

Health and Adult Social Care Scrutiny Committee – 28th March 2012

Report of the Black Country PCT Cluster Chief Executive

Black Country System Plan Development 2012/13 to 2014.15

1.0 Purpose of Report

- 1.1 The Black Country Cluster of PCTs is working with partner organisations across the whole of the Black Country to develop an integrated system plan which sets out current achievements and the development of forward plans for the period of 2012/13 to 2014/15.
- 1.2 The purpose is to develop a plan that supports Clinical Commissioning Groups to meet the requirements of national, regional and local policy for health, ensuring that opportunities for joint working with other partners, particularly social care in local authorities, are taken. The plan is currently being developed and will be released to the public in April 2012

2.0 Background

- 2.1 The Black Country Cluster of PCTs is developing an integrated System Plan to cover the period 2012/13 to 2014/15 that supports Clinical Commissioning Groups to meet the requirements of national, regional and local policy for health, ensuring that opportunities for joint working with other partners, particularly social care in local authorities, are taken.
- 2.2 This is being developed through an iterative process that will result in sign off of the plan by the Midlands and East SHA Cluster and the Black Country PCT Cluster Board in March 2012. As part of the development of the plan, all relevant organisations, including Dudley Council, are being asked to contribute and are reviewing each iteration. The plan will then be published in April 2012.

3.0 Content of the System Plan

- 3.1 The System Plan is developed according to a template set out by the SHA Cluster and covers the following:
 - i. Background and Context across the health system
 - ii. Review of 2011/12 Delivery
 - iii. Priorities for 2012/13 – national, SHA and local
 - iv. Transition and reform
 - v. Financial Analysis
 - vi. QIPP and Strategic Change Programmes
 - vii. Capacity Implications
 - viii. Implementation and delivery

- ix. Engagement
- x. Risks
- xi. Appendices

3.2 The System Plan includes:

- i. Summarised views on the nature of health need, the current system and progress against current year targets, how health providers are configured and how the Quality, Innovation, Prevention and Productivity (QIPP) approach in health is being developed locally to meet our share of the national challenge.
- ii. An explanation of the national priorities as set out in the NHS Operating Framework 2012:
 - a. Putting patients at the centre of decision-making
 - b. Improving dignity and compassion in delivery of care
 - c. Completing transition to the new system, subject to passage of the Health and Social Care Bill, including establishment of Clinical Commissioning Groups and supporting the establishment of Health and Well Being Boards to become key drivers of improvement in the NHS
 - d. Increasing the pace of delivery on the QIPP challenge
 - e. Maintaining a strong grip on current performance
- iii. An explanation of the five ambitions set out by the SHA Cluster (eliminating avoidable pressure sores, implementing Making Every Contact Count, improving quality and safety in primary care, ensuring radically strengthened partnership between the NHS and local government and creating a revolution in patient and customer experience) and how the local system is responding to these.
- iv. The vision of the Black Country Cluster and local Clinical Commissioning Group priorities
- v. Details on how the local NHS is implementing the requirements of the Health and Social Care Bill, subject to its passage by Parliament, including development of Clinical Commissioning Groups to begin full operation from April 2013, Commissioning Support Services, preparation for the establishment of the National Commissioning Board and transfer of responsibilities from PCTs to this new organisation by March 2013
- vi. Outline of how a more detailed strategy will be developed during 2012/13 for acute and community services, and for mental health and learning disabilities services. General principles have been agreed, to support the delivery of clinically and financially sustainable services, within reduced growth funding going forward, with a defined acute hospital presence in each of the four areas of the Black Country, and agreement to work collaboratively on looking at how more specialist elements of work can be provided to deliver highest quality outcomes. This includes a proposal to look at specific strategic programmes of change. These would be lead by clinicians and include representatives from organisations across the Black Country including commissioners, providers, local authority and third sector organisations, to review current provision and define how further improvements can be made in areas such as unscheduled care, planned care, women and children's services, primary care and medicines management, long term conditions and older people and halt h and well-being. A Learning Disabilities programme board has already been established. The

- strategies and approaches developed will form part of the Black Country Cluster legacy for CCGs and other partner organisations.
- vii. Details of changes in governance arrangements during the transition and how performance against targets, including QIPP, will be met.
 - viii. Approach on engagement with clinicians, CCG leaders, local authorities, patients and the public and staff
 - ix. Description of high level risks and how they are being handled.

4.0 Next Steps

- 4.1 The next stage is for the SHA Cluster to confirm that it is content to sign off the plan as competent from their perspective, and then for the plan to be considered at the Cluster Board. The final plan will then be published, along with a summary for ease of reading by the public. This will be published in April 2012.

3.0 Finance

- 3.1 No Financial issues arising from this report

4.0 Law

- 4.1 The development of the report is being undertaken by the Black Country Cluster of PCTs, and has involved senior officers of the local authority, in discussions, attending meeting and commenting on draft material.

5.0 Equality Impact

- 5.1 An equality impact assessment will be undertaken

6.0 Recommendation

- 6.1 *The Committee notes the report and progress towards completing the system plan 2012/13 to 2014/15*



Robert Bacon
Black Country Cluster PCT
Chief Executive

Contact Officer

Les Williams
Strategy and System Planning Lead, Black Country PCT Cluster
Tel: - 0121 612 3520
Les.williams@sandwell-pct.nhs.uk