

## Developing the Birmingham and Solihull Integrated Care Strategy

Engagement session for Birmingham Health and Social Care Overview and Scrutiny Committee

November 2022

David Melbourne, CEO, Birmingham & Solihull Integrated Care Board



#### What this presentation covers

Watch our animation



What is the Integrated Care System?

English
Urdu
Punjabi
Bengali
Polish
Pahari

The ICS ten-year strategy



The challenge for Birmingham and Solihull



The ten year strategy in brief

How we are engaging



Considering who to engage with



Considering how to engage



# Section one: About the Integrated Care System (ICS)



#### Section one: About the Integrated Care System (ICS)



#### What is an Integrated Care System?

And Integrated Care System (ICS) is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. In our case, Birmingham and Solihull.

#### Who is in Birmingham and Solihull ICS?

- All of the NHS hospitals and community services
- All of the GPs, pharmacists, dentists and opticians
- Birmingham City Council and Solihull Metropolitan Borough Council
- The voluntary, faith and community sector
- Healthwatch Birmingham and Healthwatch Solihull

#### What is the purpose of an ICS?

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money



















Voluntary and Community Faith Sector Enterprises (VCFSE) Forum









Birmingham and Solihull

**GP Partnership Board** 

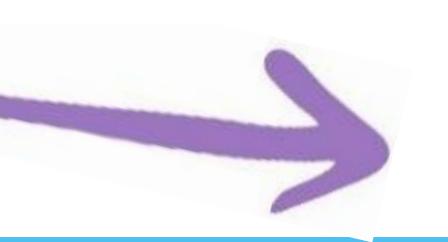








Birmingham and Solihull Integrated Care Board









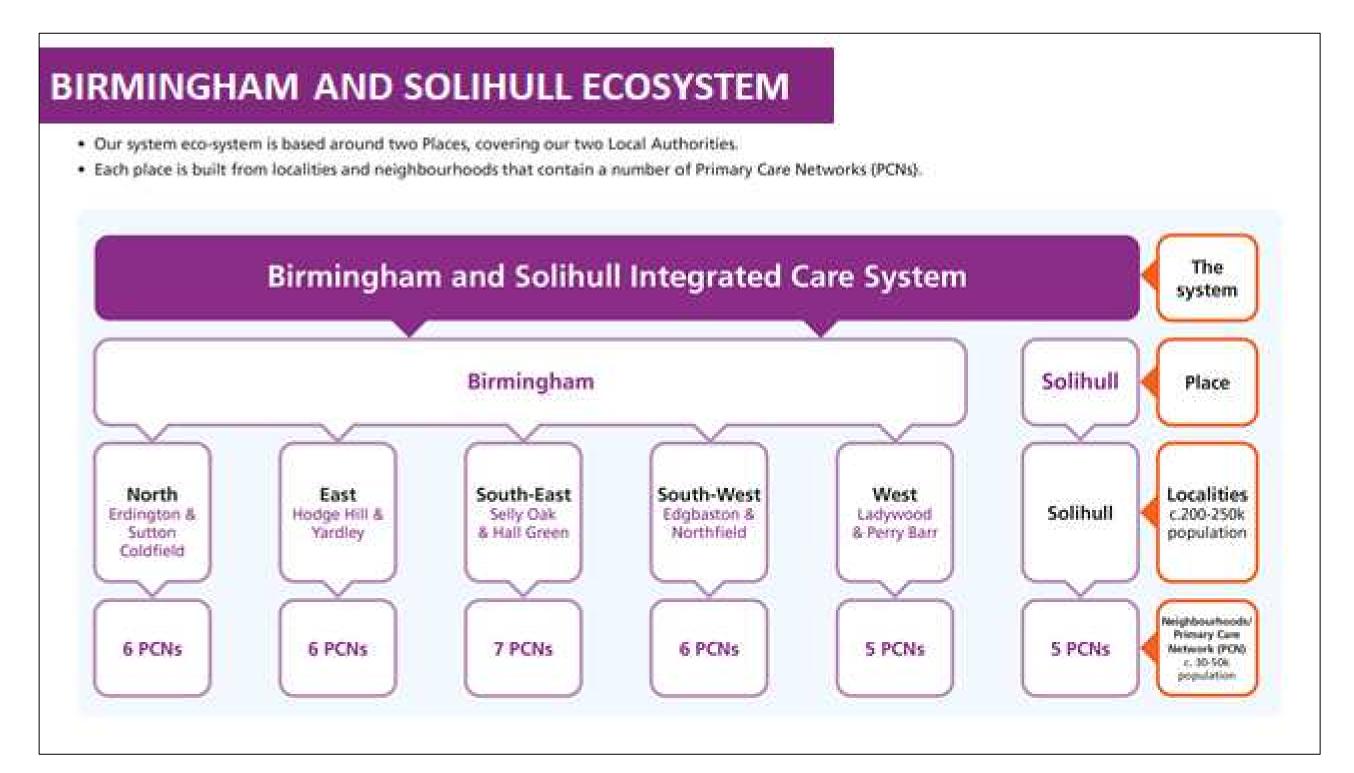


One System: Birmingham & Solihull – 1.4m people

Two Places: Solihull & Birmingham – 2 local authorities

Five Localities – about 250,000 people

Many Neighbourhoods – about 30-50,000 people







#### Section One: Developing a ten year strategy for the Integrated Care System



#### July

## Capturing all of the data and work that has already happened

- Consolidation of JSNA themes
- Consolidation of HWB
   Strategies, ICS Inception
   plan

#### Aug

#### Creating the draft plan

- Vision and ambition
- Principles
- Objectives
- Metrics for success

#### Sept - Oct

#### **Engagement**

- By working together we can engage with all ICS partners
- Engaging with communities of place, identity and experience

#### Nov - Dec

#### Governance

- 2x Health Overview and Scrutiny
- 2x Health and Wellbeing Board
- ICB
- NHS Midlands
- DHSC
- OHID
- UKHSA

This is where we are now

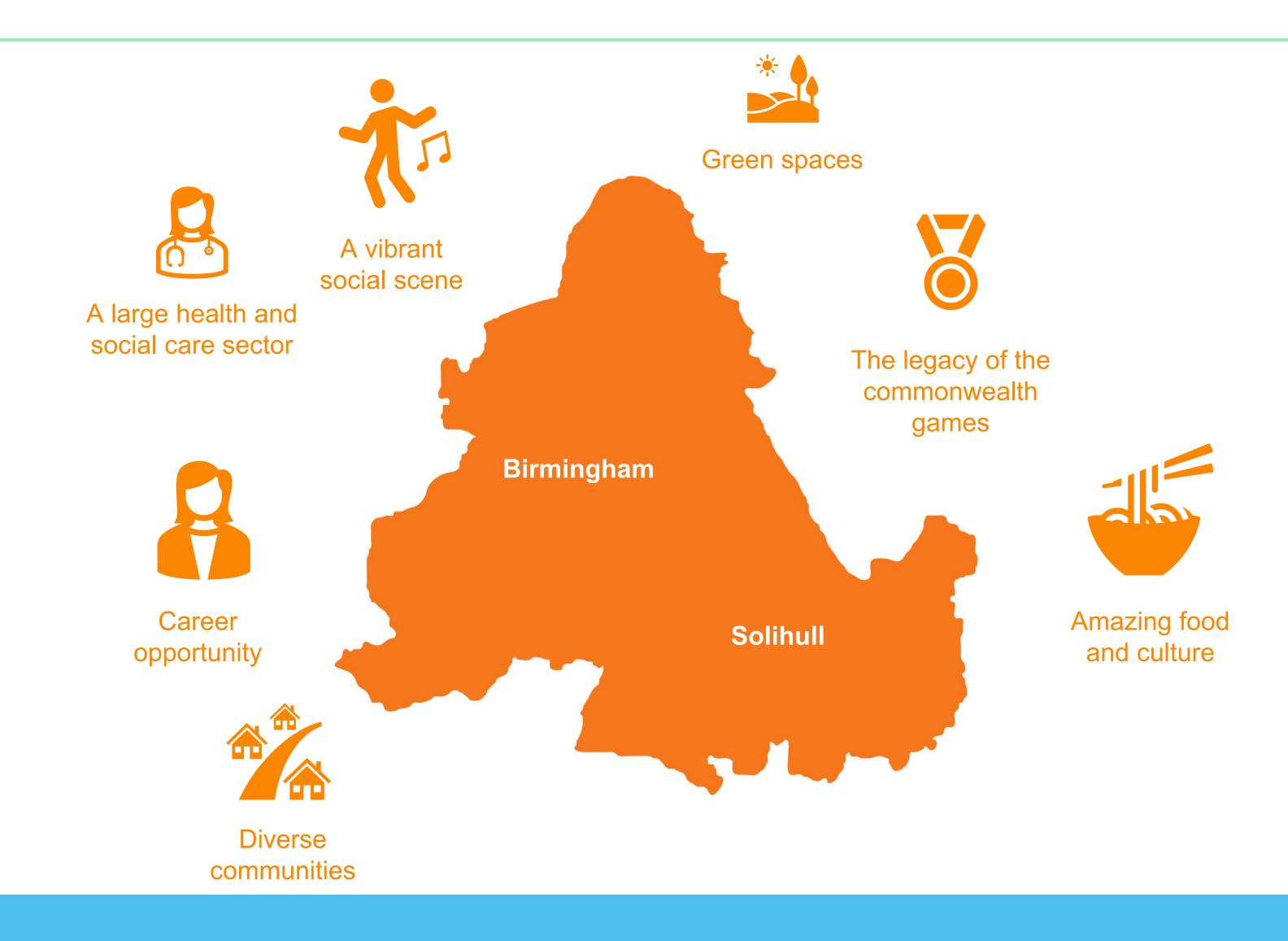


## Section two: The ten year strategy





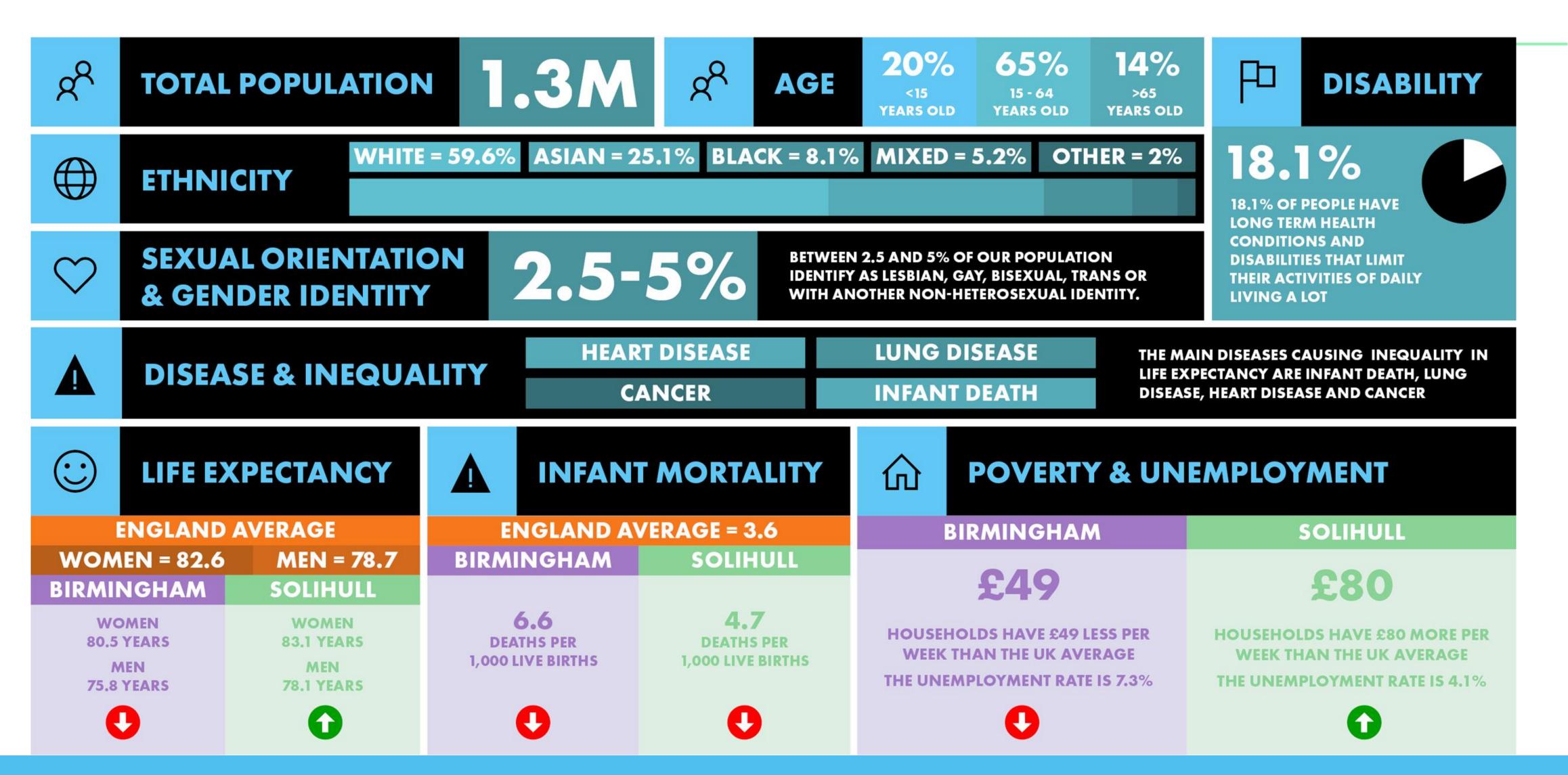
#### Section two: Birmingham and Solihull - We live and work in amazing places!















#### Section two: Building from what we already know

The Ten Year Masterplan builds on consultation and engagement that co-created the Creating a Bolder Healthier City Strategy for Birmingham, the Tackling Health Inequalities: a blueprint for Solihull and Solihull's Health and Well-being Strategy 2019-23.

The two strategies have overlapping priorities, which resonate with the ICS inception framework

#### SUMMARY OF HEALTH & WELLBEING BOARD STRATEGY PRIORITIES FOR BIRMINGHAM & SOLIHULL WITH IDENTIFIED AREAS OF SHARED PRIORITY

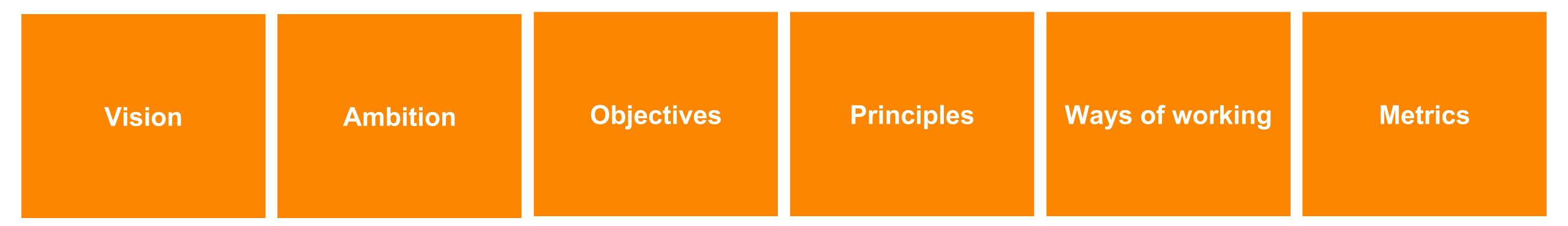
Level	Maternity & Early Years	School aged children & Youth	Working age adults	Older Adults	Diversity & Inclusion	Wider Determinants
Common Priorities across Birmingham & Solihull	<ul> <li>Infant Mortality</li> <li>Childhood immunisation</li> <li>School readiness</li> </ul>	<ul><li>Childhood immunisation</li><li>School readiness</li><li>Physical activity</li></ul>	<ul><li>Suicide prevention</li><li>Reduce depression and anxiety</li><li>Physical activity</li></ul>	<ul> <li>Ageing well approach</li> <li>Healthy Life expectancy at 65yrs</li> </ul>	<ul> <li>Better data and analysis to increase understanding</li> <li>Carer support</li> </ul>	<ul> <li>Maximise benefits of green space &amp; built environment</li> <li>Promote healthy housing</li> <li>Active transport</li> </ul>
Common principles	Сс	mmunity collaboration, Ir	ntegrated delivery, better	use of data and analysis, sa	afeguarding, anchor organis	•
Birmingham Priorities	<ul><li>Oral Health</li><li>Healthy Start</li><li>Vouchers</li></ul>	<ul><li>Childhood obesity</li><li>Accident prevention</li></ul>	<ul><li>5-a-day/nutrition</li><li>Health literacy</li></ul>	<ul><li>Dementia detection</li><li>Falls prevention</li><li>Excess winter deaths</li><li>Musculoskeletal disease</li></ul>	<ul> <li>LGBTQ+ mental health</li> <li>Ethnic inequalities in diabetes &amp; CVD</li> </ul>	
Solihull Priorities	<ul> <li>Infant and parental mental health</li> </ul>	<ul> <li>Youth training, support and employment</li> </ul>	<ul> <li>Employment &amp; support for people with LD &amp; MH needs</li> </ul>	<ul> <li>Social connectedness and isolation</li> </ul>	<ul><li>Learning disabilities and autism</li><li>Mental health</li></ul>	<ul><li>Transport poverty</li><li>Net Zero</li></ul>







These are the different elements of the strategy. Are you ready for a whistlestop tour?





#### Section two: The ten year strategy – Vision and Ambition



#### **Our vision**

The vision was developed in partnership with people across the ICS. It is simple but ambitious...

## Our vision, as a partnership, is that the people of Birmingham and Solihull live longer, healthier and happier lives.

#### **Our ambition**

- Our vision will be a reality for every community and every person, not just those who have social and economic
  advantages.
- People will be supported from birth to the end of life in ways that are culturally safe and give them control, dignity, and choice.
- Those who are vulnerable, disadvantaged or disabled by society are safeguarded, protected, enabled and empowered to achieve their potential through our potential through our partnership actions.
- We will achieve this through integrated working and partnership through a workforce that is thriving, diverse and innovative.
- We will have a real-time impact in people's lives through brings evidence-based practice and driving action, research and innovation.
- As a system we play and active role in improving quality of life through our wider role as employers and anchor institutions.



#### Section two: The ten year strategy - Objectives



In the ICS strategy, we have developed objectives that all of us – service users, citizens and people working in health and care - will need to work together to achieve.

**Reduce inequalities** – means acting intentionally to reduce inequalities in everything that we do, thinking about inequalities in access to care, experience of services and health and care outcomes. We will work with all our communities, as well as with data and monitoring systems, to close the unacceptable gaps in care, treatment and outcomes for people.

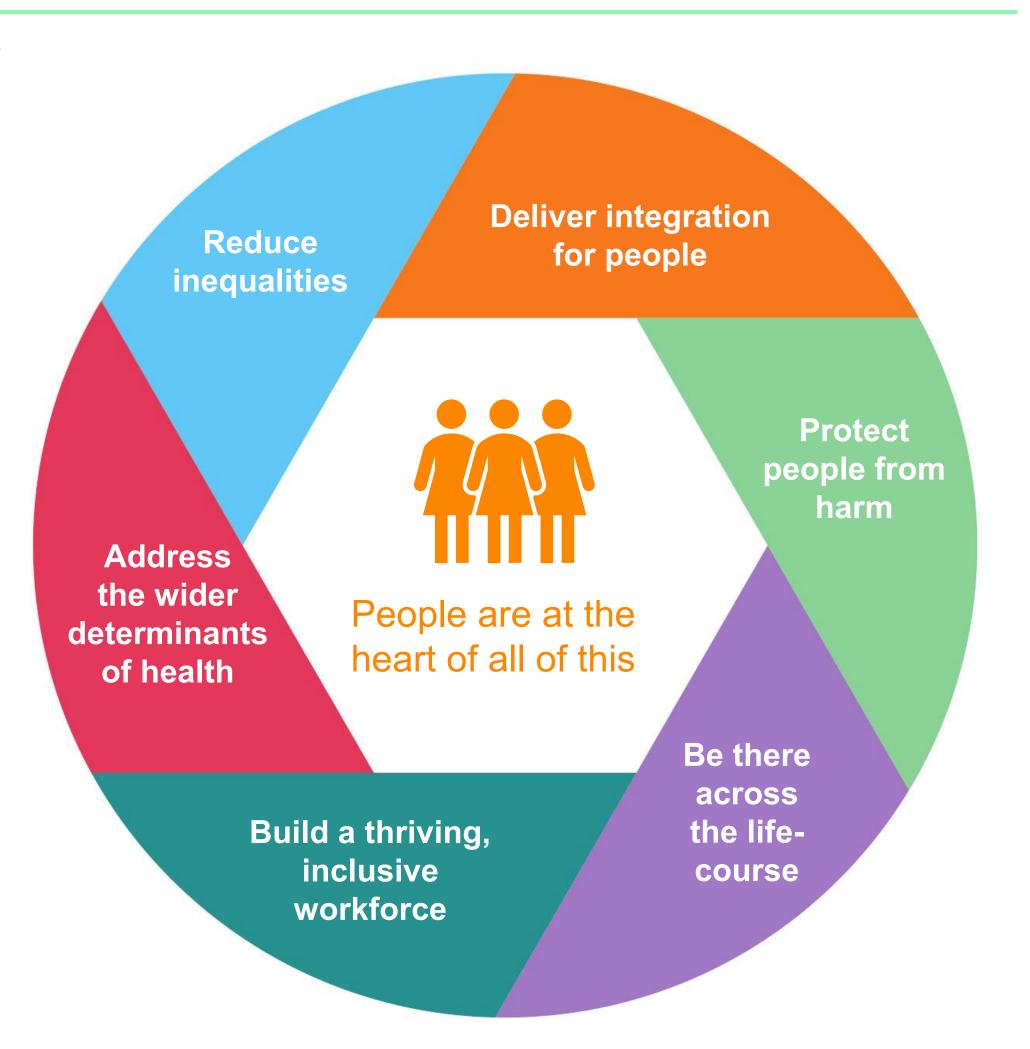
**Deliver integration for people** – means a renewed commitment from all of us to working together to deliver joined up integrated services, sharing data and information between partners and acting to remove barriers that get in the way of seamless care pathways that are delivered by multiple organisations. To do this, we will also work with patients / service users / citizens to continually improve how we are providing health and care services.

**Protect people from harm -** We will be a system that actively protects people from harm, that is prepared for emergencies and acts quickly to respond to problems.

**Be there across the life course -** Every child in Birmingham and Solihull should have the best start in life and we are committed to being there for people as they grow, age and die. Our role is to ensure that health does not become a barrier for any individual to achieve their potential, whoever they are and wherever they live

**Build a great, inclusive workforce** - We want to be a system that is playing its role anchoring communities and providing great employment to a diverse local workforce that delivers great services. We want every ICS partner to be intentional in tackling discrimination and demonstrate active improvement in the experience of our staff at ever level.

Contribute to the wider determinants of health - Collectively, the ICS is a major employer, purchaser and has a significant physical presence in Birmingham and Solihull in the buildings we own and provide services from. We have a significant role to play in addressing the wider determinants of health such as employment, education and environmental sustainability.





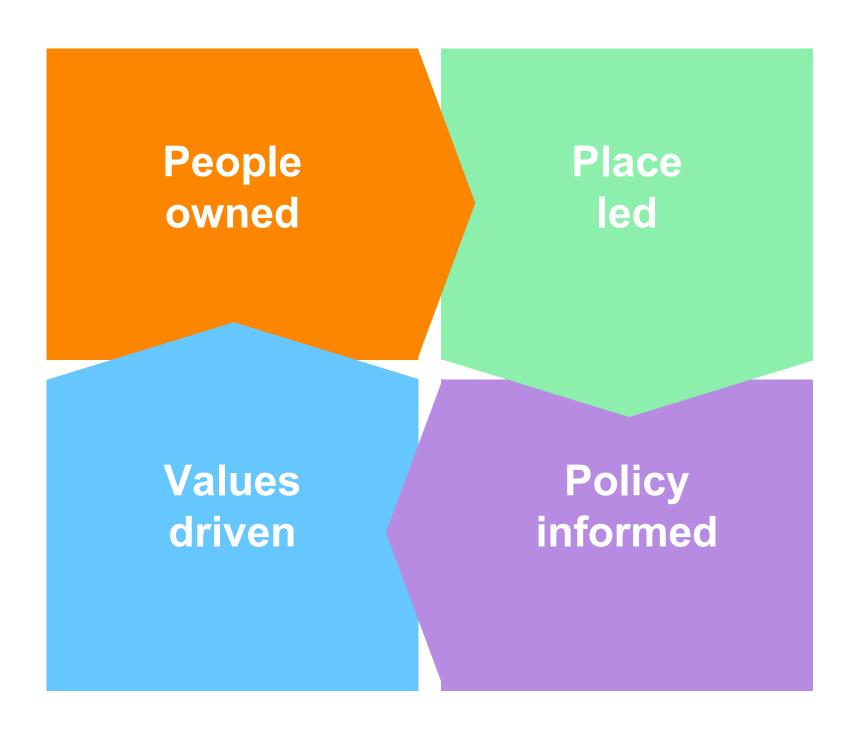
#### Section two: The ten year strategy - Principles



#### Our principles

We have developed principles about how we want to do things at every level of our system and in every organisation.

- Staff
- Patients and service users
- Citizens
- Cultural safety
- Equality, Diversity, Inclusion
- Data sharing with intention and purpose
- Maximising social purpose



- Subsidiarity right thing at the right level of the system
- Leadership of Place at Local Authority, Locality and Neighbourhood level
- Health in All Policies
- Prevention in Every Pathway
- Innovation & Research



#### Section two: The ten year strategy – Ways of Working



#### Our ways of working

We know that we cannot keep doing the same things and expect the outcomes to be different. We want to develop new ways of working together.

#### SUBSIDIARITY

Things should be done and decisions made at the level that is most relevant, effective and efficient. These actions at every level work together to contribute to the overall ambition of the ICS.

#### JOINT-WORKING

Both in the way we commission and the way we deliver services, from shared funding, and collaboration to health and care teams designed around people and their lives.

#### **EMPOWERMENT**

Enabling people to navigate our system when they need help. We will need every organisation to think harder about access, inclusion, cultural safety and health literacy in the services they provide

#### INNOVATION, EVIDENCE & RESEARCH

Should be at the heart of our approach to the challenges we face and the opportunities to deliver our ambition at scale and quickly



#### Section two: The ten year strategy – Five big changes



#### **Our Five Big Changes**

Fully integrated health and social care that is based around the person in local communities.

Prevention is embedded in every step of every pathway to prevent disease and reduce the impact of ill health on people's lives

A diverse and successful workforce across health and social care that delivers high quality care and rewarding career opportunities for all

Achieve financial sufficiency through better use of skill mix, evidence-based practice & using research & insight at pace to improve outcomes.

Making a positive impact through every health and social care providers actions on the wider determinants of health and reduce inequalities.

#### Resulting in....

More efficient and accessible services for people & professionals in every community

Fewer people developing preventable disease or dying from potentially preventable causes

Stable health and social care economy that supports great careers for a diverse local workforce







ICS Level Long Term Metrics - Ten year trajectory of change



Disability-free life expectancy at birth and at 65 years

Inequalities in life expectancy within Place and between communities of identity

Prevalence of excess weight in adults and children





#### **5 YEARS**

#### **Health Equity Metrics – Five year trajectory of change**





Inactivity in people who are less active than the national average, focusing on those people living with a long term condition or disabilities

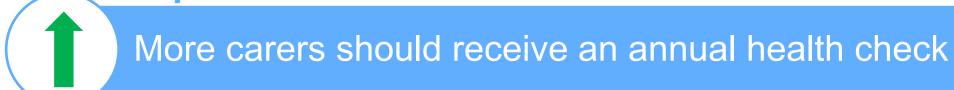




More people living with learning disabilities and severe mental illness should receive annual health checks



Directly links to six health inequality priorities in the health inequalities strategy









# Prevalence of Cardiovascular disease Emergency admissions for cardiovascular disease, especially for stroke and heart attack Prevalence of Diabetes Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD)

Cancer mortality

Proportion of cancer cases diagnosed at stage 1 or 2





Children achieving good level of development at the end of Reception

#### 5 YEARS Place and Locality Level Metrics – Five year trajectory of change Prevalence of smoking Suicide and self-harm **Directly links** to six health Uptake of antenatal screening inequality priorities in the health inequalities **Infant Mortality** strategy





#### 5 YEARS

Place and Locality Level Metrics – Five year trajectory of change

- Uptake of 'healthy start' vouchers
  - Fuel poverty
  - Number of young people not in education, employment or training
  - Drug and alcohol admissions to hospital and related deaths
  - Immunisation and vaccination coverage
- Early identification of blood-borne viruses e.g. HIV, hepatitis





strategy





## Section three: Supporting Engagement



#### Section three: How we are engaging on the ICS 10 year Strategy



#### Building on all the amazing work and engagement

The Integrated Care System Strategy has been developed from existing plans and strategies building on extensive previous engagement with local communities about what matters to them.

#### This isn't a consultation!

Because the strategy builds on existing work, we are not 'consulting' about what should be included in the strategy.

#### Confirming the content reflects experience

Instead, our approach through the engagement programme is to listen to people and confirm the content reflects what they have already shared and reflects the lived experiences of people who live and work in Birmingham and Solihull

#### Making sure the strategy connects

We want to confirm the strategy is connective and works to help integrate

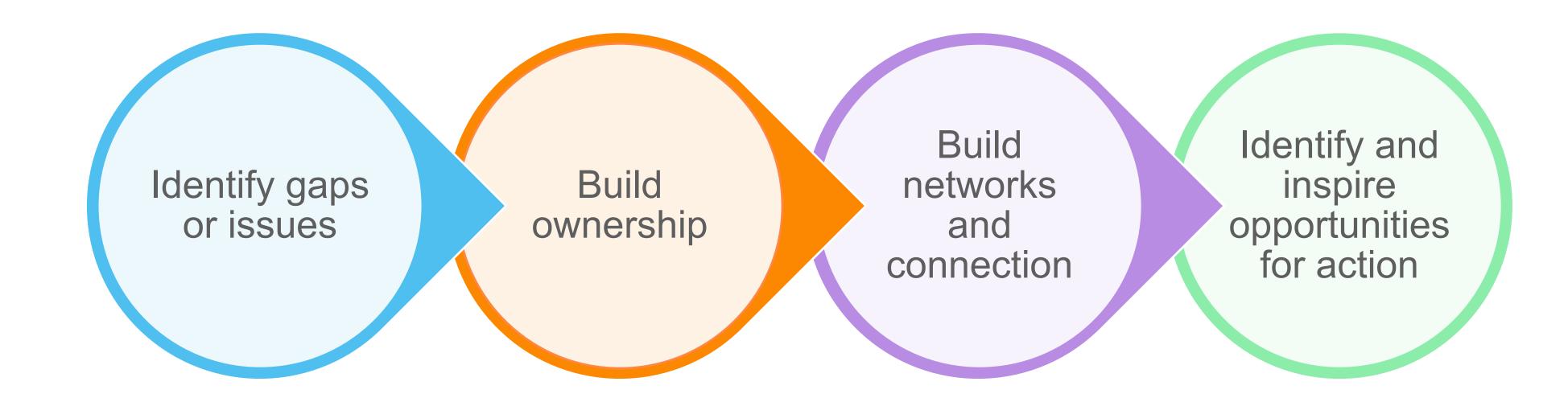
#### **Confirming the ambition**

We want to confirm that people who live and work in Birmingham and Solihull feel heard and that the ambition of the strategy captures what matters to them







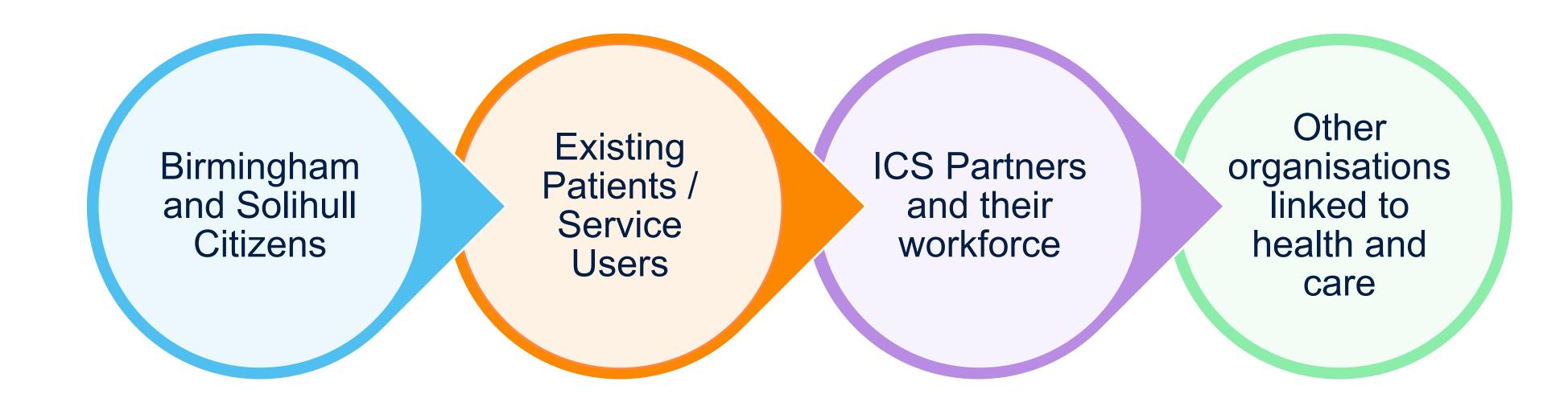


Through the engagement work, the ICP aims to connect everyone in our system with the strategy objectives and vision and make real how what they do every day contributes to the ten-year journey to improve lives and outcomes









Our ambition through the engagement programme is to give as many people living, working and receiving care within Birmingham and Solihull the opportunity to help shape the ten year strategy.





#### Section three: Our approach to engagement starts from the future we want to create

Backcasting Method: Starting from the future we want to create

Preferred Future: People of Birmingham and Solihull live longer, healthier, happier lives

Objective: e.g. reduce Inequalities

**Signposts:** How will we know we are making a difference? Potential future events that signal achievement (or that we are moving in the right direction in 3y, 5y, 7y). These are the key metrics

Obstacles: What might stop us?

Opportunities: What can we do?

**Actions:** What steps can we take to overcome / avoid these obstacles?

Actions: What concrete steps do we need to take to achieve this opportunity?

https://www.researchgate.net/publication/342272669 Back from the Future The Backcasting Wheel for Mapping a Pathway to a Preferred Future



## Section three: Engagement Questions for people living, working & receiving care in Birmingham & Solihull



- What can you and your team do to help people in Birmingham and Solihull live longer, healthier and happier lives?
- What could help you / your community to live longer, healthier happier lives?
- How can you / your organisation / your community contribute to achieving the objectives?
- What will feel different if we get this right?
- What do you need to see to believe we are making a difference?
- What will help us to have a more connected health and care system?
- What could stop us from achieving the improvements we need to make?

Future: People of Birmingham and Solihull live longer, healthier, happier lives

**Objectives** 

**Signposts** 

**Opportunities** 

**Obstacles** 



## Clarification questions



## Over to you - Questions for Birmingham Health and Social Care Overview and Scrutiny Committee members to discuss







- How can the Birmingham Health and Social Care Overview and Scrutiny Committee contribute to achieving the objectives?
- What more can we do to make the strategy 'real' for people - for citizens, for patients / service users, for our colleagues - to recognise that we all have a role to play in making this happen?
- What do you as a Committee need to see to believe we are making a difference?





## Section three: Our 'ask' of Birmingham Health and Social Care Overview and Scrutiny Committee members

## Your feedback from today's session will support the further development of the strategy

- Please support your own engagement leads to engage widely within your own organisations / communities on the strategy. We have a communications and engagement pack that we can share with relevant people in your organisations.
- Please encourage people to have their say via the online surveys <u>https://www.birminghamsolihullics.org.uk/about-us/our-integrated-care-partnership/engagement</u>
- If you have other high level meetings that you would like someone to attend to present information on the ICS 10 Years Masterplan before the end of November, please let us know.



## Thank you