



REPORT TITLE:	Place Based Partnership Update		
SPONSORING EXECUTIVE:	Daren Fradgley, Managing Director Core Organisation		
REPORT AUTHOR:	Tammy Davies, Deputy Chief Integration Officer		
MEETING:	Public Trust Board	DATE:	8 th March 2023

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>The Paper provides an overview of the work undertaken by the Place Based partnerships relating to improving the user journey, delivering the Midland Metropolitan University Hospital (MMUH) bed plan and the citizen experience.</p> <p>The specific impact of work to support care homes and the expansion and delivery of virtual wards are key areas which are being quantified to provide bed day reduction target. The paper acknowledges the difference in approach and progress in Ladywood and Perry Barr compared to Sandwell</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>								
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th>OUR PEOPLE</th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	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
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3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

4. Recommendation(s)
The Public Trust Board is asked to:
a. NOTE and DISCUSS the progress of the Place Based Partnerships and the impact on the user journey, MMUH bed plan and citizen experience

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>				
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 cas		
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 8th March 2023

Place Based Partnership Update

1. Introduction

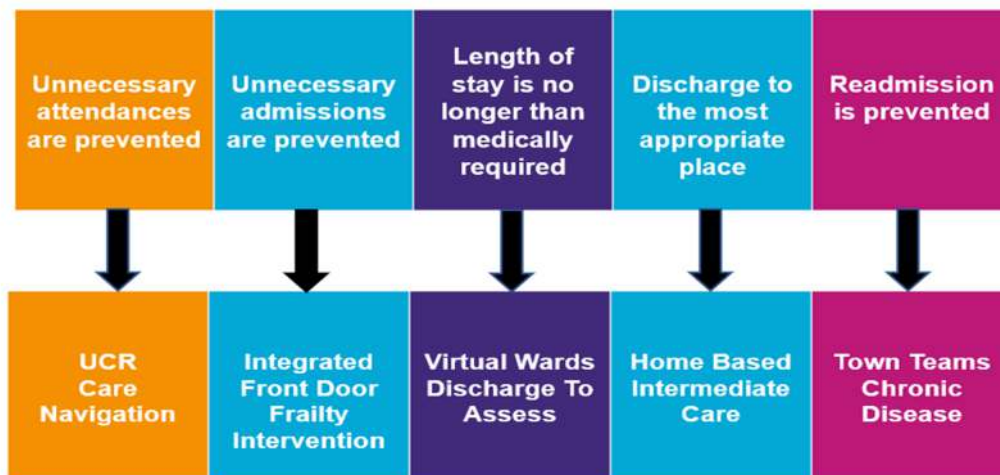
1.1 The local Place Based Partnerships are developing maturity, albeit with varying pace and differing outcomes. In Sandwell, the partnership is delivering in areas that are aligned to the Trust breakthrough objectives and Midland Metropolitan University Hospital (MMUH) bed plan. The results from the Ladywood and Perry Barr locality are less defined.

1.2 The paper sets out the priorities and progress of the Place Based Partnerships linked to the user journey, MMUH bed plan and citizen experience.

2. Breakthrough Objective (User Journey)

2.1 As the Trust progresses the vision to create a focussed approach to both quality improvement and the stratification of outcomes, it is imperative that our Place work aligns with agreed priorities. The user journey breakthrough objective is an area of focus for the Sandwell Health and Care partnership (SH&CP)

2.2 Figure 1 illustrates the components of the **MMUH clinical model** effecting the user journey and linked to the Place work stream priorities.



2.3 Reduction in ED attendance is being targeted by the evolving **Urgent Community Response** (UCR) service. Within Sandwell, all 9 UCR pathways are now covered including a **falls response** service which commenced in January where 21 people falling in their usual place of residence were responded. Prior to commencing the service, all 21 patients would have required assistance from the ambulance service with likely conveyance to ED.

Patient Story (falls)

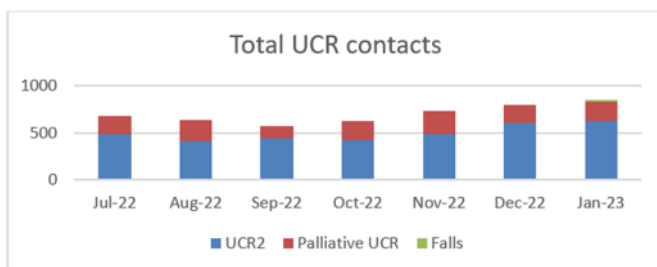
Mr Dunn is an 85-year-old living in a care home, in Sandwell. He fell in his bedroom at 8.30am attempting to walk to the bathroom. He was unable to lift himself from the floor and the carers looking after him were not trained to lift him. They called an ambulance to assess Mr Jones for injury and help with safely moving him.

At 11.20 the Advanced Clinical Practitioner (ACP) from the Sandwell CNC participated in the clinical validation call with West Midlands Ambulance Service. Mr Dunn was still waiting for an ambulance crew to attend and was deemed low risk on clinical assessment and so was likely to wait for a further 4-6 hours for an ambulance. The ACP agreed to arrange for the UCR falls team to respond.

The UCR team attended to Mr Dunn and 12.30, He was safely lifted into a chair and had a full clinical assessment. There was no evidence of traumatic injury. Bloods were taken and tested for CK levels (which can indicate muscle damage due to prolonged time lying on the floor). Results were normal. Mr Dunn had a low blood pressure on standing and so medication times were altered to support.

The UCR team arranged for the care homes team and GP to review Mr. Dunn the following day. Mr Dunn remains well in the care home.

- 2.4 In order to maximise the opportunities of further impact from the fall's response service and other UCR pathways, increasing the number of contacts is vital. This is being actioned through daily clinical validation calls between the Care Navigation Centre (CNC) and the ambulance service to divert appropriate calls. In addition, an agreement that all calls from care homes will be initially assessed by the UCR team rather than the responded to by a paramedic crew has been agreed.



- 2.5 On-going recruitment to extend the UCR team and a demand and capacity exercise to inform operational planning is in place. We are aiming to provide 20 general UCR contacts per day in addition to falls response and palliative care urgent response, totalling 800 – 1000 contacts per month.
- 2.6 Although there is further opportunity to maximise UCR activity to reduce ED attendances, **current data is already showing a differential with lower attendances from Sandwell residents compared to Birmingham residents.**
- 2.7 Birmingham Community Healthcare Foundation Trust (BCHCFT) are providing UCR services across Birmingham. They are working closely with the Trust to ensure an equitable service

to align with the progress in Sandwell and to ensure data is provided for operational assurance.

- 2.8 Admission avoidance activity is being targeted through the developing **Integrated Front Door (IFD) and Frailty Intervention Teams**. As recruitment progresses, IFD will review all relevant people attending ED to divert to community pathways. BCHCFT have agreed to work with us to support the IFD service with direct access to community pathways delivered in Birmingham.
- 2.9 There has been on-going evidence of the effects of our admission avoidance work related to residents in **care homes**. SHCP provide a proactive enhanced care homes team for the top 40 most challenged care homes in Sandwell. These include care homes with significant numbers of ambulance calls, GP visit requests and hospital admissions. In addition to quality and safety concerns
- 2.10 Within the top 40 care homes there has been significant reduction in hospital admissions, with no admissions from the top 20 care homes in December (6 admissions from the top 40 homes). Prior to the service commencing admissions were as high as 50 per month.
- 2.11 We continue to work with our partners in Sandwell to ensure people with **'No Criteria To Reside' (NCTR)** are discharged from acute beds within 48 hours. To date we are not consistently achieving this target. However, the average bed days are adversely affected by small numbers of people with complex needs and associated excessive acute length of stay.
- 2.12 We now have 40 **virtual ward beds** open including respiratory, frailty, hospital at home, palliative care and paediatrics. The acuity of patients on the wards is high with a shorter than predicted length of stay (c4 days). The planning target agreed was 123 with a much longer length of stay
- 2.13 A recent audit of the respiratory virtual ward indicates that patients would otherwise have required an extended acute hospital length of stay corresponding to 3 days of the length of stay on the virtual ward. This provides favourable evidence that increasing virtual ward occupancy will reduce acute bed day utilisation.
- 2.14 In order to achieve increased occupancy, work is on-going with the wider medical teams to increase engagement and awareness. The total number of virtual ward beds available will continue to increase as recruitment progresses with the aim to open 123 beds by June 2023
- 2.15 BCHCFT are now providing virtual ward beds for patients admitted from Lady wood and Perry Barr. At this stage the numbers remain low but we are working with BCHCFT colleagues to identify suitable patients and challenge referral rates. Planning target was 78 beds.

3. MMUH bed plan

- 3.1 Quantifying the impact of the Place initiatives to support the MMUH beds plan is imperative to ensure there is sufficient scope ahead of MMUH opening.
- 3.2 The 2 opportunities identified as additional elements to existing MMUH work streams are virtual wards and enhanced care homes. We are working with the MMUH team and partners, Archus to look at both lag and lead measures to provide an accurate trajectory for acute bed day reduction.

4. Citizen experience

- 4.1 To support the design of the Town Teams work we are working in partnership with Healthwatch to host **citizen forums** in each of the 6 Sandwell towns to ascertain the key challenges that effect health and wellbeing locally.
- 4.2 To date we have completed forums in 3 towns; West Bromwich, Tipton and Wednesbury. Although there are unique challenges for each of the towns there are consistent emerging themes including:
 - Care that is difficult to navigate
 - Lack of support for mental health issues
 - GP access
- 4.3 We are responding to the themes through detailed action plans aligned to Place work streams and will return to the town to feedback to citizens in the next 6 months.
- 4.4 In Ladywood and Perry Barr, we are working with GPs, Flourish Health (3rd sector collaborative) and local citizens to respond to specific key challenges for the community. One area of focus is vaccination uptake which has been lower than the national average. Through our Heath Street practice, we are working with community groups to support engagement and information.

5. Recommendations

- 5.1 The Public Trust Board is asked to:
 - a. **NOTE** and **DISCUSS** the progress of the Place Based Partnerships and the impact on the user journey, MMUH bed plan and citizen experience.

Tammy Davies
Deputy Chief Integration Officer
Feb 2023