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PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Place Based Partnership Report		
SPONSORING EXECUTIVE:	Daren Fradgley, Chief Integration Officer		
REPORT AUTHOR:	Tammy Davies, Group Director PCCT Daren Fradgley, Chief Integration Officer		
MEETING:	Public Trust Board	**DATE:**	2nd November 2022

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

The report provides Board members with an overview of the developments within Sandwell Place and the Ladywood and Perry Barr locality. Within Sandwell details of the integrated winter plan, inclusive of future sustainability considerations are presented. Of note, the progress with Community Urgent Response and Virtual Wards is described alongside the growing capacity for complex discharges both within Pathway 1 and Pathway 2.
Risks in this paper relate to the growing challenges of primary care demand and access together with some collaborative mitigation and the engagement risk based on the current support offer to the PCN's in Sandwell. In addition, pressure is now starting to bear on the pathway 1 capacity but the paper outlines steps that are coming online to mitigate through winter.

Progress within Ladywood and Perry Barr is less evident with associated delivery risks although progress has been made since last month's report and alignment with the other providers in Birmingham is commencing. The paper sets in section 3 onwards the current position and mitigation

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 winter planning arrangements coordinated at Sandwell Place
b.	**DISCUSS** the progress and challenges in Ladywood 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		*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	
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 2nd November 2022

Place Based Partnership Report

1. Introduction

1.1 The local Place Based Partnerships are integral to the delivery of a plan that supports the local population as urgent care demand increases. It is no longer viable to expect hospitals to merely increase acute bed provision as this will simply fail to deliver the required capacity.

1.2 Likewise, it is both inefficient and counterintuitive to focus on a plan that is only targeting health provision; social care, voluntary services and Public Health should be included in planning activity.

1.3 We need to deliver a winter plan, reacting to current unprecedented demand but it is vital that we also look forward to a proactive annual strategy, moving towards a sustainable future model

1.4 The report provides narrative on the position of the local Place partnerships in delivery against the winter plan and futures models of sustainable planning

2. Sandwell Health and Care Partnership (SHCP): combined winter plan

2.1 The SHCP have agreed to produce a joint winter plan to avoid the pitfall of organisations working in silos with limited outcomes. This will enable appropriate use of resources with holistic delivery and a greater likelihood of sustainable outcomes. I should be noted that this plan is an extension of the plan presented to Trust Board in September and provides additional mitigates across wider elements of the partnership.

2.2 The plan is built on 4 principals:

- Supporting primary care delivery
- Reducing hospital attendance, admission, and length of stay
- Supporting adult social care capacity
- Responding to the local implications of the cost-of-living challenges

2.3 Primary Care access requires a Place response to improve patient experience and reduce the associated impact on urgent care demand. There is inconsistency locally between **Primary Care Networks (PCNs)** access to appointments. However, it undisputed that the

current model is flawed. **Your Health Partnership (YHP)** are trialling a clinical triage model which if successful will be shared across the locality

2.4 The SHCP are supporting primary care with the continued delivery of **respiratory hubs**, specifically targeting the increased prevalence of RSV. This model was successful last year and if expanded is forecast to reduce demand on both Primary and Secondary care

2.5 The town teams work stream is overseeing the re-organisation of resources to offer a **core home visiting and rapid response service for each town**. This will support PCNs by releasing time for GPs to offer more appointments whilst still ensuring housebound citizens, including care home residents receive responsive care

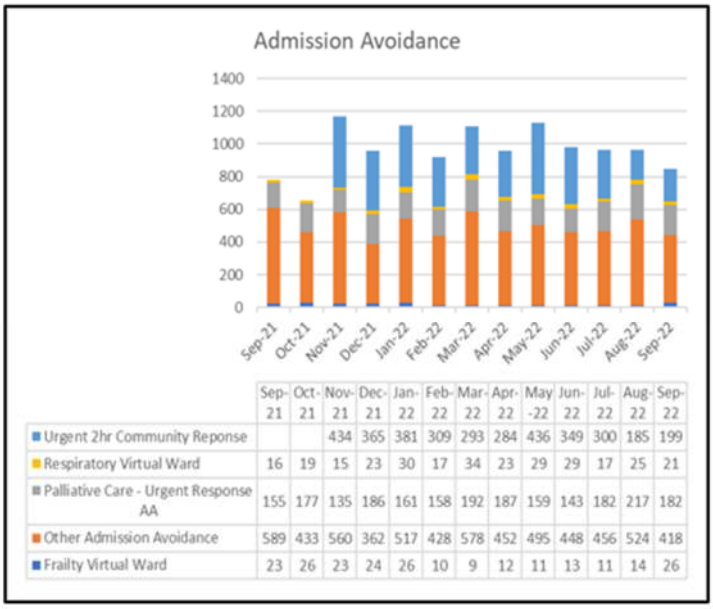
2.6 Sandwell and West Birmingham Trust (SWBT) have made an offer to all PCNs to host recruitment of posts via the **Additional Roles Reimbursement Scheme (ARRS)** to ensure Primary Care teams have resilience in numbers and skills. Rapid recruitment will also enable the town teams' model to support primary care delivery.

2.7 **Dudley Integrated HealthCare (DIHC)** have recently approached all PCNs in the Black Country to offer representation and support to Primary Care at system level. The offer includes recruitment and management of ARRS roles and delivery of the DES. This poses a risk to Place delivery by removing local influence and effecting the interdependencies with other parts of the operating model such as town teams and intermediate care. PCN leaders in Sandwell have largely expressed a preference for maintaining Place delivery. However, they are citing a lack of a General Practice 'voice' as an area where DIHC are attractive. It is imperative that we reflect on this and ensure we look at ways of providing strong, visible support for primary care.

2.8 It is vital that we drive more activity through our **UCR and community admission avoidance services** to reduce unnecessary acute attendances and admissions. Figure 1 illustrates the current position. 83% of people fitting the UCR2 criteria were reviewed within 2 hours (against a 70% national target). 81% of those seen within the UCR service remained within their own homes, 5% were stepped up to a community bed and 10% required acute admission.

2.9 In order to increase activity through UCR, the following actions are being implemented:

- Systemwide agreement with **West Midland Ambulance Service (WMAS)** to divert suitable patients waiting for a paramedic – a community clinician will represent all 4 places within the ambulance control centre to directly 'pull' patients from the WMAS stack
- Implementation of a falls service – we have received funding to support the development of a falls service where people not requiring hospital assessment will be responded to by a community team, providing safe manual handling, clinical assessment, and on-going rehabilitation.



	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Urgent 2hr Community Reponse			434	365	381	309	293	284	436	349	300	185	199
Respiratory Virtual Ward	16	19	15	23	30	17	34	23	29	29	17	25	21
Palliative Care - Urgent Response AA	155	177	135	186	161	158	192	187	159	143	182	217	182
Other Admission Avoidance	589	433	560	362	517	428	578	452	495	448	456	524	418
Frailty Virtual Ward	23	26	23	24	26	10	9	12	11	13	11	14	26

Figure 1 : Community Admission Avoidance

2.10 The delivery against **Virtual Ward** targets is on track with virtual wards for frailty, respiratory and palliative care now operational. The success of the virtual wards relies on the ability to recruit staff to increase capacity. In Sandwell we have recruited 13.6 WTE staff (47%) with a further 5 staff due to start over the next 8 weeks. We are working with Birmingham Community Health Care Foundation Trust to recruit staff to support people living in West Birmingham. It also imperative that we engage with clinical teams to ensure wards are fully utilised and have therefore commenced a cross group clinical leadership forum to challenge decisions regarding the use of virtual wards. There remains a delivery risk with virtual ward recruitment which reduces the quantum of patients that they can cope with. Additionally, a model lead largely by other providers in BSOL has the potential to slow down deployment and has been raised as an early risk and good engagement has resulted.

2.11 The demand for **social care** support has increased over the last month and this is impacting the total numbers of people with **No Criteria To Reside (NCTR)** and consequently the total length of stay. Sandwell Metropolitan Borough Council have changed care contracts in September to increase quality and capacity from the domiciliary care market. Sandwell Place are supporting a review of the aggregate care provider STAR to ensure effectiveness of delivery and future reliance. We have also embedded a 'trusted assessor model' to reduce duplication of assessments between health and care staff. However there remains a high level of confidence in the Sandwell plan and as a result other places are now replicating. The Trust is providing direct support to the Dudley Place in an attempt to close some of their risks ready for winter.

2.12 **The Integrated Discharge Hub (IDH)** have seen increased numbers of people with complex discharge needs which is resulting in an increase the people remaining in hospital after being identified as NCTR. The opening of Harvest View in November will add additional capacity into the area for people requiring in-patient intermediate care. Table 1 shows the availability of community beds

Table 1: Community bed capacity

	Total Harvest View Beds open	Total Rowley Regis Beds and Leasowes open	Total P2 beds funded (spot purchase + block contract)	P1 – home based intermediate care beds	Total P1 and P2 beds available
October 2022	0	92	46	135	**273**
November 2022	48	68	46	169	**331**
December 2022	48	72	46	169	**335**
January 2023	80	72	0	190	**342**

2.13 The demand for **Pathway 1 beds (home based intermediate care)** has grown considerably with an on-going requirement to utilise physical beds for people that should be receiving care at home. This has a significant impact on both quality of care, outcomes, and patient experience. Therefore, resource has been moved into Pathway 1 provision to increase capacity. The delivery of the funded capacity is reliant on the recruitment of therapy staff to delivery rehabilitation. To date, recruitment has been successful with 74% of required additional staff now in post. However, we still require a further 18.86 WTE staff to provide the 190 P1 beds by January 2023. We are developing Place based joint roles to support with on-going recruitment. The associated capacity need is fully acknowledged by the ICB and Sandwell Council and is being supported through the Better Care Fund.

2.14 **The Care Navigation Centre (CNC)** is operating as a single point of access for all planned and unplanned needs with calls channelled into 3 streams: attendance avoidance, admission avoidance and UCR2. The CNC model is paramount in ensuring people receive the right care in the right place at the right time. The 'no wrong door' approach and the wider support offered by social prescribers and care coordinators will further enhance the model

Figure 2: CNC model

2.15 The SH&CP are commencing a series of town-based **engagement events** in November to commence a co-production plan. In addition, we are planning to talk to people about their immediate needs through winter linked to the cost-of-living crisis to explore potential support packages. For example, we are planning to open local '**warm hubs'** with access to food and refreshments

3.0 Ladywood and Perry Barr Locality Partnership Update

3.1 At last month's Integration Committee and Trust Board we discussed the key next steps in the delivery of a credible partnership in Ladywood and Perry Barr together with a series of key meetings required to move things forward.

3.2 These meetings whilst key, would set out a plan for the next few months to show delivery in this key area of the population would take shape over the next few months. Clarity in this area is of critical importance given the evolving integrator contracts which will work in tandem with locality partnerships, the closest of which is the forming Community Integrator coordinated by Birmingham Community Healthcare NHS Foundation Trust (BCHC)

3.3 This month's paper highlights progress in these areas but not yet formal assurance that can be provided to the Trust Board

4. **Locality Leadership**

4.1 The Trust has now met with BCHC CEO in several forums and started scoping out the future requirements for the locality. It has been agreed by all that where possible a post code blind approach should exist not only in the Trusts footprint but also for the other localities in Birmingham. To this end therefore, any model that is deployed should be based on best practice from other areas and address the local health needs of the population. This way the cross overs would eb a seamless as possible.

4.2 This meeting has since been followed by a series of meetings with the wider partners within the locality and agreement has been reached to work on operational delivery which is consistent with the planning and winter operational guidance and the requirements for the delivery of the **MMUH opening programme.**

4.3 In all meeting **the Trust has expressed an interest in being the anchor organisation** leading the locality whilst supporting BCHC and BSOL leadership on the Community Integrator.

4.4 It is felt that this would mitigate the current delivery risk in the locality and provide a stabilising effect to allow all partners to deliver around a common objective. It should be noted that breath of the partnership is much wider than that of the community integrator.

4.5 This approach will need formal sponsorship through the BSOL Place Committee, and it should be seen as a pilot that can test new models of working alongside that of other BSOL localities while allowing the Trust to align our ambitions of a postcode blind approach to addressing health inequalities.

5. **Operational Delivery**

5.1 The PCCT Group has already met with partners to work through streamlined handoffs of patients being discharged on complex pathways to the services managed locally by BCHC and Birmingham City Council. Whilst this conversation is currently in its inception, the Group believes that this will start the moves to **neighbourhood team** inception in the locality

5.2 In addition, work continues with primary care partners in West Birmingham. The Trust is currently looking at supporting the localities enhanced access scheme for winter which will provide targeted additional primary care support for patients who cannot get access into normal primary care slots due to demand. If successful, this scheme could be extended further after evaluation with system partners.

5.3 Finally the Trust is coordinating the winter plans for all the partners in the locality to both provide a single version of the Trust but also highlight and close delivery risks early through the partnership board.

6. Recommendations

6.1 The Public Trust Board is asked to:

a. **Note** the winter planning arrangements coordinated at Sandwell Place
b. **Discuss** the progress and challenges in Ladywood and Perry Barr

Tammy Davies
Group Director

October 2022