


## REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD SCRUTINY BOARD

**18 September 2017**

<b>Subject:</b>	Update on Transforming Care Together Partnership
<b>Cabinet Portfolio:</b>	Public Health and Protection Social Care
<b>Director:</b>	Executive Director - Adult Social Care, Health and Wellbeing
<b>Contribution towards Vision 2030:</b>	 
<b>Contact Officer(s):</b>	Stephnie Hancock, Scrutiny Officer stephnie_hancock@sandwell.gov.uk

### DECISION RECOMMENDATIONS

**That the Health and Adult Social Care Scrutiny Board:**

Considers and comments upon the attached report, which is submitted on behalf of Birmingham Community Healthcare NHS Foundation Trust, Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Partnership NHS Trust.

#### 1 **PURPOSE OF THE REPORT**

- 1.1 To outline the background to the Transforming Care Together (TCT) partnership and present an update on progress.

#### 2 **IMPLICATIONS FOR THE COUNCIL'S VISION**

- 2.1 The report will provide the Board with information upon which to carry out its statutory scrutiny activities in relation to the planning and delivery of health care in the borough, which supports Ambition 2 – Sandwell is a place where we live healthy lives and live longer, and where those of us who are vulnerable feel respected and cared for, and Ambition 5 – Our communities are built on mutual respect and taking care of each other,

supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods.

### **3 BACKGROUND AND MAIN CONSIDERATIONS**

3.1 The background and main considerations are outlined in the attached report.

### **4 THE CURRENT POSITION**

4.1 The current position is outlined in the attached report.

### **5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)**

5.1 Any consultation activities are outlined in the attached report.

### **6 ALTERNATIVE OPTIONS**

6.1 Any alternative options considered by the Trusts involved are outlined in the attached report.

### **7 STRATEGIC RESOURCE IMPLICATIONS**

7.1 Any strategic resource implications for the Council and health partners are outlined in the attached report.

### **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

8.1 Any legal implications for the Council and health partners are outlined in the attached report.

### **9 EQUALITY IMPACT ASSESSMENT**

9.1 The detail of any equality impact assessments carried out are outlined in attached report.

### **10 DATA PROTECTION IMPACT ASSESSMENT**

10.1 The detail of any equality impact assessments carried out are outlined in the attached report.

### **11 CRIME AND DISORDER AND RISK ASSESSMENT**

11.1 Any crime and disorder implications for the Council and health partners are outlined in the attached report.

**12 SUSTAINABILITY OF PROPOSALS**

12.1 The sustainability of the proposals are outlined in the attached report.

**13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)**

13.1 The attached report outlines the health and wellbeing implications.

**14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND**

14.1 Any implications are outlined in the attached report.

**15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

15.1 The attached report provides the Board with information upon which to carry out its statutory scrutiny activities in relation to the planning and delivery of health care in the borough.

**16 BACKGROUND PAPERS**

16.1 The attached report provides further detail.

**17 APPENDICES:**

None

**Darren Carter**  
**Executive Director – Resources**



Better Care: Healthier Communities

Birmingham Community Healthcare

NHS Foundation Trust



Black Country Partnership

NHS Foundation Trust



**better** together

Dudley and Walsall  
Mental Health Partnership NHS Trust



# Transforming Care Together

## Update to Sandwell Health Overview and Scrutiny Committee

September 2017

## 1. Introduction

The aim of this paper is to outline the background to the Transforming Care Together (TCT) partnership and present an update of progress.

## 2. Background

TCT is a partnership between:

- Birmingham Community Healthcare NHS Foundation Trust (BCHC)
- Black Country Partnership NHS Foundation Trust (BCP)
- Dudley and Walsall Mental Health Partnership NHS Trust (DWMH)

In September 2015, BCP issued a prospectus to a number of other NHS Trusts requesting expressions of interest for partnership. The financial position of BCP had become increasingly challenging and the Trust took this action in order to secure a sustainable future for services. BCHC and DWMH made a joint bid in response to the prospectus and this was chosen as the preferred partnership option for BCP.

In early 2016, the three Trusts established formal partnership arrangements to scope in more detail the benefits of working together. A range of workstreams were set up, covering both clinical and back office functions, and a range of stakeholder engagement opportunities were held. In the subsequent months, the workstreams concluded that the greatest potential for the partnership would be realised if the three organisations came together into one. The Trusts developed an Outline Business Case which described the options for moving forward and recommended forming a single organisation – this was approved by the three Trust Boards in December 2016/ January 2017.

Since then, the Trusts have continued to work closely together via the formal partnership the plans for integrating the three organisations have progressed significantly. A Full Business Case (FBC) for the integration has been developed which describes in detail the rationale, how the integrated organisation will be governed and how risks will be addressed. This was approved by all three Trust Boards during the summer and is currently being considered by NHS Improvement. A summary version of the FBC is appended to this report.

Relevant points to note:

- The proposed transaction involves BCHC acquiring BCP and DWMH – if approved, BCP and DWMH will no longer exist as separate legal entities
- The integrated organisation, which will be an NHS Foundation Trust, will have a new name – we have worked closely with staff and other stakeholders to develop a shortlist of potential names and the Trust Board of BCHC will be selecting a name in early September
- As a Foundation Trust, the organisation has reviewed its constitution to ensure that it will be fully representative of the new service footprint – the Council of Governors from BCP and representatives from DWMH have been closely involved in this process
- The plans have to be approved by NHS Improvement (NHSI) and this assessment is currently ongoing. The current anticipated go-live date for the integrated organisation is 1<sup>st</sup> October 2017
- The integrated organisation will provide all services currently covered by the three Trusts, including:
  - Mental health services across the Black Country
  - Learning Disability services across Birmingham and the Black Country
  - Adult Community and urgent care services in Birmingham
  - Children's services across Birmingham and Dudley
  - Regional dental services across the West Midlands and community dental services across Birmingham and the Black Country
  - Specialist rehabilitation services across the West Midlands

The integrated Trust will align mental health services across the Black Country to improve access and support more new models of mental health care in primary care. It will integrate physical and mental health care through training and new pathways and will offer a wide spectrum of learning disability services across Birmingham and the Black Country. The integrated Trust will enable more efficient back office functions and thereby ensure that as much resource as possible is invested in front line care.

### 3. The Strategic Case for Change

The environment in which NHS organisations operate is becoming ever more challenging. Services have experienced a number of years of reduced funding and this is set to continue into the future. This is exacerbated by reductions in investment in social care provision, meaning that meeting the complex health and care needs of our communities is becoming increasingly difficult.

In recent years, health and social care policy has moved increasingly from ‘competition’ to ‘collaboration’ and within the NHS, successful organisations are being encouraged to help challenged organisations and work collaboratively to address both clinical and financial issues.

Population trends mean that there will continue to be an increasing elderly population. Health and social care, and physical and mental health services need to be more joined-up and responsive to meet the complex needs of these individuals.

The NHS Five Year Forward View sets new challenges for planning and delivering services. Sustainability and Transformation plans (STPs) operate at regional levels and determine medium to longer term arrangements for health and social care services within that locality. Our plans to integrate the three organisations are part of two STPs – Black Country and Birmingham & Solihull – and enable us to have a more joined-up view of services across these communities.

All three organisations are involved in a range of partnerships and collaborations to improve services, including MERIT and Dudley MCP new models of care Vanguards. Our plans strengthen our ability to contribute to these important partnerships and to play a role in influencing the development of new models of care going forward.

The ability of the NHS to attract and retain high quality clinical staff is becoming more of a challenge, especially within certain professions. There are tight restrictions for NHS Trusts in using temporary staff to manage gaps or fluctuations in demand. In developing plans for the integration, we aim to become a more attractive employer for staff, offering a greater range of opportunities for professional development and experience and ‘pooling’ our resources to recruit diverse, high quality staff.

In summary, these plans are a direct response to these issues. It is likely that BCP and DWMH are not sustainable independent organisations going forward and the proposed acquisition by BCHC will help protect and develop the services they provide.

### 4. Benefits of Integration

Over the past months, we have worked closely with staff and stakeholders to agree five overall categories of benefits which underpin our proposals to integrate. These are:

1. By creating a **single provider of mental health** (Black Country) **and learning disabilities** (Black Country and Birmingham) we will improve access, choice, pathways and outcomes for our patients / service users
2. Influence and deliver **new models of care**, specifically the closer integration of physical and mental health, to deliver true person-centred care for our patients / service users
3. Strengthen the **portfolio of children’s services** across Birmingham and the Black Country to improve outcomes for young people
4. Through economies of scale, enable **development of clinical services** through the adoption of best practice, innovation and research

5. Create long term **organisational sustainability** through the effective and efficient use of our resources

The clinical and enabling workstreams are in the process of developing detailed plans for how these benefits will be realised within their own areas. The table below summarises some of the plans for improvement which have been generated by these discussions:

**Realising the strategic benefits**

Benefit	Key aims
<p>1. By creating a single provider of mental health and learning disabilities we will improve access, choice, pathways and outcomes for our patients / service users</p>	<ul style="list-style-type: none"> <li>• Improve access, choice, pathways and outcomes for patients – mapping current services; develop a crisis response team for those with learning disabilities; Share skills and expertise to develop a model of provision that ensures physical and Mental Health are considered equally in the delivery of care</li> <li>• More effective use of inpatient beds across the Black Country</li> <li>• Development of an integrated Mental Health Act function for the Trust</li> <li>• Development of Clinical Reference Groups with joint membership of all professionals</li> </ul>
<p>2. Influence and deliver new models of care, specifically the closer integration of physical and mental health, to deliver true person-centred care for our patients / service users</p>	<ul style="list-style-type: none"> <li>• Utilising the opportunity of locality commissioning (Dudley MCP) to improve the interface between Dudley Children’s services and CAMHS.</li> <li>• Sharing of specialist skills (such as the CAMHS service for children with hearing impairment)</li> <li>• Joint community neurodevelopmental clinics pediatric/CAMHS – with increasing scope for nurse led clinics and nurse prescribers.</li> <li>• Joint Trust wide Mortality Surveillance Group allowing scrutiny of all deaths and a reduction in avoidable physical health related deaths in patients with learning disabilities or mental health issues</li> <li>• Increased working and sharing of expertise between Old Age Psychiatric services and those provided by Old Age Physicians in the care of patients with dementia</li> </ul>
<p>3. Strengthen the portfolio of children’s services across Birmingham and the Black Country to improve outcomes for young people</p>	<ul style="list-style-type: none"> <li>• Unified transition pathways from children’s services into Adult services for people with a learning disability.</li> <li>• Experience gained from region wide management of services will allow for bidding for new services</li> <li>• Integrating Dudley and Birmingham children’s services will facilitate the ability to inform, influence and deliver new models of care</li> <li>• Children with complex health needs will have the benefit of clear leadership from the medical management of the integrated Trust - the Deputy Medical Director is a pediatrician who is specialised in looking after vulnerable children including children in need, children on child protection plans and looked after children.</li> <li>• Sharing of good practice (such as the pilot of personalised budgets for care leavers with mental health issues in Birmingham and Education, Health and Care Plan developments)</li> <li>• Opportunity to innovate with traded services such as speech and language therapy, physiotherapy and the brokering of personalised budgets</li> </ul>
<p>4. Through economies of scale, enable development of clinical services through the adoption of best practice, innovation and research</p>	<ul style="list-style-type: none"> <li>• Opportunities to collaborate to provide innovative career pathways and shared posts across Dudley and Birmingham – enhancing reputation, recruitment and retention</li> <li>• Development of locality models of care, building on experience already gained and utilising the opportunities of integration of children’s services both geographically as well as across mental and physical health, as well as primary and secondary harmonisation of mental health pathways</li> <li>• Combined training and good partnerships achieving economy of scale in eating disorder and Early Intervention in Psychosis services to develop Black Country services.</li> <li>• Development of nurse-led clinics in CAMHS</li> </ul>

Benefit	Key aims
<p>5. Create long term organisational sustainability through the effective and efficient use of our resources</p>	<ul style="list-style-type: none"> <li>• Review estates provision for Mental Health and Learning Disability services to maximise clinical space and offer Choice to LD and mental health patients in order to deliver care more efficiently and differently from traditional delivery.</li> <li>• Integrate back office functions to improve efficiency</li> <li>• Agile working across the Trust to improve productivity</li> <li>• Harmonise and jointly contract with suppliers and identify saving. e.g. medical devices</li> <li>• From identified savings from the clinical integration invest back into the service to support both service and staff developments</li> <li>• Work together to ensure efficiencies of scale in provision of services</li> <li>• Reduce out of area placements by efficient use of beds and clinical community services</li> <li>• Ensure good provider/commissioner relationships by working closely together to give good value for money</li> <li>• Minimise serious incidents and embed lessons to prevent diminishing quality of services and minimise loss of time</li> </ul>

In early August, we held a series of stakeholder engagement events to start more detailed discussions about these opportunities with service users, carers, third sector organisations and statutory partners. Going forward, we will work closely with all stakeholders to develop more detailed plans for integration.

Whilst all services will continue to need to make efficiencies, we are not proposing that any extraordinary savings come from clinical services as part of the plans to create the integrated organisation. The ‘three into one’ savings will be made from back office and support functions, enabling us to protect investment in clinical services.

## 5. Next Steps

These proposals require the support of the regulator NHS Improvement – their assessment of the plans and of the integrated organisation’s ability to manage and improve services is currently in progress. NHSI will then issue a ‘risk rating’ for the transaction and then the Trust Boards and the Councils of Governors will be making their final decisions.

In readiness for go-live, we are making detailed plans to ensure a ‘safe landing’ – that is, that we continue to deliver safe and high quality services over the initial period of transition. Patients and families will continue to access services as normal.

**MARSHA INGRAM**  
*Integration Director*  
TCT

**JO CADMAN**  
*Director of Strategy & Transformation*  
Black Country Partnership NHS FT



# TRANSFORMING CARE TOGETHER

## Summary Full Business Case



For the acquisition of  
Black Country Partnership NHS Foundation Trust and  
Dudley and Walsall Mental Health Partnership Trust by  
Birmingham Community Healthcare NHS Foundation Trust

July 2017

# TRANSFORMING CARE TOGETHER

## Chief Executives' welcome

**Transforming Care Together' (TCT)** is the name for a partnership between Birmingham Community Healthcare NHS Foundation Trust, Black Country Partnership NHS Foundation Trust, and Dudley and Walsall Mental Health Partnership NHS Trust.

For several months now our three trusts have been working closely to understand how we can combine to deliver care in more joined-up and efficient ways, in line with what people need from the modern NHS.

The key principle at the heart of our partnership is how we create benefits for patients and service users, and how we can improve services and health outcomes for people in the communities we serve.

Through our collaboration so far it has become very clear that the three trusts are like-minded organisations, with complementary values, each dedicated to the very best patient care.

We are pleased to confirm that each of the boards of the three trusts involved in the TCT partnership have approved the full business case for formal integration. This means that the three trusts will now be working together (with our regulator NHS Improvement) to form one organisation.

Work by our staff has identified a range of benefits and improvements which could be delivered by us becoming one organisation. We are very keen to explore the clinical potential our partnership brings – we have a rare and exciting opportunity for a review of what we do and how we do it, building on the excellent care being provided by all our organisations.

We would like to thank our staff and stakeholders who have helped us to reach this point in our integration journey, and will continue to support us in the next phase.



**Tracy Taylor**  
**Chief Executive**

Birmingham Community Healthcare NHS Foundation Trust (BCHC)  
and  
Black Country Partnership NHS Foundation Trust (BCP)

**Mark Axcell**  
**Chief Executive**

Dudley and Walsall Mental Health Partnership NHS Trust (DWMH)



“Work by our staff has identified a range of benefits and improvements which could be delivered by us becoming one organisation. As a result the three boards of directors agreed to integrate as one organisation, with a view to coming together from 1 October 2017.”

# TRANSFORMING CARE TOGETHER

## The Full Business Case

The Full Business Case (FBC) is a document which describes in detail the proposal for Birmingham Community Healthcare NHS Foundation Trust (BCHC) to acquire Black Country Partnership NHS Foundation Trust (BCP), and Dudley and Walsall Mental Health Partnership NHS Trust (DWMH). This includes ending BCP and DWMH's legal status as organisations, with BCHC remaining as a legal organisation, but with a new name.

**BCHC** is a large provider of community services (£275m income 2016/17) within Birmingham and the wider West Midlands. The trust is successful, both in the services it provides and its finances. However, like other NHS organisations it faces challenges in the future which would be more achievable within a larger organisation.

It also wants to be able to help develop new models of care locally and regionally, and believes that the acquisition will enable it to do this.

**BCP**, as a medium sized Foundation Trust (£101m income 2016/17) with a good track record of providing services, has more financial challenges. The trust has therefore taken the proactive step of seeking partners to help protect its future in the longer term.

**DWMH** is a small provider (£66m income 2016/17) with a positive record of providing services and maintaining good finances. However, maintaining its financial position is becoming more challenging.

In particular, the decision of Dudley Clinical Commissioning Group (CCG) to include many of the trust's services within the scope of a 'Multispeciality Community Provider' (MCP) means that the trust is likely to have serious financial challenges within the next year. DWMH, therefore, is seeking solutions to ensure it protects its services.

With support from our regulators (NHS Improvement), including financial support to help with the deficit and risk of taking on the two organisations, the **larger integrated organisation** has the potential to deliver significant benefits and improvements for patients, the organisations and wider stakeholders.

The integrated trust will improve access and support to mental health care across the Black Country, including primary care.

It will integrate physical and mental health care through training and new care pathways (the way a patient moves through the health and care system), and will offer a wide range of learning disability services across Birmingham and the Black Country.

Having more efficient corporate support services will help to release money that can be invested directly in patient care. The integrated trust will provide the best value for money option to address the challenges.

The TCT plans are a key part of the two Sustainability and Transformation Plans (STPs) across the Birmingham and Black Country area, and we have support from organisations and people in the health and care system.



# TRANSFORMING CARE TOGETHER

## Our vision

The aim of this integration is to use the strengths of our three organisations, with similar visions and values, to create benefits for our patients, our communities, our staff and our stakeholders.

Simply put, our vision is to improve the care we give to patients, their carers and their families. We want better services for our communities, to improve their choice and access and make the most efficient use of our resources so we can reinvest in patient care.

As individual organisations, the three trusts already share similar visions and values, and we believe these are the foundation for a successful integration into one organisation.



## Our objectives

<b>Purpose</b>	To transform and deliver high quality, efficient, integrated services that enable the best possible outcomes for people.
<b>People</b>	To have a skilled, adaptable, innovative and diverse workforce that is valued, supported and empowered, and where compassionate and caring leadership are at the heart of our services.
<b>Price</b>	To secure our sustainability within the wider health and care system through efficient use of resources and managing beneficial commercial relationships.
<b>Promotion</b>	To promote the organisation and integrated care services that we and our partners deliver by engaging and communicating with all of our stakeholders.
<b>Place</b>	To deliver services flexibly in the most appropriate patient-centred location, supported by an efficient fit-for-purpose estate.
<b>Partnerships</b>	To develop rewarding partnerships, breaking down any barriers in order to provide integrated care to those who need it, fully using the expertise we have in the organisation to benefit our partners and our communities.

# TRANSFORMING CARE TOGETHER

## Our clinical vision

To provide healthcare centred around the individual's needs, with skilled professionals delivering a joined-up range of services locally. Our clinicians will work closely together, combining their expertise across a range of different specialisms throughout the Birmingham and Black Country area.

We have agreed to focus on three main clinical areas of work as we work towards partnership. These are:

- mental health services
- learning disability services
- children's services

These areas make up a big percentage of our combined services and that is why they are a priority for us.

The integrated trust will provide:

- Mental health services for all ages across the Black Country
- Learning disability services across Birmingham and the Black Country
- Adult community and urgent care services in Birmingham
- Children's services across Birmingham and Dudley
- Regional dental services across the West Midlands, and community dental services across Birmingham and the Black Country
- Specialist rehabilitation services across the West Midlands

<b>Mental health services</b> <b>Child and adolescent mental health services (CAMHS)</b>	To deliver specialist mental health services (CAMHS, EI & ED) for children and young adults (0-25) across the whole of the Black Country and link the physical and mental health services for children where we have both, working with partners to achieve joined-up care.
<b>Mental health services</b> <b>Adult and older adult mental health services</b>	We aim to deliver highly specialist, fair, joined-up, health care services based around the person and their needs, delivered by skilled professionals, locally.
<b>Integration of physical and mental health</b>	A joined-up physical and mental health care model that provides savings at an organisational level, but delivers local care, with service users kept at the heart.
<b>Learning disability services</b>	To deliver outstanding care and promote best practice for learning disabilities.
<b>Children and Families' Services</b>	To provide fair access to joined-up services, based on pathways of care, co-produced with children, young people and families, to achieve the best possible outcomes in meeting physical, psychological and social care needs in geographical communities or virtual communities of need.

# TRANSFORMING CARE TOGETHER

## The benefits

At a very early stage of our discussions, clinical staff from all three organisations worked closely together to share knowledge of our existing services and identify opportunities to improve them or develop new services.

This has led to us agreeing five key benefits for our service users, patients and the public. We have also outlined the way we will measure these benefits and the improvements we make as an integrated organisation.

1. By creating a single provider of mental health and learning disabilities services we will improve access, choice, pathways (journeys through the system) and outcomes for our patients and service users.

2. We will be able to influence and deliver new models of care, specifically how physical and mental health are considered together, to deliver true person-centred care for our patients and service users.

3. Strengthen our children's services across Birmingham and the Black Country to improve outcomes for young people.



4. By combining our efforts and being more efficient with our resources, enable development of clinical services through using best practice, innovation and research.

5. Be a more sustainable organisation into the future, through the effective and efficient use of our resources.

# TRANSFORMING CARE TOGETHER

## The benefits for our workforce

It is clear from partnership working that the three organisations share similar workforce objectives and challenges. Working together will bring benefits which are:

- To improve the potential for recruiting and retaining high quality staff as a strong, sustainable and ambitious organisation offering a wide range of mental health, community and specialist services
- To support personal and career development of staff by offering a wide range of opportunities to gain experience and skills within a larger range of services and staff groups
- To build the temporary staffing capacity across the three organisations and learn lessons regarding flexible working practices
- To build a more efficient and effective human resources team by bringing together the best practices, skills and experience from the three existing teams
- To support effective workforce planning across the health and social care sector, developing and extending new roles, greater use of apprenticeships and a collaborative approach to the widening participation agenda
- To make use of the opportunities for better research, education, and training capability and recognition



These benefits will be delivered through four supporting strategies:

- Healthy and well
- Well led and supported
- Diverse and valued
- Engaged and motivated

The Organisational Development (OD) plan is already well underway and is: preparing for change; engaging on vision, behaviours and strategy; and carrying out cultural assessments. The future plan focuses on leadership, teamwork and engagement.

The OD plan will continue to support the change required by the integrated trust recognising change on this scale does not happen easily.

“The delivery of high quality and safe patient care is underpinned by our ability to recruit and retain skilled, diverse and motivated staff.”

# TRANSFORMING CARE TOGETHER

## Developing the plans for integration

In autumn 2015, BCP's Board of Directors and staff considered different options to ensure the future sustainability of services and decided to talk to other NHS organisations in the West Midlands about the potential of working together.

The preferred option was a 'horizontal partnership' with an organisation or organisations providing similar or complementary services. In September 2015, BCP issued a prospectus and started a competitive process to find a partner.

BCHC and DWMH developed a joint proposal for partnership working which BCP reviewed and approved, and in December 2015 the three organisations announced this to everyone.

BCP involved patients, service users, carers and staff in helping to review the proposal to ensure that the decision made was focused around the needs of our patients.

At the beginning of 2016, the three organisations worked together to establish how they would manage the TCT programme, including setting up the TCT Partnership Board and Sponsors Group (Chairs and CEOs of each organisation).

Both clinical and enabling project groups were set-up to develop proposals for how the partnership could deliver better and more efficient services.

Throughout April and May 2016, a range of stakeholder engagement opportunities were held, including Governors' events for the two Foundation Trusts. We looked at our culture and decided that we had a good 'cultural fit' between the three organisations, and similarity between the vision and values of the partners.

A Strategic Outline Case (SOC) for the partnership was developed for each partner and signed off by the respective Boards in July – October 2016. An Outline Business Case (OBC) was then developed, which was approved by the Trust Boards in December 2016/ January 2017.

This Full Business Case (FBC) has been developed to gain final approval for the transaction from the Trust Boards and NHS Improvement (NHSI). In summary, the FBC:

- Outlines the proposals to integrate the three 'partner trusts' by way of an acquisition
- Presents our plans for integration and describes how integration will support improving the quality and efficiency of services
- Demonstrates that the acquisition provides the best value for money option to address challenges and create financially sustainable services
- Identifies the level of financial support required.





# TRANSFORMING CARE TOGETHER

## The need for change - strategic case

The environment in which NHS organisations operate is becoming more challenging. Services have experienced a number of years of reduced funding and this is set to continue in the future.

This is made worse by similar reductions in social care funding, meaning that meeting the complex health and care needs of people is falling more and more to the NHS.

Health and social care policy in recent years has moved from 'competition' to 'collaboration' and successful NHS organisations are encouraged to help challenged organisations and work collaboratively, to address issues, either clinical ones or financial ones.

Population trends mean that there will continue to be an increasing elderly population. Health and social care, and physical and mental health services need to be more joined-up and respond to meet the complex needs of these individuals.

The NHS Five Year Forward View sets new challenges for planning and delivering services. Sustainability and Transformation Plans (STPs) work at regional levels, and organisations are developing ideas and ways to work together to address these challenges.

All three organisations have experience in leading or participating in partnerships and collaborations to improve services.

The ability of the NHS to attract and keep high quality clinical staff is becoming more of a challenge, especially within certain professions. There are tight restrictions on the ability of trusts to use temporary staff to help in the shorter term.



The proposed acquisition is a direct response to these issues. BCP and DWMH are unsustainable as independent organisations, and the proposed acquisition by BCHC will help to protect and develop the health services they provide.

“The plans to integrate as one organisation will therefore protect front-line services and improve how we respond to future challenges in the NHS.”

# TRANSFORMING CARE TOGETHER

## Finance, governance and risk

### Financial integration

As three standalone organisations, the future financial position is increasingly challenging – BCP are not financially sustainable in the short term, DWMH are unlikely to be in the next one to two years and BCHC will see a decreasing surplus.

The financial challenges are in part solved through this transaction, and the combined financial plan provides more opportunities for efficiencies going forward. Bringing together the three sets of corporate support services into one will save around £7 million each year and overall, the benefit to the taxpayer of these proposals is approximately £18 million.

In addition, combining the cash balances of the three trusts will enable long overdue funding to be provided in key services and locations, including maintenance and new technology to improve efficiency and patient care. In particular, the estates in the Black Country and ensuring that all services in the integrated trust use a single electronic patient administration system – these developments are not affordable within our current organisations.

Investing in these and the cost of restructuring is in part affordable through the combined organisation. However there will still be financial pressures and the organisation will have to look at ways to reduce this in the future. This will be particularly important for Black Country services.

The integrated organisation plans to achieve a sustainable 1% surplus and 30 days liquidity position to ensure it remains sustainable and strong. We have identified that additional financial support is required and are currently in negotiation with NHSI about this.

### Governance and risk

The integrated trust will remain an NHS Foundation Trust (FT) and will have a new FT constitution.

How the integrated trust will be governed will be in line with the current structure at BCHC. In recognition of the addition of mental health services, there will be the addition of a Mental Health Act Board Subcommittee.

The Board of Directors of BCHC, as the acquiring organisation, will become the Board of the integrated organisation. The directors have rich and diverse experience and skills.

Joint leadership, in some areas, have been in place across BCHC and BCP since mid-2016 and more recently this has extended into DWMH. Immediately following approval of the FBC but prior to the acquisition, transitional shadow Board arrangements will also be put in place.

BCHC has continually assessed the potential risks throughout the development of the FBC, benefitting from: the insight provided through the joint management arrangement; due diligence on legal, clinical and financial matters; and the development of the integration plans.

The most significant risks relate to: the estate; IT integration and upgrading; and the pace of cost improvements and efficiencies required. This risk is monitored using the BCHC risk management process. A number of ways of addressing these issues are in place for the significant risks and areas requiring external help will continue to be discussed with regulators through the approval process.

# TRANSFORMING CARE TOGETHER

## Timing and planning

We are planning to come together as one integrated organisation on 1 October 2017, however the work to jointly develop our services will take much longer than this.

On 1 October our organisations will legally and formally be one with a new name and one Board of Directors, however, many of our services will remain the same.

A shortlist of new names for the integrated organisation has been produced and shared with staff, service users and other stakeholders for feedback.

Change will be happening in many of our corporate areas first. These are the areas that support clinical services such as finance, human resources and IT.

We have a clear plan of how we will integrate our organisations into one and this plan details actions that we will take:

- before the 1 October 2017
- in the first 100 days after 1 October 2017
- in year one (from 1 October 2017)
- in year two (from 1 October 2017)

An Integration Board with representation from all three organisations has the duty to plan and ensure the successful integration, and provide the resources to deliver the work needed.



### What are we doing?

#### Combining our organisations.

This will include all of our current services and future services we may develop.

We will be one organisation with a new name.

### When are we doing this?

#### 1 October 2017

This is when we will be one organisation with a new name.

Some of our work to integrate and develop services will take longer.

### How are we doing this?

A legal acquisition.

BCHC will legally acquire BCP and DWMH but this is just the legal process.

Our approach is much more about bringing together the best of our organisations.



# TRANSFORMING CARE TOGETHER

## Informing, engaging and involving people

As we continue on this journey we want service users, patients, carers, governors, members, staff, partners and stakeholders to be truly involved in how we achieve our vision.

We strongly believe that our communities should be an integral part of shaping local health services and it is our responsibility to ensure that we open up opportunities for them to be involved.

Involvement can mean different things to different people such as:

- sharing feedback by telephone, email or online
- talking to us at one of our informal drop-in events
- being involved in a workshop or focus group
- attending one of our engagement events
- becoming more involved in our clinical work

There is a robust communications and engagement strategy and plan in place which ensures we:

- Engage people to contribute to and influence decisions
- Help people to understand the changes ahead
- Maximise support for this change
- Keep people informed about change that directly affects them
- Meet all statutory communication and engagement requirements
- Build trust and strong relationships with patients, staff, stakeholders, partners and the wider public

The plan uses a range of channels including:

- A dedicated website  
[www.transformingcaretogether.org](http://www.transformingcaretogether.org)
- Stakeholder engagement forums and events
- Stakeholder newsletters
- Governor briefing sessions and joint events
- Governor working group
- Listening events and briefings
- Staff 'safe landing' question process and portal



# TRANSFORMING CARE TOGETHER

## Contact

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[www.transformingcaretogether.org](http://www.transformingcaretogether.org)

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07469 872190

## Our organisations

[www.bhamcommunity.nhs.uk](http://www.bhamcommunity.nhs.uk)

[www.bcpft.nhs.uk](http://www.bcpft.nhs.uk)

[www.dwmh.nhs.uk](http://www.dwmh.nhs.uk)