

Place Based Development, including Western Birmingham

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September 2018

Introduction

The presentation will:

- Provide an overview of emerging NHS national policy and planning guidance
- Provide an overview of placed based locality development across Birmingham
- Progress on Western Birmingham joint working arrangements
- Recommendation and next steps.

National: what is an integrated care system?

			Level	Pop. Size	Purpose
			Neighbourhood	~50k	 Strengthen primary care Network practices and other out of hospital services Proactive & integrated models for defined population
畾	儡	偶	Place	~250-500k	 Typically borough/council level Integrate hospital, council & primary care teams/services Develop new provider models fo 'anticipatory' care
			System	1+m	 System strategy & planning Develop accountability arrangements across system Implement strategic change and transformation at scale Manage performance and £
			Region	5-10m	 Agree system 'mandate' Hold systems to account System development Intervention and improvement

• Population health management & care redesign

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What should be done in places?

	Beginning	Maturing
Leadership & workforce	 Partner with local government to develop a shared strategy for integration across health and social care Engage staff (NHS, social care and VCS) & local community Implement actions to retain shortage staff 	 Clinicians leading service integration across providers Develop multidisciplinary workforce models Develop meaningful & continuous ways to involve staff and residents in decisions
Strategy and Planning	 Provider trusts (acute, community and MH), primary care providers and local government are engaged in system-wide strategy and planning 	 Develop place-specific plans that underpin system strategy and both aggregate and inform neighbourhood plans Providers (including primary care and networked care homes) and local government lead the development of these plans
Population health anagement and care redesign	 Implement UEC priority actions including reducing DTOCs and length of stay, especially long waiters Use data (eg RightCare & GIRFT) to identify and tackle unwarranted variation Invest in targeted prevention programmes with Local Authorities Catalyse full coverage of GP networks at neighbourhood level 	 Identify population segments with high utilisation or unmet need (population health analyses) Develop integrated services and teams (NHS and social care) to keep people out of hospital Network hospitals and mental health services to improve resilience and standardise care Design new provider collaborations, alliances, contracts or organisational forms to 'hard-wire' integrated teams/services
Performance and improvement	 Improve delivery of constitutional standards Agree models of shared accountability for primary care networks 	 Instigate clinically led quality improvement Hold networks/neighbourhoods to account Lead recovery of standards, without outside intervention
Managing collective resources	 Manage within provider and commissioner control totals Deliver mental health investment standard 	 Capable of taking on a delegated budget Collaborate across system & with other providers to improve efficiency Develop patient-level costing data

Birmingham developments

- Five localities, coterminous with parliamentary constituencies:
 - North- Single commissioner /STP
 - South- Single commissioner/STP
 - East- Single commissioner /STP
 - Central –Single commissioner/STP
 - Western Two commissioners/Two STPs/JCC
- Place based work has commenced, through BSoI STP Ageing Well Programme
- Birmingham and Solihull STP partners working on foundations for integrated care system
- SWB CCG working on place based model and provider alliances to deliver improved outcomes across life course.

Western Birmingham

Current position:

- Joint Commissioning Committee in place between two CCGs
 - Shared independent leadership NED sits at both Governing Bodies
 - Agreed clinical leadership
- Two CCGs and two STPs
- SWB CCG is now a full member of BSol STP (not an associate), as well as Black Country STP
- A single Better Care Fund for Birmingham
- Good joint commissioning arrangements around mental health and children
- There has been a different approach to development of system strategy and defining 'place'
 between the two CCGs to date
- There is strong commitment to agree and align with partners the strategic and operating model for citizens and partner organisations in Western Birmingham
- There should be one conversation with partner organisations and the public when developing the strategic plan for Western Birmingham.

Principles of joint working between two CCGs

The CCGs jointly agreed in 2017:

- Ensuring the best possible quality and care for the population and putting the patient first
- All decisions will be made jointly, will be clinically informed and the sovereignty of each organisation will be retained through clear governance processes
- Existing joint working arrangements will continue to be built upon and refined
- Arrangements will ensure system sustainability
- Arrangements will align commissioning there is no intention to merge
- Arrangements will utilise existing skills and staff
- There will be no forced practice moves and no further moves of practices between the CCGs
- Recognition that the arrangements will evolve over time
- There will be no unintended consequences
- Understanding that boundary issues will occur with any configuration and this should not be prohibitive.

Alignment

- Many areas of alignment already exist
- An agreement that 'place' and neighbourhoods are defined by geography not provider
- Focus is on citizens
- There should be clear agreed communication for Western Birmingham
- The health and care model should be full life course delivering agreed outcomes
- That the underpinning organisational development of CCGs needs to support strategic commissioning and development of Integrated Care Systems
- Agree to reduce unwarranted variation.

Areas for further development

- Understanding the relationship between the two STPs strategic directions
- The health and care model for Western Birmingham ensuring alignment with BCF and STP programmes and strategies
- Joint Committee membership and work programme.

Summary

- The Western Birmingham 'place' approach needs development
 and alignment
- The existing collaborative commissioning arrangements are already in place i.e. MH, LD, Children and BCF
- Alignment on the principles of integrated health and social care are required
- A committee has been established to coordinate strategic planning in Western Birmingham which needs strengthening
- There is a need to align the health and care outcomes for Birmingham which includes West Birmingham.

Recommendations

The CCGs seek the support of Health and Wellbeing Board:

1. To support a focused workshop on the alignment of Western Birmingham health and care outcomes.