

This paper has been abridged with some content being removed due to it being commercially sensitive or containing personal and sensitive information.

Enclosure 4

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

TO BE HELD ON WEDNESDAY 24 NOVEMBER 2010

PAPER TITLE	Chief Executive's Report
WHAT BOARD ACTION IS REQUIRED?	For information and discussion
BOARD SUMMARY	This report covers: <ul style="list-style-type: none"> • Local Health Economy: Plans for 2011/12
PAPER HISTORY	N/A

IMPACT ASSESSMENT (complete as required)	
Legal	
Financial	
Quality of clinical services	
Workforce	
Reputation	
Compliance or Terms of Authorisation	
Equality/Diversity (via EIA)	
Relationship to our Annual Plan	

BOARD DIRECTOR SPONSOR	Sue Turner – Chief Executive
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Chief Executives Report

1 Local Health Economy: Plans for 2011/12

Birmingham Health Economy need to save £303m from the NHS budget over the next three years of which £150m is required in 2011/12. Modelling this across the health economy has lead the Primary Care Trust to conclude that 44% of the estimated financial gap needs to come from the Acute Trusts within the city. As at the time of writing the PCT “cluster” remain silent on proposals to deliver the remaining 56% of the savings required.

On November 10th 2010 a health economy wide meeting of all CEO’s was held to deliberate plans and process required to tackle this issue. Due to a PCT error, BSMHFT were not invited to this event. Documentation circulated at the event has been tracked down which outlines plans for £6m savings proposed from Birmingham mental health services in 2011/12.

Changes proposed by the PCT’s for mental health service savings, as outlined in this documentation have not been discussed (in any form) with our Trust. An urgent meeting was therefore convened with Andrew Donald, acting CEO of BEN PCT (who is the lead on mental health commissioning across Birmingham) and Jon Tomlinson, Head of Joint Commissioning (Mental Health and Learning Disability Services) on Thursday 17th November 2010.

That meeting was robust but constructive. We reached agreement on the following:

- (a) To clarify the basis of the underpinning “financial assumptions” concerning the proportion of savings to be found from mental health services
- (b) To work up a joint service and financial plan
- (c) To undertake some robust benchmarking and modelling for the existing mental health contract portfolio which will underpin our own internal CRES and cost reduction plans.

These are important “gains” which will enable systematic planning within our own Trust, and greater clarity and transparency of commissioner plans (and their impact) which will be an important platform against which emergent GP Commissioners can work and commission from.

2 In Year Commissioning/Decommissioning 2010/11

Birmingham Commissioners have issued contractual notice on the following services:

Day Care Services - contractual value £1.1m
Addiction Services - contractual value £8m

They have also indicated that they will not pay “over performance on contract” potential loss of £1.4m and that they are likely to reduce the contract for psychotherapy. IAPT Services (Improving Access to Psychological Therapies) are to be reduced by £2.6m.

BSMHFT have previously proposed changes to day care services with alternative procurement through the Trust, with the third sector, but consistently warned that this will understandably create a level of anxiety and concern and needed to be widely consulted upon to ascertain which genuine alternatives can be created for service users. Commissioners have opted to lead the consultation and procurement process themselves, which commenced in September 2010.

Following referral to Birmingham's Health Overview and Scrutiny Committee on Wednesday 16th November 2010, Commissioners have acknowledged that the current consultation has flaws and omissions and have therefore agreed to restart the consultation process again. This will lead to a potentially difficult situation for the Trust in that it extends further, the period of uncertainty for staff and service users which will require careful management. It may well be an important step toward our Trust taking the lead in procuring alternative provision as set out in our strategic objectives.

3 Solihull Service Strategy

We continue to meet regularly with Solihull PCT to progress our joint strategic plans. Service Improvement work has commenced to strengthen Home Treatment Services in the borough with a formal service evaluation by the Nurse Consultant for Home Treatment. We have also commenced a phased reduction of inpatient beds (temporary closure) in Adults of Working Age Services.

The redesign of Older Peoples Service Community Pathways in Solihull has begun in preparation for further development of community teams. The PCT are in receipt of the Option Appraisal for Acute Assessment beds for Older Peoples Services and will be reviewing this at the PCT Professional Executive Committee and the PCT Transformation Board. The PCT have briefed the Solihull MBC Overview and Scrutiny Committee with regard to their strategies for Older Peoples Services with the intention of gauging opinion on the requirement for formal consultation.

4 RIO

The recent loss of the RIO Programme Manager has led to a review of the governance structures and the overall programme for the roll out of the RIO Electronic Care Records system. Further design work is currently being undertaken to ensure that the Trust is using the full functionality of the system, and that the revised clinical processes required are also being mapped out to ensure a state of readiness. Given the potential to be quite radical with the process redesign, clinical engagement will be critical over the coming weeks, and this is being supported by a number of key clinicians. As a result, it is now estimated that the first phase roll out will commence in Spring 2011, with the intention of making up time towards the back end of the programme.

5 Completion of Archiving Care Records project

We have now completed the project to regularise our 333,000 archived medical records to make it easier for clinical staff to access records. This has resulted in

- A number of multiple records being consolidated into one central record
- Identifying a further 40,000 locally held records that can be archived
- Freeing up space in over 20 different clinical bases
- The creation of a computerised index for archived records
- The discovery of a number of records previously deemed to have been lost.
- The creation of a care records tracking facility to ensure records are traceable at any point in time.

**Sue Turner
Chief Executive
November 2010**