Sandwell
Metropolitan Borough Council

Health and Adult Social Care Scrutiny Board

Monday 7 October, 2019 at 5.30 pm
in Committee Room 1
at the Sandwell Council House, Oldbury

Agenda

(Open to Public and Press)

1. Apologies for absence.

2. Members to declare:-

   (a) any interest in matters to be discussed at the meeting;
   (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.

3. To confirm the minutes of the meeting held on 29 July, 2019 as a correct record.

4. Black Country and West Birmingham Long Term Plan

5. Care Alliance

Date of next meeting: 18 November 2019

David Stevens
Interim Chief Executive

Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution:
Councillor E M Giles (Chair);
Councillor Piper (Vice-Chair);
Councillors Carmichael, Costigan, Hackett, Hartwell, Jarvis, R Jones, Kausar, Phillips and Tranter.

Agenda prepared by Deb Breedon
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Sandwell
Metropolitan Borough Council

Agenda Item 1

Health and Adult Social Care Scrutiny Board

Apologies for Absence

The Board will receive any apologies for absence from the members of the Board.

Sandwell
Metropolitan Borough Council

Agenda Item 2

Health and Adult Social Care Scrutiny Board

Declaration of Interests

Members to declare:-

(a) any interest in matters to be discussed at the meeting;

(b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.

Sandwell Metropolitan Borough Council

Agenda Item 3

Minutes of the Health and Adult Social Care Scrutiny Board

29th July, 2019 at 5.30pm
at Sandwell Council House, Oldbury

Present: Councillor Piper (Chair);
Councillors Carmichael, Costigan, Hartwell, R Jones, Phillips and Tranter.

In Attendance: Lisa Mc Nally, Director - Public Health;
Andy Williams, Chief Accountable Officer Sandwell and West Birmingham CCG;
Jayne Salter-Scott, Sandwell and West Birmingham CCG;
Terence Reid, Sandwell and West Birmingham CCG;
Saba Rai, Sandwell and West Birmingham CCG;
Alexia Farmer, Healthwatch Sandwell.

Apologies: Councillors E M Giles, Hackett and Jarvis.

12/19 **Declaration of Interest**

Councillor R Jones declared a non-pecuniary interest in the item relating to Reconfiguration of Inpatients Respiratory Medicine, as an employee of the West Midlands Ambulance Service.

13/19 **Minutes**

Resolved that the minutes of the meeting held on 17th June 2019 be approved as a correct record.

14/19 **Reconfiguration of Inpatients Respiratory Medicines**

The Board received a presentation from the Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to Reconfiguration of inpatient Respiratory Medicine.

The Board noted that the reconfiguration of services was a long-standing programme to bring sites together ahead of the move to the Midland Met hospital site. The Board noted that the CCG was working to pull together a hub for respiratory surgeons to be at the City site.

The proposal was when ambulance services take patients to report at accident and emergency (A&E) services, if additional care was required the patient would be transferred to City Hospital respiratory hub. The benefit of transfer from a clinical perspective would be to have expert services available for those needing specialist respiratory medicines at the earliest opportunity. It was recognised that some patients would need to receive immediate hospital care at Medical Unit (AMU) and that there was a team at Sandwell that could provide support.

It was recognised that some patients would need longer than 24 hours in hospital due to the need for additional care, and these specialist respiratory patients would be transferred from general wards to specialist care at both City and Sandwell hospitals. The CCG envisaged that with the new arrangements there would be a reduction in length of stay in hospital for respiratory patients. The new arrangements would include a rota for specialists, specialist nursing skills and the specialist unit rather than a general ward.

The Board noted that the next stages of the proposed way forward. The proposal would undergo public and staff engagement, further engagement with key partners and reconfiguration of medical wards on the City site to facilitate a single respiratory medicine hub. The delivery date was likely to be November 2019.

In response to questions, the Board noted the following:

- people would have faster access to specialist respiratory care;
- transport would be required between the two sites;
- there would be increased capacity to cope with winter respiratory caseloads;
- there would be safe transfer for acute respiratory cases;
- respiratory cases were increasing as people live longer, this was a national problem;
- there were more elderly and frail residents presenting to Sandwell Hospital hence the need for a robust presence on the Sandwell site, however more specialists would be at the City site;
- West Midlands Ambulance service transferred patients to the

nearest hospital, the CCG were looking at ambulatory care pathways;

- seven day working arrangements reinforced continuity of care for all;
- the CCG would try to anticipate and predict what the activity patterns would look like, but there was confidence that they would be the same, no new protocols were being developed at this stage;
- the engagement process was specific and was not a consultation process.

The Board was satisfied that the CCG had followed a clear and transparent process to ensure all comments and feedback were taken on board to get full understanding of the public and clinical needs relating to the reconfiguration of inpatients respiratory medicines.

Resolved: -

(1) that the report and presentation relating to the engagement process on the Reconfiguration of Inpatient Respiratory Medicine be noted;

(2) that an update be provided to a future meeting.

15/19 **System Changes**

The Board received a presentation from the Chief Executive of the Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to Systems Changes.

The Board was advised that there were major programmes and changes ongoing to improve the way health services were organised and would be delivered:

- Midland Metropolitan Hospital: open in 2022;
- Primary Care Networks: 10 in Sandwell and 5 in West Birmingham. Networks of General Practitioners (GP's) working together to provide better care 24/7;
- Care Alliances: social care, health and voluntary and community sector coming together. The alliance was trying to get the best value for Sandwell by partners working together in an alliance and try to do everything locally. NHS was being asked by

Government to show collective responsibility and were thinking about creating two place-based care alliances across the CCG/ Trust footprint with the following aims:
  - to be aware of what each other were doing;
  - to work collaboratively;
  - to get the best value for money;
  - work with charitable and faith-based sector;
  - to focus on what is done well and on innovations;
- Sandwell: part of the Black Country and West Birmingham (STP) Integrated care system, a joined up approach to health and care across the Black Country and West Birmingham;
- NHSE Long Term Plan (published in January 2019) creating opportunities to work together differently.

The Board noted the keys to success outlined by the Chief Executive in the presentation and welcomed work going on to improve health services in Sandwell.

The following points were noted in response to comments and question from the Board: -

- some GP's already work together in the Sandwell area, but this was ahead of the Government directive nationally for groups of GP's to be brought together and for a general medical services contract between the Government and the practice;
- there are some practices where the patient register would cross over the Sandwell border. The CCG voted to work across borders with both Councils and partners to ensure continuity and no gaps in service across the boundary.

Resolved: -

(1) that the report and presentation relating to the engagement process on the Reconfiguration of Inpatient Respiratory Medicine be noted;

(2) that an update be provided to a future meeting.

16/19 **Tackling Loneliness and Isolation – Social Prescribing**

The Board received a presentation from the Director – Public Health relating to 'Tackling Loneliness and Isolation – Social Prescribing'.

The Board noted the importance of tackling social isolation and the potential benefits:

- to improve health in Sandwell;
- to reduce permanent admissions to care;
- to reduce the mortality rate;
- to effect on the Health and Social Care budget;
- to improve health behavior in people in Sandwell.

The Board noted the impact of using social prescribing and the quote from Mark Hyman MD – 'The power of the community to create health is far greater than any physician, clinic or hospital'. The Board acknowledged that a large number of residents in Sandwell would benefit from meeting up with a voluntary group.

The Board noted the following comments in relation to social prescribing and a hub:

- the social prescribing network provided support to GP's, Partners and the Voluntary Sector who provided social prescribing and considered development of a hub to provide help itself and support to others;
- setting up a social prescribing hub would bring individuals and voluntary groups together to provide support to others;
- social prescribing could be found in Primary Care Network (PCN), in Portway leisure Centre, there were 10 PCN's in Sandwell;
- two workshops had been planned to pull together what social prescribing looked like for individuals in Sandwell and what outcomes were expected;
- support would be provided to GP's, partners and the voluntary sector;
- social prescribing would support collaborative working and would be considered to develop a hub which provided help itself and support to others.

The Board heard that the previous funding from the 'Community Offer' fund was lost due to the difficulty in demonstrating outcomes. The Board recognised the need to invest in providers and work with them to support people and keep them healthy in their homes. The Board welcomed that people would be supported to get involved in their community to prevent isolation and that social prescribing would encourage health and wellbeing of people to help them stay healthy and avoid transfer of their care to homes and hospitals. Sandwell Prescribing Model could be the first in the Country to champion a social prescribing hub.

The Board noted that officer's consultation was ongoing and that some scrutiny board members had attended workshops at the Brasshouse Centre and had contributed to the consultation process.

The Board welcomed the combined effort from the Primary Care Network (PCN), Clinical Commissioning Group (CCG) and Voluntary Sector and endorsed the way forward, the new version of the Community Offer and the draft proposal to make information available from a number of sources, and that referrals would be from several points across the Sandwell area.

The Board noted the following responses to questions:

- voluntary sector workers carried out their own DBS checks, the social prescribing network would signpost people to services;
- the Healthy Sandwell team will support the development of social prescribing in the borough;
- support workers would be available at several places in the Towns of Sandwell, they would be accessible to people and they could be agile, stopping where there was most need,
- in relation to measuring outcomes the Board accepted that attributing outcomes to increased wellbeing was very difficult to demonstrate, but the Board was advised that people could record how social prescribing had helped them and how they felt, i.e. how many people would say that they had felt a positive benefit of social prescription?

The Chair thanked officers and the Board members for their contribution and noted that further information from consultation was expected in September 2019.

Resolved that the Board welcomed the combined effort from the Primary Care Network (PCN), Clinical Commissioning Group (CCG) and Voluntary Sector and supported the work by Public Health to design and implement the new 'Social Prescribing Network'.

(Meeting ended at 7.00pm)

Contact Officer: Deb Breedon
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Sandwell Metropolitan Borough Council

Agenda Item 4

REPORT TO
HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

02 October 2019

Subject:	Black Country and West Birmingham Long Term Plan
Contribution towards Vision 2030:	
Report	NHS Sandwell and West Birmingham Clinical Commissioning Group Angela Poulton, Deputy Chief Officer, Strategic Commissioning and Redesign Jayne Salter-Scott, Head of Communications and Engagement

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Consider and comment on the presentation of the NHS Sandwell and West Birmingham Clinical Commissioning Group relating to the NHS Long Term Plan.

1 PURPOSE OF THE REPORT

1.1 Representatives of NHS Sandwell and West Birmingham Clinical Commissioning Group will be attending the meeting to present detail around the NHS Long Term Plan and how it relates to Sandwell.

1.2 It will be an opportunity to hear feedback from the engagement activities undertaken by Healthwatch and the CCG.

1.3 It will also be an opportunity for members to hear about the future model for delivering integrated care as set out in the Long-Term Plan,

Surjit Tour
Director – Law and Governance and Monitoring Officer

Black Country and West Birmingham

Long Term Plan

Our health and care partnership

- **1.4 million population** across the Black Country and West Birmingham
- **18 partners** (4 Hospitals, 2 Mental Health Trusts, 5 Local Authorities, 4 Clinical Commissioning Groups, Community Trust, Ambulance Service, NHS Midlands)
- **Five localities**
- **216 GP Practices** (34 Primary Care Networks)
- **Shared vision** for improving health and care.

Our service quality challenges

- Timely access to services challenged by increasing demands – for example access to GP appointments, mental health services and some cancer services
- Requirement to deliver high quality services across seven days
- Provide care and treatment focusing on the whole person, including their physical and mental health needs
- Clinical workforce challenges that may lead to some services not being sustainable in the future
- All our services need to be of high quality.

Highest quality services, in the right place at the right time.

Our financial challenges

- If we continue with our current service model, the system will be financially unsustainable
- Historical underinvestment in estates and infrastructure
- Service demand and costs have risen for hospital based care
- Subsequent underinvestment in mental health, community and primary care services
- Significant financial pressures facing Local Authorities. Particularly in relation to Public Health, Adult Social Care and Children's Social Care services

Our health challenges

- Our communities are highly diverse and many people face complex issues that affect their health and wellbeing:
    - Higher numbers of people experiencing mental health problems
    - Adult and child obesity
    - High infant mortality
    - Dementia, respiratory disease, cardiovascular disease and diabetes
    - Substance misuse admissions
- Ageing population
- People living with more long-term conditions
- Health inequalities around life expectancy and healthy life expectancy are not improving

What you have told us already…

During April and May, each Local Healthwatch across Black Country and Birmingham engaged with the public. (Over 1500 surveys were completed & Over 200 people took part in focus groups). The key themes were:

- **Information, signposting and health education -** People told us that they needed improved access to timely information and signposting to support them to self-care. This includes more accessible information which meets their needs i.e. easy read, no jargon.
- **Access to Services -** People want quick, timely access to professionals for diagnosis, treatment and support. This includes improved access to GP appointments and mental health services. Following diagnosis individuals want effective signposting to information and services that empower them to self-care.
- **Support in their communities -** People valued support and services in their areas through the voluntary and community services and want this to be supported and increased utilising community assets. Individuals identified key roles or ‘one stop shops’ as important to access information and services quickly.
- **Ongoing Engagement and Involvement -** People value being involved and welcome ongoing conversations about health and social care. Individuals want to see more engagement take place to share their experiences and ideas.

What you have told us already…

In addition to the work carried out by Healthwatch we have also heard….

Education is important – go into schools, teach young and old alike how to live healthy lives e.g. prepare healthy meals

Make better use of existing resources - local surgeries, libraries hold talks that promote maintaining good health, targeted at over 50's, new parents

Encourage self- management of minor illnesses by ensuring that people know how to access services, where to go etc

Invest more in prevention services e.g. social prescribing, invest in more self-care programmes

Growing concern around social isolation, particularly amongst older people

Access to primary care needs improving, people feel that they are waiting too long for appointments

Too much change happening, need a period of stability

Developing a Long Term Plan for the Black Country and West Birmingham?

- Opportunity to work with local people, our health and care partners and staff to develop a plan that is locally owned and delivers the national ambitions
- Making health and care in the Black Country and West Birmingham sustainable
- To support a workforce that is fit for the future and create a system of health and care organisations that are seen as employers of choice
- To support local people with the knowledge and skills to have more choice and control over their own health and care
- Recognising our collective strength in working together to resolve our common challenges.

Our vision

Working together to improve the health and wellbeing of local people.

Our priorities

1. We will ensure our local health and care system is fit for the future

- Develop our Primary Care Networks
- Organise health and care delivery around our five ‘places’
- NHS organisations will work closer together to provide services
- Commissioning with a single voice
- Become an Integrated Care System

2. We will deliver the best quality of care for our population

- Deliver the clinical priorities set out in our Clinical Strategy
- Implement a new quality framework to improve consistency and reduce inequalities
- Collaboration of NHS organisations to provide services facing sustainability challenges

3. We will work together to be a sustainable health and care system

- Sustainable people and communities
- Financially sustainable
- Sustainable workforce

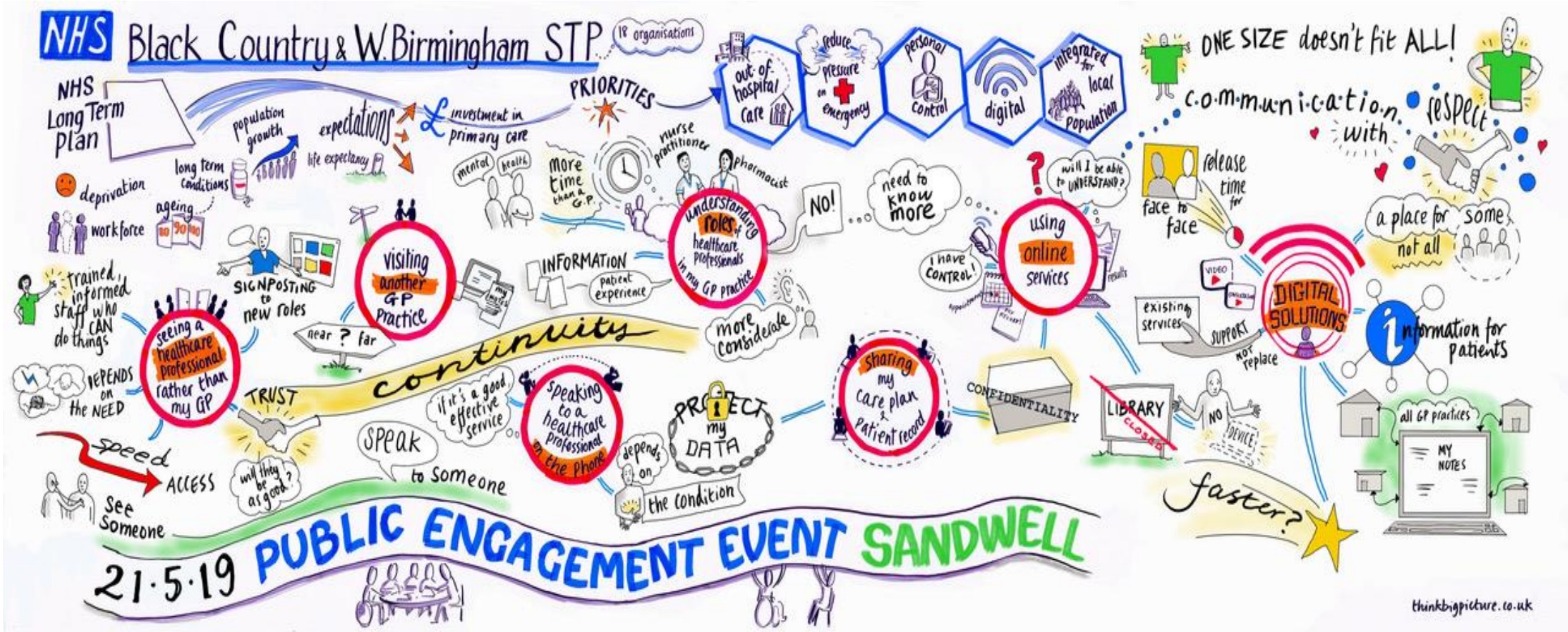
Long Term Plan Ambition

- A new service model for the 21st century
- More NHS action on prevention and health inequalities
- Further progress on care quality and outcomes
- NHS staff will get the backing they need
- Digitally-enabled care will go mainstream across the NHS
- Supporting wider social goals

Future model for delivering integrated care

People	People empowered to look after their own health and each other.
Neighbourhood	Services wrapped around 30-50,000 GP neighbourhoods
Place	Our five places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.
System	Partnership sets the vision, strategy and pace of system wide development. It will oversea the delivery of the Partnership and ensures effective collaborative working. Working as a system to tackle the health, quality and experience gaps.
Region	NHS England & NHS Improvement working together to directly commission some services at a national and regional level, including most specialised services. (Midlands)

A new service model for the 21st century- Sandwell and West Birmingham



What are we already collaborating on

Action plan to **transform maternity** services in place

Maternity Voice Partnerships in each locality

New Black Country Pathology Service

New Perinatal Mental Health Community Service launching

Individual Placement Support (IPS) service in all localities

Walsall and Wolverhampton **Stroke Service Reconfiguration**

Demonstrator site for **personalised care**

Transforming Care Partnership

For people with learning disabilities and/or autism

Black Country and West Birmingham named **GP retention intensive** support site

What will be different in 5 years time?

- ✓ Integrated care in each place with a focus on improving population health, improving coordination of care and reducing demand on urgent care services
- ✓ Social prescribers supporting people to connect with their community and reduce social isolation
- ✓ Improved rates of immunisation and screening
- ✓ New alcohol care teams, tobacco treatment services, and diabetes prevention programme
- ✓ 50% reduction in stillbirth, neonatal and maternal deaths and brain injury
- ✓ Improved one and five-year cancer survival (75% of cancer patients diagnosed at stage 1 or 2 by 2028)
- ✓ Half the amount of people with a Learning Disability in inpatient care (by 2023/24)
- ✓ At least 75% of people with a learning disability will receive an annual physical health checks
- ✓ Increased in investment for mental health services and for primary and community care
- ✓ Less NHS Staff leaving the service (retention rate to improve by at least 2%)
- ✓ Digital first – priority options (online/telephone) for outpatient clinics, GP appointments
- ✓ A single Mental Health Trust for the Black Country
- ✓ A single Commissioning voice
- ✓ More collaboration between hospitals
- ✓ A financially sustainable health system
- ✓ New investment in estate

Our commitment

For our population:

- People wont see organisational boundaries, services will be seamless
- People will have access to services in the right place, at the right time including new digital options
- People will only need to tell their story once
- People will be empowered to look after their own health
- People will be supported to look after others.

For our staff:

- The work environment will be experienced as positive
- Organisational boundaries will not be obstacles to overcome
- Staff health and wellbeing will be well looked after
- Opportunities to develop.

For our system:

- We will transition towards being an Integrated Care System by April 2021
- We will commission with one voice, with one Accountable Officer
- Each of our places will have an integrated provider
- Hospital will work together to deliver services
- There will be a single Mental Health Trust across the Black Country and West Birmingham
- Our system will be supported through values-driven recruitment.

Developing our local plan

NHS **Long Term Plan** published January 2019

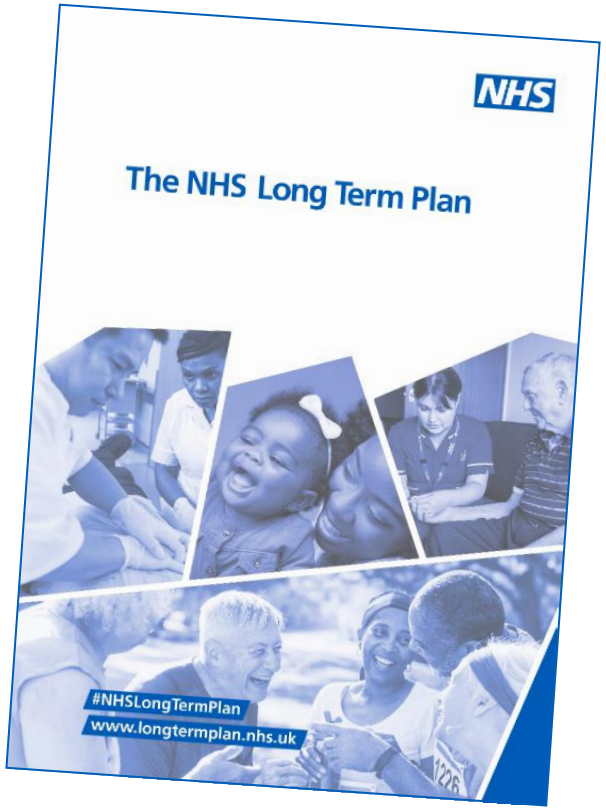
- Real focus on collaboration, moving away from market, competition and transacting

Engagement

- Healthwatch led engagement (1500 surveys, 200 people attending events)
- Staff engagement (events and survey)
- Introducing the draft plan (public events, Health and Wellbeing Boards, Governing Bodies)

Final version production (October)

Publication (November)



Comments?

Views?

Questions?

Concerns?

Help us to finalise this plan

As we move to produce a final plan for submission to the national team and eventual publication in November we are keen to hear your thoughts:

- **Are we representing the challenges correctly?**
- **What is the area that you feel will make the most difference to the health and wellbeing of local people and why?**
- **Are we missing anything?**
- **What is the role of people and communities in delivering this plan?**

Thank you.

Sandwell Metropolitan Borough Council

Agenda Item 5

REPORT TO
HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

07 October 2019

Subject:	Sandwell Integrated Care Alliance
Contribution towards Vision 2030:	
Contact Officer(s):	Stuart Lackenby - Director - Adult Social Care Stuart_lackenby@sandwell.gov.uk Christine Anne Guest - Service Manager – Prevention and Integration christineanne_guest@sandwell.gov.uk

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. consider and comment on the report and presentation relating to the Sandwell Care Alliance

1 PURPOSE OF THE REPORT

1.1 The Service Manager – Prevention and Integration will attend the meeting to outline the report and provide a presentation relating to the Sandwell Integrated Care Alliance.

1.2 The Sandwell Integrated Care Alliance is a partnership between the Sandwell and West Birmingham Clinical Commissioning Group (CCG), Black Country Partnership NHS Foundation Trust, primary, community, secondary care, the local authority and the voluntary and community sector. The partnership aims to refocus care towards more preventative, primary and community models of care, supported by greater personalisation and self-determination. It will consider how the movement of resources may be realigned, such as funding and people, to shift between health and social care or mental and physical care, to where it is best utilised. The Alliance has been meeting since spring 2018.

1.3 The Alliance has a vision that in the future Health and Care system for

Sandwell all provider organisations will work together to ensure that everyone starts well and stays well for as long as possible enabling them to build their skills and achieve their aspirations.

1.4 They will work together to ensure that when required, an intervention will be timely and holistic, covering physical health, mental health and social care so that individuals are returned to the best possible health and social status as quickly as possible.

1.5 For those people with long term illness our health and social care system will help them to minimise the impact on their daily lives by developing their skills and those of their carers.

1.6 The proposed Health and Social Care Outcomes Framework was reported to Health and Well Being Board at its July 2019 meeting (Future of health and care commissioning and provision in Sandwell - see appendix 1).

1.7 The Board considered the priorities, ambitions and benefits, and approved the Outcomes Framework and the three proposed priority areas.

1.8 The presentation will demonstrate how partners are working together across the health, social care and voluntary and community sectors to deliver the priorities agreed in the outcomes framework by the Health and Wellbeing Board.

1.9 The Board will be advised how partners are working to provide a co-ordinated accessible care provision for the people of Sandwell to enable them to live independently in the community.

1.10 The presentation will cover the following main themes:

- Background to the Integrated Care Alliance
- Partners in the Alliance
- Priorities and vision of the Alliance
- Links to the Health and Social Care Outcomes Framework
- Progress to date

Surjit Tour
Director – Law and Governance and Monitoring Officer

Sandwell Integrated Care Alliance Response Plan

2019

Version 1		15th July 2019	Lisa Maxfield
Version 2	Changes after consultation with Dottie Tipton, Jenna Phillips, Sharon Liggins	17th July 2019	Lisa Maxfield
Version 3	Changes HLAG 26/7	2 August 2019	Dottie Tipton/Dave Baker
Version 4	Prior to 9/8 workshop	5 August 2019	Dave Baker
Version 5	Following Workshop 09/08/19	15th August 2019	Dottie Tipton
Version 5 DB	Following Workshop on 9/8/19	21 August	Dave Baker

Contents

Section 1 – The Alliance

- **Who are the alliance?**
- **Purpose, Vision, Charter**
- **Strategic Aims**
- **Foundation Blocks**
  - **The Outcomes Framework**
  - **Risk**
  - **Capitated Budgets and Long Term Agremeents**

Section 2 – Delivery

- **Context**
- **Local Priority Outcomes/Objectives**
- **Fit with Black Country STP/ICS**
- **Governance**

Section 3 – Action Plans

- **Best Start in Life**
- **Best Possible End of Life Care**

1. The Alliance

1.1. Who are the Alliance ;

The Sandwell Integrated Care Alliance is a partnership between the CCG, mental health, primary, community, secondary care, the local authority and the third sector. The partnership aims to refocus care towards more preventative, primary and community models of care, supported by greater personalisation and self-determination. Changing the movement of resources such as funding and people to shift between health and social care, mental and physical care to where it is best utilised. Initially there should be a greater focus on children, particularly the first thousand days of life, frailty, and the end of life. The Alliance has been meeting since spring 2018.

1.2. Purpose;

"To work together as one team so that together we can improve the Health and Wellbeing of the people in Sandwell "

1.3. Vision;

In the future Health and Care system for Sandwell all provider organisations will work together to ensure that everyone starts well and stays well for as long as possible enabling them to build their skills and achieve their aspirations.

When required, an intervention will be timely and holistic, covering physical health, mental health and social care so that individuals are returned to the best possible health and social status as quickly as possible;

For those people with long term illness our health and social care system will help them to minimise the impact on their daily lives by developing their skills and those of their carers. Our system will be amongst the best in the UK for delivering outcomes during the first 1000 days of life and satisfaction through later life. It will: increase healthy life expectancy; have great maternity outcomes; a focus on children; and dramatically improved outcomes around public health, respiratory disease and cardiovascular disease.

Delivery of this vision will be underpinned by:

- A primary care led, localised approach;
- A single team ethos;
- An enhanced focus on Mental Health and the wider determinants of health;
- Effective communication;
- A happy, sustainable and resilient workforce;
- Clear and efficient processes;
- The use of technology to understand, engage, support and provide care;
- An estate that is welcoming, modern, innovative and optimised;
- The ability to constantly re-invest in the future;

1.4. Alliance Charter;

- **P**opulation focussed – The Health and Wellbeing of our population(s) is at the heart of everything we do;
- **A**spirational – We will aspire to be the best that we can be and to help our population to be the best that they can be;
- **C**aring – We will listen to and care about:
    - our population - helping them to care for themselves and for each other;
    - our people - understanding one another's context and encouraging innovation;
- **T**eamwork – We will work in partnership across all organisations to offer a holistic, seamless and integrated service;

1.5. Strategic Aims;

- To focus on the wider determinants of health and wellbeing including housing, employment, education and community safety.
- To achieve safe and sustainable acute services by 2022.
- To treat the whole person by integrating physical and mental health approaches.
- To bring together health and social care commissioning.
- To develop transformation, and reduce transactional, processes within the health and care system through a strategic approach to the commissioning and delivery of care; characterised by a focus on outcomes and experience, long term agreements and a move away from the annual contracting and PBR mechanisms in health.
- To support the integration of care through the use of common information and data systems and processes.
- To support individuals and their carers to live independently and to take responsibility of their own care through the personalisation of health and care wherever possible.

1.6. Foundation Blocks;

The intention we share is that the future will be different to the present, and our shared vision by 2030 is that outcomes locally for patients are significantly better than they are today. Redesigning who does what and how we do that facilitates but does not guarantee better outcomes. What we are trying to create is multi year innovation to achieve better outcomes and to do that we want to:

- Alter the prevailing commissioning approach
- Develop long term provider partnerships and cooperation

The overall intent is to move to an integrated care system focused on delivering jointly agreed population health and wellbeing **outcomes** through a **long term agreement**. This agreement would be based on **capitated funding** rather than more tradition transactional methods of payment.

The aim is to support transformational change through the clear articulation of improvement trajectories for key health and wellbeing outcomes and to stimulate a partnership response to delivery by providing long term funding commitments, flexibility in the way in which these funds are used and the ability to refocus and re-allocate resources within an overall integrated system framework. Crucial to this process will be the development of a detailed understanding of **risk** and a clear framework for it management with the overall system.

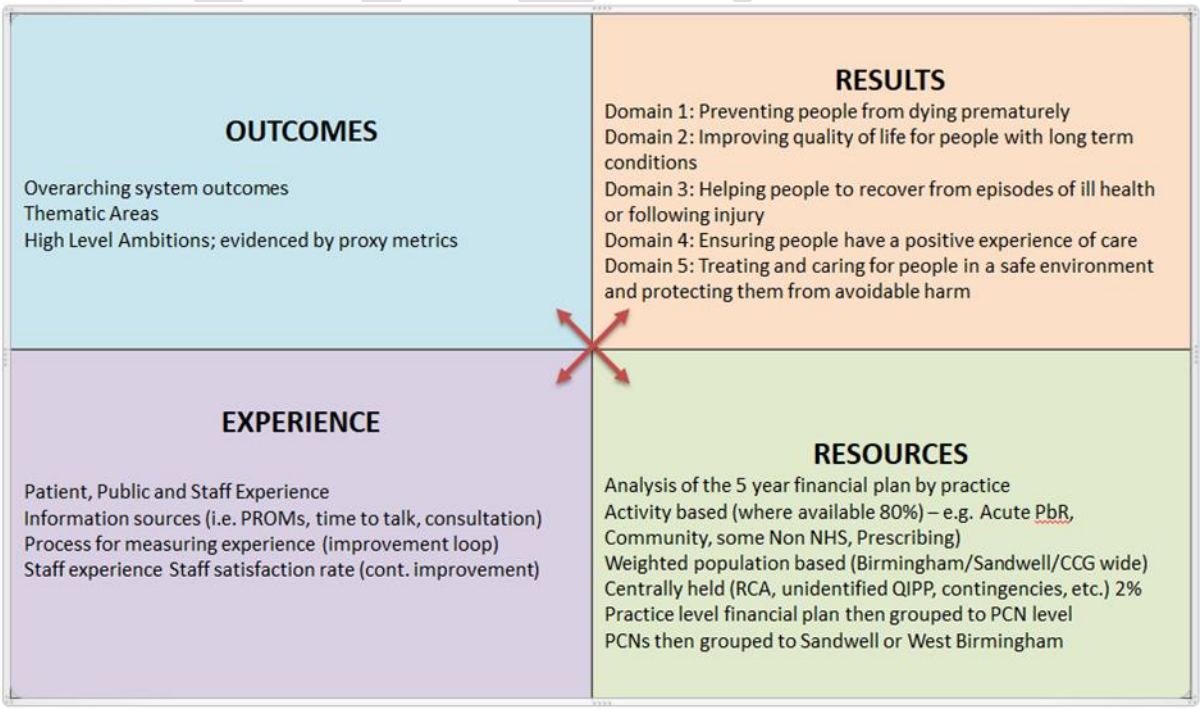
1.6.1 The Outcomes Framework

Our focus is on delivering together the priorities set from the Sandwell Outcomes Framework which have been agreed by Sandwell and West Birmingham Clinical Commissioning Group and Sandwell Metropolitan Borough Council with ratification by the Sandwell Health and Well Being Board.

The draft Outcomes Framework has been developed to cover a five year period from April 2020 to March 2025.

The outcomes framework will form one whole quadrant of a balanced score care for the Care Alliance. The other three quadrants of the balanced score card will be made up of;

- statutory and constitutional standards
- patient and staff experience measures
- the financial framework



There are three thematic areas within this revised framework, namely;

- *I will live a healthy, happy, fulfilling life*
- *I will have a good experience of care and support*
- *I will live in a thriving community*

Contained within each of these three thematic areas are 4 high level ambitions selected to shape healthy, happy lives with the best possible services, whilst living in a thriving community. These are;

I will live a healthy, happy, fulfilling life	I will have a good experience of care and support	I will live in a thriving community
Best start in life	Families and friends who provide informal care are well-supported	People are supported to have choice and control of their health and wellbeing
Good mental health and wellbeing	Access to the right support in the right place at the right time	People are active, connected and engaged in their communities
Leading a healthy lifestyle in a healthy place	The best possible care for people with long-term conditions and the most complex needs	I feel safe in my community
Reducing health inequalities	Best possible end-of-life care	Access to housing, leisure and transport that supports individual aspirations

1.6.2 Risk

The QIPP challenge across Sandwell and West Birmingham will rise to £144 million by 2022/23. Gaps can be closed by increasing productivity or reducing demand.

As we working together to deliver our vision and the associated outcomes, another part of our integrated plan is to

- create a Hybrid Risk Sharing approach as providers are in different states of maturity in their approach to Risk sharing;
- plan to develop a more detailed understanding of risk by sub geography;

Recognising that partners have different levels of alignment, maturity, trust and risk appetite, we have set out a fourfold approach to partnering:

- As a risk bearing partner that takes co-responsibility for the capitated budget and the delivery of the outcomes required to sustain the system;
- As an innovation partner committed to responding to reasonable requests to work differently to meet the outcomes that the alliances requires;
- As a transaction partner promising to deliver extant services and develop the delivery model to fit with the changes made by others;
- On a bespoke basis defined in an agreed MOU with the risk bearing partners

Partners are currently confirming their preferred risk positions, alongside an understanding of how different partners will then contribute to the Shared Governance at place level

1.6.3 Capitated Budgets and Long Term Agreement

There is a task and finish group working on the implementation of a Capitated Budget model from 1 April 2020. This will help to shift the focus towards the outcomes and user experience rather than activity and contact counting.

This group will also agree the parameters of a long term agreement, based around the capitated budget model, to incentivise innovation and experimentation, rather than simply to plan buy and do. This model will also help the alliance to maintain its promises to invest a given amount in the third sector and to go beyond mandate levels of spend on mental health provision.

This work will be completed by X in time for launch on Y.

2. Delivery

2.1 Context

Delivery within the Integrated Care Alliance can be categorised into three parts: 1) Delivering Improved Outcomes in areas that have been locally agreed; 2) Delivering new capabilities that will assist in the success operating of the alliance; 3) Delivering required performance levels in the line with the Long Term Plan.

At the heart of our success will be our ability to execute the right change effectively so focus will be paramount. Research across industries evidences that:

- if any one team focuses on more than 2-3 objectives that there is a law of diminishing returns in terms of success;
- there will always be more good ideas than there is capacity to execute;
- that one in seven staff could name one of their organisation's most important objectives;

With this in mind our execution strategy is based on:

- a relentless focus on two/three prioritised outcomes, each defined by three specific objectives;
- the development of new capabilities driven by the focus on the prioritised outcomes but with an eye to future needs. We anticipate that this will involve developments in areas such: Information sharing/ Population Health and Workforce Integration but their scope will be defined by the needs of the teams driving the outcome improvements;
- the delivery of required performance levels through existing "Business as Usual" arrangements but supported by growing relationships. On this basis these areas are outside the scope of this response plan.

This can be captured using the time/desire matrix:

	Now	**Later**
Want to Do	Local Priorities	Next wave of local priorities
Must Do	Underperforming National Targets	Further improve National Targets

2.2 Local Priority Outcomes/Objectives

From within the Outcomes Framework the three priorities identified by the CCG and SMBC are:

- Best Start in Life;
- Living a Healthy Lifestyle in a Healthy Place;
- Best Possible End of Life Care;

There is strong evidence suggesting that improving the development of children so that they are ready for school (able to interact well with others, feel confident, feel safe,

having good speech and language) significantly improves their physical and mental health in later life.

Living a Healthy Lifestyle in a Healthy place accelerates the agenda around personal behaviours and environmental factors. By its very nature this outcome cuts across Best Start in Life and Best Possible End of Life Care as well as supporting the population imbetween.

Ensuring people have a best possible end of life care aims to improve end of life planning in order to improve experience and deliver system efficiencies releasing them to be invested elsewhere.

This response plan initially focuses on the first two these local priorities (prototype areas). Each is represented by a single statement and between three and eight objectives:

1) **To give children the best possible start in life to increase lifelong health**;
    a. Objective 1 – To reduce the percentage of Mothers who are deemed smokers at the time of delivery from 9.8% to 3.3% by 31 March 2025;
    b. Objective 2 – To reduce the percentage of babies born with a birth weight under 2500g from 3.7% to 3.1% by 31 March 2025;
    c. Objective 3 - To increase the percentage of children achieving a "good" level of development (school readiness) from 66.4% to 91.4% by 31 March 2025.
2) **To continue to increase the quality of end of life care available in Sandwell**;
    a. Objective 1 - To increase the percentage of deaths that occur at home from 25.5% to 31.2% by 31 March 2025;
    b. Objective 2 – To increase the percentage of deaths that occur in care homes from 16.9% to 20.3% by 31 March 2025;
    c. Objective 3 – To reduce the number of people that have three or more hospital admissions in their last three months of life from X to Y by Z (awaiting data, target and trajectory).
3) Leading a Healthy Lifestyle in a Healthy Place
    a. Objective 1 – to reduce the percentage of adults (aged 18+) classified as overweight or obese from 71% to 61.2% by 31 March 2025;
    b. Objective 2 – to reduce the percentage of physically inactive adults from 29.6% to 25.492% by 31 March 2015;
    c. Objective 3 – to reduce admission episodes for alcohol specific conditions from 670.3 to 527.75 by 31 March 2025;
    d. Objective 4 - To reduce diabetes QOF prevalence from X to Y by Z;
    e. Objective 5 - To reduce social isolation from X to Y by X;
    f. Objective 6 - To reduce air pollution (fine particulate manner) from 11.2micrograms per cubic metre to 9.1 by 31 March 2025;
    g. Objective 7 - …desire to have a social prescribing metric but is this an input rather than an outcome?

These outcomes and objectives have been agreed between the SWB CGG and the SMBC. It is our plan that in the early stages of the alliance everything that we do will be focussed on achieving these objectives.

2.3 Our fit with the Black Country Sustainability and Transformation Partnership/Integrated Care System

The Black Country STP/ICS is an important development to support all five of the places/Integrated Care Partnerships/Alliances that are contained within it. Our approach to the response plan, through a relentless focus around local priority outcomes, is coupled with our Business as Usual approach to resolving National Targets across the STP/ICS. This provides us with an approach that is both bottom up and top down.

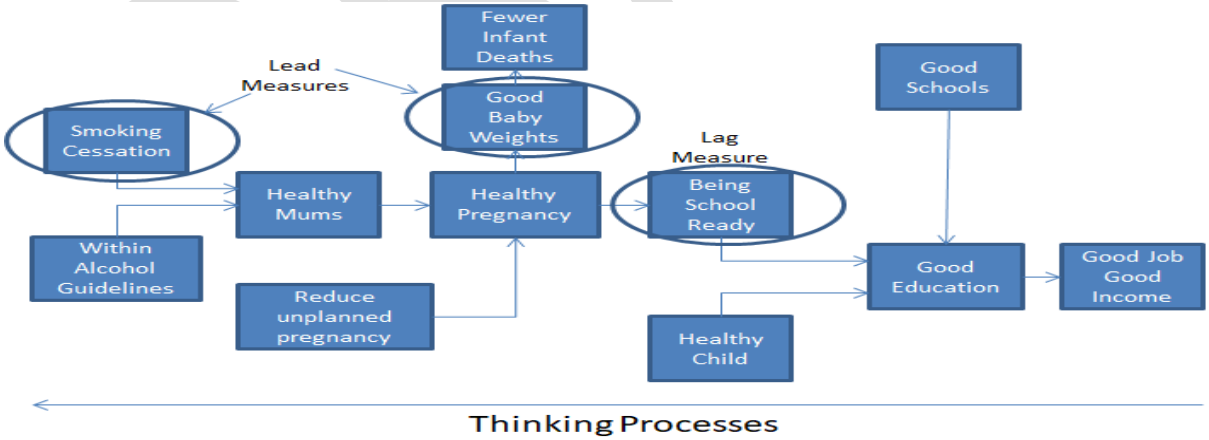
2.4 Governance

To be inserted based on the outputs of the Governance task and finish group.

The rest of this document is about delivery plans a timelines against the two local priorities to improve the outcomes. This will be the focus of the workshops. The intention is that the detail of this work will make up ~half of the response plan.

3. Action Plans – What (form the basis of the workshops)

Arising from the workshops is an alignment around understanding how to move the outcome. This aligns to the SMBC approach and the development of network dependency diagrams in understanding how the improvement of processes and their measures ultimately impact the outcome. This is consistent with the Outcomes Framework and is captured as an example below:



Whilst the clarity around what our outcomes are show that we know our goals, the clarity as to the what moves our outcomes shows that we know how to improve our goals. Our objectives and trajectories mean that we can keep score and our Governance framework will set out how we will create accountability for delivering change.

Initial actions arising relating to improving the Best Start in Life Outcome were as follows:

Outcome	Objective	Proposed Actions
Best Start in Life	Smoking at Time of Delivery Low Birth Weight School Readiness	1. Data Analytics - who are the mothers that are having low birth weight babies- what can we learn from their characteristics; age, location, background, employment, previous births, neighbourhoods, culture, interactions with services, food poverty, social services, police, hospital, mental health services, schools. Action 1 – agree the specific data set required; Action 2 – agree with what resource and from where this data set will be established including IG; Action3 - agree a date by which this analytics will be presented back to the Group.. 2. Baseline - what are we currently doing to change the metrics in school readiness and where are we spending the money, map both statutory and voluntary services. Action 1 – agree who will do the baseline work and by when it will be presented back (with costs). **3.** Logic Maps - create logic maps for priority areas include metrics **(broader than just best start in life)** Action – agree who, how and by when? 4. Clarify how the underlying metrics for school readiness are calculated Agree who, how and by when? 5. Understand the evidence base for how best to stop smoking and achieving low birth weight Action – agree who, how and by when? 6. Create a process for dealing with actions 7. Agree resourcing for the alliance from partners
Best Possible End of Life Care	% of deaths that occur at home % of deaths that occur in care homes Number of people that have three or more "emergency" admissions in their last three months of life	

Thought Stimulant Questions (not prescriptive or exhaustive)

1. How do we identify who to focus on? **Population Health** – what can we use now, what can we develop to further improve this and what is this dependent upon e.g. data sharing?
2. Where and what should we do to improve the wider determinants?
3. What actions can we take to **prevent** illness or exacerbation?
4. How can **research and genomics** add value?
5. How do we improve **access** (time and ease)?
6. What **out of hospital** services do we have/need and how accessible should they be 24/7?
7. What role can **personalised care** play to enhance self control?
8. What are the most important **pathways/processes** and how can we improve them?
9. How can we harness **MECC** to make better, more holistic decisions?
10. How can **digita**l help?
11. Where should we invest/divest **money**?
12. X
13. X
14. X
15. X
16. X
17. X
18.

4. Timelines – When?