

<b>Report Title:</b>	Place Based Partnerships		
<b>Sponsoring Executive:</b>	Daren Fradgley, Executive Director of Integration (interim)		
<b>Report Author:</b>	Daren Fradgley, Executive Director of Integration (interim) Tammy Davies, Group Director PCCT		
<b>Meeting:</b>	Trust Board (Public)	<b>Date</b>	2 <sup>nd</sup> February 2022

**1. Suggested discussion points** *[two or three issues you consider the Trust Board should focus on]*

The paper covers the immediate priorities for the establishment of a Place Based Partnership (PBP) in Sandwell. These priorities are broken into 7 main areas and represent the best opportunity for successful delivery

- **Senior Leadership**
- **Governance & Lines of Assurance**
- **Transformation Plan**
- **Financial and contractual profiling**
- **Workforce review and leadership development**
- **Data management and modelling**
- **Communication and Engagement**

The paper this month provides brief highlights in each of the areas above. Despite the pressures of Covid-19, progress is being made and, in some cases, greater progress due to the system need for closer working.

All the main areas for leadership and governance that had previously been agreed are now active and starting to deliver results.

This can also be said for West Birmingham which for the last few weeks has started to demonstrate progress in terms of functional leadership in the Ladywood and Perry Barr place. The message about the need for a local identity at a West Birmingham level have been clearly heard by the BSOL system and will be built on over the next few months.

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective this paper supports]*

<b>Our Patients</b>	<b>Our People</b>	<b>Our Population</b>	
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives	<b>X</b>

**3. Previous consideration** *[where has this paper been previously discussed?]*

Place Based Partnership reports monthly

**4. Recommendation(s)**

The Trust Board is asked to:

- a. NOTE** the contents of the paper

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register	x	Risk register in development				
Board Assurance Framework	x	BAF for this item in development				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed

# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Report to the Public Trust Board: 2<sup>nd</sup> February 2022**

### **Place Based Partnership update**

This paper is a shortened format as a result of the modified Covid governance and documents the key highlights only in the 7 areas of development. Starting with Sandwell then moving to Ladywood and Perry Barr Place Based Partnership

#### **Senior Leadership**

- The Partnership Board took place this month and reported pressures in all areas due to the current Omnicron wave. However, all partners described effective mitigation and greater integration because of joint surge planning.
- The board received an update on the current leadership progress and oversight through the place wiring diagram and provided full support.
- The Place Senior Management Team (SMT) are now in a full weekly meeting cycle and have agreed terms of reference ready for approval on schedule at the PBP board in February.
- SMT have agreed to work through the next steps of creation of a full transformation plan and provided an early commitment to work through the required leadership resources within the current budgets available. It is accepted that further recurrent funding may be required in the future although this is not yet mapped.
- The Director of Children's Services and Director of Housing are both in discussions to join the Partnership Board from February and will also join SMT at the same time.
- Work continues with the Primary Care Network recognition agreement, but this remains a gap in the leadership at the current time. The challenge at the minute being that you need 8 clinical directors around the table to get consensus with Primary Care. In the future we hope to reduce this number through this agreement
- SMT have agreed to receive a proposed draft of a partnership agreement at the time of writing this report which will be presented to the partnership board in February if supported.
- Operational groups are already meeting daily and taking key decisions together based on the current pressures. These meetings are increasing the pace and opportunity for the scope of integration that will be covered in the transformation plan

#### **Governance & Lines of Assurance**

- The first meeting of the Integration Committee has now been held, and the Terms of Reference are in this public board pack for approval. The membership of this committee has also been agreed.
- Now that the SMT terms of reference have now been sent for approval the other groups terms of reference will be resolved over the next two months to complete the partnership governance set.

- The commitment to commence work on the partnership agreement is a significant step forward to setting the tone and behaviours required of the partnership from which to build upon. The Trust Board will be asked to approve this document once completed as the Host organisation.

### **Transformation Plan**

- Significant work has been undertaken during the current pressure period on Discharge to Assess (D2A). The work in this area, covered in greater depth in the performance report in the population objective, has promoted stability in our discharge pathways. This has been a vital step given the substantial abscesses and infections in care home and the wider domiciliary care markets. Providers have worked as a single, cohesive team and improved the performance in these pathways by 100% in the space of 10 days. This can be demonstrated by reducing the length of stay of a Sandwell patient waiting for a care home bed by 5 days on average. This is a fantastic achievement given the current challenges and the teams across providers are to be commended.
- The work on the opening arrangements for the new integrated care centre at Knowle has also been progressing at pace and the site remains on track to be commissioned in July jointly between the Council and the Trust as a Place based service. The staffing model is being finalised and then the costings associated will be discussed as part of the better care fund work.

### **Workforce review and leadership development**

- It has become clear through this wave that the current position with the wider care market is challenged, and the partners have committed to looking at longer term options. Whilst these options are not yet clear, there is an acceptance that future performance will only be assured if stability can be maintained in this market and options for aligned workforce development and recruitment must be considered if we are to mitigate any future risks.

### **Data management and modelling**

- Major progress has been made in this area in the last month with the first live dashboards for the place partnership now operational. These cover the live operation of the D2A pathways and the availability of care home beds in Sandwell. This deployment brings together data from multiple providers into a single space for aligned decision making
- Work is now underway to bring a new system online between partners to manage the D2A pathways electronically. This system is being developed by our intelligence team and tailored by the ideas of our clinical and practitioner leadership teams.
- We have reached a position to be able to share live data expertise with the place development team at Walsall Together this month also. To this end the team can jointly develop things and share the code for new dashboards to halve the development and deployment time in both places. The Director of Integration is also talking to the other places in Black Country and Birmingham to share this learning and extract progress from other places to increase the pace of deployments.

### **Finance and Contracting**

- The Trust and Public Health have successfully developed a new Cooperative Working agreement (CWA) covering services inclusive of sexual health and Health Visiting.

The collaborative agreement provides an example of breaking down the barriers of the traditional commissioner/provider procurement relationship. This enables partners to take equal responsibility for all aspects of planning and delivery in a transparent and cooperative manner enabling improvements to be made at pace where all partners contribute to success and share risk. This CWA has been sighted as a trail blazing method to replace traditional contracting within Place and it is intended that the integrated care centre at Knowle will utilise a CWA.

### **Communication and Engagement**

- SMT have considered the need to work urgently on the brand of the Sandwell Place and committed to getting this work underway through February. The Director of Public Health has offered resources to help execute this at pace
- Work to align the citizen engagement work with that of MMUH has now also started
- SMT have also agreed to start the work on the communications with staff to ensure that they are consulted and able to commit their ideas to the future developments

### **Ladywood and Perry Barr.**

- The senior leadership team reported in last month's paper has now started meeting weekly and has BSOL members to help with the future transition.
- An alliance agreement with the Trust, PCN Clinical Directors and Birmingham Community is supported in principle by all parties but hasn't been able to progress due to the current pressures. This is now a priority for the next month before transition happens to assure on stability and support for future relationships.
- The Trust, through Heath Street Health Centre, are hosting a combined covid and RSV primary care site. The site will provide urgent primary care for the local population to reduce the pressures on both GPs and our emergency department. The Trust and GPs in Ladywood and Perry Barr have developed an integrated diabetes offer utilising population health data to enable people with diabetes to have better outcomes, receiving care and interventions primarily in community rather than secondary care.
- The Trust is transferring learning from Sandwell to the relationships with West Birmingham in areas of substantial progress such as D2A
- There is an agreement in principle to meet with the Birmingham Community operational teams to see how they can provide better support for the Trust moving forward which will align with the more global support that they provide UHB.

### **Recommendation**

The Board is asked to:

**NOTE** the contents of the paper

Daren Fradgley  
Director of Integration (Interim)

Tammy Davies  
Group Director of PPCT