

<b>Report Title:</b>	Chief Executive's Report		
<b>Sponsoring Executive:</b>	Richard Beeken, Chief Executive		
<b>Report Author:</b>	Richard Beeken, Chief Executive		
<b>Meeting:</b>	Trust Board (Public)	<b>Date</b>	7 <sup>th</sup> October 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 only one specific matter this month, that being the content and decisions made at the Healthier Futures (Integrated Care System - ICS) Board meeting, held on Thursday 30th September.

Specific points to bring to the Board's attention are as follows:

- Health and Wellbeing Boards refresh across the West Midlands
- Development of and appointments to, the Integrated Care Board, prior to the ICS becoming a statutory organisation on 1st April 2022
- Winter resilience planning
- Place based partnership governance and accountability arrangements – the timeline for agreeing our approach to “place” in the Black Country

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives

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

The Board has received regular updates from the CEO on both ICP and ICS developments in the CEO reports during the last 7 months.

**4. Recommendation(s)**

The Trust Board is asked to:

- a.** NOTE AND DISCUSS the Chief Executive's reflections on the 30th September Integrated Care System Board meeting

**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	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: 7<sup>th</sup> October 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. Healthier Futures Board meeting – 30<sup>th</sup> September**

- 1.1 I represented Sandwell & West Birmingham NHS Trust at the ICS Board meeting on 30<sup>th</sup> September. The key issues discussed and my reflections on them are as follows:
- 1.2 A paper was received from the West Midlands branch of ADASS (Directors of Adult Social Services) which reviewed current issues with Health and Wellbeing Boards at place across our region. The report also proposed a way forward in the context of the maturing of place based partnerships and the new statutory direction on collaboration within Integrated Care Systems. Place Based partnerships (previously colloquially known as Integrated Care Partnerships in our system) are seen as a "motivating concept" for partner organisations and the agenda and work programmes of each local partnership should drive the agenda and the assurances sought by Health & Wellbeing Boards themselves. The review also concluded that a "one size fits all" approach to the development of governance and accountability at "place" is not desirable. This may contradict the local, system level interpretation of place based partnership guidance, recently issued. Moreover, any as yet proposals to develop place in our system using a singular, NHS sponsored model, is likely to receive opposition from local authorities on this evidence.
- 1.3 A paper was received from the ICS Programme Director, about the transition period into the ICS becoming a statutory entity in April 2022. The creation of the Integrated Care Board will formally end the CCG as a statutory body and transfer its assets and accountabilities (i.e. Primary care commissioning, safeguarding). Board positions, starting with the ICS CEO role, will be recruited to via open competition, with effect from half term week in October. Non-executive Director roles for the Integrated Care Board will, it is expected, be following a similar, national process. The process of stakeholder involvement in the recruitment process for the CEO role has yet to be confirmed. ICS Board development sessions in October will, it is promised, give all members the opportunity to influence the sub-Board governance of the ICB and in particular, get into a more transparent process for determining whether there should be a contractual or a consensus based approach to lead/host provider arrangements in "place".

1.4 The winter resilience planning at system level was also discussed. I lead this process by virtue of Chairing the Urgent Care Board at system level and my concerns about pressures this winter, have been well versed in my previous Trust Board reports. As it stands at present, there remains a significant potential bed gap between demand and supply in our system, without material and differential response and non-recurrent investment. The only “place” to have thus far, pulled together a coherent plan to mitigate that gap, is Walsall. Our PCCT leadership team and local partners in both our places (Sandwell and Ladywood/Perry Barr) are working on costed mitigations to contribute to that system plan. Those mitigations must and will include:

- A higher percentage of face to face appointments in GP surgeries
- Care navigation centre approach in all community services for NHS 111 and 999 to access
- Extended capacity and operating hours of community rapid response (admission avoidance)
- Same Day Emergency Care enhanced hours and resilience in acute hospitals
- Extended call handling capacity in NHS 111
- Extended hospital ambulance liaison officer cover at all our acute hospital emergency departments

I had previously committed to bringing the system winter plan and our component part of it, to the Trust Board this month. Given a slower than wished for response from across the system, this will now have to be scheduled for our Public Board meeting in November.

Richard Beeken  
Chief Executive