



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Birmingham and Solihull Integrated Care System ICS Implementation Update

June 2022

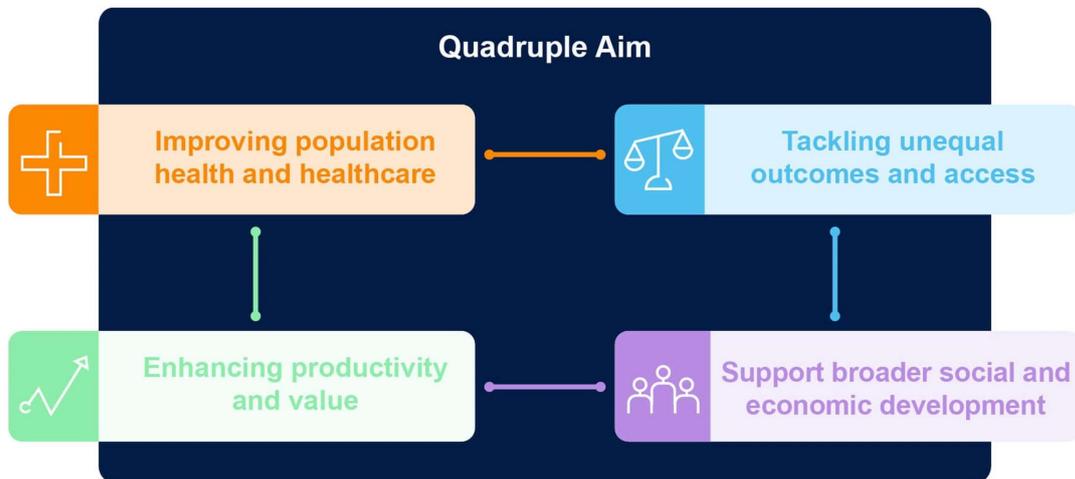
WHY INTEGRATED CARE?



“We have the biggest opportunity in a generation for the most radical overhaul in the way health and social care services in Birmingham and Solihull are designed and delivered.”

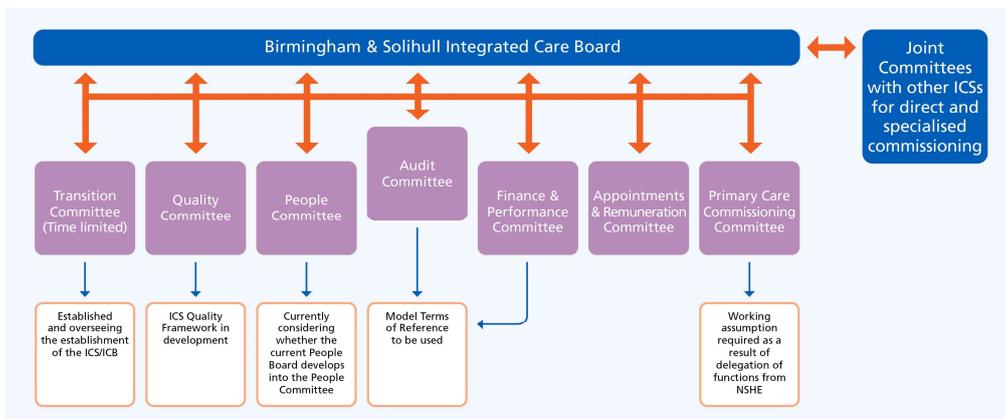
- Working as an integrated care system provides us with invaluable opportunities and a once in a generation movement that:
- Energises health and social care leaders at every level of the system
- Attracts the best staff to work in Birmingham and Solihull
- Creates a new optimism amongst the 80,000 strong workforce
- Demonstrably improves the lives of the people of Birmingham and Solihull

FUNDAMENTAL PURPOSE



BIRMINGHAM AND SOLIHULL ICB & SUB-COMMITTEES

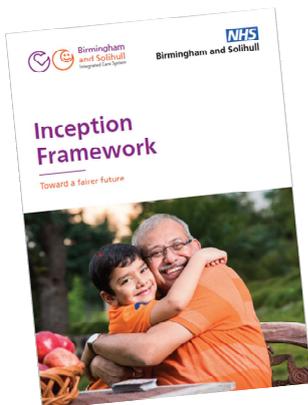
- As part of the development of our constitution, we have mapped the core sub-committees of the ICB and are developing terms of reference.
- Guidance is still expected in a number of areas that will support this development work.



INTEGRATED CARE ECOSYSTEM

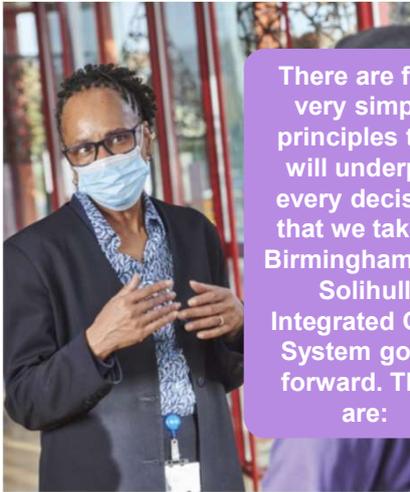


WE WILL CREATE A SYSTEM WHERE:



- Decisions are made as locally as possible
- Clinicians and professionals are supported and equipped to lead change
- Innovation is rewarded with funding and support
- Organisations have to work together to plan and implement change
- Investment will be driven by outcomes
- We support and develop services that will help people to stay well

OUR PRINCIPLES



There are four very simple principles that will underpin every decision that we take in Birmingham and Solihull Integrated Care System going forward. They are:

- **Subsidiarity** – ensuring that decision-making happens as locally as possible and respect governance arrangements in statutory organisations.
- **Clinically and professionally led** – ensuring that clinicians and social care professionals are at the forefront of how services are designed and delivered in the future.
- **Transformation and innovation** – we will prioritise supporting innovations that have the potential to transform care, whether they be small or large scale, at a ward or neighbourhood level or whether they are Partnership-wide.
- **Tackling inequalities by empowering our communities** – we want to do more than listen to our communities and patients – we want to ensure that our whole system is designed and governed to support changes and improvements that are important to them.

OUR PRIORITIES

Together we have agreed strategic goals for the next 3-5 years:

- ✓ Reduce the gap in life expectancy between the best and worst areas
- ✓ Increase the contribution of health partners to the social and economic development of Birmingham and Solihull
- ✓ Reduce infant mortality
- ✓ Enable rapid access to diagnostic, emergency and elective care services
- ✓ Reduce mental health prevalence and ensure those who need mental health care can access it locally
- ✓ Early intervention for children and older people

There are a number of key elements that it is vital we have in place to ensure the successful implementation of our strategic goals and priorities:



Brilliant people, working effectively as one team



Health technology products that transform the experience of health and social care for our citizens



Smart, modern buildings, that instil confidence in our care and support



A fair and transparent financial framework



Transformational and reflective governance

OUR PRIORITIES: LONGER TERM

- A further six priorities are being developed to lay the foundations for a sustainable system in the future.

- 5 Improve the health of people living with **long-term conditions** and tackle inequalities by delivering primary care pathways focussed on prevention. (Priority conditions to be agreed e.g. diabetes, heart failure, asthma, respiratory).
- 6 Deliver **digitally-driven care pathways** building on University Hospital Birmingham's digital transformation programme.
- 7 Establish the ICS partners as "**anchor institutions**" for tackling inequalities through a systematic approach to making good quality public sector jobs available to people from our most disadvantaged communities.
- 8 Invest in supporting the **health and wellbeing of health and social care colleagues** across the ICS including addressing issues of equality, diversity and inclusion.
- 9 Build a **system for tackling inequalities** in Birmingham and Solihull bringing together population health management, a locality and neighbourhood operating model and our inequalities strategy.
- 10 Continue to build an **effective Integrated Care System** that will serve the people of Birmingham and Solihull well - establishing the ICS, provider collaboratives, system financial strategy, designing a system estates strategy and bringing West Birmingham on board.

These priorities are strongly linked to the Birmingham and Solihull Health and Wellbeing Strategies, which further reflect the major health challenges faced by the respective areas and localities.

INTEGRATED CARE SYSTEMS (ICSS)

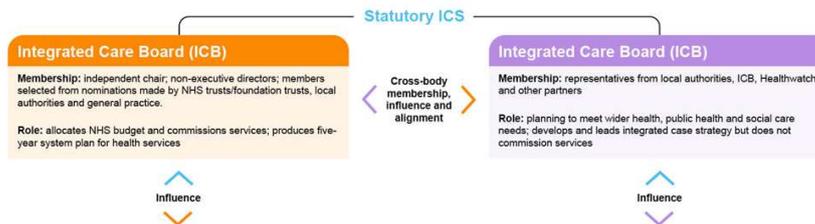
Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS



Geographical footprint

System

Usually covers a population of 1-2 million

Place

Usually covers a population of 250-500,000

Neighbourhood

Usually covers a population of 30-50,000

Partnership and delivery structures	
Name	Participating organisations
Provider collaboratives	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Health and wellbeing boards Place-based partnerships	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Primary care networks	General practice, community pharmacy, dentistry, opticians

OUR PARTNERSHIP

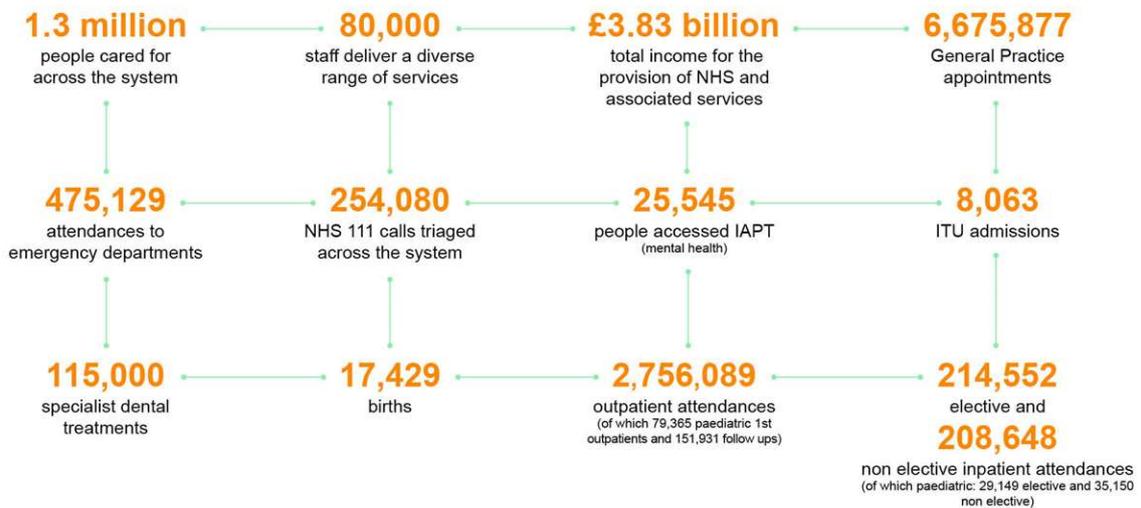


The map shows the location of our major secondary care providers across our local health and care system

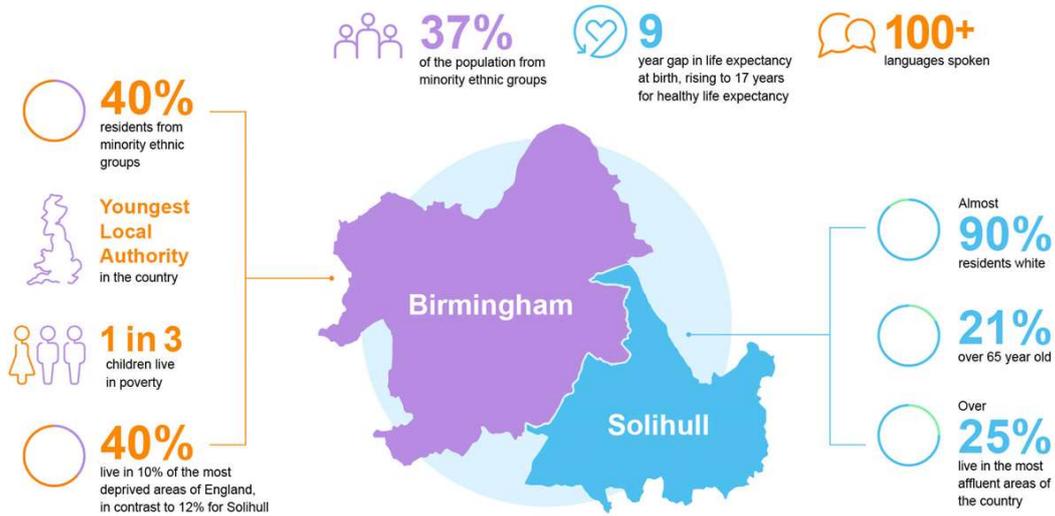
List of partners

- Birmingham City Council
- Solihull Metropolitan Borough Council
- 158 general practices
- Birmingham and Solihull Clinical Commissioning Group
- Birmingham and Solihull Mental Health NHS Foundation Trust
- Birmingham Children's Trust
- Birmingham Community Healthcare NHS Foundation Trust
- Birmingham Women's and Children's NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- West Midlands Ambulance Service University NHS Foundation Trust

BY NUMBERS



BIRMINGHAM AND SOLIHULL



URGENT V IMPORTANT – ORGANISING OUR PRIORITIES



Short Term

Gripping the immediate operational issues we face as a system



Medium Term

Investing in local innovations to support scalable change in the future

Long Term

Organising everything we do to reduce inequalities and improve outcomes

We don't have to fix the short term before we can focus on the medium and long term – **this doesn't have to be a linear process**

We can create an energy for change by pump priming innovations that might not deliver until the medium term but can get started now

Creating a clear vision for long term will give coherence, strengthen our ability to secure inward investment for NHSE and Government, and keep our focus on improving outcomes and reducing inequalities

IMMEDIATE TERM PRIORITIES



The pandemic means waiting times for health care in Birmingham and Solihull are longer than at any time in history.

People are now waiting longer than ever for cancer treatment and routine operations and our urgent and emergency care services are under unparalleled pressure.

Over the course of the next six months, we have to get these waiting times stabilised and back under control so that we can plot a path to getting them back to an acceptable level.

IMMEDIATE TERM PRIORITIES

Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting.

Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

Improve mental health services and services for people with a learning disability and/or autism – maintaining continued growth in mental health investment to transform and expand community health services and improve access.

MEDIUM TERM PRIORITIES

At the same time as relentlessly focusing on achieving the recovery of waiting times, we also want to immediately start the work on tackling those things that are going to make a difference to people's lives over the medium and long term.

We've already set out that we want to create the conditions where the solutions to these problems are generated as locally as possible at a neighbourhood and ward level, but we recognise that to deliver this we will need to provide investment and support.

We will establish a **Fairer Futures Fund** to support local innovations - driven by clinicians and professionals in partnership with the community - that are aimed at making a positive difference in the following areas:

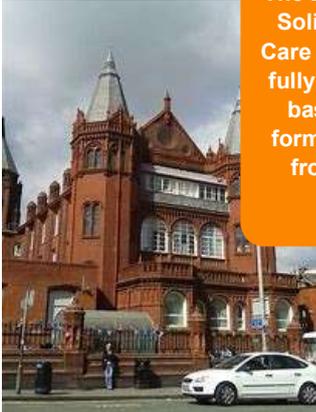
- Reducing the gap in life expectancy between the best and worst areas;
- Increasing the contribution of health partners to the social and economic development of Birmingham and Solihull;
- Reducing infant mortality;
- Enabling rapid access to diagnostic, emergency and elective care services;
- Reducing mental health prevalence and ensuring those who need mental health care can access it locally;
- Early intervention for children and older people; and,
- Improve access, care and support for people with learning disability and/or autism.

CREATING THE MASTER PLAN

To be able to make inroads in tackling the stubborn inequalities that have beset Birmingham and Solihull for so long, we need to set out an even greater set of ambitions that can genuinely tackle the scourge of poverty and poor outcomes in our Partnership area.

- **A radically ambitious** programme of change and improvement in health and social care.
- Sets out how we will **measure reductions in inequalities, harness the best of our assets**, talent and opportunity to **improve outcomes** at the 3, 5 and 10-year points.
- Act as **a focal point for additional staffing, revenue and capital investment** into Birmingham and Solihull.
- By combining our plans into one Master Plan for Birmingham and Solihull we stand a much better chance of securing the investment we need, and marshalling our assets to make a difference.

STRATEGIC COMMISSIONING - FOR OUTCOMES



The Birmingham and Solihull Integrated Care Board will move fully to an outcome-based allocation formula for funding from April 2023.

- Future funding will be driven by a commitment from providers to deliver care services in an integrated way and improving outcomes.
- This will enable us to hard-wire our commitments in the 10 year Master Plan into the day-to-day delivery of services.
- To do this, they need to work very differently to how they do now.
- We will move to a **service integrator model**, where a provider will take the lead for driving improvement.
- Underpinned by formal contracts, providers leading this will buy and integrate services and be held to account on service provision and better outcomes.

PATIENT VOICE

An integral part to the development of our system will be ensuring patient, carer, family and public voice is systematically embedded within service provision and change.

We know that first and foremost patients care about when, where and how they will receive timely care, but we can only improve services with the co-production of, and feedback, of services.

All partners within the system have a range of established mechanisms for involving patients in care, including specific forums, coproduction groups, patient panels, as well as more widescale mass digital and transition communication such as social media and newsletters.



As part of the development of our new system, we will be devising a 'working with people and communities' strategy which will outline how all partners currently communicate and engage with the public and patients – and how we will build on good practice and address any gaps.

OUR VISION & VALUES

“The healthiest place to live and work driving equity in life chances and health outcomes for everyone”.

Transformative

Equality

Accountable

Mindful



THE LEADERSHIP STANDARDS



Putting the long-term health, social care and well-being needs of the population first (“system first”)

Working collaboratively with other leaders to achieve excellence in everything we do in BSOL

Holding myself and others to account for delivering better outcomes

Being inclusive, supportive and empowering at all times

Engaging and enabling those working towards the aims we have as a collective

PHILOSOPHY OF CARE

One caring community

“Together we make a difference. Together we enable good health, save and improve lives. Together we ensure equity of access to outcome-focussed high quality care centred on the whole person.”

Access to Care	Seamless Care	Prevention	Personalised Care	High Quality Care
<ul style="list-style-type: none"> We will provide the best possible experiences of care. We will ensure a focus on equity of access for all. We will prioritise access for those with the greatest need. 	<ul style="list-style-type: none"> We will work together to achieve care that feels seamless; with simple transitions between organisations. We will work together cohesively and collaboratively, regardless of who we are employed by. 	<ul style="list-style-type: none"> We will empower and support people and communities to take positive action to live healthy lives. We will focus on the factors that contribute most to the health inequalities our communities face. 	<ul style="list-style-type: none"> We will ensure care is tailored to the specific needs of individuals within their communities. Our care will take into account the whole person, recognising the significant impact of the wider determinants of health. 	<ul style="list-style-type: none"> We will ensure our collaborative efforts are focussed at all times on aiming to achieve high quality, evidence based and compassionate care to deliver the best outcomes and experience for our patients. We will take care of our staff, recognising that our staff are part of the communities we all live in.

THE FUTURE



Our journey starts now