

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 28 APRIL 2011**

<b>Title:</b>	<b>BIRMINGHAM &amp; SOLIHULL CLUSTER SYSTEM PLAN</b>
<b>Responsible Director:</b>	Viv Tsesmelis – Director of Partnerships
<b>Contact:</b>	Viv Tsesmelis, ext: 14331

<b>Purpose:</b>	To inform the Board of the system plan and the associated statement of shared vision, goals and priorities that the Organisation is asked to endorse
<b>Confidentiality Level &amp; Reason:</b>	
<b>Medium Term Plan Ref:</b>	N/A
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• The Trust is expected to engage in the Acute Services Review which is outlined in the plan</li> <li>• The Cluster will expect the Trust, over time, to develop plans to deliver changed service patterns in line with the commissioning intentions outlined in the plan</li> </ul>
<b>Recommendations:</b>	<ol style="list-style-type: none"> <li>1. The Board is asked to NOTE the existence of the system plan for the Birmingham &amp; Solihull cluster</li> <li>2. The Board is asked to AGREE to the statement of Shared Vision, Goals and Priority Initiatives contained within the plan</li> <li>3. The Board is asked to AGREE to the Trust engaging in the Acute Services Review</li> </ol>

<b>Signed:</b>	<b>Date:</b> 19 April 2011
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**1. Background**

**1.1 System Architecture**

The White Paper, 'Equity and Excellence: Liberating the NHS' signalled the demise of PCTs and the transfer of commissioning responsibility to GP consortia.

Part of the transition planning has been to reduce the number of PCTs, by requiring existing organisations to form geographical clusters, following local health system boundaries.

Locally, the three Birmingham PCTs and Solihull Care Trust have formed the Birmingham and Solihull Cluster with one single management team reporting to all four PCT Boards. Denise McLellan has been appointed as Chief Executive Officer of the cluster and she is now appointing her management team

**1.2 Operating Framework/QIPP**

While the NHS has had ring fenced resources guaranteed for the next three years, the financial settlement still requires the system to identify approximately £20 billion of efficiency savings over the next three years to be able to meet growing demands on the system created by demographic change, emerging technologies and treatments and the continuing trend of increased acute activity.

The Quality Innovation Productivity and Prevention (QIPP) agenda has been developed over the past two years as a vehicle to be used to ensure quality remains as the driving force behind any efficiency drives

**1.3 System Plans**

As part of the transition planning for the handover of commissioning responsibility from PCTs to GP consortia, each health system has been asked to produce a system plan which should combine both the strategic vision, operational plans and commissioning intentions to deliver the strategic plan using the QIPP approach. This plan has to detail the service changes that will be introduced to meet the growing demands on the service, while delivering a balanced financial position to hand over to the GP consortia in 2013.

**2. Birmingham and Solihull Cluster System Plan**

Most economies have had system wide governance structures to develop either shared QIPP or system plans that have had provider input to most of the process.

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Birmingham and Solihull cluster did not adopt this approach but had a commissioner only approach.

They did hold events for groups of providers to examine certain parts of the system, such as the first stage Acute Services Review, but these were to discuss broad principles, rather than to develop detailed plans.

Early in the New Year, the Cluster did produce a version of a system plan which they shared with Providers 'for comment' but this included commissioning intentions which most providers felt were not deliverable and the plan did not include the modelling that had been used to arrive at these proposals.

Since this first plan was circulated, there have been a couple of follow up meetings when Trusts expressed their displeasure at the process that had been followed and made clear that they could not sign up to the intended volume of service change contained in the plan. The plan itself has been revised on several occasions, but with little provider involvement.

Provider Organisations were clear that the plan did not align with the commissioning intentions expressed in this year's contracting round and it was agreed the plan needed to be revised to reflect the outcome of the contracting process.

As a consequence of these meetings and because of the need to have a position statement signed off by all players, for reporting to the SHA and DH, the Cluster produced a statement outlining "Concordat Principles" and a "Shared Vision, Goals and Priority Initiatives", which is attached at Appendix A and asked Trusts to sign up to this as a way of moving forward with this work.

It can be seen in the section entitled 'The Way Forward' that this will require a second phase of an Acute Services Review, which will involve UHB. The format of this review has not yet been developed.

### **3. Recommendations**

- 3.1 The Board is asked to NOTE the existence of the system plan for the Birmingham & Solihull cluster
- 3.2 The Board is asked to AGREE to the statement of "Shared Vision, Goals and Priority Initiatives" contained within the plan
- 3.3 The Board is asked to AGREE to the Trust engaging in the Acute Services Review

Viv Tsesmelis  
Director of Partnerships  
19 April 2011

## Appendix A

### Uniting for a healthier Birmingham and Solihull

#### Partner sign off of System Plan - Birmingham and Solihull Cluster

March 2011

Partner organisations in the Birmingham and Solihull Cluster have been working together to move to a shared plan for the health improvement and provision of health and social care of the local populations going forward over the coming five years.

We face unprecedented challenge in terms of the NHS changes, demographic change and the resource limitations.

Together the owners of the System Plan will require new levels of collaboration to deliver this. The Cluster System Plan partners include the three PCTs in Birmingham, Solihull Care Trust, Sandwell and West Birmingham Hospitals NHS Trust, Heart of England NHS Foundation Trust, Birmingham Women's NHS Foundation Trust, Royal Orthopaedic NHS Foundation Trust, Birmingham and Solihull Mental NHS Health Foundation, Birmingham Children's Hospital NHS Foundation Trust, Birmingham Community Health Care NHS Trust, eleven emergent GP consortia and two local authorities.

At present, all organisations are signed up to the following:-

#### Concordat Principles

- Decision making will be clinically led
- Maximise benefit for public expenditure
- Patient focus not organisational boundaries
- Reduce the patient 'footprint' with services with the same or better outcome
- Keeping services safe for patients
- Health economy responsibility and risk sharing

#### Shared Vision, Goals and Priority Initiatives

(see overleaf)

#### The Way Forward

As partners we agree to work in a spirit of cooperation to drive delivery in 11/12. In terms of longer term sustainability, a more radical discussion is required across the cluster around models of care and configuration of services. In parallel to reviews of children's services and mental health, we plan to launch a second phase of the Acute Services Review which will be scoped in the coming three months. In line with our Concordat principles, we expect the discussion to be clinically led. It will focus on areas where we can improve service models and rationalise provision.

Each partner is asked to sign up to full participation in this process.

# Uniting for a healthier Birmingham & Solihull to get the best in care and quality of life

