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| | <u>Agenda Item: 19</u> |
| Report to: | Birmingham Health & Wellbeing Board |
| Date: | 17 March 2020 |
| TITLE: | BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM ACCELERATOR PROGRAMME FEBRUARY UPDATE |
| Organisation | Birmingham and Solihull STP |
| Presenting Officer | Rachel O'Connor, Assistant Chief Executive – Birmingham and Solihull STP |

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| Report Type: | Information |
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| 1. Purpose: |
| 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. Implications: | | |
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| BHWB Strategy Priorities | Childhood Obesity | Y |
| | Health Inequalities | Y |
| Joint Strategic Needs Assessment | | Y |
| Creating a Healthy Food City | | Y |
| Creating a Mentally Healthy City | | Y |
| Creating an Active City | | Y |
| Creating a City without Inequality | | Y |
| Health Protection | | Y |

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| 3. Recommendation |
| This report is for information |

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| 4. Report Body |
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4.1 Context

- 4.1.1 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.
- 4.1.2 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.
- 4.1.3 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.
- 4.1.4 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.
- 4.1.5 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 a partnership and with local citizens

4.1.6 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 4.1.5. The Integrated Care System accelerator programme has been structured around the following areas with overview of key outputs to be considered by Sustainability Transformation Board in March 2020:

- **Workstream 1 - System governance and decision making** – Output for this workstream includes an options paper for the future governance of our Sustainability Transformation Partnership (STP)/Integrated Care System (ICS)
- **Workstream 2 - Future integrated care model** – Birmingham and Solihull Transformation Partnership identified three ‘life course integrated care model priorities’ to provide a practical test case for each of our workstreams and also an opportunity to accelerate their development and achievement of outcomes.
- **Workstream 3 - System Change Management and Improvement** – Output for this workstream includes a practical change management and improvement toolkit (Recipe Book) which is currently being developed to provide a tangible and helpful system-wide resource to support any transformation and change programmes across the system.
- **Workstream 4 - Strategic Commissioning and Delivery** – Output for this workstream includes 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.

4.2 Current Circumstance

- 4.2.1 At the time of writing this report, the development of key workstream outputs are still ongoing which will be concluded in anticipation of the Sustainability Transformation Partnership (STP) Board convening in March 2020.
- 4.2.2 It is requested that this paper is supported through the Health and Wellbeing Board and that regular updates are brought back to this meeting.

4.3 Next Steps / Delivery

- 4.3.1 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. Sponsor and ICS portfolio Chair and STP Portfolio Lead officer will present this to the board. Following this we will develop recommendations and a delivery plan for how we develop our integrated care system over the next 12 months.

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| 5. Compliance Issues |
| 5.1 HWBB Forum Responsibility and Board Update |
| <p>5.1.1 Following consideration by the Sustainability and Transformation Partnership Board we will develop recommendations and a delivery plan for how we develop out integrated care system over the next 12 months. The intention will be to report progress again this delivery plan to Birmingham Health and Wellbeing Board. Workstream 'quad' and core development team will manage the day to day progression against the delivery plan.</p> |
| 5.2 Management Responsibility |
| <p>5.2.1 The following named individuals are leading the development of the Sustainability Transformation Partnership on behalf of the system. This has involved close and collaborative working with partner colleagues including Local Authority.</p> <p>Sarah-Jane Marsh, Sponsor and ICS portfolio chair; Rachel O'Connor, STP portfolio lead; Matt Boazman, STP Strategy lead officer; and STP Finance lead, Phil Johns</p> |

| 6. Risk Analysis | | | |
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| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
| Options for future governance and outputs from the key workstreams not ready for Sustainability and Transformation Partnership Board to consider | Low | High | Weekly updates from workstream 'quad' on the key workstream outputs required for board consideration will provide assurance and ensure timeliness of delivery. A further meeting is scheduled with workstream 'quad' and Sponsor/ICS portfolio Chair prior to board meeting to review final key outputs for consideration to board. |

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| Appendices |
| <p>1: Birmingham and Solihull Integrated Care System Accelerator Programme February Update</p> |

The following people have been involved in the preparation of this board paper:

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