Paper ref:	TB (07/22) 016

PATIENTS PEOPLE POPULATION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	Place Based Partnership update		
SPONSORING EXECUTIVE:	Daren Fradgley, Chief Integration Officer		
REPORT AUTHOR:	Daren Fradgley, Chief Integration Officer Tammy Davies, Group Director PCCT		
MEETING:	Public Trust Board	**DATE:**	6th July 2022

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

Trust Board are provided with an update on the local Place Based Partnerships. Within Sandwell, the model is developing pace and data is enabling a targeted approach to integrated care in the area. The paper describes the progress across the entire model with further detail across each of the work streams. Trust Board are invited to review the impact of the Intermediate Care work around reduction in acute length of stay and admission avoidance. It should be noted that as yet progress in this area is not translating into a reduced impact on emergency care pathways. However, the Care Navigation Centre and Virtual Ward offer, alongside the opening of Harvest View, aim to further enhance community provision to shift activity.

Data relating to specific towns is providing useful insight into the requirements of the local communities which will enable a stratified workforce and targeted pathways to reduce inequalities.

Since the last board meeting, progress has also been made on the areas of concern relating to governance and the future of the Ladywood and Perry Barr locality. Whilst the initial challenges appear to have been mitigated, furthermore substantial work is now required on an approach and operating model to deliver the right service for the local population. This work will also be aligned with a new pathway model for Primary Care which will prepare for the opening of Midland Metropolitan University Hospital.

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?]*

Information reported in this paper together with documents providing assurance have been presented and debated within the Integration Committee

4. Recommendation(s)

Public Trust Board are asked to:

a.	**NOTE** the progress made in Sandwell Health and Care Partnership.
b.	**NOTE** the progress made in the last month 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

Place Based Partnership update

Report to the Public Trust Board 6th July 2022

1. Introduction

1.1 As we draw closer to the statutory inception of Integrated Care Systems (ICSs), with the formation of associated Integrated Care Boards (ICBs), it is imperative that our local places continue to develop, creating as efficiently as possible the localisation of care.

1.2 In Sandwell, the task is clear in terms of governance and direction with an operating model that has been agreed and work streams progressing. The situation in Ladywood and Perry Barr is more complex as we navigate the transfer of the locality into the Birmingham and Solihull ICS. Our Trust obligations for both geographies differ with the role of host for Sandwell Place providing greater clarity compared to our role as stakeholder for Ladywood and Perry Barr. Nevertheless, it is important that we remain committed in both areas to striving for better outcomes for local people. Particularly as the stark reality of the demographic challenges faced by citizens are now ever more apparent with the latest statics showing both local ICSs with the highest levels of deprivation in the UK. Successful models of integrated care to redirect activity from urgent care pathways are vital to improve outcomes and reduce inequalities with delivery of the Midland Metropolitan University Hospital (MMUH) pathways a central component.

1.3 The paper updates the Board on the progress for Sandwell Place and Ladywood and Perry Barr locality with a link to outcomes for the population and the potential and actual effects on urgent care pathways

2. Sandwell Health and Care Partnership

2.1 The Sandwell partnership has agreed unique **branding** which has been endorsed by the partnership Board. The branding, which will be used by all partners, provides an identity to support communications and engagement with local people. In addition, a communications and engagement lead has been appointed to unify the partners behind an agreed **engagement strategy** with Health Watch supporting the additional co-production work with the population

2.2 Recruitment is underway for a dedicated place development team that will work for all partners and is funded initially non recurrent from the Better Care Fund (BCF). The future funding for this team will be considered after the reconfiguration locally of the CCG in the during the next 9 months.

2.3 Each of the 5 work streams have dedicated Senior Responsible Owner's (SROs) from each of the partner organisations and have agreed terms of reference and initial milestones. The first of the delivery plans are now starting to form and be presented to the senior management team and Place Based Partnership Board.

3. Sandwell Health and Care partnership: work streams

3.1 The **primary care** work stream has agreed key actions which include:

- Review and implementation of the Fuller Stocktake Report as part of a work programme around impact and implications.

- Maximise and prioritise clinical leadership within the work programme through more effective use of clinical time within the Primary Care Network (PCN) and LCB (Local Commissioning Board) representatives.

3.2 In addition, discussions are progressing with the intention to agree a model for Sandwell and West Birmingham NHS Trust to recruit and host the primary care additional roles, funded via the **Additional Roles Reimbursement Scheme**. This provides an opportunity to strengthen relationships with PCNs and create a professional network to support primary care demand and activity which in turn will reduce urgent care activity.

3.3 The **Intermediate care** work stream continues to progress, providing the greatest integration maturity. Recent recruitment to the Head of Intermediate Care position, who will coordinate both health and social acre operations, will further embed and integrate pathways to improve the out of hospital offer and reduce urgent care demand. The adequate resourcing of community response to support discharge to assess (D2A) and the pending co-location with the care provider will increase productivity, limiting duplication and delay

3.4 Data relating to D2A has shown continuing progress through May and into June with further reduction of patients with no criteria to reside remaining in acute hospital beds.

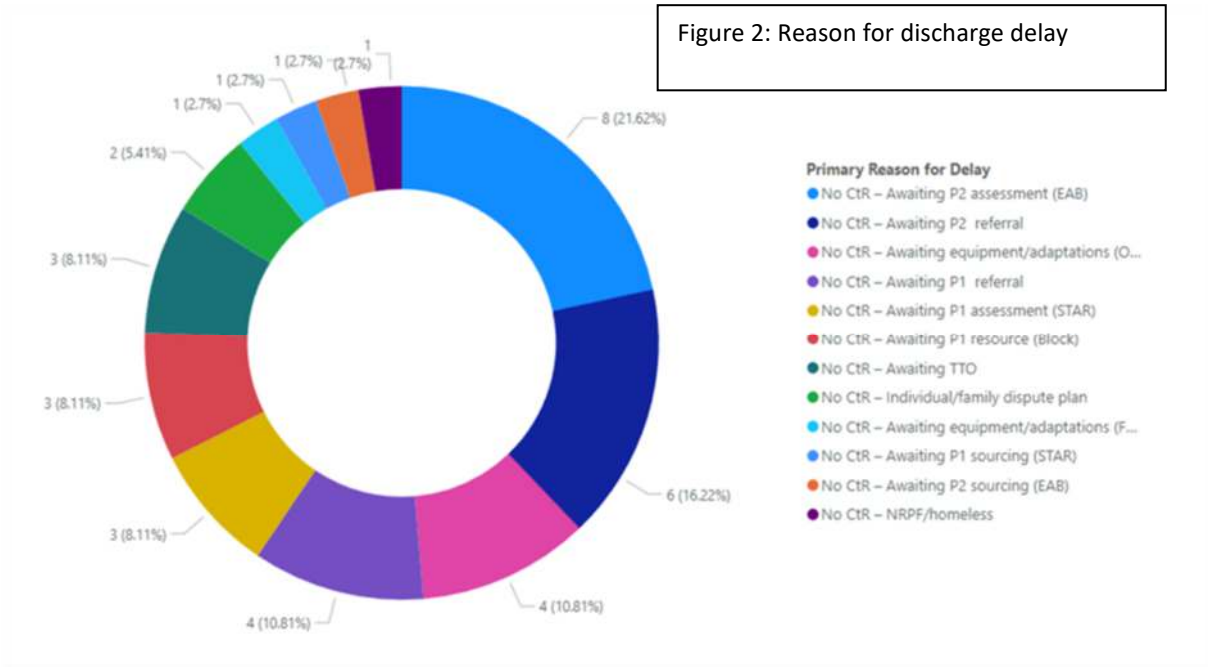
Total NCTR Bed Days since 8th February 2022

Month	0	1	2	3	4	Total
February	26	504	271	24	43	868
March	42	946	449	110	25	1572
April	34	832	457	78	48	1449
May	15	621	344	36	26	1042
June	18	375	257	17	0	667
Total	**135**	**3278**	**1778**	**265**	**142**	**5598**

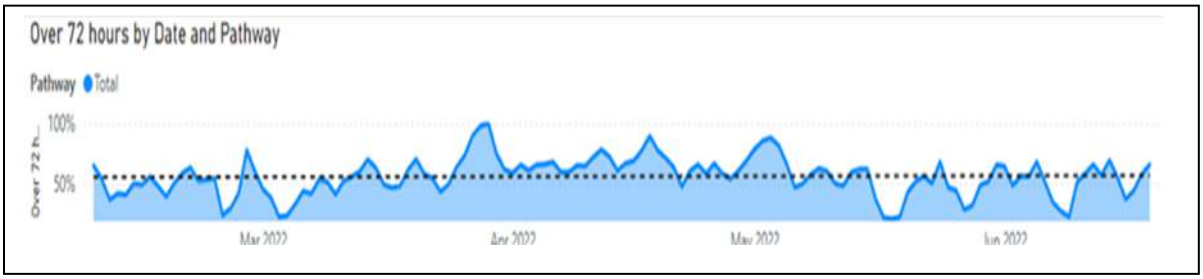
Figure 1: Total number of bed days used with no criteria to reside.

3.5 Further analysis has provided insight into the areas which impact **delays to discharge** to enable targeted improvement work. People requiring pathway 2 support (24 hour rehabilitation) currently pose the greatest concern in terms of discharge delays. The planned opening of the **Harvest View** centre in the autumn, which is an integrated offer between health and social care to provide consolidated rehabilitation, will reduce delays. In the interim, actions such as working with individual care home providers to improve access are underway. This facility, when it becomes operational will provide up to 96 beds in a mixed format of independent living, care and nursing support to consolidate what the current market offers and align the efficiency of the pathways to increase the pace of discharge and the cost of the delays.

Figure 2: Reason for discharge delay



3.6 There has been a targeted focus on patients with a longer length of stay since May, which has decreased the overall percentage of people waiting that more than 72 hours after being assessed as appropriate for discharge. There is still a clear weekly pattern with higher percentage of people waiting more than72 on a Monday and Tuesday as a result of lower discharges at weekends. This requires engagement with medical teams to look at senior medical cover out of hours in addition to the restructuring of the therapy workforce to ensure adequate capacity. An additional area to address relates to individual care homes that refuse new admission during weekends. This is being challenged with place partners to gain the best possible 7 day performance



3.7 A vital area of the Intermediate Care work stream relates to the community admission avoidance provision, including the **Urgent Community Response** within 2 hours (UCR2). The total community admission avoidance work has continued to increase; however, as yet this has not translated into a reduction in emergency pathways activity. The development of the **Care Navigation Centre work stream** with clinical triage and direct access into community pathways will be required to further shift activity. In addition the formation and appropriate funding of the 164 virtual ward beds will enable acute care to be moved into community provision.

3.8 The **Town Teams** work stream is progressing with the transfer of health (community nursing and therapies) and Adult Social Care teams into each of the 6 towns. The Black Country Community Mental Health Transformation is aligned to the model with a particular focus on enhancing the

connection between primary and secondary care, offering a range of community based interventions to support a reduction in escalation of needs. Public Health, Health Visiting and Children's services are already pursuing a neighbourhood model which will be integrated with the Town Teams model. The coming months will see fully integrated teams with a single referral system, shared records and a proactive register of at risk citizens.

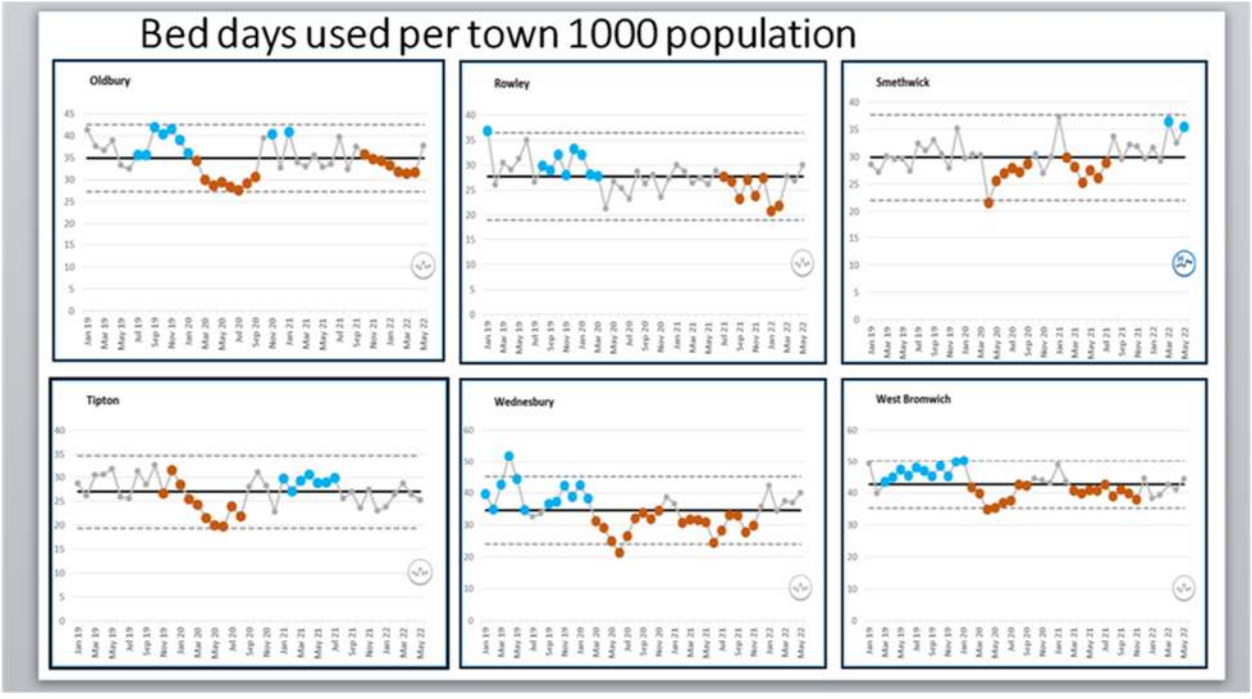
3.9 Further data analysis has been undertaken to inform the work of the Towns. In the first iteration, it was clear that there was significant variation across the different towns in Emergency Department attendances, use of Urgent Treatment Centres and Elective Care which was not solely based on geography. This is a focus for the teams particularly to support engagement and pathway changes with GPs.

3.10 The latest data provides further insight into the differing needs of the populations of each town. West Bromwich citizens require more bed days than other towns which aligns with earlier data regarding Emergency Department attendances and admissions. Further analysis will determine if this relates to an increased number of people over 65 in this area (Rowley Regis has the highest age profile, followed by West Bromwich, Oldbury, Wednesbury and Tipton with Smethwick having the youngest population).

3.11 Rowley Regis utilises the lowest number of bed days which is likely to be due to the proximity of Russell's Hall and provides an opportunity for development. This is being cross checked by looking at the activity data into that site.

3.12 Smethwick and Tipton use the lowest bed days which correlates with the younger populations. Both of these towns have the highest numbers of people under 5 and so a greater provision of health visiting and children's services will be required within the towns.

3.13 Most towns are showing similar bed day usage in May 2022 as May 2019 as expected. However, Smethwick residents are requiring considerably more beds days now compared to pre pandemic which will require further exploration. The charts below show this presentation in more detail a bigger slide deck is available in the integration committee papers.



3.14 The acute bed day disposition for each town highlighted West Bromwich as requiring considerable support across a number of long term conditions including cardiac and Musculoskeletal (MSK). Respiratory disorders are also a prominent factor, however the impact and coding of Covid is likely to have effected accuracy.

3.15 Despite having significantly fewer residents under 5, West Bromwich has the highest disease of childhood and neonates and despite having a similar age profile to Oldbury and Wednesbury, West Bromwich has much higher morbidity overall.

Admissions disposition by HRG clinical coding by town

Disposition	Oldbury	Rowley	Smethwick	Tipton	Wednesbury	West Bromwich	Grand Total
Cardiac	1543	1325	2398	1593	1217	4924	**25014**
Digestive System	2132	1351	1869	1984	1540	5479	**27579**
Diseases of Childhood and Neonates	1275	1042	1528	768	652	3347	16657
Ear, Nose, Mouth, Throat, Neck and Dental	467	205	337	267	343	776	4927
Endocrine and Metabolic System	433	253	497	370	434	1065	6097
Eyes and Periorbita	211	195	254	176	109	533	6207
Female Reproductive System and Assisted Reproduction	299	101	229	163	122	476	3633
Haematology, Chemotherapy, Radiotherapy and Specialist Palliative Care	374	373	631	727	559	1611	8483
Hepatobiliary and Pancreatic System	515	529	711	730	445	1810	9037
Infectious Diseases, Immune System Disorders and other Healthcare contacts	2245	1516	1747	1500	1627	5214	**28246**
Multiple Trauma, Emergency Medicine and Rehabilitation	247	157	287	207	178	696	3518
Musculoskeletal System	2178	1339	1901	2160	1947	6267	**27324**
Nervous System	1630	1469	2067	2213	1622	4613	**27163**
N-Neonatal	194	87	244	51	7	320	3143
Obstetrics	813	533	1659	335	299	2240	15638
Respiratory System	2779	2338	3522	3209	2260	8164	**42676**
Skin, Breast and Burns	952	545	998	765	558	1578	10435
Undefined Groups	501	1259	368	554	412	1036	5789
Urinary Tract and Male Reproductive System	1307	918	1538	971	1130	3703	17462
Vascular Procedures and Disorders and Imaging Interventions	219	206	332	223	250	595	3750
(blank)							
Grand Total	**20309**	**15738**	**23113**	**18961**	**15707**	**54442**	**292772**

Admissions disposition by HRG clinical coding by town expressed as a % of the population

Disposition	Oldbury	Rowley	Smethwick	Tipton	Wednesbury	West Bromwich
Cardiac	2.9%	2.6%	4.0%	3.8%	3.1%	6.1%
Digestive System	4.0%	2.6%	3.1%	4.8%	3.9%	6.8%
Diseases of Childhood and Neonates	2.4%	2.0%	2.5%	1.9%	1.7%	4.1%
Ear, Nose, Mouth, Throat, Neck and Dental	0.9%	0.4%	0.6%	0.6%	0.9%	1.0%
Endocrine and Metabolic System	0.8%	0.5%	0.8%	0.9%	1.1%	1.3%
Eyes and Periorbita	0.4%	0.4%	0.4%	0.4%	0.3%	0.7%
Female Reproductive System and Assisted Reproduction	0.6%	0.2%	0.4%	0.4%	0.3%	0.6%
Haematology, Chemotherapy, Radiotherapy and Specialist Palliative Care	0.7%	0.7%	1.0%	1.8%	1.4%	2.0%
Hepatobiliary and Pancreatic System	1.0%	1.0%	1.2%	1.8%	1.1%	2.2%
Infectious Diseases, Immune System Disorders and other Healthcare contacts	4.2%	2.9%	2.9%	3.6%	4.1%	6.4%
Multiple Trauma, Emergency Medicine and Rehabilitation	0.5%	0.3%	0.5%	0.5%	0.5%	0.9%
Musculoskeletal System	4.1%	2.6%	3.1%	5.2%	5.0%	7.7%
Nervous System	3.0%	2.9%	3.4%	5.3%	4.1%	5.7%
N-Neonatal	0.4%	0.2%	0.4%	0.1%	0.0%	0.4%
Obstetrics	1.5%	1.0%	2.7%	0.8%	0.8%	2.8%
Respiratory System	5.2%	4.5%	5.8%	7.7%	5.7%	10.1%
Skin, Breast and Burns	1.8%	1.1%	1.7%	1.8%	1.4%	1.9%
Undefined Groups	0.9%	2.4%	0.6%	1.3%	1.0%	1.3%
Urinary Tract and Male Reproductive System	2.4%	1.8%	2.5%	2.3%	2.9%	4.6%
Vascular Procedures and Disorders and Imaging Interventions	0.4%	0.4%	0.5%	0.5%	0.6%	0.7%
Grand Total	37.9%	30.6%	38.3%	45.7%	40.0%	67.1%

3.16 The resourcing and formation of each of the integrated teams will be allocated in accordance with the data analysis presented. In addition each town will have specific targets aimed at addressing inequalities.

3.17 The **Healthier Communities** work stream, led by Public Health will complement the Town Teams, driving an agenda of local support with voluntary sector and social prescribing at the centre of delivery. The longer term outcome measures, which are likely to require significant time to evidence improvement, are linked the health and wellbeing strategy to improve outcomes.

4. Ladywood and Perry Barr Locality Update

4.1 Following the escalation from the Integration Committee and Trust Board last month positive action has been taken by the partnership to address the wider concerns of some of the partners including the Trust. The Integration Committee received a renewed version of the **Terms of Reference for the Ladywood and Perry Barr (LWPB) Locality Board**. This is a positive step and secures the presence of the Board for a minimum of 12 months. This is also confirmed within the minutes of the partners board held in June. Board members should note that a process of selection for the Chair of the Board is the next step and the Trust's request to align the Chair with that of the Sandwell Health and Care Partnership has been registered formally but not yet responded too.

4.2 In addition, a working draft of a document outlining the **functions of the different boards coordinating place and localities** within Birmingham was shared by the system team and this was also supported as a positive step forward. This document will need adopting within the other localities but given LWPB is seen as a forerunner in this area it is unlikely to suffer any major challenge. This paper was received and debated in the Integration Committee

4.3 The current work programme for this area has largely been based on a pathway approach over the last few months and is now coming to a natural conclusion. As a result, a structured piece of work is about to commence with local partners to focus on the primary care pathways aligned to the opening of MMUH and with equal importance, the review of how providers operate together to deliver the best possible services to the population. The latter point is a material step in the integration at a local level so that better access can be provided for the local population. As a clear example, work has yet to start on a Town Team equivalent model in this area and so the local benefits of understanding and modelling team availability to the micro needs of the population is not yet fully understood. Planning is underway to start this work. As soon as a clear development plan is available, it will be reported through Integration Committee.

5. Recommendations

a) **NOTE** the progress made in Sandwell Health and Care Partnership
b) NOTE the progress made in the last month In Ladywood and Perry Barr.

Tammy Davies
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Daren Fradgley
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July 2022