Paper ref:	TB Public (07/23) 006

REPORT TITLE:	Place Based Partnership Update		
SPONSORING EXECUTIVE:	Daren Fradgely, Managing Director / Deputy Chief Executive Officer		
REPORT AUTHOR:	Tammy Davies, Deputy Chief Integration Officer		
MEETING:	Public Trust Board	**DATE:**	12th July 2023

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

The report provides an overview of the structure and governance refresh undertaken for Sandwell Health and Care Partnership, aimed at supporting readiness for future delegation of authority from the Integrated Care Board (ICB). The direction within Birmingham and Solihull differs from the Black Country, effecting the planning and emerging form of the Lady wood and Perry Barr locality. The comparative positions between the 2 areas are described alongside the role of the Trust in influencing progress.

An update on Place performance related to both the Trust Annual Plan and the Midland Metropolitan University Hospital (MMUH) rightsizing is presented. Board members are advised to note the on-going risk to future performance related to the uncertainty around investment for Place and community services.

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

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
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	x

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

a.	**NOTE** the progress of both Sandwell Place and Ladywood and Perry Barr locality
b.	**NOTE** the financial risk to future delivery of services

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01		*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02		*Make best strategic use of its resources*
Board Assurance Framework Risk 03		*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04		*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	x	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		

Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 12th July 2023

Place Based Partnership Update

1. Introduction

1.1 As our Place Based Partnerships develop and move towards a position of future delegated authority, ensuring adequate governance with cohesion and alignment of priorities is imperative. Within Sandwell we have refreshed our governance structure to support delivery of or key objectives.

1.2 The arrangements in Birmingham and Solihull differ to those in the Black Country and therefore our approach within Ladywood and Perry Barr is focussed on ensuring delivery of our Trust objectives with equity of care of care for local citizens.

1.3 Significant progress in our delivery of services to impact urgent care demand is being made. However, the uncertainty regarding income for community and Place is posing a significant risk to planning and delivery.

1.4 The report outlines the position and developments across both Sandwell Place and the Ladywood and Perry Barr locality.

2. Governance and assurance

2.1 In preparation for the proposed 24/25 delegation of authority to Place within the Black Country system, the Sandwell Health and Care Partnership (SHCP) have undertaken a governance review. This has included a refresh of the current meeting structure and function to enable greater clarity and oversight to support performance and delivery.

2.2 We are developing a set of **metrics and outcome measures** which will align to the Trust annual plan but provide an area of focus for Place performance. This is being supported by a refreshed Joint Strategic Needs Assessment to ensure we are prioritising appropriate areas for Sandwell citizens.

2.3 The addition of the Operational Management Committee is intended to provide a forum to ensure performance across Place is improved and challenged. The meeting alternates a **performance and finance focus with quality and safety** with membership from all partners. To date, the meetings have enabled partners to prioritise key areas with an integrated approach to solutions.

2.4 In June the partnership identified concerns regarding mental health provision and outcomes for children and young people, with a planned analysis to be undertake over the next 4-6 weeks.

2.5 We are preparing for the intended **regulatory changes** where, for example, the Care Quality Commission (CQC) will inspect systems rather than individual organisations. We participated in the Adult Social Care (ASC) mock inspection in June with feedback of cohesive and mature partnership working.

2.6 The new governance structure includes the addition of a **Collaborative Commissioning Board** which will support the utilisation of financial resource through a prioritisation matrix. This will include both the Better Care Fund and any future delegated budgets.

2.7 The realignment of the 5 workstreams into 3 delivery groups is will enable greater oversight and alignment of transformation plans with a reduction in duplication of meetings and resource. The delivery groups will centre around **urgent / unplanned care, planned care and prevention.**

Table 1: Delivery Groups

	Delivery Group	Work stream
Urgent / Unplanned Care	Intermediate Care	• Intermediate Care • Care Navigation
Proactive / Planned Care	Integrated Primary Care	• Town Teams • Primary Care
Prevention	Prevention & Health Improvement	• Health Communities

2.8 To provide a more defined framework to the partnership, we have drafted an **Alliance Agreement** for partner organisations to commit to. The document, although not legally binding, will provide clarity on roles and expectations for partners to work together. The draft Alliance Agreement has been approved by the SHCP Board and will be present to the September Trust Board for endorsement. Included in the agreement is an outline of levels of risk and involvement for partners, defining the requirements for each partners organisation dependant on agreed involvement.

1.5 **The Place operating model within Birmingham and Solihull** is being approached differently to the Black Country model. This is largely due to the Birmingham City Council footprint which deters from sub-dividing the city into smaller Places. This is proving challenging particularly for a population-based approach. For example, having a 'one size fits all' model deters from the unique challenges within the area. We are utilising our stakeholder role to influence the direction for the locality by demonstrating inequalities and working with partners to create the required priorities.

2.9 Birmingham and Solihull (BSOL) ICB are in the process of reviewing the **levels of delegation** within each of the localities. Both the Chief Executive Officer and Chief Integration Officer for SWBT have provided formal feedback, representing the Trust viewpoint. This includes the clear statement that each locality should have a lead organisation acting as an anchor to ensure adequate local focus. This would enable risk mitigation by addressing component **parts rather than tackling the sum of the whole.**

2.10 Currently the **Trust role as anchor organisation within Ladywood and Perry Barr** has not progressed and there is a lack of confirmed direction by BSOL. Nevertheless, progress is being made through the increased representation of the Trust at all levels of operational and strategic planning and delivery. One area of outstanding concerns within this current approach is the function of the locality Board, which is being addressed through on-going discussions with both the BSOL and BCHC executive teams.

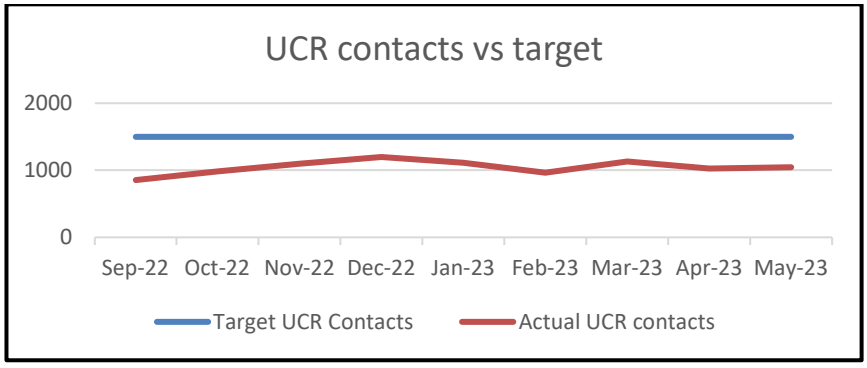
2.11 The Birmingham Community Healthcare Foundation Trust (BCHCFT) leadership team are now actively engaging with Trust governance particularly around **MMUH rightsizing and Urgent and Emergency Care,** with presence and contributions at key Trust meetings. This is providing an emerging route to oversight of community performance in the areas that impacts local citizens and Trust performance.

3. Performance and Delivery

3.1 **Unplanned Community Care** delivered by SHCP, continues to show areas of success with improvements across attendance, admission and length of stay reduction. **Urgent Community Response (UCR)** has met the national target of 70% of all patients seen 2 hours for the 3rd consecutive month, with 85% of all patients remaining in their usual place of residence.

3.2 To impact the demand on acute urgent and emergency care, increasing total UCR contacts is a vital and as such is Trust Annual Plan objective. However, we are not yet meeting the target number of 1500 monthly contacts across all urgent community services. The Intermediate Care delivery group are overseeing an improvement plan that includes restructuring of the team and additional triage support through Care Navigation.

Chart 1: Monthly UCR total contacts against Trust Annual Plan objectives



3.3 We have seen growing success with our **falls response service** with increasing contacts for people who would otherwise have required conveyance to the Emergency Department (ED), and potentially prolonged waits and associated risk of admission.

Table 2: Monthly falls response patient contacts

	Jan 23	***Feb 23***	***March 23***	***April 23***	***May 23***
Number of falls responded to (Attendance Avoidance)	**30**	**33**	**23**	**80**	***128***

3.4 The **Integrated Discharge Hub** have continued to focus on reducing the total number of patients in acute beds with No Criteria To Reside (NCTR) and to increase the number of discharges within 48 hours. There has been improved performance of timeliness of discharge across all pathways compared to last month. Pathway 1 in particular has seen improvement with continued focus on utilisation of the 72-hour wrap, which provides urgent short term domiciliary care.

Table 3: NCTR discharges per pathways

Pathway	% Discharge within 24 hrs of NCTR (prev month)	% Discharge within 48 hrs of NCTR (prev month)	% Discharge within 5 days of NCTR (prev month)
1	25.51 (19.07)	43.91 (41.26)	78.97 (76.58)
2	3.66 (5.00)	14.63 (13.33)	52.44 (35.00)
3	40.00 (10.53)	45.00 (31.58)	65.00 (42.11)
4	10.00 (10.26)	35.00 (33.33)	70.00 (66.67)

3.5 In May, representatives from the **Department of Health and Social Care** visited our Integrated Discharge Hub to review operational pathways and partnership delivery. The service was commended and will be included in national planning guidance.

Patient Story (Integrated Discharge Hub)

Mrs Beck is an 82-year-old who lived at home alone with declining mobility and increasing frailty over the last 6 months. She was admitted to hospital in May 2023 with a chest infection and cellulitis. After 5 days she was deemed to have completed her acute medical treatment and was ready for discharge. She was documented to have no criteria to reside (NCTR). Following a therapy assessment, it was found that her mobility had declined, and she was unable to safely return home alone.

Mrs Beck was assessed by the Integrated Discharged Hub (IDH) Team and was very clear that she wished to return home to the house she had lived in for more than 30 years. The IDH arranged for a rapid short term care package (72-hour wrap) to commence the following day with on-going nursing and therapy support from the Home Based Intermediate Care Team. She was safely discharge with full support within 24 hours of being deemed to have NCTR. Mrs Beck remains at home with community support and has a long term care package with twice daily calls.

3.6 Delivery of the **Virtual Wards** model is a key part of the MMUH rightsizing delivery. We are currently focusing on frailty and respiratory virtual wards to provide opportunities for a reduction in acute bed day usage. We are meeting our forecast bed day savings for both virtual wards and achieving favourable outcomes with low acute readmission rates and positive feedback.

3.7 The Virtual Ward beds are also supported by colleagues from BCHCFT for patients who are resident in Birmingham. The level of service provision from BCHCFT is now aligned with the Sandwell model and as such we are seeing greater consistency for patients living in Ladywood and Perry Barr.

Chart 2: Bed days savings forecast for frailty Virtual Ward

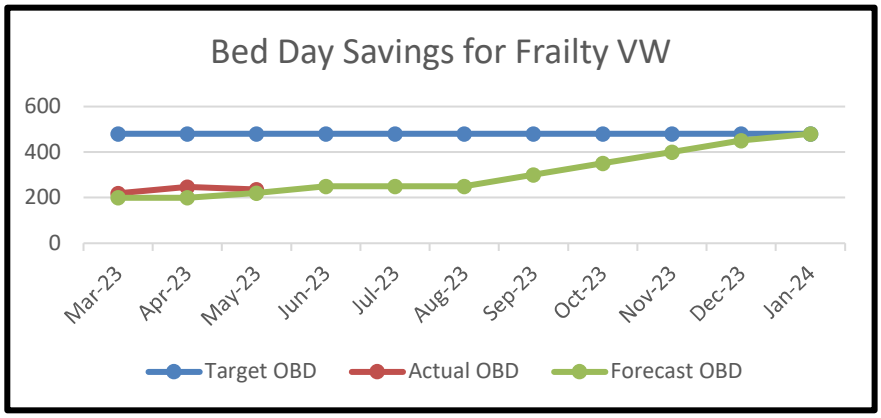
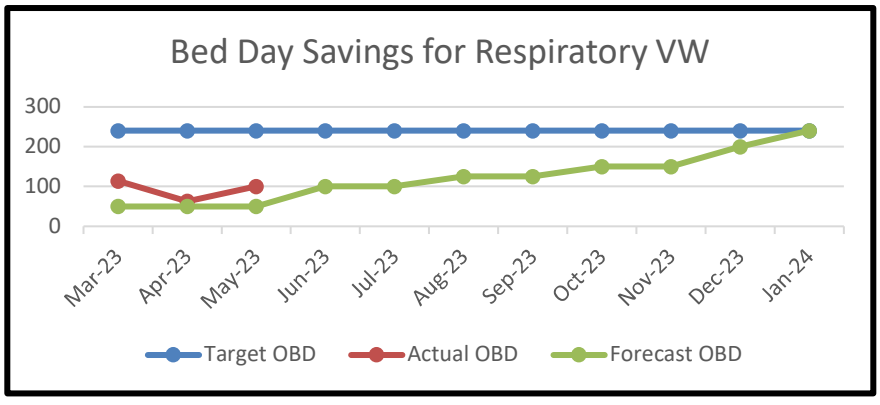


Chart 3: Bed days savings forecast for respiratory Virtual Ward



3.8 Within our **planned community care** work, we are continuing to see positive results for residents of care homes supported by the work of the integrated **enhanced care homes** team. In addition to reducing unnecessary ED attendances, we are aiming to improve the number of homes with CQC ratings of good or outstanding as Sandwell remains below other Black Country Places.

3.9 We are working with colleagues in BCHC to ensure we have an equitable service for people living in **care homes in Ladywood and Perry Barr**. However, in this area care home support is provided as part of the UCR service rather than through an integrated, enhanced team. Charts 4 shows the monthly admissions from Sandwell care homes and chart 5 shows admissions from Birmingham care homes. There is a consistent reduction in admissions from Sandwell attributed to the conception and development of the enhanced care homes team. Comparatively in Birmingham admissions are inconsistent with a current upward trend.

Chart 4: Monthly admission to SWBT from Sandwell Care homes

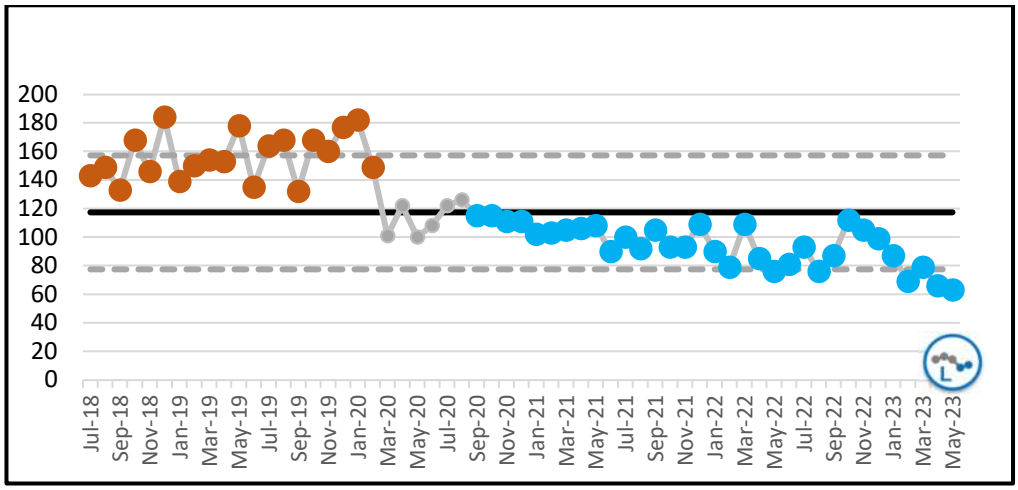
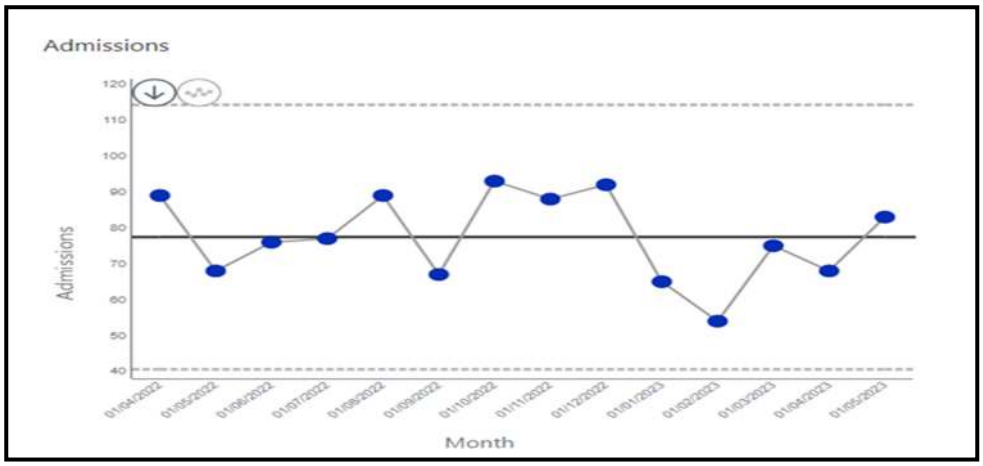


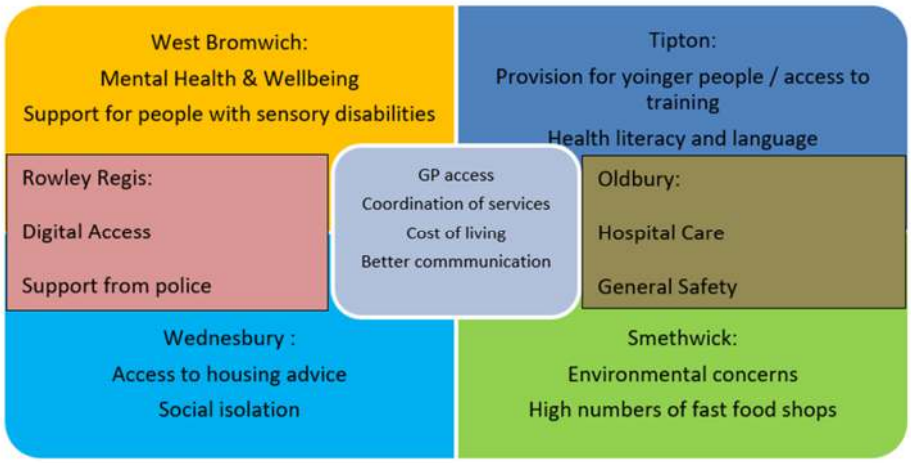
Chart 5: Monthly admissions- to SWBT from Birmingham care homes



3.10 As our integrated teams become more established, we are undertaking specific reviews of the key **inequalities within towns** with a focus on organising both statutory and voluntary teams to support change. We have now commenced partner multi-disciplinary teams' meetings to discuss high risk citizens and ensure a holistic approach. In West Bromwich and Wednesbury, we are working with local GPs to review registers to identify opportunities for proactive care specifically related to **diabetes and respiratory disease**.

3.11 We completed the final of our 6 town teams citizen forums in June where issues pertinent to local people have been identified. We are looking at key themes which will inform the work we are doing to create town hubs.

Figure 1: themes from Town Teams citizen forums



3.12 Ladywood and Perry Barr have been named as an accelerator site for the **BSOL neighbourhood model**. The system has commissioned an external consultancy company, Newton, to support with the transformation.

3.13 To date the SWBT has been involved in the creation of the model which has included several integrated neighbourhood development sessions. The sessions have brought clinical staff together from the Trust, Primary Care, BCHCFT and the Mental Health Trust. High intensity user citizen has been discussed to look at where pathways can be improved or enhanced.

3.14 The workshops have identified key cohorts of people who are frequently utilising services across the partnership, including unplanned ED attendances and admissions. We are now exploring proactive ways to support a reduction in unplanned care usage through an integrated approach. The neighbourhood model is supported by PCNs in Ladywood and Perry Barr and is highlighting significant opportunities to improve pathways ahead of winter and MMUH opening.

4. Financial risk to Place delivery.

4.1 The successful delivery of all areas of Place transformation is at risk due to the on-going uncertainty around **System Development Fund (SDF)**. The funding which is intended to support the expansion of Virtual Wards, the on-going delivery of the falls response and the development of the Integrated Front Door service has not yet been confirmed but the latest communication from the ICB is suggestive of an offer of only 38% of the original submission.

4.2 If the latest SDF income is confirmed, we will be unable to provide the falls response service or a fully functioning Integrated Front Door teams. Both omissions will impact our winter

plan and MMUH rightsizing work. In addition, we will be required to reduce the number of virtual ward beds which will limit our ability to support length of stay reduction.

4.3 The financial risk is mirrored in BSOL where we are likely to receive 20% of our original request for Virtual Wards for the population of Lady Wood and Perry Barr.

4.4 We have produced a detailed risk analysis of the potential impact of funding reduction which has been communicated to both Black Country and BSOL ICBs. In order to mitigate impact, we are assessing opportunities to access alternative funding via the BCF. However, this remains unclear which is preventing recruitment to key posts and may delay winter readiness.

5. Recommendations

5.1 The Public Trust Board is asked to:

a. **NOTE** the progress of both Sandwell Place and Ladywood and Perry Barr locality.
b. **NOTE** the financial risk to future delivery of services.

Tammy Davies
Deputy Chief Integration Officer

July 2023