

# Sandwell and West Birmingham Hospitals

NHS Trust

<b>Report Title</b>	NHS Long Term Plan – consideration of STP ICS 5 Year Plan		
<b>Sponsoring Executive</b>	Toby Lewis, Chief Executive		
<b>Report Author</b>	Toby Lewis, Chief Executive		
<b>Meeting</b>	Public Trust Board	<b>Date</b>	7 <sup>th</sup> November 2019

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

We have discussed for some time the work being done across our STP, also known as the ICS, to formulate a shared plan to implement the ambitions of the NHS Long Term Plan. On November 15<sup>th</sup> the STP is required to submit this document. It covers both financial plans and actions to improve health. The document is not yet finally nor publicly available. As such NHS and Local Authorities bodies are not really able to move the document through normal governance processes. The recommendations in light of that are below.

I would suggest that the Board is being invited to:

- Consider the atmosphere of **collaboration required** in the plan, which is addressed in my prior Chief Executive's report
- Note the **financial challenge** to the whole system, which is then added to by the Financial Improvement Trajectories now issued
- **Commit to the three priority objectives** set by the STP, which may find a suitable place in our 2025 Ambitions programme as we move beyond the 2020 Vision next year

## 2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	Estates Plan	X
Financial Plan	X	Digital Plan	X	Other <i>[specify in the paper]</i>	

## 3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board September and October 2019

## 4. Recommendation(s)

The Trust Board is asked to:

- NOTE** the draft STP and ICS Five Year Plan
- COMMIT** to consider approving the document at a future Board public meeting

## 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	SBAF 6						
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	TBC
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	TBC

# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board: 7<sup>th</sup> November 2019

### Five Year Plan for the STP and ICS in the Black Country and West Birmingham

#### Background and process

1. The Trust is a partner in the Integrated Care System being developed across the five places that make up the Black Country and West Birmingham STP. Each STP NHS wide is required to submit a five year plan that articulates how the available finances, necessary workforce and the strategic priorities of the partnership will be reconciled, consistent with the NHS Long Term Plan. It is expected, albeit less clearly articulated, that this plan will have the support of relevant Local Authority partners, and help them to deliver extant strategic plans important to their citizens and our communities.
2. The various workstream leads across the STP have led the development of chapters within the plan, whilst the financial backdrop is composed of organisation's long term financial plans. In the case of our Trust that plan is the Long Term Financial Model that we developed in 2014 as a ten year look, and have refreshed, updated and revised since. The Board most recently approved it in June 2019 as part of the Midland Met FBC submission. As is addressed in distinct papers, since that approval, we have been issued Financial Improvement Trajectories, both at commissioner and provider level. On the face of it is not obvious how deprivation and other indices used to allocate NHS funds fairly have been applied in these determinations.

#### Summarising the planned submission

3. The background to building the plan is tackling the outcome gap within our system between different communities and boroughs, and tackling the gap between the ICS as a whole and the country. **Healthy Life Expectancy** deficits begin before and at birth, and are materially explained by Early Years. Healthy or otherwise behaviours are then compounding factors. Across our ICS we see:
  - Low levels of school readiness and school leaver achievement
  - Growing levels of low physical activity and obesity
  - High levels of infant mortality (linked to smoking in pregnancy), diabetes and depression
  - Significant inequity in average Life Expectancy for mental health service users (18.4 years lower for men, 15.2 years lower for women)
  - Healthy Life Expectancy in the STP is below the England average by 6.3 years (males) and 6.4 years (females)

Data at ward level in western Birmingham remains slightly elusive, but Sandwell stands out for low HLE for males, as well as low levels of physical activity and high rates of obesity.

4. Recognising these challenges drives a set of priorities across the STP. Those priorities are not in conflict with either the national plan or place based plans, albeit the ordering of priorities may differ. In addition we have to work to find solutions which fit a local context, providing that those solutions meet the outcomes that are needed. With that in mind the Trust is hosting events

during November to consider how best at Place Level to take forward ideas for action dotted throughout the draft plan.

**5. As an STP Partnership we have developed three headline priorities:**

(a) We will deliver our clinical priorities and improve outcomes for our population

- Tackle inequalities and reduce exclusion
- Eliminate unwarranted variation in quality of care
- Deliver our clinical strategy and priorities

(b) We will make the Black Country & West Birmingham NHS the very best place work

(c) We will create a sustainable and effective system

**6. Inevitably the plan will in practice be dominated by the need to tackle workforce gaps, address financial sustainability, and meet core constitutional and national standards. Neither the cancer standards nor those for emergency care are consistently met, and both TCP and out of area placements are regional outliers.**

The review process with NHS Midlands will seek to test the credibility of plans to address those issues. The bulk of those issues are not, in practice, financially driven. They are driven by labour supply and by how we design systems to wrap around the needs of communities. As the Trust has been doing for some time, it will be worth more consideration being given to how 'performance data' shows a Trust, Place, and ICS position distinctly and makes a clear contribution to the collective agenda. The population served by the Trust is between 40-50% of the whole STP and as such our delivery is a necessary, though not sufficient, condition for that collective success.

**7. Financial sustainability is beyond the scope of this paper. Clearly the risk is that the system wide funding is capped or indeed reduced. This then is left to fund future efficiency gain requirements even at 1-1.5% and additional investment is then not suitably targeted at propositions to address the underlying causes of ill health, but instead spent keeping pace with sickness demand. This cycle was precisely the idea that the LTP and ICS model is pre-designed to avoid, and so it will be important that our future governance model for the ICS designs in checks and balances to ensure that the purpose intended is the purpose maintained. The governance model for the ICS is outwith the scope of the plan itself, but the Partnership Board has agreed to agree a route-map to place based governance in its next two meeting with the implication that in 2020-2021 we operate with that thoughtfulness about implementation at place and neighbourhood/PCN level.**

**Next steps**

- 8. It may be useful, in addition to the commitment to partnership outlined in the prior paper, for the Board to draft a formal response to the plan that can be lodged with the chair and accountable officer of the STP outlining any assumptions within the plan that the Board considers especially important to future delivery.**
- 9. The topic of unwarranted variation is a complex one. A future Board development session will be devoted to the data as presently understood, both against our Trust peer group, model hospital/GIRFT, and BCWB peers. That may help us to narrow the focus on effort on this, alongside the work on inequality which is perhaps more widely collectively understood.**

Toby Lewis  
Chief Executive  
November 1<sup>st</sup> 2019