Birmingham City Council

Information Briefing

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Report to:	Birmingham Health Overview and Scrutiny Committee		

Progress Update – Birmingham and Solihull Sustainability and Transformation Plan (BSol STP)

1. Summary

This is a progress update on the development of the Birmingham and Solihull Sustainability and Transformation Plan (BSol STP). It sets out to provide some context to the STP process to date and an indication of next steps.

2. Background

On 22nd December 2015, NHS England (NHSE) published two key planning documents: the NHS Five Year Forward View 2016-2021, and the NHS Mandate, which covered commissioners and (for the first time) providers.
These set out the requirement for the NHS to provide a five year Sustainability and Transformation Plan (STP), which would be place based, and drive the Five Year Forward View covering October 2016 to March 2021. It was made clear that the STP was the only route to access additional sustainable transformation funding (STF) from government.

The guidance was clear that in addition to covering the NHS, the STP must cover "better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies"[1]

Local areas were asked to agree a transformation footprint for their STP by 29th January 2016. The footprints needed to be locally defined, based on natural communities, existing working relationships and patient flows, whilst also "taking into account the scale needed to deliver the service, transformation and public health programmes required, and how it best fits with other footprints"[2]. These footprints were then submitted to NHSE for approval. Where areas were unable to agree a footprint, the NHS made the decision.

[1] Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21
[2] Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21

In total, there are 44 STP footprints across England (Wales, Scotland and Northern Ireland do not have STPs). Within the WMCA geography, there are three STPs involving constituent members of WMCA – Birmingham and Solihull, the Black Country and Coventry and Warwickshire.

The appropriate footprint for Birmingham, Solihull and the Black Country was extensively discussed by NHS and local government leaders, and the current arrangement (ie Birmingham and Solihull STP, Black Country STP) was agreed as the best option. However, as part of East Birmingham falls within the Black Country STP due to NHS and local authority boundaries not being co-terminus, and there is significant cross-over patient flow within East Birmingham and Sandwell, both STPs have associate status within each other's governance arrangements. Birmingham and Solihull are fortunate to have a STP footprint that has considerable coherence both as geography and in how it works to meet the health needs of people within the area. All parties have worked hard to form a cohesive approach to the STP process sand there has been particularly strong collaboration and joint working between the two councils

Each footprint was also required to agree a system leader for their STP – individuals who command both the support of their local colleagues and the national leadership bodies of the NHS. Birmingham and Solihull's system leader is Mark Rogers, Chief Executive of Birmingham City Council. The Black Country STP is led by Andy Williams, Accountable Officer Sandwell and West Birmingham CCG.

Across the country, only four STPs have local government system leaders – Birmingham and Solihull, Norfolk and Waveney, Manchester and Nottinghamshire. The remainder are from the NHS.

The role of the system leader is to ensure the right conversations are taking place, help to mediate any internal frictions and prompt (sometimes forcefully) the necessary explorations of what needs to change. A system leader cannot adopt a top down 'command and control' approach to leadership, and they are not statutorily responsible for the delivery of the STP.

STPs are not statutory bodies but collaborations of organisations working together to join up health and care services for people across agreed areas. This is similar to the place-based approach that is more prevalent in local government planning. STPs are envisaged as umbrella plans for a locally agreed area. More specific organisational and/or service delivery plans will then align underneath them.

Scrutiny should also note that STPs are perceived nationally as an NHS-driven and NHS-owned plan. The role of local government is as a partner organisation round the table. The extent of engagement and involvement of local government within STP planning varies from place to place, and is largely dependent on the nature of the relationships within that place.

It should also be noted that the NHS has already signalled that the STP will replace further annual planning rounds, a move that would correct the previous deficit in local medium term planning. This also underlines the significance of the huge changes underpinned by the STP: moving to a collaborative place based planning system sounds reassuring and simple. The reality of replacing a system that has used competition and market shapes to define it requires significant organisational, cultural and behavioural change and work to date is only at the very early stages of making the shifts necessary to realise the full potential of the approaches offered by the STP.

Timescales to date

The NHS 2016/17 Planning Guidance issued in December 2015 originally outlined the following timescale:

Planning Guidance published	22 December 2015
Localities to submit proposals for STP footprints	29 January 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

The STP was asked to identify the scale of three gaps in the health and care system across the footprint – health and wellbeing, care and quality and the financial gap - up to 2021. It was then asked to outline how each footprint would propose to close those gaps, taking a system wide, transformational view.

It should be noted that NHS organisations were also required to write and agree their 2016/17 draft operational plans, approve their budgets and agree their contracting arrangements before the original June date for submission of the fully agreed and signed off STP.

The timescale has since been revised – an additional 'check-point' submission was added in April 2016 to see how plans were developing. As a result of this, the June submission became a further 'check-point', we have been asked to make a financial submission on Friday 16th September and the latest iteration of the full plan has been requested for October 21st 2016, when it will be assured nationally by a number of NHS bodies, including NHS Improvement and NHS England.

Over the past few months there has also been an increasing focus on the financial element of the STP from an NHS perspective – the size and scale of the gap and plans to close it over the next five years, which has formed the basis of the financial submission requested by NHSE and NHSI. At the time of writing, the financial submission does not make any specific mention of the social care financial gap from a local authority perspective.

Scrutiny may care to note that the timetable for this work to be completed, even with extensions, is extremely challenging, especially for those footprints with a more complex landscape who may be working together for the first time. This has also been a management process: trying to identify how to balance the health and care system is one of the most challenging issues of our time. At this stage all that has taken place is to develop a set of initial management options and a great deal of work needs to be done to develop the transformational aspects of the approach and to start the work that turns such plans into a reality.

National Progress

Comparative evidence for STPs is anecdotal at present, in part due to NHSE's instruction that draft plans were not to be shared publically (including with Health and Wellbeing Boards and Scrutiny Boards) in advance of submission of the 'full' STP – now October 21st. However, we do know that STPs are at varying stages of progress – in some areas programmes are more or less fully worked up with operational and financial agreements in place or close to agreement. Other areas still have a long way to go.

By looking at the success or otherwise of previous attempts at health and care integration through the BCF (Better Care Fund) nationally, broadly speaking it would seem that those areas where organisational boundaries are co-terminus, the provider and commissioner landscape is less complex and strong

relationships already exist have the best chances of success. There is also anecdotal evidence that those areas already under Success Regimes are making better progress with their STPs, as they have had a head start and a longer lead-in time to think about how they can address the complex issues that moving to a system-wide, transformational way of working present.

Engagement and Transparency

This has been a difficult area for STPs, as evidenced by recent commentary in the media resulting from a campaign by pressure group 38 Degrees. The guidance from NHSE up to point of writing has been very clear - STPs are not allowed to publically share their actual plans before 21st October, but can engage with stakeholders and the public about the kinds of issues and proposals that the plans may be covering. The degree to which footprints are able to do this will depend on how much progress has been made on drawing up potential proposals to the point that they can enable meaningful conversation.

Birmingham and Solihull STP are holding two workshop events on 27th September (Solihull) and 29th September (Birmingham) with key stakeholders from across the footprint, where some of the initial thinking will be shared and sense-checked. Our plans are not as advanced as in other areas - as this is the first time we have come together as a footprint to work in this way. It has taken time for us to make progress to the point that we have a sense of how we might begin to tackle the health and wellbeing, care and quality and financial gaps ahead. Once we have undertaken a sense-check on thinking so far, we will be in the position to plan out additional and more widespread engagement on the STP proposals with a much wider audience. It must be made absolutely clear that the planning document is a work in progress, it is a high level plan, no decisions have been made and no decisions will be made without proper consultation process being followed by the NHS and by the Local Authority.

See Appendix 1 (attached) for an overview of the gaps that the system currently faces with regard to:

- Health and Wellbeing;
- Care and Quality; and
- Finance and Efficiency.

On 28th September, the HOSC chairs of Birmingham and Solihull will receive a private briefing on the status of the STP plan. We cannot release the plan to Scrutiny in the normal way as this would in effect release it into the public domain, which we are currently being advised not to do until after 21st October.

There have also been issues for governing bodies with the tensions between tight timeframes for developing proposals and organisational governance requirements.

This whole issue has been one that is extremely challenging, particularly for how local government engages with the plans. Birmingham and Solihull Councils have therefore been clear to reach an agreement within the local Leaders and Chairs Group that the STP for this footprint is a work in progress and that we are all aware of the huge amount of work that is still needed, particularly to engage and develop proposals with the local population.

Understandably local government partners in STPs have stressed the importance of public engagement and confidence, and there is a major task ahead for leaders to move from discussions between themselves to leading local people through the choices entailed in creating a sustainable health and care economy. NHSE

published guidance on engagement on 16th September (attached as Appendix 2), and we will be looking locally to see a significantly increased profile of engagement from the 21st October.

Birmingham and Solihull STP – Role of the Local Authority

Birmingham and Solihull is in a different position to the majority of most STPs in having a local authority system leader, which has ensured that local authority engagement takes place at the highest level. As Mark Rogers is the BSOL system leader, the local authority position at Chief Executive level is led by Nick Page, Chief Executive at Solihull MBC, who works closely with Mark to ensure that both Birmingham and Solihull positions are represented.

At the political level, both the Leader, Cllr John Clancy and the Cabinet Member for Health and Social Care, Cllr Paulette Hamilton represent Birmingham City Council. Cllr Bob Sleigh (Leader) and Cllr Ken Meeson (Health and Wellbeing Board Chair) represent Solihull MBC.

NHS organisations are represented by their Chief Executives / Accountable Officers and the Chair of their Governing Bodies.

However, the key point that needs to be noted is that the local authority position is not as leader of the work. Both Birmingham and Solihull are players in a wider system. We are able to influence proposals, perhaps more widely than local authorities in other areas, but STPs remain, from a national perspective, an NHS plan. More recent discussions locally would suggest that local NHS colleagues recognise the role of local authorities within the local health and care system and are keen to create a system that works for Birmingham and Solihull. The Leaders and Chairs Group have therefore supported the inclusion of the care system within the overall picture.

For Birmingham City Council, the discussions about possible integration of services pre-date the arrival of STP guidance from the NHS. The Council's intention was to try and maximise the public pound in terms of the health and social care system, and to encourage, where possible and in the interests of the patient / citizen, the movement of adult social care services from acute settings to community settings. This intention is built into the budget of the City Council which has been clear that without a system wide approach, the reductions on local government funding would imperil the NHS. The STP is the best way for us to achieve this aim, working collectively with health colleagues across the Birmingham and Solihull footprint. It is also the only way we will achieve any additional government funding for transformation of services, be allowed to collectively control how we make any changes to our local system to ensure they are in the best interests of Birmingham and Solihull people, and the only way we can ultimately ensure that when decisions are made, they are made in a publically accountable way.

We have therefore as a Council adopted a clear approach to make a success of the STP and have supported it with considerable change investment funding alongside a huge commitment from the Chief Executive and other officers to work with the system. This reflects the changed approach by the City Council to model its future thinking on partnership approaches that mean sometimes working with the systems, rules and confines set by others and seeking to make a success of the work all the same. Ultimately our populations need answers as to how the NHS and care systems are going to work effectively to meet the challenges posed by rising demands and scarce resources.

Birmingham and Solihull Membership

Key partner organisations around the table at this point in time are: Birmingham CC, Solihull MBC, Solihull CCG, Birmingham Cross City CCG, Birmingham South Central CCG, University Hospital Birmingham Foundation Trust, Heart of England Foundation Trust, Birmingham Children's Hospital Foundation Trust, Birmingham Women's Hospital Foundation Trust, Birmingham Community Healthcare Foundation Trust, Birmingham and Solihull Mental Health Foundation Trust, Royal Orthopaedic Hospital Foundation Trust, Extracare Charitable Trust.

Sandwell and West Birmingham CCG and Sandwell and West Birmingham Hospital Foundation Trust are associate members.

NHS England and NHS Improvement also attend meetings

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