
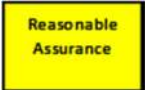
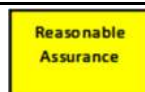
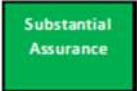


Sandwell and West Birmingham NHS Trust

Board Committee Chair's Report

Meeting:	Integration Committee
Chair:	Waseem Zaffar
Date:	29 th June 2022
Present:	<p><u>Members:</u> Waseem Zaffar, Non-Executive Director (Chair), Mike Hoare, Non-Executive Director, Daren Fradgley, Chief Integration Officer, Dave Baker, Chief Strategy Officer, Mel Roberts, Chief Nursing Officer, Rachel Barlow, Chief Development Officer</p> <p><u>In Attendance:</u> Tammy Davies, Group Director Primary Care, Community & Therapies, Dan Conway Associate Director of Corporate Governance, Val Taylor, Associate Non-Executive Director, Ruth Wilkins, Executive Director of Communications</p>

Key points of discussion		
1.	Sandwell Health and Care Update	
	<p><u>Chair's opinion:</u> Progressing positively with board and workstreams established. Agreement for recruitment of staff to assist with relationships between the trust and PCN's.</p>	
2.	Ladywood & Perry Barr Update	
	<p><u>Chair's opinion:</u> Terms of reference of locality board approved for an extra 12 months. Compared to Sandwell, still considerable lack of clarity about place based approach in Perry Barr and Ladywood.</p>	
3.	Primary Care strategy	
	<p><u>Chair's opinion:</u> Following feedback at previous committee, the strategy has evolved into a good place particularly the narrative on why working closely with primary care is important for the trust.</p>	
4.	Health Inequalities Data	
	<p><u>Chair's opinion:</u> West Bromwich highlighted as town with most morbidity of all six places in Sandwell with Rowley Regis showing lowest use of bed space. Extra</p>	

	resources to be deployed in West Bromwich across several sectors. Important that grass root communities are engaged in assisting develop programmes and projects to tackle inequalities. More work to be done every month in developing the data.	
5.	Communications & Engagement (graphics)	
	Chair's opinion: Initial brand design approved with further work to be carried out at next phase.	Substantial Assurance
6.	Provider Collaborative Update	Partial Assurance
	Chair's opinion: More work needs to be done particularly around the operating model.	
7.	Place Performance: IQPR & Board level Metrics	Reasonable Assurance
	Chair's opinion: Performance noted. Work to be carried out to look at key measures and metrics moving forward.	
Positive highlights of note		
<ul style="list-style-type: none"> • Place based work in Sandwell progressing very well • Primary care strategy developing and will be presented to board in the next few months • Health inequalities data being developed showing good initial trends that can be used to deploy resources 		
Matters of concern or key risks to escalate to the Board		
<ul style="list-style-type: none"> • Committee remains concerned about place based approach in Perry Barr and Ladywood 		
Matters presented for information or noting:		
<ul style="list-style-type: none"> • Board Level Metrics 		
Decisions made:		
<ul style="list-style-type: none"> • 		
Actions agreed:		

Assurance classification

	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>