

## **Sandwell Scrutiny Board**

**31st March 2016**

### **Update on Transforming Care Together (The partnership between Black Country Partnership NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Birmingham Community Healthcare NHS Trust)**

#### **1. Summary Statement**

- 1.1 The purpose of this report is to provide members with an update on the Transforming Care Together partnership between Black Country Partnership NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Birmingham Community Healthcare NHS Trust.

#### **2. Background information**

- 2.1 **Transforming Care Together** is the name for a new partnership agreement between three NHS Trusts in the Birmingham and Black Country area: Birmingham Community Healthcare NHS Trust (BCHC), Black Country Partnership NHS Foundation Trust (BCPFT), and Dudley and Walsall Mental Health Partnership Trust (DWMH).
- 2.2 There are significant pressures in the health and care system, and like many healthcare organisations, Black Country Partnership Foundation Trust (BCPFT) was concerned about the future and protecting the services it delivers to patients. The Trust Board and staff spent time considering different options before deciding to talk to other NHS Trusts in the West Midlands about the potential of working together.
- 2.3 During September 2015, BCPFT asked local NHS Trusts to consider this idea and if interested to submit a proposal for partnership. We shared information between Trusts so we learnt more about each organisation and how we might be able to work together.
- 2.4 Birmingham Community Healthcare NHS Trust (BCHC) and Dudley and Walsall Mental Health (DWMH) Partnership Trust decided that they would

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like to work together on a joint proposal and in November 2016 they shared this with BCPFT who spent time reviewing it. Part of this review involved inviting patients, carers and staff to hear directly from the two Trusts about how they would work in partnership with BCPFT.

- 2.5 In December 2015, the BCPFT Executive Board made the decision to accept the proposal from BCHC and DWMH, and together the three Trust's made an announcement to confirm partnership working.

### 3.0 Progress and Moving Forward

- 3.1 From the beginning of 2016 the senior leaders of the organisations have been developing a shared vision, values, governance and plans.
- 3.2 The first step was to determine a name for the partnership, **Transforming Care Together**, reflects our **vision** and approach to working together:

We want to take a creative and innovative approach to **transforming** our services. We want to improve the care we deliver to our communities, and we keep an open mind, listen and learn, being bold where we feel change is needed.

Our vision - to improve the **care** we give - is at the heart of everything we do. We want to increase the range of services we offer, improve choice and access, and make the most efficient use of our resources so we can reinvest in patient care.

Not only are we three Trusts working **together**, but we share a passion for involving patients, carers, families, governors, members, staff, and health and social care professionals in helping us design the services we provide. We want people to be involved, and we value your opinion.

Our decision to work together was based, in large part, on us sharing similar organisational culture and values. Simply put, this means 'how we do things around here' and we believe that a partnership based on sharing similar culture and values is more likely to be successful.

- 3.3 There are shared **guiding principles** for our partnership, which describe our approach to partnership and will be the basis of the way that plans are developed and implemented:

- Being **patient-centred**, reviewing and producing services together, so we can deliver the best quality care fit for the future
- Engaging staff** to design, change and put in place services that deliver high quality care
- Implementing **best practice** across the partnership, respecting and learning from our shared experience
- Retaining, developing and recruiting the **best people**

### 3.4 Our objectives for Transforming Care Together are simple:

- To enhance and improve our current services
- To develop high-quality, affordable services for the benefit of our communities
- To ensure our support services are efficient and cost effective
- To decide an appropriate organisational form to provide our services

3.5 There is a detailed over-arching plan which is summarised in “Our Journey” on the next page. As work and engagement events progress plans will be continually reviewed and updated to reflect the views of users, carers, families, clinicians and other stakeholders.

## ● January - February 2016

We will set up a Partnership Board to oversee our work and establish how we will govern the work we do, including how we will work together to develop sustainable services for the future. We will also agree a name for the partnership programme, our key objectives, the areas of work we will focus on and our priorities for communicating with and involving people.

## ● March - April 2016

We will agree what resources are needed to manage our partnership work and sign our Memorandum of Understanding. We will develop a plan that sets out how we will work towards partnership and set up workstreams for the different areas of work that we will focus on. These will be launched at a number of engagement events in April. We will also hold an event for our clinical staff to explore areas of partnership working. We will be involving people such as commissioners, staff, patients and local organisations in helping us shape the future of our services.

## ● May - June 2016

Our workstreams will be busy with their areas of work and we will continue to involve people in helping us to shape the future of our services. We will establish priority areas of work, and start to explore and test the potential for joint working in these areas. We will also assess each of our partner organisations to understand our operational and financial position.

## ● July - August 2016

Our workstreams and pilot areas of work will continue to develop and this work will help us to review our partnership strategy. We will evaluate the assessments of our organisations alongside our plan for change, and our Boards will start to define the more detail about our partnership, including potential challenges.

## ● September - October 2016

We will start to explore in detail some of our larger plans for transforming services to ensure our plans contribute positively to improving access, quality and patient experience. We will begin planning the implementation of some of these larger plans and continue to talk to, and involve, a variety of people.

## ● November - December 2016

Looking at the activity of each area of work, our Boards will start to review the potential impact that the partnership may have on the future of local services. They will also consider the impact each workstreams' area of work has on other workstreams and any other partnerships we are involved in. This will shape the future of our partnership.

## ● January - February 2017

By this time our Boards will have collated a series of plans and information about our potential to transform services and deliver high quality services fit for the future. They will consider a number of options and scenarios, and decide on a preferred option which they will build a formal business case.

## ● March - April 2017

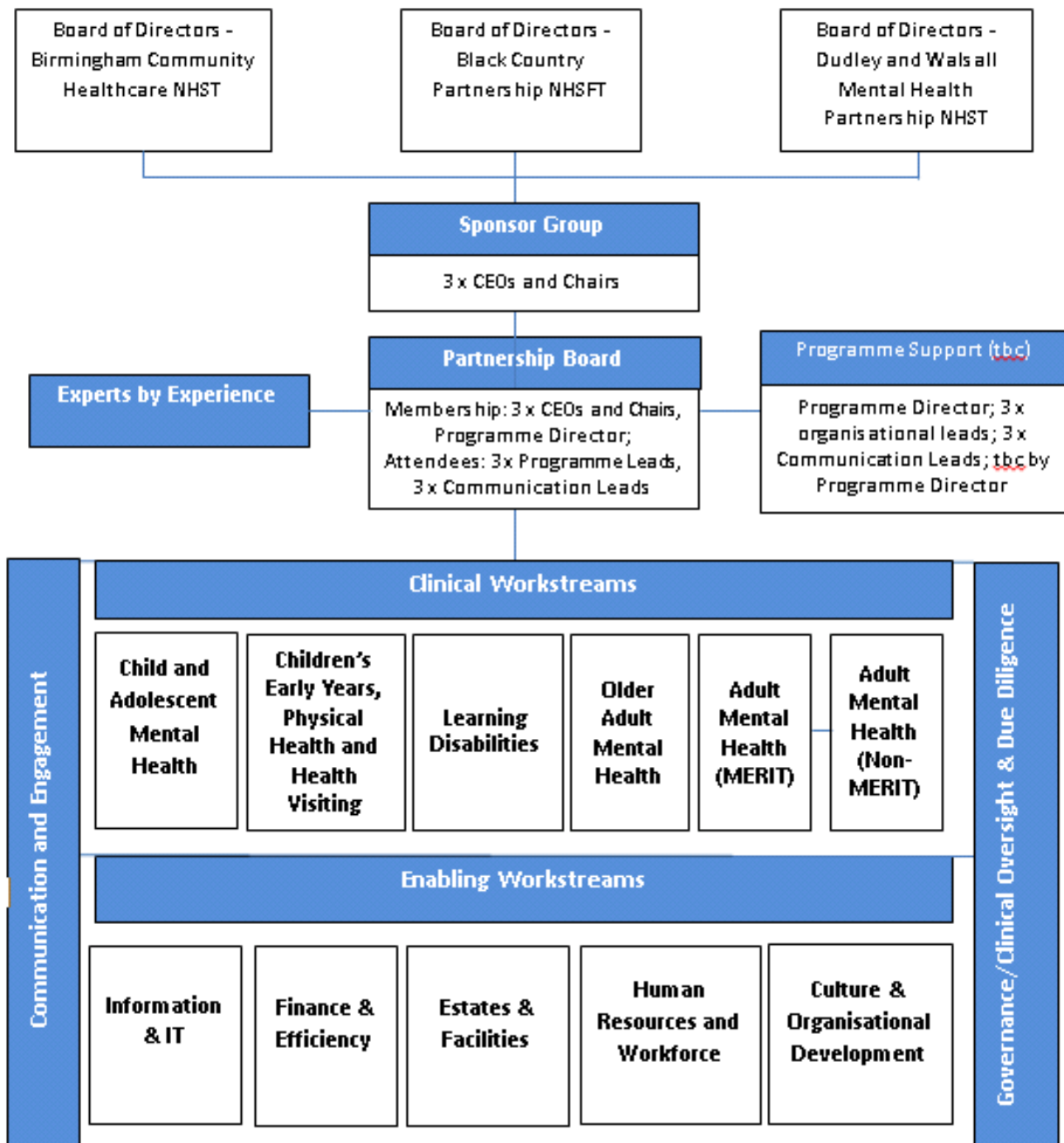
Our Boards will review, challenge and gain opinion on the preferred option. If approval is supported we will begin the process of planning and implementation.

## ● April 2017 onwards

We will begin any formal processes that are necessary such as public consultation or regulatory approvals.

*Our journey* timeline will be regularly updated to show our progress.

- 3.6 There is a Memorandum of Understanding, Confidentiality Agreement and Terms of Reference in place for the Partnership Board which are due to be approved by each organisation at their next Board meeting.
- 3.7 Terms of reference for workstreams are being developed and membership for the groups determined. The programme governance structure is shown below:



- 3.8 Two of the partners, Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health NHS Trust, are also partners in the Mental Health Alliance for Excellence, Resilience, Innovation and Training

(MERIT) vanguard. Our programmes will be aligned to avoid any duplication of effort on the Adult Mental Health workstream(s).

- 3.9 Communication briefs tailored to each stakeholder group are currently being developed and will be shared before the planned engagement events in April and May.
- 3.10 The first clinical engagement event is planned for 15<sup>th</sup> April, with governor sessions on 19<sup>th</sup> April and a wider stakeholder event being arranged for the beginning of May.
- 3.11 Each organisation needs to assure their Boards on the risks and rewards of partnership and therefore due diligence is also currently being planned.
- 3.12 Medical Directors and Directors of Nursing are developing an analysis of strengths, weaknesses, opportunities and threats to ensure that there is a high level assessment of the current position and opportunities from partnership. This approach will also be used in the clinical workstream to ensure that there is a clear evidence based understanding of the current clinical practice, risks and opportunities.

## **5.0 Financial Implications**

- 5.1 At this stage there are no implications to consider. The partnership will ensure that we can sustain and improve patient experience for the long term even taking into account the financial pressures within the health and care sector nationally. In partnership we will be able to reduce the proportion of costs incurred on back-office functions to reinvest in patient care.

## **6.0 Legal Implications**

- 6.1 There are no legal implications to consider at this stage. There may be competition implications to consider if the partnership determines that being one organisation would provide the best solution, however, the Partnership Board has agreed that form will follow function and therefore the plans are focused on delivery of the best solution for the communities we serve. We will work with all of our stakeholders in assessing the preferred option.
- 6.2 The partnership has always been based on delivering patient and health economy benefits from the outset, therefore the legal implications are likely to be minimal even if competition was considered to be a risk.

## **7.0 Equalities Implications**

7.1 There are no implications to consider at this stage, however, plans should improve equality by ensuring that best practice is shared and implemented across the Black Country. The plans are aimed at improving choice and access to communities and enabling the development of improved specialist services such as Eating Disorders and female services through delivery of services across a geography large enough to sustain such specialist services.

## **8.0 Environmental Implications**

8.1 There are currently no implications to consider.

## **9.0 Human Resource Implications**

9.1 There are currently no implications to consider, however, it is likely that there will be human resource implications in the future so a workstream has been set up to identify opportunities, risks and develop plans.

## **10.0 Corporate Landlord Implications**

10.1 There are currently no implications to consider, however, the partnership will take the opportunity to review the estate portfolio to ensure that we are making the most efficient usage of our combined portfolio. A group has been set up to consider the opportunities, risks and develop plans.

## **11.0 Schedule of Background Papers**

11.1 There are no additional papers.

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