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CITY OF  
WOLVERHAMPTON  
C O U N C I L

# Health Scrutiny Panel Meeting

Thursday, 24 November 2016

Dear Councillor

## HEALTH SCRUTINY PANEL - THURSDAY, 24TH NOVEMBER, 2016

I am now able to enclose, for consideration at next Thursday, 24th November, 2016 meeting of the Health Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

### Agenda No    Item

10    **The Black Country Sustainable Transformation Plan (Pages 3 - 52)**

If you have any queries about this meeting, please contact the democratic support team:

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# Health Scrutiny

## 24 November 2016

<b>Report title</b>	Draft Black Country System Transformation Plan
<b>Cabinet member with lead responsibility</b>	Cllr Lawrence; Cllr Samuels; Cllr Sweet; Cllr Gibson
<b>Key decision</b>	No
<b>In forward plan</b>	No
<b>Wards affected</b>	All
<b>Accountable director</b>	Linda Sanders – People
<b>Originating service</b>	People
<b>Accountable employee(s)</b>	Brendan Clifford Tel X5370 Email <a href="mailto:brendan.clifford@wolverhampton.gov.uk">brendan.clifford@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	Executive Team 14 November 2016 Health Scrutiny 24 November 2016 Health & Well Being Board 30 November 2016

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### Recommendation(s) for action or decision:

Health Scrutiny Committee is recommended to:

- Consider the attached Black Country System Transformation Plan (BC STP)
- Advise of any issues for feedback to NHS colleagues

### Purpose

- 1.1 To share the NHS BC STP with the Health Scrutiny Committee during its formal period for consultation.
- 1.2 Seek the views and direction of the Committee in formulating a consultation response as directed.

## 2.0 Background

- 2.1 The Government's NHS Five Year Forward View published in October 2014:
- set the direction for the next stage of development for the NHS in the light of current financial challenges. It stated that the NHS in 2016 is very different to that of 1948, therefore, the NHS needs to change.
  - argues that the change should focus on systems. This refers to:
    - (a) how different parts of the NHS work together – Clinical Commissioning Groups, Acute Hospitals, Mental Health and primary care; and
    - (b) how the NHS works together with partners who are also part of the system such as local authority adult social care.
  - emphasises the importance of the NHS coming together with partners in local areas in the interests of a local population. This is referred to as a “place-based” approach.
  - recognises that localities are different, therefore there may be different solutions in different places.
  - emphasises the importance of leadership by those responsible for the care and health system.
- 2.2 In December 2015, the NHS published guidance setting out the requirement to develop Black Country System Transformation Plan which are:
- five-year plans covering all areas of NHS spending in England. 44 areas have been identified as the geographical ‘footprints’ on which Sustainability and Transformation Plans are based with an average population size of 1.2 million. The Black Country has been identified as the relevant population for the local area but includes the area covered by the Sandwell and West Birmingham Clinical Commissioning Group which extends into the City of Birmingham area;
  - More focused on collaboration and planning together rather than competition.
- 2.3 Andy Williams, Chief Officer of the Sandwell and West Birmingham Clinical Commissioning Group is the named lead for the BC STP. Chief Executives from Black County NHS Clinical Commissioning Groups or Hospitals lead the main items of work to develop the plan.
- 2.4 The guidance on STPs also stated that local authorities should be engaged with developing the plans. Sarah Norman (Chief Executive, Dudley MBC) was designated as lead Chief Executive for the Black Country.
- 2.5 The draft plan is developed along four key themes as follows:

**Local Place-based care** – *to develop standardised locally-focussed integrated models of care to promote prevention and build resilient communities*

**Extended hospital collaboration** – *to build a network of excellent care services that deliver efficiencies and improve quality*

**Mental Health & Learning disability** – *embrace the opportunities provided by the West Midlands Combined Authority to become a single vision for effective mental health and*

**Maternity & Infant Health** – *robustly review capacity of maternity services across the Black Country and develop standardised pathways of care to improve maternal and child health*

BC STP also includes a detailed Programme Plan with the following items:

- New models of care across the whole Black Country
- A common prevention framework using public health interventions
- In Wolverhampton, developing a new model Ensuring Hospitals collaborate and the continued development of the Midland Metropolitan Hospital
- Ensuring more people with learning disabilities can live in community settings,
- Better commissioning of services for people with mental health needs including delivering the West Midlands Combined Authority challenges
- Improving maternal and infant health
- Supporting the workforce better and making better use of NHS estates
- Addressing the £512 million funding gap in the NHS in the Black Country
- Overall, commitment for Black Country NHS services to work more effectively together and with their partners, including Councils

2.6 A national communications and engagement approach was published in October 2016. This gives direction to local areas to develop their own arrangements for communication. This is a welcome development against the background where some had asked for more transparency and openness. NHS colleagues emphasize the intention to share the plan once it was at an appropriate stage of development.

### **3.0 Progress, options, discussion, etc.**

3.1 Linda Sanders has been the City of Wolverhampton Council lead on engagement in the sponsorship group for this process. She has been supported by finance and other managers who have attended relevant meetings during 2016.

3.2 Wolverhampton Clinical Commissioning Group propose a model for development as part of the draft BC STP (pp. 31-34.) This model envisages the development of, firstly, a Primary and Acute Care System (PACS) pilot between the Royal Wolverhampton Hospital Trust and some General Practitioners; and, secondly, other Multi-Specialty Community Provider (MCP) models bringing together a number of General Practitioners to improve primary care.

3.3 The timetable at the time of writing is that the BC STP will be made public on 21 November 2016. Other STPs, e.g. Birmingham and Solihull, have already been made public. Black Country NHS colleagues are proposing that now that the Plan is in the public domain, this offers an opportunity for local leaders to open a new phase of working together and collaboration as stated in the plan. A BCSTP public engagement event has been arranged in West Bromwich for 6 December 2016.

3.4 A more detailed Programme Plan for the Black Country System Transformation Plan is included at p.106 in the attachment. (Unfortunately, no page number is inserted on the page itself.)

3.5 To work on the next stage of development of health, social care and voluntary sector organisations, with Healthwatch have established a Transition Board. This is still at an

early development stage and the next formal development session is planned for mid-December.

- 3.6 Overall, the BC STP takes forward many challenges which are the subject of current work e.g. ensuring children have the best start in life, an overall prevention approach and ensuring that hospitals are used to best effect with a focus on primary and community care. At this stage, the draft BC STP is quite high level and does not specify detail about named resources where change might occur.
- 3.7 For the NHS £512 million funding gap to be delivered, NHS services provided for the City of Wolverhampton population will need to contribute to the way in which this benefit is realised.

#### **4.0 Financial implications**

- 4.1 CCGs, NHS providers and Local Authorities provided detail of their financial plans for health and social care over the five year period (up to 2020/21). A 'Do nothing' option which takes the recurrent starting position pre 2017/18 budget reduction plans and allowing for growth, this gives a potential cost pressure of £700 million across the Black Country footprint. £512 million in relation to health and £188 million across social care. A number of solutions were then identified across the footprint including demand management, cost efficiencies and service transformation to address this gap. This reduced the gap by 2020/21 to nil across the health system and £118 million across social care. Local Authority plans are currently being reviewed to take account on the 2017/18 Budget Reduction proposals and updated Medium Term Financial Strategies. These plans will be subject to review and revision.

#### **5.0 Legal implications**

- 5.1 There are no direct legal implications associated with this report at this stage.

#### **6.0 Equalities implications**

- 6.1 Re-assurance will be sought that the strategy of encouraging the development of a range of models of primary care development in the City is one which does not inadvertently create inequity in access to health care. Service leaders will ensure that any service re-design addresses equality issues as needed. For instance, where internet access is required, strategies will be developed to ensure that those without such access can be included within the improvement made.

#### **7.0 Environmental implications**

- 7.1 The draft BC STP includes early thinking about better use of the NHS estate. It is likely that Council staff may be part of this development through the creation of community hubs. Amongst other aims, environmental aims to minimise travel burden are included in this strategy.

## **8.0 Human resources implications**

- 8.1 The draft BC STP sees the workforce as a key “enabler” to successful delivery of any change required. More workforce planning is proposed and it is envisaged that this will be undertaken from within existing resources.

## **9.0 Corporate landlord implications**

- 9.1 The draft BC STP includes early thinking about better use of the NHS estate. It is likely that Council staff may be part of this development through the creation of community hubs. Appropriate liaison between colleagues will be undertaken as thinking develops and plans are formulated.

## **10.0 Schedule of background papers**

- 10.1 None.

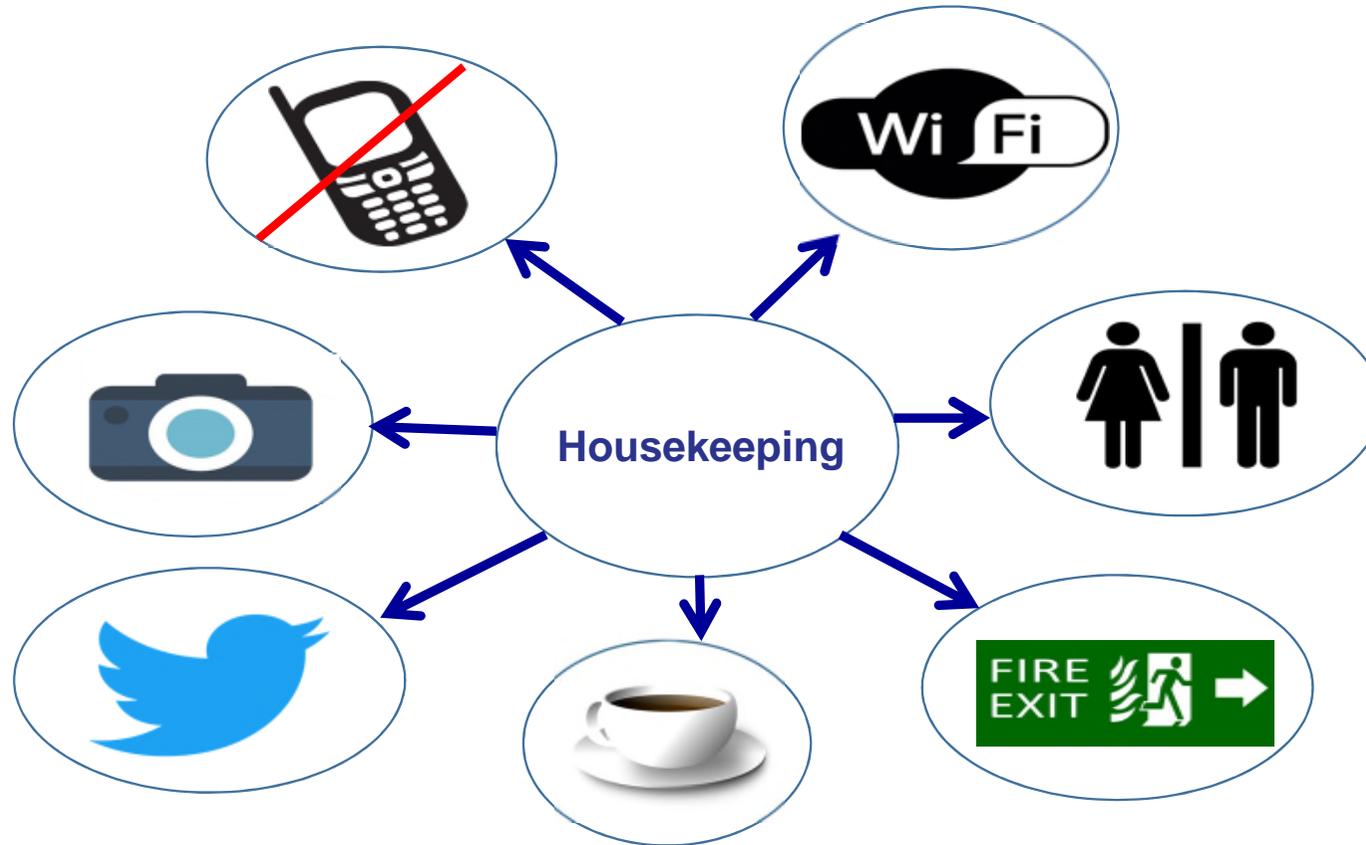
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# The Black Country

## Sustainability & Transformation Plan Strategy Briefing Session



# Welcome & Housekeeping



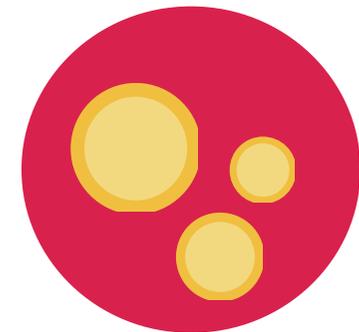
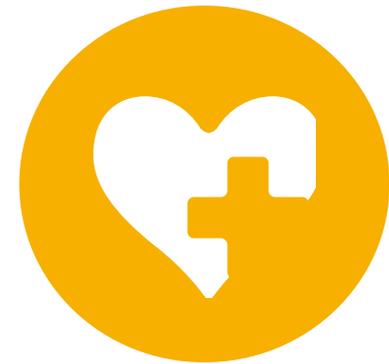
# Programme

9.30	Welcome, Housekeeping and Purpose of the Session	Jon Dicken
9.35	Background and Context	Andy Williams
9.50 Page 11	Transformation Areas <ul style="list-style-type: none"><li>• Place Based</li><li>• Mental Health and Learning Disability</li><li>• Maternity and Infant Health</li><li>• Integration across organise the Black Country</li></ul>	Paul Maubach Steven Marshall Daren Fradgley Jon Dicken
10.30	Refreshment Break	
10.45	Table Discussion	Jon Dicken
11.15	Feedback & Next Steps	Jon Dicken
11.30	Event Closure	



# Why do we need an STP - National Context

- Population **increasing**
- People **living longer** with long-term conditions
- Health **inequality gap**
- Health and care funding not increasing in line with increasing demand



# Five Year Forward View

The Five Year Forward View sets out how health services **need to change** over the next five years in order to improve public health and service quality while delivering financial stability by 2020/21.



**Better Health  
for people  
of the  
Black Country**



# What is an STP?

**Sustainability and Transformation Plans (STPs)** are the local delivery route for the NHS Five Year Forward View.

The STP is our opportunity to work together to:

- Improve quality of **services**
- Improve population **health**
- Make the **best use of the resources** we have including estates, workforce and finance.



# What is an STP...Cont'd

**44 STP** geographical areas (footprints) in England – now developing multi-year, placed based plans for 2016 - 2021, which must have input from patients, their carers and their communities, staff and other stakeholders to ensure they truly respond to local needs.

**It covers:**

**Primary  
Care**

**Community  
Services**

**Social Care**

**Mental  
Health**

**Acute and  
Specialised  
Services**



# Why do we need an STP - The Triple Aim

1.

Improve health and wellbeing

2.

Improve the quality of care people receive

3.

Ensure our services are efficient



# Why do we need an STP – Local Context

Page 17

Health and  
Wellbeing

- **Poorer health outcomes**
- **Depression**
- **Diabetes**
- **Infant Mortality**
- **Smoking in Pregnancy**
- **Respiratory.**



# Why do we need an STP – Local Context

Page 18

## Care and Quality

- **Quality can be variable**
- **Urgent and Emergency Care**
- **Emergency Admissions**
- **Maternity Services**
- **Mental Health and Learning Disability.**



# Why do we need an STP – Local Context

Page 19

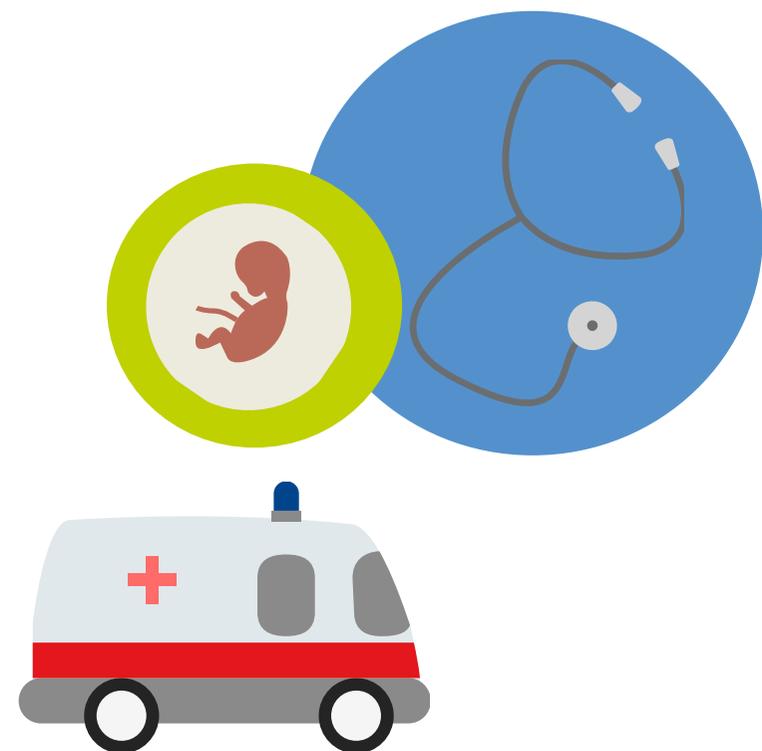
Finance and Efficiency

£809m gap across health and social care in the Black Country.



# Why do we need an STP – Local Context Cont'd

- **Variation** in approaches to primary care
- **Multiple** site provision of hospital services
- Variation in outcomes
- Stretched workforce
- **Significant** number of out of area placements for mental health
- Pressure on **maternity services**
- **Multiple** commissioning organisations across the Black Country.



# What an STP is not...

**Not there to** replace existing plans to improve services in an area - **'umbrella' plan for change**. Holding underneath it a number of different specific plans to address certain challenges, such as improving mental health services for our local population.

We understand that **autonomy** and **identity** are important. Having a shared STP across the Black Country does not mean that organisations – like local hospitals, or primary care centre's will lose this.

STP footprints are not new, statutory organisations. They are **not decision-making forums**, they are a way to **bring people and organisations together** to develop a shared plan for better health and care for a defined population.

**STPs are not  
new statutory  
organisations.**



# Who is involved in the STP...

Page 22

Black Country Partnership  
NHS Foundation Trust

The Royal Wolverhampton Hospitals  
NHS Trust

CITY OF  
WOLVERHAMPTON  
COUNCIL

Wolverhampton  
Clinical Commissioning Group

Dudley and Walsall  
Mental Health Partnership NHS Trust

The Dudley Group  
NHS Foundation Trust

Dudley  
Metropolitan Borough Council

Dudley  
Clinical Commissioning Group



NHS  
England

Walsall Clinical Commissioning Group

Walsall Council

Walsall Healthcare  
NHS Trust

Birmingham City Council

Sandwell  
Metropolitan Borough Council

Sandwell and West  
Birmingham Hospitals

Sandwell and West Birmingham  
Clinical Commissioning Group

Birmingham Community Healthcare  
NHS Trust

West Midlands Ambulance Service  
NHS Foundation Trust



# Building on Existing Local Plans and Partnerships?

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The Black Country has a strong track record of delivery and innovation.

The Black Country has a unique identity that local people can identify with organisations have a strong history of **successfully working together**.

It hosts or directly interacts with a number of key nationally supported innovations:

- Multi Community Specialist Providers (MCPs) Vanguards in Dudley and Sandwell & West Birmingham
- MERIT Acute Care Collaboration



# Building on Existing Local Plans and Partnerships cont'd

In addition, **parallel innovations** are underway in Walsall (integrated locality teams model) and in Wolverhampton integrated primary and acute care.

Here in the Black Country, local plans for making general practice more sustainable, moving care closer to home, keeping vulnerable patients well outside of hospital and working more closely with Council and community partners are outlined in our **Better Care Plans and the CCG's 2016/17 Operational Plan**.

More **collaborative working** between hospitals in the area will also be a benefit of STP planning, encouraging a more systematic approach to deciding where certain clinical specialty's should be located, for the **benefit of wider patient catchment areas**.

Local plans  
for making  
general  
practice more  
sustainable.



# What has happened so far?

We are in the early stages of development.

So far we have:

- Agreed our **geographical area** with NHS England
- Agreed a **lead Chief Officer**
- Set up governance arrangements and transformational workstreams, supported by enabler workstreams - workforce, infrastructure etc..
- Expression of **Intent – 15 April**



# What has happened so far cont'd

**Initial Submission – June 30<sup>th</sup>** which covered:

- Current and future position in respect of the triple aim
- Decisions required to realise vision
- Anticipated **benefits in terms of health, care, quality, finance and efficiency**
- Determine change required by individual organisations and wider system
- Level of **support** for proposed changes.

Plan on page created and presented to panel of national bodies and local leaders including Simon Stevens, Chief Executive of NHS England

**Work has begun on the detail of the plan.**



# Well Led – STP Programme Structure



Slide 27



# Key Aims and Objectives of the Black Country STP

Page 28

Managing Demand

Strengthening Efficiency

Transforming Mental Health & Learning Disability

Improving Maternity & Infant Health

Workforce

Estates

Reshaping Commissioning

Improved Patient Outcomes

Increased Patient Satisfaction



# Proposed Key Actions

- Develop standardised place-based **Integrated Care Models** commissioned on the basis of outcomes
- Promote the prevention agenda and build resilient communities
- Build network of **secondary care excellence**
- Deliver efficiencies in support services
- Complete acute reconfiguration through **Midland Metropolitan Hospital**
- Deliver Cost Improvement Programmes
- Integrate **mental health commissioning** & service improvement



# Proposed Key Actions Cont'd

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- Develop **standardised pathways** of care for maternal/child health
- Review **maternity capacity**
- Undertake workforce transformation and reduce agency use
- Implement **Black Country Digital Strategy**
- Better use of public sector estate
- Consolidate back office functions
- Review commissioning functions
- Address **wider determinants of health.**



# Involvement and Consultation

In the Black Country **transformational work is already underway** – partner organisations are already busy involving local patients, partners, staff and clinicians on their plans.



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**STP Engagement:** To date we have:

- Black Country Communications and Engagement leads network
- Communication and Engagement Strategy and Concordat in place
- Communications and Engagement Leads integral part of the transformational groups
- Developing key messages
- Starting to **inform and engage** our stakeholders e.g. Black Country wide Voluntary and Community Sector Briefing Session, Staff Protected Learning Time.

Continuing our  
journey



# Thank You – Observations and Questions



# Key Aim Workstreams



# Local Place Based Care

## Work Stream Lead Paul Maubach

Chief Executive Officer, Dudley Clinical Commissioning Group  
Chief Executive Officer, Walsall Clinical Commissioning Group



# Ambition

Page 35

To address the changing needs of our population with integrated care solutions that maximise the potential of the individual person, the teams that support them and the wider health and care system.



# Why Change?

## Public Views

Page 36

- Services there when I need them most”
- “...High quality services”
- “...To have a say in my care”
- “...To be able to help myself to manage my health”
- “...To tell my story once”
- “...To know where to go when I need help or advice”

## Access

- The majority of our population need **enhanced access to care**
- They need more flexibility in the time and mode of access
- We need to create a sustainable primary care system to deliver this
- People able to get a GP appointment in Black Country is decreasing (decreased from 81.8% in June 2013 to 79.1% in July 2016)

## Support to live with a health condition

- Many, especially those being **supported to live with a health condition (LTCs)**, need improved continuity of care
- They need more consistent and proactive services that support them to manage their conditions
- **Diabetes** prevalence is much higher in the Black Country, with Sandwell and West Birmingham reaching over 9% (England 6.4%)

## Better Coordinated care

- Some, notably those with complex care needs, multiple co-morbidities, those with frailty and those nearing the end of life, need **better coordinated care**
- They need services that are supporting them to work closely together, integrating, care closer to home & improving experiences
- The number of people aged 75 and over is projected to increase by 10.4% between 2016 and 2021
- The cost of social care and inpatient admissions in the last year of life was £18,621

## Improved outcomes

- Move to whole population models
- Addressing the health inequalities
- Incentivising improvements in population health

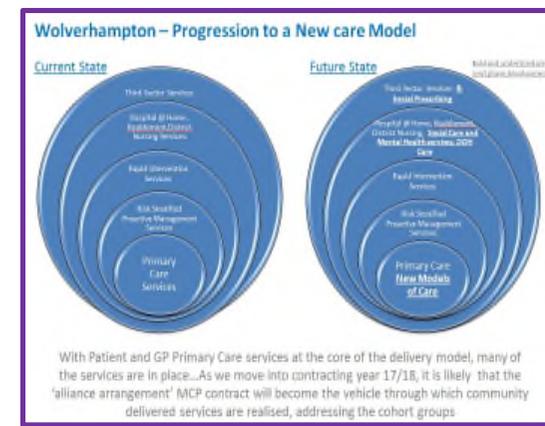
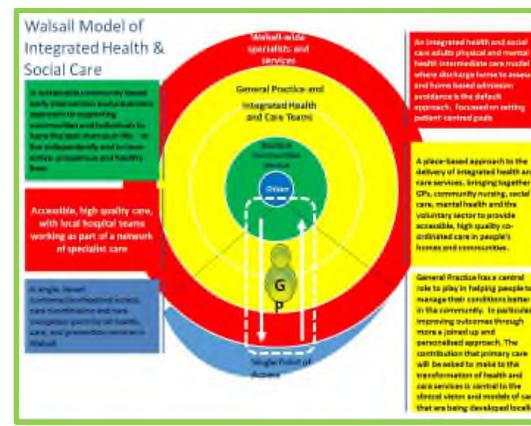
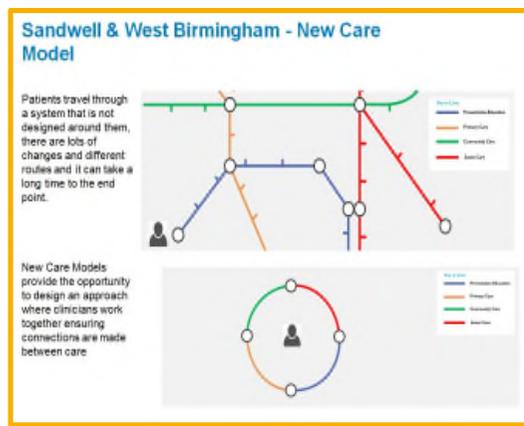
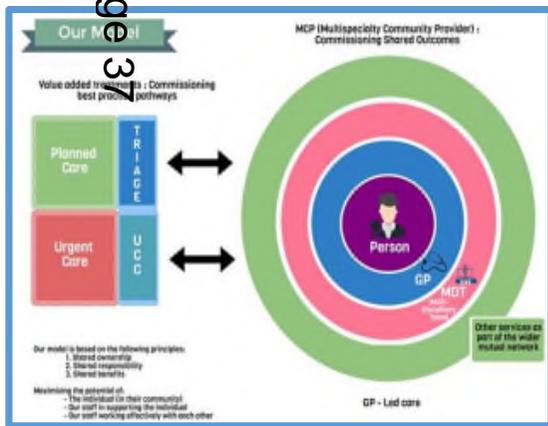


# How will this be achieved?

Four place based models of care with the following collective features:

- Person centered
- Services wrapped around the person
- Empowering approach
- Emphasis on creating strong & supportive communities
- Creating efficiencies by doing things once
- Voluntary Sector Role
- Outcomes Based
- Integration of Health and Social Care
- Consistent pathways of care
- Looking at best practice and sharing ideas

Page 3



# Case Study - Wolverhampton Rapid Response Team

Pamela had been poorly at home for a few days when her husband decided that she really needed some medical help. Pamela was very poorly and was too unwell to go to the surgery so the receptionist made a call to the Rapid Response Team.

Page 38 An hour later a nurse arrived at the house, prescribed antibiotics, and took samples for further tests. This led to a diagnosis of lung disease.

Over the next two weeks Pamela was seen in her own home by the rest of the multi-disciplinary team and given advice on how to manage her condition.

**“The rapid response nurse was a ray of sunshine and immediately took control and made me feel confident that I was in the right hands. We are really grateful and impressed with the quick response and wonderful service, because it takes the worry out of being ill, it was wonderful to be at home in comfort and in the care of family and the health teams.”**

*Pamela*



# Mental Health and Learning Disability

## Work Stream Lead Steven Marshall

Director of Strategy and Transformation  
Wolverhampton CCG



# Our Ambition

Our ambition is to give people living with all types of mental health and learning disability challenges, better outcomes and better services across the Black Country.

We will deliver this improvement by reducing the variation in services people receive, standardise our approach to commissioning and use the resources we have in the Black Country as a whole, better - including reducing the need for people to go out of area.

By coming together as both commissioners and providers, we can build on mental health wellbeing and fund all these challenges through reducing our back office and support costs.



# Why Change - How will this be achieved?

## Commissioner

Page 4

## Transforming Care Together

## Effective bed utilisation

## Strengthening learning disability services

## Supporting recovery and wellness

- Operating as one commissioner
- Reduce variation & duplication
- Create clear, simplified pathways

- Provider Back office efficiencies
- Service transformation
- Develop best practice

- Care closer to home
- Reduce length of stay

- Improved Community based services
- Reduce hospital admissions and length of stay

- Enhancing whole system support
- Focus on early intervention, prevention, recovery and health promotion

← *Address gaps in service* →



# What this means for our patients

## What does this mean for patients? Effective bed utilisation in practice...

We aim to reduce out of area placements and bring care closer to home. We will do this by:

- Reconfigure bed usage and estate, ensuring right capacity of beds to meet demand
- Work with the Transforming Care Together team to have the right admission avoidance services in place
- Ensure consistent admission criteria
- Provide, where possible, in the Black Country so people do not need to become out of area patients
- Enhance local support networks from strong partnerships with social care, housing and family



# Maternity and Infant Health

## Work Stream Daren Fradgley

Director of Strategy and Transformation  
Walsall Healthcare NHS Trust



# Our Ambition

## WHAT IS THE AMBITION FOR THIS WORKSTREAM?

1. We will improve the rates for infant mortality across the Black Country: Share best practice, Improve thematic learning, standardise reporting, Implement recommendations from the Neo Natal review, develop a healthy pregnancy strategy for Black Country.
2. We will ensure a sustainable maternity and neo natal service that's fit for the future: Capacity and demand review, reflective of national policy and guidance.
3. We will ensure safe and effective maternity services for the Black Country are co-designed with mothers and stakeholders, ensuring appropriate equitable pathways, offering choice and an outcome risk based approach to birthing.



# Maternity - themes

## Infant mortality

## Maternity & neonatal

## National Better Birth Agenda

Page 45

- Agree metrics to improve performance
- Learn from good practice
- Identify gaps
- Review maternal mental health pathway
- Review neonatal care and pathway
- Commissioning agenda
- Capacity and demand review
- Best practice review
- Finance review
- Birth demography and forward view
- Sustainable and consistent options for future care
- Follow national direction for Better Births: access, choice and empowerment
- Healthy pregnancy pathway promoting normalisation agenda for delivery

Health Gap

Sustainability Gap

Quality of Care Gap



# Maternity – what this means for mothers

- Safer Care before conception and through to birth
- Options for how to access maternity services and where to birth your baby.
- An opportunity to co-design maternity services based on experience and evidence.
- A range of health and care support tailored to mothers and families needs during pregnancy.



# Integration across organisations in the Black Country

## Work Stream Jon Dicken

Chief Officer Operations  
Sandwell and West Birmingham CCG

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# Our Ambition

To deliver a scale of efficiency beyond reach of individual providers through coordinated action to develop networked and/or consolidated models of secondary care provision



# How will this be achieved?

At the heart of our plan is a focus on **standardising service delivery and outcomes, reducing variation**

Successful collaborative working is already in place such as the **Black Country Alliance** and **networks** for stroke, radiology, ENT, rheumatology and vascular surgery

Focus on clinical areas with particular challenge or opportunity such as Musculoskeletal conditions, Cardiovascular Disease and Frailty.

Identify areas of best practice in the Black Country and beyond which can inform the standardisation of care and quality both in localities and across hospital providers

Ensure **consistent pathways and models of care** across all care setting and locations



# Integration across organisations in the Black Country

Page 50

## Midland Metropolitan Hospital

Reduction of one  
Emergency  
Department

Merger of two district  
general hospitals

## Networks of secondary care excellence

T&O, CVD,  
Respiratory,  
Cancer  
all services  
operating to  
common  
standards

## Clinical Support Services

Pathology  
services  
including  
Microbiology and  
Histopathology

## Non-Clinical Support Services

Opportunities  
include payroll, HR,  
procurement, IT,  
hotel services

A Black Country  
Bank to reduce  
agency spend



# Table Discussion



# Feedback and Next Steps

