

# Better Health and Care

## In the Black Country and West Birmingham



# Health and social care organisations in the Black Country and West Birmingham have developed proposals to improve health and care for local people. The proposals known as the Black Country Sustainability and Transformation Plan (STP) have been led by clinicians.

There is a national requirement to develop five year Sustainability and Transformation Plans covering all areas of NHS spending in England and linking with all the national strategic priorities for health.

Our local STP covers the Black Country and West Birmingham. So if you live in Dudley, Sandwell, Walsall, Wolverhampton or the west of Birmingham in Ladywood, Aston, Handsworth, Lozells or Nechells you are part of the Black Country STP.

We believe that, through working together, we can build on our strengths, achieving great things for local people in a way that we could not do on our own as individual health and care organisations.

The Black Country and the west of Birmingham have a strong track of delivery and innovation. We have three of the highest performing clinical commissioning groups, which purchase high quality healthcare on your behalf. We have collaboration between our acute hospitals, which will improve the health of local people by working closer together. 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. Working together for the benefit of their patients and people that use their services, taking shared responsibility to maximise the potential for individuals and communities to achieve better health and wellbeing.

We believe that through continuing to work together, with **you** - our patients, our staff and our wider stakeholders - we can build on our strengths and achieve great things together for the people of the Black Country and west of Birmingham.

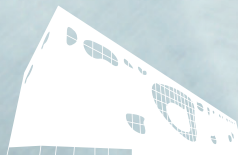
## What the STP is

Partners from across 18 health and social care organisations locally have been invited to participate in the development of the Black Country Sustainability and Transformation Plan. These organisations retain their individual responsibility and decision-making powers, but recognise the opportunity and benefits of coming together for people who use our health and care services. The STP is not a new organisation and it has no statutory powers.

Each organisation involved will be taking the plans through their own governance process and engaging within their own organisation and with their key stakeholders to ensure the plans meet local people's needs. Our plans will evolve with the feedback from our partners and the public.



By ringing **one telephone number**, the **1.4m people** who live in the Black Country and west of Birmingham will be able to book a **doctor's appointment**, get **dental advice**, order a **repeat prescription**, or get **urgent advice**.

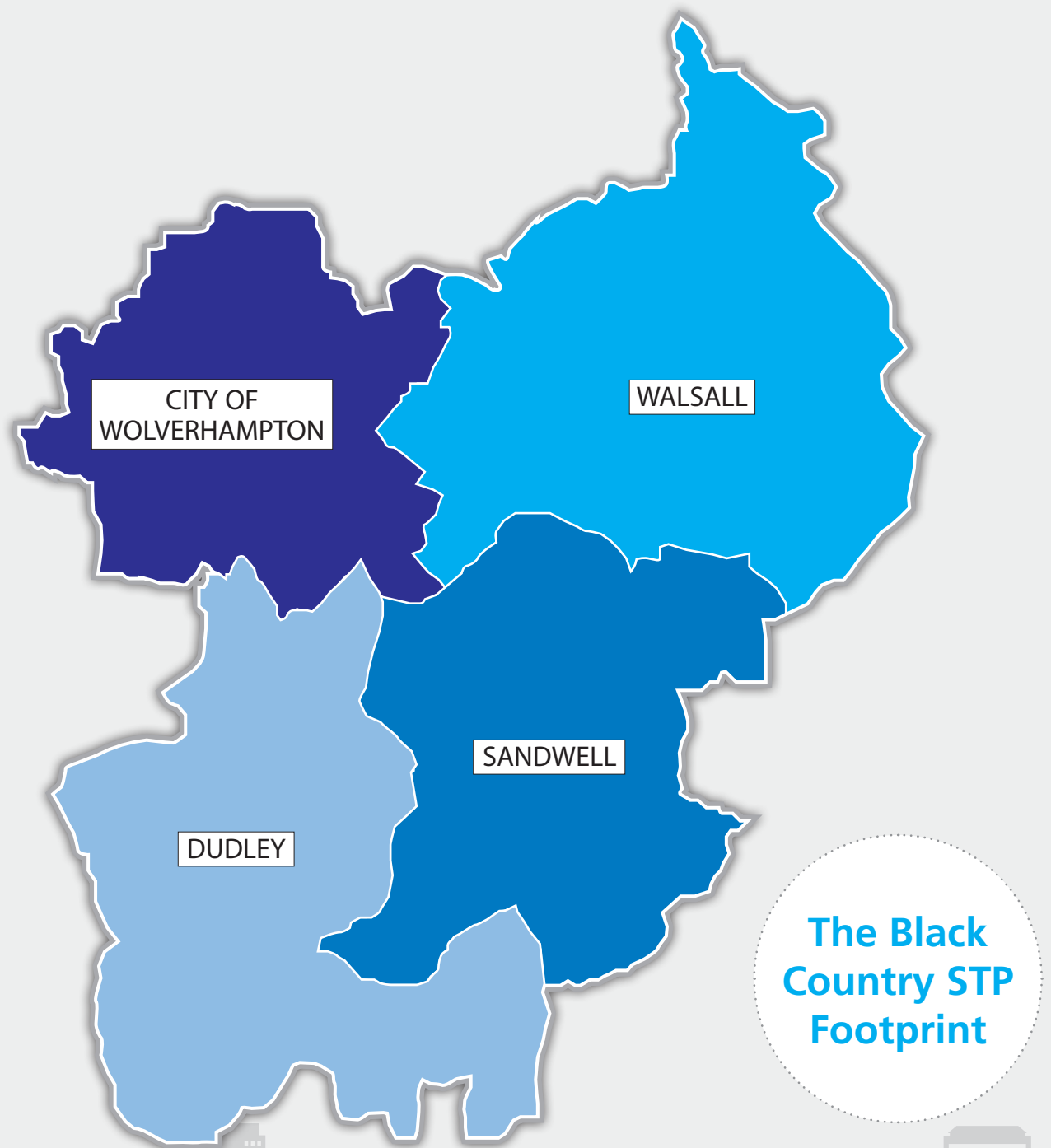




**STPs offer a new way of working for health and social care services locally, focusing on delivering health and care services defined by local area boundaries, not by local organisational boundaries.**

**The aims are to:**

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services
- Deliver financial stability and efficiencies throughout the local health care system.



# Why we need to do things differently

As our population ages and people live longer than ever before, the number of people requiring care for life also changes. Health and care funding is not increasing in line with the demands on the services. Local authority budgets for social care are also reducing. Without change, in five years' time we are predicting that we will have a £700 million gap between the funding that health and social care has and the money it needs to spend.

We must find a different way in which to plan, organise and provide services if we are to continue meeting the health and care needs of our local population, some of which lives in the most deprived areas in England and suffers some of the worst health outcomes.

## People across the Black Country and West Birmingham are telling us that they want:

"...Services there when I need them most"

"...High quality services "

"...To have a say in my care"

"...To be able to help myself to manage my health"

"...To tell my story once"

"...To know where to go when I need help or advice."

## We want to:

Transform mental health and learning disability services

Improve maternity and infant health

Create a place where people want to work

Provide the highest quality buildings to deliver health and care

Improve patient outcomes

Increase patient satisfaction

Get patients and people who use the services to the right place at the right time

Support people to self-care

## We will do this by:

Delivering local services that improve access for the population. We will offer the continuity of care our patients are telling us they want; care in the right place at the right time.

Continuing to work together to ensure that patients are getting the very best care through a shared network of expertise - a consistent approach to delivering care at scale

Working together to reduce infant mortality, so that fewer babies die each year

Ensuring local women have better births by delivering a sustainable approach to maternity services which meets individual needs

Reducing the number of patients with mental health needs receiving unnecessary inpatient care, ensuring more care is received closer to home

Ensuring people with mental health needs and learning disabilities receive the same high quality service as those with physical ill health.

The success of our STP also relies on our relationship with our patients, people who use our services, our staff and clinicians. We will take an engaging and co-production approach to our STP by getting patients, people who use our services, our staff and clinicians to lead change. Taking decisions together we will ensure that collective action can make a positive difference to the health and care of people across the Black Country and West Birmingham.

## Developing local models of care: Place-based care

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With an extra **£25m** invested in primary care services, by 2021 **25,000 extra appointments** per year will be made available at **your GP practice**.

The people of the Black Country and West Birmingham are at the heart of our plans. There may be different solutions in each of the four Black Country boroughs; this is the right thing to do, working with each community to shape what those solutions are. However, our collective aim is to help people flourish: to support them when they need support; to guide them when they need guidance; and to promote independence throughout. People are individuals and citizens first, patients and service users second. Our whole approach starts with this understanding.

Most people across the Black Country and West Birmingham need enhanced access to care. They want more flexibility in the time and way that they access services.

### What are we doing to achieve that?

#### We will:

- Support primary care to be fit for the future and enable our GPs to support people as the first port of call for health advice
- Make full use of the NHS 111 service and give people a single point of contact for access to services
- Introduce new technologies to support telehealth, for example, monitoring devices for use at home, which send updates back to your GP on weight, blood pressure and other measures
- Support the use of online services for appointment booking etc.

Many people, especially those being supported to live with a health condition, need improved continuity of care. They need to know that the person they see will understand their history and experiences and be able to help them to manage their own health as much as possible.



A close-up photograph of a young child with dark, curly hair, smiling and eating a carrot stick. The child is wearing a colorful, striped sweater. The background is a blurred outdoor setting with green foliage and a wooden fence. A white speech bubble with green text is overlaid on the left side of the image.

All children under  
5 and adults over 75  
will be **guaranteed**  
**same day** access to  
primary care  
appointments.





## We will:

- Ensure more consistent and proactive services that support people to manage their conditions and achieve their goals
- Work to deliver services that achieve outcomes for people rather than pay for services based on the number of people seen
- Bring specialists out from the hospital to see people in the community.

People with complex care needs or multiple long term health problems, those with frailty and those nearing the end of life need **better co-ordinated care**. They need services that work closely together, integrating (rather than duplicating) care closer to home and improving the patient experience.

## By working with you, we will:

- Redesign the health and care systems in each place so that all those involved in a person's care can work together in community teams. These new teams will work together to keep people well and out of hospital as much as possible and will have access to the shared information they need to better help people.
- Use the health and care estate to see teams working from fewer, but better designed, healthcare centres
- Work closely with the voluntary and community sector to link people back to their communities and reduce social isolation.

## What difference will it make for people from the Black Country and West Birmingham?

- Easier access to a wider range of care closer to home
- Better outcomes based on what's important to you
- More advice and guidance to help you make the right choices and manage your own health
- Better access to local voluntary and community groups
- More involvement in the design of care services near you
- Support from community and voluntary services when you need them
- More sustainable GP and community services
- Better information about you and your care needs for staff

Around **34,500 patients** with long term conditions, such as diabetes or heart problems, will be given **technology** to **monitor** their heart rate and blood pressure **remotely**.





## What the services could look like

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### All Together Better Dudley

In Dudley, health and care partners are working 'All together Better' to develop a Multi-speciality Community Provider (MCP). This is a network of GP practices working with other health and social care professionals to provide more integrated services outside hospitals. This model wraps community health and social care around the GP practices to support Dudley people with improved access, continuity and co-ordination of care

### Sandwell - Modality Vanguard

In Sandwell, there is a Multi-speciality Community Provider (MCP) being developed. It is being led by a group of GP practices, ensuring that GPs work together to provide the best joined up care for their patients. Sandwell and West Birmingham CCG will be talking to other local providers of health and care, along with the public and staff to understand how best this model can be spread across the whole population by April 2018.

### Walsall Together

Health and care partners in Walsall are working together to develop a new model of working that joins services together, supports people with long term conditions and helps people receive care closer to home

### Wolverhampton

In Wolverhampton, both the CCG and the hospital are looking at ways to support primary care to be fit for the future. They will be working with social care to talk to local people about the best model to deliver the right services for the city's communities.



# Hospitals working together

In the Black Country and West Birmingham we have the benefit of four hospital trusts delivering care for our population:

- Dudley Group NHS Foundation Trust
- Sandwell & West Birmingham Hospitals NHS Trust
- Walsall Healthcare NHS Trust; and
- The Royal Wolverhampton NHS Trust.

By working better together we aim for every patient within the Black Country and West Birmingham to receive the same high standards of care, no matter where they are treated.

## Care networks and specialist services

We already have care networks in place for the treatment of certain conditions including radiology (the use of images, such as x-rays and ultrasounds to diagnose and treat diseases); ear, nose and throat; rheumatology (the study of rheumatism, arthritis and other disorders of the joints, muscles, and ligaments); vascular surgery (surgery relating to arteries and veins) and stroke.

We will maximise the benefits of these networks and develop new joint-working arrangements for children's services and orthopaedics (the area of medicine relating to bones and muscles.).

For orthopaedics, we will investigate how we best provide certain treatments within the Black Country and West Birmingham. This may mean providing some services from selected hospital sites rather than every hospital site. Although some patients may have to travel to a different hospital for treatment, it gives us the best chance of keeping specialist services within the Black Country and West Birmingham.

We can make our specialist services stronger through working together. Within each hospital's catchment area, there are not always enough patients with a certain condition to make a single service viable. Through collaborating across hospital trusts we have been able to support the continuation of services from our hospitals by sharing clinical staff and recruiting new staff to work across more than one trust.

**1,000+** people a month who turn up at **A&E** will be able to have their problem assessed and **treated by a GP, reducing waits and improving care.**



- **Rheumatology services**

The Royal Wolverhampton NHS Trust delivers rheumatology services to parts of Staffordshire as well as Wolverhampton. Walsall Healthcare NHS Trust's rheumatology service is supported through the Black Country Alliance – a collaboration of hospital trusts.

- **Urology services**

Through mapping expertise across the trusts we can identify and better resource care for people with conditions such as those relating to kidneys and the bladder, enabling care to be sustained within the Black Country.

- **Neurology**

For the area of medicine relating to nerves and the nervous system, we are looking at joint consultant points across our hospital trusts and further developing our nurse-led services that may help to reduce the demand on consultant-led follow-ups, leading to shorter waiting times for patients.

- **Delivering seven-day services**

Through working together we are better able to provide seven-day services for patients. We already have a joint rota for out-of-hours and weekend non-vascular interventional radiology and are looking at extending this model for plastic surgery, ear nose and throat and breast reconstruction.

## Cancer services

We want to improve early diagnosis rates and improve the time from referral to first treatment in order to improve survival chances. We aim to achieve cancer survival rates, which match those of the best performing countries in the world, so that those patients diagnosed with cancer are still alive one year after diagnosis. We also want to improve patient experience. We will achieve all of these things by using clinical evidence and learning from best practice and through screening programmes, information/education campaigns and greater GP access to diagnostic services and specialist advice.

## Support services

We can get better value-for-money by joining up some of the clinical support services that we run such as pathology, which looks at the cause and effect of diseases and examines samples in laboratories to diagnose illnesses. One of our key programmes of work is to establish a bank of staff that works across all hospital trusts, helping to reduce our use of temporary, agency workers. We are also looking at non-clinical support functions to see how we can join up services to make them more efficient including payroll, procurement, IT, telephony, legal services, contact centres and domestic services.





## The Midland Metropolitan Hospital

Our hospitals are changing. In October 2018, the new Midland Metropolitan Hospital opens in Smethwick, bringing together emergency and acute inpatient care that is currently provided from Sandwell General Hospital and City Hospital. This new state-of-the-art facility will enable teams to deliver care for patients who are seriously unwell, on a seven day per week basis, without having to run certain services on two sites.

### **Within the new Midland Metropolitan Hospital there will be:**

- One emergency department, replacing the accident and emergency (A&E) services at Sandwell and City hospitals
- Maternity services, replacing the Serenity Unit and labour wards at City Hospital
- Surgery for people needing longer than an overnight stay
- Medical wards for children and adults
- Half of the patient beds will be in single rooms with ensuite facilities.

### **The City Hospital and Sandwell General Hospital sites remain but will be different. They will provide:**

- Intermediate care beds for people who need help to get back home
- An urgent care centre at Sandwell General Hospital
- Day case surgery
- Outpatient consultations and procedures
- Diagnostics such as scans, tests and X-rays.

As well as providing the latest treatments for patients in first rate facilities, the Midland Metropolitan Hospital is a key driver in regenerating the local area. Over 100 local apprentices will be working on the hospital's construction, gaining valuable skills, experience and employment. Local businesses are providing supplies and services to the building, supporting the economy and housing developments are taking shape around the hospital site.

## Improving quality of care in residential homes

We want to make sure that people in the Black Country and West Birmingham have access to care homes that are of consistently good quality and the local authority partners are working with clinical commissioners to improve how care homes and local GPs work together. As well as patient experience improving, we will reduce the delays for patients who are waiting in hospital for their care support needs to be in place. This will mean enhancing the community-based care services in the Black Country and West Birmingham with more rehabilitation provision.



# Mental health and learning disability

Nationally, the prevalence of mental illness is on the increase. A recent survey of mental health and wellbeing shows that more than 1 in 3 adults (aged 16 – 74) accessed treatment in 2014, a rise from the previous reported figure of 1 in 4.

Although there has been some transformation in mental health and learning disability services over the past 50 years, there is still a long way to go to ensure that we give people living with all types of mental health and learning disability challenges, better care and support towards recovery.

## Our challenges and ambitions

In the Black Country and West Birmingham, we have a number of challenges; for example we know there is a lot of variation in services - we want to change that, so whether you access care in Dudley, Sandwell and West Birmingham, Walsall or Wolverhampton, you can expect the same level of support.

Sometimes people are cared for out of the area because we don't provide that service or a bed is not available. We want to be able to offer people a local bed if they need it.

**We believe that by working together we can provide better health and access to care for all. Specifically, we aim to:**

- Improve people's experience of services
- Reduce variation by offering more consistent care across the borough
- Improve access, choice and quality of services
- Ensure best use of resources
- Help people to recover and live fulfilling lives.

## How will we achieve this?

We will look at the areas of greatest need and collectively develop plans to address the challenges we face.

## Improving care for people with learning disabilities

We will develop consistent services that are easy to access and navigate with a focus on strengthening community provision so we can reduce unnecessary admissions and time spent in hospital.

Those suffering early psychosis will get **access to therapy** within **two weeks**.



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## Developing mental health services

We know there is a lot of variation in services across the Black Country and West Birmingham so we want to work together to ensure you get the right care, at the right time and in the right place.

### **We aim to:**

- Develop integrated teams with social care, primary care, mental health, physical health and voluntary sector colleagues working together as one team to offer more co-ordinated care for you
- Strengthen mental health support at A&E sites by rolling out a consistent approach meaning you will get the same psychiatric liaison support whether you attend A&E in Dudley, Walsall, Sandwell and West Birmingham or Wolverhampton
- Improve the way mental and physical health work together, meaning your physical health needs will be better managed alongside your mental health
- Look at opportunities to develop new services, for example, establishing a psychiatric intensive unit for women and inpatient provision for children and young people who need to stay in hospital overnight.

This work will be underpinned by the people who buy our services (commissioners) working together as one, so contracts are standardised and are consistent across our area.

## Better use of beds

We want to ensure that, when you need access to inpatient care, there is, where possible, a local bed available for you, and when you are well enough there is appropriate community support to help with your recovery.

### **This will be achieved by:**

- Looking at our bed usage and setting up improved systems so it's easy for providers to identify where there is an appropriate bed
- Develop consistent hospital admission criteria so that beds are available for those who need them most
- Identify the most appropriate use of beds based on demand and national guidelines
- Work across the whole health and social care system to help your transition back into community care.



## Transforming Care Together partnership

### The Transforming Care Together partnership is between:

- Black Country Partnership NHS Foundation Trust
- Birmingham Community Healthcare NHS Foundation Trust
- Dudley and Walsall Mental Health Partnership NHS Trust.

We will build on this partnership and will look at how combining our resources could help us to create sustainable services for the future.

### Some areas of focus include:

- Aligning clinical services across the Black Country and West Birmingham, offering consistency and ease of access
- Improving the quality and safety of services through improved shared records and sharing of best practice
- Identifying joint back office structures and processes that will allow us to reinvest in frontline patient care.

## Maintaining mental health wellbeing

We want to give you the tools and opportunity to maintain your wellbeing, focusing on keeping people well.

### We aim to:

- Make it easier for you to access early help if you are experiencing mental ill health for the first time
- Offer employment support tailored for those with a mental health condition, including support to help you stay in work
- Roll-out mental health first aid training to various organisations in the local area to ensure workplaces are equipped to support staff who might be experiencing mental illness
- Work with you to prevent, where possible, mental health crisis by ensuring you can access the same early help wherever you live
- Work with social care and voluntary and community sector providers to ensure there is support available and easy access to social care initiatives such as supported housing
- Develop a suicide prevention strategy that incorporates a wide range of factors such as domestic violence, social isolation, substance misuse, unemployment, poor housing and bullying.



# Maternity and infant health

## Why do things need to change?

We know that the performance of maternity services in the Black Country and West Birmingham, is not consistent and that there are various inequalities in the maternity outcomes of mortality (death), morbidity (the level of disease), access to services and experience.

The number of births in the Black Country and West Birmingham has been increasing and is likely to continue to rise, however, the capacity within maternity services has not increased at the same rate.

Obesity (being overweight), diabetes, the age at which women give birth and the use of fertility treatments are all increasing. These factors increase the risk of a safe birth for both mother and baby.

## What are our collective aims?

- Be reflective of the national agenda for maternity services, specifically 'Better Births'
- Increase choice for women and families, ensuring improved access to a range of maternity services
- Develop maternity pathways co-designed with mothers and families, reflective of best practice guidance
- Ensure effective care before women become pregnant
- Use best practice arrangements to improve maternity safety outcomes
- Share the principles and outcomes of the Birmingham United Maternity Programme, reflecting the Black Country perspective of this work.

## How will we achieve this?

There are three key areas of focus for the Black Country and West Birmingham STP footprint area:

### 1. Infant mortality

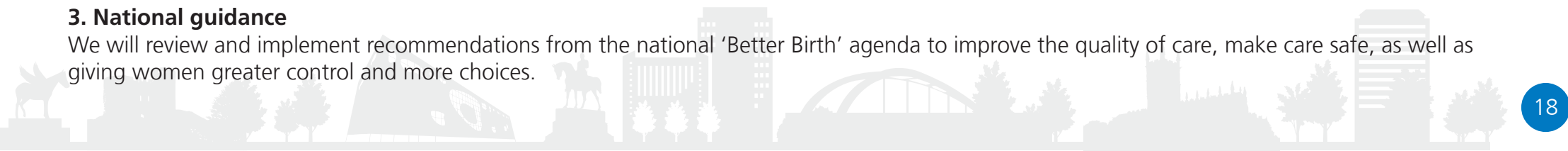
We will make improvements to the rate of infant mortality. Infant mortality refers to the death of a baby before his or her first birthday, excluding stillbirths. Many, although not all, of these deaths are potentially preventable.

### 2. Maternity and neonatal services

We will work closely together to engage with the people who use these services and create a more person-centred and sustainable model of care for maternity and neonatal services.

### 3. National guidance

We will review and implement recommendations from the national 'Better Birth' agenda to improve the quality of care, make care safe, as well as giving women greater control and more choices.





### **We will do this by:**

- Working across boundaries to provide and commission maternity services that support personalisation, safety and choice, with access to specialist care whenever needed
- Professionals working together across the area to ensure rapid referrals and access to the right care in the right place
- Undertaking a single review of maternity and neonatal service capacity
- Learning from other areas that are already exploring new ways of working and implementing best practice.

### **What does this mean for patients?**

- A positive impact on infant mortality rates across the Black Country and West Birmingham, avoiding the death of 34 babies a year - the equivalent of one child every 11 days
- Improved outcomes for mothers and their babies
- An improved patient experience
- Increased choice of services for mothers and their babies
- A range of health and care support tailored to the needs of mothers and families during pregnancy.



# What else is needed to make this happen?

Turning our plan into reality will be a challenge faced by all 18 organisations that have been invited to be involved in developing the Black Country and West Birmingham STP. We need to consider a number of different areas to do this:

## Our workforce

One of the greatest assets of health and social care is our workforce or staff. They are vital to ensuring that local people receive safe, sustainable, high quality care in the right place and at the right time.

We want the Black Country and West Birmingham to be a great place to live and work. We know that our plans are ambitious and require a level of transformation that means our staff will need new skills and new job roles. Professionals will work across traditional organisational boundaries in new ways - with a shift to preventing ill-health as well as treating it. We will need to recruit and retain the very best staff to offer safe and high quality care to local people.

## New technologies

Using new digital technologies to transform health and social care is essential. We should be making the most of technology to ensure that patients can move through the health and care system smoothly.

We need to be able to share data between organisations to improve care, ensuring that patients are confident that information is accurate, up-to-date and only shared legitimately.

Digital technology is also really important in making very tangible changes to the way patients are treated and those with long term health problems manage their care. For example, telemedicine involves the diagnosis and treatment of health problems via telephone or video call.

We can **avoid** a potential increase in **health costs** of over **£413 million per year** by 2021.

## Our buildings

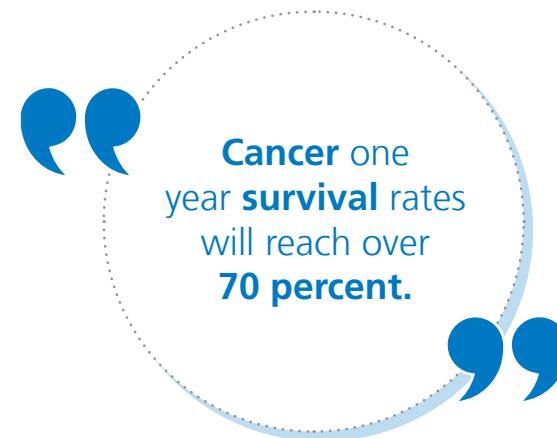
We will make best use of our buildings across health and social care, sharing facilities where possible and ensuring efficient use of existing estate.



## Future commissioning

The Black Country and West Birmingham is currently served by ten commissioning organisations, which are responsible for buying health and social care for the local population. In future, these organisations will be looking at ways to work together and share services to ensure that commissioning is undertaken as efficiently as possible. Commissioning will take place on two levels:

- Local commissioning – to integrate health and social care to meet the needs of specific local communities, for example, in Walsall, Wolverhampton, Dudley, Sandwell, West Birmingham.
- Black Country-wide commissioning – to meet the needs of the whole of the Black Country and West Birmingham population. This will be for some more specialist services such as: heart attacks, stroke, diabetes, chronic kidney disease and cancer.



## Financial sustainability

The demands on health and care resources (money and people) are rising each year:

- People are living longer with ever more complex conditions;
- As new technology, treatments and drugs are developed there are new costs and expectations;
- Modern lifestyle issues such as obesity and stress are causing an increase in long term conditions.

For the future, we must transform the way that health and care services work to meet these rising demands. We must make the most of new ways of working, taking ideas from areas where things work well in order to change the way we spend money and use our vital resources.

One of the most powerful ways to achieve change is through local services working together - across entire communities and pathways of care - to find ways to close the gaps between where we are now, and where we need to be to be fit-for-the-future.

Across the Black Country and West Birmingham, if we do not change the way we work, we will face a financial gap of around £700 million (£512m for health and £188m for social care). This will be the total financial gap if we do not act now and this is not an option!

Closing the gap in finances will be achieved by everyone who has a stake in health and care adapting what they do, how they think and how they act - at both local and national levels.





The Black Country and West Birmingham STP sets out the changes required to close this financial gap over the next five years. The plans include productivity (doing more with the same resources) and efficiency (doing the same using less resources). This doesn't mean doing less for patients or reducing the quality of care provided, in fact, we will be increasing investment each year by an average of 2.8% through to 2020/21. It means more preventative care, finding new ways to meet people's needs and identifying ways to do things more efficiently.

### Examples are included below:

- We will implement local place-based models of care (patient care provided by a number of different organisations in a particular area working together), bringing care closer to home and helping people with long term conditions to receive more joined-up care. This will improve the access, and co-ordination for people who need care and services will be reshaped to respond better to people's needs, use staff effectively and ultimately reduce the cost of people attending hospital. This area of work will contribute around £80m of savings.
- Health and social care providers working more closely together will contribute £190m towards the financial gap. Single systems operating across the Black Country and West Birmingham to improve quality and to deliver efficiencies, which they could not achieve alone, will be a large part of this work. This part of the plan also includes reducing the number of hospitals in the Black Country from five to four and the completion of the state-of-the-art Midland Metropolitan Hospital achieves this.
- We will work together to commission equitable services for people with mental health and learning disabilities, and we will improve outcomes for people with mental health and learning disabilities. This area will contribute around £20m of savings by making better use of mental health inpatient beds and reducing the number of people having to travel outside of the Black Country and West Birmingham.
- We will work together to create a single maternity plan to make best use of the resources available for maternal and infant health services.
- We will make the best use of our workforce to reduce costs, rationalise the buildings we use, look at the drugs we are prescribing and use technology to introduce electronic processes where possible. These areas will contribute £33m to the savings.

By listening to people about what matters to them, involving people to play an active role in their own health and providing services that are smarter and more efficient, we can avoid a potential increase in health and care costs by 2021.

Value to the taxpayer, equivalent to **£680 a year for every household.**

## Get involved

To make our plans a success, it is vital that we get the views of our local population and our partner organisations. Our plans are part of an ongoing conversation with local people. Key aspects of our plans, such as the development of the Midland Metropolitan Hospital, have already been subject to public engagement and consultation.

This engagement will continue and intensify following the publication of this plan, in a format that is accessible to our patients, the public, staff and wider stakeholders. We will be taking the plan to all of our partner organisations. We will also be holding events, including STP roadshows, in local communities to ensure our plans reflect the views of local people.

For more information on our plan, on how to get involved and have your say visit:  
[www.sandwellandwestbhamccg.nhs.uk/stp](http://www.sandwellandwestbhamccg.nhs.uk/stp)

Email: [swbccg.engagement@nhs.net](mailto:swbccg.engagement@nhs.net)  
Tel: 0121 612 1447