Paper ref:	TB (09/22) 020

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		
MEETING:	Public Trust Board	**DATE:**	7th September 2022

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

The report this month describes progress of the Place Based Partnerships through the lens of the Trust objectives to support hospital based urgent care pathways and improve quality of care. The Trust hosted Sandwell Health and Care partnership has gained significant momentum in the delivery of Integrated Community Urgent Care services with favourable results in several areas. In addition there are a number of services in development which are forecast to begin delivery over the next 3 months to support demand and capacity through winter.

Supporting the population in Ladywood and Perry Barr is vital to fulfil our corporate responsibility and to reduce hospital based urgent care demand. However, delivery in this area is more complex without the formal Place hosting authority or the provider status for community services. In order to mitigate potential risk we are working in partnership with other local providers and particular General Practice. We are also ensuring we contribute to governance arrangements where possible

The report will demonstrate how Place developments are improving demand through reduction in Emergency Department (ED) attendance, reduction in hospital admissions and reduction in total length of stay

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	x	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?]*

4. Recommendation(s)

The Public Trust Board is asked to:

a.	**NOTE** the progress within Place Based Partnerships
b.	**DISCUSS** the impact of the Place developments on urgent care demand
c.	

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	x	*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	If 'Y' date completed	
Quality Impact Assessment	Is this required?		Y		N	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 7th September 2022

Place Based Partnership Update

1. Introduction

1.1 Successful delivery of our local Place Based Partnerships is vital in order to reduce demand on hospital urgent care pathways both in the short, medium and long term.

1.2 The priority work streams for Sandwell Health and Care Partnership (SH&CP) will directly influence the ability to sustain demand on services. For example, the Intermediate Care work stream is implementing significant Community Urgent Response provision to divert activity away from acute care both immediately and with on-going expansion. The planned outputs from both the Healthy Communities work stream and Town Teams will alter demand in the future.

1.3 Within Ladywood and Perry Barr the ability to directly implement change is more complex with the need to engage and influence with partners in Birmingham and Solihull. However, the ability to deliver a successful model in this area that aligns with the Trust strategy is vital both to support of the population and to deliver transformation towards MMUH

1.4 The report describes progress in delivery and in planning across both partnerships with correlation to acute Urgent Care through the impact on reduction in Emergency Department (ED) attendances, hospital Admission Avoidance and Length of Stay reduction.

2. Unplanned Attendance Reduction

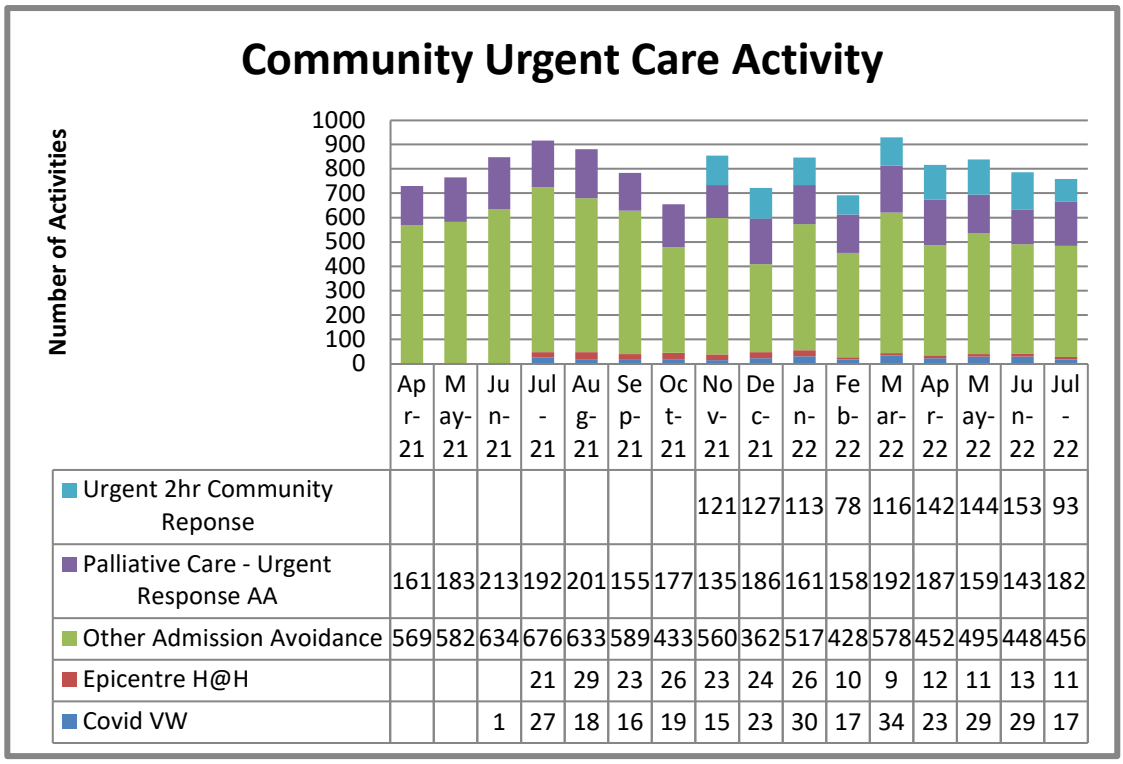
2.1 The current volume of unplanned urgent care attendance is unprecedented and unsustainable. The effect this has on the quality of care for those in ED and the significant safety implications for those waiting for treatment at home or in ED is alarming.

2.2 The creation of the **Care Navigation Centre (CNC)** provides a route to significantly reduce ED attendance and demand on the ambulance service. The CNC combines all hospital and community Single Points of Access (SPA) from the Trust with those of partners across the, including care providers and social prescribers.

2.3 The CNC is currently managing 52k calls per month and **linking directly to West Midlands Ambulance Service (WMAS) to divert appropriate calls into community services**. The CNC is providing clinical triage with 98% of calls 'handed over' to community teams within 15 minutes of request.

2.4 The CNC accepts calls from clinicians, patients and citizens via telephone and on line and holds **capacity oversight** for all community teams, also working directly with Acute Medical Units (AMU) and Same Day Emergency Care (SDEC). A 'post code blind' approach is used and so impact is expected across Sandwell and West Birmingham. However, within West Birmingham community services are largely provided by Birmingham Community Healthcare NHSFT and so securing lines of communication and seamless pathways with is vital. Ongoing clinically lead engagement is underway to address any variance.

2.5 The ability of the CNC to arrange **Urgent Community Response** and all other Community **Admission Avoidance** services provides significant potential to reduce ED attendances. Currently 75% of appropriate patients are seen within 2 hours in Urgent Community Response (UCR2) with 85% of those seen remaining at home and 10.5% requiring hospital admission. It is now vital that the total numbers of people seen within Community Urgent Pathways increases to translate into a reduction in ED activity.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Urgent 2hr Community Reponse								121	127	113	78	116	142	144	153	93
Palliative Care - Urgent Response AA	161	183	213	192	201	155	177	135	186	161	158	192	187	159	143	182
Other Admission Avoidance	569	582	634	676	633	589	433	560	362	517	428	578	452	495	448	456
Epicentre H@H				21	29	23	26	23	24	26	10	9	12	11	13	11
Covid VW			1	27	18	16	19	15	23	30	17	34	23	29	29	17

2.6 Data shows that there are high volumes locally of people sustaining **falls at home** without serious injury. Such people often wait for unacceptable lengths of time because of WMAS demand, leading to poor experience and deterioration of condition. System Develop Fund (SDF) income has been requested to support the development of a multi-disciplinary team to attend to patients and remove from the WMAS queue. It is anticipated that funding will be received and recruitment commenced in the next month. We are working in

collaboration with other Black Country Places to ensure we can deliver a sustainable and effective model

2.7 **Supporting the sustainability of Primary Care** locally, in line with the recently published Fuller review is a vital component of reducing unplanned hospital attendances. Within both Sandwell and West Birmingham, plans are underway to strengthen primary care through improving pathways between primary and secondary care, enabling delivery of Primary care by the extended team (not just General Practice) and through formal and informal integration arrangements.

2.8 In Sandwell Place, the dedicated Primary Care work stream is focusing on **improving access** with the creation of multi-professional triage and potential disaggregation of urgent and planned primary care. To support capacity the Trust will host employment of roles funded via the **Additional Roles Reimbursement Scheme** to enhance teams for Primary Care Networks across Sandwell and West Birmingham for all agreeable parties. This will enable a robust staff network and improve recruitment and retention.

2.9 The specific **Primary Care strategy** for the Trust is presented in annex 1 and includes the intention to support and improve Primary Care locally through **formal integration** and informal partnership developments. The Fuller review highlights the benefits of formal integration arrangements to strengthen Primary care and the entire healthcare pathway. In keeping with this there is a Trust ambition to increase Trust managed General Practice by 30%. This will strengthen delivery across Sandwell and West Birmingham

2.10 A longer term response to a reduction in unplanned attendances is underway through the creation of Town Teams (integrated neighbourhood teams) in Sandwell with similar work also commencing in Ladywood & Perry Barr. In Sandwell this is complemented by the Healthy Communities work which is targeting prevention in the following areas

- Drug and alcohol reduction
- Smoking cessation
- Weight management
- Children's health and education
- Housing and environment
- Social isolation

2.11 Data analysis has shown **inequalities between Sandwell towns** regarding ED attendances, with West Bromwich significantly worse than other towns, including those with similar age profiles. The data for West Bromwich also shows worse morbidity and hospital admissions across all ages. This provides significant opportunity for improvement through the creation of integrated teams, inclusive of health, social care, mental health and children's services.

The formation and resource provision is being adapted in accordance with the data and progress will be monitored

2.12 A full **citizen engagement plan** will commence over the next month centred on each of the 6 towns in Sandwell to commence a citizen centred co-produced model.

3. Acute Hospital Admission Reduction

3.1 Regardless of service design to reduce unnecessary attendance, it is inevitable that people will present to ED who are suitable for community intervention rather than hospital admission

3.2 **The Frailty Intervention Team (FIT)** is a multi-professional team including medical, nursing and therapy staff with direct involvement from adult social care and community teams. FIT are now operating from both EDs and successfully assessing, treating and discharging people directly from ED into community care. **For the last 5 months an average of 50% of people seen by FIT are discharged directly from ED**.

3.3 A bid for SDF money has been made to recruit to an **Integrated Front Door (IFD) Team** for ED. There is considerable evidence from other areas that such teams reduce hospital admissions by c20%. The IFDs will consist of medical, nursing and therapy staff with the ability to undertake clinical triage and admit directly into community pathways. It is intended that the teams will be operational by December 2022 and will be a key component of our winter plan.

4. Length of Stay Reduction

4.1 The **Integrated Discharge Hub** continues to impact length of stay for people with complex discharge needs, with overall length of stay improving. The recent addition of live data through the VIDS system has enabled greater grip and control of patients with No Criteria To Reside (NCTR) and despite the growing numbers and increasing complexity, prolonged length of stay has improved. It was identified that a reduction in service at weekends was causing delays and therefore, via the Better Care Fund, funding for a full 7 day service has been agreed.

4.2 The total number of people receiving home based rehabilitation via **Pathway 1** is posing a significant risk. There is now an average of 185 patients on the caseload with funding in place for only 90. This has resulted in delays to therapy intervention and a 20% readmission rate. Additional funding has been agreed with phased investment over 6 months to increase capacity to 200 beds. This will be implemented alongside the reduction

in Trust managed community beds and the opening of **Harvest View** in November 2022. This will provide 80 beds for Sandwell residents requiring bed based rehabilitation (Pathway 2) and will be delivered as an integrated model with SWBT and Adult Social Care.

4.3 Over the next 3 months the Town Teams work stream within Sandwell will undertake a hospital in reach service where patients identified from their complex 'at risk' registers admitted to hospital will be assessed with the intention to expedite discharge with home based intervention

4.4 The implementation of **virtual wards** for frailty, respiratory, paediatrics and palliative care alongside the hospital at home 'Epicentre' service is forecast to further reduce length of stay. Virtual ward funding has been requested for both Sandwell and West Birmingham to deliver 123 virtual beds in Sandwell and 78 in West Birmingham. This is another, critical component of our winter plan.

5. Recommendations

5.1 The Public Trust Board is asked to:

a. **NOTE** the progress within Place Based Partnerships
b. **DISCUSS** the impact of the Place developments on urgent care demand

Tammy Davies
Group Director, PCCT

August 2022

Annex 1: SWBT Primary Care Strategy