

Report Title:	Place Based Partnerships		
Sponsoring Executive:	Daren Fradgley, Executive Director of Integration (interim)		
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Meeting:	Trust Board (Public)	Date	2 nd March 2022

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

The paper provides an update on the current position in regard to the development of the Sandwell Place Based Partnership (PBP). The governance and senior leadership are now established and significant progress has been made towards branding and strategy. There are a number of transformation projects at different stages of development which will be described including:

- Integrated discharge and discharge to assess (D2A)
- Knowle health and care centre
- Neighbourhood teams

This can also be said for West Birmingham which for the last few weeks has started to demonstrate progress in terms of functional leadership in the Ladywood and Perry Barr place. The Interim CEO and Chair Designate of the Birmingham & Solihull (BSOL) system presented at the Partnership Board this month and demonstrated a clarity of message that was consistent with the preservation of the West Birmingham Place as a "Locality Partnership". The levels of accountability has yet to be defined but it was clear that BSOL leadership were looking for evidence and opportunity from the West Birmingham and Solihull areas to cascade across others if successful.

This paper also covers an update on the recently published white paper and an assessment of where the Sandwell Place Based Partnership is on each domain. The assessment outlines that whilst there is still lots to do, given the work in the last six months coupled with the governance that has now been established, Sandwell place is in a good position to make the very best of the outline described in the revised white paper.

The biggest risk to both Place Based Partnerships will be the creation of centralised, system level decision making that mandates the direction of travel and fails to deliver the same level of engagement and integration that can be achieved locally with partners. However, the Black Country system does face the challenge that not all places are at the same level of maturity and therefore a learning approach must be adopted rapidly.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients		Our People		Our Population	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	X

3. Previous consideration <i>[where has this paper been previously discussed?]</i>
Place Based partnership reports monthly

4. Recommendation(s)
The Trust Board is asked to:
a. NOTE the current position of the Sandwell Place development
b. NOTE the situation in West Birmingham
c. DISCUSS the next steps based on the White Paper analysis

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>						
Trust Risk Register	<input checked="" type="checkbox"/>	Risk register in development				
Board Assurance Framework	<input checked="" type="checkbox"/>	BAF for this item in development				
Equality Impact Assessment	Is this required?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 2nd March 2022

Place Based Partnership Update

This paper provides an update on the development of the Sandwell Place based Partnership across areas of governance, leadership, and transformation before summarising the position of the Ladywood and Perry Barr partnership. The second part focuses on an analysis of the White paper against current local position. The paper is longer than normal due to this assessment.

Sandwell Place Based Partnership

Senior Leadership and Governance

Governance arrangements are now clearly defined and providing a route to assurance and oversight. The initial meeting of the integration committee defined an intention to enable the Trust as host organisation to receive assurance regarding the delivery of the population strategy. The next meeting will receive the draft strategy and metrics for approval.

The Sandwell Place Based Partnership Board met in February with a reduced agenda, focusing on approving the branding for the partnership. '**Sandwell health and care partnership**' was approved as the partnership name aiming to provide a clear identity, recognisable to local people. Updates regarding priority projects including Discharge to Assess (D2A) and primary care demand and capacity support were presented with clear evidence of progress.

The membership of the weekly Senior Management Team (SMT) meetings has expanded with the inclusion of the CEO of Sandwell Voluntary Sector (SCVO) and Director of Strategy from Black Country Partnership NHS foundation Trust. The Director of Children's Services and Director of Housing have committed to attend in due course. A GP representative has now been elected by all PCN directors and will join SMT this month, providing the much-needed primary care perspective. This is a significant step as it shows the growing confidence in the partnership.

A draft alliance agreement was shared with partners and is being updated ready for approval. This sets out the commitment and practical arrangements for integration. The completed draft will be shared with this board as host organisation for approval in April. This step was one of the clear check points to maturity set out in the board paper in November 2021.

Transformation plan

The integrated discharge hub inclusive of the D2A model continues to progress with quantifiable benefits to hospital length of stay. Sandwell Place now delivers the most improved delayed hospital discharge performance in the Black Country. Overall operational success has increased in line with the maturity of integration. In the last few weeks 100% of assessments by the care provider STAR have been carried out in the person's home rather than in the ward prior to discharge. This has reduced discharge delays. Challenges pertaining to the domiciliary market continue to be of concern although there have been local improvements in recent weeks and the now almost certain legislative delay regrading

mandatory vaccination has prevented the forecasted demise of the market. The partnership will be prioritising plans towards futureproofing the workforce and looking at different options for provision based on the learning gained.

The planned opening of the Knowle health and social care centre in Rowley Regis in July as a cooperative agreement and shared workforce will provide an additional 60-80 community extra assessment beds for rehabilitation to support hospital discharge and avoid unnecessary admissions. However, finer details regarding shared records and concerns over recruitment remain as risks. The Trust and Adult Social Care are working together to identify suitable mitigation including joint recruitment strategies.

The next major transformation priority for the partnership is the development of neighbourhood teams with multi-agency / multi-professional teams in each of the 6 Sandwell towns. A rapid implementation plan aims to have functioning teams by September 2022, holding 'at risk' registers for the most venerable people in the community. This will be informed by population health management data and enable a proactive management approach. Teams will also operate a single referral system into the team to reduce the burden on partners, particularly GPs. By the end of 2022 each of the 6 towns will also have a health and wellbeing hub to support the community. This plan has now been approved to proceed by the partnership board.

Workforce and leadership development

The ambition of the partnership alongside the population needs has highlighted the scale of work required and the associated staffing resource deficiencies. As the role of the CCG transitions there is anticipated to be potential support available. However, the current position is necessitating the prioritisation of work. In particular workforce challenges within the local authority are of concern. Utilisation of system funding streams to support short term project management is being explored alongside appropriate use of the Better Care Fund to support system transformation. This is not an ideal position to be in and has been raised with both the CCG and the ICS board.

Data management and modelling

The Place team continue to prioritise the availability of accurate system-wide information to inform both operational teams and strategic decision making. Recent developments include the appointment of a place information analyst. In January the Integrated Discharge Hub implemented a live tracking list for patients whose care is transferring from acute to community care. Over the coming weeks the priority is to launch a place assurance dashboard, that provides operational oversight of the acute, community and care capacity across Sandwell, this has been used in draft in early 2022 to inform the place tactical forum. Another key piece of work is the launch of the shared care record, which will be used by services to support the management of patients at a neighbourhood level with oversight of their holistic needs.

Citizen engagement

It is recognised that to date citizen involvement with planning the Place strategy has been limited. The partnership are now planning work with the Director of Public Health and the Trust Head of Public and Community Engagement to design and implement a plan to ensure local citizens can contribute to planning and evaluating service provision. This work will be underpinned by the work of the health and wellbeing board and through elected council members representing constituents.

The Place based partnership Board supported the intention to bring a citizen story to each of the monthly meetings to enable members to learn from the lived experience of local people. If the Trust Board agree a citizen story will be shared periodically in this forum to enable Trust Board members as host organisation to hear the views of our population.

Ladywood and Perry Barr

The partnership Board received an update this month from the Birmingham and Solihull system leadership team. They have now confirmed that the local board will be retained and remained focused on the local population. The finer details of delegation are yet to be defined but won't include the full control of the budgets as originally planned before the system move. However, the local control will still be sufficient to afford local pathway change and decision making established through a host partner arrangement which is expected to be confirmed as Birmingham Community Healthcare.

In addition to this, the alliance agreement that is in draft in Sandwell has been shared and is viewed as a positive step in this area too. Partners continue to meet in a weekly leadership meeting to map out and coordinate the key delivery items for the next 6 months.

The local GPs remain concerned about the system change and continue to seek support from the Trust on the maintenance of secondary care pathways through a partnership approach. This is being supported and work to align thinking on MMUH pathways is being re focused.

There still remains a risk that the focus and required change in this area is diluted by a pan Birmingham approach. Therefore, continued support to the development of the hosting arrangements and integration with GP's is being offered. Equally the local authority is not as present in the conversations as in the Sandwell Place which will challenge the levels of opportunity achieved in the neighbourhood teams once commenced.

Review of the White Paper

The recently published white paper, ***(Joining up care for people, places and populations, Department of Health and Social Care, 2022)*** provides welcome validation to the work already planned in Sandwell. The focus on future arrangements which are planned to commence in April 2023, put focus and accountability on local Places to drive forward the integrated care agenda with the ultimate aim to reduce inequalities and improve health and wellbeing for local people.

Sandwell Place is already showing local maturity with the potential to meet and indeed exceed legislative outcomes. However, there remains considerable work to be undertaken at pace to achieve a fully integrated offer. It is therefore the intention to build an assurance plan that will show progress month on month over the next year to prepare for April 2023. This plan will have a series of check points for the Integration Committee to report through to the Trust Board and the Integrated Care Board simultaneously. It is intended to build a plan that has at least 3 months contingency for slippage, therefore delivering in December 2022.

The paper provides detail across key areas without being overly prescriptive, allowing for local interpretation and variation to suit different communities.

Governance

All Places will be required to adopt a governance model by spring 2023. This must include a clear, shared plan against which delivery can be tracked and which should be underpinned by pooled and aligned resources. As described earlier in the paper, Sandwell Place has made clear progress in line with these requirements and is set to agree an Alliance Agreements by the end of March 2022. The governance arrangements are consistent with those specified and will be tested with the planned transformation projects. The rightsizing of health and adult social care services is underway, inclusive of the reduction in medically fit for discharge (MFFD) beds is providing the first opportunity to test the partnership in its ability to pool and align resources. This will provide a basis for compliance with the requirements of the White paper and if done successfully, define future arrangements.

Leadership

The paper states that there should be a single person accountable for the delivery of the shared plan and outcomes in each place or local area. This may be, for example, an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The single person will be agreed by the relevant local authority or authorities and integrated care board. These arrangements should, as a starting point, make use of existing structures and processes including health and wellbeing boards and the Better Care Fund. Sandwell Place is demonstrating early maturity though the agreed substantive appointment process of the Director of Integration hosted by the Trust but working across and for, all partners. It should be noted that the paper outlined the requirements for this post to work with Accountable Officers to coordinate operations and not replace them.

Budget pooling

NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. The government will review existing pooling arrangements (such as Section 75, NHS Act 2006) with a view to simplifying the regulations for commissioners and providers across the NHS and local government to pool their budgets. The paper states that this will continue to be subject to both NHS and local authority partners agreeing locally what constitutes fair. This will require significant cultural and operational adjustment for partner organisations in Sandwell to reverse the current commissioner / provider relationship. However, the aforementioned re-investment of resource from MFFD bed reduction and the cooperative working agreement between SWBT and public health are both promising signs of progress in this area. Partners are willing to align budgets but it is vital that bureaucratic systems do not prevent progress. It is important to note that financial stability is inconsistent with adult social care declaring significant deficits and of course, the local authority statutory responsibility to break even. The entire partnership will need to be fully informed and share both risks and reward. The opportunity for the partnership to assist in the transformation of social care is seen as the route out of the deficit position.

Oversight

Following further work with stakeholders, the government will set out a framework with a small and focused set of national priorities and an approach from which Places can develop additional local priorities. This will come into force in April 2023. Local leaders will be responsible for working with partners to develop their priorities. National priorities will be formulated in a way that prevents overlap with existing regulatory / oversight regimes and with a focus on outcomes rather than outputs. Local partners and integrated care systems (ICSs) will be responsible for identifying and addressing issues and barriers to delivery. Regulators will play a key role in overseeing the planning and delivery of these outcomes. Sandwell Place will have agreed the first measurable outcomes before the March Integration Committee. This is vital to ensure readiness to stand up to the scrutiny of regulators as well as to measure success for the population. As the Black Country ICS starts to focus on key areas, senior leaders from Sandwell Place are contributing to all work streams with the intention of shaping priorities. Achieving the right balance between Place and system is vital and should continue to be a focus for leaders.

Digital

ICSs will be required to develop digital investment plans for bringing all organisations to the same level of digital maturity. The Department of Health and Social Care (DHSC) will take an 'ICS first' approach to supporting integration, encouraging organisations within an ICS to use the same digital systems and providing care teams working across the same individual's pathway with accurate and timely data. The establishment of virtual wards and the use of technology to support remote monitoring is an area where system investment in digital solutions is being promoted at Place. This is leading to financial benefits but Place representation during future procurement will be vital to avoid choices that do not work locally. This is supported and digital records such as a shared care record should be done at System if not a multi system level.

Workforce

ICSs will be required to support joint health and care workforce planning at place level, working with both national and local organisations. Within the Black Country there is significant variability between professional workforce delivery. In particular, the adult social care provision and workforce capability is inconsistent. It must be a priority for all Places to benchmark good practice and take advantage of system support whilst not accepting detrimental local changes as a consequence.

The paper outlines the intention to introduce integrated skills passports. This will: enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care; increase nurse training opportunities in social care settings; and focus on roles which can support care co-ordination across boundaries.

This work is already in discussion in Sandwell with a greater consideration being explored with the wider care market and options for career progression being considered as a potential next step. The work across the Trust and wider primary care is being tested in a support model with YHP and the several other interested PCN's.

Risk

The recent publication summarised is very supportive of Place and subject to full system support, sets the blueprint for positive local partnerships. However the current development of the Black Country ICB has yet to set a clear mandate for Place although it is clear that Place is a supported component of the system. A more traditional commissioner / provider series of forums remain and is a risk in the Black Country system. The Trust leadership must continue to engage and ensure that the very best opportunity for the new model is delivered.

Recommendation

The Board is asked to:

- a) **NOTE** the current position of the Sandwell Place development
- b) **NOTE** the situation in West Birmingham
- c) **DISCUSS** the next steps based on the White paper analysis

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