of the NHS Oversight Framework 2. Note the agreed exit criteria 3. Note the approach to the development of the MOU 4. Once the MOU is complete, Delegate sign off to the Chair and Chief Executive of the ICB	Action approved at Board:	
		If unable to approve, action required:	
Signature:		Date:	



EXTRAORDINARY INTEGRATED CARE BOARD REPORT

NHS Oversight Framework: Significance for NHS Shropshire Telford and Wrekin, including exit criteria from SOF level 4 and assurance processes

1. INTRODUCTION

The purpose of this paper is to provide details of

- a. The NHS Oversight Framework and how NHSE will discharge its duties in collaboration with ICBs
- b. NHS Shropshire Telford and Wrekin System Oversight Level and Exit Criteria
- c. Approach to Oversight – Memorandum of Understanding

2. CONTEXT

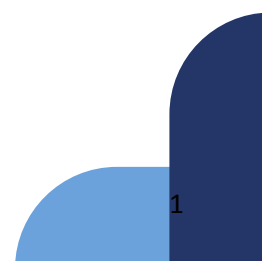
a. The NHS Oversight Framework

The NHS Oversight Framework describes NHS England's approach to oversight of integrated care boards and trusts for 2022/23. It builds on the approach outlined in the NHS System Oversight Framework 2021/22. This framework provided a single, consistent NHS monitoring framework with the flexibility to support different system delivery and governance.

NHSE will discharge its duties in collaboration with ICBs, asking ICBs to oversee and seek to resolve local issues before escalation. NHSE will intervene directly with providers only in exceptional circumstances, for example, where enforcement action is necessary, and with the full awareness of the relevant ICB.

ICBs will lead the oversight of NHS providers, assessing delivery against the domains listed below, working through provider collaboratives where appropriate:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability
- local strategic priorities



ICBs are expected to consult with their NHSE regional team about areas of concern, specific support requirements and issues requiring formal intervention by NHSE.

Together, NHSE and ICBs will agree the specific arrangements for each system to ensure effective and proportionate oversight, reflecting local delivery and governance arrangements

b. NHS Shropshire Telford and Wrekin System Oversight Level and Exit Criteria

The framework provides further detail on the criteria used to determine the scale and nature of support needs, ranging on a scale of segment 1 (no specific needs) to requirement for mandated intensive support (segment 4). Primary care providers and primary care networks (PCNs) will not be allocated to segments. However, notably, the overall quality of primary care will inform ICB segmentation decisions.

In NHS Shropshire Telford and Wrekin the following segmentation applies:

System - Segment 4

Shrewsbury and Telford NHS Trust – Segment 4

Robert Jones and Agnes Hunt Foundation Trust – Segment 3

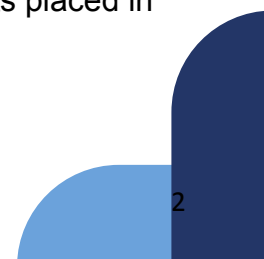
The framework elaborates on how the Recovery Support Programme (RSP) – which applies to providers and ICBs in segment 4 – will operate. The RSP is:

- available to support ICBs and trusts with increasing, complex challenges, helping to embed improvement upstream to prevent further deterioration and enable stabilisation
- focused on building resilience within trusts and systems with knowledge and skills transfer providing sustainable capability within the system, such that they exit the programme with the knowledge and skills they need to achieve sustainable improvement
- designed to place an expectation on systems to build the capacity required to maintain improvement.

Moreover, where a trust is in the RSP, an improvement director, reporting to the director of national intensive support, will support the trust and its system partners to develop an improvement plan which will include a target timeline for exit from the RSP and segment 4.

NHSE must sign off the improvement plan for both ICBs and trusts placed in segment 4.

Exit criteria – Recovery Support Programme



The new framework also elaborates on the exit criteria used to leave segment 4. NHSE will make a decision on exit from the RSP on the basis that the agreed exit criteria have been met in a sustainable way and any required transitional intensive support is in place as an ICB or trust moves to segment 3.

As support is also mandated in segment 3, the improvement plan should remain in place and will continue to be reviewed at a regional level to ensure improvement is being achieved. Where the objective eligibility criteria for entry into the RSP included a recommendation from the CQC, the decision to exit segment 4 will consider the evidence underpinning the CQC recommendation.

STW ICS agreed exit criteria

Development of an agreed 5 Year STW Integrated System Improvement Plan, including longer term sustainability
Evidence of meaningful mobilisation of the Integrated System Improvement Plan over a period of at least 12 months.
System has in place robust system governance structure, processes and mechanisms established and fully functional, including financial governance
Evidence of whole system ownership of quality, operational and financial challenges.
Demonstrable and effective system support to address CQC conditions and undertakings at SaTH.

Having identified the priority areas for focus to address the exit criteria issues, the next stage is to jointly confirm the measures and metrics to assist regional NHSE assessment of progress against the exit criteria. This will enable NHSE to confirm at which point the system has satisfied given exit criteria. It is expected that these will be confirmed as final draft by latest 31 August 2022 for joint sign off by ICB and NHSE.

c. Approach to Oversight – Memorandum of Understanding

The memoranda of understanding (MoU) developed jointly between NHSE regional teams and ICBs in 2021/22 forms the basis of these arrangements. NHSE has developed an outline MoU and supporting guidance to support ICBs and regional teams to update individual MoUs to reflect the new statutory arrangements and the updated framework.

Notably, MoUs will now be expected to set out more detailed arrangements for proportionate and robust oversight mechanisms and structures across the ICB

and its partner organisations, which reflect the local delivery and governance arrangements and the respective roles of the ICB and NHSE, as clarified in the framework.

The MOU contains the following sections:

- Ways of working
- System Priorities and Deliverables
- Partnership and Place Arrangements
- Governance and Oversight
- Roles and Responsibilities in Performance Improvement
- ICS Development
- Reviewing, amending and monitoring of the MOU

A final draft of the MOU will need to be submitted to NHSE Midlands Region by the middle of September. Chair and Chief executive of the ICB will therefore be required to sign off the final draft of the MOU in advance of the September ICB board meeting.

3. CONCLUSION:

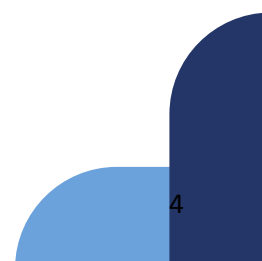
The board is being asked to

Note the requirements of the NHS Oversight Framework

Note the agreed exit criteria

Note the approach to the development of the MOU

Once the MOU is complete, **Delegate** sign off to the Chair and Chief Executive of the ICB



Integrated Care Board- 27th July 2022

Agenda item no.	ICB-27-07.013
Meeting date:	27/07/2022
Paper title	External Audit Contract Award and Auditor Panel Terms of Reference
Paper presented by:	Claire Skidmore Chief Finance Officer
Paper approved by:	Claire Skidmore Chief Finance Officer
Paper prepared by:	Laura Clare Deputy Director of Finance
Signature:	Claire Skidmore
Committee/Advisory Group paper previously presented:	N/A
Action Required (please select):	
A=Approval	<input checked="" type="checkbox"/> R=Ratification
S=Assurance	<input type="checkbox"/> D=Discussion
I=Information	<input type="checkbox"/>
Previous considerations:	Not applicable

1. Executive summary and points for discussion

STWCCG's External Audit Contract expired on the 30th June 2022. In compliance with the CCG's Standing Financial Instructions and the Public Contract Regulations 2015, the CCG were required to re-procure the service.

The primary objective of the procurement was to procure an External Audit Service that will provide an independent audit opinion on the accounts and annual financial statements and, where relevant, report on the adequacy of arrangements to secure economy, efficiency and effectiveness in an entity's use of resources.

It was made clear in the tender documentation that the Contract may commence under a proposed new statutory body called the NHS Integrated Care Board (ICB), following its establishment.

The contract period is for 3 years with the option to extend for a further 12-month period.

Only one bid was received which was from Grant Thornton UK LLP, the CCG's incumbent provider. This totalled £302,430 for the three year period compared to the financial threshold given of £240,000. (£62,430 above the threshold for the initial 3-year period equates to £20,810 per annum).

On the basis that we have been aware for some time that there is an extremely limited market for NHS Audit Services (supported by the fact that only one bid was received) and that the affordability threshold was set before the recent energy price/inflation increases it was not

unexpected that the bid exceeded the threshold. Cover for an increased sum has been factored into the 22/23 budget setting/financial planning process.

The tender evaluation clauses set by the CCG allowed for a scenario where bids submitted above the financial threshold would not be automatically discounted but would be subject to CCG discretion. This has proved to be helpful given the context described above.

For all other areas of the evaluation the bidder scored very well.

The evaluation panel acknowledged that there is a level of risk with this procurement due to the successful bidder exceeding the affordability threshold. The risk being that other potential bidders may claim that they would have bid if the financial threshold had been higher. The probability of risk in this regard however, bearing in mind the perceived lack of appetite for NHS work in this area, is deemed to be low.

The contract award recommendation paper from the procurement team was considered and approved by the CCG auditor panel and CCG Governing Body in March 2022 but due to the commencement date of the contract (1st July 2022) this also needs to be formally approved by the ICB auditor panel and Integrated Care Board

The regulations governing the appointment process of external auditors requires CCGs and ICBs to appoint an Auditor Panel to oversee the appointment and typically these are formed from existing members of the Audit Committee. It is the responsibility of the Auditor Panel to make a recommendation to the Board who then formally approve the appointment.

The Auditor Panel Terms of Reference, (ToR), for the legacy CCG were standard ToR, based on a national template. It is proposed that these ToR, attached at appendix A, are adopted for use in NHS Shropshire, Telford and Wrekin ICB.

The contract award recommendation paper and proposed Terms of Reference were shared with audit committee members electronically for their views during July 2022. A few small amendments have been made to the ToR attached (changes are tracked) but all audit committee members are recommending to the new ICB that the Board approves the contract award and adopts the ToR.

2. Which of the ICB Pledges does this report align with?

Improving safety and quality	
Integrating services at place and neighbourhood level	
Tackling the problems of ill health, health inequalities and access to health care	
Delivering improvements in Mental Health and Learning Disability/Autism provision	
Economic regeneration	
Climate change	
Leadership and Governance	x
Enhanced engagement and accountability	x
Creating system sustainability	
Workforce	

3. Recommendation(s)

The Board is asked to:

- **NOTE** the content of this report and the recommendations from the ICB auditor panel to:
- **APPROVE** the outcome of the procurement and the award of the contract to Grant Thornton UK LLP
- **APPROVE** the use of the Terms of Reference for the Auditor panel for the ICB

4. Does the report provide assurance or mitigate any of the strategic threats or significant risks in the Board Assurance Framework? If yes, please detail

No

5. Appendices

Appendix A- Auditor Panel Terms of Reference

6. What are the implications for:

Shropshire, Telford and Wrekin’s Residents and Communities	No impact
Quality and Safety	No impact
Equality, Diversity, and Inclusion	No impact
Finances and Use of Resources	Details of costs of external audit contract are included.
Regulation and Legal Requirements	The ICB is legally required to appoint an external auditor.
Conflicts of Interest	No impact
Data Protection	No Impact
Transformation and Innovation	No impact
Environmental and Climate Change	No impact
Future Decisions and Policy Making	No impact
Citizen and Stakeholder Engagement	No Impact

Request of Paper:	To approve the contract award for the external	Action approved at Board:	
-------------------	--	---------------------------	--

	auditors and approve the adoption of the terms of reference for the auditor panel.		
		If unable to approve, action required:	
Signature:		Date:	

1. Introduction and

2. Declarations of

3. NHS Shropshire,

4. NHS Oversight

5. Appointment of

6. Date and time of next