

The Black Country

Sustainability & Transformation Plan
Strategy Briefing Session



Welcome & Housekeeping



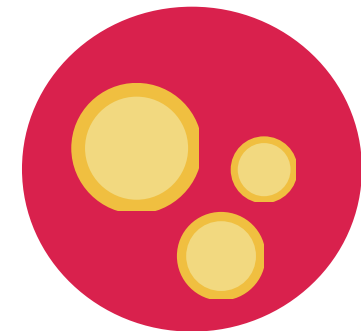
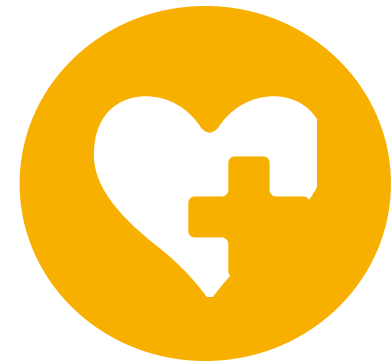
Programme

9.30	Welcome, Housekeeping and Purpose of the Session	Jon Dicken
9.35	Background and Context	Andy Williams
9.50	Transformation Areas <ul style="list-style-type: none">• Place Based• Mental Health and Learning Disability• Maternity and Infant Health• Integration across organise the Black Country	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

Health and
Wellbeing

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



Why do we need an STP – Local Context

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

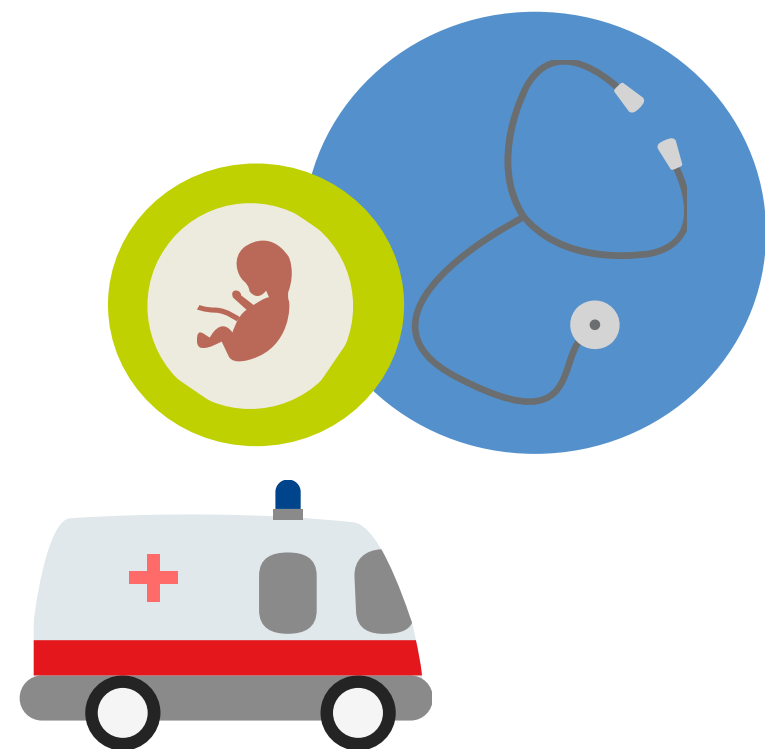
Finance and Efficiency

£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...

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



Walsall Clinical Commissioning Group

Walsall Council

Sandwell
Metropolitan Borough Council

Sandwell and West Birmingham
Clinical Commissioning Group

NHS
England

Walsall Healthcare
NHS Trust

Birmingham City Council

Sandwell and West
Birmingham Hospitals

Birmingham Community Healthcare
NHS Trust

West Midlands Ambulance Service
NHS Foundation Trust



Building on Existing Local Plans and Partnerships?

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 30th 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



Key Aims and Objectives of the Black Country STP

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



- 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.



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

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

- “...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

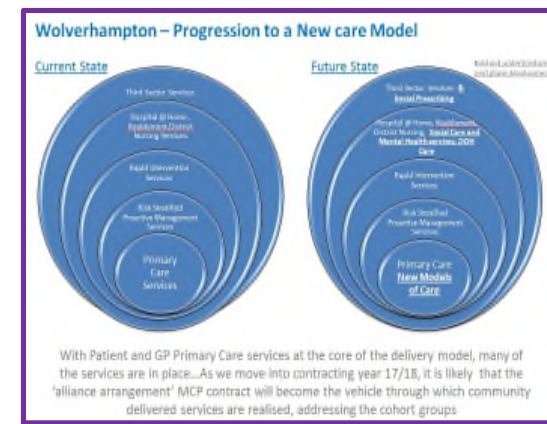
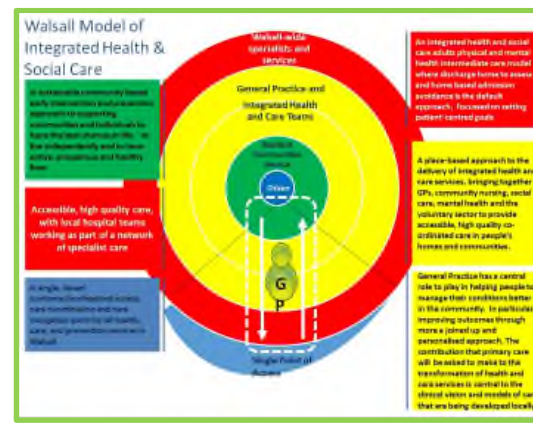
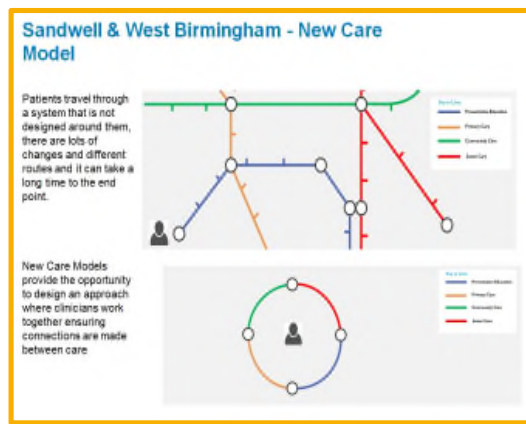
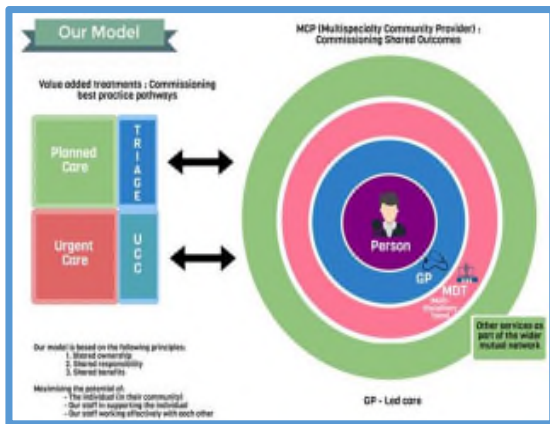
- Move to whole population models
- Addressing the health inequalities
- Incentivising improvements in population health



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



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.

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

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

Transforming Care Together

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

Effective bed utilisation

- Care closer to home
- Reduce length of stay

Strengthening learning disability services

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

Supporting recovery and wellness

- 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

- Agree metrics to improve performance
- Learn from good practice
- Identify gaps
- Review maternal mental health pathway
- Review neonatal care and pathway

Maternity & neonatal

- Commissioning agenda
- Capacity and demand review
- Best practice review
- Finance review
- Birth demography and forward view

National Better Birth Agenda

- 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



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

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

