Sustainability Transformation Plan

18th March 2016

Black Country
<table>
<thead>
<tr>
<th>Name of footprint and no:</th>
<th>Black Country (STP 16)</th>
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<tbody>
<tr>
<td>Region:</td>
<td>Midlands &amp; East</td>
</tr>
<tr>
<td>Nominated lead of the footprint including organisation/function:</td>
<td>Andy Williams, Accountable Officer, Sandwell &amp; West</td>
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<tr>
<td></td>
<td>Birmingham CCG</td>
</tr>
<tr>
<td>Contact details (email and phone):</td>
<td><a href="mailto:andy.williams5@nhs.net">andy.williams5@nhs.net</a> 0121 612 1432</td>
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<tr>
<td>Organisations within footprints:</td>
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<tr>
<td>- Wolverhampton City Council</td>
<td></td>
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<tr>
<td>- Royal Wolverhampton NHS Trust</td>
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<tr>
<td>- Wolverhampton CCG</td>
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<tr>
<td>- Walsall MBC</td>
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<tr>
<td>- Walsall Healthcare NHS Trust</td>
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<tr>
<td>- Walsall CCG</td>
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<tr>
<td>- Dudley MBC</td>
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<tr>
<td>- Dudley Group NHS Foundation Trust</td>
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<tr>
<td>- Dudley and Walsall Mental Health Partnership NHS Trust</td>
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<tr>
<td>- Dudley CCG</td>
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<tr>
<td>- Sandwell MBC</td>
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<tr>
<td>- Birmingham City Council</td>
<td></td>
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<tr>
<td>- Sandwell &amp; West Birmingham Hospitals NHS Trust</td>
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<tr>
<td>- Birmingham Community Healthcare NHS Foundation Trust</td>
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<tr>
<td>- Black Country Partnership NHS Foundation Trust</td>
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<tr>
<td>- West Midlands Ambulance Service</td>
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<tr>
<td>- Sandwell &amp; West Birmingham CCG</td>
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<td>- NHS England</td>
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Section 1: Leadership, governance & engagement

- **Collaborative leadership and decision-making.**
  - Sponsoring Group (All CEO’s (or nominated representative))
  - 3 Triple Aim Gap Workstreams with named leads to identify the challenges
  - Transformation Groups to identify solutions
  - Operational Group to ensure delivery
  - Memorandum of Understanding in place to support collective decision making, Information Sharing agreement under development
  - 4 key principles: subsidiarity, mutuality, added value and no boundaries

- **An inclusive process.**
  - Engagement and communications group inclusive of all partners being established
  - Considering how to best achieve patient representation on Sponsoring Group
  - Engagement Plan to consider: Patient groups, Healthwatch, public meetings, listening exercise
  - Subsidiarity: Local HWBBs, SRGs which have wider representation and reach

- **Local government involvement.**
  - All local authorities across the footprint are actively engaged
  - All providers across the footprint are actively engaged
  - NHS England is actively engaged
  - Members of the Sponsoring Group act as the link into Health & Wellbeing Boards

- **Engaging clinicians and NHS staff.**
  - The Care & Quality group will act as a clinical reference group to oversee clinical models
  - Engagement events held and further events planned
  - Disseminate early messages from analyses and review of evidence
  - Seek views
  - Process for feedback
Section 1 - Hypothesis

Need to rebalance the system

Transformation

Integration
Social Care
1° Care
2° Care
3° Care
Mental Health
Community
Staying Well
Integration

Sustainability
## Section 2a: Improving the health of people in your area

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Opportunity</th>
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| **Emotional wellbeing and mental health**  
  o Child and adolescent mental health  
  o Adult mental health  
  o Dementia | **Strategy**  
  o Prevention at the heart of all partners’ strategies, policies and procedures  
  o Black Country wide population level prevention strategy  
  o Black Country Communication Strategy informed by social marketing and optimising digital communication opportunities |
| **Diabetes prevention**  
  o Obesity  
  o Healthy eating  
  o Physical activity | **Approaches**  
  o Target evidence-based preventive interventions through a population segmentation approach  
  o Learn and share from vanguards, MCP’s and PACS to facilitate integrated approaches to commissioning and delivery  
  o Develop and support self management groups across the Black Country  
  o Utilise personal health budgets to support staying well |
| **Maternity care and preventing disability**  
  o Infant mortality  
  o Smoking in pregnancy  
  o Healthy maternity pathway | **Workforce**  
  o Implement staff health and wellbeing strategies in all partner organisations  
  o Promote Making Every Contact Counts and Five Ways to Wellbeing through partner workforces  
  o Black Country approach to education and development of primary care workforce |
| **Respiratory Health**  
  o COPD  
  o Asthma  
  o Workplace health initiatives | **Pathways and Commissioning**  
  o Maximise the opportunities of the National Diabetes Prevention Programme roll out across Black Country  
  o Collaborative/joint commissioning of services e.g. Children and young people, maternity, health visiting, development of Black Country Healthy Pregnancy Service |
| **Cancer Services**  
  o Early diagnosis | **Partnerships**  
  o Support and develop voluntary sector as key partners in the health agenda  
  o Engage with the Local Economic Partnership to optimise health outcomes  
  o Engage with Combined Authority on wider determinants of health e.g sustainable travel, air pollution |
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| Transformation of general practice | • Learn and share from vanguards, MCP’s, PACS, MERIT  
• Common approach to developing primary care  
• Standardised approach e.g. enhanced services, referral management  
• Prevention focussed service delivery |
| Achieving and maintaining core standards and improving quality & safety | • Identify what has worked well across the Black Country and share it  
• Learning and sharing from a focus on commonality of regulatory inspection reports e.g. maternity, A&E, RTT.  
• Focus on demand management including primary care access  
• Review operational patterns e.g. conveyances, spikes and bunching  
• Develop single understanding of plans and evaluations for emergency admission reductions  
• Stronger collective focus on preventing emergency admissions  
• Agree to concentrate capacity with site specific delivery for identified procedures  
• Focus on availability of rapid access diagnostics |
| Action on key clinical priorities | • Focus on cancer waits and treatment share best practice approaches  
• Deliver Transforming Care Plans  
• Deliver CAMHS Transformation Plans  
• Collaborative approach to maternity pressures across the Black Country  
• Share best practice on dementia diagnosis  
• Share best practice on neo-natal deaths |
| Right Care | • Black Country wide review  
• Common priorities identified - Service transformation; QIPP opportunities  
• Cross reference to JSNA’s and HWBB Strategies  
• Priorities identified |
## Section 2b: Improving care and quality of services (Con’t)

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<tr>
<th>Challenge</th>
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| **New Care Models**     | • Genuine focus on integration  
                          • Black Country Alliance 
                          • MERIT 
                          • Wolverhampton PACS 
                          • Healthy Walsall Partnership 
                          • Dudley Vanguard 
                          • Modality Vanguard 
                          • Right Care Right Here and delivery of Midland Met Hospital  
                          • Transforming Care Together Partnership 
                          • Leading redesign and procurement of NHS111 and OOH 
                          • Leading WMUECN and transformation change of urgent care |
| **Key Enablers**        | • Focus on Electronic Health Records  
                          • Recruiting together as a system including health and social care  
                          • Joined up workforce planning   
                          • Improved skill mix  
                          • Developing creative new roles  
                          • Health Futures University Technical College |
Section 2c: Improving productivity and closing the local financial gap – Calculating the gap

- The Table below identifies the counterfactual ‘do nothing’ position for the Footprint over the FYFV planning cycle
- As can be seen, if zero action were taken the existing recurrent gap of £159m would rise to £476m by 2020/1
- £88.7m (2016/17) and £395m (2020/21) respectively is attributable entirely to services to Footprint residents

<table>
<thead>
<tr>
<th>Organisations in Footprint</th>
<th>2016/17 £m</th>
<th>2017/18 £m</th>
<th>2018/19 £m</th>
<th>2019/20 £m</th>
<th>2020/21 £m</th>
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<tbody>
<tr>
<td>NHS Providers</td>
<td>(68.0)</td>
<td>(119.8)</td>
<td>(170.0)</td>
<td>(238.4)</td>
<td>(292.0)</td>
</tr>
<tr>
<td>NHS Commissioners</td>
<td>(12.7)</td>
<td>(23.5)</td>
<td>(39.1)</td>
<td>(54.5)</td>
<td>(44.8)</td>
</tr>
<tr>
<td>Local Authorities</td>
<td>(78.8)</td>
<td>(110.1)</td>
<td>(131.2)</td>
<td>(139.7)</td>
<td>(139.8)</td>
</tr>
<tr>
<td>Total Annual</td>
<td>(159.5)</td>
<td>(253.4)</td>
<td>(340.3)</td>
<td>(432.5)</td>
<td>(476.5)</td>
</tr>
<tr>
<td>Cumulative Total</td>
<td>(159.5)</td>
<td>(412.8)</td>
<td>(753.1)</td>
<td>(1,185.6)</td>
<td>(1,662.1)</td>
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Section 2c: Improving productivity and closing the local financial gap – Closing the gap

DEMAND SIDE INITIATIVES:
- Right Care Savings Opportunities identified of £72m
- Better Care fund
- QIPP & Other demand related initiatives

SUPPLY SIDE INITIATIVES:
- NHS Provider CIP of £93m, 4.1% signed off for 2016/17
- Local Authority savings Plans signed off for 2016/17
- Carter Savings Opportunities being scoped & planned by NHS Providers
- Midland Metropolitan Hospital Plans

STP TRANSFORMATION PROGRAMME
Section 3: Your emerging priorities

Please discuss your emerging thinking on what the key priorities are to take forward in your STP, and why:

- Create open, clear and fast paced decision making through strong leadership and governance
- Baseline assessment of current position, plans and strategies for LTC’s, primary care, new care models
- Developing a single Black Country view on prevention
- Consider establishing a Black Country self care programme
- Consider developing a single approach to personal health budgets across the Black Country with a particular focus on maternity and EOLC
- Complete a full and comprehensive review of Right Care packs and test the outcomes and assumptions
- Consider single commissioning approaches to major pathways and conditions e.g. children and young people, mental health
- Maximising efficiency through provider collaboration
- Transformation of the urgent care system
- Sharing learning and embedding best practice from high performers and new care models with a view to wider roll out
- Consider single approach to workforce planning and recruitment
- Developing a Black Country strategy for specialised services

Big Decisions
- Pooling of resources?
- What does collaborative commissioning mean ultimately?
- How can we maximise the opportunities from provider collaboration?
- How do we manage the system to ensure the sustainability of its constituents?