Paper ref:	TB Public (01/23) 010

PATIENTS PEOPLE POPULATION

AMBITION RESPECT COMPASSION

NHS Sandwell and West Birmingham NHS Trust

REPORT TITLE:	Place Based Partnership Update		
SPONSORING EXECUTIVE:	Daren Fradgley, Chief Integration Officer		
REPORT AUTHOR:	Tammy Davies, Group Director PCCT		
MEETING:	Public Trust Board	**DATE:**	11th January 2023

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

The paper provides narrative on the developing Place Based Partnerships and in particular, the associated impact on reducing ED attendances, hospital admissions and length of stay. It is clear that the progress in Sandwell is now starting to translate into delivering mitigations but this is not replicated for Ladywood & Perry Barr (West Birmingham). This poses a risk to citizens and the success of MMUH.

The recent growing urgent and emergency care pressures have also highlighted the differences between our 2 Places. The maturity of relationships with partners in Sandwell enabled a successful response to the demands which were not seen in Ladywood and Perry Barr. With almost 50% of patients using Trust services being residents of Ladywood and Perry Barr, it is vital that we build on the encouraging discussions with stakeholders in this area. A key focus will need to be strengthening the positive relationships with local GPs.

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?]*

N/a

4. Recommendation(s)

The Public Trust Board is asked to:

a.	**NOTE** the progress in Sandwell
b.	**DISCUSS** the challenges in Lady Wood and Perry Barr

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	x	*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		*Deliver on its ambitions as an integrated care organisation*					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 11th January 2023

Place Based Partnership Update

1. Introduction

1.1 The extent of current system pressures has highlighted the significance of Place Based Partnerships in supporting patient safety and mitigating, where possible, the on-going risk. Early signs are that the maturity of the Sandwell partnership is having more favourable results compared to the emerging partnership in Ladywood and Perry Barr (West Birmingham). It is imperative that we now focus on this area to align progress and prepare adequately for MMUH.

1.2 The paper provides an update on the progress of Place Based Partnerships locally with specific focus on progress against the winter plan and response to urgent and emergency care demand.

2. Sandwell Health and Care Partnership (SHCP)

2.1 Significant progress has been made within Sandwell where it is now evident that the maturity of the partnership is producing greater efficiencies and mitigations Latest activity tracking against the MMUH modelling data shows ED attendances and hospital admissions are below forecast for Sandwell but above forecast for West Birmingham.

2.2 **Both admission avoidance and length of stay reduction** is further supported by the **Harvest View** Health and Care Centre opening in December. This has added an additional 36 care beds into the system (this will increase to 80 in January).

2.3 We have continued to operate 4 community wards (92 beds) across Rowley Regis Hospital and Leasowes in addition to Harvest View, ensuring adequate capacity for discharge. This has been possible by utilising winter surge funding as 1 ward was set to close with the budget transferred into **Home Based Intermediate Care (HBIC)** for people discharged on Pathway 1 (domiciliary care). The capacity in HBIC has subsequently increased to 190 virtual beds.

2.4 Despite the additional funding for HBIC, recruitment delays have slowed progress. However, as more staff commence in post, we are seeing fewer therapy delays and a reduction in hospital readmissions.

2.5 The **Virtual wards** are continuing to increase capacity with 32 beds now available for acute frailty, respiratory illness, complex medical needs (adults and children) and palliative care. The current capacity is behind the forecasted numbers (60) due to recruitment delays. However, the acuity and complexity of cases is much higher than anticipated, with patients requiring intensive and frequent community visits and monitoring. It is now clear that there is a significant impact on **length of stay reduction.**

2.6 The unprecedented demands on urgent emergency care which resulted in the Trust declaring a critical incident in late December, led to several challenges within the community. For example, the associated pressure on the ambulance service resulted in unacceptable waits for people suffering **falls in care homes**. SHCP rapidly stood up a service with community staff, Adult Social Care and the voluntary sector to respond and treat people in care homes. This has reduced patient harm and further demand on our emergency services.

2.7 From January we will be providing a full **community falls service** for all adults falling without injury requiring hospital admission. The service will include safe pick up, clinical assessment and rehabilitation, operated as an integrated service with the voluntary sector, UCR and adult social care

2.8 We are participating in a **clinical validation triage process with West Midlands Ambulance Service (WMAS)** to proactively pull patients from the outstanding ambulance call stack to community services. We have demonstrated relative success in this area compared to the 3 other local Places within the Black country ICS footprint, largely due to our combined model of community Care Navigation with Single Point of Access.

2.9 The surge in respiratory illness, particularly RSV in children, caused an increase in ED attendances. In Sandwell, the Acute Respiratory Illness (ARI) hub managed by primary care, has increased capacity to provide an alternative pathway. During the bank holiday period we managed to increase the sessions with direct access for ED to avoid admissions

2.10 The **Care Navigation Centre (CNC)** provides a central coordination point for both planned and urgent community services. In November the CNC took 62452 urgent calls (excluding those for planned community services and phlebotomy). The calls including:

- Attendance avoidance – 13336
- Admission avoidance - 5825
- Urgent Community Response – 719
- Virtual Ward – 273

2.11 In addition, in the first 3 weeks of December, the **Single Point of Access (SPA)** which takes urgent GP and WMAS calls and is now combined with CNC, took on average 90 calls per day with 69% managed through SDEC and 18% diverted into community pathways. Now the services are combined there is greater opportunity to increase the number of calls diverted to community services, further supporting admission avoidance.

2.12 We have continued to successfully review more than 70% of people requiring Urgent Community Response (UCR) within 2 hours with increasing total numbers. 84% of people

remain in their usual place of residence but despite this, ED attendances remain high. The planned **Integrated Front Door (IFD)** team consisting of medical, nursing, therapy and care staff is currently being recruited to. In the interim, we have utilised the Virtual Ward and UCR teams to in-reach to ED and AMU to support admission avoidance.

2.13 The **Integrated Discharge Hub** has made further progress in reducing acute hospital length of stay for people with complex needs. This is despite total numbers continuing to rise. There is still considerable work to do to meet the target of the majority of people with No Criteria To Reside (NCTR) discharged within 48 hours. However, the numbers of people with NCTR in acute hospital beds continues to fall.

2.14 In November, there was an increase in the average length of stay for people requiring pathway 1 and 3. This the on-going focus of the integrated team and is supported by the additional resource for P1 and work with care providers. As a result, we saw the length of stay for people requiring discharge on P1 reducing to around 1 day over the Christmas and New Year period

Table 1: Average length of stay in days

2022	**P1**	**P2**	**P3**	**P4**
August	6	12.5	7.1	6.2
September	4.7	9.9	7.9	5.7
October	3.7	13.7	7.5	5.9
November	5	12	10	4

2.15 As a result of the government's Plan for People**,** funding has been released for the rest of the financial year to support hospital discharges. The partnership has worked together to commit a plan which will utilise the combined funding of £3,238,040 for a range of initiatives covering mental health support, social care, community care and the voluntary sector

Table 2: Payment allocation

	SMBC Grant	**ICB Allocation (Sandwell)**	**Total**
Tranche 1 (December) 40%	£615,616	£680,000	£1,295,616
Tranche 2 (January) 60%	£923,424	£1,019,000	£1,942,424
Total	**£1,539,040**	**£1,699,000**	**£3,238,040**

2.16 The caveat to the funding has been specific in requiring new initiatives that directly effect hospital discharges. In addition, there will be significant reporting requirements against set metrics including:

• the number of people discharged to their usual place of residence (existing BCF metric)

• the absolute number of people 'not meeting criteria to reside' (and who have not been discharged)

• the number of 'Bed days lost' to delayed discharge by Trust (from the weekly acute sitrep)

• the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust

• the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template)

2.17 In November, we held the first of a series of **citizen engagement** events aimed at co-producing services with local people. The event in West Bromwich was well attended and provided valuable insight into the challenges for residents. Key themes included the lack of coordinated care to support access for people with sensory disabilities. As a consequence, we have committed to working with individuals to ensure our CNC is appropriated configured for people with sight or hearing impairment

2.18 The demands on **Primary Care** continue to impact on the entire system. Aligning our operating model with the recommendations of the Fuller report is a key priority of the partnership. We now have several practices within Sandwell working in partnership with the Trust to employ and coordinate additional roles.

2.19 **The role of Dudley Integrated Health Care (DIHC)** in providing systemwide coordination and management of Primary Care has evolved since the November Board report. It is now apparent that DIHC will operate under a different structure, the options for which will now be explored by system partners. This provides an opportunity for the Trust and the partnership to ensure the previously presented Trust Primary Care Strategy is enacted to improve local integration and seamless care.

3. Ladywood and Perry Barr

3.1 We continue to notice variation in both operational delivery and associated outcomes between Sandwell and Ladywood and Perry Barr. **This poses a risk to residents and the potential to derail successful delivery of the Acute Care Model for MMUH**.

3.2 Our ability to influence in this area both indirectly and directly as **anchor** will be a key enabler to progress. As BSOL continue to work through future structures, we continue to engage with partners such as Birmingham Community Health Care (BCHC)Foundation Trust to share learning from the Sandwell model (and vice versa). The clarity on our role as an "anchor" in West Birmingham needs to be achieved quickly.

3.3 However, despite a willingness to work together and utilise best practice, we continue to see variation in services and outcomes for residents of Lady Wood and Perry Barr. For example, we are yet to establish fully functioning virtual wards for the area. BCHC are keen to deliver

community care for patients on the wards but this brings associated challenges. BCHC are required to provide a model in line with the SWBT consultants whilst delivering a different model for University Hospitals Birmingham NHS FT (UHB) with different requirements and electronic patient records.

3.4 The lack of visibility of Urgent Community Response and admission avoidance data for Ladywood and Perry Barr prevents us having full assurance that we are provided with sufficient support for attendance avoidance, admission avoidance and length of stay reduction. The latest data modelling for MMUH highlights a significant lack of progress compared to Sandwell. We have requested sight of the BCHC and BSOL data alongside fair access to resources.

3.5 The Trust's relationship with **Primary Care in** Ladywood and Perry Barr is strengthening and progress towards formal integration with at least 2 practices is set to be completed early in the new financial year, subject to business case and due diligence.

3.6 We are also working in partnership with GPs in the area to develop **clinical pathways** with particular success related to respiratory disease and diabetes. In addition, a West Birmingham GP is leading the clinical re-design of our **Urgent Treatment Centre for** MMUH.

3.7 Work has started on the **community integrator contractor for the BSOL system** with proposals to develop the model. However, there is a lack of clarity regarding how health inequalities will be addressed at local level. This feedback has been provided by the Trust.

4. Recommendations

4.1 The Public Trust Board is asked to:

a. **Note** the progress in Sandwell
b. **Discuss** the challenges in Lady Wood and Perry Barr

Tammy Davies
Group Director

December 2022