

REPORT TITLE:	Chief Executive's Report		
SPONSORING EXECUTIVE:	Richard Beeken, Chief Executive		
REPORT AUTHOR:	Richard Beeken, Chief Executive		
MEETING:	Public Trust Board	DATE:	5 th October 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<ol style="list-style-type: none"> 1. I set out the change to NHS England System Outcome Framework regulation and provider segmentation 2. I set out two key developments/implications following last week's mini-budget and health & care announcements by national government 3. I set out the potential for ideas generation from the 5th October regeneration/population health workshop which could drive investment zone bids with partners 4. I set out the key discussion points from the Birmingham Health Partners Board held last week

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>												
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	OUR PATIENTS		OUR PEOPLE		OUR POPULATION		To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X
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3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
N/A

4. Recommendation(s)
The Public Trust Board is asked to:
a. NOTE and discuss the current developments and thinking at system level and in the regulatory environment
b. NOTE and discuss the potential of the 5 th October regeneration and population health workshop, to inform the regeneration strategies of both the Trust and our partners

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.				
Board Assurance Framework Risk 02	X	Make best strategic use of its resources				
Board Assurance Framework Risk 03		Deliver the MMUH benefits case				
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce				
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation				
Corporate Risk Register [Safeguard Risk Nos]						
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed

Sandwell & West Birmingham NHS Trust

Report to the Public Trust Board on 5th October 2022

Chief Executive's Report

1. System operating model development

- 1.1 Both the Birmingham and Solihull Integrated Care System (BSol ICS) and Black Country System (BCICS) are in the process of taking views and consulting on their draft operating models. The operating models are intended to set out how the Integrated Care Boards (ICBs) will govern themselves, how they will delegate resources, self-governing and decision making to provider collaboratives and Place Based Partnerships, along with how strategic decision making of the ICBs as a purely NHS element of the health and care ecosystem, is to be influenced by local authorities through the parallel governance and oversight of the system level Integrated Care Partnerships (ICPs).
- 1.2 Both ICS draft operating models as they currently stand, place a heavy emphasis on neighbourhood teams helping the “left shift” to prevention and admission avoidance.
- 1.3 The BCICB draft operating model also provides more clarity at present about provider collaboratives and their potential for delegated accountability and more clarity on what “Place” is and how that should be governed.
- 1.4 By the time of the November Board meeting, I should be able to share the final draft operating models for debate and discussion.

2. System Outcome Framework

- 2.1 The host ICB for each NHS Trust has, this year, been asked for the first time, to take a view on NHS Trust segmentation under the NHS Oversight Framework for 2022/23. Although this is the second year of the framework, this will be the first time the task of determining where an NHS Trust sits in the four segments of performance assessment, will be delegated to ICBs from the regional tier of NHS England.
- 2.2 ICBs have been asked to share their view on provider segmentation to NHS England by 6th October 2022.
- 2.3 The process this year has been somewhat hampered by the fact that in information terms, we are working from last year's performance data. A release of the national dashboard for 2022/23 is expected in the week of 26th September, which gives us little time to comment on its accuracy, or to objectively challenge our segmentation should we wish to do so. Sandwell & West Birmingham NHS Trust is currently in segment 3 of the framework.
- 2.4 The framework as it currently stands, has a heavy emphasis on financial delivery, NHS Constitution standards and staff engagement scores. There is a concern that these metrics

do not paint a wide enough contextual picture of an integrated Trust's delivery and achievements.

2.5 NHS England's view about how Trusts exit from one segment to another is also not yet clear.

2.6 The Black Country ICB is proposing some form of desk-top peer review of each other's relative performance and segmentation, in the spirit of mutual accountability and transparency. This is a positive development. BSol ICB are proposing a similar approach.

3. Recent government "mini-budget" and health & care announcements

3.1 The NHS and local authority world is still digesting what last Friday's announcements mean both for our staff and for our health and care services.

3.2 There are two key points of note as it stands, from my perspective. The first relates to how the £500 million social care fund for winter is to be distributed. The second is an opportunity related to the development of regional investment zones.

3.3 On social care funding, government is still considering what mechanism is the best one to use for distribution of the money. BSol CEOs, when asked their opinion, largely recommended the existing, proven mechanism of the Better Care Fund (BCF), for the distribution. From a Sandwell perspective, given our strong partnership and governance arrangements around the BCF, this should be a positive development, albeit it is clear that the quantum which reaches each "Place" is not likely to materially impact on winter resilience and improved discharge.

3.4 The planned creation of regional investment zones is also an opportunity for us, as an "anchor" institution, to further influence how regeneration investment, targeted and aligned with our existing plans around the Midland Metropolitan University Hospital (MMUH) can be enhanced.

3.5 Whilst East Birmingham and North Solihull are the likely, needs assessed beneficiaries for the BSol system, there are still opportunities to influence how this lands in the Black Country. Given the West Midlands Combined Authority will be overseeing whatever allocation process emerges, this is also a potential advantage for the populations we serve, given our prominent work in the regeneration space, which the Board has already sponsored and supports.

4. Regeneration and Population Health Workshop – 5th October

4.1 Following our previous Board discussion and sponsorship of our regeneration work and potential as an "anchor" institution, we have convened an important workshop, taking place at the Lighthouse Community Centre in Lozells, on 5th October.

4.2 Attendees at the event include Directors of Public Health, ICB CEOs and the West Midlands Combined Authority. The event is being facilitated by Igloo, who are prominent thought leaders in the regeneration, social value and anchor institution space.

4.3 I will be able to update the Board on the output of the event, at our November meeting.

5. Birmingham Health Partners Board meeting feedback

5.1 On 21st September, the Trust Chair and I attended the Birmingham Health Partners (BHP) Board meeting. BHP was founded originally as a collaboration for accelerating health and health sciences research and development, between the University of Birmingham and University Hospitals Birmingham NHS Foundation Trust. The partnership has now been expanded to include, as equal partners, the following organisations:

- Birmingham Women's and Children's Hospitals NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- Sandwell & West Birmingham NHS Trust
- Aston University

5.2 At the meeting, we received positive news about how the research seed funding from BHP partners, had received 35 bids from a wide range of teams across all the BHP constituent organisations.

5.3 The BHP Board also received a helpful report on how the National Institute for Health Research funded Biomedical Research Centre (BRC) in Birmingham, has received a more than 100% increase in its funding grant, from 2022-2027. The BRC will be leading research in to improved treatment of inflammatory disease.

5.4 Finally, the BHP Board approved a proposal which set out how clinical trial approval processes and governance can be radically streamlined. This was supported unequivocally.

6. Recommendations

6.1 The Public Trust Board is asked to:

- a) **NOTE** and discuss the current developments and thinking at system level and in the regulatory environment
- b) **NOTE** and discuss the potential of the 5th October regeneration and population health workshop, to inform the regeneration strategies of both the Trust and our partners

Richard Beeken
Chief Executive
26th September 2022