# Sandwell and West Birmingham Hospitals **NHS**



Report Title	STP draft five year plan - update				
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive				
Report Author	Dave Baker, Director of Partnerships and Innovation & Toby Lewis,				
	Chief Executive				
Meeting	Trust Board	Date 5 <sup>th</sup> September 2019			

### 1. Suggested discussion points [two or three issues you consider the Trust Board should focus on]

Appended is a presentation in common to local NHS Trust provider Boards explaining the key assumptions and inputs within the STP / ICS Five Year Plan. This document will respond the NHS Long Term plan, accompanying interim people plan, and forthcoming financial framework. An implementation framework was previously shared with the Board for information. More detailed submission has been deferred from September to November nationally.

The Board has been clear that the June agreed LTFM remains a fixed point for our contribution to the STP. This was formally acknowledged by partners. It will be important that the LHE financial model for 2020-2022 takes account of the STP level plan, but that it is also clear how the Care Alliances will interact with input spending commitments within the STP plan, which we should seek to keep minimised to provide partners with the best chance to divert resources to focus on outcomes.

2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports]					
Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other [specify in the paper]	Х

### **Previous consideration** [where has this paper been previously discussed?] n/a

### 4. Recommendation(s) The Trust Board is asked to: a. NOTE the Trust's contribution to the important work of the wider STP **RECOGNISE** the need to align 2020-21 Trust, ICP and STP/ICS plans

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]						
Trust Risk Register	n/a					
Board Assurance Framework	n/a					
Equality Impact Assessment	Is this required?	Υ	Х	Ν	If 'Y' date completed	Dec 19
Quality Impact Assessment	Assessment Is this required?		Χ	N	If 'Y' date completed	Dec 19

# **Timeline**

"Advice on publishing System Strategic Plans Document" – only to be public after 15<sup>th</sup> November once agreed and finalised

10<sup>th</sup>
September
Final working draft to organisations

26<sup>th</sup>
September
Draft to be
submitted to
STP
Partnership
Board

From Mid October- 8<sup>th</sup> November STP to receive feedback from NHS Midlands

28<sup>th</sup> November
Final
Submission
and Publication















September Patient/Public Engagement Events



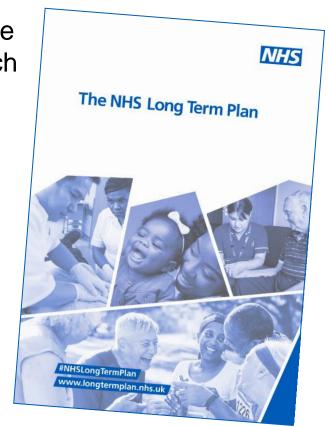
During November Final Draft to Governing Bodies/Boards



# Black Country and West Birmingham Long Term Plan

# **NHS Long Term Plan**

- In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year.
- In return, the NHS was asked to come together to develop a long term plan for the future of the service, detailing our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.
- The plan was published 7 January 2019.





# **Long Term Plan priorities**

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well.

### How will the NHS deliver the ambitions:

- Doing things differently
- Preventing illness and tackling health inequalities
- Backing our workforce
- Making better use of data and digital technology
- Getting the most out of taxpayers' investment in the NHS.



# What does this mean for the Black Country and West Birmingham?

- Opportunity to work with local people, our health and care partners and staff to develop a
  plan that is locally owned and delivers the national ambitions
- Making health and care in the Black Country and West Birmingham sustainable
- To support a workforce that is fit for the future and create a system of health and care organisations that are seen as employers of choice
- To support local people with the knowledge and skills to have more choice and control
  over their own health and care
- Recognising our collective strength in working together to resolve our common challenges.



# Our health and care partnership

- 1.4 million population across the Black Country and West Birmingham
- 18 partners (4 Hospitals, 2 Mental Health Trusts, 5 Local Authorities, 4 Clinical Commissioning Groups, Community Trust, Ambulance Service, NHS Midlands)
- Five localities
- 216 GP Practices (34 Primary Care Networks)
- Shared vision for improving health and care.





# **Our vision**



# **Our commitment**

### For our population:

- People wont see organisational boundaries, services will be seamless
- People will have access to services in the right place, at the right time including new digital options
- People will only need to tell their story once
- People will be empowered to look after their own health
- People will be supported to look after others.

### For our staff:

- The work environment will be experienced as positive
- Organisational boundaries will not be obstacles to overcome
- Staff health and wellbeing will be well looked after

Opportunities to develop.

### For our system:

- We will transition towards being an Integrated Care System by April 2021
- We will commission with one voice, with one Accountable Officer
- Each of our places will have an integrated provider
- Hospital will work together to deliver services
- There will be a single Mental Health Trust across the Black Country
- Our system will be supported through values-driven recruitment.



# Our service quality challenges

- Timely access to services challenged by increasing demands for example access to GP appointments, mental health services and some cancer services
- Requirement to deliver high quality services across seven days
- Provide care and treatment focusing on the whole person, including their physical and mental health needs
- Clinical workforce challenges that may lead to some services not being sustainable in the future
- All our services need to be of high quality.

Highest quality services, in the right place at the right time.



# Our financial challenges

- If we continue with our current service model, the system will be financially unstable in five years
- Historical underinvestment in estates and infrastructure
- Service demand and costs have risen for hospital based care
- Subsequent underinvestment in mental health, community and primary care services.



# **Our priorities**

### 1. We will ensure our local health and care system is fit for the future

- Develop our Primary Care Networks
- Organise health and care delivery around our five 'places'
- NHS organisations will work closer together provide services
- Commissioning with a single voice
- Become an Integrated Care System

### 2. We will deliver the best quality of care for our population

- Deliver the clinical priorities set out in our Clinical Strategy
- Implement a new quality framework to improve consistency and reduce inequalities
- Collaboration of NHS organisations to provide services facing sustainability challenges

### 3. We will work together to be a sustainable health and care system

- Sustainable people and communities
- Financially sustainable
- Sustainable workforce



# Our principles

In order to deliver our system priorities, we have drafted a set of five principles that will support and guide our approach. These are:

- Create a culture of stewardship (doing things together, shared responsibility)
- Health and social care act as one
- All services will work together as a network, delivering care and treatment around an identified need
- Provide local people with the information and support to empower them to optimise their own health and wellbeing
- We will take collective responsibility for delivering our Long Term Plan.



# Developing our local plan

### NHS Long Term Plan published January 2019

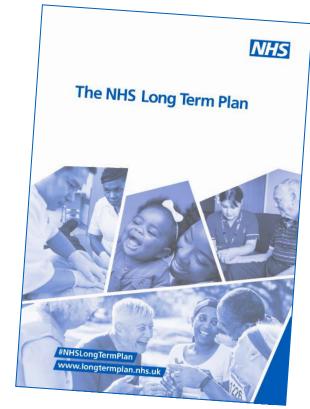
 Real focus on collaboration, moving away from market, competition and transacting

### **Engagement**

- Healthwatch led engagement (1500 surveys, 200 people attending events)
- Staff engagement (events and survey)
- Introducing the draft plan (public events, Health and Wellbeing Boards, Governing Bodies)

Final version production (October)

**Publication** (November)







# Public views shaping our plan

During April and May, each Local Healthwatch across Black Country and Birmingham engaged with the public. (Over 1500 surveys were completed & Over 200 people took part in focus groups). The key themes were:

- Information, signposting and health education People told us that they needed improved access to timely information and signposting to support them to self-care. This includes more accessible information which meets their needs i.e. easy read, no jargon.
- Access to Services People want quick, timely access to professionals for diagnosis, treatment and support. This includes improved access to GP appointments and mental health services. Following diagnosis individuals want effective signposting to information and services that empower them to self-care.
- **Support in their communities -** People valued support and services in their areas through the voluntary and community services and want this to be supported and increased utilising community assets. Individuals identified key roles or 'one stop shops' as important to access information and services quickly.
- Ongoing Engagement and Involvement People value being involved and welcome ongoing conversations about health and social care. Individuals want to see more engagement take place to share their experiences and ideas.

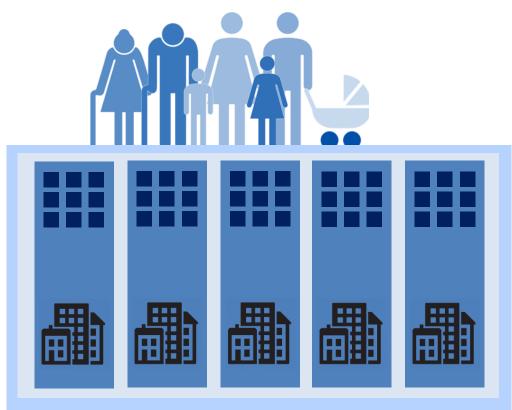
# A new service model for the 21st century

### Five major/practical changes to the service model over next five years:

- 1. Boosting 'out-of-hospital' care
- 2. Redesigning/reducing pressure on emergency hospital services
- 3. Care to be more personalised/more control for people over their own care
- 4. Digitally-enabled primary/outpatient care
- 5. Local organisations to increasingly focus on population health, with new Integrated Care Systems everywhere.



# Future model for delivering integrated care



People		People empowered to look after their own health and each other.	
Neighbou	ırhood	Services wrapped around 30-50,000 GP neighbourhoods	
Place	Our five places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.		
System	Partnership sets the vision, strategy and pace of system wide development. It will oversea the delivery of the Partnership and ensures effective collaborative working.  Working as a system to tackle the health, quality and experience gaps.		

Region

NHS England & NHS Improvement working together to directly commission some services at a national and regional level, including most specialised services. (Midlands and East)

# More NHS action on prevention and health inequalities

Specific, measurable goals for narrowing inequalities, including those related to poverty:

### **Smoking**

- By 2023/4 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services, with adapted model for expectant mothers/partners
- New universal smoking cessation offer will be available as part of specialist mental health services for their long-term users and in learning disability services.

### **Obesity**

- Action on weight management, diabetes prevention and low-calorie diets
- NHS to continue to take action on healthy NHS premises
- Ensuring nutrition has greater place in professional education training.

### **Alcohol**

 Hospitals with highest rate of alcohol dependence-related admissions will be supported to establish specialist Alcohol Care Teams.

### Air pollution

NHS will cut business mileages and fleet air pollutant emissions by 20% by 2023/24.

### **Antimicrobial Resistance**

 Will continue to support implementation and delivery of government's five-year action plan on Antimicrobial Resistance.

# Further progress on care quality and outcomes

A strong start in life for children and young people:

### Maternity and neonatal services

- Better Births Strategy to improve safety and experience
- New Perinatal Community Mental Health Service
- Personalised birth plans.

### Children and young people's mental health services

- Ensuring that inpatient stays for children and young people will only take place where clinically appropriate,
- Development of School or college-based Mental Health support Teams
- Development of keyworkers for children and young people with most complex needs and their families and carers.

### Learning disability and autism

- Ensuring that inpatient stays for people with learning disabilities and autism will only take place where clinically appropriate
- Provide coordinated care SEND, youth and justice, health and care services.



# Further progress on care quality and outcomes

A strong start in life for children and young people:

### Children and young people with cancer

- Strengthening of children and young people cancer networks, ensuring care and treatment is delivered in a personalised way
- Genome sequencing for all children with cancer.

# Redesigning other health services for children and young people

Work with Primary Care Networks to increase screening and immunisation.



# Further progress on care quality and outcomes

### **Better care for major health conditions:**

- Cancer
- Cardiovascular disease
- Stroke care
- Diabetes
- Respiratory disease
- Mental Health services
- Short waits for planned care
- Research and innovation to drive future outcomes improvement
- Learning Disability and Autism Services

### Local priorities:

- Musculoskeletal
- Frailty
- Medicines optimisation



# Clinical engagement and service redesign

# We are currently working with clinical leads to:

- Develop an integrated frailty pathway
- Better support in care homes
- Develop end of life services
- Cancer- Clinical leadership informing and driving a system response
- Vulnerable Services Review
- Medicines Management working at scale to deliver efficiencies



launching















# NHS staff will get the backing they need

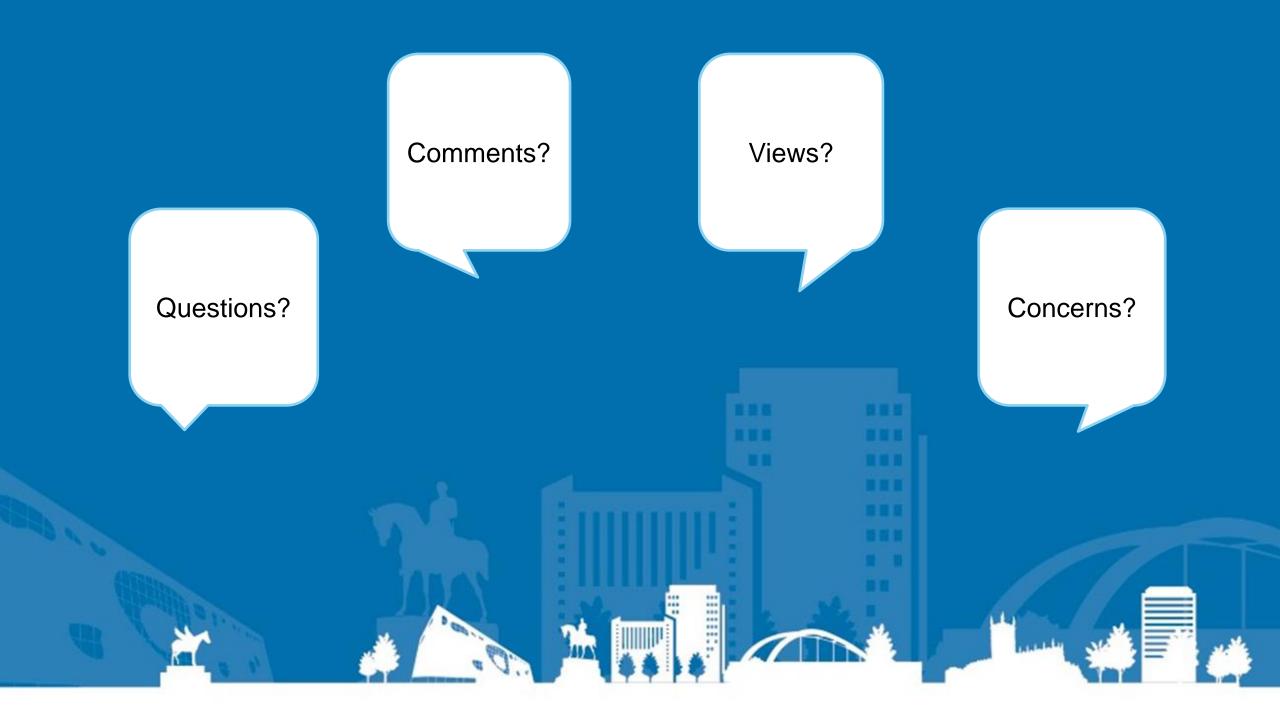
- Comprehensive new workforce implementation plan
- Expand the number of nurses, midwives, AHPs and other staff
- Grow the medical workforce
- International recruitment
- Support our current NHS staff
- Enable productive working
- Leadership and talent management
- Volunteers

# Digitally-enabled care will go mainstream across the NHS

- Empower people
- Support health and care professionals
- Support clinical care
- Improve population health
- Improve clinical efficiency and safety

# Supporting wider social goals

- Employment
- Justice system
- Veterans and the Armed Forces
- Care leavers
- The environment
- Investing in 'local' (Anchor Institutions)



# Refreshment Break.



# Help us to finalise this plan

As we move to produce a final plan for submission to the national team and eventual publication in November we are keen to hear your thoughts:

- Are we representing the challenges correctly?
- What is the area that you feel will make the most difference to the health and wellbeing of local people and why?
- Are we missing anything?
- What is the role of people and communities in delivering this plan?



# Thank you.

