

# Information Briefing

Report from: STP System Leader & Chief Executive  
Report to: Birmingham Health and the Environment  
Overview and Scrutiny Committee

Date: 21<sup>st</sup> February 2017

## **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).

The Committee received its last formal progress update on 25th October 2016, and reported to Full Council on 6th December 2016.

This report sets out a further update on progress to date.

### **2. Progress on BSOL STP – October 2016 – February 2017**

The final draft of the BSOL STP plan was submitted to NHS England (NHSE) on 21<sup>st</sup> October 2016, and subsequently published on the Council's website, with the full agreement of all partners. This enabled the content of the plan to be formally considered by HEOSC on 25th October.

Formal feedback from NHSE has been received. A number of observations were made about how the plan could be improved and also outlined where NHSE judged the plan to be best in class or good – in this instance in the areas of maternity and newborn (the BUMP programme), mental health and the more detailed overarching communications strategy that accompanied the STP submission.

This feedback alongside other feedback from initial stakeholder events and key stakeholders, including discussions at both Birmingham and Solihull Health Overview and Scrutiny Committees, recommendations by previous funded support and reviews of other plans has been brought together to inform a series of recommendations to the STP Board which require action.

The Board has subsequently committed to:

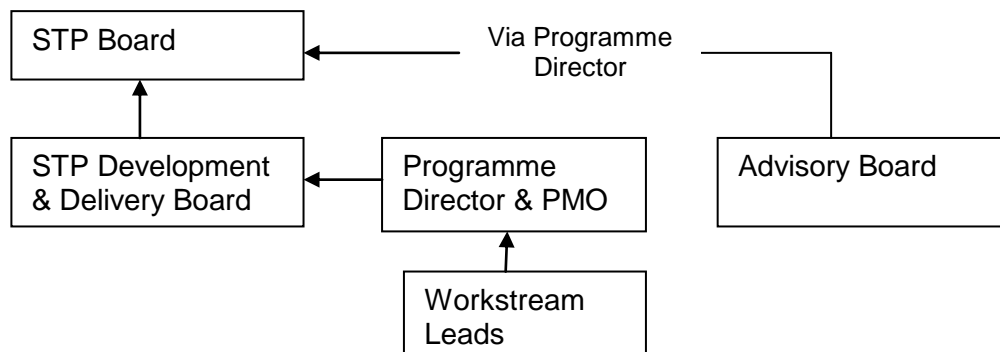
- A strengthening of governance and collective decision making (already underway)
- A rewrite of the plan is undertaken to better support public, staff and patients to understand the issues and inform it. This should include a better articulation of our vision and strategy.
- The programme is presented and managed differently to make it more understandable and easier to manage.

- The discussion about new models of care takes place as a matter of urgency particularly in Birmingham, building upon discussions already undertaken in Solihull.
- There is a stronger link between the priorities identified in the gap analysis of health and wellbeing, care and quality and financial opportunities and the phasing of work within the programmes
- The engagement plan is implemented as soon as possible following the rewrite of the plan

### Changes to Governance Arrangements

The governance structure and reporting lines for the STP process are in the process of being re-designed and strengthened for the next stage of the programme. This will provide a more structured approach that will link more easily to standard programme management governance arrangements, ensuring greater accountability and clearer decision making.

A memorandum of understanding (MOU) is being worked on for the STP Board, however NHSE are expected to publish a revised Forward View in March, which may propose some different models for delivery. Given this uncertainty which would almost certainly impact on decisions around governance models, the decision has been taken by Cllr Sleight and Jacqui Smith to pause the current work on the MOU until there is greater clarity from NHSE. Until such clarity is provided, work will progress via the governance model set out below.



### STP Board

Membership of the STP Board will comprise of the System Leader, Chairs and Chief Executives / Accountable Officers for each organisation, and the Leaders and Chief Executives of both local authorities. The Chairs of both Health and Wellbeing Boards / Cabinet Members are ex-officio members of the Board. The STP Board is chaired by Councillor Sir Bob Sleight, with Jacqui Smith as Vice Chair, and will be responsible setting the overall direction of the STP and agreeing the strategy, priorities and associated objectives for delivery.

### Development and Delivery Board

The development and delivery board will direct the implementation of the STP and to develop further proposals for approval by the STP Board in areas where ongoing planning is necessary and which necessitate cross system working. The membership is comprised of the System Leader, Chief Executives of NHS providers, Chief Executives of both local authorities, CCG Accountable Officers, the Programme Director and work stream leads. Chairing arrangements are to be confirmed.

### **Advisory Board**

The Advisory Board will facilitate engagement between the STP and other representative parties, and will receive reports on plans and progress. The membership of the board is still to be determined, but could include representation from the voluntary and charitable sectors, other public sector agencies, housing providers, nursing and residential care providers and Healthwatch.

### **Review of the Plan**

The STP Plan has been revised in light of feedback from NHSE, and taking into account comments received via the STP Mailbox, and feedback from the initial informal engagement events. This new format was agreed by the STP Board at their meeting on 6<sup>th</sup> February, and the new proposed structure of the plan is set out in Appendix 1.

The content and narrative for the plan has been further revised so that it is more understandable for the public and to further develop the vision and priorities. Further work is underway to produce a formal public-facing summary, which will be available by March.

The changes to the plan are more to do with the organisation and structure of the programmes rather than the content of the work streams. The key changes are:

- There is now one approach to Maternity and Children & Young People's services, bringing together the transformation approach to specialist in-hospital paediatric services and services in the community.
- Health and Wellbeing has been re-framed as a specific, cross cutting work stream in its own right, creating a more prominent role for Health and Wellbeing Boards and developing links up to work at Combined Authority level.
- The scope of Community Care First (CCF) has been tightened, bringing clarity to the approach to transforming General Practice, wider community services, Adult social care and primary care. Work is ongoing in further refining the programme scope, and the upcoming discussions around New Models of Care will have an impact on the further development of the CCF programme.

### **Discussion on New Models of Care**

The debate about new models of care refers to how the health and care system should organise itself and its resources in order to provide integrated care to citizens. The commitment to integrate health and care systems is not new, and integration by 2020 remains a key target for the Better Care Fund (BCF) – but there is currently no national or local agreed definition of 'integration'. In addition to the BCF, the NHS has 2 other work programmes that look at integration of care – Integration Pioneers and the NHS Vanguard Programme.

The NHS has subsequently published potential contracting frameworks for two specific models:

- Multispeciality Community Providers (MCPs) where GP practices would come together to offer community and outpatient services with a view to potentially becoming responsible for the health budget for the population.
- Primary and Acute Care Systems (PACS) – a single entity or organisation would take responsibility for delivering primary, community, mental health and hospital services, with the ultimate aim of improving co-ordination and moving care out of hospital

Current thinking from NHS England suggests that the development of Accountable Care Organisations (ACOs) will become a priority within the next iteration of the NHS Forward View. Early indications from NHSE and NHS Improvement (NHSI) and the language used is that an accountable care system will have a number of accountable care organisations within it.

This is important as the nature of organisations within Birmingham - which have considerable and significant income from specialised services - mean that awards have already been made in this space. BSMHFT already commission mild to moderate secure services for the West Midlands, and Forward Thinking Birmingham service for 0-25 years with mental health. The BUMP proposal is to establish a lead provider for maternity and new born services. Whilst these are population based i.e. people with defined mental health needs, or people who are pregnant there are not whole population models, but are considered accountable care models by many.

However, at present the formal line from NHSE is that any decision on care models is to be determined locally.

A facilitated workshop is being held on 7<sup>th</sup> March for all BSOL STP Board members to begin to consider what might work for the STP footprint. The Accountable Officer for Sandwell and West Birmingham CCG, who is also the Black Country STP System Lead will also be invited.

From a local authority perspective it is difficult to determine whether there is a preferred model. We have sought some advice from the LGA in terms of the key questions local authorities should consider when participating in this debate. These are:

- Will this deliver the best outcomes for our population in terms of their whole life experience (including wider determinants of health)?
- Does it enable us to operate as a whole system – ie not just social care and the NHS but the wider work that needs to be undertaken with local authorities, housing providers and the voluntary and community sector?
- To what extent will this remove existing barriers to good, joined up health and care?
- Does this approach create new barriers?
- Is it affordable, sustainable, and offering good value for money?
- Does it deliver strong and transparent governance and accountability, including the ability of elected members to oversee and influence where appropriate?
- Does it enable statutory responsibilities for all organisations to be discharged?

Officers have started to look at how the council should engage with the debate, discussing issues for Birmingham with key partners and external advisors. Scrutiny will be kept updated as the conversation and discussions progress.

### **Communications and Engagement**

- Following the re-write of the plan a draft 'public facing summary' is being prepared and is currently with programme managers for comment, with a view to being discussed at the next STP Board meeting in March and issued into the public domain, alongside a short infographic, by mid March.
- A further 3 stakeholder engagement events are being planned for the end of February – mid March that will set out the narrative so far, and demonstrate changes made to the proposals as a result of feedback.

Stakeholders are being identified and will include representatives from the voluntary and charitable sectors, patient groups, elected members, clinical representation, faith groups etc.

- There are plans to offer sessions to members of both councils from the end of March, as well as tailored sessions with individual partner organisations for governors, members etc.
- Links will be made with Healthwatch following the refresh of the plan to discuss the tools that they have available to promote community engagement and involvement in the STP as it moves forward.

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