

Sustainability Transformation Plan

18th March 2016

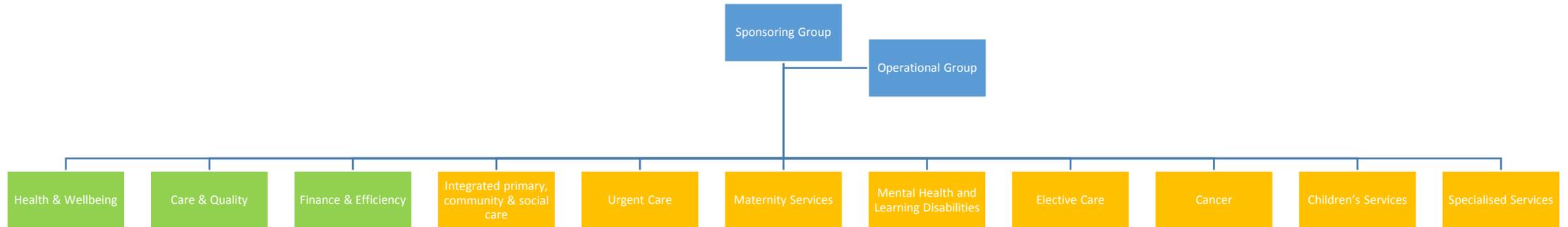
Black Country

Please fill in key information details below

Name of footprint and no: Black Country (STP 16)
Region: Midlands & East
Nominated lead of the footprint including organisation/function: Andy Williams, Accountable Officer, Sandwell & West Birmingham CCG
Contact details (email and phone): andy.williams5@nhs.net 0121 612 1432
Organisations within footprints:

- Wolverhampton City Council
- Royal Wolverhampton NHS Trust
- Wolverhampton CCG
- Walsall MBC
- Walsall Healthcare NHS Trust
- Walsall CCG
- Dudley MBC
- Dudley Group NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Dudley CCG
- Sandwell MBC
- Birmingham City Council
- Sandwell & West Birmingham Hospitals NHS Trust
- Birmingham Community Healthcare NHS Foundation Trust
- Black Country Partnership NHS Foundation Trust
- West Midlands Ambulance Service
- Sandwell & West Birmingham CCG
- NHS England

Section 1: Leadership, governance & engagement



• Collaborative leadership and decision-making.

- *Sponsoring Group (All CEO's (or nominated representative)*
- *3 Triple Aim Gap Workstreams with named leads to identify the challenges*
- *Transformation Groups to identify solutions*
- *Operational Group to ensure delivery*
- *Memorandum of Understanding in place to support collective decision making, Information Sharing agreement under development*
- *4 key principles: subsidiarity, mutuality, added value and no boundaries*

• An inclusive process.

- *Engagement and communications group inclusive of all partners being established*
- *Considering how to best achieve patient representation on Sponsoring Group*
- *Engagement Plan to consider: Patient groups, Healthwatch, public meetings, listening exercise*
- *Subsidiarity: Local HWBBs, SRGs which have wider representation and reach*

• Local government involvement.

- *All local authorities across the footprint are actively engaged*
- *All providers across the footprint are actively engaged*
- *NHS England is actively engaged*
- *Members of the Sponsoring Group act as the link into Health & Wellbeing Boards*

• Engaging clinicians and NHS staff.

- *The Care & Quality group will act as a clinical reference group to oversee clinical models*
- *Engagement events held and further events planned*
- *Disseminate early messages from analyses and review of evidence*
- *Seek views*
- *Process for feedback*

Section 1 - Hypothesis



**Need to rebalance
the system**



= Sustainability

Section 2a: Improving the health of people in your area

Challenge	Opportunity
<ul style="list-style-type: none"> • Emotional wellbeing and mental health <ul style="list-style-type: none"> ○ Child and adolescent mental health ○ Adult mental health ○ Dementia 	<ul style="list-style-type: none"> • Strategy <ul style="list-style-type: none"> • Prevention at the heart of all partners' strategies, policies and procedures • Black Country wide population level prevention strategy • Black Country Communication Strategy informed by social marketing and optimising digital communication opportunities • Approaches <ul style="list-style-type: none"> • Target evidence-based preventive interventions through a population segmentation approach • Learn and share from vanguards, MCP's and PACS to facilitate integrated approaches to commissioning and delivery • Develop and support self management groups across the Black Country • Utilise personal health budgets to support staying well • Workforce <ul style="list-style-type: none"> • Implement staff health and wellbeing strategies in all partner organisations • Promote Making Every Contact Counts and Five Ways to Wellbeing through partner workforces • Black Country approach to education and development of primary care workforce • Pathways and Commissioning <ul style="list-style-type: none"> • Maximise the opportunities of the National Diabetes Prevention Programme roll out across Black Country • Collaborative/joint commissioning of services e.g. Children and young people, maternity, health visiting, development of Black Country Healthy Pregnancy Service • Partnerships <ul style="list-style-type: none"> • Support and develop voluntary sector as key partners in the health agenda • Engage with the Local Economic Partnership to optimise health outcomes • Engage with Combined Authority on wider determinants of health e.g sustainable travel, air pollution
<ul style="list-style-type: none"> • Diabetes prevention <ul style="list-style-type: none"> ○ Obesity ○ Healthy eating ○ Physical activity 	
<ul style="list-style-type: none"> • Maternity care and preventing disability <ul style="list-style-type: none"> ○ Infant mortality ○ Smoking in pregnancy ○ Healthy maternity pathway 	
<ul style="list-style-type: none"> • Respiratory Health <ul style="list-style-type: none"> ○ COPD ○ Asthma ○ Workplace health initiatives 	
<ul style="list-style-type: none"> • Cancer Services <ul style="list-style-type: none"> ○ Early diagnosis 	

Section 2b: Improving care and quality of services

Challenge	Opportunity
Transformation of general practice	<ul style="list-style-type: none"> • Learn and share from vanguards, MCP's, PACS, MERIT • Common approach to developing primary care • Standardised approach e.g. enhanced services, referral management • Prevention focussed service delivery
Achieving and maintaining core standards and improving quality & safety	<ul style="list-style-type: none"> • Identify what has worked well across the Black Country and share it • Learning and sharing from a focus on commonality of regulatory inspection reports e.g. maternity, A&E, RTT. • Focus on demand management including primary care access • Review operational patterns e.g. conveyances, spikes and bunching • Develop single understanding of plans and evaluations for emergency admission reductions • Stronger collective focus on preventing emergency admissions • Agree to concentrate capacity with site specific delivery for identified procedures • Focus on availability of rapid access diagnostics
Action on key clinical priorities	<ul style="list-style-type: none"> • Focus on cancer waits and treatment share best practice approaches • Deliver Transforming Care Plans • Deliver CAMHS Transformation Plans • Collaborative approach to maternity pressures across the Black Country • Share best practice on dementia diagnosis • Share best practice on neo-natal deaths
Right Care	<ul style="list-style-type: none"> • Black Country wide review • Common priorities identified - Service transformation; QIPP opportunities • Cross reference to JSNA's and HWBB Strategies • Priorities identified

Section 2b: Improving care and quality of services(Con't)

Challenge	Opportunity
New Care Models	<ul style="list-style-type: none">• Genuine focus on integration• Black Country Alliance• MERIT• Wolverhampton PACS• Healthy Walsall Partnership• Dudley Vanguard• Modality Vanguard• Right Care Right Here and delivery of Midland Met Hospital• Transforming Care Together Partnership• Leading redesign and procurement of NHS111 and OOH• Leading WMUECN and transformation change of urgent care
Key Enablers	<ul style="list-style-type: none">• Focus on Electronic Health Records• Recruiting together as a system including health and social care• Joined up workforce planning• Improved skill mix• Developing creative new roles• Health Futures University Technical College

Section 2c: Improving productivity and closing the local financial gap – Calculating the gap

- The Table below identifies the counterfactual ‘do nothing’ position for the Footprint over the FYFV planning cycle
- As can be seen, if zero action were taken the existing recurrent gap of £159m would rise to £476m by 2020/1
- £88.7m (2016/17) and £395m (2020/21) respectively is attributable entirely to services to Footprint residents

Organisations in Footprint	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
NHS Providers	(68.0)	(119.8)	(170.0)	(238.4)	(292.0)
NHS Commissioners	(12.7)	(23.5)	(39.1)	(54.5)	(44.8)
Local Authorities	(78.8)	(110.1)	(131.2)	(139.7)	(139.8)
Total Annual	(159.5)	(253.4)	(340.3)	(432.5)	(476.5)
Cumulative Total	(159.5)	(412.8)	(753.1)	(1,185.6)	(1,662.1)

Section 2c: Improving productivity and closing the local financial gap – Closing the gap

DEMAND SIDE INITIATIVES:

- Right Care Savings Opportunities identified of £72m
- Better Care fund
- QIPP & Other demand related initiatives

SUPPLY SIDE INITIATIVES:

NHS Provider CIP of £93m, 4.1% signed off for 2016/17

Local Authority savings Plans signed off for 2016/17

Carter Savings Opportunities being scoped & planned by NHS Providers

Midland Metropolitan Hospital Plans

STP TRANSFORMATION PROGRAMME

Section 3: Your emerging priorities

Please discuss your emerging thinking on what the key priorities are to take forward in your STP, and why:

- Create open, clear and fast paced decision making through strong leadership and governance
- Baseline assessment of current position, plans and strategies for LTC's, primary care, new care models
- Developing a single Black Country view on prevention
- Consider establishing a Black Country self care programme
- Consider developing a single approach to personal health budgets across the Black Country with a particular focus on maternity and EOLC
- Complete a full and comprehensive review of Right Care packs and test the outcomes and assumptions
- Consider single commissioning approaches to major pathways and conditions e.g. children and young people, mental health
- Maximising efficiency through provider collaboration
- Transformation of the urgent care system
- Sharing learning and embedding best practice from high performers and new care models with a view to wider roll out
- Consider single approach to workforce planning and recruitment
- Developing a Black Country strategy for specialised services

Big Decisions

- Pooling of resources?
- What does collaborative commissioning mean ultimately?
- How can we maximise the opportunities from provider collaboration?
- How do we manage the system to ensure the sustainability of its constituents?