Paper ref:	TB (10/21) 013

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title:	Place Based Partnerships		
Sponsoring Executive:	Richard Beeken, Chief Executive		
Report Author:	Daren Fradgley, Interim Director of Integration (designate)		
Meeting:	Trust Board (Public)	**Date**	7th October 2021

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

The paper outlines the core guidance principles issued in September for the creation of meaningful Place Based Partnerships inside of the new system reforms.

The paper sets out the principles for Place Based Partnerships and the associated Governance Principles which should be considered as material.

The Board should consider the information in the areas highlighted above, our increasing leadership in this area and balance that against the prevailing risks that should be mitigated early and constantly reviewed.

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	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	X

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

None

4. Recommendation(s)

The Trust Board is asked to:

a. **NOTE** the information within the report

b. **DISCUSS** the contents and the principles of Place Based Integration

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

Trust Risk Register							
Board Assurance Framework							
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 AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 7th October 2021

Place Based Partnerships

INTRODUCTION

1. The importance of 'place' is front and centre of the latest proposals for NHS reform. The Department of Health & Social Care's bill sets clear expectations that 'place' (which will usually be coterminous with a local government footprint) should be the key building block for the planning and delivery of health and care services.

2. Integrated care systems (ICSs), which under the proposed legislative changes will be established as new statutory bodies, will be expected to delegate functions and resources to local partnerships operating at place. Local government will have a central role in driving this joint working at place.

3. Recognising that approaches to place-based working will need to be built from the bottom up to reflect local circumstances, On 2 September NHSE/I published several further guidance documents, including "Thriving places: guidance on the development of Place-Based Partnerships" as part of statutory ICSs and ICS implementation guidance on partnerships with the voluntary, community and social enterprise (VCSE) sector, effective clinical and care professional leadership, and working with people and communities.

4. Thriving places guidance has been co-produced with NHSE/I, the Local Government Association to support all partner organisations working in ICSs to collectively define their place-based partnerships, and to consider how they will evolve to support the transition to new statutory ICS arrangements. NHSE/I has also published learning from place-based partnerships.

5. NHSE/I positions place-based partnerships as the foundations of ICSs and defines them as "partnerships that will play a central role in planning and improving health and care services, proactively identifying and responding to the populations needs". They involve the NHS, local government and providers of health and care services, including the VCSE sector, people and communities. NHSE/I expects place-based partnerships to build and maintain broader coalitions with wider community partners to influence the wider determinants of health and through maturing governance frameworks manage population who population budgets in promoting health and wellbeing and influencing the wider determinants of health.

6. ICS leaders are expected to confirm initial proposals for place-based partnership arrangements in their system for 2022/23 as part of their ICS development work during 2021/22. These proposals should be mutually agreed by system partners and should set out boundaries, system responsibilities and functions conducted at place level, and the planned governance model. The initial work on this being copied below and builds on the work already done locally in the Black Country and West Birmingham

DUDLEY	WALSALL	WOLVERHAMPTON	SANDWELL	WEST BIRMINGHAM

West Midlands Ambulance Service
UEC System
NHS 111
NHS 999

Dudley Group	Walsall Healthcare	Royal Wolverhampton	Sandwell & West Birmingham
Specialist local acute services, Inpatient Elective and Non-Elective, Critical Care, Maternity.			***NB Sandwell & West Birmingham ICP variation***

Black Country Healthcare Trust	BSMHT
MH & LD Community & System Specialist / inpatient acute services for BCWB patients Tier 4 Inpatients Provision. ***NB Community MH subcontracted by DIHC***	All MH & LD system functions

Dudley ICP	Walsall Together	Wolverhampton ICP	Sandwell ICP	West Birmingham
Primary Care	Primary Care	Primary Care	Primary Care	Primary Care
Community Health Services	Community Health Services	Community Health Services	Community Health Services	Community Health Services
Primary Care Mental Health Services & IAPT	Primary Care Mental Health Services & IAPT	Primary Care Mental Health Services & IAPT	Primary Care Mental Health Services & IAPT	Primary Care Mental Health Services & IAPT
Better Care Fund Services	Better Care Fund Services	Better Care Fund Services	Better Care Fund Services	Better Care Fund Services
Community Diagnostics	Community Diagnostics	Community Diagnostics	Community Diagnostics	Community Diagnostics
*Acute Outpatients	*Acute Outpatients	*Acute Outpatients	*Acute Outpatients	*Acute Outpatients
GP Out of Hours/Urgent Treatment Centre/A&E	GP Out of Hours/Urgent Treatment Centre/A&E	GP Out of Hours/Urgent Treatment Centre/A&E	GP Out of Hours/Urgent Treatment Centre/A&E	GP Out of Hours/Urgent Treatment Centre/A&E

7. The guidance document makes a distinction between the role of "at scale provider collaboratives" bringing together providers across multiple places to deliver benefits of mutual aid and working at scale – and place-based partnerships coordinating the planning and delivery of integrated services within localities. NHSE/I recognises that some providers will be members of both provider collaboratives and place-based partnerships and advises they should work to ensure their role in the partnership is clearly defined and to avoid duplication or conflict with collaborative arrangements. It should be noted that services have to develop integration both vertically within the geography that they service and horizontally across the ICS to achieve the economies of scale.

8. Place based partnerships have been asked to collaboratively define their geographic footprint (as above), which should be meaningful to local people and have a coherent identity. The guidance encourages partners to consider where local government services are planned and what that means for joint working opportunities at different parts of the system. It also encourages partners to consider how NHS services are organised and how local people use NHS services. The guidance also highlights other contextual factors for partners to consider when defining place, including health and wellbeing board (HWB) footprints, existing partnerships, and geographical features.

9. NHSE/I and the LGA therefore set out guiding principles for partners at place to consider, such as agreeing a shared purpose before defining structures. NHSE/I expects partners at place to agree a shared vision and objectives and use these to define the purpose and role of the partnership (which may include the statutory functions delivered by the bodies in the partnership). The vision for places should focus on improving health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities. The objectives may relate to improving quality and accessibility of services.

10. Place-based partnerships should work with other partners across the ICS to agree the activities and capabilities that may be most effectively delivered at scale across the system, or where a consistent approach across places is appropriate. As part of this, the partnership will have a role to agree the shared priorities of the wider system, which will include working with provider collaboratives to ensure this meets the needs of communities in their place, and to avoid duplication of activities.

Places will also have a role in informing and developing the integrated care strategy agreed by all partners in the ICP, and the NHS plan developed by the ICB.

PRINCIPLES FOR PLACE BASED PARTNERSHIPS

11. Place Based Partnership should quickly agree a set of principles and governance rules which can be used to hold each other to account as the place journey matures. In other parts of the system, values and behaviour frameworks have been enshrined in partnership and alliance agreements

    Place-based partnerships should start from understanding people and communities and agreeing shared **purpose** before defining structures.

    Effective partnerships are often **built 'by doing'** –acting together and building collaborative arrangements to support this action as it evolves.

    Governance arrangements must **develop over time**, with the potential to develop into more formal arrangements as working relationships and trust increase.

    Partnerships should be built on an **ethos of equal partnership** across sectors, organisations, professionals, and communities.

    Partners should consider how they develop the **culture and behaviours** that reflect their shared values and sustain open, respectful, and trusting working relationships supported by clearly defined mechanisms to support public accountability and transparency.

    There is also an outline of **leadership roles** – Executive leads and programme leads that are shared across the partners and work for all the partners through a Lead or Host Provider

GOVERNANCE PRINCIPLES

The partnership should be underpinned by a **shared vision and commitment** to deliver benefits at scale and mutual aid, doing what is best for people and populations across places -building on and enable existing successful governance arrangements

The partnership should enable providers to **efficiently reach decisions**, which each organisation is committed to upholding, on topics that are within the partnerships remit.

The partnership should provide strong mechanisms for provider members to **hold each other to account** to ensure that decisions are reached and carried out and benefits of scale realised at pace

The partnership should ensure the **needs and voices of local communities** are a key consideration in all decisions and clinical leadership is embedded in programme delivery

The partnership should make it clear how **decisions** are made, how disagreements are resolved, how funding flows to services within the collaborative's remit, and how the collaborative is resourced

The partnership should help **streamline ways of working** within and across systems –e.g., representatives empowered to engage in conversations about services and transformations, rather than each individual provider needing to be consulted.

RISKS

12. There are plenty of examples of failed approaches to Placed Based Partnerships around the country with most associated to one of three themes.

    A) Lack of a common set of vision and values that fails to build robust governance through the maturity of trust and confidence
    B) The pace of change and a desire to build bigger and better programmes of delivery that take too long to mature and don't realise their intended benefit
    C) A rush to build form before function and failing to establish the principles of working to together as a first material step

13. In addition to these it should be noted that cross organisational change requires focused and sustained work to ensure that everyone understands their roles and more importantly are fully bought into the development of the partnership. In essence, a "Nothing about me without me" approach which puts patients, citizens and the professional delivering those services at the centre of the decision making.

14. The transition will also challenge the flow of funds not only in the NHS but across other public sector and third-party bodies. The starting point to this being the correct allocation of funds based on the needs of the populations served. Failure to do this early on will result in inequity and poor access to services available to the community. However, if this is understood and defined correctly, the approach to whole population budgets coordinated through a partnership with a shared purpose and objective will not only mitigate such risks but change the future landscape of Health and Care delivery.

CONCLUSION

15. The Trust enters this journey with a strong history of collaboration, vertical integration with primary care and working with place-based partners. It therefore must build on this and take a leadership role as a system integrator of services to better manage the health, wellbeing, and wider determinants of health in the population that its serves. This is best achieved from an active learning footing from other places locally and nationally that have made further progress to date.

16. Whilst taking a lead role in place-based integration presents risk for the Trust, the benefits of improved flow and access through all place-based services and earlier prevent of health conditions will directly challenge health inequality in the borough and start the long journey to improving population health and well being whilst making services fit for the future.

17. In Sandwell, the Trust will be taking a lead role, initially as "host provider" and by hosting the key executive role of Director of Integration. In Ladywood & Perry Barr, we are not and will not be the host provider, however continue to significantly influence the direction of travel in that part of the city and do so in partnership with others. The Board needs to understand the opportunities and risks of place based partnership leadership, through the lens of this latest guidance.

RECOMMENDATIONS

18. The Trust Board is asked to:

a. NOTE the information within the report
b. DISCUSS the contents and the principles of Place Based Integration

Daren Fradgley
Interim Director of Integration (designate)

1st October 2021

Annex 1: Thriving Places – NHS / LGA Guidance 2nd September 2021