

	<b><u>Agenda Item: 19</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>Tuesday 24<sup>th</sup> September 2019</b>
<b>TITLE:</b>	<b>BIRMINGHAM AND SOLIHULL NHS LONG TERM PLAN PROGRESS UPDATE</b>
<b>Organisation</b>	<b>Birmingham and Solihull STP</b>
<b>Presenting Officer</b>	<b>Harvir Lawrence, Director of Planning &amp; Delivery, Birmingham and Solihull CCG</b>

<b>Report Type:</b>	<b>Approval</b>
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<b>1. Purpose:</b>	
1.1	This report provides a progress update on the work of the STP in developing the five-year Long Term Plan (LTP) for Birmingham and Solihull (BSol). The purpose of the report is to provide assurance on the key work being undertaken in advance of formal submission to NHS England and Improvement on 15 November 2019.
1.2	The paper requests delegated authority from the Birmingham Health and Wellbeing Board for the STP Board, which includes Councillor Paulette Hamilton, Cabinet Member for Health and Social Care, Dr Justin Varney, Director of Public Health, and Dr Graeme Betts, Director of Adult Social Care, to approve the final plan for submission. This is in light of the challenging timelines and is in recognition that the development of the Plan is being done in partnership and with full involvement with Birmingham City Council.

<b>2. Implications:</b>		
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

### 3. Recommendation

3.1 The Board is asked to note progress.

### 4. Report Body

#### 4.1 Context

4.1.1 The NHS Long Term Plan (LTP) was published in January 2019, which covers the direction of travel for healthcare over the next ten years. This is with the objective of enabling the NHS to be fit for the future so that it delivers an enhanced focus on prevention, re-designs patient care to future proof the NHS for the decade ahead and delivers better outcomes to support people to live well.

4.1.2 It is recognised by the BSol STP that many of the priorities with the LTP align to the Birmingham and Solihull STP plan. Furthermore, the STP promotes the vital role that local government and public health lead in many areas of these priorities. The STP therefore see this as a unified delivery across the partnership.

4.1.3 Further guidance has been issued recently from NHS England and Improvement (NHSEI) the LTP Implementation Framework and supporting technical guidance, which asks all systems to submit final plans by 15 November to demonstrate how they will meet the objectives in the LTP. The expectation is that these plans will include:

- **A strategic delivery plan:** This will be in the form of a narrative document that sets out what the system plans to deliver over the next five years. There is no national template. Local systems have format and content freedom but systems must ensure that their plan covers all the elements set out in Chapter 1 of the Implementation Framework.
- **Financial Plan:** A system financial plan that demonstrates how baseline and additional funding will be allocated across the system over the five-year period (2019-2024), the productivity and efficiency savings, growth levels and how the system will achieve financial balance.
- **Supporting technical material:** Successful delivery will require systems plans to be underpinned by realistic plans for workforce, activity and performance, which must be delivered within the local financial allocation. Templates and tools are in the process of being released to local systems to support this element of the submission.
- **Equality Impact Assessment:** This is of the plan as a whole.

#### 4.2 Current Circumstance

4.2.1 The BSol STP, through the Portfolio Boards, has already carried out or has plans in place to deliver the majority of requirements in the LTP framework. The LTP will primarily focus on the deliverables for the next five years

relating to the health and care aspects of the STP. The wider plan in terms of economic regeneration/ housing/ transport will be developed in a separate phase.

4.2.2 There are several chapters that will feature in the submission to NHS England and Improvement based on the key areas in the LTP, which include:

- Delivering a new service model for the 21st century
- Increasing the focus on population health
- More NHS action on prevention
- Delivering further progress on care quality and outcomes
- Giving NHS staff the backing they need
- Delivering digitally-enabled care across the NHS
- Using taxpayers' investment to maximum effect.

4.2.3 Each chapter is being developed by senior lead officers from organisations across the STP, who are working with colleagues in partner organisations to ensure collective development and engagement across the partnership in the spirit of the STP design principles. This will also support and enable the system's collective ownership and responsibility for the delivery requirements of the plan itself. This will also ensure the STP produces a robust plan for the local population that aligns with STP priorities and meets the LTP requirements.

4.2.4 An operational LTP Development and Delivery Group has been established to review the Plan as it is developed. This has representatives from each STP partner organisation including both Local Authorities so that the system approaches the development of the Plan as an integrated system. A detailed timetable has been produced to support the development of the narrative with chapter leads as well as the finance, activity, performance and workforce elements of the Plan. There will also be a regular review of the financial, activity and performance information at regular STP Finance Director meetings. The final submission will also be reviewed by the CCG's Communications Team (following agreement with STP communications leads) on behalf of the STP before final submission and publication.

4.2.5 Concerns have been raised with NHSEI given the deliverables set out in the LTP are very health focused and do not give reference to the interconnections and vital role the Local Authorities play in delivery in an integrated health and care system. The STP will however, endeavour to reflect this as part of the BSol system submission.

4.2.6 The BSol LTP will not be committing the Locally Authority to any item that would require Cabinet sign off. It is therefore requested that this paper is supported through the Health and Well Being Board and that regular updates are brought back to this meeting.

4.2.7 Once the full version of the BSol Plan is finalised, the STP will develop a summary document for the public and both the full and summary version of the Plan will be published on partner organisation websites. The STP will also engage with wider stakeholders as well as the public to explain the

changes this will mean for health and care over the next five years.

### **4.3 Next Steps / Delivery**

- 4.3.1 A draft version of the Plan will be submitted to the NHSEI regional team on 27 September before the final version of the Plan is submitted on 15 November 2019.
- 4.3.2 It is already known that the draft plan will have gaps as systems are awaiting further guidance and information on the specific chapters and sub-chapters within the LTP implementation framework from national and regional teams.
- 4.3.3 The STP will also engage with the Joint Committee for Sandwell and West Birmingham in mid-September to discuss the funding for prevention in relation to West Birmingham given this is on the Birmingham footprint but funding will be allocated to the Black Country STP.
- 4.3.4 It is proposed that the STP Board, which include senior executives from the Local Authority, approve the final version of the Plan before submission to NHSEI and are seeking the appropriate delegated authority to do this given the very challenging timescale to submit plans.

## **5. Compliance Issues**

### **5.1 HWBB Forum Responsibility and Board Update**

- 5.1.1 A LTP Development and Delivery Group has been established with representatives from across the system chaired by the Assistant Chief Executive of the STP. This is in addition to the current STP Chief Executive and Finance Director meetings. Regular updates will be provided to the STP Chief Executives meeting, STP Finance Directors meetings and Health and Wellbeing Boards for BSol as the Plan develops.
- 5.1.2 Chapter 4, which is focused on more NHS action on prevention, is led by the BSol Directors of Public Health and is being collaboratively developed via the BSol Public Health Prevention Board. The focus of the chapter is smoking, obesity, alcohol, air pollution and antimicrobial resistance.

### **5.2 Management Responsibility**

- 5.2.1 Harvir Lawrence, Director of Planning and Delivery at NHS Birmingham and Solihull CCG, is leading the development of the Plan on behalf of the system and is working closely with STP and partner colleagues. She is working closely with the Assistant Chief Executive of the STP.

<b>6. Risk Analysis</b>			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
<b>Timelines:</b> Risk to delivery and quality of submission whilst awaiting delayed national templates.	Medium	Medium	Regional planning meeting established providing further information and opportunity to raise escalations. CCG team in place with additional support. Commencing baseline work in the interim.
<b>Capacity:</b> There is a risk that individuals are also managing core day to day business, impacting on delivery.	Medium	Medium	Distributive leadership approach adopted. Monitoring capacity via LTP Development Group. CSU support accessed. Utilising existing leads and governance as far as possible.
<b>Workforce:</b> Risk to develop a realistic workforce plan and balanced financial plan	Low	Low	Reviewing alignment between all plans. Liaising with Health Education England and the NHS England/Improvement. Working with nominated lead in the STP to develop workforce plan.
<b>Appendices</b>			
N/A			

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

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