



Black Country Provider Collaborative

October 2024

Introduction from Sir David Nicholson KCB CBE

Welcome to the latest edition of the Black Country Provider Collaboration (BCPC) newsletter.

We are going into a busy six months with some tricky times ahead that include the publication of some hard-hitting national reports. We currently have no extra resources promised to us, so we must do our best with what we have. It is a tough environment, however against this background there is some incredible work is going on in the Black Country.



Sir David Nicholson KCB, CBE, joint Chair

We know our problems and issues but there is no lack of focus to sort things out. Motivation is not an issue. We are lucky to be surrounded by some fantastic staff who are all working together to provide a more sustainable NHS. To do this we must work at place level and learn from each other to support our communities. Things have moved at great pace since I started working in the Black Country and I am looking forward to what we have planned over the next few months. We will keep you updated with all the latest developments when they come.

In this edition, you'll be able to read about the progress that's been made at each of our place-based partnerships as well as a financial update.

Taking 'stock' - improving the money



So far we have:

1. Brought together our clinical contracting functions into one team hosted by The Royal Wolverhampton NHS Trust (RWT).
2. Improved our payroll joint working towards standard ways of working.
3. Improved the oversight of joint working between our procurement collaborative teams.
4. Aligned planning assumptions for the 2024/25 financial year.
5. Aligned deficits to a standard level by apportioning ICB performance funding.
6. Developed thinking on risk share.
7. Agreed objectives for joint work between our four costing leads.
8. Improved the mutual understanding of each other's financial performance, productivity and financial context.
9. Improved the consistency of reporting assumptions across the four Trusts.
10. Improved relationships between finance teams and leaders.
11. Agreed a system wide piece of work in relation to planning and risk share for when Sandwell Hospitals' ED closes, including £6m of external funding for capital works at Walsall. ▶

Working in partnership

Sandwell and West Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust

12. Supported consistent involvement in the system wide financial recovery plan.
13. Created a process for a business case pipeline to ensure all collaboration opportunities are identified to minimise and share risk.
14. Secured an additional £27m of out of area urgent and emergency income by working jointly together.

Coming up, we will:

15. Continue delivery of the costing collaborative work.
16. Ensure comparable and action focused productivity improvement through the NHSE action plan on productivity improvement.
17. Support the years 2-5 recovery plan identifying and realising all possible opportunities for collaboration.

Dinah McLannahan, Executive Finance Lead BCPC, Acting System Financial Improvement Director, said: “We have been working closely with PA Consulting to develop the financial recovery plan for 2024/25. We currently have more work to do to meet our target and are seen as high risk as our run rate is too high.

“We have a plan which consists of introducing enhanced vacancy controls, reducing bank usage, increasing theatre utilisation and utilising more Virtual Ward capacity.

“This year is extremely challenging – we have to deliver a £119 million deficit but at the same time think about our year 2-5 plans.”

Sharing of best practice - Integrated care at each place

Place-based partnerships create services and support for our communities. Here is the latest from each Place:

Walsall Together

Walsall Together place based partnership aims to reduce inequalities and improve outcomes for the people of Walsall. This was recognised by the Health Service Journal Awards in November 2023 when they were announced as winners of the Place-Based Partnership and Integrated Care Award.

The entry was described by the panel of judges as “an excellent example of partnership and effective leadership and structure with the implementation of some unique projects. This is a shining example of what other systems should be aiming for.”

Over the last year they have embedded a wellbeing outcomes framework, focusing on prevention rather than treatment, that aims to reduce health inequalities for Walsall residents, supporting them to live happier and healthier lives. The framework recently received a HSJ award for Generating Impact in Population Health through Digital and was highly commended for reducing Health Inequalities through Digital.

They are the first-place based partnership in the Black Country, to develop an integrated commissioning and transformation plan, bringing together all commissioning and transformation work related to health and care in Walsall, supporting implementation of the Walsall Together strategy. It marks a further shift in the level of collaboration between commissioning and provision, with a clear focus on improving outcomes for the people of Walsall.

This winter they will launch an Acute Respiratory Infections (ARI) hub to support children aged 0-12 with Acute Respiratory Infections providing same day face to face appointments, treatment and follow up care if required.

Building on successful implementation of Family Safeguarding, Walsall are piloting the ‘families first for children’ pathfinder programme with an Adult Specialist Practitioner in each locality to support children and families with Child in Need Plans and Child Protection. This includes revised pathways, a new one assessment approach, alignment with multi-agency Early Help Partnerships, added specialisms and strong links with community, voluntary and universal services. ▶



They have also established a Youth in Sight pilot in response to increased numbers of adolescents presenting to services in crisis leading to high-cost placements and ultimately poorer outcomes. Six young people were identified and are being supported through a whole family, systemic and trauma informed approach which links to the Family Safeguarding model principles. The individual needs of children and young people will be measured allowing professionals to address these and implement interventions as necessary.

Other initiatives include the establishment of four family hubs across the borough where children, young people and their families, aged 0-19 and up to 25 for young people with additional needs, can go to get advice and support when they need it with services on offer continuing to grow.

A successful 12-week football programme alongside English lessons supporting asylum seekers new to Walsall, with their mental health and wellbeing, as well as helping them to make connections in the local community.

Development of Walsall's Cultural Compact designed to support the local sector and amplify the role of culture in the borough. Feedback from citizens on what culture means to them will be used to develop a cultural compact strategy.

Delivery of the A.C.E programme (Assisting Children to Excel). This programme recruits champions with lived experience to work with children with asthma living in a whg home, who have been identified as either regularly presenting for treatment or not engaging with treatment. They support their engagement in existing asthma care pathways. Since the programme began 132 children with asthma and 82 families have been supported, three families relocated to a new home more suited to their needs and there has been the implementation of NHS England Children and Young People Asthma Care Bundle.

Through the Work4Health Programme, created in partnership with Walsall Healthcare NHS Trust, Walsall College and the Department of Work and Pensions, 163 residents undertook training, work experience and interviews to secure employment in a health role at the Trust. Of these 58 per cent were from a minority background and 82 per cent were unemployed prior to commencing employment. The programme has so far generated a social value of £2,352,445.

One Wolverhampton

OneWolverhampton place-based partnership is a collaboration of health, social care, voluntary and community organisations working together for better health and care.

Using a population health approach, the partnership focuses on physical and mental health and wellbeing to help reduce the health inequalities experienced across the city. Its three main aims are;

- Putting people at the heart of what we do
- Right care, right place, right time
- Working better together

Over the last year, the partnership has gone from strength to strength. This has included being named winners at the Municipal Journal (MJ) Achievement Awards in the health and social care category. The award recognised the partnership for its joint delivery of a winter plan that reduced ambulance handover delays as well as hospital admissions and ensured people were able to return home at the safest, earliest opportunity. The project took a collaborative approach to funding, using it innovatively to test out new ways of working, such as having dedicated welfare rights and social workers within mental health settings and running bespoke training events with care homes.



The partnership has also successfully delivered a range of interventions to both prevent falls and support people to receive treatment closer to home when falls do occur. This has included the delivery of strength and balance classes in care homes across the city and the delivery of an integrated falls service between the City of Wolverhampton Council (CWC) and The Royal Wolverhampton NHS Trust (RWT). This service includes assessment by Advanced Nurse Practitioners and Occupational Therapists to ensure treatment can be received at home where possible and reduce the need for unnecessary conveyances to hospital. ►

More recently, the partnership has organised its first Technology Enhanced Care Week bringing together providers from the world of digital technology and professionals working within health and social care. Work is now underway to develop the Technology Enhanced Workstream and use what was learnt from the week to inform next steps.

Building on the successes of the previous 12 months, the partnership is focusing on areas including working together on integrated neighbourhood teams with a range of partnership services, scaling up the positive work of the falls prevention pilot and jointly developing the partnership approach to community resilience and prevention.

Sandwell Place

Sandwell Health and Care Partnership (SHCP) supports residents across Sandwell with their health, social care and community needs. The partnership is made up from a number of organisations from within the borough including health, social care and the voluntary sector.

SHCP has a number of immediate and longer-term strategic priorities, these include;

Immediate Priorities:

- Resilient Communities
- Primary Care

Longer-term strategic objectives:

- Resilient communities
- Transformed out of hospital experience
- Integrated workforce

Over the past year the SHCP has funded the Sandwell Language Network 2 (SLN2) programme along with Sandwell Public Health. This offers community based English language learning. The initiative has been hailed as a lifeline to the most vulnerable and excluded residents of Sandwell who without it would have little or no connection to the community.

The Sandwell Care Navigation Centre (CNC) is another SHCP initiative that provides a single point of access to help care professionals, carers and patients to arrange the right care for urgent and non-urgent referrals, preventing avoidable hospital admission and effectively manage long term conditions in the community by the right person.

The Care Navigation Centre is a multifunctional hub to enable urgent referrals or calls to be dealt with by a triaging clinician - direct professional to professional contact. Some of the services that can be accessed via the CNC are virtual ward, district nursing service and community respiratory service amongst many others. The Care Navigation Centre manages on average around 20,000 calls per month to support direct access to the appropriate service for the patients needs.

The Urgent Community Response (UCR) pathways provide an alternative route to ED attendance. Within Sandwell we are delivering the 9 UCR pathways outlined in the national planning guidance. UCR activity continues to be sustained through ongoing optimisation of utilisation of existing and flexible capacity and the continued work with primary care, WMAS and the utilisation of the wider community services to provide access to timely care to meet the patient need and avoid ED Attendance.

The impact of UCR can be seen with the number of patients remaining within in their own home and the number of 65+ year olds being admitted to hospital continuing to fall. UCR is also supported by a falls pick up service which supports those patient that have had a fall or stuck in chair/ bed – the service has extended it scope by being able to support minor injury which requires suturing. UCR clinicians have access to point of care testing to support diagnosis and treatment plan.



Oldbury

Rowley Regis

Smethwick

Tipton

Wednesbury

West Bromwich

Dudley Place

Dudley Health and Care Partnership is a partnership from across the health and care system including the NHS, local authority and voluntary and community sector.

The partnership is responsible for the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives, which improves the outcomes for the population.

With addressing health inequalities and improving outcomes for children and young people as embedded principles the priorities in Dudley are to:

- Strengthen partnership effectiveness
- Transform experience
- Shift the curve of future demand

Over the last year the partnership has agreed intermediate priorities and partnership goals.

Dudley Place is the only area to have a programme of work to ensure accessible recruitment and retention in both the local authority and the NHS but also to improve the culture of continuous improvement with career pathways across the health and care sector.

They have successfully moved secondary care services out of hospital using family hubs to host services for the most vulnerable children, improving outcomes, reducing do not attend rates and making clinic space available within the Trust. With many of the communities affected by the cost-of-living crisis this move of services to where communities can access help is part of plans to promote financial sustainability in Dudley.

Building on the successes of the Community Partnership Teams (Fuller Neighbourhood Teams) they have standardised roles and responsibilities and produced an integrated model which moves beyond a weekly meeting, to a fully integrated multi-disciplinary team "without walls." Next steps is to quantify the impact of this new model of care on hospital admissions and use of primary care services.



Dudley Health and Care Partnership
Connecting communities and coordinating care to
help citizens live longer, safer and healthier lives.

Corporate Shared Services event

The first Corporate Shared Services workshop was held this month. The day helped to set the scene of what work needs to be done. It helped identify key aspirations and challenges as well as show what staff are proud of.

Here are the key summary points from the session:

1. The Corporate Services Transformation (CST) Programme provides the opportunity to consider large-scale improvements to the provision of corporate services across the whole of the Black Country system to support better patient care and offer colleagues a great place to work.
2. A review of strategic delivery models was undertaken and BPCP has agreed that a managed shared service model represents a sensible future destination for the Black Country.
3. The first of the formal engagement workshops was well attended, with representation from senior corporate service colleagues from all four provider Trusts, two associate partners and engagement from staff side and trade union colleagues.
4. It has been agreed that all corporate services within the four provider Trusts are in scope of the programme unless approval to descope is provided by the BCPC executive.
5. The workshop initiated the establishment of professional working groups for each of the distinct functional areas of corporate services. These groups will work collaboratively over the next three months to identify and define transformational opportunities within their functions. ▶

6. The programme is taking learnings from other corporate services transformation activity and has begun to explore insights from the 'One LSC' shared service programme.
7. There is immense pride across the system in our staff and the corporate services provided. It was acknowledged that collaboration and codesign will be critical features of this programme delivery.
8. Consideration was given to understanding the potential challenges and conflicts of large-scale change and the working groups considered how these could be addressed.
9. Continued commitment and active participation of all attendees is critical to driving this transformation programme forward and achieving our three core benefits related to improvement, resilience, and efficiencies. There is no pre-determined future state; this is for us to define, design and deliver together collaboratively.
10. An overview was provided of the baseline analytics work being undertaken and a request made to all organisation to ensure all data requests have been returned to populate a theoretical model which will feed into workshop 2 discussions.
11. The professional working groups were encouraged to continue their discussions outside the formal workshop events to sustain momentum.

Clinical Summit

As you can see work across the Black Country Provider Collaboration is happening at pace and there is plenty of fantastic work going on.

To hear all about the latest projects and updates please come along to the next clinical summit on 29 November 2024, at the West Bromwich Albion Football Club (The Hawthorns, Halfords Lane, West Bromwich, B71 4LF), 9.30am-4pm.

The purpose of the summits is to bring clinicians and operational managers from across all four organisations together to drive the programme forward.

Registration is free, on a first come first serve basis, with priority given to clinical network members.

The registration will close on 20 November. Itinerary and further details will be shared closer to the meeting date.

To register and for any further enquires please contact ellie.hadlington@nhs.net

BCPC newsletter

Would you like to contribute to the next newsletter? Maybe you are working on something collaboratively that's exciting and would like to share it more widely with all colleagues. Or do you have feedback which could shape the next clinical summit? Whatever it may be, we would love to hear from you.

Please email rwh-tr.CommunicationsDept@nhs.net with your information.

