

# **Birmingham and Solihull Sustainability and Transformation Plan**

## **Update for Health and Wellbeing Board – September 2016**

The previous Birmingham and Solihull Health and Wellbeing Boards have received updates outlining the national policy surrounding Sustainability and Transformation Plans and initial steps taken in the Birmingham and Solihull footprint to start to develop the plan and leading up to the next anticipated submission date of June 2016 with three anticipated key points to be described. It should again be noted that the STP is the only route to bring NHS transformation monies into the health and care system.

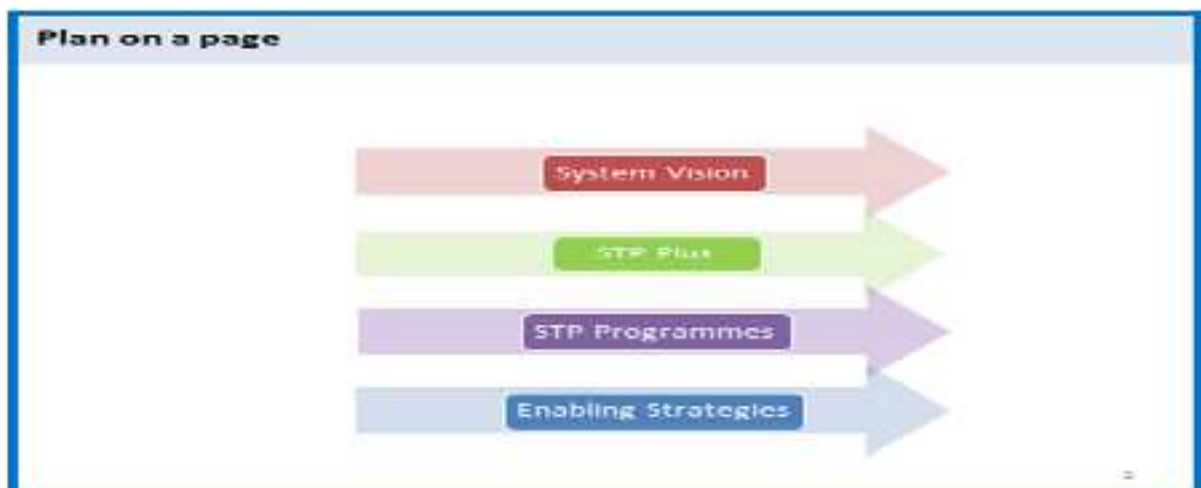
The ambition of the plan remains the same however we now have greater clarity about how to approach this given the requirements surrounding the STP process which have emerged.

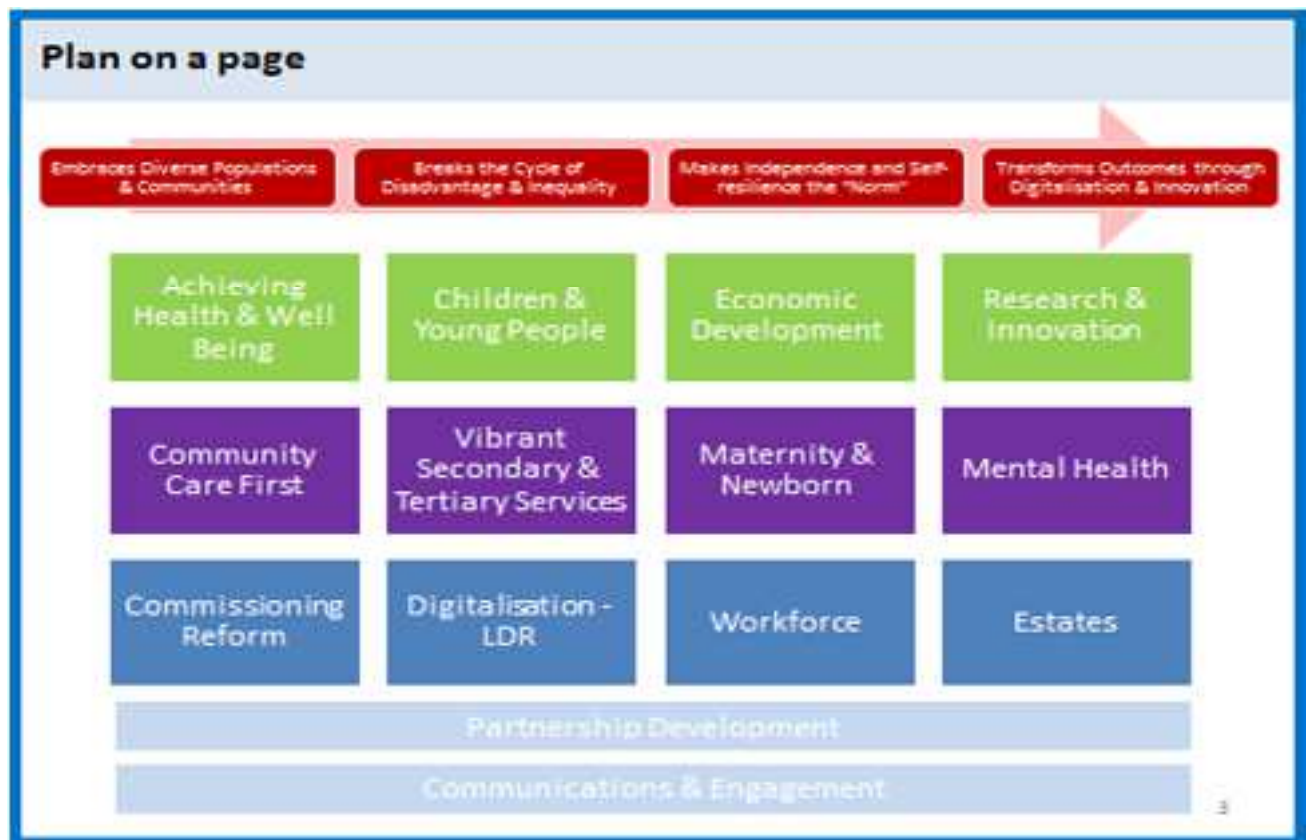
### **June Submission**

Within the Birmingham and Solihull footprint it was not possible to establish the detail anticipated for this June 'check point' submission including a financial template. Subsequent to the submission local leaders met with national NHS leaders and the Local Government Association at a 'round table session' chaired by Simon Stevens, Chief Executive of NHS England. They discussed the programmes as they were emerging and it was recognised by this group that key progress had been made and they accepted the complexity of the local position. Birmingham and Solihull as a whole has less well developed partnership working than many parts of the country but is not unique. It was re-enforced that significant work was needed between then and the next submission.

### **Plan on a Page**

The images below outline the 'plan on a page' submitted within the June submission. This indicates the key workstreams that are being developed and reflect the priority actions outlined in the last paper:





The NHSE requirements of the STP are largely focused in the purple and blue boxes and these are the current areas of priority for development.

STP Plus (the green boxes) are areas of work that require a wider focus than the NHSE requirements of the STP, and are areas where local authorities and other partners can have a greater level of input. These area of work are still being scoped, and will become more of a focus for the STP after the submission on October 21<sup>st</sup>. The exception to this is Achieving health and wellbeing, which is currently a workstream within the Community Care First Programme being led jointly by Local Authority Directors of Public Health. The STP Plus element of this will be more fully developed during the Autumn.

### Subsequent Submissions

The timeline for the next written submission has been extended from mid September to mid October again reflecting the challenges within this process. A financial template will be submitted on 15<sup>th</sup> September

External support has been secured for the development of both the financial template and the narrative submission and also to develop robust governance arrangements.

The following meetings will be considering the financial and narrative submissions with further work anticipated outside of these meetings:

System Board            5<sup>th</sup> September 2016

Leader and Chairs (Including Health and Wellbeing Board Chairs)    7<sup>th</sup> September

System Board            10<sup>th</sup> October 2016

### **Engagement and Consultation**

Given the national media interest in STPs in late August on 26<sup>th</sup> August NHS England released the following statement:

*“We need an NHS ready for the future, with no one falling between the cracks. To do this, local service leaders in every part of England are working together for the first time on shared plans to transform health and care in the communities they serve, and to agree how to spend increasing investment as the NHS expands over the next few years.*

*“This is a unique exercise in collaboration. It is hardly a secret that the NHS is looking to make major efficiencies and the best way of doing so is for local doctors, hospitals and councils to work together to decide the way forward in consultation with local communities. Proposals are at a draft stage but we expect all local leaders to be talking to the public and stakeholders regularly – it is vital that people are able to shape the future of their local services.*

*“No changes to the services people currently receive will be made without local engagement and, where required, consultation. There are longstanding assurance processes in place to make sure this happens.”*

It is important to note that the BSol Plan at this point does not include any detail about proposed significant service closures or changes to organisations, however as the NHS E statement outlines significant efficiencies will have to be found at the same time as delivering better care and outcomes for people. Understanding these efficiency opportunities is part of the work that is currently being undertaken. We are building upon significant engagement that has already been carried out by partners as part of the annual rounds of commissioning intentions, Better Care Fund and national vanguard developments all of which are in the public domain.

During September and early October there are planned engagement events with the public and patients, clinicians and Overview and Scrutiny Committees, with public facing documents planned when there are key areas to be discussed as per current long standing requirements.

Key dates for H&WBB to note would be:-

27<sup>th</sup> September – Stakeholder Reference Group meeting at Solihull Council

29<sup>th</sup> September – Stakeholder Reference Group meeting at Birmingham City Council

4<sup>th</sup> October – Engagement Event with medical directors from across the system at Birmingham City Football Club

We are developing a more readable document relating to financial analysis to be shared as part of governance processes including with H&WBB. This will be released jointly to Birmingham and Solihull Boards alongside private briefings of Scrutiny Committees.

**Recommendation:**

The Health and Wellbeing Board should note the update within the paper.