

A report prepared for the Health & Wellbeing Board meeting 2nd December 2015

1 Background

- 1.1 During the second half of 2014 and the early part of 2015 a number of discussions took place at Private Boards and between Chief Executives and Chairs about the possibility of creating a vehicle under the working title of Black Country Alliance to collaborate across three NHS Acute Trusts aiming to become large integrated care organisations; Dudley Group NHS Foundation Trust (DG), Sandwell and West Birmingham Hospitals NHS Trust (SWBH) and Walsall Healthcare NHS Trust (WH) – The Partner Trusts.
- 1.2 The Five Year Forward View has clearly signalled the need for new models of care, and the Dalton Review has begun to define organisational form options for the NHS. We face divergent pressures for sustainability: A desire for a GP practice locus for both community and outpatient care, and a Keogh appetite for super-scale for more complex work. This leaves a gap in the middle - one challenged for profitability by the removal of less complex care, and for medical workforce sustainability by the lure of scale and reputation. Put differently – what is a District General Hospital in 2025 in our NHS?
- 1.3 Working in voluntary partnership serving over a million people and with a collective turnover of over £1billion will allow the Partner Trusts to
 - Operate at scale to repatriate some services and retain other services locally by providing sub-specialist range across the Trusts
 - Develop new services that to achieve viability do not need to waste time tendering
 - Create shared back office functions where it makes sense to do so
 - Establish common approaches to employment benefits and compensation to tackle the viability challenge coherently
- 1.4 Each of the three Partner Trusts has a clear strategy set out in respective 5-Year Plans and annual operating plans. Black Country Alliance forms a part of each of those plans, but sits alongside all of the other collaborations and partnerships that exist and will continue to exist. The Black Country Alliance development does not cease any of these commitments. In developing new initiatives and ideas each Partner Trust would look to operate with the most relevant geography and scale for patient need. However, for new projects, the first assumption should be to ask Black Country Alliance partners whether this project would be of mutual and/or greater

benefit together. The Black Country Alliance is not intended to be an exclusive partnership – all three trusts are part of clinical networks with other providers in the West Midlands and all three are also working with partners in our boroughs to develop integrated models of community care. The Alliance is designed to complement rather than replace these other partnerships.

- 1.5 We appointed Terry Whalley as Programme Director, Black Country Alliance at the beginning of May 2015. Terry is a graduate of the recent NHS Leadership Academy Executive Fast Track Programme, a DoH sponsored initiative to develop a cohort of senior leaders within the NHS who can support delivery of the five year forward view. Terry came to the NHS specifically to join this programme on the back of many years leading transformational change in the private sector. Terry therefore brings a wealth of transformational change leadership, a recent experience of different aspects of the NHS and global healthcare systems, and an objectivity that will help the 3 partner Trusts form a plan for the Black Country Alliance.

2 What is the Black Country Alliance?

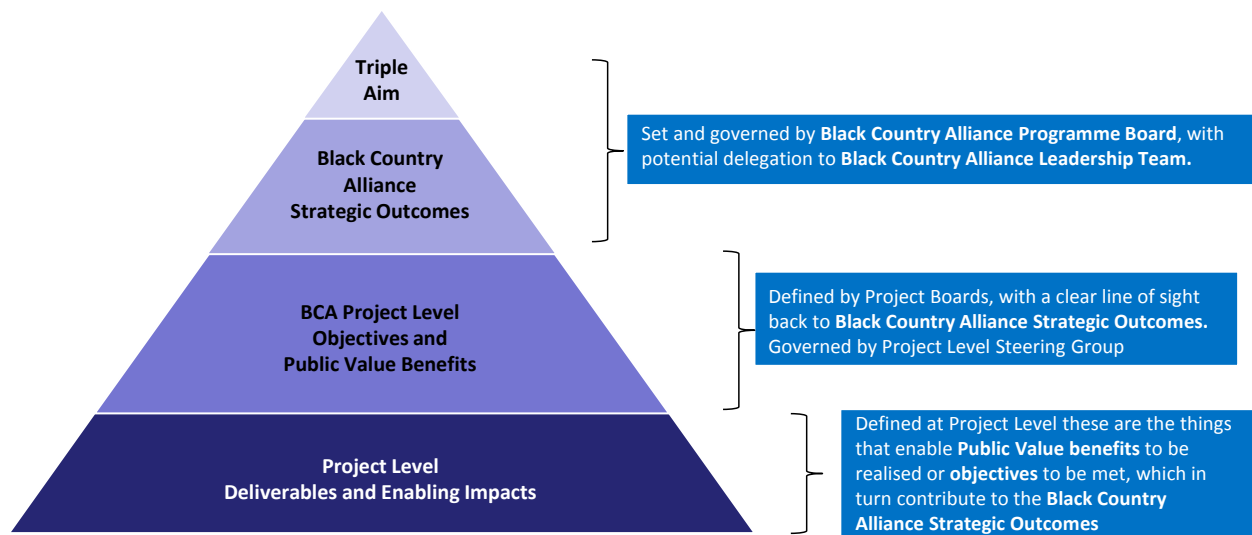
- 2.1 The Black Country Alliance is a new model of Acute Care Collaboration, initially in the form of a public, formal partnership based on a 'Programme of Work' structure but with an intention to create a 'sticky' relationship that benefits all. This formally launched on Black Country Day, 14th July.
- 2.2 The Black Country Alliance will have strength in its leanness, in its focus on a small number of pieces of work, in its ability to consider innovative solutions and propose different answers to different questions rather than a pre-determined one size fits all approach. Its flexibility and agility will enable rapid progress to be made on those things that all 3 Trusts agree as being the things we'll focus on. The Black Country Alliance will in year 1 undertake a handful of initiatives determined by all three Partner Trusts, and will establish a mechanism by which year 2 and beyond priorities can be considered and prioritised to keep the pipeline fresh.
- 2.3 The Black Country Alliance is not and will not be a mutually exclusive arrangement. Each of the three Partner Trusts, as part of their on-going respective strategies, are working on a number of collaborations including closer working and integration with community healthcare provision, with Primary Care including as part of MCP national vanguard initiatives, with other providers through clinical networks and tertiary referral pathways. Black Country Alliance will compliment these pieces of work, will be another component of the strategy to assure clinical and financial sustainability and will focus on those areas where the three Partner Trusts see potential to realise mutual benefit the compliments or improves other areas.
- 2.4 Only initiatives determined by all 3 Partner Trusts as being important to them will be included in the Black Country Alliance scope of work. Most things will continue to be done by the three Trusts outside the Black Country Alliance and each Trust will continue to work with other organisations outside the Black Country Alliance to progress its own Strategy and execute its annual plan.

- 2.5 All 3 Partner Trusts are joint and equal partners and have the right individually to veto proposals emerging as the work progresses within the Black Country Alliance if they so choose. A governing board has been formed, **Black Country Alliance Programme Board**, made up initially of Chairs and Chief Executives of the Partner Trusts. This Black Country Alliance Programme Board will be chaired independently, but until an independent Chair is appointed, on a rotating basis by the three Trust Chairs. The Programme Board will agree and publish a short list of joint initiatives that it will oversee, and will refresh this periodically as the scope for years 2 and beyond is worked up. It will meet normally monthly to set the strategy, agree the scope, oversee delivery and evaluate value achieved.
- 2.6 A **Clinical Reference Group** has been established to provide clinical leadership to the work of the Black Country Alliance. Formed by the Directors of Nursing and the Medical Directors, this CRG will ensure robust clinical leadership. Additionally, a **Black Country Alliance Programme Planning Group**, chaired by the Black Country Alliance Programme Director and comprising six executive directors from across the three Trusts, two from each Trust. This programme planning group will help to develop the Black Country Alliance partnership's capability to operate together, promote its ideas and shape future pipeline of potential work and the work required to deliver on some of the agreed joint projects.
- 2.7 A number of **Project Steering Groups** have been formed; one for each of the more significant pieces of work in Year 1 scope of work. Each Project Steering Group is chaired by an **Executive Sponsor**, and is made up of key Medical, Operational and other required stakeholders from across the three Trusts. Each Steering Group will lead, on behalf of the Black Country Alliance Programme Board, the work required to deliver on the specific project, including Benefits realisation through **Trust Sponsors** as well as delivery of required changes through an appointed **Project Manager**.
- 2.8 Over a million patients are served by the three Partner Trusts. The combined budget of the three is in excess £1billion and collectively the three Trusts serve a population of over a million people. The basic attraction of working together through Black Country Alliance is scale. Scale to
- Set an agenda for new models of acute care collaboration.
 - Create synergies.
 - Tackle sub-specialisation in care and make this available locally in a sustainable way.
 - Attract talent into what are currently hard to fill posts by offering the support of a larger 'virtual' team, access to more patients and perhaps shared clinical governance and support.
 - Remove unwarranted or unexplained variations in practice, and share & learn what good looks like together.
 - Offer services locally that might not be achievable otherwise, and undertake research together that will lead to centres of excellence developing across and within the Black Country,

Though big is not necessarily best, and agility has a place, big enough is material in healthcare both in tackling risk impact and in creating services able to meet increasingly input driven specifications. Big enough is also significant in creating commercial partnerships.

2.9 The Black Country Alliance will exist to enable the three Trusts to work together on some carefully selected things that will enhance the clinical and financial sustainability of all three Trusts. To do this, and to provide a public narrative that our colleagues and the general public can get behind, the Black Country Alliance will at its heart have a ‘triple aim’ underpinning the in scope work;

1. Improve Health Outcomes for the million or so people in the Black Country served by the three Partner Trusts – Clinical Sustainability
2. Improve the experience of Healthcare, not just for the people we serve but for our colleagues who deliver the healthcare – Clinical and Financial Sustainability
3. Better use of resources for health and care – Financial Sustainability



2.10 Aligned to this triple aim will be a set of strategic outcomes, consistent with and aligned to Partner Trusts’ current strategic objectives, that will further inform the narrative for why and what we’re doing for each of the areas in scope of the Black Country Alliance;

1. Enhancing the distinct visions of the three organizations to deliver integrated local care and wider public health in their natural geographies
2. Work together, collaborating and supporting high quality research and its translation into practice
3. Supporting local employment and make the Black Country a highly desirable place to work, with learning and career development so that potential can be fulfilled for local staff
4. Make the Black Country a safe place to be treated
5. Ensure clinical sustainability for Trust partners, creating sub-specialist expertise aligned to generalist capability
6. Ensure financial sustainability for Trust partners, attracting investment into

Trusts, which can only be delivered through scale; and sustaining outstanding support services at a time of austerity, which can only be achieved through alliance

7. Celebrate and support diversity and guarantee inclusivity, working with stakeholders to achieve the best outcomes we can in an equal and equitable way
8. Encourage, recognize & reward the behaviors & outcomes necessary to achieve the above objectives

2.11 The Black Country Alliance Programme Board has identified a small number of initiatives, which are of mutual benefit and interest to the three Partner Trusts. Those initiatives have been selected to span 'back-office' collaboration, which will enable efficiencies in more transactional services as well as clinical projects where cooperation will be of benefit.

2.12 The Year 1 initiatives are identified below with some further rationale for initial selection in **attachment E**;

- Interventional Radiology
- Histopathology
- Urology
- Rheumatology
- Payroll
- Some additional 'quick wins' or 'faster' pieces of work will also be considered from transactional services such as procurement, estates, IT and other HR services, along with any other mutually beneficial opportunities that arise.
- A further 'long list' of other areas that we may wish to consider will be maintained, with work to progress the thinking on these areas for potential inclusion in year 2 scope taking place during the Autumn / Winter.

2.13 The organising logic for the function of the Black Country Alliance and its initial priorities is;

- To provide a scale to permit each of the Partner Trusts to maintain and then develop further core sub-specialist access locally for patients, without each needing to replicate or duplicate appointments and infrastructure.
- To tackle areas where teams already yearn to collaborate with a small number where some direction to do so is needed in order to realise an opportunity or solve a problem.
- To make it clear that the Black Country Alliance exists to promote working together, collaboration and sharing of good practice but in a structured and formalised way to focus on achieving specified outcomes which in turn lead to improved population health outcomes, improved experience of healthcare and better use of resources.
- To be clear that the Black Country Alliance is not vehicle to undertake a merger of the three Partner Trusts, nor is it a vehicle to undertake reconfiguration of key services such as Maternity or Accident & Emergency.

3 BCA Members

3.1 Membership of the Black Country Alliance;

- Dudley Group NHS Foundation Trust
- Sandwell and West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust

3.2 The Black Country Alliance is forming at a time of flux not just in health organisations, but the wider landscape of local government and public policy. The planned devolution of healthcare in Manchester is giving rise to opportunities elsewhere, and active discussions around wider authorities are ongoing. These stretch from Worcester to Coventry. At the same time, the creation of Accountable Care Organisations invites smaller more local scale development. Some parts of the patch are exploring collaborations, including but not limited to place based reorganisations, integrated care models, prime provider models, and sub-contracting of key services.

3.3 The three Partner Trust's Chief Executives believe that this landscape strengthens the case for a clear core acute provider partnership across a shared geography. Working together we can bring provider led innovation to bear, whilst offering disparate commissioners a large, partnership orientated health collaboration with which to consider investing.

3.4 It would be wrong to infer that the exclusion of primary care or mental health signals a focus on physical ailments or hospital based care. All three organisations deliver significant volumes of home care and community based care. The three mental health organisations working locally have their own transitions and transformations under way, and seeking to resolve those dynamics and challenges within this partnership at this time risks making modest impact, where the health status and need locally demands fast results.

3.5 The exclusion of Birmingham from our title, and the non-inclusion of the Wolverhampton Trust from the founding partnership, requires specific comment. As previously described, SWBH continues to be committed to providing services to a large population in Birmingham. The Black Country Alliance is primarily focussed on partnership across the shared geography that is the Black Country. The Partner Trusts recognise strong, valued clinical ties to tertiary and other services at UHB, RWH, the Children's Hospital and indeed other providers across the Midlands. These remain, and can develop and grow. Royal Wolverhampton has decided not to take part in the alliance at this stage.

3.6 In time, once we have established the Black Country Alliance and made a real difference through delivering successes, we may consider broadening the membership to include other organisations that are like-minded and desire to be a part of a successful partnership.