

Black Country Provider Collaborative

Report to the Sovereign Boards of the BCPC

Subject: Strengthening Collaboration across the Black Country
Date: 27th July 2022
Report from: Black Country Provider Collaboration Board

1. PURPOSE

- 1.1 To share with Board members of the four sovereign Trusts the output of recent discussions on strengthening collaboration and obtain approval from each sovereign Board on the recommendations made by the Black Country Provider Collaborative Board.

2. BACKGROUND

- 2.1 Our environment is changing and has recently seen the establishment of Integrated Care Systems/ Partnership/ and Board (ICS, ICB & ICP) underpinned by Provider Collaboratives, Place Based Partnerships, Primary Care Networks and more in the new architecture (see appendix A for summary overview).
- 2.2 The Black Country Provider Collaborative (BCPC) sits as part of the delivery infrastructure of the ICS and the four Acute providers have been working collaboratively on a range of quality and service improvement initiatives since late 2020.
- 2.3 In building better relationships and trust between the four partners, it is anticipated that the opportunities presented for us to innovate and build on through best practice models in addition to addressing those collective issues (e.g. CQC ratings) with which we are dissatisfied, aligned with our focus on quality and service improvement, will begin to have a natural impact that will lead to questions of form, and whether the existing arrangements (of four independent organisations) remain a 'fit for purpose' vehicle as we move forward.
- 2.4 Against this context the regulator (NHSE) are paying close attention to the emergent 'target operating models' of the ICB and in turn the PC so that it can understand the implications for service change providing guidance, support, and approval whilst ensuring a level of assurance that is compliant with the NHSE '*Assurance for managing service change*'.
- 2.5 This interest has led to more frequent inquiries to key leaders within the Black Country Acute care sector on what the vision for a possible 'end-state' for acute care across the Black Country may be, and any short-term steps that may be taken to support the journey and ambition.
- 2.6 Under normal circumstances, determining form may not be the optimal course to pursue, with 'form' emanating from an understanding of the key drivers for change, current operating model, vision for the future, and the development of a target operating model amongst other processes.
- 2.7 However, the issue of 'future form' has taken on a level of importance which necessitated the development of a *Discussion Paper* (for the Provider Collaborative Board) focused

solely on this issue, that would in turn be a key foundational component of our forthcoming work on a 'Case for Change'.

2.8 In short, this *Discussion Paper* described:

- a. The background to the establishment of the Black Country Provider Collaborative
- b. The positive journey and progressive work that has been undertaken since its establishment in late 2020
- c. The recent governance refresh that has been undertaken to ensure it remains current
- d. The context behind refreshing the 'case for change' soon
- e. Some suggestions on possible options for future form
- f. An insight into some key drivers, opportunities, and options for a way forward
- g. Recommendations for consideration
- h. An outline of a range of imminent engagement activities should the Programme Board deem it necessary.

2.9 Key extracts of this 'Discussion Paper' are provided in Appendix B.

3. PROPOSED WAY FORWARD

3.1 At their recent meeting on the 28th June the Provider Collaborative Board discussed and reviewed the range of issues presented within the paper by the BCPC Senior Responsible Officer (SRO). Amongst the key discussion points were:

- An acknowledgement of the progressive journey that the 4 partners have taken since late 2020.
- Analysis of the Provider Collaborative policy agenda as part of the emerging healthcare architecture with integration and collaboration central facets.
- The recognition of the range of drivers within the healthcare environment that are influencing and shaping the provision of care and how health care provision is optimally organised for the future.
- The important role that acute care will drive to deliver improvements in unwarranted variation, inequalities in health outcomes, access to services and experience.
- The positive focus on Clinical Service Improvement through the Clinical Networks, which will support delivery of access times, opportunities to 'level up', and pursue opportunities for specialisation and consolidation.

3.2 Against this context several options on a vision for 'future acute care form in the Black Country' were presented, discussed, and considered. These included (descriptions of each provided in Appendix B, section 2):

Short to medium term aspirations

- a. Consolidating around existing statutory arrangements
- b. North & South Black Country system model (retaining Trust Boards)
- c. Shared Chair with existing statutory arrangements (retaining Trust Boards)
- d. Single Hospital system – across multiple sites
 - i. Site Group Model
 - ii. Service Group Model

Longer term possible aspirations

- e. Black Country system Acute, Mental Health & Learning Disabilities care provider
- f. Black Country ACO / Integrated Health organisation

g. Black Country Integrated Health & Social Care Board

3.3 The discussion paper proposed the following:

- i. that the BCPC should work towards developing an agreed model that could be implemented over the next 36 months, and possibly focus on Option (b) '**North & South Black Country system model**' in the first instance.
- ii. At an appropriate time, in maximising the opportunities afforded by the new Health & Care Act, a longer-term end-state vision for consideration may be that of option (f) an '**Black Country ACO / Integrated Health Board**' which could incorporate all types of health providers enabling a more integrated system.

3.4 Discussion by the Black Country Provider Collaboration Board concluded with the following key Agreements:

- a. It was agreed that with the current Chair of Dudley due to step down in the summer, a single Chair for DGFT and SWBH would be pursued. This has now been confirmed with Sir David Nicholson being appointed as of the 1st September 2022.
- b. It was agreed that a subsequent step would be to pursue a single unified Chair for the Acute sector in the Black Country at the appropriate time, and in establishing this arrangement that 'anchor organisations' at Place would most likely have a 'Deputy Chair' in a Group Model arrangement, a model that is being explored and adopted in many places around the country (see Appendix B, section 3.7).
- c. It was agreed that this approach would be articulated in a short paper for presenting to all Board members of the four Acute Providers simultaneously in private prior to presentation at a public board meeting.
- d. It was agreed that an engagement plan would be urgently developed, to ensure good communications and engagement with all stakeholders.

3.5 It should be recognised that no changes to Trust Board sovereignty are being proposed, and with 'Place Based Partnerships' being a key vehicle for local delivery, Trusts will retain a very strong local focus in the future healthcare delivery and provision model.

3.6 This is something that we are actively working on with our colleagues in the ICB as part of the work on a future 'target operating model' and will be further expanded upon in our forthcoming work on a 'Case for Change'.

4. RECOMMENDATIONS

4.1 Sovereign Trust Boards are asked to:

- a. Note the circumstances which have led to key discussions and this report
- b. Receive and note the contents of this report as identified in 3.4 (c) above.
- c. Discuss and review at the next sovereign Trust Board, the approach proposed by the Black Country Provider Collaborative Board, outlined at 3.4 and confirm / provide support for this proposal to the Black Country Provider Collaborative SRO and Programme Director

5. CONTACT DETAILS

Diane Wake
SRO BCPC & DGFT CEO
D.Wake@nhs.net

Sohaib Khalid
BCPC Programme Director
Sohaib.khalid4@nhs.net