| Paper ref: | TB Public (05/23) 011 |
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| **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:** | 10th May 2023 |

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

The report provides an overview regarding the roadmap towards delegated accountability of the Sandwell Health and Care partnership (SHCP) proposed by the Black Country Integrated Care Board (ICB). A brief gap analysis against all requirements is presented indicating that the partnership is on track to deliver appropriate assurance across all areas within 6 months.

Within the Birmingham and Solihull system the future role of Place is less defined and Ladywood and Perry Barr continues to operate as a locality partnership. The report provides an update on how the Trust is progressing its role as a key stakeholder in this area to ensure local people have equal access to services

The final section of the paper narrates the progress against the key transformation which aligns with the Trust annual plan and will deliver improved outcomes and support the delivery of Midland Metropolitan University Hospital (MMUH).

| 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** and **DISCUSS** the progress of the Place Based partnerships and impact on the journey to MMUH and the Trust annual plan |
| **b.** | **DISCUSS** the progress within Sandwell towards the requirements of the ICB |

| 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 | x | If 'Y' date completed | |
| Quality 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 10th May 2023**

**Place Based Partnership Update**

## 1. Introduction

1.1 As we enter the second year of Integrated care Systems (ICS) formalised as legal entities, the role of Place Based Partnerships continues to evolve. Within the Black Country system, The Integrated Care Board (ICB) have recently published a paper outlining intentions for future governance and the defined role and delegated authority for Place.

1.2 **The Black Country operating model report (in the reading room for review)** outlines a checklist for Places to achieve in readiness for formal delegation in 24/25. This has significant implications for Sandwell Health and Care Partnership (SHCP) and a focus for the next 6 months will be building on the progress to date to achieve all requirements.

1.3 Within the Birmingham and Solihull (BSOL) system, the role of Place is being approached differently with just 2 Places: Birmingham and Solihull. The West Birmingham (Ladywood and Perry Barr) area is defined as a locality with an emphasis on progressing an integrated neighbourhood model.

1.4 The successful implementation of the Place model in Sandwell and locality model in Ladywood and Perry Barr are imperative to achieving our priority objectives outlined in the **annual plan**, including:

- Reducing our acute bed base to improve the patient journey towards MMUH.
- Reducing acute hospital admissions for people with diabetes and respiratory illness.

1.5 The report sets out progress and delivery plans within the following areas:

- A gap analysis against the Black Country ICBs requirements for Places to achieve delegated authority.
- The Ladywood and Perry Barr locality model
- Improving the patient journey towards MMUH in the key areas of Virtual Wards and Care homes.

## 2. Gap analysis for SHCP against the Black Country ICBs for Places

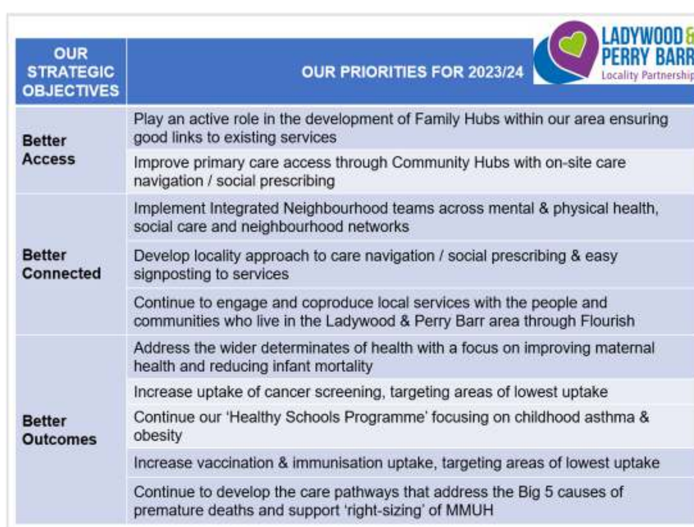
2.1 Within the Black country, SHCP is 1 of 2 Places (including Walsall) where there is a mature partnership model which will enable rapid achievement of the ICBs requirements. Meeting the requirements and receiving delegated authority in 24/25 will enable greater independence to set and deliver local priorities and utilise funding with greater autonomy. This will be an important step in arranging services to meet the needs of local people in line with the Trust strategy.

2.2 The Black Country ICB are intending to develop a Memorandum of Understanding (MOU) with each Place to define requirements and accountability. **A gap analysis has been undertaken by SHCP which shows that all aspects are at least partially achieved**. A plan to fully achieve all areas by December 2023 is underway. **Annex 1 sets out a table describing the progress against the requirements and next steps**.

2.3 SHCP have recently developed a **Joint Forward Plan,** outlining key objectives and trajectories. This can be accessed in the reading room for review. The plan focusses on improving outcomes for local people with all aspects fully aligned with the ICB requirements as well as the Trust strategy.

## 3. The Ladywood and Perry Barr locality model

3.1 The locality model delivered in Ladywood and Perry Barr aims to support people within the area by reducing inequalities and improving outcomes. This is a similar approach to the Sandwell town teams model but at a scale of population similar to the usual definition of place. **The 23/24 priorities (document in the reading room for review)** are as follows:



| OUR STRATEGIC OBJECTIVES | OUR PRIORITIES FOR 2023/24 |
|---|---|
| Better Access | Play an active role in the development of Family Hubs within our area ensuring good links to existing services |
| | Improve primary care access through Community Hubs with on-site care navigation / social prescribing |
| Better Connected | Implement Integrated Neighbourhood teams across mental & physical health, social care and neighbourhood networks |
| | Develop locality approach to care navigation / social prescribing & easy signposting to services |
| | Continue to engage and coproduce local services with the people and communities who live in the Ladywood & Perry Barr area through Flourish |
| Better Outcomes | Address the wider determinates of health with a focus on improving maternal health and reducing infant mortality |
| | Increase uptake of cancer screening, targeting areas of lowest uptake |
| | Continue our 'Healthy Schools Programme' focusing on childhood asthma & obesity |
| | Increase vaccination & immunisation uptake, targeting areas of lowest uptake |
| | Continue to develop the care pathways that address the Big 5 causes of premature deaths and support 'right-sizing' of MMUH |

3.2 The inclusion of the MMUH rightsizing is a welcome addition and is supported by the positive engagement with the teams in Birmingham. In particular Birmingham Community Healthcare Foundation Trust (BCHCFT) are supporting in the delivery of the enhanced care

homes and virtual ward models which are identified as key areas to reduce acute bed requirements

3.3 The strength and impact of the **voluntary sector** in Ladywood and Perry Barr is evident and the involvement of community and voluntary groups in tackling inequalities is a significant part of the local priorities. We are engaging with 1 group as part of our trust priorities to improve outcomes from **diabetes**. The group have already achieved measurable outcomes by working with people in the community in areas such as food selection and cooking, seeing improvements in the markers of diabetes (Hba1C). Working in partnership with community groups will be key to our on-going influence and success in the area.

3.4 We are continuing to strengthen our relationship with local GPs in Ladywood and Perry Barr to improve patient experience and the outcomes for local people. We are working with a local Clinical Director to deliver a population health-based model for people with **Chronic Obstructive Pulmonary Disease (COPD)** aimed at ensuring care is delivered by the right service at the right time to minimise the requirement for acute hospital admissions.

**4. Improving the patient journey (including MMUH rightsizing)**

4.1 The clinical transformation required for MMUH is reliant on the ability of our Places to achieve the objectives of reducing hospital attendances, admissions and length of stay. 3rd party scrutiny and assurance has identified the following main bed savings opportunities:

- Frailty and respiratory Virtual Wards – 24 beds
- Care Homes enhanced support – 16 beds

4.2 Patients in **virtual ward beds** are discharged from the Trust and remain under the care of the Sandwell and West Birmingham Trust (SWBT) named consultant. In Sandwell, community support is provided by the Trust community teams and for those in Birmingham it is provided by Birmingham Community Healthcare Foundation Trust (BCHFT). Patients receive acute interventions that would previously have required admission to an acute bed.

4.1 We undertook a clinical audit of 50 patients from both the frailty and respiratory virtual wards to validate the 3rd party bed modelling data and look for future improvement potential. This confirmed that patients on the virtual wards would have required acute bed care if the virtual ward model was not in place with an average acute bed day saving of 3.5 days per patients. In addition, there was further opportunity for an average of an additional 1.2-day length of stay reduction per patient. To date the model has been proven to be safe and effective with no significant adverse events in patients on virtual wards and acute hospital readmission rates which have improved from 12% to 6.9%

Patient Story (frailty Virtual ward)

Mr Khan is a 78-year-old living at home with his wife (who is housebound) and son in Sandwell. He was admitted to Sandwell ED and treated by the Frailty Intervention Team (FIT) for a fall, urine infection and delirium. He was identified as having high markers of infection on blood tests.

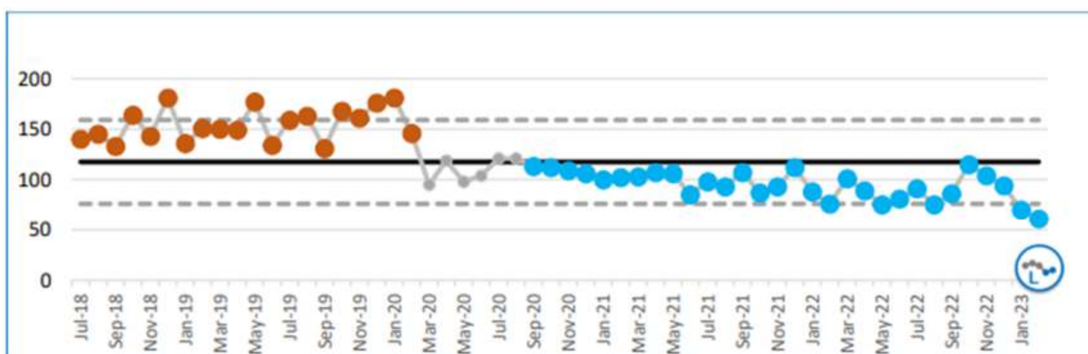
Mr Khan was started on intravenous antibiotics and fluids. He remained in hospital for 24 hours before being discharged with 72 hours wrap around support (social care arranged rapidly by the SHCP) and review by the Virtual Ward team. He was reviewed daily by the community team who administered antibiotics and monitored vital signs, response to treatment and overall condition. The Fundamentals of Care framework was utilised safe and effective, personalised care. A virtual Board round was completed daily by the frailty lead consultant.

Mr Khan was discharged from the virtual ward after 6 days and stepped down to district nursing support. His condition improved and delirium resolved. He has not had any hospital readmissions to date.

If the Virtual Ward had not been available, Mr Khan would have been in an acute hospital bed for at least 7 days and during this time he would not have had contact from his wife.

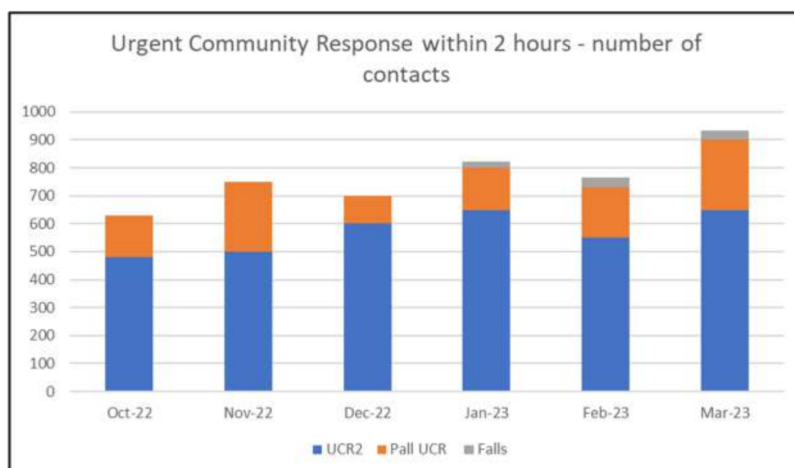
4.2 Within Sandwell, the **enhanced care homes model** has proven extremely successful with a significant reduction in acute hospital admissions for care homes where enhanced care is provided. To support MMUH delivery, we are intending to extend the model to all care homes in Sandwell. However, this is reliant on additional funding through the Better Care Fund (BCF) which to date has not been confirmed. An equitable model for Ladywood and Perry Barr is also being planned and due to commence within the next 3 months. Colleagues in BCHC are delivering the model but joint with governance and oversight to ensure delivery.

***Acute hospital admissions from residents of care homes in Sandwell receiving enhanced community care.***




4.3 In addition to the transformation schemes related directly to MMUH, we are continuing to progress our work with **Urgent Community Response** which will reduce urgent and

emergency care demand. For people meeting the criteria to be reviewed within 2 hours, we aim to provide 1500 contacts per month (currently 900 per month) and maintain performance of 70% of people seen within 2 hours. This will be achieved through on-going recruitment and the redirection of services from general urgent response to more responsive 2 and 4 hour services




4.4 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.

4.5 During the recent extended Junior Dr Industrial Action we worked with partners in Sandwell, including Adult Social Care, to undertake a critical incident style response. This saw a reduction from 72 people in SWBT beds with NCTR to 45. The team are now designing a sustainable response which will become a 'business as usual' function.

## 5. Recommendations

5.1 The Public Trust Board is asked to:

a. **NOTE and DISCUSS** the progress of the Place Based partnerships and impact on the journey to MMUH and the Trust annual plan.
b. **DISCUSS** the progress within Sandwell towards the requirements of the ICB.

Tammy Davies
Deputy Chief Integration Officer
May 2023

**Annex 1: Black Country ICB MOU component requirements for delegated authority: gap analysis for SHCP**

**Annex 1**

**Black Country ICB MOU component requirements for delegated authority: gap analysis for SHCP**

| **ICB requirement of PBPs** | | | | |
|---|---|---|---|---|
| Requirement | Progress | Evidence / examples | Next Steps | Completion date |
| To provide a mechanism to connect with the full range of providers and stakeholders as appropriate to scope. | Fully achieved | Partnership established including:<br>NHS Trust, MHLDA provider, Local Authority, Public Health, VCS, Primary Care. Governance arrangements in place including Place Board, Senior Management Team and Operational Group. | N/A | N/A |
| To support demand and capacity modelling and inputting information about patient need and preferences. | Partially achieved | Work is underway in the Primary Care work stream to evaluate capacity and respond to demand through Additional Roles and in line with the Fuller stocktake.<br>Within the Intermediate Care work stream we are looking at demand and capacity planning across UCR provision and social care<br>Wide scale citizen engagement for co-production of Integrated town teams is underway. It is intended that the integrated town teams will utilise a personalised care planning approach with individual patients / citizens | Complete the development of the Care Navigation Centre to hold demand and capacity across all partner services | December 2023 |
| To support the development of credible delivery plans and models to inform commissioning decisions at either system or place. | Fully achieved | The partnership has delivered key work streams with quantifiable outcomes including the Integrated Discharge Hub, Harvest View and the Public Health Cooperative Working Agreement. In addition, there is a defined operating model with key work streams and outcomes | Implement the recommendations of the internal governance review including the establishment of the collaborative commissioning group which will utilise a decision matrix for allocation of funding | June 2023 |
| To promote accountability for the delivery of agreed outcomes and performance targets | Partially achieved | Through the SHCP Board there is a key route to accountability. The operational group are developing a dashboard of performance against targets and KPIs to drive forward improvement and respond to underperformance.<br>Individual organisations will be presenting quality and | Implementation of recommendations from the internal governance review including the performance and quality and safety functions of the operational management group | June 2023 |

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| | | performance data to other partners through the new governance arrangements at the Place operational Group | | |
| To share and promote innovation and good practice. | Fully achieved | Partners have several joint forums where good practice and innovation is shared such as the Cooperative Working steering groups, Harvest View meetings and Discharge to Assess meetings. | N/A | N/A |
| To enable the effective co-ordination and integration of services. | Partially achieved | The developing Care Navigation Centre (CNC) and Integrated Discharge hubs coordinate care across partners and provide a single point of access for residents and professionals. The CNC will be further developed to incorporate VCS and other providers.<br>The Integrated town teams are being developed with a view to provide reactive and proactive holistic care for those most in need. This will reduce delays and improve coordinated access.<br>Further work is required to explore and respond to the view of citizens which as highlighted poor coordination of care for people with sensory disabilities and for those without English as a first language | Develop and implement the town hubs.<br><br>Complete the mapping of voluntary sector services.<br><br>Improve access to services for under-represented groups by working with local communities and continuing the programme of citizen engagement and co-production.<br><br>Ensure all access points are accessible (range of languages, material) | December 2023 |
| To promoting the effective use of resource and support the delivery of balanced financial plans (budgets, estates, workforce). | Partially achieved | Partners work collectively to allocate resources across organisations to support the outcomes of local people rather than organisational requirements. For example, allocation of health inequalities funding and the Better Care Fund are made collectively through the Joint Partnership Board<br>Increased governance and accountability with financial planning is intended with the formation of the collaborative commissioning Board which will oversee financial allocation and balance for non BCF allocations | Implement the recommendations of the internal governance review including the establishment of the collaborative commissioning group which will utilise a decision matrix for allocation of funding | June 2023 |
| To develop plans to tackle inequity of access, experience, or outcomes. | Partially achieved | Through the Joint Forward Plan and the Health and Wellbeing Board priorities the partnership | Complete the inequalities strategy with key milestones | September 2023 |

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| | | have agreed key inequalities to address. Public Health are supporting an updated population needs assessment which is supported by the citizen voice obtained through the town forums.<br>The SHCP operating model provides strategic direction to tackles areas of inequity.<br>Clear milestones and defined measurable outcome are being developed.<br>The work undertaken in this area, clearly related to the Trust strategic objectives and annual plan, including the transformation work ahead of MMUH opening | and deliverables related to a refreshed Joint Strategic Needs Assessment | |
| To comply with service change and business case processes. | Partially achieved | This is currently under development by the ICB, but SHCP have suitable governance arrangements to adhere to new and emerging policy | Implement internal governance review recommendations | June 2023 |
| To support organisational resilience through the facilitation of mutual aid agreements. | Fully achieved | This was evidence during the episodes of critical incidents and Industrial action where partners mirrored the Trust and provided additional support where able | N/A | N/A |