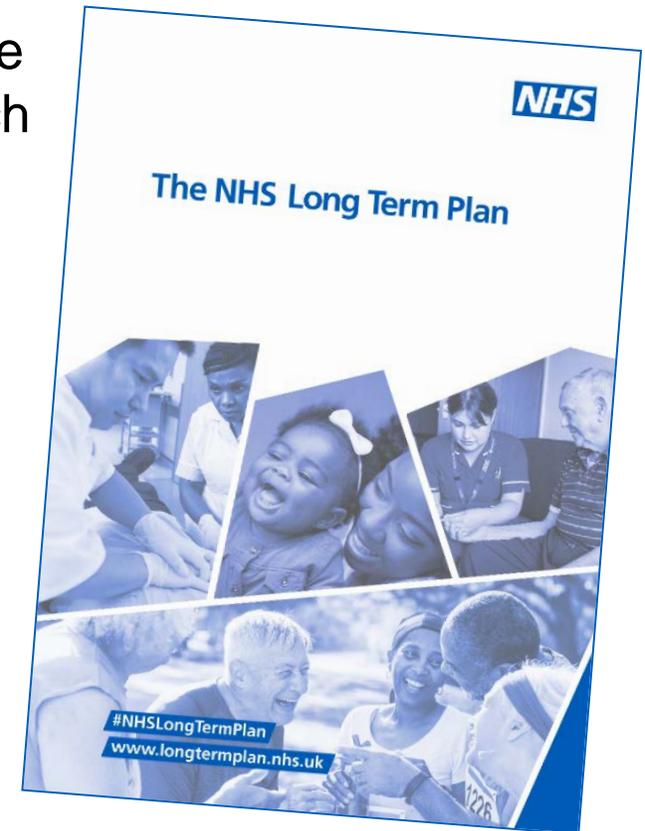


Black Country and West Birmingham Long Term Plan



NHS Long Term Plan

- In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year.
- In return, the NHS was asked to come together to develop a long term plan for the future of the service, detailing our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.
- The plan was published 7 January 2019.



What does this mean 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 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 unstable in five years
- 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



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 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



Developing our local plan

NHS **Long Term Plan** published January 2019

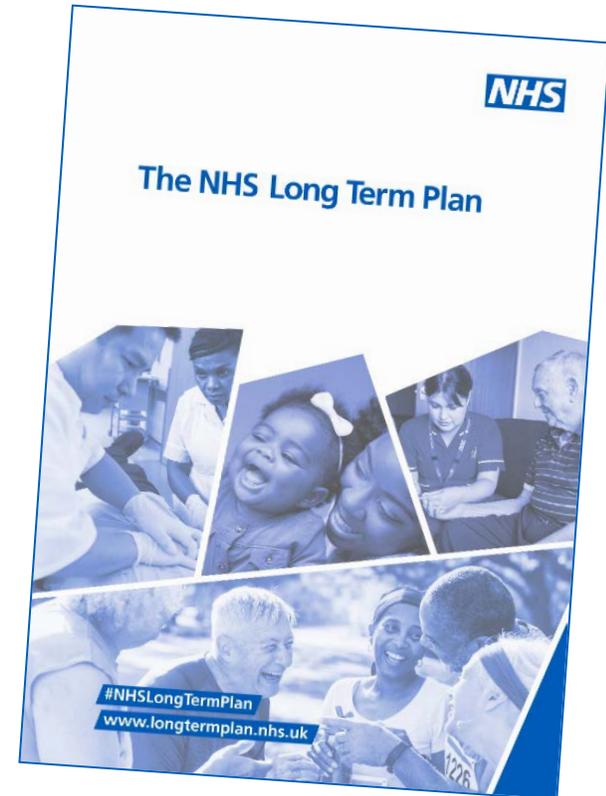
- Real focus on collaboration, moving away from market, competition and transacting

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)



Public views shaping our plan

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.



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



Clinical engagement and service redesign

We are currently working with clinical leads to:

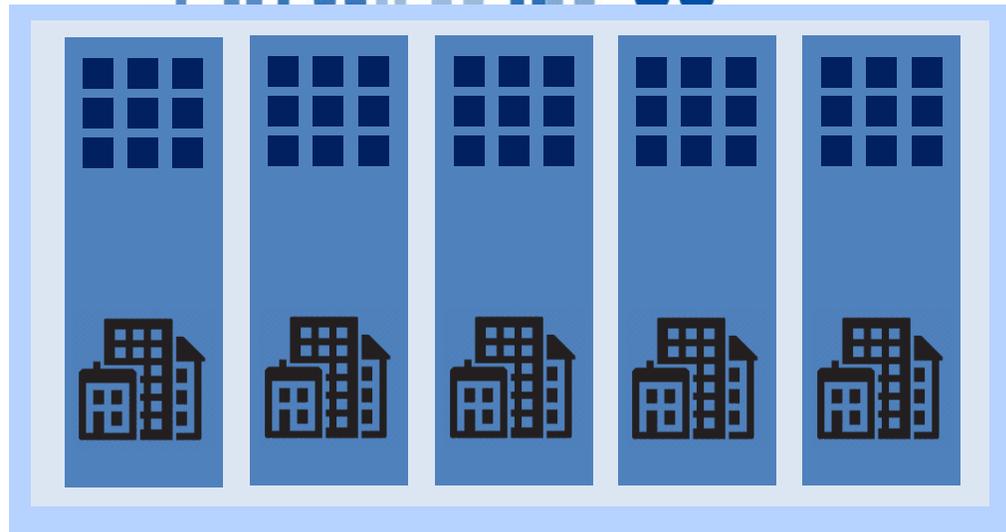
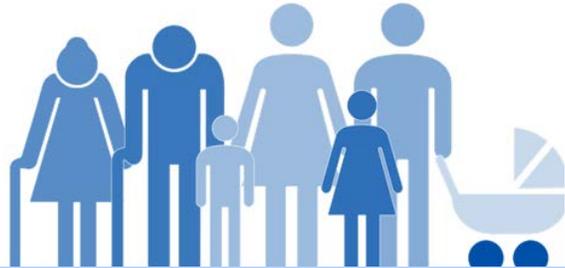
- Develop an integrated frailty pathway
- Better support in care homes
- Develop end of life services
- Cancer- Clinical leadership informing and driving a system response
- Vulnerable Services Review
- Medicines Management - working at scale to deliver efficiencies



Walsall and Wolverhampton **Stroke Service Reconfiguration**



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 oversee 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)

**How is the plan being brought to life in
Dudley?**

“Following three years of testing alternative models...through integrated care ‘Vanguards’...we now know enough to commit to a series of community service redesigns everywhere”

- Long Term Plan for the NHS

“The £4.5billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices”

Dudley MCP:

- Population-based, founded on list-based general practice
- Primary care-led model – GPs significant component
- Wide range of integrated services brought together around general practice
- Integrated Community Teams = timely input to keep people in their own homes and avoid emergency admission/facilitate timely discharge
- Community presence, consistent with 5 localities
- Services from accessible community-based locations

“We will upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH model rolled out across the whole country”

Dudley MCP:

- Whole Population Budget
- Local GP practices/community teams will collaborate to provide more proactive care, helping patients stay at home
- GP ‘ward rounds’ for care homes
- ‘Red Bag’ scheme to support residents after hospital
- Out-of-hours Community Response Teams/Care Home Support Teams
- Single Point of Access number for support/clinical triage across 7 days
- Educational/training support programme for care homes

“Carers will benefit from greater recognition and support”

Dudley MCP:

- Will ensure that carers are identified, supported and involved
- Carer Strategy seeks to identify, support and involve carers by raising their profile
- Carer Support scheme has focused on the development and implementation of a new Carer Strategy
- Carers Personal Budgets are offered to carers with eligible needs

“We will fully implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111”

Dudley MCP:

- **Whole Population Budget will include urgent care centres and primary care out-of-hours services**
- **More community-based response to emergencies that avoids unnecessary ambulance journeys and hospital admissions**

“Through social prescribing the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services”

Dudley MCP:

- **“Integrated Plus”, within Integrated Community Teams, works with the most vulnerable people, who are often socially isolated and have an unnecessary dependence on health and social care**
- **Link workers are free of professional boundaries and can enable teams to look holistically at individual needs**
- **Supporting community/carer/social networks to help maintain individuals’ resilience and quality of life**

“With patients, families, local authorities and our voluntary sector partners at both a national and local level, including specialist hospices, the NHS will personalize care, to improve end-of-life care”

Dudley MCP:

- **Shared care plans will be developed, with a range of personalized services wrapped around the patient to meet their needs, supported by a named case manager and proactive monitoring of progress with the agreed plan**
- **7-day palliative care team, increased number of advanced care plans, and additional support for end-of-life patients in residential care**

“We will build on work already undertaken to ensure patients will have direct access to Musculoskeletal First Contact Practitioners”

Dudley MCP:

- **First Contact Practitioners are operating in 5 practices in 2018/19, these will be extended across Dudley in 2019/20**

Thank you.

