

## **Birmingham Health and Wellbeing Board**

### **Birmingham and Solihull Integrated Care System Accelerator Programme**

#### **February Update**

##### **1.0 Introduction**

The purpose of this report is to provide an overview of the Birmingham and Solihull Integrated Care System (ICS) Accelerator Programme development. Providing an update on the national policy and how the work we have been undertaking together aims to support our development to becoming an ICS by April 2021.

##### **2.0 What is an Integrated Care System?**

An integrated care system is simply a way of working. Integrated Care Systems and are a new way of planning and organising the delivery of health and care services. They bring together NHS, local government, and third sector bodies to take on collective responsibility for the health and wellbeing of the people of Birmingham and Solihull, with the aim of delivering better, high quality, more joined-up care for local people within our collective resources.

##### **3.0 Designing Integrated Care Systems (ICSs) in England**

The NHS Long-Term Plan sets a clear ambition that every part of the country should be an Integrated Care System by 2021. There are currently no rigid criteria or blueprint for what makes an Integrated Care System. The intention of our local system and supported by the intentions outlined by NHS England and NHS Improvement is that this should be largely be defined locally, and enable our local system to join up care better for local people, improve their experience and quality of care, ensure improved quality and safety when they access care, enable us to tackle inequalities better together and ensure greater financial and service sustainability for future generations.

At the heart of the work we are doing in developing our ICS remain our key STP principles:

- A unity between health and local government to deliver improved outcomes, focussing on the wider determinants of health and wellbeing
- Birmingham and Solihull to be a place people want to work and live
- Our Integrated Care System has 2 places within our system, the place of Birmingham and Solihull
- Local democracy remains with Health and Wellbeing Board(s) and Overview and Scrutiny continuing their important roles in assurance and scrutiny of the STP and latterly the Integrated Care System as it develops
- Engagement and collaboration as partnership and with local citizens

##### **4.0 NHS Operational planning and contracting guidance 2020/21**

The NHS operational and contracting guidance 2020/21 is integral to the delivery of The NHS long term plan (LTP) in the next year, setting out how the long-term revenue settlement will be invested to transform services and achieve proposed outcomes by 2023/24.

The areas of focus for 2020/21 include access to care; primary and community services; prevention; mental health; learning disability and autism; and environmental impact. The deliverables need to be achieved within agreed financial trajectories that deliver productivity and efficiency improvements and reduce unwarranted variation. Health and Wellbeing Board previously received our Birmingham and Solihull LTP submission that outlined our plans to deliver these outcomes.

The Operational Planning guidance provides greater clarification of the roles of Integrated Care Systems and key features system will need to have in place for April 2021. It outlines how Integrated Care Systems (ICSs) will undertake two core roles: system transformation and collective management of system performance.

#### **4.1 2020/21 Operational planning requirements for Integrated Care Systems**

Although different systems are at different levels of maturity, there are some consistent operational arrangements that NHSE/I expect all systems to agree and put in place during 2020/21.

- System-wide governance arrangements to enable a collective model of responsibility and decision-making between system partners.
- A leadership model for the system, including a Sustainability Transformation Partnership/ Integrated Care System leader with sufficient capacity, and a non-executive chair appointed in line with NHS England and NHS Improvement guidance.
- The system capabilities including population health management, service redesign, workforce transformation, and digitisation required to fulfil the two core roles of an ICS. The system should also agree a sustainable model for resourcing these collective functions or activities. NHS England and NHS Improvement will contribute part-funding for system infrastructure in 2020/21.
- Agreed ways of working across the system in respect of financial governance and collaboration (noting that we propose, under the 2020/21 NHS Standard Contract, to require Clinical Commissioning Groups (CCGs) and NHS trusts/NHS foundation trusts to participate in a System Collaboration and Financial Management Agreement.
- Streamlining commissioning arrangements, including typically one CCG per system. Formal written applications should be made at the latest by 30 September 2020 for a merger which is proposed for 1 April 2021.
- Capital and estates plans at a system level, as the system becomes the main basis for capital planning, including technology.

Birmingham and Solihull Sustainability Transformation Partnership is currently part of an Integrated Care Systems accelerator programme enable us to bridge the gap between being a mature Sustainability and Transformation Partnership and a developing Integrated Care Systems in line with these requirements and other we have identified as a system that are importance to delivering the benefits from us working together in a more joined up way.

#### **5.0 Birmingham and Solihull Integrated Care System Accelerator Programme Workstreams**

As part of this accelerator programme, Birmingham and Solihull Sustainability and Transformation Partnership Board and Chief Executives across health and local government identified and agreed the four key workstreams that for our system are important to achieve the outcomes described in

section 3.0. The Integrated Care System accelerator programme has been structured around these areas:

1. System governance and decision making

System leaders need to be able to take appropriate decisions, delegate authority to individuals to deliver, and hold each other to account. Considering what is possible within current legislation to enable closer collaboration in decision making, assurance and accountability.

In the 2020/21 operational plan, system-wide governance arrangements need to be established to enable a collective model of responsibility and decision-making between system partners for the Integrated Care Systems two core functions of transformation and management of system performance and how this enables and support our place based partnerships role in transformation and improving outcomes such as the Birmingham Children's Partnership, Solihull Together etc.

Birmingham and Solihull Sustainability Transformation Partnership has a good foundation to build upon in is collaborative working and examples of where we are working together in transformation (i.e. Early Intervention, Digital) and performance improvement (Mental Health, Preventing Future Deaths, Children's and Ageing Well) and our existing Sustainability Transformation Partnership governance through the Birmingham and Solihull Sustainability Transformation Partnership Board.

Further work is underway supported by the Good Governance Institute (external provider) to produce an options paper for the future governance of our Sustainability Transformation Partnership/ICS. The two key elements that the options will consider relate to our future ICS Partnership Board and Provider entities to enable integrated care delivery/service offer for local people. Partner Interviews, focus groups and reviews of wave 1 and wave 2 ICS sites are taking place to inform this work and options under consideration.

2. Future integrated care model

This workstream looks to identify key priority areas where we can only improve outcomes or citizen experience of care through an integrated care delivery approach. These priority areas will provide a test bed to develop a future life course for Birmingham and Solihull integrated care operating model for integrated health and care. This will include a focus on the key enablers (e.g. digital front door, reduced estate footprint) to transform how care is delivered.

There are a number of pressing system issues facing Birmingham and Solihull now where we want to make significant outcomes as quickly as possible. Because of this Birmingham and Solihull Transformation Partnership identified three 'life course integrated care model priorities'. Each of these represented an area where we were already working together or had identified as a key issue for Birmingham and Solihull. These were aligned to the programme of work both to provide a practical test case for each of our workstreams and also because we felt that the programme offered an opportunity to accelerate their development and achievement of outcomes.

Our life course priorities are:

1. **Integrated model of vaccination and immunisation**- as first phase to ensure our children and young people are vaccinated against MMR; increasing our vaccination level to and beyond the national 92% target.
2. **Digital first access to urgent care**- to create a new model of supporting access to urgent care, building on digital technology and to alleviate urgent care pressures
3. **Early intervention to support older people** to enable them to live independently in their own homes for longer and ensure they are not unnecessarily or prematurely admitted to hospital or residential care

We conducted a baseline/diagnostic piece of work across the life course priority areas to determine what we wanted to accelerate and this formed the basis of our Accelerated Design Event.

We used an Accelerated Design Event held on 30/1 facilitated by NHS Horizons to accelerate the development of the three life course priority areas; Digital First Urgent Care, Early Intervention and Immunisations and Vaccinations. Great attendance from over 90 delegates of multi-agency, multi professional system influencers which stemmed across Birmingham and Solihull including West Birmingham. Various change management tools were presented and explored on the day. Attendees have captured and identified relevant tools relating to their programme and will be using these tools more thoroughly to help steer and explore future challenges. The key actions from each life course group were shared and summarised at the end of the event. This provided clear deliverables for each life course area to progress through following the event.



*Pictures taken from Accelerated Design Event 30 January 2020.*

### 3. System Change Management and Improvement

This workstream is considering how we have an Integrated Care Systems agreed change management and improvement approach for when we come together to deliver system-wide transformation and improvements. This will allow partners to collaborate to create system

improvement, prevent failure and rapidly respond to issues when they arise using a common approach and improvement methodology.

A practical change management and improvement toolkit (Recipe Book) is currently being developed to provide a tangible and helpful system-wide resource to support any transformation and change programmes. The 'recipes' will help to provide some step-by-step instructions on how to complete some key aspects of transformation and bring together a range of tools and information for the system to utilise. These will be 'living' documents which can be updated to bring the most up-to-date thinking and learning from the system.

#### 4. Strategic Commissioning and Delivery

Chief Executive Officers and the Sustainability Transformation Partnership Board have commissioned the Strategic Commissioning and Delivery workstream to develop proposals for how we could move to a strategic commissioning approach, proposals for a system financial framework and options for provider entities delivering an integrated care service offer. This will include proposals for what commissioning functions and integrated care model delivery is most effective to achieve improved outcomes for local people at system, place and neighbourhood level.

In the 2020/21 operational plan, Integrated Care Systems will need to have agreed ways of working across the system in respect of financial governance and collaboration. It also notes the need for capital and estates plans at a system level, as the system becomes the main basis for capital planning, including technology and receiving transformation funding.

### 6.0 Delivery of the Integrated Care Systems Accelerator Programme

In line with our STP way of working and collaboration across the partners the programme was been delivered and shaped by partners throughout. Additionally, we recognised that the nature of the programmes would require more support and insight than one individual could offer so established the concept of the workstream 'quad'. Each workstream has the benefit of support from:

- The workstream lead;
- A representative chair;
- A clinical or professional representative; and
- A local government representative.

Core Development Team	Lead
Sponsor and ICS portfolio Chair	Sarah -Jane Marsh
STP Portfolio Lead officer	Rachel O'Connor
STP Strategy Lead officer	Matt Boazman

<b>STP Finance Lead</b>	Phil Johns
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ICS Functional Area	Core Team	Dev	Chair	Clinical/ professional lead	Local Government
<b>Governance &amp; Decision Making</b>	Matt Boazman Phillippa Hentsch		Jacqui Smith	Dr. Richard Mendelsohn	Cllr. Karen Grinsell
<b>Integrated Future Care Model</b>	Rachel O'Connor		Bruce Keogh	Dr. Vish Ratnasuriya	Ruth Tennant
<b>Change Management &amp; Improvement</b>	Suzanne Cleary		Yve Buckland	Michelle McLoughlin	Jonathan Tew
<b>Strategic Commissioning &amp; Delivery</b>	Karen Helliwell		Sue Davis	Dr. Peter Ingham	Graeme Betts

Local Government officers, Health and Wellbeing Board Chair(s) and Vice Chair(s) have attended a wide range of workshops, stakeholder interviews, provided best practice material to contribute to the design and development of the future Integrated Care System and the specific deliverables such as the change management recipe book and future governance options.

## 7.0 Next steps

In March 2020, the Sustainability and Transformation Partnership Board will meet for a development session to consider the options for our future governance and receive and outputs from the key workstreams for consideration by the board. Following which we will develop recommendations and a delivery plan for how we develop our integrated care system over the next 12 months.