

Best Care: Healthy Communities

Bringing Our Vision to Life



Best Care
Healthy Communities

Colin Graham
Associate Director of Clinical Governance

We are a large specialist provider of community health services.

Provider of **core community health services** across **Birmingham**; dental services and rehabilitation services across the West Midlands

Care delivered from **300+ sites** including:

- *two Community Hospitals,*
- *3 Intermediate Care Units,*
- *a palliative care unit,*
- *regional rehabilitation facilities,*
- *Birmingham Dental Hospital,*
- *HM Prison*
- *specialist Child Development Centres*
- *and thousands of people's homes*



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The Trust has five clinical divisions:

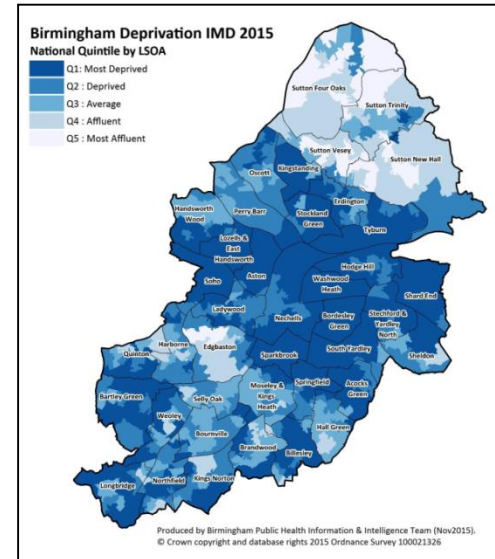
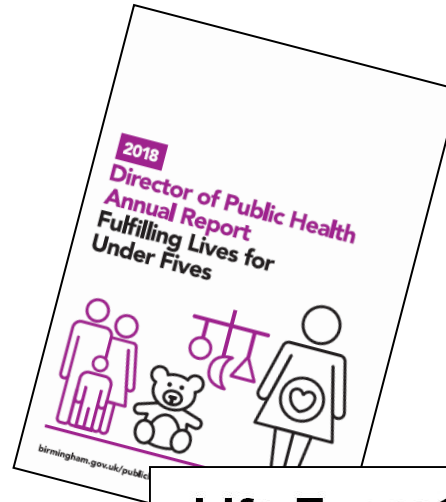
- Adult Community Services
- Adult and Specialist Rehabilitation
- Children and Families
- Dental Services
- Learning Disability Services

The Trust also has a number of directorates:

- Operations
- Strategy and Transformation
- Human Resources (including Trust Bank and Agency Staff Management)
- Corporate Governance
- Medical Directorate
- Nursing and Therapies
- Finance

We are proud to serve the communities of Birmingham and the West Midlands.

- Largest city in UK outside London – HS2, 5G, Midland Metro extension, Commonwealth Games, new housing developments.
- The youngest city in the UK – 85,000 children under 5; 7.6% of the population.
- And an ageing city . . . largest percentage growth in those aged 85 years and over.
- A super-diverse city – 42% of the population are from Black & Minority Ethnic Communities.
- A city of contrasts – serving some of the most affluent and least affluent communities - c. 10 year difference in average life expectancy.
- Our “Best Care Healthy Communities” vision aims to respond to these challenges in the population that we serve.



Life Expectancy

at birth (2013/15) All Persons



Within only **six stops** you can shave nine years off the average life expectancy of a citizen.



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Source: ONS Deaths 2013/15
© Birmingham Public Health 2017

BCHC Key Facts

- Staff (Headcount) 4,700
- Turnover £288m
- Interaction with Service Users 2.1m
- Services Delivered to residents 1.2m

Our 2018 CQC Inspection

- CQC inspection in June 2018. Report published in September 2018.
- Well Led Review and core service inspections for children's services and adult inpatient services.
- Trust rated **Requires Improvement** overall and **Requires Improvement** for Well Led.
- This inspection coincided with:
 - our own Well Led Review undertaken by Deloitte;
 - our review of EDHR compliance in light of feedback from BME colleagues;
 - 2018 Pulse Check reinforced by 2018 Staff Survey results.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health services for children and young people	Inadequate ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Inadequate ↓ Sept 2018	Inadequate ↓ Sept 2018
Community health inpatient services	Requires improvement ↓ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Community end of life care	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disability services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Overall*	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Children's Services

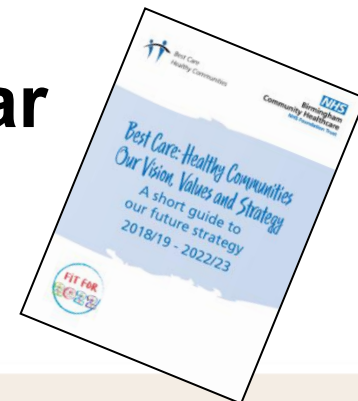
- Children's services rated **Inadequate** and subject to enforcement action:
 - S29A Warning Notice (5 areas for action) issued in August 2018 – 4 areas delivered by January 2019
 - Re- inspection of Health Visiting in June 2019 – continued concern about staffing and safety / risks.
 - S31 conditions imposed on registration in July 2019 – weekly reporting and focussed on Health Visitor average caseloads.
 - S31 conditions revised in September 2019 – monthly reporting and focussed on our action plan.



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We have an ambitious Vision and a clear set of Values.



- Launched in November 2018 following our largest ever engagement exercise
- Supporting strategies for:
 - Digital
 - Estates
 - Workforce
 - Information.
- Developed 5 x Divisional strategies.
- Finalising 3-year financial plan in January 2020
- Will develop more detailed clinical service strategies e.g. Home First model for older people.



Service strategy

- Focus on our core service expertise and our core geography – consistently good care.
- Place-based service delivery - neighbourhoods (c. 30 – 50k pop) and localities (c. 250k po).
- Strong partnerships – especially with GPs, mental health and social care.
- Be at the leading edge of community service delivery to support people to live well at home.



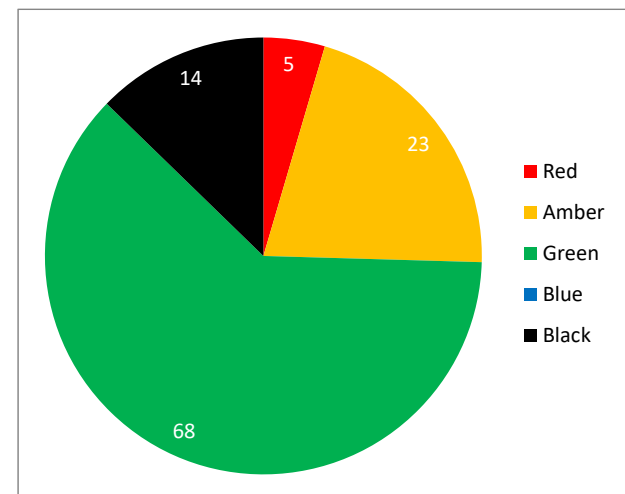
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Our Fit for 2022 Improvement Programme sets priorities to deliver.

- Fit for 2022 Improvement Programme sets out the actions we will take to deliver our Vision and Strategy.
- Covers the 4 years from 2019/20 – 2022/23.
- Five priorities for our first year (2019/20) plus “business as usual” operational delivery:
 - Children’s service improvement;
 - Bringing our Values to life (health & wellbeing, equality & diversity, appraisals and leadership development);
 - Older people’s service redesign (Early Intervention, integrated neighbourhood teams);
 - Digital: laying the foundations (new HSCN, Windows 10, Total Mobile phase 1, guest WiFi, EPMA case);
 - A BCHC improvement methodology building on Patient Safety Ambassadors and Listening into Action.
- Quarterly progress review through Board Committees and at public Board – most recently Q2 reported to 4th December Board.
- Annual review of objectives.

2019/20 Q2 RAG ratings for Fit for 2022 Programme



Safe, High Quality Care



- Strong performance on basics in relation to harm free care (e.g. falls and prevention of pressure ulcers)
- Strong track record in relation to incidence of Hospital Acquired Infections
- Divisions have worked to develop and implement essential care indicators
- Safe staffing has been maintained across adult services and reported on a monthly basis
- Consistent maintenance of high levels of patient satisfaction evidenced through Friends and Family Tests scores

Areas of concern

- Action plans in place in relation to specific services: Birmingham Forward Steps and clinical harms review in relation to long waits
- Increasing staff pressures in areas such as Birmingham Forward Steps, Children's Community Nursing and a number of Adult Community Nursing Teams
- Consistent use and roll out of essential care indicators across the divisions



Safe, High Quality Care - Continued



Areas we are working on :

- On-going delivery of action plans in relation to areas of concern e.g. Birmingham Forward Steps and clinical harms review in relation to waiting times
- Maintaining safe staffing under increased pressure- specific plans children's services and adult community services
- Consistent application and roll out of Essential Care Indicators
- Further work to develop patient experience reporting and with more detail and action in relation to those groups who have a protected characteristics



We are addressing the issues facing our Children's services.



Current Situation

- Currently 171 WTE Health Visitors in post (v's est. of 227 WTE)
- Average caseloads currently 338 per HV (reflecting seasonality) – anticipated to be ~430-450
- Waiting times in Inclusion Services reducing in line with plans: currently at 114 weeks (OT) and 100 weeks (SLT – Phonology / Fluency) & Physiotherapy at 59 weeks for 1st assessment
- SEND: Contribution to city-wide SEND improvement is on track

Performance against Mandated Visits	Oct Performance	Target	National Avg
New Birth Visits	90%	92%	86.9%
6-8 Week Visit	88%	90%	86.5%
9-12 month check	55%	76%	78.3%
2-2 ½ year check	55%	67%	76.8%

Actions taken

Health Visiting / Early Years Services

- Workforce: 20 trainees graduate in Feb'20, additional intakes at Wolverhampton (Nov'19) and BCU (Feb'20). 14 of 19 WTE PH nurses
- Introduced New Working Day: focus on Daily Safety Huddles, Agile Working, Team-level Quality-Boards
- Improved compliance and focus on mandated visits to prioritise NBV's, Universal Plus (UP) and Universal Partnership Plus (UPP)

Long Waits

- Recruitment of additional SLT / OT's, introduction of OT telephone advise line, EPR rolled-out
- Neuro-Development pathway agreed and recruitment underway

Future Outlook

Health Visiting / Early Years Services

- On-going recruitment (aim for 185 WTE HV's by Mar'20 and 200 WTE by Mar'21)
- Development of centralised hub to manage un-planned demand & launch of integrated pathways with partners (Barnado's, Spurgeons, St Pauls and Springfields)

Long Waits

- Secure additional funding to continue reduction in all services



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A Great Place to Work



Key Facts (October 2019)

Sickness Absence:	7.24%
Vacancy Rate	11.3%
Compliance Mandatory Training	89.29%
Appraisal	82.04%
BME staff 32.9% but only 18.63% in Bands 8a and above	
BME staff twice as likely to enter disciplinary process that white colleagues	
What we're proud of	

- Dedicated and skilled workforce committed to safe high quality care across a range of services
- Comprehensive staff engagement programme over last 18 months including Big Conversation, Pulse Check, Crowdfixing Events, 36 Teams Improvement Journey

Key Issues

- Team leader development at all levels of the organisation
- Developing a culture consistent with our Values – priority given to becoming a truly inclusive employer
- Attracting and retaining our workforce to reduce our vacancies
- Improving the health and wellbeing of our workforce and achieving a sustained improvement in our staff sickness absence rates

Areas of concern

- Staffing levels in specific clinical areas i.e. Health Visiting and District Nursing Teams
- Health and wellbeing of our people (sickness absence rates)
- Capacity to maintain high levels of compliance with Appraisal and Mandatory Training



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Current Work streams

A Great Place
to Work



- Supporting colleagues health and wellbeing e.g. Care First
- Leadership Development – 6 Stream Programme
- Creating opportunities to grow and develop e.g. Virtual Campus
- Colleague engagement through the Listening into Action Programme
- Creating a diverse and inclusive culture through the WRES Action Plan:
 - Culturally competent leadership
 - Recruitment and progression
 - HR practices
 - Supporting staff subject to racial bullying, harassment and abuse
 - Tracking performance
- Ensuring colleagues are listened and can raise concern e.g. Freedom to Speak Up Guardian
- Responding to the Staff Survey e.g. PDR Review

Future Plans



5 Priorities for 2020/21

- Developing Team Leaders
- Maximising opportunities for Recruitment and Retention
- Addressing Sickness Absence and Health and Wellbeing
- Continuing to embed a Culture of Inclusion
- Implementing BCHC Approach to Quality Improvement

Integrated Care in Communities



Current Situation / Progress Made

Early Intervention:

- Early Intervention (EI) pilot launched in South Birmingham to develop “Integrated EI Community Teams” to support Home-First model of care – based out of Norman Power Intermediate Care Centre
- Demonstrating patients returning home following acute hospital episode & avoiding admission into long term care
- Staff consultation (>200 individuals) completed with partners (BCC and UHB) to establish 5 x Community Teams across city – co-located within 5 Care Centres
- Reconfigured EI Bed model being developed to establish generic bed base and simplified pathways – challenges with LOS

Integrated Neighbourhoods

- Current 37 District Nursing teams (IMTs) being mapped to 30 PCN's across Birmingham & 7 Clusters also being aligned to new 5 Locality model
- All PCN's have appointed a Clinical Director (which is a GP)

LD Transforming Care Programme

- Currently on track with CCG discharge plan (as of Nov'19) with 23 in-patients but behind on NHSE trajectory (27 actual v's 26 target)

Next Steps

Early Intervention:

- Integrated EI Community Teams to be launched and go live in 2 waves in mid-March and early-April
- Develop solutions and focus on IT configuration and Organisational Development across teams

Integrated Neighbourhoods

- Identification of leadership roles for localities and development programme
- Agree initial engagement plan with PCN's / GP provider organisations and scope opportunities to support PCN model (around national service specification)

LD Transforming Care Programme

- Development of internal review mechanism and securing of additional resources to support end of year trajectory
- Work with NHSE on development of Hobmoor Rd Bungalows to release for community supported living



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Making Good Use of Resources



Financial Performance

BCHC has a strong track record of financial delivery, with a history of surpluses and the achievement of financial plans in all years since authorisation as a Foundation Trust.

In 2019/20 the Trust expects to deliver a surplus of £4.4m, which is £0.2m ahead of the plan agreed at the beginning of the year.

Key Metrics	Year to Date (M7)	Forecast Out-turn
I&E Surplus	£2.3m	£4.4m
Cash balance	£39.9m	£40.9m
CIP delivery %	94.85%	97.85%
Agency – adverse variance from NHSI cap of £9.0m	£0.2m	£0.5

The Trust is performing well against its recurrent CIP target of £6.0m (2.1%) – which is relatively modest in NHS terms. We are exceeding our planned level of agency expenditure for the current year, which is driven mainly by pressures in the Adult Community Services division.

Future Outlook

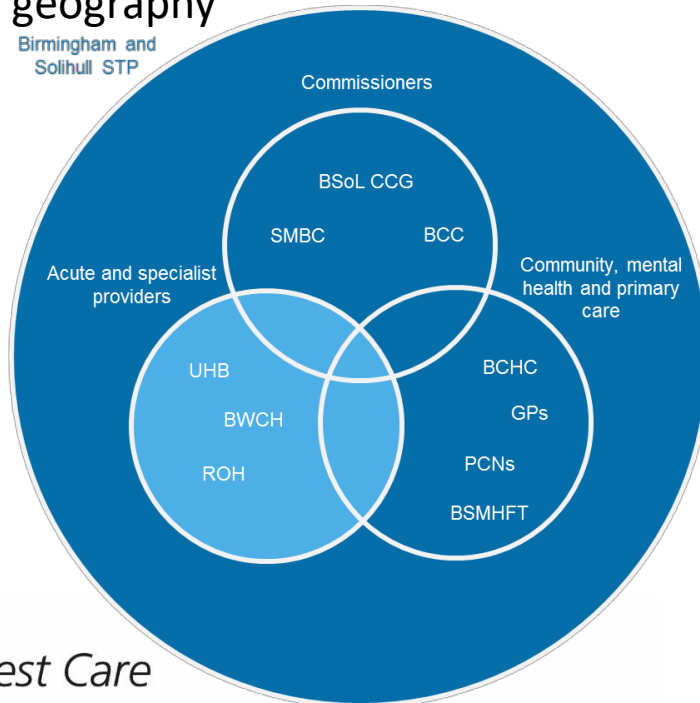
For 2020/21 the draft financial plan sets a surplus of £1.0m, which is lower than in 19/20 due to the cessation of Provider Sustainability Funding from NHSI. As part of this plan an amount of £2.0m has been set aside to fund enabling strategies associated with *Fit for 2022*.

In order to finance the plan there is the requirement for savings of £8.0m (2.9%). Gateway meetings are progressing to identify and progress suitable schemes.



We are a partner in the development of two Integrated Care Systems.

- Birmingham & Solihull STP are focusing on developing new models of care, a common approach for change at system level, a move towards a more integrated & strategic commissioning function and increasingly integrated provision of care
- Black Country and West Birmingham STP are focused on place based care; we are actively involved in the emerging Ladywood & Perry Barr Care Alliance which covers the West Birmingham geography



- We are working increasingly closely with Birmingham and Solihull Mental Health FT with a view to potentially forming a Provider alliance in line with the emerging BSol model



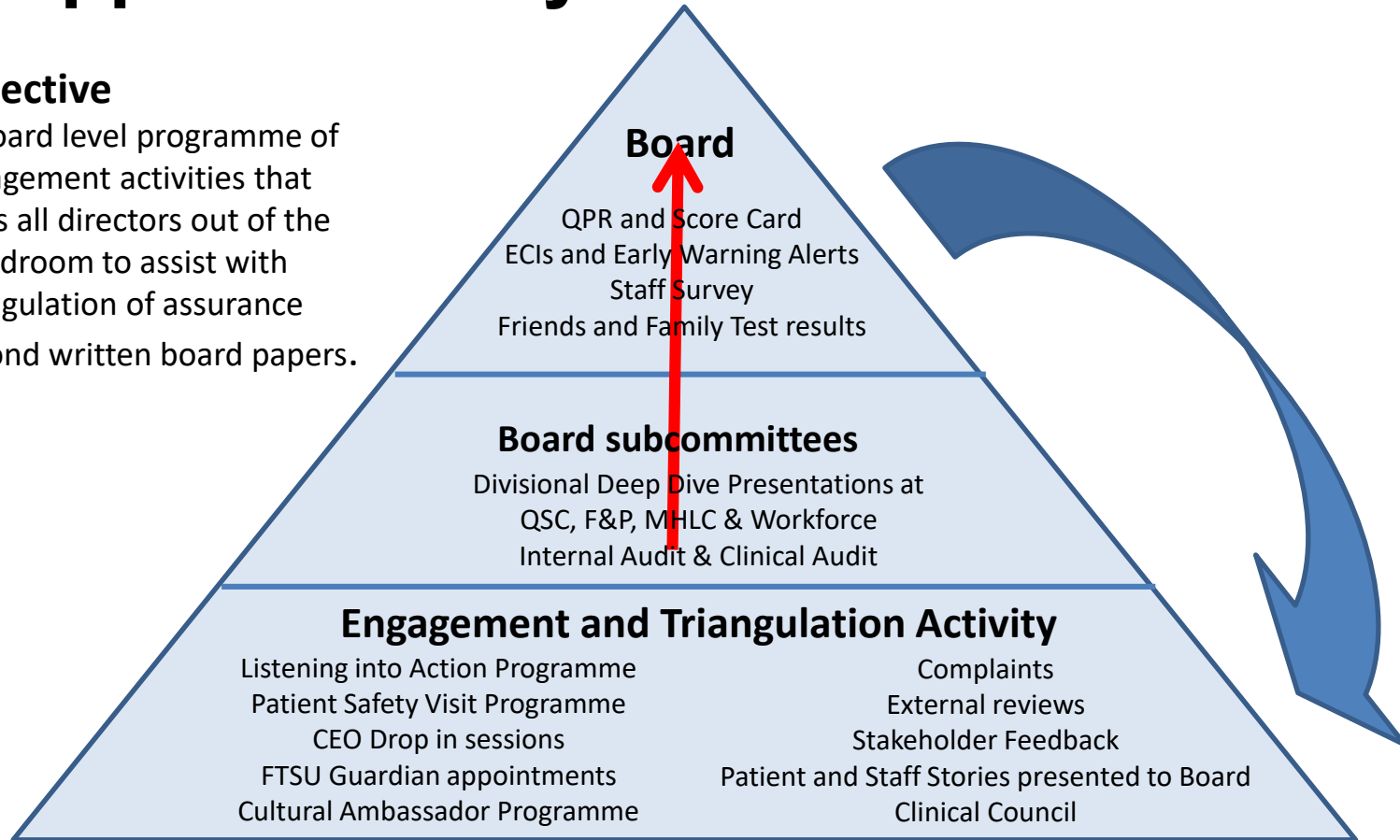
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We have refreshed our governance to support delivery of our vision.

Objective

A board level programme of engagement activities that takes all directors out of the boardroom to assist with triangulation of assurance beyond written board papers.



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Our plan for 2020/21 is designed to ensure we continue to progress

Fit for 2022 Ambitions

2020/21 Delivery Objectives

Safe, High
Quality Care



- Strong safety culture
- Population health approach
- Research & innovation
- Children's services improvements

- Embed quality improvement
- Engage patients & communities
- Clinical outcomes
- Therapy waiting times

A Great Place
to Work



- Colleague Health & Wellbeing
- Leadership development
- Talent pipeline
- Inclusive & open culture

- Staff sickness below 5%
- Launch Leadership offer
- Widening participation
- WRES Action Plan

Integrated Care
in Communities



- Care Partnerships & Alliances
- Place-based care
- 'Home First' for older adults
- Personalised care

- Birmingham Forward Steps
- Integrated neighbourhoods
- 24/7 admission avoidance
- Long term conditions / EoL care

Making Good Use
of Resources



- Workforce planning
- Digital organisation
- One Birmingham Estate
- Financially sustainable

- Recruitment & retention
- E- care records & E-Prescribing
- Sustainable estate plan
- Efficiency through partnerships

Thank you for the opportunity to speak to you

Questions?



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