

<b>Report Title:</b>	Chief Executive's report		
<b>Sponsoring Executive:</b>	Chief Executive		
<b>Report Author:</b>	Richard Beeken		
<b>Meeting:</b>	Trust Board (Public)	<b>Date</b>	4 <sup>rd</sup> November 2021

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

In light of the conversation held during last month's Board meeting, during which Board members wanted more clarity and explanation about the emerging Integrated Care System (ICS) architecture and its implications, I have attached a brief paper which has been produced by our local ICS leadership team, which sets out the current and likely prospective system architecture, explaining its component parts including clarifying statutory duties and naming conventions/parameters. We are invited, as an organisation, to debate its contents and provide feedback (please note consultation timetable enclosed therein).

Key discussion points:

- The Integrated Care Board (ICB) is the system's NHS statutory body. Its functions are contained in appendix 1
- Place Based Partnerships (PBPs) are the core, local foundations of an ICS, however, given their relative immaturity locally and their inconsistent form, NHS Trusts are initially proposed to be the partner members of the ICB. When/if PBPs develop, probably on a host provider basis as in Sandwell and Walsall, the host provider can then represent the entire PBP on the ICB
- The Integrated Care Partnership (ICP) is the joint committee of the ICB and the respective local authorities
- Naming conventions are included. "Healthier Futures" is proposed to be retained for the ICS and a convention of "[insert borough] Together" is proposed for the PBPs
- How conflicts of interest are managed by non-executive directors who participate in system governance, is critical to understand
- System level provider collaboratives are mandated. We are asked to give a view on how representation of consensus view of the provider collaborative in the Black Country (The acute collaboration programme) is represented on the ICB

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

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

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

The attached paper has been discussed at the ICS, informal system update forum with Chairs and Chief Executives. The subject matter of system architecture and its implications has been the subject of the Chief Executive's Board reports in recent months.

<b>4. Recommendation(s)</b>
The Trust Board is asked to:
<b>a.</b> Note the content of the report
<b>b.</b> Discuss the “Questions and areas to explore” consultation questions (page 10 of attached paper), sharing strong, consensus view of our Board on key points, which will be fed into the consultation exercise by the Chief Executive

<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register						
Board Assurance Framework						
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