

# Black Country and West Birmingham

Integrated Care System Roadmap



## Our vision



**Working together to improve the health,  
wellbeing and prosperity of our local population**

# Transforming health and care

Over the last two years, the STP has provided us with a framework to transform our local health and care system in the Black Country and West Birmingham. It has enabled us to act systematically and together - to agree and address common challenges in a way that we could not as individual organisations.

Building on our strong track record of delivery and innovation, the STP will work collaboratively with its health and care partners to move towards an Integrated Care System (ICS).



# Local context

In the Black County and West Birmingham we have high performing organisations and are increasingly collaborating between organisations in our local place and across our STP footprint. Our colleagues in primary care are leading the way in developing new ways of working across health and social care, community services, mental health, voluntary and community sector and public health.

However, our local health and care system faces significant challenges. They include: changes in population need; changes in how we organise and provide services; usage of estates and recruitment and retention of our workforce. In addition, we face gaps in care quality, health outcomes and financial sustainability.

Our communities are highly diverse and many people face complex issues that affect their health and wellbeing such as: social deprivation; unemployment; substance misuse and poor lifestyle choices. These issues strongly influence our health population challenges:

- Higher numbers of people experiencing mental health problems
- Adult and child obesity
- Gaps in life expectancy and infant mortality
- Dementia, respiratory disease and diabetes diagnosis
- Substance misuse admissions

# Current issues

- Midland Metropolitan Hospital (MMH) development
- Dudley ED CQC concerns
- Walsall clinical workforce sustainability
- Wolverhampton delivery of cancer targets
- Transforming Care agenda
- Unwarranted variation in some mental health services

# Drivers for integrated care

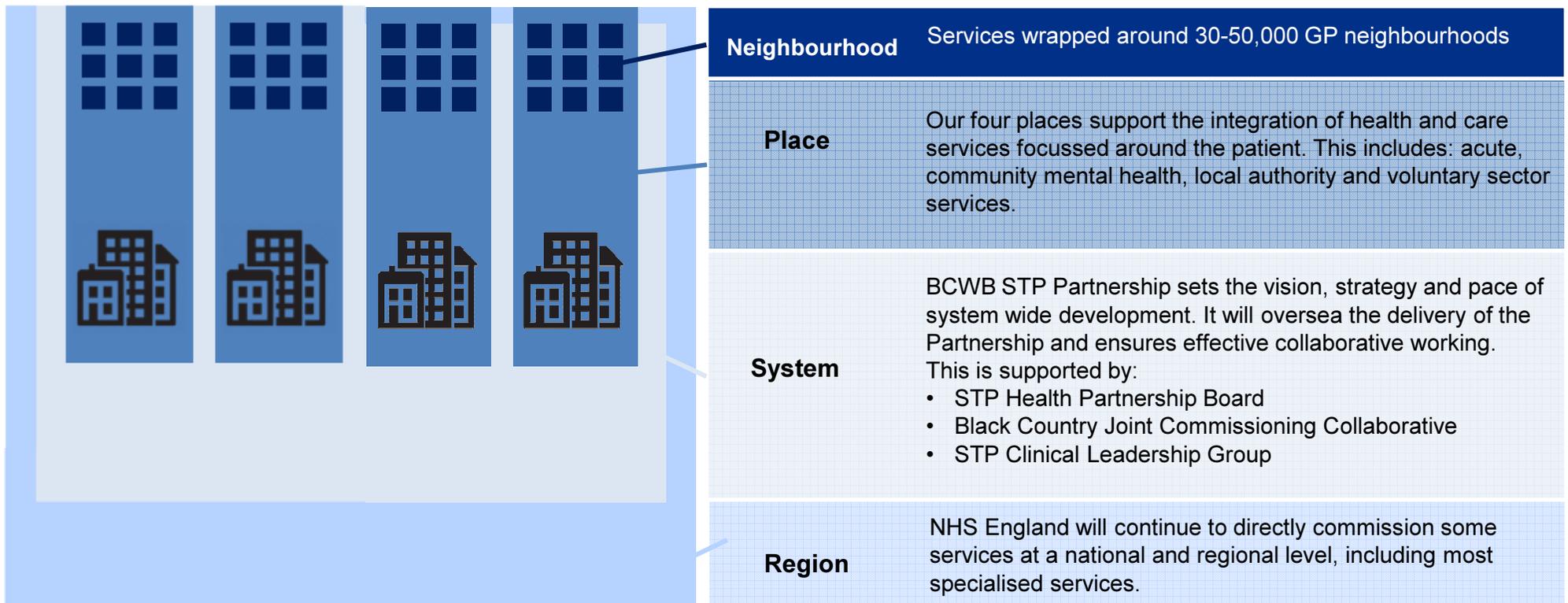


# Future model for integrated care

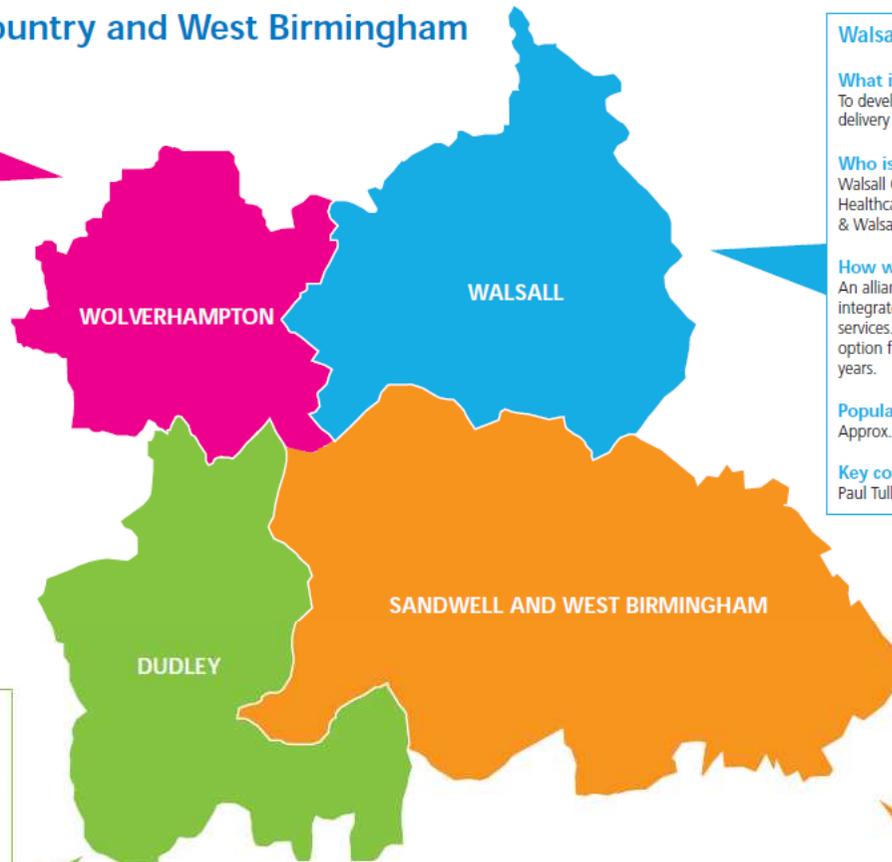
Bringing health, social care and voluntary sector organisations together, to achieve improved health and wellbeing.



# Future model for delivering integrated care



# Integrated Care in the Black Country and West Birmingham



## Integrated Care Alliance Wolverhampton

### What is the vision?

The development of a health and care alliance across Wolverhampton with a focus on a place based model.

### Who's involved?

City of Wolverhampton Council, Black Country Partnership Foundation Trust, Wolverhampton CCG, The Royal Wolverhampton NHS Trust and local GP practices. Also Healthwatch and Local Medical Committee representatives.

### How will it work?

The system-wide alliance will be clinically led and will focus on:

- Shifting resource out of hospital to support more patients at home and in their communities
- Health promotion and disease prevention

It will use financial systems to incentivise changes in care and ensure sustainability.

### Population size

Approx. 256,000 people.

### Key contacts

Andrea Smith [andrea.smith21@nhs.net](mailto:andrea.smith21@nhs.net)

## Dudley Multispecialty Community Provider (MCP)

### What is the vision?

To integrate primary and community care within a single organisation and so improve access, continuity and coordination of care.

### Who's involved?

Dudley CCG and Dudley Metropolitan Borough Council are leading the procurement of Dudley MCP. In dialogue with partnership of four local NHS Trusts and local GPs.

### How will it work?

The model is based on an ethos of "community where possible, hospital where necessary" by creating a network of GP-led health and care teams. Network will focus on co-ordination of care across the system.

### Population size

Approx. 316,000 people.

### Key contacts

Neill Bucktin [neill.bucktin@nhs.net](mailto:neill.bucktin@nhs.net)  
 Stephanie Cartwright [Stephanie.cartwright1@nhs.net](mailto:Stephanie.cartwright1@nhs.net)  
 For more information on the model, visit [www.ATBDudley.org](http://www.ATBDudley.org)

## Walsall Together

### What is the vision?

To develop an integrated health and care alliance for the delivery of place-based services

### Who is involved?

Walsall GP practices, Walsall Borough Council, Walsall Healthcare NHS Trust, One Walsall, Healthwatch, Dudley & Walsall Mental Health NHS Trust and Walsall CCG.

### How will it work?

An alliance model with shared governance and integrated management will provide place-based services. Currently, a host provider model is the preferred option for the alliance which will be phased in over three years.

### Population size

Approx. 272,000

### Key contacts

Paul Tulley [paul.tulley@walsall.nhs.uk](mailto:paul.tulley@walsall.nhs.uk)

## Sandwell and Western Birmingham Healthy Lives Partnership

### What is the vision?

Providing greater integration between all providers (including: primary, community, mental health and independent providers) to shift care closer to home, improve patient experience to provide seamless and timely services and take lessons learned from the vanguard.

### Who will be involved?

Sandwell and West Birmingham CCG, Sandwell and West Birmingham Hospital Trust, Birmingham Community Trust, BSMHFT, BCPFT, Sandwell Council, Birmingham City Council, emerging (new) Primary Care Networks and early conversations with the third sector to allow progressive integration over time.

### How will it work?

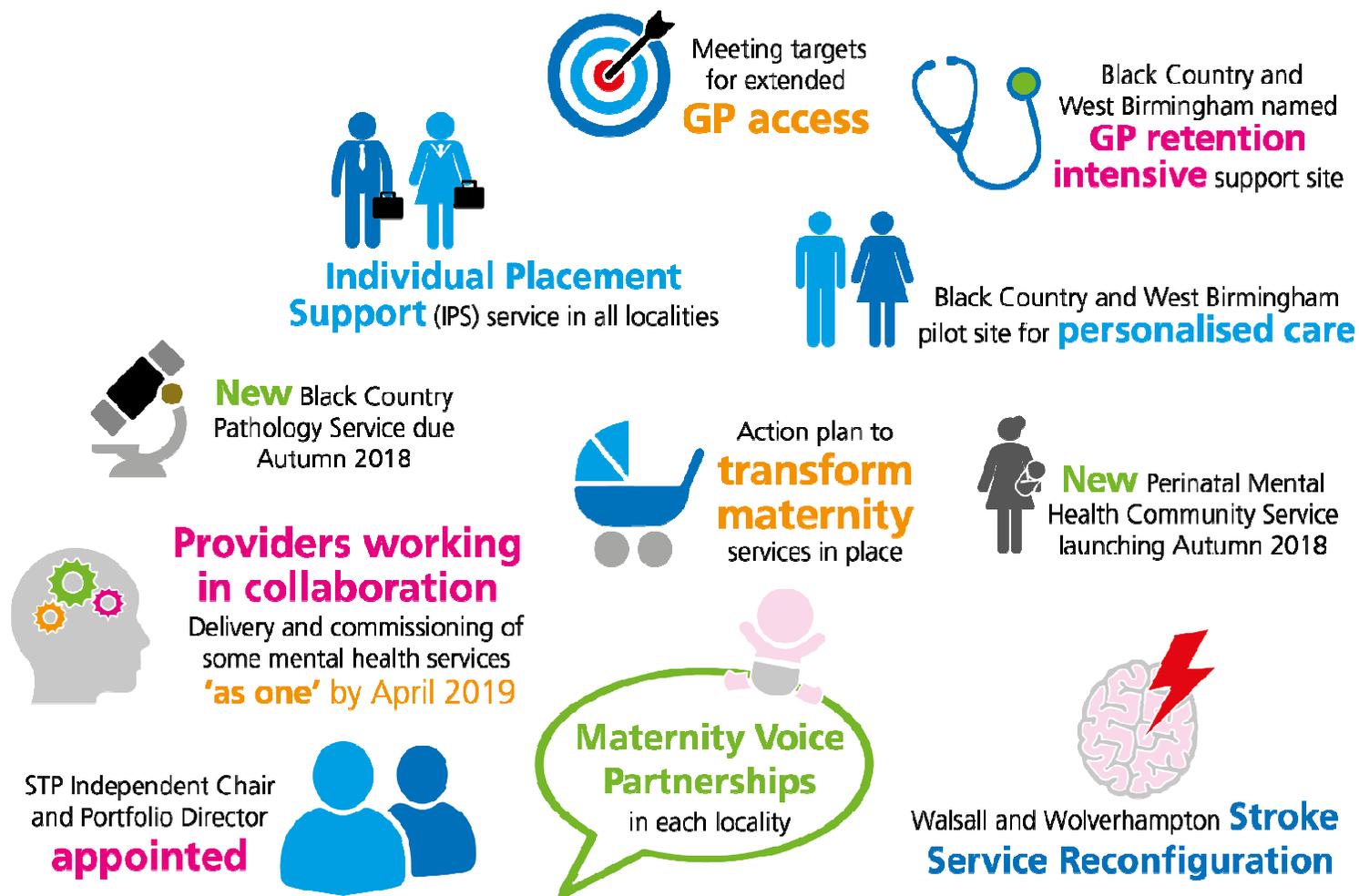
Focus on keeping local people well and tackling underlying causes of ill health, inequality and vulnerability.

### Population size

Approx. 572,000

**Key contacts** Claire Parker [claire.parker2@nhs.net](mailto:claire.parker2@nhs.net) Sharon Liggins [sliggins@nhs.net](mailto:sliggins@nhs.net) Jenna Phillips [jenna.phillips@nhs.net](mailto:jenna.phillips@nhs.net)

# Progress to date across the STP



# Strategic objectives for delivering integrated care



# Delivering integrated care – Clinical Strategy

Building on our strong place-based integration and financial performance, we are developing an STP clinical strategy which is clinically led. This will:

- Inform service delivery across the Black Country and West Birmingham
- Reduce unwarranted variation and duplication across the system and help address the triple aim.

The strategy highlights 12 priority areas: Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care, Cardiovascular Disease, Clinical Support Services, Pathology, Musculoskeletal conditions; Respiratory Disorders and Frailty. Our current areas of focus are:

- Cancer
- Mental Health
- Learning Disability Services
- Maternity and neonates
- Primary Care

We recognise that effective clinical engagement is fundamental to the delivery of our clinical strategy and integrated care. This will be supported through the STP Clinical Leadership Group.

- Establishing clear, robust and manageable processes to provide clinical leadership and assurance across our programmes of work
- Developing an outcomes-based approach to healthcare and reducing unwarranted clinical variation.

# Delivering integrated care - Primary Care

Primary care is at the heart of place based plans and integral to integrated care delivery.

- Clinical champions in our four place based areas
- GPs shaping and forming primary care networks
- GPs working together with secondary care to improve clinical pathways
- LMC engagement in each place and at STP level
- Primary care involved and shaping workforce development in place and at STP level
- Funding for GP clinical fellowship in the STP

# Delivering integrated care – Strategic Commissioning

We will move towards strategic commissioning by:

- Working together across the STP/managing the system
- Developing a common outcomes framework
- Developing a model to enable both place and STP-wide commissioning and service delivery
- Commissioners and providers will work together to make services more clinically effective, keeping the patient at the centre of everything we do



# Delivering integrated care - Enablers

We will

- develop an STP workforce strategy to support the STP clinical strategy
- develop common IT enablers (e.g. shared information governance) and estates enablers
- develop a shared view of system finances and performance
- deliver care through place based alliances
- collaborate on shared challenges across the STP and share best practice and infrastructure to address these, for example: Performance challenges, cancer and specialist services and urgent and emergency care/delayed transfer of care

In order to support the delivery of our system and place-based plans, we will strengthen and formalise STP governance arrangements and review the STP MoU. This will be signed off by respective organisational Boards to strengthen collective delivery.

# Our strategic objectives (1/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Develop a system-wide, sustainable financial strategy	<ul style="list-style-type: none"> <li>• Discuss financial plan monthly with reference to closing the financial gap in line with clinical strategy</li> <li>• Include patient pathways in financial discussions with partners</li> <li>• Financial reporting to happen at place-base rather than organisational level</li> <li>• Formalise risk share protocols – STP level</li> <li>• Draw on learning from other areas around risks and incentives</li> </ul>	Finance Directors	April 2020	<ul style="list-style-type: none"> <li>• Finance</li> </ul>
Increase the proportion of system resources allocated to mental health/primary and community care	<ul style="list-style-type: none"> <li>• Review system resource allocation</li> <li>• Differentially invest additional resource</li> </ul>	Each CCG, with Finance Group to monitor progress	Plans in place by April 2019	
Develop a common outcomes framework for strategic commissioning	<ul style="list-style-type: none"> <li>• Population health</li> <li>• Service intervention</li> <li>• Patient experience</li> <li>• Work with local authorities</li> </ul>	Initially by place (CCG leads), then across STP	By Commissioning Intentions, early October 2018 (place) and October 2019 (STP)	<ul style="list-style-type: none"> <li>• Wider determinants of health / prevention</li> </ul>
Work with regional STP partners to review the opportunities around specialised and direct commissioning	<ul style="list-style-type: none"> <li>• Define ask of NHSE/I for BCWB joint working</li> <li>• Collaboration with BSol/BCWB</li> <li>• Develop proposition for NHSE</li> </ul>	Helen Hibbs Mike Sharon Mark Axcell Lesley Writtle	By Commissioning Intentions, early October 2018	<ul style="list-style-type: none"> <li>• Strategic commissioning / system management</li> </ul>

# Our strategic objectives (2/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Commission defined specialist mental health and learning disability services and provide once across BCWB	<ul style="list-style-type: none"> <li>Bring mental health services back into the BCWB (to be done at STP level)</li> <li>Shared view on clinical model</li> <li>Develop commissioning strategy</li> </ul>	Mark Axcell Lesley Writtle Steven Marshall	Plans developed by October 2018	Wider determinants of health / prevention  Strategic commissioning / system management
Improve resilience, quality and performance of care home sector	<ul style="list-style-type: none"> <li>Review local and national best practice</li> <li>Consider how we commission and contract</li> </ul>	Local authorities Sally Roberts	Due with commissioning strategy October 2018	
Working towards cross-organisation collaboration across primary care, mental health and acute providers	<ul style="list-style-type: none"> <li>Agree required resource, leadership and governance model for STP</li> <li>Establish what support and resource NHSE/I can provide to the STP</li> </ul>	Helen Hibbs Alastair McIntyre	October 2018	Cancer CHC Planned Care Maternity Mental Health Primary Care 7 Day Services TCP UEC Clinical Strategy Personalisation PHBs Children
Develop and implement place-based models <ul style="list-style-type: none"> <li>Improve outcomes and reduce variation across BCWB</li> <li>Share and implement best practice</li> </ul>	<ul style="list-style-type: none"> <li>Establish governance for development and delivery</li> <li>Agree clinical priorities at both place and STP level</li> </ul>	Diane Wake/ Paul Maubach David Loughton/ Helen Hibbs Richard Beeken/Paul Maubach Toby Lewis/Andy Williams	April 2019	

# Our strategic objectives (3/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Develop an aligned urgent and emergency care pathway, jointly with the Ambulance Service	<ul style="list-style-type: none"> <li>Ensure embedded in the working practices of ambulance services and other organisations</li> </ul>	Andy Williams	April 2019	Cancer CHC Planned Care Maternity Mental Health Primary Care 7 Day Services TCP UEC Clinical Strategy Personalisation PHBs Children
Make BCWB the best place to work in health and social care	<ul style="list-style-type: none"> <li>Develop health and social care workforce plan and strategy</li> <li>Develop a shared workforce training approach</li> <li>Develop a BCWB professional passport</li> <li>Establish a shared bank of staff across BCWB</li> </ul>	Mark Axcell (HR / LWAB / STP representation)	April 2022	RightCare/GIRFT Aspirant ICS Estates Performance & Assurance Comms & Engagement Information Sharing & Governance IM&T PMO/PSO
Review place-based operating models to develop a common IT/digital strategy and data-sharing approach	<ul style="list-style-type: none"> <li>Create a BCWB clinical portal</li> <li>Use the tech and infrastructure group to address the BCWB single record issue</li> <li>Develop shared information governance</li> <li>Black Country LDR to drive change</li> </ul>	Tony Gallagher Mike Hastings	April 2020	

# Our strategic objectives (4/4)

Strategic Objective	Action	By Whom	By When	Existing STP programmes
Improve understanding of the STP for both staff and the population of BCWB	Develop STP level communications and engagement strategy	Alastair McIntyre	November 2018	
Achieve better value from our estate to release resource to care for our patients	Develop estates strategy	James Green	April 2019	
Achieve a single source of truth and system-wide data sharing approach	Develop shared BI service	Mike Hastings	April 2020	
Continue to progress a shared back office approach	Discuss collaboration between Trusts and CCGs	AOs/CEOs	April 2019	

# Our ICS roadmap

Our ICS roadmap is structured around five key workstreams. The roadmap outlines the activities, milestones, delivery and resources to ensure we are on track to reach shadow status within 18 months.



# Governance and Programme Management

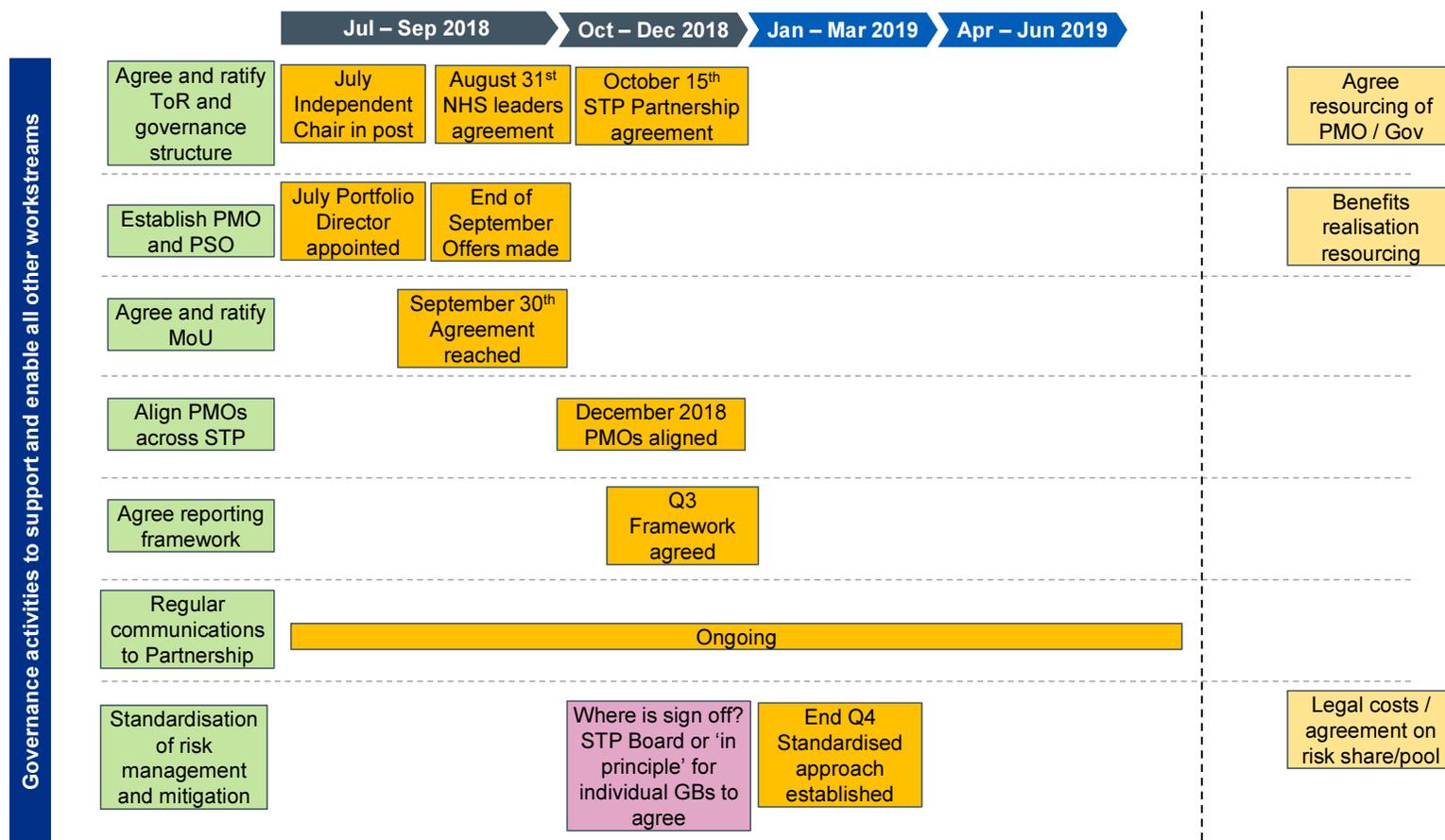
## Workstream purpose

- To align leadership and transformation initiatives across the STP and four places
- To enable the STP to effectively implement and deliver new models of care, both at a place and system level
- To support the delivery of current and future transformation plans to enable benefits realisation

## Setting the context

- We need to strengthen and clarify our governance arrangements as we progress the STP.
- We need to strengthen our shared resources (funds and people) to enable us to progress the agendas developed at STP level.
- Our PMO needs to work with existing PMO's across the system.
- The STP PMO initially recruiting to x3 roles
- The central PMO will liaise with individual organisations' PMO's as well as aligning to the STP transformation programme workstreams.
- The central PMO will report in to governing bodies and Boards – the regular reporting rhythm needs to be established.

# Governance and Programme Management



Key:  Activities  Milestones  Decisions  Resources

# Actions – Governance and Programme Management

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome / benefit
1. Effective leadership & relationships	Structure STP governance to support and enable ICS plan	Agree and ratify terms of reference and governance structure	Alastair McIntyre	July 2018	October 2018	Clear decision making framework which will enable us to track milestones and delivery of the programme
3. Track record of delivery		Establish PMO and PSO	Alastair McIntyre	July 2018	October 2018	
4. Care redesign		Agree and ratify MoU	Alastair McIntyre	July 2018	September 2018	
3. Track record of delivery		Align PMOs across STP	Alastair McIntyre	July 2018	December 2018	
3. Track record of delivery		Agree reporting framework	Alastair McIntyre	July 2018	December 2018	
3. Track record of delivery		Establish regular communications to Partnership	Alastair McIntyre	Ongoing	Ongoing	
2. Strong financial management		Standardise risk management and mitigation	Alastair McIntyre	July 2019	March 2019	

# Strategic Commissioning

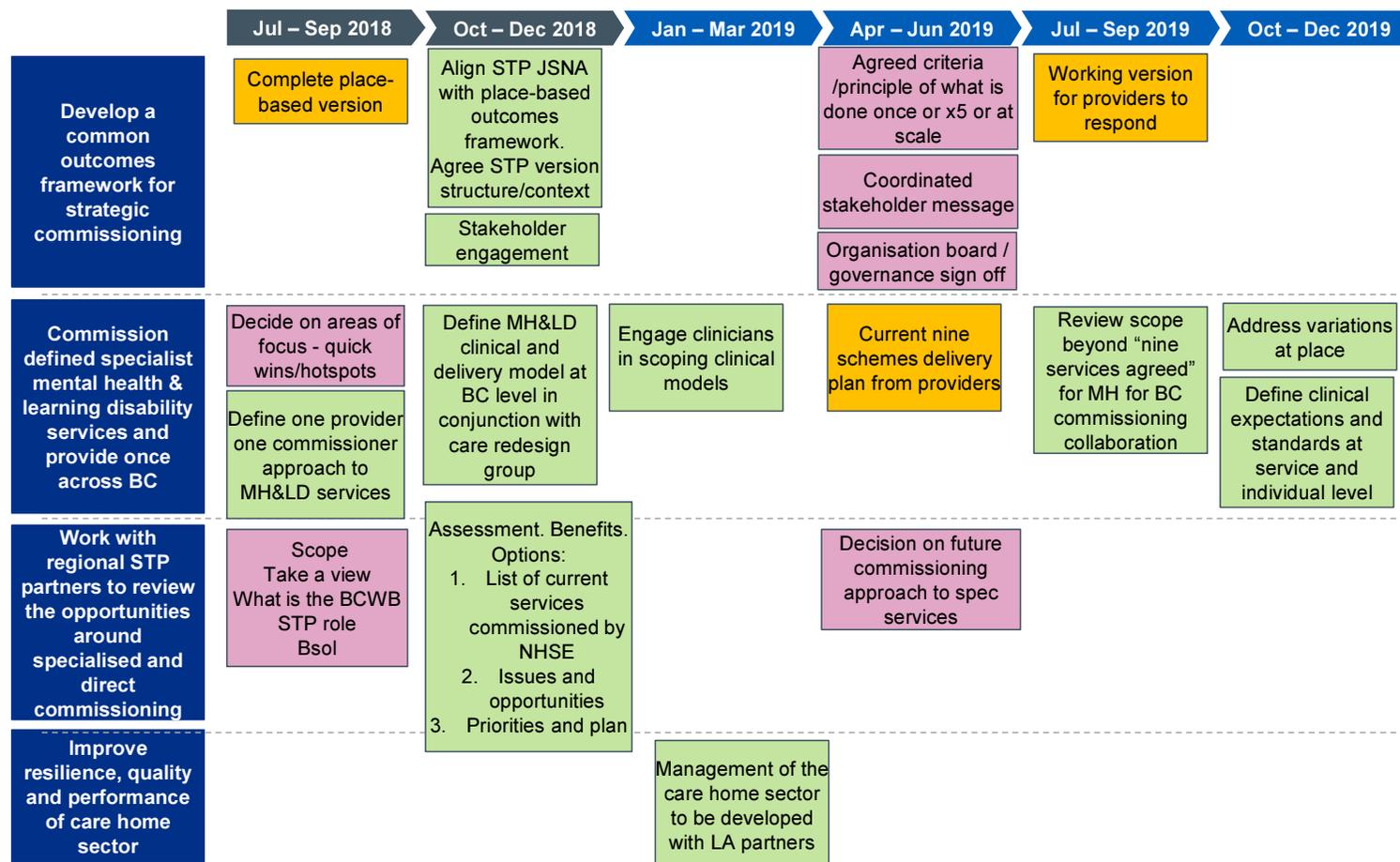
## Workstream purpose

- To support the integration of services at both a place and system level
- To support the priorities outlined in the clinical strategy
- To effectively align and share resources across the STP
- To establish, through an STP level common outcomes framework, a minimum set of core outcomes across the system, tailored for each place
- To support providers to develop their tactical commissioning capabilities
- To hold providers to account for the delivery of agreed common outcomes

## Setting the context

- We need to be clear on our objectives for STP strategic commissioning – alignment and sharing of resources/best practice and/or commissioning once across the STP.
- When developing the STP level common outcomes framework, we will look for commonalities between existing place-based work, building bottom up and aligning. This will support us to establish a minimum set of core outcomes across BCWB.
- The STP common outcomes framework requires clinical input as well as public and patient engagement during its development.
- Existing mental health work programmes must be built into the STP plan.

# Workstream – Strategic commissioning



Key:  Activities  Milestones  Decisions  Resources

# Actions – Strategic Commissioning

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
5. Coherent and defined population	Develop a common outcomes framework for strategic commissioning	Align STP JSNA with place-based outcomes framework. Agree STP version structure/context.	Paul Maubach	October 2018	December 2018	<ul style="list-style-type: none"> <li>Improved life expectancy</li> <li>Reducing the number of people living with poor health</li> <li>Reducing infant mortality</li> <li>Reduce unwarranted variation</li> </ul>
		Stakeholder engagement	Paul Maubach	October 2018	December 2018	
4. Care redesign	Commission defined specialist mental health and learning disability services and provide once across BC	Define one provider one commissioner approach to mental health and learning disability services.	Helen Hibbs	July 2018	September 2018	<ul style="list-style-type: none"> <li>Better access to services</li> <li>Streamlined urgent and emergency care</li> <li>Improved patient experience measures</li> </ul>
		Define mental health and learning disability clinical and delivery model at BC level in conjunction with care redesign group.	Helen Hibbs	October 2018	December 2018	
		Engage clinicians in scoping clinical models.	Helen Hibbs	January 2019	March 2019	
		Review scope beyond “nine services agreed” for mental health for BC commissioning collaboration.	Helen Hibbs	July 2019	September 2019	
		Define clinical expectations and standards at service and individual level.	Helen Hibbs	October 2019	December 2019	
		Address variations at place level.	Helen Hibbs	October 2018	December 2018	
2. Strong financial management	Work with regional STP partners to review the opportunities around specialised and direct commissioning	Assess specialised commissioning opportunities and benefits. Options: <ol style="list-style-type: none"> <li>List of current services commissioned by NHS</li> <li>Activity/cost/providers/org. of commissioning</li> <li>Issues and opportunities</li> <li>Priorities and plan</li> </ol>	Andy Williams	October 2018	December 2018	<ul style="list-style-type: none"> <li>Delivering financial sustainability and living within our financial envelope</li> <li>Meeting our control total</li> <li>Increasing investment in mental health services</li> </ul>
4. Care redesign	Improve resilience, quality and performance of care home sector	Management of the care home sector to be developed with local authority partners	Sally Roberts	November 2018	March 2019	<ul style="list-style-type: none"> <li>Better access to services</li> <li>Improved patient experience measures</li> </ul>

# Care redesign

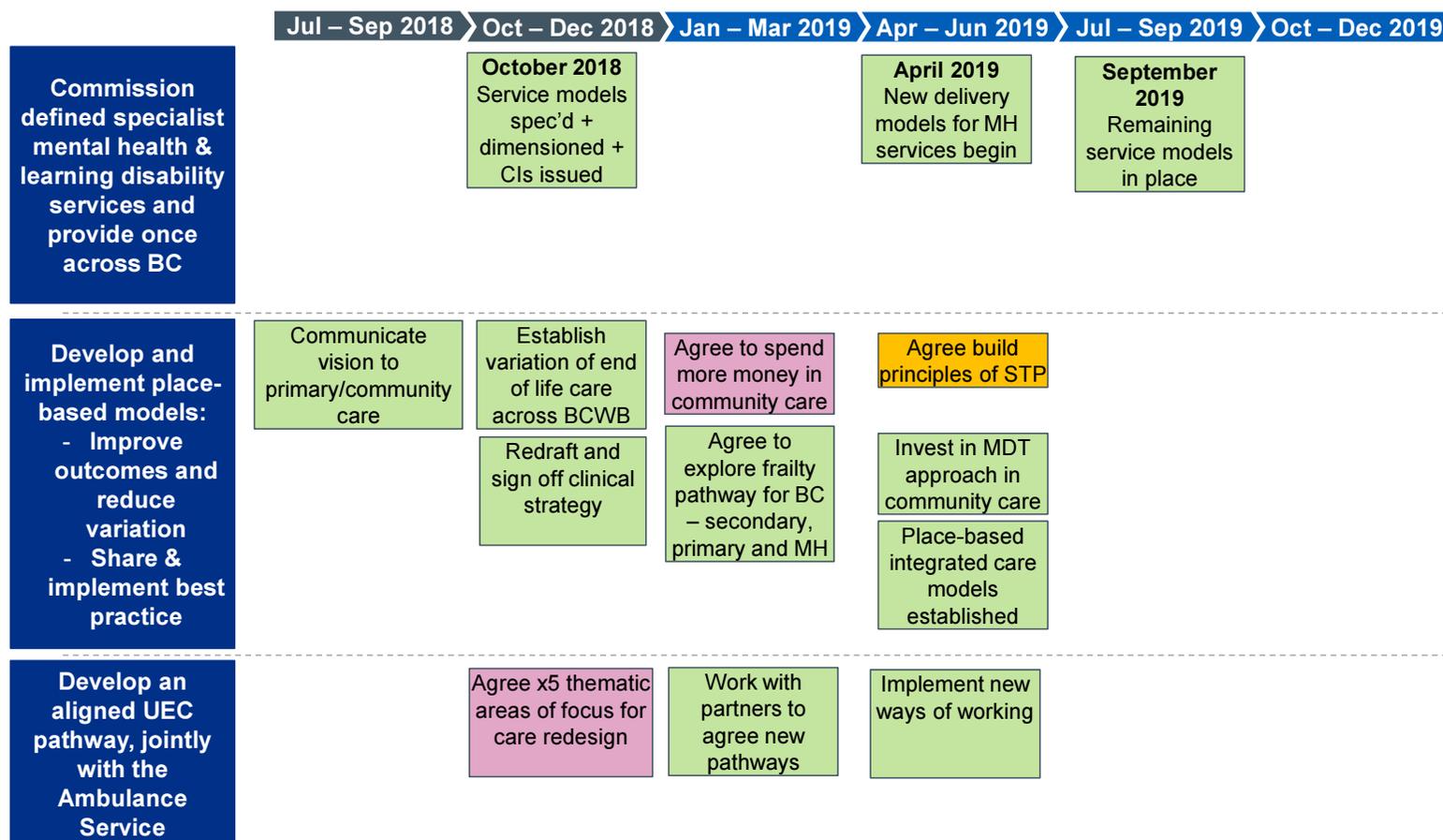
## Workstream purpose

- To improve health outcomes across the Black Country and West Birmingham
- To align service delivery through place-based alliances
- To develop a common outcomes framework in close collaboration with the strategic commissioning work stream
- To ensure the sustainability of services across the Black Country and West Birmingham
- To reduce duplication and fragmentation across the system
- To deliver care in a financially sustainable way that supports a skilled and sustainable workforce
- To ensure that the population of the Black Country and West Birmingham have ready access to the right care in the right place at the right time

## Setting the context

- Care redesign work will happen at a place-based level, with the STP enabling the four places to share and implement best practice.
- There is an opportunity to address the sustainability of services as an STP:
- What should be the breadth of scope for our clinical strategy?
- How do we define vulnerable services?
- How do we solve the problems?
- Key assumptions:
- Care will be primarily place-based.
- The care redesign work stream will work closely with the strategic commissioning work stream to develop the outcomes framework.
- There needs to be close alignment with our financial strategy (what we can afford) and workforce strategy (what we can deliver).

# Workstream – Care redesign



Key:  Activities  Milestones  Decisions  Resources

# Actions – Care redesign

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
4. Care redesign	Commission defined specialist mental health and learning disability services and provide once across BC	Spec and dimension service models and issue commissioning intentions.	Steven Marshall	July 2018	October 2018	<ul style="list-style-type: none"> <li>Improving the health and wellbeing of the population</li> <li>Improved life expectancy</li> <li>Reducing the number of people living with poor health</li> <li>Reducing infant mortality</li> <li>Reduce unwarranted variation</li> <li>Improving the patients experience of health and care services</li> <li>Better access to services</li> <li>Streamlined urgent and emergency care</li> <li>Improved patient experience measures</li> </ul>
		Begin new delivery models for mental health services.	Steven Marshall	April 2019	Ongoing	
		Begin delivery of remaining service models.	Steven Marshall	September 2019	Ongoing	
4. Care redesign	Develop and implement place-based models: <ul style="list-style-type: none"> <li>Improve outcomes and reduce variation</li> <li>Share and implement best practice</li> </ul>	Communicate vision to primary and community care.	Leaders in place	July 2018	September 2018	
		Establish variation of end of life care across BCWB.	Leaders in place	October 2018	December 2018	
		Explore frailty pathway for BC across secondary, primary and mental health services.	Leaders in place	November 2018	January 2019	
		Invest in MDT approach in community care.	Leaders in place	April 2019	June 2019	
		Place-based integrated care models established	Leaders in place	July 2018	April 2019	
		Redraft and sign off clinical strategy	Leaders in place	July 2018	October 2018	
4. Care redesign	Develop an aligned Urgent and Emergency Care pathway, jointly with the Ambulance Service	Work with partners to agree new pathways and implement	Andy Williams	July 2018	April 2019	
		Agree five thematic areas of focus for care redesign.	Andy Williams	July 2018	October 2018	

# Enablers

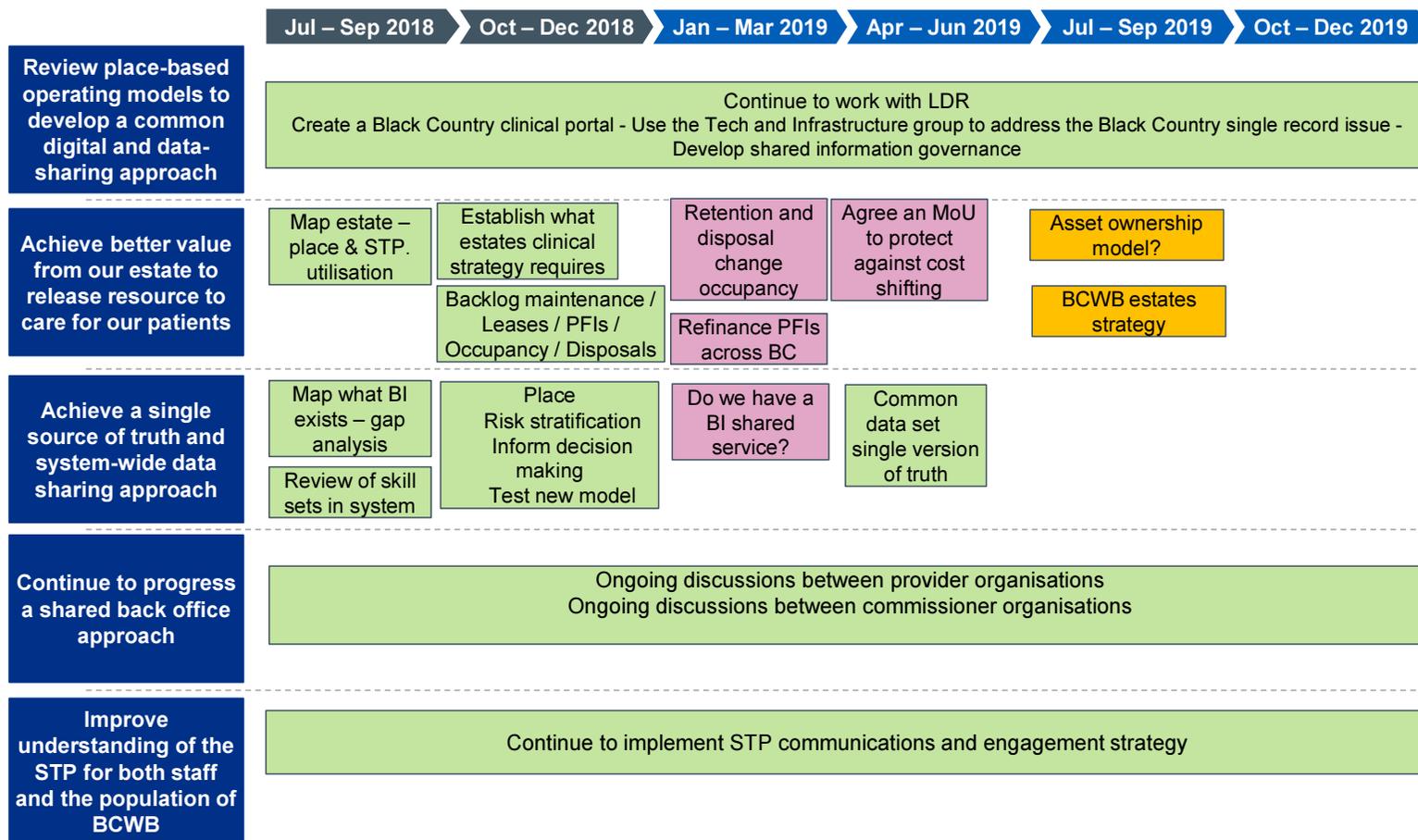
## Workstream purpose

- To ensure that the relevant enabling functions are established to support the delivery of place and STP plans
- To ensure that non-clinical functions run as efficiently as possible in order to free up resource to invest in care
- To achieve better value from our estate to release resource for patient care
- To support the effective gathering, sharing and use of data across the STP

## Setting the context

- Business intelligence: data sharing groups need to be established, as well as the governance around communication and data sharing across the STP.
  - What will the vehicle for delivery be – MoU? Alliance?
- Current programmes of work around estates and the digital roadmap need to be built into the STP plan.
- We need to look at synergies between existing place-based strategies to support the development of system-level enablers.
- Key assumptions:
  - The enablers work stream is particularly dependent on the care redesign work stream (timelines, resources).
  - Our view on the system operating model should inform requirements.

# Work stream – Enablers



Key:  Activities  Milestones  Decisions  Resources

# Actions - Enablers

Maturity matrix component-	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
4. Care redesign	Review place-based operating models to develop a common digital and data-sharing approach	Continue to work with LDR Create a Black Country clinical portal - Use the Tech and Infrastructure group to address the Black Country single record issue - Develop shared information governance	Mike Hastings	July 2018	April 2020	<ul style="list-style-type: none"> <li>• Delivering financial sustainability and living within our financial envelope</li> <li>• Meeting our control total</li> <li>• Increasing investment in mental health services</li> <li>• Increasing investment in primary and community care</li> </ul>
2. Strong financial management	Achieve better value from our estate to release resource to care for our patients	Map estate at place and STP level and establish utilisation levels.	James Green	July 2018	September 2018	
		Establish the estates need driven by the clinical strategy.	James Green	October 2018	December 2018	
		Backlog maintenance / Leases / PFIs / Occupancy / Disposals	James Green	October 2018	December 2018	
4. Care redesign	Achieve a single source of truth and system-wide data sharing approach	Map what BI already exists and conduct gap analysis.	Mike Hastings	July 2018	September 2018	
		Conduct review of existing BI skillsets across the system.	Mike Hastings	July 2018	September 2018	
		Establish a common data set – a single source of truth.	Mike Hastings	July 2018	June 2019	
		At place level: - Risk stratification -Inform decision making - Test new model	Mike Hastings	July 2018	December 2018	
		Consider shared BI service	Mike Hastings	July 2018	December 2018	
2. Strong financial management	Continue to progress a shared back office approach	Ongoing discussions between provider organisations Ongoing discussions between commissioner organisations	James Green	July 2018	Ongoing	
3. Track record of delivery	Improve understanding of the STP for both staff and the population of The Black Country	Continue to implement STP level communications and engagement strategy	Alastair McIntyre	July 2018 Ongoing	Ongoing Ongoing	

# Sustainability

## Workstream purpose

- To establish a skilled and sustainable workforce, in order to reduce the reliance on agency staff and to ensure the best possible quality of care for the population
- To ensure the most effective allocation of resources across the system, enabling the right care to be delivered in the right place at the right time
- To support the financial sustainability of the system as a whole for the next 5-10 years and beyond

## Setting the context

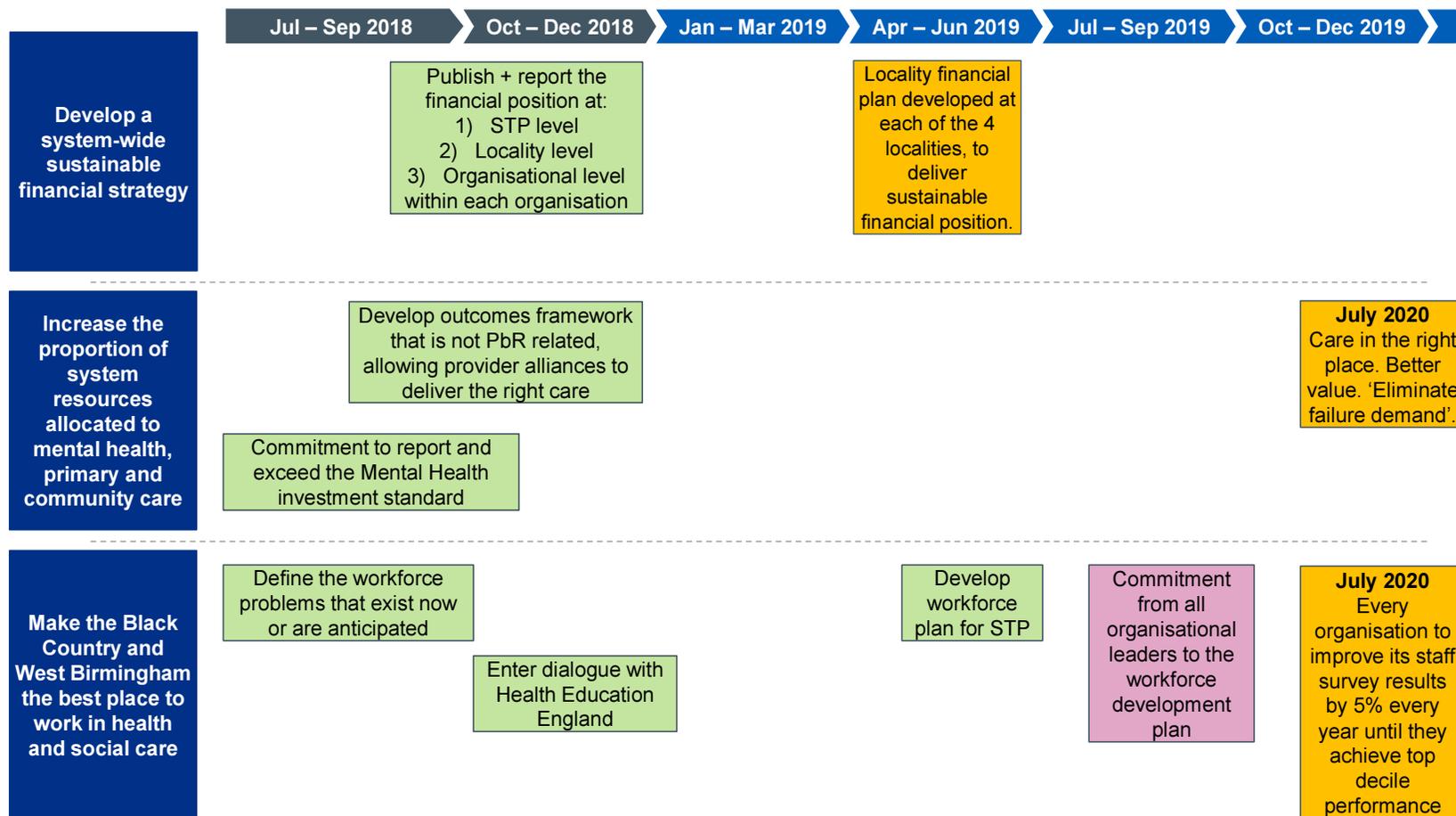
### Workforce:

- We need to identify which staff groups / specialties will be a challenge in the next 5-10 years and consider how to pre-emptively address them now e.g. through training programmes.
- Do clinicians have the bandwidth to drive change within their organisations?
  - What can we do to help create the bandwidth and share ownership?
- We should consider the art of the possible – we need to be truly innovative with our education and training approach to establish a sustainable workforce.

### Finance:

- We need to develop a system-wide view of our current position as a starting point, moving from an organisational view to a place-based view, consolidated at STP level.

# Work stream – Sustainability



Key:  Activities  Milestones  Decisions  Resources

# Actions - Sustainability

Maturity matrix component	High level objectives	STP action	Lead	Start date (est.)	Finish date (est.)	Outcome/benefit
2. Strong financial management	Develop a system-wide sustainable financial strategy	Publish and report the financial position at: 1) STP level 2) Place level 3) Organisational level	James Green	October 2018	December 2018	<ul style="list-style-type: none"> <li>Delivering financial sustainability and living within our financial envelope</li> <li>Meeting our control total</li> </ul>
2. Strong financial management	Increase the proportion of system resources allocated to mental health, primary and community care	Develop outcomes framework that is not PbR related, allowing provider alliances to deliver the right care.	James Green	October 2018	December 2018	<ul style="list-style-type: none"> <li>Increasing investment in mental health services</li> <li>Increasing investment in primary and community care</li> </ul>
		Commit to report and exceed the mental health investment standard.	James Green	Ongoing	Ongoing	
3. Track record of delivery	Make the Black Country and West Birmingham the best place to work in health and social care	Define the workforce problems that exist now or are anticipated.	Mark Axcell	August 2018	October 2018	<ul style="list-style-type: none"> <li>Improving the patients experience of health and care services</li> <li>Better access to services</li> <li>Streamlined urgent and emergency care</li> <li>Improved patient experience measures</li> </ul>
		Develop workforce plan for STP.	Mark Axcell	April 2019	June 2019	
		Enter dialogue with Health Education England	Mark Axcell	October 2018	December 2018	

# Milestones, Governance and Benefits Realisation



# Key milestones and activities for the system - December 2018

## **Governance and Programme Management**

- Governance, terms of reference, memorandum of understanding for STP signed off
- Portfolio director and PMO in place
- PMOs aligned across the STP
- Reporting framework agreed

## **Strategic Commissioning**

- Commissioning and delivery of nine mental health services across the STP

## **Care redesign**

- Clinical strategy signed off
- Commissioning intentions issued and service specifications agreed for new MH services
- Agreement on resources for MH providers for 18/19 to match or exceed MH investment standard

## **Enablers**

- Continue to implement the STP communications and engagement strategy
- Continue to work on the Local Digital Roadmap (LDR)

## **Sustainability**

- Digital strategy progressed across the STP
- Publish and report on financial position at STP, locality and organisational level
- Define current workforce problems and enter dialogue with HEE

# Key milestones and activities for place - December 2018

## **Governance and Programme Management**

- Governance agreed for place-based integrated care models x4

## **Strategic Commissioning**

- x4 place-based outcomes framework complete

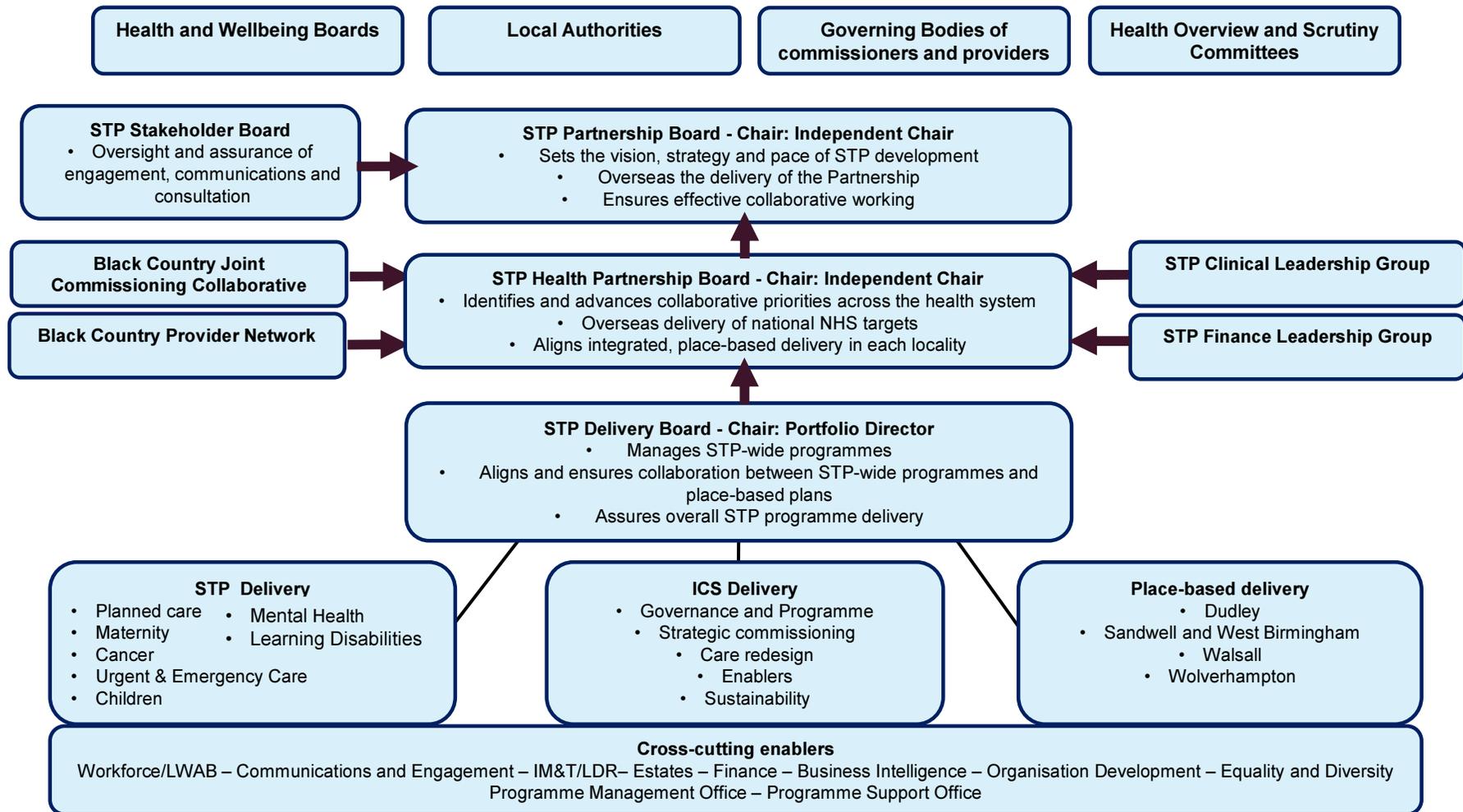
## **Care redesign**

- Continue to develop x4 place-based integrated care models

## **Enablers**

- OBC for Midland Met approved

# Proposed Governance



# 2023 benefits realisation

## **Delivering financial sustainability and living within our financial envelope**

- Meeting our control total
- Increasing investment in mental health services
- Increasing investment in primary and community care

## **Improving the health and wellbeing of the population**

- Improved life expectancy
- Reducing the number of people living with poor health
- Reducing infant mortality
- Reduce unwarranted variation

## **Improving the patients experience of health and care services**

- Better access to services
- Streamlined urgent and emergency care
- Improved patient experience measures

# Integrated, collaborative and patient-centred



# What support do we need to deliver integrated care?

Priority areas support request:

## **System development**

- Access to some continued external consultancy support to assist with programme delivery
- Single regulatory framework
- Half day service review for BC to review and understand assurance processes and timelines
- NHSE/I to support STP regarding specialised commissioning

## **Provider development**

- Workshops for development learning from early wave ICS sites
- Forum to share best Practice
- What other development support is available for provider organisations?

**Thank you.**

