

# Health Scrutiny

24 November 2016 – deferred to a special meeting of the Panel on 25 January 2017

<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.