Paper ref:	PublicTB (11/23) 018

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

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

The report outlines the actual and potential performance of our local Place Based Partnerships in relation to reducing acute hospital pressures. There remains an inconsistency in the delivery in Sandwell compared to Ladywood and Perry Barr (West Birmingham), although engagement with partners in the area is positive with a commitment to improvement.

In Sandwell we are seeing particular success in our Urgent Community Response falls service with significant bed day reduction. We have been sighted as local leaders in this area and as national best practice for or Integrated Discharge Hub.

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 progress of our Place Based Partnerships

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 8th November 2023

Place Based Partnership Update

1. Introduction

1.1 The success of the Place Based Partnerships in both Sandwell and Birmingham impact directly on our ability to provide safe and effective Urgent and Emergency Care (UEC) through the year and in particular during winter pressures.

1.2 The report focuses specifically on the actual and potential performance of our partnerships in relation to acute hospital attendances, admissions, and length of stay.

2. Unplanned and Urgent Care

2.1 Responsive unplanned and urgent community care is vital in our response to both seasonal demand and delivery of the **Midland Metropolitan University Hospital (MMUH).** In Sandwell our Place Based Partnership is increasing capacity and performance in this area as a significant part of our winter plan. We are also working with our colleagues in Birmingham to achieve an adequate response for patients in Ladywood and Perry Barr and the wider Birmingham area.

2.2 In Sandwell, **attendance avoidance** through our **Urgent Community Response (UCR) service** has increased contacts to above the Trust Annual Plan target of 1500 per month whilst maintaining the national response target of 70% seen within 2 hours.

2.3 The **falls response service** is one of the 9 UCR pathways provided and in Sandwell is delivering more contacts with higher avoided attendance and admissions than our neighbours in the Black Country and Birmingham and Solihull systems. The service has been highlighted as an exemplar for other Places with the delivery provided by Sandwell and West Birmingham Trust (SWBT) clinical staff and voluntary services colleagues.

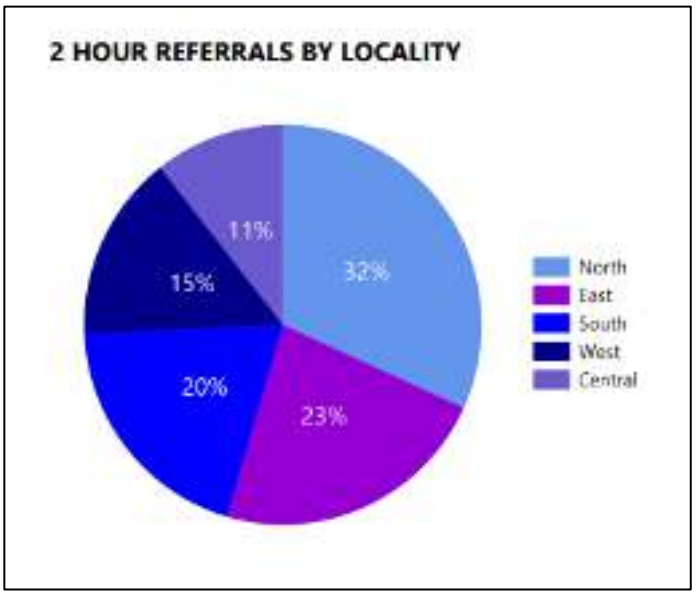
2.4 Table 1 shows the monthly falls contacts and the number of people who were seen and treated at home and without paramedic attendance (attendances avoided). From a recent audit we found that prior to the service being developed, people waited for a paramedic crew for greater than 6 hours, experienced prolonged ED waits, unnecessary imaging and hospital admissions with a median length of stay of 3 days. The physiological and psychological impact on individuals was also significant. **On current numbers we are saving 480 bed days per month (equating to 17 beds).** There are also additional financial benefits associated with reduced imaging requirements and improvements to patient experience and outcomes.

Table 1: Falls response activity.

	Jan 23	*Feb 23*	*March 23*	*April 23*	*May 23*	*June 23*	*July 23*	*Aug 23*	*Sept 23*
Number of falls responded	**30**	**33**	**23**	**80**	***128***	***176***	***181***	***196***	***173***
Total attendances avoided	**30**	**33**	**23**	**80**	***119***	***162***	***170***	***182***	***160***

2.5 For residents in Ladywood and Perry Barr, UCR is delivered by Birmingham Community Healthcare NHS Foundation Trust (BCHCFT). We receive weekly data from BCHCFT which is indicating opportunities for greater attendance and admission avoidance in this area. Chart 1 shows the average UCR activity in September for all Birmingham localities. **West Birmingham (Ladywood and Perry Barr) has a lower percentage of contacts** compared to other localities. It is acknowledged that the younger population in the area may be a contributing factor. However, greater activity is required to support the reduction of ED attendances. BCHC colleagues have agreed now to prioritise operational delivery with set trajectories. We are also undertaking analysis of people attending ED with a presenting complaint covered by the 9 UCR pathways to indicate the extent of the opportunity.

Chart 1: UCR activity in Birmimgham by locality (Average for September 2023)



2.6 Our combined **Care Navigation Centre (CNC) and Single Point of Access (SPA)** continue to deliver higher numbers of contacts and avoided ED attendances than neighbouring Places. Within the Black Country we are working with our colleagues in West Midlands Ambulance Service (WMAS) and other Places to ensure all appropriate calls to WMAS are highlighted for community response in preference to conveyance to ED. This will involve having an overarching number for WMAS paramedics to call, routed to each Place CNC.

2.7 Table 2 and 3 show the activity through SPA and CNC. The high volume of contacts and those diverted away from ED have a **significant impact on the Urgent and Emergency Care flow and safety.**

Table 2: SPA activity

Call Disposition	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug 23	Sept 23
Total No of Calls to SPA	1342	1769	2186	2137	2044	1514	1989	1782	2204	2076	1811
Total ED Divert	909	1248	1747	1502	1483	1192	1597	1429	1748	1688	1326
% ED attendance avoidance	68%	71%	80%	70%	73%	79%	80%	80%	79%	81%	73%

Table 3: CNC activity

Call Disposition	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug 23	September-23
Attendance Avoidance	13336	10199	13162	11968	13233	10813	12721	12765	12298	12556	11903
Admission Avoidance	5825	8096	8782	7826	8692	7432	7635	7635	8023	7948	7730
Urgent Community Response	719	1017	965	767	930	790	769	764	738	845	829
Virtual Ward	273	281	304	763	503	306	467	511	575	520	571
Palliative Care		1517	1218	2389	2589	1953	2021	2320	2598	2212	2137
Total	20153	21110	24431	23713	25947	21294	21592	23995	24232	24081	23170

2.8 In Sandwell the success of our **enhanced care homes response team** continues to demonstrate consistently low admissions (see chart 2). The success of the service has been shared with colleagues in BCHCFT who are progressing with a similar model in Birmimgham aiming to reduce admissions equivalent to a minimum of 3 beds. The model will be developed over the next 6 weeks aiming to support winter planning. The current performance remains inconsistent (chart 3).

Chart 2: Care homes admissions

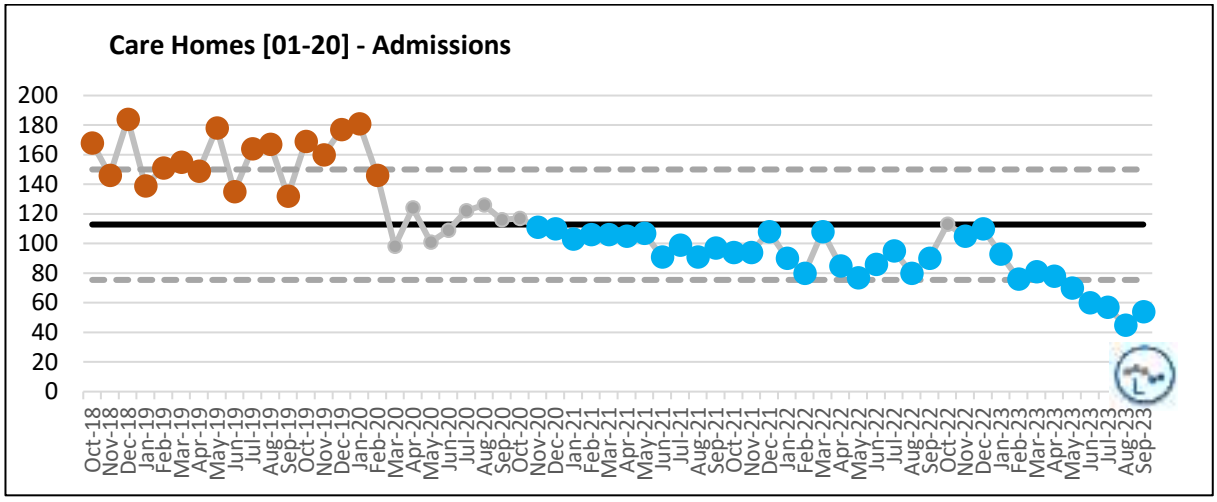
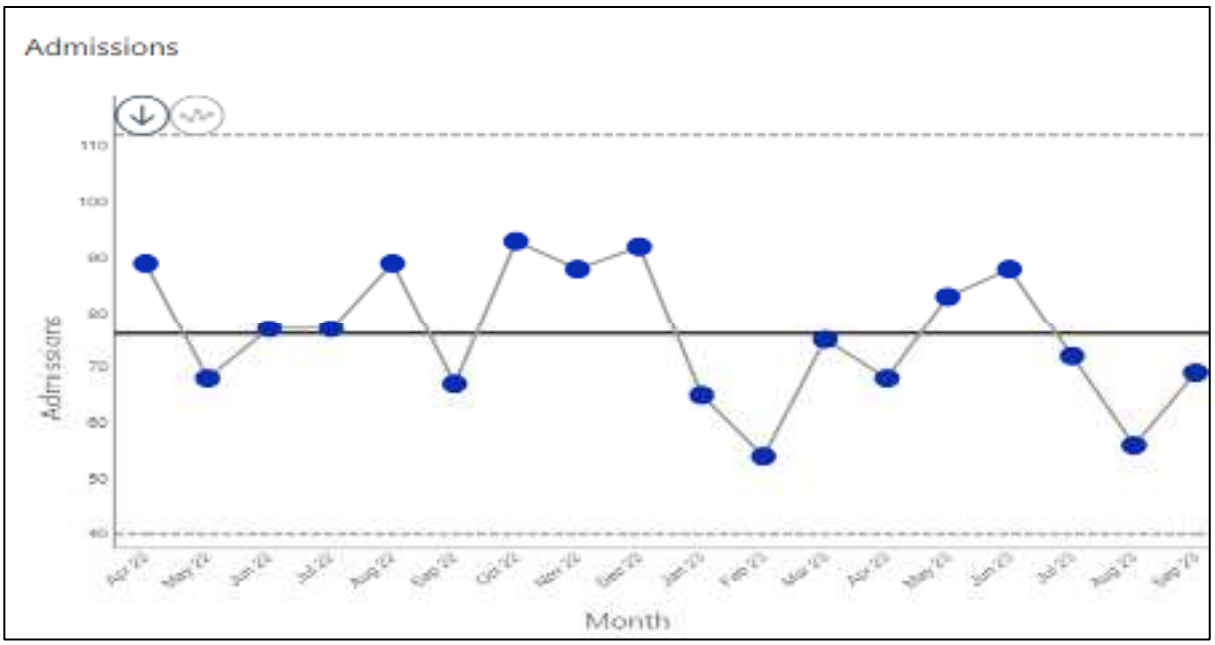


Chart 3: Monthly admissions- to SWBT from care homes in Birmingham



2.9 The successful delivery of **Virtual Wards** is vital to support urgent care demand through winter and towards MMUH through length of stay reduction. Despite the funding reduction, we are still on track to provide sufficient capacity to enable the required reduction in acute bed days for frailty and respiratory patients. We are now evaluating the impact of our other virtual wards which are showing benefits for length of stay reduction and the associated benefits ready for winter. In particular the cardiology Virtual Ward is achieving 100% occupancy and is showing a corresponding reduction in acute bed day usage.

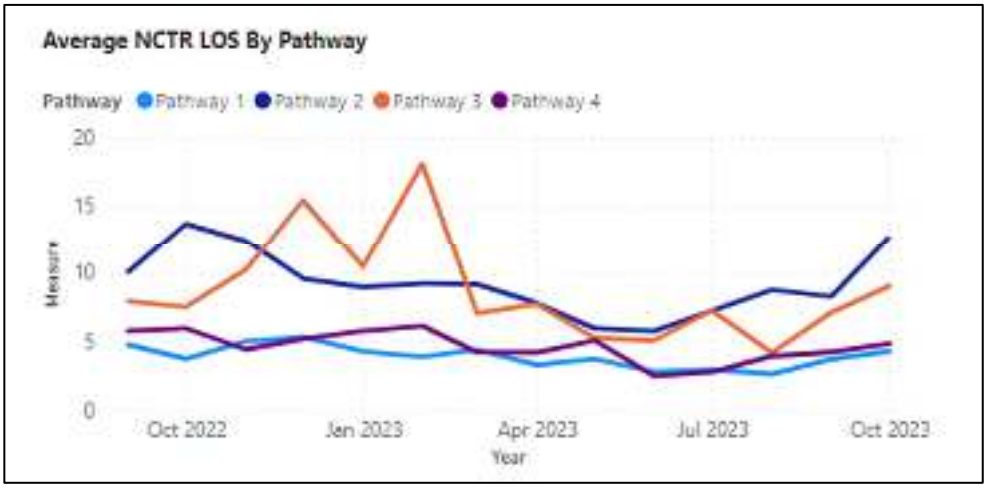
2.10 To support UEC demand for Children and Young People, the **paediatric Virtual Ward** is has seen a monthly increase in total patient numbers with a corresponding reduction in acute hospital length of stay by an average of 1 day (111 bed days). This is a fundamental part of the Place and Trust winter plan.

Patient story

Mr XXX is a 65-year-old gentleman who attended ED with palpitations. He was found to have new onset atrial fibrillation and hypotension. He was struggling to self-care at home and drinking high volumes of alcohol. He was seen by the cardiology team and admitted to AMU. After 24 hours he was discharged home onto the cardiology virtual ward where community teams reviewed him daily with consultant remote monitoring. He was also supported by the IDH team to have social care support at home alongside voluntary services to support with alcohol reduction and financial advice. He remains at home with on-going community support from the town teams.

2.11 **The Integrated Discharge Hub** (IDH) have continued to focus on reducing the total number of patients in acute beds with **No Criteria To Reside (NCTR)** and to increase the number of discharges within 48 hours. There is an overall linear reduction in post NCTR length of stay since last year. However, in September there was a drop in performance when aggregated across all pathways. This can largely be attributed to the 3 episodes of industrial action which caused increased pressure and delayed decision making. In order to further improve performance pathway specific work is being undertaken by the IDH team with partners in Sandwell and Birmingham. It is worth noting that 40% of all discharges are in Pathway 1 with 10% being split between pathways 2 – 4 and the remaining 50% being none complex and mapped against pathway 0 – Not shown here. The work biggest impacts therefore remain with the work on pathway 1 which shows a reduction of 1 day off the average LOS over the last 12 months.

Chart 4: NCTR % discharges



2.12 The IDH has been highlighted as an area of national best practice with the Chair of the National Discharge Taskforce visiting the team later this month.

3. Planned Care and Prevention

3.1 In Sandwell and Ladywood and Perry Barr we are focusing on supporting Primary Care sustainability and minimising the increase in acute admissions from Long Term Conditions.

3.2 Aligned with the **Trust Annual Plan**, we are focussing initially on **diabetes and respiratory disease** as key pathways. It has been recommended that we defer the large-scale deployment of the work to 24/25 given the scale of intervention. However, the ground already show promising results and validates the need to remain focussed in this area for future year. Proactive management of chronic illness and in particular respiratory disease is vital with the seasonal impact in winter. We are supporting the continuation of the Acute Respiratory Illness hub in Sandwell with greater links to our CNC and ED streaming services. In Ladywood and Perry Barr, we are working with individual Primary Care Networks (PCNs) and with the BSOL neighbourhood teams to proactively support people who have frequent hospital admissions and healthcare utilisation.

Chart 5: Emergency admissions from diabetes for Sandwell residents

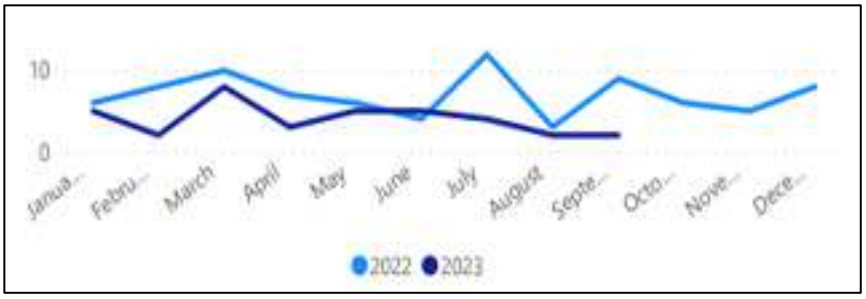
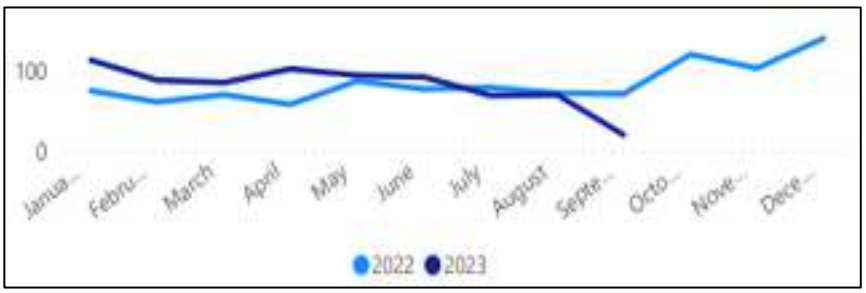


Chart 6: Emergency admissions from respiratory disease for Sandwell



3.3 Charts 5 and 6 show the improved position for emergency admissions with diabetes and respiratory conditions compared to 2022 in Sandwell. The data from Birmingham will be available in coming weeks.

4. Recommendations

4.1 The Public Trust Board is asked to:

a. **NOTE** the progress of our Place Based Partnerships

Tammy Davies
Deputy Chief Integration Officer
30th October 2023