



Live healthy
Live happy
Birmingham and Solihull

Birmingham and Solihull Sustainability and Transformation Partnership's Long Term Plan

Delivery plan summary

Helping
everyone in
Birmingham and
Solihull to live the
healthiest and
happiest lives
possible



Birmingham and Solihull Sustainability and Transformation Partnership is made up of the following organisations:



GPS Healthcare
General Practice Solihull



SDSmyhealthcare

Our

Health Partnership

OHP A healthy future for patients and practices



Birmingham
City Council



NHS
Birmingham and Solihull
Clinical Commissioning Group

NHS
Birmingham Community
Healthcare
NHS Foundation Trust

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

NHS
University Hospitals
Birmingham
NHS Foundation Trust

NHS
Birmingham Women's
and Children's
NHS Foundation Trust

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust



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Introduction

The Birmingham and Solihull Sustainability and Transformation Partnership (STP) is made up of local NHS organisations, GP groups and councils, who are working together to improve and change health and care services over the next five years (2019-2024).

In 2018 the partnership developed an **STP Strategy** for how we would work together to address the gap between health and wellbeing for people living in our most and least advantaged areas, as well as the differences in access and the consistency of care available.

The Birmingham and Solihull Long Term Plan has been developed by the STP. We also asked local people, staff, councils and voluntary and community organisations on how we should deliver our key health and wellbeing priorities over the next five years.

Our plan looks at the support people need to look after their health and wellbeing through the different stages of their lives, so they can live the happiest and healthiest lives possible. It details how we will meet the national requirements set out in the **NHS Long Term Plan**, an ambitious ten-year plan for transforming health services.

In this summary version, we cover the headlines for how we will improve a range of services to meet the needs of our local population.



Our ambitions

We want to improve health and care services in Birmingham and Solihull to enable:



Equity, equality and inclusion

so we reduce the gap between health and wellbeing of the most and least advantaged – meaning good health and wellbeing for everyone



People to be independent and resilient

so they live long, fulfilling and independent lives, taking personal responsibility for their health and wellbeing



Integration and simplification,

with services designed and integrated around people, making the best use of technology and personal health budgets



Prosperity

to support people to have stable employment and to stay healthy and well at work



Social value as health and care organisations we have the potential to deliver social and economic benefits, such as environmental solutions to reduce the impact of climate change

Our local area

We serve a large and diverse population of around

1.5 million people

Over 100
different languages
are spoken
in Birmingham

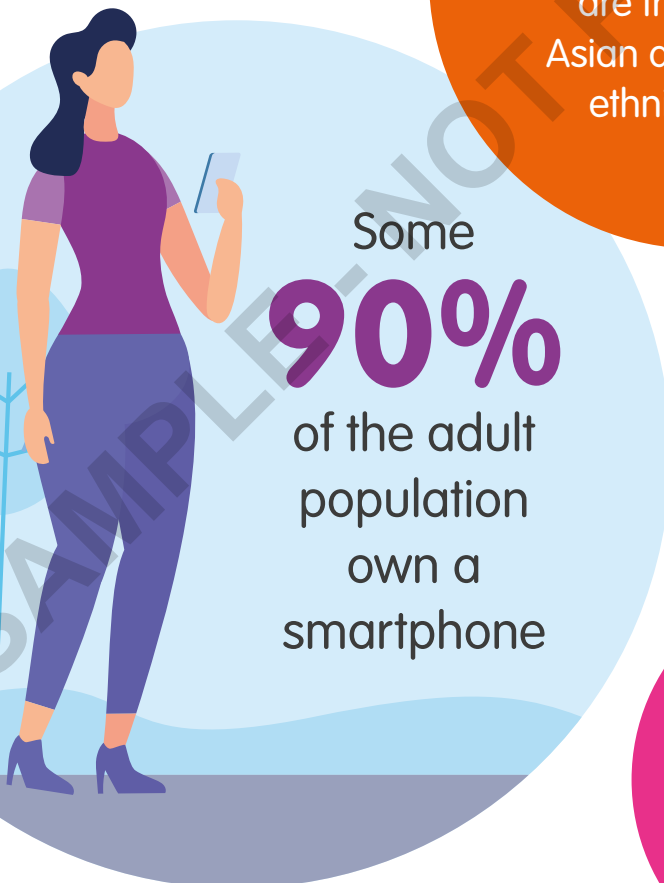
In some wards
of the city, up to
80% of residents
are from Black,
Asian and minority
ethnic groups

Some
90%
of the adult
population
own a
smartphone



Birmingham is a
growing city with almost
half of its population
aged under 30

Solihull has an
older population,
on average
21% of people
are over 65



Our challenges and priorities

Disease like cancer, heart disease, diabetes, dementia and mental illness are the main causes of illness and death - which means people are living longer with ongoing, complex or expensive care needs

People are living longer and we need to help them to live well and independently in later life

We have poorer health outcomes in our more deprived areas



The top three causes of early death are **coronary heart disease, lung cancer and alcoholic liver disease**

Technology

This is transforming modern life. We can introduce new treatments and innovations to improve care and quality of life



We need more hospital doctors, GPs, nurses and other clinical staff



We need to deliver services more efficiently and make the best use of the money we have available



We have long **waiting times** as the demand for services increases



In Birmingham **one in four people live with a mental health condition** that started in childhood

We have busy A&E departments that are over-stretched



Transforming the way we work

Our aim is to transform services by:



A Digital First approach

to provide faster access to care through virtual consultations, online early help and advice, and virtual outpatient appointments



Creating a shared responsibility

for preventing ill health and improving health and wellbeing through health promotion and person centred services providing individual choice and control



Focusing on early intervention

to prevent serious illness



Using a targeted approach

to identify people in different areas of Birmingham and Solihull who have specific risks of ill health



Providing care in the right place and at the right time

with access to teams of health and care practitioners



Creating a single care record

a single care plan and consent information to prevent duplication and support choice and control

This will be supported by all organisations in health, care and local councils across Birmingham and Solihull, who will increase the opportunity to work closer together in the form of an Integrated Care System.

This will provide more joined up care and deliver the best possible care to:

- **Prevent ill-health**, particularly focusing on helping people to stop smoking and live healthier lives in general to prevent diseases such as cardiovascular disease and diabetes
- Invest in **GP practices and GP networks** to deliver more services closer to home
- Be the **employer of choice** in Birmingham and Solihull, attracting the best staff locally and from around the world to work in health and social care
- Transform our services using a **Digital First approach** so patients can access care at the right time and right place, at home in the community or virtually. It will mean people only have to tell their story once through shared IT systems, supporting patients and staff
- Deliver **person-centred care**, individual choice and control for people, for example, through personal health budgets, which will be used in a wide range of settings
- Use our buildings to **create positive environments** to improve the experience of care and create great places to work and volunteer
- Advance health and care and better outcomes by **increasing participation in research and accelerating innovation** which will enable professionals to identify specific risk factors e.g. through **genomics**
- Deliver **social value** by working in sustainable ways with suppliers, expanding the number of volunteering opportunities and championing the environment, through improving air quality and reducing our carbon footprint
- Get the **best value** and create savings to invest in other priority areas to make health and care sustainable now and for future generations.



Born well and grow well

Maternity, childhood and adolescence

We want to:

- Give mums and mums-to-be access to a single **maternity system** with increased choice, better and consistent maternity care, supported by **digital maternity records and increased digital access to services**
- Deliver the **Saving Babies Lives Care Bundle** to help reduce deaths through stop smoking support, risk monitoring in relation to slow growth and restricted movement in the womb before birth and during birth
- Enhance **mental health support for new mums** to give them and their babies the best start in life, focusing on the first 1,001 days of a child's life
- Create local **Early Years Hubs** where families can access help from pregnancy until school, giving our children the best start in life
- **Join up services** across children's and young people's services working across **schools, health and social care**
- **Promote healthy lives** through diet, exercise, mental wellbeing, oral health and readiness to go to school, working with the 2022 Commonwealth Games in Birmingham
- Keep children and young people healthy and happy through the national **Healthy Child Programme** and **Start Well** initiative
- Enhance services for children with **special educational needs and disabilities**
- Increase access to children's and young people's **mental health services**
- Implement a **single integrated clinical advice and guidance service** and services for the most common conditions affecting children and young people
- Enhance **digital and virtual solutions** to provide easy access to advice, guidance and early help
- Enable more integrated care pathways for **long term conditions** such as asthma, diabetes, epilepsy, cancer and complex needs which will be delivered in GP practices and in hospitals.



Live well

Adulthood and work

We want to:

- Focus on **prevention to encourage healthy lifestyles** such as help with giving up smoking
- Provide **GP social prescribing** to increase support to health and wellbeing initiatives such as exercise, diet and reducing social isolation
- **Identify those people at greatest risk of major diseases**, including Type 2 diabetes, cardiovascular disease and cancer
- Promote **screening programmes** to target those at most risk, such as health checks and other preventative services
- **Identify symptoms earlier for people with long term conditions** and those at high risk, such as people with diabetes, mental illness or learning disabilities, those at risk of cardiovascular disease, stroke and respiratory illness
- Provide early monitoring and treatment for people at risk of and living with **cardiovascular disease** to support them to live longer, healthier and more independent lives
- Provide stroke patients with specialist care and rehabilitation through an **Integrated Stroke Network**, so that every person receives the right care in the most appropriate setting
- Improve diabetes care by delivering an integrated community-based approach focused on prevention, health promotion, early diagnosis, risk reduction and self-management
- **Improve care for people with respiratory conditions** so they can live well supported by high-quality, integrated care across GP, community and hospital services
- Implement the 2015 NICE **cancer referral guidelines**, increasing digital access points to reduce unnecessary delays in receiving support
- Promote wellbeing and **reduce the stigma around mental health** and improve access through early intervention services
- **Create a 'zero suicide' ambition**, supported by evidence-based, preventative actions and high-quality crisis support
- Encourage our staff to lead **healthy lives** through the use of leisure facilities, support forums and facilities on site to encourage healthy eating and healthy lifestyles
- Create **sustainable jobs** for people in health and social care to address workforce shortages; through joined up recruitment, training and new career pathways. Encouraging our 60,000-strong workforce to help influence the wider population to live healthy lives
- **Reduce waiting times for planned care** by providing over a third of all outpatient appointments virtually, so patients don't have to travel to hospital.



Age well

Ageing and later life



We want to:

- Develop and implement an **Ageing Well strategy** to support people to manage their own health, wellbeing and social participation. It will signpost community opportunities and activities to citizens and carers and to GPs as social prescribers
- Promote **dementia awareness** so that our communities become more dementia friendly
- Improve the **dementia diagnosis rate** to support people to get the most appropriate care and support so they can live well for longer
- Co-ordinate health and care into a **locality neighbourhood framework**, aligning mental health, GP surgeries, hospitals and community care services with the local councils, independent social care providers and voluntary and community organisations
- Establish **multi-disciplinary teams** in hospitals to avoid unnecessary hospitalisation and promote the 'home first' ethos
- Develop **intermediate care centres** to bridge the gap between hospital and home and provide community-based support such as therapies and mental health support
- Deliver **increased support to care homes** helping residents to remain as mobile as possible in care homes
- Increase the take-up of **emerging assistive technologies**, especially in settings where they can enhance care, such as care homes and extra care housing
- Develop a **Carers' Commitment** recognising the vital role of 135,000 unpaid carers. This will help them access the support they need to age well in later life
- Deliver **personal health budgets** to give people at end of life choice over their last months, weeks and days of life
- Provide **increased education, care planning and joined up care at end of life** to improve choices and experiences and create a compassionate community approach.





Urgent care

Improving access and experience



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We want to:

- Adopt **Digital First** approach for urgent and emergency care by giving access to a 24/7 online symptom checker such as Ask A&E to direct you to the right service at the right time
- Embed a **single multi-disciplinary Clinical Assessment Service** within NHS 111, ambulance dispatch and GP out-of-hours services to support people to identify the most appropriate route for care
- Have the same services available at all **Urgent Treatment Centres** to avoid confusion, with the option of appointments booked through a call to NHS 111
- Improve **performance** in ambulance trusts, ensuring that ambulance services offer the most clinically and operationally effective response
- Have **Same Day Emergency Care**, treating more patients needing emergency care on the same day without admitting them to hospital; to give a better patient experience and reduce pressure on beds
- **Reduce delays transfers of care**, in partnership with local authorities
- Provide an **acute frailty service for at least 70 hours a week**, working towards achieving a clinical frailty assessment within 30 minutes of arrival
- Deliver the **Emergency Care Data Set** into Urgent Treatment Centre and Same Day Emergency Care services from 2020 to help us better understand the needs of patients accessing Emergency Departments.



Mental health

We want to:

- Create a climate where we can **talk about mental health** through the **Time to Change Hub**, which will create mental health champions in schools, colleges and organisations
- Signpost children and young people to support in schools, colleges and universities to **identify issues early and offer support for good mental health and mental wellbeing**
- Embed support in GP practices to **support positive mental health** from social prescribing to talking therapies and counselling
- Create a **single care and support plan to treat mental and physical health together** for people with long term conditions and serious mental illness
- Provide more **specialist support** in the community for pregnant women, those with eating disorders, people with a diagnosis of autism or personality disorders and for those sleeping rough on our streets
- Develop **Crisis Cafes** with partners in the voluntary and community sector to provide an alternative to A&E for people experiencing a crisis in their mental health
- Establish **Crisis Houses** which will offer overnight accommodation where people do not need to be admitted to an inpatient unit.

Learning disability and autism

We want to:

- **Reduce the reliance on inpatient hospital care** and invest in Intensive Crisis Support and Community Forensic Services to support people to live in the community
- Provide services to meet the needs of people with a learning disability and/or autism by **increasing the accessibility of services, education and training** across all health and care organisations and earlier intervention with help for people and their families
- **Increase the number taking up annual health checks** through GP practices, as well as enhanced training and education for practices
- **Reduce preventable deaths** through stopping over medicating patients and delivering the Learning Disability Mortality Review Programme
- **Reduce waiting times for diagnosis** and increase access to specialist support through a designated key worker
- **Support people with learning disabilities and autism in the transition to different services** e.g. from children's services to adult services, and adult services to older people's services.





www.livehealthylivehappy.org.uk