



<b>REPORT TITLE:</b>	Place Based Partnership Update		
<b>SPONSORING EXECUTIVE:</b>	Daren Fradgley, Chief Integration Officer		
<b>REPORT AUTHOR:</b>	Tammy Davies, Deputy Chief Integration Officer		
<b>MEETING:</b>	Public Trust Board	<b>Date:</b>	13 <sup>th</sup> March 2024

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the PublicTB should focus on in discussion]</i>
<p>The report outlines the 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 West Birmingham. However, we are now seeing positive improvements in this area particularly related to the commencement of the locality hub.</p> <p>Our services in Sandwell to reduce attendance and admissions are continuing to show lower admissions in people over 65 and from Care Homes, compared to other Black Country Trusts.</p> <p>Leadership of our Place partnerships will be crucial over coming months as we develop our anchor role in West Birmingham and work towards delegated accountability in Sandwell. The Black Country ICB require each Place to have a lead organisation by June 2026. If the Trust are to maintain the host status and convert this to a lead role, developing a sustainable leadership model will be crucial.</p>

<b>2. Alignment to our Vision</b> <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>								
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th>OUR PEOPLE</th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	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
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<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
<b>a. DISCUSS</b> the progress of our Place Based Partnerships
<b>b. NOTE</b> the progress in delivery across both Sandwell Place and West Birmingham locality.

<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>	
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		<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05	X	<i>Deliver on its ambitions as an integrated care organisation</i>					
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 13<sup>th</sup> March 2024

### Place Based Partnership Update

#### 1. Introduction

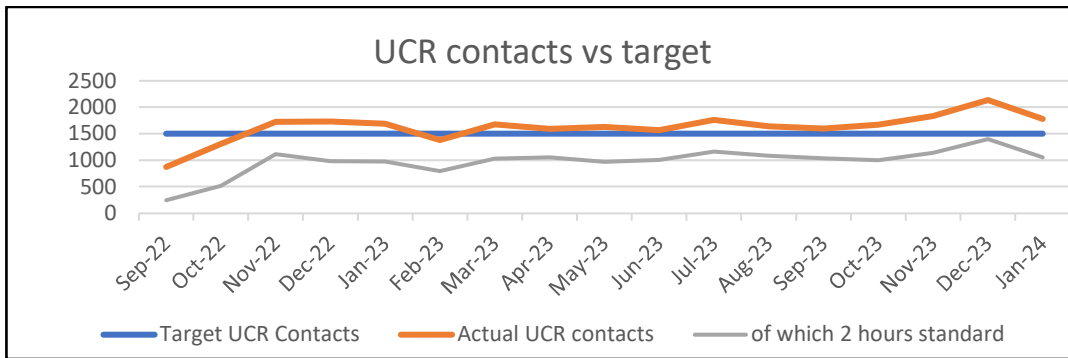
- 1.1 The contribution of our Place Based Partnerships towards both short term, reactive support to Urgent and Emergency Care (UEC) and longer-term sustainable health and care is becoming increasingly evident. We continue to be the only Trust in the Black Country and Birmingham and Solihull systems that are experiencing a reduction in admission for people over the age of 65.
- 1.2 We are currently focussing on readiness for MMUH by all partners which alongside our on-going and annual objectives, will be a priority for quarter 1 and 2 of the new financial year.
- 1.3 Over the next few months, we will be responding to the requirements of the Black Country ICB to receive delegated accountability for community contracts. In addition, we will be further developing our role as anchor organisation in West Birmingham
- 1.4 The report focuses specifically on the actual and potential performance of our partnerships in relation to acute hospital attendances, admissions, and length of stay. In addition, our progress as anchor organisation withing West Birmingham, particularly related to the locality hub model, is discussed.

#### 2. Performance and Delivery

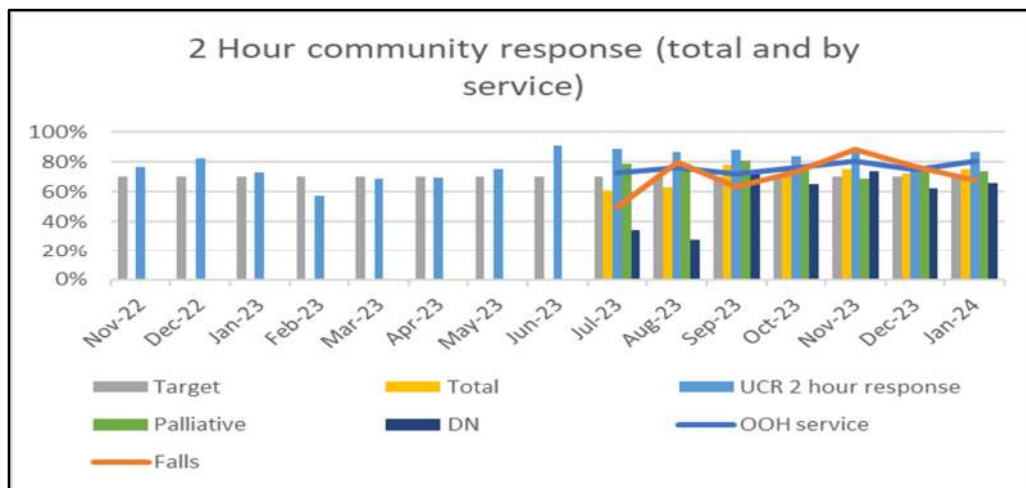
- 2.1 Avoiding Emergency Department (ED) attendances and hospital admissions remains a key part of the urgent and unplanned Place workstreams. In both Sandwell and West Birmingham, the activity in this area continues to grow with associated benefits seen in our admitted pathways. We remain the only Trust in both systems experiencing a reduction in admission rates for people over the age of 65.
- 2.2 The volume of work undertaken particularly in Sandwell focussing on attendance, admission and length of stay reduction is the significant factor in the 'left shift' of demand from acute to community care. Although, West Birmingham is by comparison behind Sandwell, there is also progress in the area.
- 2.3 In Sandwell we continue to provide higher than target **Urgent Community Response (UCR)** contacts and meet the 2-hour national response target of 70%. In addition, 87% of all people seen as part of the UCR response remain within their usual place of residence.

2.4 We deliver UCR across a number of teams including the dedicated UCR team, Palliative Care Urgent Response, District Nursing, Out of Hours and Falls Response. There is variability across the teams in delivering the 2-hour target (seen in chart 2) and so we are doing individual work to understand and improve the response. However, it is imperative to note that even if response times are longer than 2 hours, it is still a significant time saving compared to ambulance wait times and this has both quality and safety advantages.

**Chart 1: Monthly UCR total contacts**

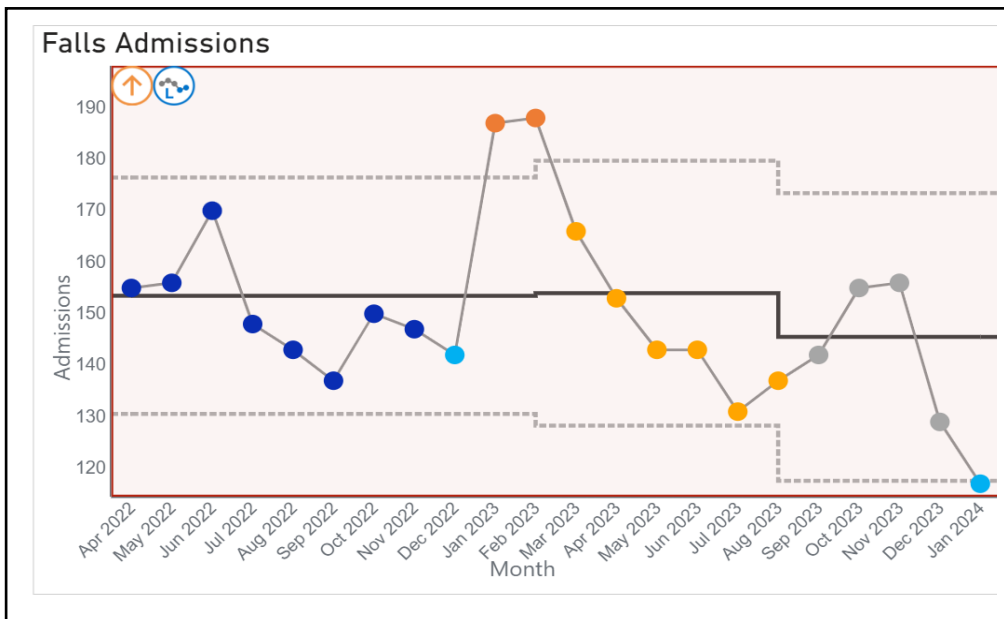


**Chart 2: UCR Response times per service**

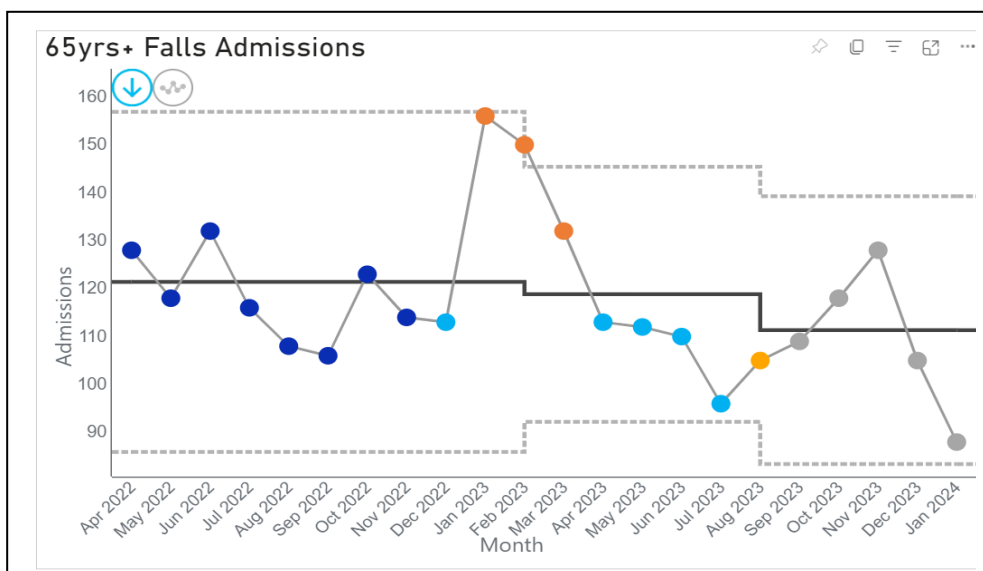


2.5 The **falls response service** is continuing to develop and achieve demonstrable reductions in acute hospital bed days. The service is now able to intervene with minor injuries through home suturing. Chart 3a shows the reduction in falls admission which corresponds with the increase in community activity which are now at 190 per month, with on 11 (5%) requiring WMAS input / hospital attendance. Although, there was an increase in falls admissions in October and November, total numbers were considerably lower than the peak activity seen in the same period in 2022. Chart 3b shows the impact of the falls service specifically for the >65 age group where we see an even greater effect.

**Chart 3a: Acute hospital admissions for falls**

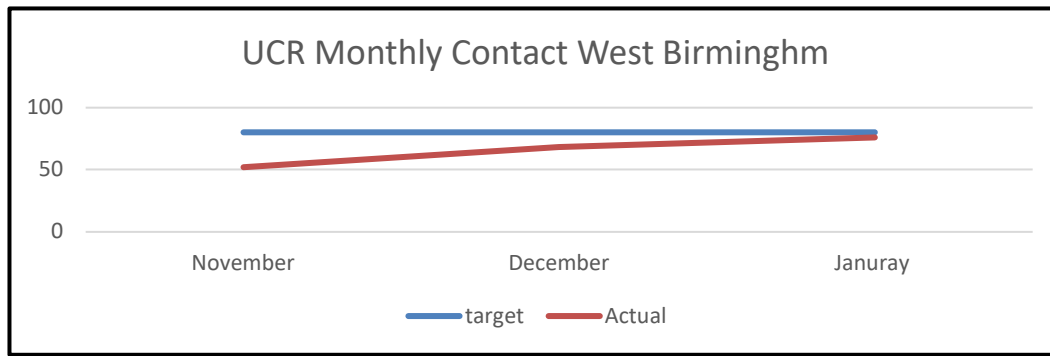


**Chart 3b: Acute hospital admissions for falls (age>65 years)**



2.6 In West Birmingham, we receive weekly data from BCHCFT which is indicating **opportunities for greater attendance and admission avoidance in this area**. The chart below shows the breakdown of UCR activity in November per week against a 20 per week target. There is a steady increase in activity although at this stage there is clearly greater opportunity for improvement.

**Chart 4: UCR activity in West Birmingham**



2.7 Our Sandwell 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. 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. We have agreed in Sandwell to host the combined contact number.

2.8 **West Midlands Ambulance Service Call before convey/clinical conversation** launched on 4th December for all over 75's that have none of the exclusion criterion. As a result calls to SPA and UCR continue to increase 2024 whilst rejection rates reduce. We are working with colleagues across the system to ensure we have a post code neutral response and are sharing capacity to avoid capacity deficits. We are also undertaking engagement work with care homes to maximise pre-emption supported by the use of technology to monitor deteriorating patients.

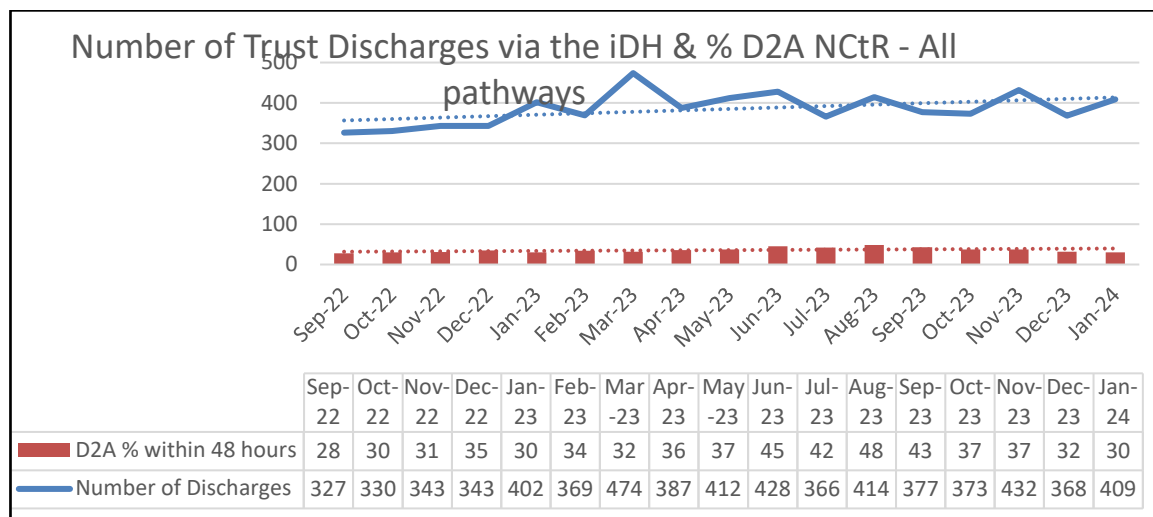
2.9 Table 1 shows the activity through SPA and CNC. The high volume of contacts and those diverted away from ED have a significant impact on the Urgent and Emergency Care flow and safety. We are consistently avoided greater than 70% of admissions through our CNC and SPA services.

**Table 1: CNC 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	Oct-23	Nov-23	Dec-23	Jan 24
Attendance Avoidance	13336	10199	13162	11968	13233	10813	12721	12765	12298	12556	11903	11736	11408	9177	12405
Admission Avoidance	5825	8096	8782	7826	8692	7432	7635	7635	8023	7948	7730	5565	5340	5723	5754
Urgent Community Response	719	1017	965	767	930	790	769	764	738	845	829	874	772	782	1063
Virtual Ward	273	281	304	763	503	306	467	511	575	520	571	622	685	655	802
Palliative Care		1517	1218	2389	2589	1953	2021	2320	2598	2212	2137	2328	2143	1850	2212
<b>Total</b>	<b>20153</b>	<b>21110</b>	<b>24431</b>	<b>23713</b>	<b>25947</b>	<b>21294</b>	<b>21592</b>	<b>23995</b>	<b>24232</b>	<b>24081</b>	<b>23170</b>	<b>21125</b>	<b>20348</b>	<b>18197</b>	<b>22236</b>

2.10 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. Following a recent visit to the IDH by Sir David Beham, there is considerable interest in the work we are doing at regional level, with other local systems being asked to review our work to inform their own processes. The IDH has been praised for using a multi-agency approach.

**Chart 5: NCTR % discharges**



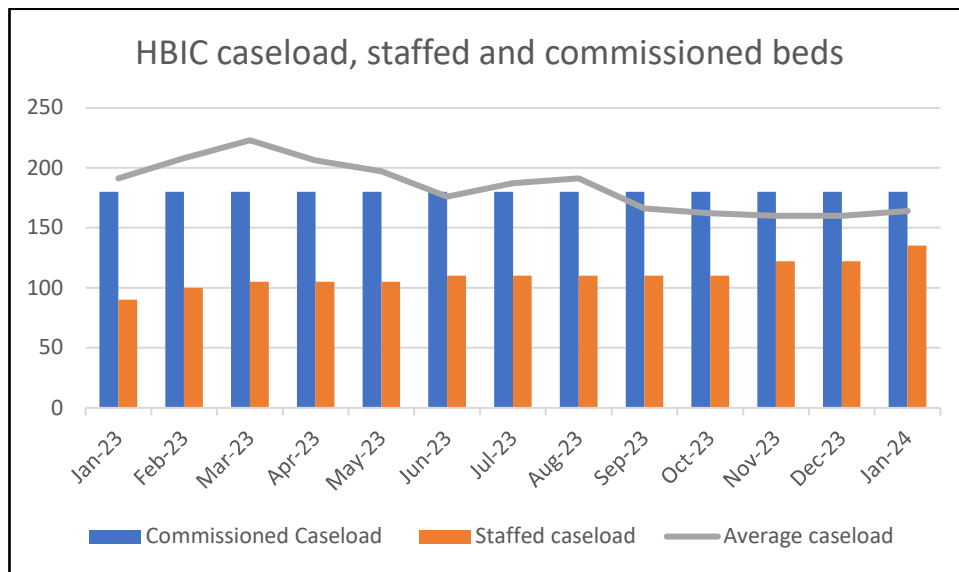
2.11 **Discharge performance within 48 hours has deteriorated** in part driven by critical incident and Level 4 escalation, resulting in Pathway 1 patients being transferred to PCCT and added 1-3 days LOS on Pathway 1 discharges due to TTO's delays. There are also delays associated with people who are self-funding. The team are currently instigating a response.

2.12 The additional beds at Harvest View have now opened which provides a route for discharge for Pathway 2 patients.

2.13 Delay reason disposition data is now captured and reportable, the top 5 delay reasons inform targeted intervention to improve performance. Top delay reasons in November were awaiting assessment both P1 and P2 (trusted assessor) and transport delays.

2.14 We have high demand for our **Home-Based Intermediate Care (HBIC)** service which provides rehabilitation to people at home via Pathway 1. The demand continues to outweigh capacity despite having additional funding from the transfer of income from 2 community wards. The increased demand is leading to delays in therapy times and associated high readmission. Time to treat delay has improved gradually over the last 3 months but remains above the 2-day target at 4.35 days. 20 WTE vacancies are in active recruitment. Average caseload in Jan 24 was 164 (91% occupancy).

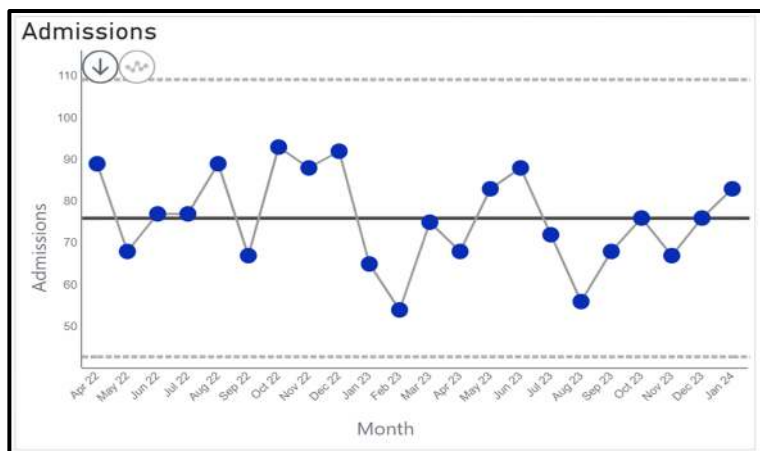
**Chart 6: HBIC monthly performance**



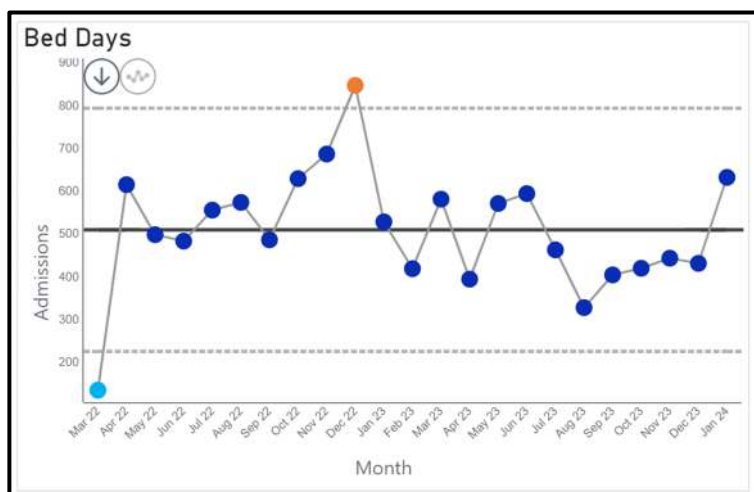
- 2.15 We have 75 **Virtual Ward beds** open with an overall occupancy of greater than 70%, however, this is variable between wards with Cardiology (90%), Paediatrics (114%), Frailty (87%), Epicentre (46%), Palliative (74%) and Respiratory (43%).
- 2.16 The work undertaken by BCHCFT to support our **virtual wards** in frailty and respiratory is improving with alignment of pathways now improving access and utilisation. This work is being overseen by the virtual ward project group and reported through to the urgent care steering group.
- 2.17 In January, we saw an increase in Virtual Ward utilisation with an occupancy increase to 78%. The team in BCHCFT have also commenced work with local Primary Care Networks (PCNCs) to develop pathways and improve direct step-up referrals to Virtual Wards
- 2.18 In Sandwell, the success of the enhanced care homes team has continued to result in extremely low levels of conveyances and admissions. In West Birmingham, we are now also seeing improvements. Birmingham Community Healthcare Foundation Trust (BCHCFT) team are now focusing on the top 4 admitting care homes with both proactive support and responsiveness through the locality hubs.
- 2.19 The chart below (chart 7) shows the admissions from Birmingham Care Homes. Although there remains inconsistency and a spike in admissions through January, chart 8 shows an improvement in total bed days used for this patient group.



**Chart 7 : Monthly admissions- to SWBT from care homes in Birmingham**



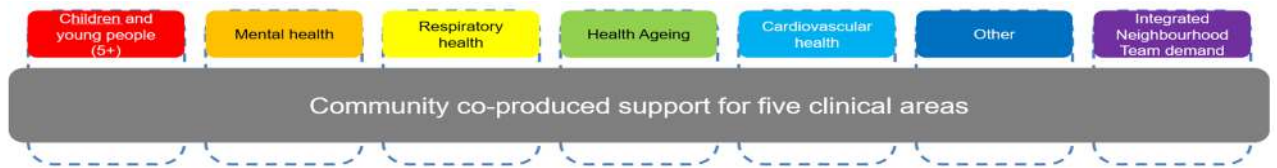
**Chart 8: Monthly bed days used from people admitted from Birmingham Care Homes**



### 3. Leadership in West Birmingham

- 3.1 In Birmingham and Solihull, the developing role of Place including the overall operating model has been re-evaluated. Birmingham and Solihull Integrated Care Board (BSOL ICB) have appointed BCHCFT to lead the associated Community Care Collaborative, which is the vehicle for driving forward integrated care.
- 3.2 The vast breadth of population needs across the area has been recognised with a specific commitment to delivering care to different localities to ensure the unique needs of the communities are met.
- 3.3 **In West Birmingham, SWBT have been named as anchor organisation to lead the locality.** This provides a valuable opportunity to lead and shape integrated care to reduce inequalities and level up performance. We have received funding in West Birmingham from the Fairer Futures Fund of £1.4m. We are leading a process with partners including the

voluntary sector to agree a strategy to utilise the funds to tackle inequalities in the following areas:



3.4 In February we commenced our **locality hub model** with partners to support care for local people in the following areas:

- Responding to surge activity (e.g. the current measles outbreak)
- Care coordination
- Reducing inequalities
- Proactive care

3.5 The Hub team are based at Summerfield Primary Care Centre and receive details of all West Birmingham residents in our Trust. The team have virtual huddles with our clinical teams and also in-reach to City hospital to support discharges and admissions avoidance.

3.6 The team are also working with West Midlands Ambulance Service (WMAS) to provide interventions at home to avoid hospital conveyance. This work provides an opportunity to vastly improve patient outcomes experience and support our MMUH rightsizing work.

#### 4. Recommendations

4.1 The Public Trust Board is asked to:

- a. **DISCUSS** the progress of our Place Based Partnerships
- b. **NOTE** the progress in delivery across both Sandwell Place and West Birmingham locality.

Tammy Davies  
Deputy Chief Integration Officer

March 2024