

Report Title	Chief Executive's Report		
Sponsoring Executive	Richard Beeken, Interim Chief Executive		
Report Author	Richard Beeken, Interim Chief Executive		
Meeting	Trust Board (Public)	Date	2 nd September 2021

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

I wish to bring to the Board's attention:

- The development of the Sandwell Integrated Care Partnership (ICP) and associated hosting and leadership arrangements
- My summary and view on the implications/challenges associated with the new interim guidance from NHS England on the implementation of Integrated Care System (ICS) Boards and associated governance

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People Plan & Education Plan	X
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

The Board has received regular updates from the Interim CEO on both ICP and ICS developments in the CEO reports during the last 6 months.

4. Recommendation(s)

The Trust Board is asked to:

- NOTE AND DISCUSS** the Interim Chief Executive's reflections on the ICS interim guidance and its implications for the Trust, the Board and its individual members

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a				
Board Assurance Framework	X	Where possible, all our agendas should be aligned to the BAF and mitigations to the delivery of our strategic objectives				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 2nd September 2021

Chief Executive's Report

This brief report deliberately focuses the Board's attention on key issues which do not sit within other papers or agenda items within the Board and on issues which I am personally leading or sponsoring at this time. As ever, I welcome comments and suggestions from Board members on how we may change our approach to these issues and seek their support in dealing with them.

1. Our population

- 1.1 The Sandwell Integrated Care Partnership (ICP) Board has commissioned, received and discussed a Case for Change and early thoughts on how the partnership could develop a model of care, clarity on objectives, clear governance and leadership. We will be discussing that draft Case for Change as a Board, later today. Initial feedback from ICP Board members was that it was a good articulation of the population health and care challenges faced in the borough, why change was needed, what the maximum opportunities were and how that change could be implemented. The local authority and Black Country Healthcare FT colleagues felt that the document was too focused on health, with little emphasis on the role and integration of social care, mental health and indeed, public health. These necessary changes will be made and then incorporated into the detailed programme of work which the senior leadership team of the ICP (senior service leaders from constituent organisations) will drive the implementation of
- 1.2 The ICP Board members have been asked to consider, via their governing bodies, which statutory organisation should be the "host" of the partnership
- 1.3 The ICP Board has agreed to the recruitment to a Director of Integration post. The post will be an executive director at Sandwell & West Birmingham NHS Trust and will:
 - Form the senior leadership team from the partner organisations
 - Develop the programme plan and implement that plan
 - Continue the pursuit of primary care vertical integration with the Trust, where mutually beneficial and appropriate
 - Maintain and improve the complex and nuanced relationships between senior leaders from different agencies and their respective teams
 - Assure the ICP Board and in turn, our Public Health Committee and Trust Board, of progress on the programme plan.

- Be the lead executive for our Trust input and strategic interests within the Ladywood & Perry Barr ICP environment

The interim appointment, pending formal agreement to recurrent resources, will be appointed by a panel of statutory organisation stakeholders, on 1st September 2021.

2. System and regulatory matters

2.1 Interim guidance has now been published by NHS England on the functions and governance of ICSs, in particular the formation of Integrated Care Boards (ICBs) at system level, and how the leadership to the new statutory organisations will be recruited to. This guidance came out on 19th August and included more detail on:

- The development of the ICB constitution, following engagement with relevant partners and confirmation that ICB designate board members are supportive of its terms, with a final version being approved by NHSE/I by the end of Q4.
- ICB board recruitment, with designate chief executives identified by November; a designate finance director, medical director, director of nursing and other executive roles in the ICB identified before the end of Q4; and designate partner members and any other designate ICB senior roles identified by the end of Q4.
- Commissioning functions organised across the ICS footprint, with decisions on arrangements at system and place level being finalised by the end of Q3.
- Functions and decision map showing arrangements within the ICB and with ICS partners, with a final version due before the end of Q4.

2.2 Linked to the above, I have the following, initial observations and concerns. I have discussed these with the ICS Chair Designate and CCG CEO. Both have committed to working through these and other, unresolved matters of governance and leadership of ICS functions, in meaningful and separate ICS Board development time, coming to conclusions before the end of the calendar year:

- The ICS CEO Recruitment process will be transparent and competitive. That has been confirmed by NHSE. It remains unclear how provider Trust Chairs and CEOs are to be involved in this process and any subsequent recruitment processes for the other, statutory ICS executive roles
- What we mean by “commissioning” in these new arrangements needs to be better defined. For example, much of the local, placed based commissioning, historically delivered by CCGs, should be transferred to the ICPs at place level. The issue we will have is the definition of subsidiarity and how much NHSE are prepared to tolerate delegating to the ICPs, is very unclear. As a result, the ICPs in our system remain woefully short of the management and leadership resources they require (much of it

being retained by the CCG), unclear about capitated budgets which will be delegated to them by the NHS, unclear about their statutory responsibilities (i.e. Primary care commissioning, primary care development)

- At present, the ICS functions only by delegating key and significant responsibilities, such as urgent care performance management, system level elective care performance improvement, system workforce Board etc, to provider CEOs and executives. For example, I chair the ICS Urgent Care Board. Each of those executives has a significant, full time role in their own Trust and, with the national and regional teams expecting each of those senior leaders to be a senior responsible officer (SRO) for each function, their duties, already onerous, will become unsustainable. A radical new approach to this significant additional layer of responsibility, associated with the now dual accountability of Trusts to both NHSE and their ICS, is overdue

Richard Beeken
Interim Chief Executive

25th August 2021