

2022/23 Birmingham and Solihull ICS Business Plan

INTRODUCTION

2022/23 will be amongst the most challenging in the NHS's history.

Successfully managing the pandemic over the last two years has meant that nationally NHS waiting times are at an all-time high and services are more stretched than ever before. Birmingham and Solihull is no exception to this.

Waiting times in Birmingham and Solihull grew during the pandemic with the average/median time people have been waiting for treatment increasing from 9-10 weeks in January 2020 to 21-22 weeks in January 2022. Despite the enormity of the current challenge the overriding priority for health and care leaders across Birmingham and Solihull is to tackle patient waiting lists and bring them back to levels that our patients and communities expect and where we are meeting national standards across all that we do. This is against a backdrop of the system managing the significant pressures across urgent and emergency care.

Achieving this recovery is not going to happen overnight and will require health and care leaders and staff to work together to prioritise those patients who need care urgently and reduce general waiting times month by month, to significantly reducing waiting times over the next 2 -3 years.

The 2022/23 Business Plan is the product of months of collaborative working between health and care leaders in Birmingham and Solihull and sets out in detail the scale of the operational challenges faced by the NHS locally in the year ahead and how we intend to recover performance.

As well as working to recover waiting times and improve and ensure equitable access to our urgent care and community services, our health system also needs to return to financial balance. The NHS in Birmingham and Solihull will receive £2.8 billion in 2022/23 to deliver health services for our community. However, prior to the pandemic, the NHS locally was planning for a deficit of £103.6m in 20/21 – a position which has worsened in underlying terms during the two-year pandemic, although the provision of additional non-recurrent resources for elective recovery and to cover Covid costs has resulted in the system planning for a forecast deficit of £35.8 m in our Business Plan for 2022/23.

Financial health is essential to any high performing health and care system. Creating a small surplus in our overall budget will enable our health system to have the financial headroom to invest in innovation and service improvement that will help to accelerate the improvements our patients and communities expect in years to come. The 2022/23 Business Plan acknowledges the need to reduce our overall system deficit during the year with a clear expectation that we return to a surplus position by the end of 2023/24. Just as importantly, it acknowledges the need to fundamentally address the costs driving our underlying deficit, reviewing how services are provided to ensure we are delivering best value for our patients and citizens.

As well as prioritising reducing waiting times, improving services and achieving medium-term financial balance, the way in which health and social care is managed in Birmingham and Solihull is also being radically redesigned, with the new Birmingham and Solihull Integrated Care Partnership and Board (ICB) coming into being in July this year.

The new ICB has already set out how it intends to transform the way in which health and care is organised and delivered in its *Inception Framework* published in January 2022. At the heart of this new approach is creating the conditions for providers of care to take more responsibility to work closer together to redesign how care is delivered in Birmingham and Solihull to deliver the quadruple aim.

Throughout 2022/23 the ICB will support all providers to ensure they have everything in place to make the new system work as effectively as possible which will help to both accelerate the pace of recovery and create a sustainable platform for year-on-year improvement in delivery of care.

The combination of service recovery, financial recovery and system redesign will significantly stretch leadership, management and staff capacity in health and care system this year and therefore create risks to the delivery of the ambitions set out in this Business Plan. However, during the 2021/2022 winter period we have already seen providers of care being able to accelerate improvements in service delivery by working more closely together and will want to build on this more collaborative approach to manage risks as they arise through the year

Additional risks may have an impact on providers' ability to deliver improvement this year are COVID-19, workforce and the steep rise in the cost of living predicted throughout 2022/23.

Covid-19 remains unpredictable and despite the removal of restrictions it continues to create capacity issues as patients are still being admitted into hospital. There remains a risk that any new variant of the disease could create additional unpredictable pressures on the health and care system. We will continue to monitor the impact COVID-19 has on the delivery of services and ensure that the health and care system overall remains alert and ready to tackle the impact any new variant may have in the future.

The risks relating to workforce are twofold: ensuring measures are in place to support existing staff health and welfare and ensuring services are adequately staffed by retaining the existing workforce and attracting new staff to work in Birmingham and Solihull.

The new ICB will retain oversight for the Workforce Strategy across Birmingham and Solihull to ensure staffing is focussed in those areas that will have the biggest impact on delivering the recovery of patient services going forward. The broader approach to how the new health and care system will work will be set out in the *Birmingham and Solihull ICB Operating Framework*, which will be published ahead of the ICB going live in July 2022.

The *Operating Framework* will also address key issues and risks not set out in this Business Plan such as how the new system will better address health inequalities, improve the health outcomes for the communities and neighbourhoods that we serve and give citizens the

opportunity to be much more engaged in how health and care is delivered.

Overall, the commitments made by all providers of healthcare in this Business Plan are stretching and will require the commitment and dedication of health and care workers to succeed. Supporting and empowering them over the next 12 months – alongside the leaders of health and care services in Birmingham and Solihull – we will ensure that the commitments made in this Business Plan are delivered and, wherever possible, exceeded.

Achieving these commitments in this transitional year will ensure that the newly-designed approach to delivering health and social care from April 2023 onwards can be as effective as possible in improving health and care services, the health of our population overall and improving equity so we make a marked difference in the inequalities in outcomes we have in our population.

AT-A-GLANCE: KEY DELIVERABLES FOR 2022/23

The following tables set out the key deliverables agreed by NHS providers in Birmingham and Solihull for the year ahead. (NB still being triangulated so this is the latest position as of 4th April)

The following chapters in the Business Plan will examine and explain these deliverables in more detail.

Planned Care

Ref	Indicator	Target	Trajectory	Delivery
Planned Care				
E.B.19	Referral to treatment (RTT) - 104+ week waits	0	0	Jun-23
E.B.21	RTT - 78+ week waits	0	6.986	Mar-23
E.B.18	RTT - 52+ week waits	Reduction	33,364	Mar-23
E.M.18 and 19	Combined admitted and non-admitted RTT pathways	110%	110%	22/23
E.M.8	Outpatient – Follow ups	25% less than 19/20	23.9%	Mar-23
E.M.32 b	Outpatient - Virtual	>=25%	24.5%	22/23
E.M.34	Patient Initiated Outpatient Follow-up	5%	4.1%	Mar-23
E.M.33	Specialist advice per 100 outpatient first attendances	16 per 100 OPs	32.5	22/23
E.B.26a	Diagnostics – MRI	>=120%	95.45%	22/23
E.B.26b	Diagnostics - CT	>=120%	108.99%	22/23
E.B.26c	Diagnostics - Non-Obs Ultrasound	>=120%	91.85%	22/23
E.B.26d	Diagnostics - Colonoscopy	>=120%	120.08%	22/23
E.B.26e	Diagnostics - Flexi Sigmoidoscopy	>=120%	120.76%	22/23
E.B.26f	Diagnostics - Gastroscopy	>=120%	120.21%	22/23
E.B.26g	Diagnostics – Echocardiography	>=120%	102.95%	22/23
E.B.32	Cancer 62-day backlog	288	641	Mar-23
E.B.27	Cancer Faster Diagnosis Standard	>=75%	67%	22/23
E.B.31	Cancer First treatment volumes (% of 2019/20)	>100%	109%	22/23

Learning Disabilities and Autism

Learning Disabilities (LD) and Autism				
E.K.14	LD - Annual Health Checks 14+	75%	75%	22/23
E.K.1a	Number of inpatients with LD and or autism Adults (commissioned by ICS)	20	20	Q4 22/23

E.K.1b	Number of inpatients with LD and or autism Adults (commissioned by NHSE/provider collaborative)	18	18	Q4 22/23
E.K.1c	Number of inpatients with LD and or autism Children and Adolescent Mental Health services (CAMHS)	5	5	Q4 22/23
PG	Learning from Deaths Review (LeDeR) to be allocated for review within 3 months of notification	100%	100%	22/23
PG	LeDeR to complete each review within 6 months of notification	100%	100%	22/23
PG	Number of personal health budgets that have been in place, at any point during the financial year to date, for LD Section 117	5	5	22/23
PG	Number of personal health budgets that have been in place, at any point during the financial year to date, for LD	38	38	22/23

Mental Health

Mental Health (MH)				
E.H.12	Inappropriate Out of Area bed placements (days)	0	990	Q4 22/23
E.A.3a	Improving access to psychological therapies (IAPT) Access Rate	9.30%	7.12%	Each Qtr
E.H.4	First Episode Psychosis treatment within 2 weeks	60%	60%	22/23
E.A.S.1	Estimated Dementia diagnosis rate	66.70%	66.70%	Q4 22/23
E.H.10	Proportion of children and young people (CYP) with eating disorders (routine) seen in 4 weeks or less	95%	95.07%	22/23
E.H.11	Proportion of CYP with Eating Disorders (urgent) seen in 1 week or less	95%	96%	22/23
E.H.22	Data Quality Maturity Index	90%	Deliver across providers	Mar 23
E.H.30	Adult MH Inpatients receiving follow up within 72 hours of discharge	80%	82.4%	Mar 23
E.H.13	People with serious mental illness (SMI) receiving full annual physical health check	10,408	10,408	22/23
E.H.15	Women accessing specialist community perinatal MH services	1,772	1,772	22/23

E.H.17	Access to Individual Placement and Support services	1,158	1,158	22/23
E.H.27	Overall access to core community MH services for adults and older adults with SMI	18,913	18,913	22/23
E.H.9	Access to CYP MH Services	13,288	18,141	22/23
PG	Number of personal health budgets that have been in place, at any point during the financial year to date, for MH S117	150	150	22/23
PG	Number of personal health budgets that have been in place, at any point during the financial year to date, for MH 18-25	20	20	22/23

Primary Care

Primary Care				
PG	BSol share of the 20,500 Full time equivalent (FTE) Primary Care Network roles by the end of 2022/23 (in line with the target of 26,000 by the end of 2023/24)	551	551	Mar-23
PG	Expand the number of GPs towards the 6,000 FTE national target	743	743	Mar-23
E.D.17	The proportion of extended access appointments booked excluding Did not attends (DNAs)	70%	70%	22/23
E.D.19	The number of GP appointment will exceed the number of appointments at pre-COVID levels	643,767 average per month	644,538	22/23

Vaccinations

Vaccinations				
PG	COVID vaccination uptake for BSol population – 1st dose	85%	85%	Mar 23
PG	COVID vaccination uptake for BSol population – 2nd dose	85%	85%	Mar 23
PG	COVID vaccination uptake for BSol population – Booster	85%	85%	Mar 23
PG	COVID vaccination uptake for BSol population – Spring Booster	85%	85%	Mar 23

Community

Community				
E.T.5	Virtual Wards - 40–50 virtual beds per 100,000 population	784	150	Q4 22/23
E.T.1	2-hour community response demand within 2 hours	70%	70%	Dec-22
PG	Post COVID-19 Syndrome (PCS) rehabilitation 90 specialist post-COVID clinics - increase the number of patients referred and seen within 6 weeks of referral	Increase the number of patients referred and seen within 6 weeks of referral	Baseline data being established to set trajectory.	22/23
PG	Post COVID-19 Syndrome (PCS) rehabilitation 90 specialist post-COVID clinics - decrease the number of patients waiting longer than 15 weeks	Decrease patients waiting more than 15 weeks	Baseline data being established to set trajectory.	22/23
PG	Number of personal health budgets that have been in place, at any point during the financial year to date, for Continuing Healthcare (CHC) / Continuing Care	494	494	22/23
PG	Number of personal health budgets (PHBs) that have been in place, at any point during the financial year to date, for End of Life	250	250	22/23
PG	Number of PHBs that have been in place, at any point during the financial year to date, for Wheelchairs	1363	1363	22/23

Urgent and Emergency Care

Urgent and Emergency Care				
PG	Ambulance handover delays within 15 minutes	35%	N/A – focus in 2022/23 is reducing 60-minute waits	22/23
PG	Ambulance handover delays within 30 minutes	95%	N/A – focus in 2022/23 is reducing 60-minute waits	22/23
PG	Ambulance handover delays greater than 60 minutes	0	1100 in Mar 23	22/23
PG	Reduce 12-hour waits in Emergency Departments (ED) zero and <= 2%	<=2%	Trajectory to be developed for newly introduced methodology.	22/23

Personalised Care (The target will be distributed across relevant programmes)

Personalised Care				
E.N.1	Year-on-year the number of people with a personalised care and support plan will grow, with over 26,000 people having one by March 2023	416 per month	416 per month	22/23

Maternity

Maternity				
PG	% women on continuity of carer pathway	100%	Maternity figure will be confirmed as part of the further return in Q2.	Mar-24
PG	% of women of Black, Asian and Mixed ethnicity and from the most deprived neighbourhoods placed on continuity of carer pathway	75%	Maternity figure will be confirmed as part of the further	Mar-24

			return in Q2.	
PG	At least 85% of women who are expected to give birth at less than 27 weeks' gestation are able to do so in a hospital with appropriate on-site neonatal care.	85%	85%	TBC
PG	Percentage of women accessing their personalised care and support plan	100%	80%	22/23
PG	Every woman has a personalised care and support plan in line with the Personalised care and support planning guidance	100%	100%	22/23
PG	Every personalised care and support plan has an appropriate risk assessment as demonstrated through audit	100%	100%	22/23
PG	Number of stillbirths per 1,000 births	50% Reduction by March 2025 (2.73 per 1000)	3.3 per 1000	Mar-23
PG	Number of neonatal deaths per 1,000 live births	50% Reduction by March 2025 (1.6 per 1000)	1.9 per 1000	Mar-23
PG	Brain Injury Rate per 1,000 live births: The annual number of infants who received at least one episode of care within a neonatal unit in England with a brain injury occurring during or soon after birth, without exclusions / Annual number of live births in England	50% Reduction by March 2025 (1.43 per 1000)	1.9 per 1000	Mar-23
PG	100% of maternal smokers offered a smoke free pathway by March 2024 (90% by March 2022 achieved)	100% (Mar 24)	46%	Mar-23

PLANNED CARE – ELECTIVE

The time patients have to wait to receive elective care has grown dramatically during the pandemic as services were diverted to tackle Covid-19. In January 2020, there were zero patients waiting over 104 weeks compared to 2082 waiting over 104 weeks in January 2022.

Patients waiting over 52 weeks has also grown significantly from zero to 30,863 during the same period, as has waiting times for cancer care.

Reducing waiting times is a key priority for the new ICB, and Healthcare leaders across Birmingham and Solihull have been working collectively to develop plans to tackle long waits, including redesigning services, expanding capacity and using new technology. This chapter sets out a high-level summary of those actions.

OUTPATIENTS

We understand that having to wait longer than expected for healthcare can be a source of great frustration for our patients.

As well as taking actions to reduce waiting times, we will support patients in getting better information about their likely time to be seen. This will help to provide more certainty to patients and reduce unnecessary calls made to General Practice going forward.

We will create a customer experience hub to provide information and self-help support regarding likely waiting times. This will also help our health status checks to regularly assess patients for any changes whilst they are waiting that may mean they need to be seen more urgently.

Throughout 2022/23 we will continue to expand and develop advice and guidance to general practice about referring patients to hospital, providing early help and support either whilst awaiting an appointment or as an earlier intervention to support their needs. As well as continuing our primary secondary collaboration with enhanced primary care services undertaking repeat triage and review and treatment of patients in primary care if possible for adult outpatients.

During the pandemic, healthcare providers were able to use digital innovations to support seeing more patients requiring outpatient appointments, and so during 2022/23 we will continue to roll out our virtual outpatient care across more pathways that can be supported by remote monitoring or telemedicine such as Dermatology.

Our new Community Health Hub, due to open in April 2022, will provide additional outpatient clinic space for patients with Musculoskeletal (MSK) complaints. The facility is being developed in line with the BSol MSK transformation workstreams led by expert teams at the Royal Orthopaedic Hospital to provide additional space for the local community to access prevention, self-management, and digital resources. This additional clinic space will support reducing the number of patients waiting for an outpatient appointment within MSK and Orthopaedics, helping them to access the care they need sooner.

In addition to the measures outlined above, we will review clinical pathways to identify those where adoption of patient initiated follow up would be safe and effective.

DIAGNOSTICS

Improving access to diagnostics will help to ensure that patients stay safe and that clinicians can better prioritise those people who need help the most. Throughout 2022/23 we will increase the number of diagnostics available in Birmingham and Solihull and accelerate improvement work so that existing diagnostics can be better utilised throughout the year.

To support this, we will fully open our first Community Diagnostic Centre in Washwood Heath, which will provide MRI facilities in the community, making it easier and more convenient for patients to access. To complement this, we are urgently reviewing the business case for further community diagnostics centres across Birmingham and Solihull.

We will create additional endoscopy and ultrasound diagnostics by investing in additional staff within our own hospitals and by working with other parts of the NHS across the country and the independent sector to identify capacity outside of Birmingham and Solihull for our patients that are willing to travel for their care.

Throughout this year we will also see the expansion of the endovascular service, enabling more patients to have procedures in a radiology setting rather than operating theatres.

DAY CASE AND IN-PATIENT TREATMENT

One of the most impactful ways to reduce waiting times is to increase the capacity available within our health system – creating more beds and ensuring we have the staff to support that additional capacity.

Completion of our first phase of our Hospital Capacity Expansion Programme will provide 3 wards at the Queen Elizabeth Hospital, creating an additional 68 beds and a Chemotherapy Suite. At the same time, we will open an additional 2 wards at Good Hope Hospital, providing 48 additional beds as well as an additional 2 wards at Heartlands Hospital, providing 48 additional beds.

New beds are only one part of our approach to creating additional capacity. We are also ensuring all our hospitals undertake a productive theatre improvement programme so we can maximise the use of both our existing and new capacity. Throughout 2022/23 we will support theatre staff to adopt the ‘get it right first time’ (GIRFT) principles to help improve the flow of patients they are able to treat.

Expanding capacity and making better use of existing capacity will have a significant impact on the number of patients we are able to treat. To ensure we can see even more patients we will also continue to expand the use of the independent sector capacity wherever possible.

Ensuring we maximise the effective use of intensive care beds can have a significant impact on the number of patients able to be treated in hospitals across Birmingham and Solihull. Over the last year we have made significant progress in treating patients through the EPOC

pathway – a safe and effective alternative to intensive care, which enables patients to recover more quickly without unnecessary risk.

We have completed the business case and request for additional funding to start capital building work on our ‘green’ site operation. Pending approval from NHSEI nationally, this will enable Solihull Hospital to operate as a ‘green’ site to protect cancer and elective care from any disruption that may occur from increased emergency or Covid demand and to open 6 new operating theatres.

It will also better protect elective care and enable greater productivity in day case by opening 2-day case theatres and co-located MRI capacity at Birmingham Women’s and Children’s Hospital. This would also enable Birmingham and Solihull to have a much-needed interoperative MRI facility and increase our capacity for MRIs performed under general anaesthetic.

CANCER

Almost everybody knows someone who has been affected by cancer. Finding cancer early, and treating it effectively, can dramatically increase someone’s chances of surviving cancer and going on to live a healthy life.

As with other services, cancer waiting times grew during the pandemic, but given the impact early diagnosis and treatment can have, we are prioritising getting our cancer services speedily back to a place where they are achieving the national standards.

We will continue our programme of improving referral forms for those with suspected cancer and referred on an urgent 2 week wait pathway, with better symptom support information to enable quicker diagnosis and access to the right treatment pathway.

During 2022/23 we will further expand the Rapid Diagnostic Service (Non-Specific Symptoms 2 week wait pathway), as part of the Faster Diagnosis programme. We are committed to this covering 85% of the population of Birmingham and Solihull by March 2023.

During this year we will launch the Targeted Lung Health Check pilot as part of Phase 3 of the national programme to move towards the development of a national screening programme. We will also build on the well-established straight-to-test pathways and develop plans in line with Community Diagnostic Centre to improve pathway redesign.

All providers of cancer care will be expected to accelerate the pace of clinically-assured Multi-Disciplinary Team (MDT) protocols so that treatment and diagnostic pathways can be further streamlined.

For high-volume pathways – such as endoscopy and dermatology – we will expand existing capacity wherever possible in healthcare settings in Birmingham and Solihull but will also identify additional NHS and private sector capacity outside our catchment area for patients willing to travel for their care.

Helping people spot the signs of cancer can make a big difference to getting early diagnosis and treatment. Throughout 2022/23 we will apply everything we learned about working with the community to deliver our vaccination programme and apply it to raising awareness about the signs and symptoms of cancer.

Finally, we will continue the expansion of the Non-Clinical Cancer Champions programme by hosting several training events, such as screening awareness and health inequalities, and screening for the LGBTQ community alongside continuing to monitor faecal immunochemical test (FIT) for symptomatic uptake to ensure equality of access across Birmingham and Solihull.

URGENT AND EMERGENCY CARE

Over the last period, a combination of busier hospitals and increased calls to ambulance services has led to very high incidence of ambulance handover delays – the time it takes for a patient to be transferred from an ambulance to the Emergency Department. This has a real impact on the ability of the ambulance service attend the most urgent calls in a timely manner.

The Integrated Care System Health and Care Partner and the West Midlands Ambulance NHS Trust are implementing a system-wide Improvement Plan through the measures set out below. In addition to this, we are creating additional alternative capacity to enable those patients who do not need an ambulance but who do need care to be seen more quickly and more appropriately for their needs.

PRE-HOSPITAL/ALTERNATIVES TO EMERGENCY DEPARTMENTS

Creating local, accessible alternatives for patients to use instead of going to Emergency Departments (ED) can help ensure that patients get the care they need and that hospitals are better able to look after those patients who really need emergency care.

That is why we are finalising a Strategic Plan to expand urgent treatment centre provision and increasingly moving to a model where Urgent Treatment Centres act as the front door of ED, enabling emergency medicine specialists to focus on higher acuity need within the ED.

We have tasked healthcare providers in Birmingham and Solihull to increase the use of high-quality alternatives to ED, such as the Community Urgent Crisis Response, Same Day Emergency Care, and the Primary Care Emergency Department service.

We are urgently working with the ambulance service to pilot and test whether Community Urgent Crisis Response Teams might in future be able to take care of all Category 3 and 4 patients, including those in care homes - enabling patients to both be supported at home and receive the urgent care they need.

We are also increasing capacity within NHS 111 to ensure the service is the credible first option for patients, enabling their referral to the most appropriate care setting. We know that some patients are still sceptical of NHS 111, which is why we are ensuring a full range of

available options in the Directory of Services is available to meet local need and we're enhancing the new regional/national route calling technology.

EMERGENCY DEPARTMENT

In addition to the measures outlined above, we are creating additional space and facilities to enable quicker ambulance handover through what is called 'cohorting' space. This will create additional, dedicated hand-over space with clinical oversight and management to help make the process of handover easier going forward.

We are also asking healthcare providers to develop protocols and pathways to enable them to implement in-year increased referrals from hospital urgent access points direct to home onto a Virtual Ward using the most up-to-date technology to support patients.

We will continue to review and audit patients accessing hospital urgent access points - such as emergency departments or urgent clinics - to consider gaps in provision and what alternative pathways we may be able to implement to better support their needs through alternatives to hospital.

FLOW AND DISCHARGE

Supporting patients to either stay out of hospital or to return home as soon as they are medically fit to do so will help to create significant additional capacity in our health and care system – meaning we can treat more patients throughout the year.

During 2022/23 we will expand our Virtual Ward capacity up to 150 'beds' to support direct referral in from the community and referral from acute hospital. Our Virtual Ward model will provide additional support for patients at home, keeping them safe and helping them either stay out of hospital or return home from admission as soon as possible.

To support this, we will increase our provision for and access to intravenous therapy at home and complete our home first diagnostic in Solihull to identify how to best support patients to be cared for longer in the community and have smoother discharge home from hospital or intermediate care settings.

We will also ensure that all healthcare providers continue our timely discharge improvement work to support reducing delays in patients discharge from hospital when medically fit to do so.

COMMUNITY

COMMUNITY– ADULTS

Increasing and improving healthcare capacity in the community is not just better for patients who want to be treated closer to home but also helps our hospitals reduce the number of patients waiting for care.

That is why we have developed a 'home first' approach to delivering more healthcare at home wherever possible. We asked our community health leaders to both expand and develop more healthcare provision in the community and in the home and to work with

hospital teams to ensure the safe discharge of patients from hospital beds when they are medically fit for discharge.

Embedding the 'discharge to assess' (D2A) model - including admission avoidance and care co-ordination for complex patients across community health services, primary care, and adult social care – will enable more patients to stay out of hospital wherever possible.

During the pandemic, our community teams were able to deliver more healthcare at home using new services and multi-disciplinary teams. Throughout 2022/23 providers of community care must sustain these new services and collaborate with professionals working at the “top of their licence”, ensuring the effective service arrangements introduced during the pandemic are further developed and standardised throughout the year.

During 2022/23 we will develop and standardise post-COVID19 syndrome (PCS) rehabilitation clinics across Birmingham and Solihull and ensure the roll out of new treatments and pathways in line with national guidance.

Safe and effective discharge from hospital can be complex – particularly for patients with multiple conditions. In the first half of 2022 we will review the Complex Discharge Hub, Community-based Integrated Hub and Single Point of Access so that we can determine the most effective and sustainable model to co-ordinate and link all relevant services to support and deliver effective discharge flow and admission avoidance.

In addition, we will implement the roll-out of specialist community health services that will support neighbourhood teams to deliver care at a locality level, for example, the Enhanced Healthcare for Care Homes Teams and the Community End-of-life Care Services Teams.

Community Health providers will also be expected to improve co-ordination between hospice teams, community intravenous therapy services, community stroke rehabilitation services and specialist community nursing teams to better support people with long-term conditions such as diabetes, respiratory illness or chronic kidney disease.

COMMUNITY – CHILDREN

Long waits for healthcare affect everyone, but in the case of children, waiting for some services may have a detrimental effect on their development and readiness for school.

Throughout 2022/23 we are targeting rapid improvement in waiting times for Speech and Language Therapy (SLT), Occupational Therapy (OT), Physiotherapy (PT), Community Paediatrics, Children in Care, Complex Care Nursing, and Neurodevelopment.

Throughout 2022/23 we will also ensure increased capacity in *Looked After Children* (LAC)/Safeguarding medicals, increasing EHP medical services and workforce, and increasing capacity to improve access to services for those children with chronic and long-term conditions.

In the year ahead, we will deliver the Special Education Needs and Disabilities (SEND) improvement actions contained within system plans by increasing health input into the Education Health and Care Plan EHCP process, improving services for those with complex health needs, and ensuring we provide early support and engagement wherever possible.

COMMUNITY – LONG TERM CONDITIONS AND PREVENTION

Improving the care for people with long term conditions can both improve the quality of life for our patients and support them to be as independent as possible.

Around 90,492 of the population in Birmingham and Solihull have diabetes, with approximately c90% of patients have Type 2 and c10% Type 1. Managed in the right way, with the right support and the right services in place, diabetes does not have to limit the life-opportunities of those who have it in the way it did just a few decades ago.

By April 2023, we will fully implement a Birmingham and Solihull **Diabetes Integrated Care Service including:**

- Increasing referral and uptake of the **NHS Diabetes Prevention Programme (NDPP)**; supporting individuals at risk of diabetes to reduce their risk and share responsibility for managing their health;
- Increasing referral into and uptake of the **Low-Calorie Diet (LCD) programme**; support for eligible individuals to reduce the risk of complications associated with Type 2 diabetes;
- Increasing referral into and uptake of the **MyDiabetes Healthcare Programme**; diabetes education programme for those newly diagnosed with Type 2 diabetes;
- Ensure individuals have **equitable access to multidisciplinary foot care teams and diabetes inpatient specialist nursing teams** to reduce amputations, improve recovery, reduce lengths of stay and readmission rates;
- Ensure **eligible patients with Type 1 diabetes are offered flash glucose monitors** in line with current and evolving NICE (National Institute of Clinical Excellence) guidelines.

Throughout the year ahead we will also improve our Respiratory services by increasing diagnostic capacity in spirometry and supporting patients to take up pulmonary rehabilitation.

Smoking can contribute to multiple long-term conditions, and ultimately death. Reducing smoking is one of the most effective tools we can use to help people to lead a healthier life. During 2022 we will establish a tobacco treatment service across Birmingham and Solihull that will be easily accessible by all patients from inpatients to community patients with individualised treatment plans and access to tobacco dependency treatment options.

We will also strengthen our CVD/Stroke pathways with ongoing redesign implementing best practice pathways and improve our detection of those at risk through Hypertension case finding and improving blood pressure management and CVD prevention and ensuring the Familial Hypercholesterolaemia (FH) pathway is embedded across Birmingham and Solihull and is fully utilised.

LEARNING DISABILITIES AND AUTISM

Throughout 2022/23 we want to see improvements in services for people with Learning Disabilities and Autism in Birmingham and Solihull.

Improvements in the access to care and the quality of care can make a huge difference to the lives of those people who rely on our services being there when they need them.

Among the commitments for the year ahead to improve the care that people with Learning Disabilities and Autism can expect are:

- The development of a co-produced, tiered offer of support with a focus on helping people earlier, reducing the number of admissions into inpatient provision through wider adoption and utilisation of the DSR, Care (Education) Treatment Review C(E)TR process and increasing both capacity and capability of provision within the community;
- Reducing the length of stay for inpatient admissions through the implementation of the discharge hub, discharge protocol and increased risk appetite of inpatient providers, as well as working with NHSEI to address some known closed cultures of behaviour;
- The establishment of an all-age autism support service to enable our population to access a clear offer of support at points in their care and support journey to increase their well-being and increase their life outcomes;
- To increase the positive experience of care and support of our population including developing and improving diagnostic services;
- To continue to improve the quality of provision working with key partners and reflecting national guidance.

MENTAL HEALTH

Demand for mental health services and support has grown significantly during the pandemic. We anticipate demand for services will continue to grow in the year ahead, with global events and the increased cost of living creating additional pressures for people in their everyday lives.

Throughout 2022/23 we want to ensure that more people can access mental health services even faster, helping to ensure they get the care they need when they need it. We will continue to work to delivering the Long-Term Plan ambitions.

We also want to ensure that people can get the care they need as close to their home or community as possible. Through a combination of increased capacity and pathway redesign we want to ensure that there are no patients in out-of-area adult acute placements and setting an agreed trajectory towards having no patients in out of area adult Psychiatric Intensive Care Unit beds.

Throughout the year we will provide more community support and therefore fewer people can expect to be placed out of area for rehabilitation.

During the year we will increase the number of people accessing psychological therapies, with growth in provision particularly focused on those who may experience health inequalities, and we will ensure more women are accessing specialist community perinatal mental health (PNMH) services.

We are also committing to ensuring more people with Stigma of Mental Illness receive an annual physical health check in primary care and that more people with Stigma of Mental Illness can find meaningful employment through Individual Placement and Support (IPS).

We will also ensure delivery on our other key locally identified priorities including transforming our rehabilitation pathway, improving access to neurodevelopmental assessment pathways, and supporting our most vulnerable children and young people.

MATERNITY

In the wake of the recently published Ockenden Final Report into maternity services at Shrewsbury and Telford Hospitals, it is essential that everyone relying on maternity services in Birmingham and Solihull has full confidence in the services and care we provide through the NHS.

As an urgent and immediate action we will ensure that the Ockenden Immediate and Essential Actions are fully embedded and implemented and that any subsequent learning is adopted to ensure the best possible quality of care and improvement outcomes for mother and baby.

We will continue the work with the Neonatal Operational Delivery Network to implement Neonatal Improvement plans, including around workforce, pre-term birth clinics, and <27 weeks pathway. We will also continue the development of services, including Pelvic Health, Stop Smoking, Infant Feeding, Diabetes, and Induction of Labour (IOL) pathway across the LMNS.

We will continue the roll-out of Single Point of Access for referrals, following successful Unified Tech funding bid, linking this into the shared care record with a focus on information sharing to support a smooth pathway delivery across primary and secondary care.

Throughout 2022/23 we will continue to ensure that every woman is offered a Personalised Care and Support Plan, underpinned by risk assessment, and support the wider personalisation agenda.

Finally, we will continue to develop plans to ensure that the building blocks are in place to support midwifery Continuity of Carer (MCoC) as the default position model of care available to all women. The plan will include how the rollout will be prioritised to those most likely to experience poor outcomes, including areas with large ethnic minority populations and women from the most deprived areas.

PRIMARY CARE

We will continue to improve timely access to primary care through investment to expand capacity general practice and through our Primary Care Networks. This will increase the number of appointments available and drive integrated working at neighbourhood and place. This will include different appointment types to reflect our transformed model of care to meet the different needs of our patients. Our aim is to work towards delivering more appointments in general practice by 2024 in line with the 50 million more appointments nationally.

We will also transform and build community services capacity to deliver more care at home and improve hospital discharge through the development of anticipatory and personalised care and our local plans for Integrated Neighbourhood development. This will include an expanded focus on cardiovascular disease (CVD) diagnosis and prevention.

To support this, we will continue to implement our Primary Care Workforce Strategy to recruit and retain primary care staff including General Practitioners as well put in place a system training hub service level agreement. This will also help us secure our share of the available resources to support staff to return to primary care and maximise our share of the national allocation of primary care network staff by the end of 2022/23, which includes expanding the number of GPs. We will also continue to work closely with our Community Pharmacists to expand the signposting of lower acuity care.

VACCINATIONS

We will continue to deliver the NHS COVID vaccination programme and meet the needs of patients with COVID-19, offering every eligible patient their standard COVID vaccination course and booster vaccination(s) in line with vaccine eligible programmes as well as boosters through the course of the year delivered through our system wide vaccination collaborative service offer.

We will continue to reach out to communities to target low-uptake and continue to adopt personalised ways of delivering vaccinations to benefit people in Birmingham and Solihull.

CONCLUSION

The commitments made in this 22/23 Business Plan will make a significant impact on improving services and reducing waiting times in the year ahead, and represent the collective efforts of leaders across the health and care system over the last few months.

In July this year, the new Integrated Care Board comes into being, and while it will adopt wholesale all the commitments in this Business Plan, it will also seek to radically reform the way in which health care is designed and delivered in Birmingham and Solihull, with the new direction of travel set out in its Inception Framework published in January this year.

While it will take until April 2023 for those reforms to be fully implemented, some of the ways in which the system works will change in-year, and with it provide an opportunity to see accelerated improvement in some of the ambitions set out in this Business Plan.

Ahead of July 1st, the ICB will publish its Operating Framework, which will not only re-iterate the commitments made in this Business Plan, but will also explain in more detail the changes that are being made to how the new health and care system will work in the future.

A key part of that change will be ensuring a much greater emphasis on health inequalities and improving outcomes. In our formal submission to NHS England to accompany this Business Plan, we have already committed to:

- Producing a 5-year health inequalities strategy embedding the Core20PLUS5 approach by July 2022, complimented by a community engagement action plan for the prevention of ill-health
- Performance reporting by patient ethnicity and Index of Multiple Deprivation quintile, focusing on unwarranted variation in referral rates and waiting lists for assessment diagnostic and treatment pathways, immunisation, screening, and late cancer presentations; complimented by learning from the vaccination programme to ensure ease of access to care and uptake in detection and screening
- Accelerating preventative programmes; covering flu and Covid-19 vaccinations; annual health checks for people with severe mental illness (SMI) and learning disabilities; continuity of maternity carers and targeting long-term condition diagnosis and management
- Equality and Health Inequalities Impact Assessments for all service redesign and new service implementation and act on findings to minimise adverse impact from our redesign for those with protected characteristics and or under-served.

The Operating Framework will set out our overall determination to tackle the determinants of ill health, improve health inequalities, and lock-in measuring the impact of what we do in terms of outcomes for the people and communities we serve.

The challenges around the delivery of safe and effective health and care services have never been greater. The Business Plan 2022/23 marks the first important step on the road to recovery in a year that will radically reset the direction of health and care services in Birmingham and Solihull for a generation or more.