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System operational planning 2021/22
Stakeholder briefing

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Objectives

- Summarise the current context, challenges and priorities
- Highlight the national requirements for planning for 2021/22
- Highlight Birmingham and Solihull plans for 2021/22
- Seek your views on the plans for 2021/22

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Challenges and COVID impacts

COVID has had a significant impact on our area. Whilst we have worked effectively together to respond to the challenges and delivered excellent work in some areas it has had a negative impact on a range of areas:

- **Widening health inequalities** – negative impacts on our vulnerable and ethnic minority communities plus wider economic prosperity
- **COVID rates and hospital impacts** – comparable rates of infections to other large urban areas but we have experienced a greater level of hospitalisations linked to COVID – treating 11k COVID inpatients, 4k more than the nearest comparable hospital system (Barts in London)
- **Services suspended/changed and our future plans** – we accelerated transformation initiatives to deliver care including digital but a range of services were suspended to release staff to support our most COVID critical patients in hospitals and in the community linked to our hospital impacts
- **Increasing number of people waiting for care** – due to COVID, there are now growing numbers of people waiting for care and people are unfortunately waiting longer (c15k people now waiting 52 weeks and c22k people waiting 42 weeks)
- **Financial challenges** – before COVID, we recognised we needed to become sustainable. COVID has not alleviated these background pressures and there are still challenges regarding affordability
- **Workforce challenges** – before COVID, we had challenges in relation to recruitment, retention and staff shortages. COVID has added to that plus our staff are tired after months of pressure.

Priorities for Birmingham and Solihull (1)

- **Addressing widening health inequalities** – improving access, exploring new ways of working and reaching out more to our ethnic minority communities and disadvantaged groups.

- **Transition to our ICS** – linked to national policy, our core structures will change to facilitate greater joint working and maximise resources in health and care. This reflects our natural progression in joint working throughout COVID and the mutual aid we have delivered to prioritise resources where this is needed most.

- **Reduce the elective care backlog –** linked to our Elective Recovery Fund, this will pool resources and deliver mutual aid based on prioritising the most clinically vulnerable alongside ethnicity and postcodes to address inequalities. Harm reviews will be conducted and we will fast track transformation initiatives to protect theatres and the associated workforce.

- **Restore and recover as many services as possible –** this will include strategically prioritising the services to deliver in 2021/22 aligned to our financial and workforce resources. Not everything will be possible during 2021/22 given the focus on essential services and recovery.

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Priorities for Birmingham and Solihull (2)

- **Continue to respond to COVID** – through our vaccination programme, we will put in place services to support people with long–COVID and also respond to any future surges of COVID e.g. we will need to protect Intensive Trauma Units (ITU), patient flow in hospitals, staffing and adult urgent crisis services including mental health.

- **Support our staff to recover** – this is so they have greater resilience and can thrive in terms of health and wellbeing and also through career opportunities. It is also about attracting people to come and work in health and social care.

- **Carry out a long term review of priorities** – COVID has changed how we operate and we need to revisit our plans for beyond 2021/22, linked to our Long Term Plan. This will support our overall recovery and address issues such as inequalities.

- **Ask people what they think** – we need to continue to engage so people understand the current position and so we can seek their views on the priorities going forward and any proposed permanent service changes we need to consult on.

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Risks to delivering our priorities

Even before COVID, we were managing a number of risks. These risks and associated impacts have largely increased due to COVID:

- **Widening inequalities** – as we restore our services, there may be a continued negative impact from COVID on our ethnic minority, high risk and vulnerable people
- **Long waiting times –** these may worsen in the event of a further surge of COVID and as we recover services. This will widen health inequalities and increase mortality rates. Areas of risk are cancer, elective care, longer waiting times for mental health services, speech and language therapy, physio, OT and specialist assessment services
- **Increased demand for services** – we are likely to see an increased demand for different services e.g. mental health services as the pandemic continues.
- **Long term impacts for children** – we know the pandemic has been hard on children and young people – socially, educationally and through increased poverty levels. These issues may cause long term developmental impacts if we do not act now.
- **Future surges of COVID** – whilst we are planning to mitigate these, further national lockdowns and impacts on hospital will affect our communities both in health and wellbeing but also economically
- **Workforce capacity issues** – whilst we are proactively recruiting and addressing workforce challenges, even before COVID we had insufficient staff numbers. In the event of a surge in COVID infections there may be insufficient workforce resources to manage this and manage many of the services we have been working to restore
- **Funding** – financial constraints could be exacerbated further in 2021/22 which impacts on COVID delivery, restoration, recovery and long term transformation
- **ICS delivery** – there are risks relating to delays of introducing the ICS (due to national government policy, resources, clarity on final arrangements) which could affect how we use resources during this transition year
- **Boundary changes** – there are potential risks relating to changes in boundary for the Birmingham and Solihull ICS.
- **Lack of engagement** – there is a risk that we do not keep stakeholders informed which helps them understand the current operating environment and services available, which impacts on timely access to the most appropriate care.
- **Mitigations** - are in place for all of the risks and challenges. These are being monitored closely by senior leaders in our system.

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National planning priorities for 2021/22

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
F. Working collaboratively across systems to deliver on these priorities.

Additional policy and technical guidance has also been provided on:

- System development and ICS establishment
- Elective recovery framework
- Health inequalities
- Maternity and Neonatal transformation priorities.

Birmingham and Solihull's response

Summary

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Health inequalities

Birmingham & Solihull ICS Inequalities Work Programme Priorities 2021/22

Workstream	Priorities 2021/22				
Inequalities as ICS Core Business	Midlands Health Inequalities Toolkit	BSol Inequalities leads Network	HI Priorities for ICS workstreams	HI Priorities for NHS trusts	HI leadership development
Data	NHS activity ethnicity coding	Locality & PCN level data	Mapping access to NHS services	Activity analysis joint with BCWB	Tracking Impact inc ICS OF
Community Engagement	PCN-level prototypes (x2)	Locality stakeholders	BLACHIR – NHS input	Link to Healthwatch Community offer	
COVID Response & Inequalities	Waiting Lists – equality analysis	Vaccination – inequalities grp	Long COVID equity of access	Equality impact of recovery plan	
Prevention	Maternity pathways (BUMP)	Early Years pathways (BFS)	Mental Health pathways	Long Term Condition pathways	
Anchor Institutions	Joint work with the People Board	Recruitment Opportunities	Social Value procurement	Living Wage commitment	
Digital Inclusion	Joint work with the Digital Group	Digital inclusion strategy			
Population Health Management	Led by the PHM programme	Inequalities built into PHM approach			

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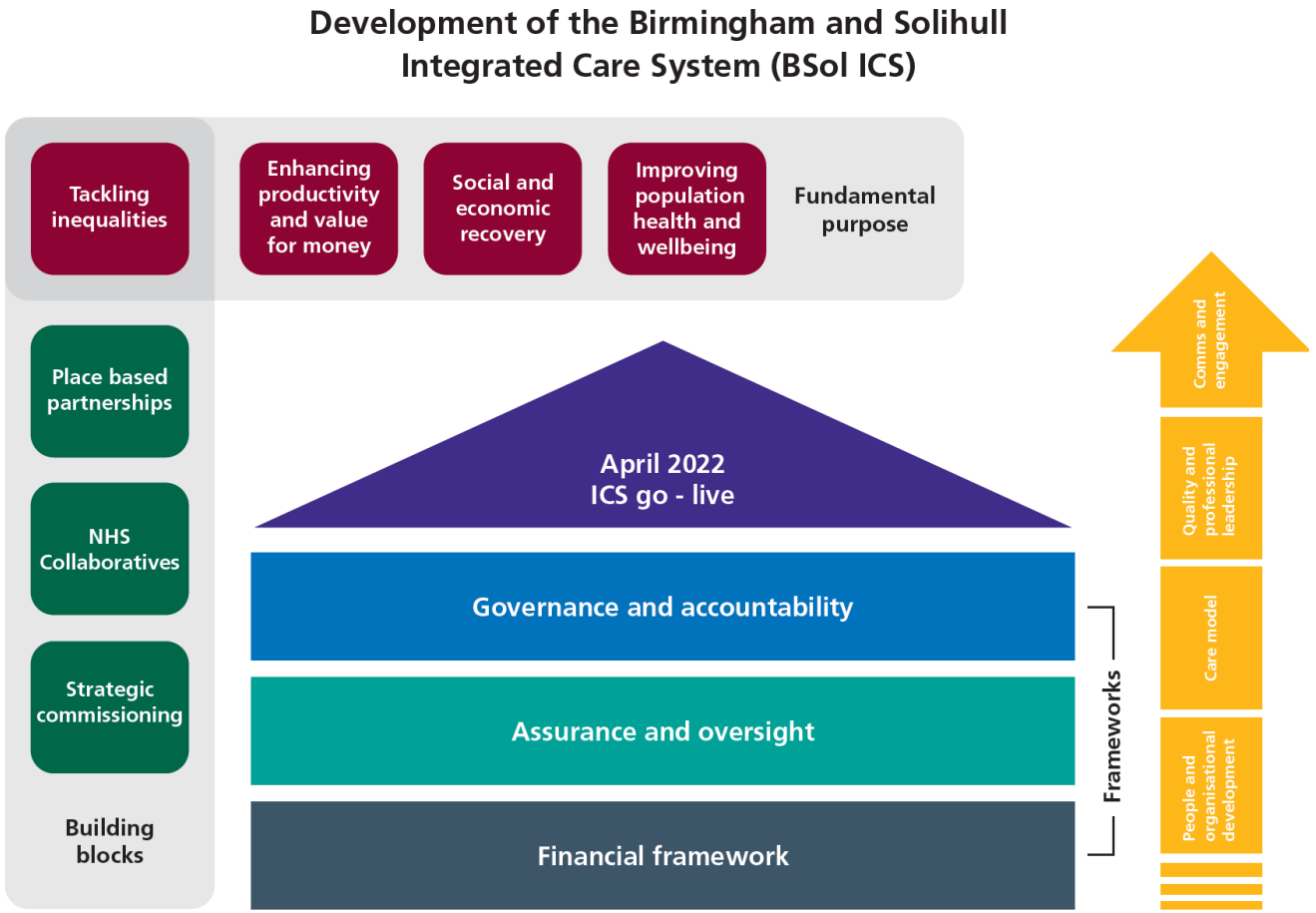
System development and ICS establishment



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A. Supporting the health and wellbeing of staff and taking action on recruitment and retention

- **Continue to roll out and evaluate the enhanced Occupational Health and Wellbeing Offer** - for Staff and the Mental Health Hub to support people to recover from COVID
- **Deliver the objectives within Regional Equality, Diversity and Inclusion Strategy** - 6 High Impact Recruitment Actions and develop a clear action plan to address inclusion within recruitment
- **Review learning from the pandemic** – includes digitalisation, transferability of skills and competencies. and working across organisational boundaries
- **Increase focus on new ways of working** - supports both the mitigation of workforce capacity risks and deliver greater workforce integration and co-operation; includes ICS Bank and Reservist workforce
- **Address workforce gaps** – e.g. through new roles; retention of recently retired clinicians; GP training scheme; working with universities; apprenticeships; Careers Hub to attract hard to reach communities; entry level jobs; expansion in trainee nursing associates, primary care, international recruitment of theatre nurses, health care assistants
- **Work to be employer of choice** – by delivering the above and measuring this via Workforce Race Equality Standard, Workforce Disability Equality Standard and staff survey indicators

B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

- **Continue with COVID vaccination management programme** – first dose to adults by end July 2021 and target via local vaccination units low-uptake amongst specific communities
- **Continue to deliver support services virtually and at home for those who are COVID positive** - aim is to prevent admission to hospital, where appropriate
- **Deliver post Covid-19 Syndrome (PCS) rehabilitation** – to be delivered via 2 assessment clinics; integration of teams across all providers for both children and adults; dedicated website; building on current pathways of care
- **Develop health inequalities plan across all pathways** - aim is to ensure equitable access to post COVID assessment and long COVID rehabilitation
- **Develop specialist children post ITU multi-disciplinary team clinics** where required
- **Develop the communications plan for raising awareness of the service** within the local community, working across commercial, charitable and voluntary sector

C. Transform the delivery of services based on learning from the pandemic, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services (1)

Elective and cancer care

- **Pool resources to deliver the elective recovery programme** – creating a single patient waiting list (one for adults, one for children), supported by a demand and capacity planning tool to maximise efficiency
- **Continue to carry out clinical prioritisation and harm reviews for all patients** – ensuring diagnostics and treatments are expedited as quickly as possible
- **Maximise use of theatres, ITU and high dependency units** and explore triage options to maximise capacity
- **Maintain COVID 19 'green pathways' for elective surgery** – for essential urgent and cancer and spinal services whilst working through the orthopaedic backlog
- **Continue to improve patient flow** e.g. discharge to assess pathways, 'home first' cultures
- **Plan for any surges of COVID activity**
- **Support delivery of Rapid Diagnostic Centres** philosophy
- **Working with providers to ensure 2 week wait referrals are stable**
- **Support patients with advice and guidance and virtual outpatients for faster access** and to free up essential capacity

C. Transform the delivery of services based on learning from the pandemic, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services (2)

Learning disability and mental health

- **Continue to support all patients with learning disabilities to ensure health checks**
- **Continue to learn from the Learning Disability Mortality Review Programme** and implement 100% of all actions identified
- **Continue to focus on inpatient admission avoidance for adults and children** with a learning disability
- **Continue with development of iThrive model of mental wellbeing and care** for young people up to 25 and increase coverage of 24/7 crisis response services
- **Increase access to IAPT** (improve access to psychological therapies
- **Expand mental health community services for early intervention**, people with serious mental illness
- **Increase diagnosis rate for dementia** and support continued offer of memory assessment clinics

C. Transform the delivery of services based on learning from the pandemic, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services (3)

Children and young people's services

- **Commence children and young people's inpatient pathways, hospital admission avoidance transformation programmes**
- **Develop a place based approach** for children and young people's services based on transformation initiatives
- **Deliver the actions to improve Special Education Needs and Disabilities (SEND) services,** supporting education and health care plans, reviewing quality and reducing waiting times
- **Deliver the recommendations for the 1001 critical days** (i.e. first 3 years of a child's life)
- **Address health inequalities by reviewing service delivery based on access, data**
- **Support delivery of services for children's chronic illnesses** e.g. respiratory, diabetes, epilepsy to ensure care is delivered closer to home
- **Develop system wide neurodevelopment service** for people with Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder and review assessment processes and pathways to reduce time of referral to diagnosis
- **Focus on clearing the backlog of childhood immunisations due to COVID**

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C. Transform the delivery of services based on learning from the pandemic, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services (4)

Maternity and neonatal transformation priorities

- **Deliver Ockenden recommendations for maternity services** including supporting partners to access appointments, supporting women from ethnic minorities via increasing support to at-risk pregnant women, tailoring communications, discussing vitamins and supplements, recording data (postcode, age, co-morbidities, BMI to provide enhanced support, particularly to people in more deprived areas)
- **Increase access to community based specialistic perinatal mental health** and widen the criteria to extend the period of access from 12 to 24 months for new mums
- **Increase access to psychological therapies for pregnant women and new mums**, to include postnatal depression service
- **Complete study into perinatal mental health services from ethnic backgrounds** to inform service delivery
- **Review psychological therapies services** to ensure they are culturally competent.

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities

- **Continue to work with Practices, PCNs and GP Providers to review access** - plus support with a range of improvement initiatives to support the backlog of appointments, support long term conditions management and address health inequalities
- **Continue with Local Dental Network and Managed Clinical Networks (MCN)** – these provide clinical forums to support service development and recovery. Some of these such as Urgent Care, Restorative, Paediatrics, Oral Medicine, Secure Settings and Special Care are West Midlands wide whereas there are specific local MCNs to cover Oral Surgery and Orthodontics
- **Continue delivering the Local Maternity System Wide Stop Smoking Service** – to improve smoking cessation rates in pregnancy
- **Ensure focus remains on disease prevention and health promotion across a range of long term conditions**
  - Fully-integrated and system-wide approach to delivering diabetes care and Single Point of Access
  - Embed the Cardiovascular disease (CVD) projects and cardiac rehabilitation pathway. Also include heart failure pathway
  - Gather evidence (as one of 10 sites) to test the Low Calorie Diet Pilot
  - Review Birmingham and Solihull stroke pathway
  - Develop respiratory pathway for patients with COPD, Asthma, Bronchiectasis and Interstitial Lung Disease (ILD).

E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay

- **Embed Discharge to Assess pathway approach** by focusing on reducing length of stay in hospital; 'home first' approach; reviewing workforce model; development of single hub to expedite decision making; continue daily multi-agency reviews of all patients delayed from discharge; continue with the specialist palliative care and urgent response
- **Ensure community services for intermediate care** – supporting COVID+ patients needing bedded provision
- **Agreed system dashboard for monitoring 2 hour crisis responses**
- **Roll out Discharge Hub Management System** to aid one system view of patient flow
- **Deliver local awareness of NHS111 as a primary route into all urgent care services** in collaboration with national and regional NHS111 marketing campaigns and local targeted communication approaches and reviewing what will be most effective for our area given breadth of different communities and languages spoken
- **Develop a direct line for referrals for same day emergency care assessment areas** to prevent referral delay and expediate the patient journey to the appropriate facility
- **Work closely with all providers (via Birmingham and Solihull Directory of Service lead, monthly working group and Urgent Care Operational Group) to ensure the local Directory of Service is kept fully up to date** with service availability and that service descriptions are clear for NHS 111 staff
- **Establish Task and Finish group to ensure that the data is consistently and correctly recorded to report the new information in compliance with the Emergency Care Data Set requirement -** will involve ED clinicians, Information analysts and Divisional Management to ensure consistency of approach across all sites

Engagement

We will update and inform and engage on the plan with the following:

Partner **Key stakeholders who will work in partnership to help us deliver the activity**	• NHS staff – clinical • NHS staff – non-clinical • NHS England and NHS Improvement • General practice • NHS Birmingham and Solihull CCG • University Hospitals Birmingham NHS FT (UHB) • Birmingham Women's and Children's NHS FT (BWC) • Birmingham and Solihull Mental Health NHS FT (BSMHFT) • Royal Orthopaedic Hospital (ROH) • Birmingham Community Healthcare NHS FT (BCHC) • Birmingham City Council (BCC) • Solihull Metropolitan Borough Council (SMBC)
Involve and engage **Stakeholders who will need to be actively involved and engaged**	• Existing patient networks and forums • Statutory committees e.g. HOSC, HWBB • MPs and Councillors • Third sector – via BVSC (Birmingham) and CAVA (Solihull) • Healthwatch Birmingham • Healthwatch Solihull • Local Medical Committees • Other stakeholders, as appropriate
Inform* **Stakeholders who need to be aware, kept informed and have an opportunity to respond**	• Existing patients • Wider public in Birmingham and Solihull • Local media, inc. radio • Hyper-local media outlets

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Next steps

- Carry out engagement exercise and feed in comments
- Finalise plan for 2021/22 and submit to NHS England/Improvement by 3 June 2021
- Start to consider longer term strategic priorities and plans (October 2021-March 2021) and engage on these
- Continue to transition to an Integrated Care System by September (shadow form) and new legal entity (April 2022).

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Questions and discussion points

- Do you think we have captured the challenges effectively?
- Do you agree with the priorities for Birmingham and Solihull?
- How will being an Integrated Care System help us improve health and care, from your perspective?

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