



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		Public Trust Board

1. Suggested discussion points <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 Ladywood and Perry Barr (West Birmingham), although engagement with partners in the area is positive with a commitment to improvement.</p> <p>Our services in Sandwell to reduce attendance and admissions are now resulting in lower admissions in people over 65 and from Care Homes, compared to other Black Country Trusts. Additionally, of note, in December our Integrated Discharge Hub was visited by Sir David Behan, Chair of the Discharge Committee for the Department of Health and Social Care. This resulted from the hub being named as a national exemplar.</p> <p>In West Birmingham, the Trust has been officially appointed as anchor organisation to lead the locality. This provides an opportunity to reduce inequalities in the areas and improve overall performance.</p>

2. Alignment to our Vision <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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3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

4. Recommendation(s)
The Public Trust Board is asked to:
a. DISCUSS the progress of our Place Based Partnerships

5. Impact <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	Recruit, retain, train, and develop an engaged and effective workforce

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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 10th January 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.
- 1.2 Several services provided by Sandwell Health and Care Partnership (SHCP) are now achieving clear results where an evident reduction in UEC growth in associated populations is now clear.
- 1.3 The inequity in provision and delivery for people in Ladywood and Perry Barr (West Birmingham) reported to Trust Board previously remains. However, we continue to see progress with an opportunity now to further shape and drive improvement. This is supported by the confirmation that **Sandwell and West Birmingham Trust (SWBT) will be the anchor organisation leading locality delivery in the area.**
- 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

2. Performance and Delivery

- 2.1 Avoiding Emergency Department attendances and hospital admissions remains a key part of the urgent and unplanned Place workstreams. In Sandwell the activity in this area continues to grow and despite the recent Trust UEC pressures, there is clear evidence of an associated reduction in growth of attendances and admissions. **SWBT is the only Black Country Trust that is reducing admission rates for people over the age of 65 (Chart 1).**
- 2.2 In addition, **SWBT has lower care home admissions rates compared to the other Trusts,** with sustained achievement over the last 12 months.

Chart 1: Monthly admission rates, per Black Country Trust (over 65s) per 1000 population

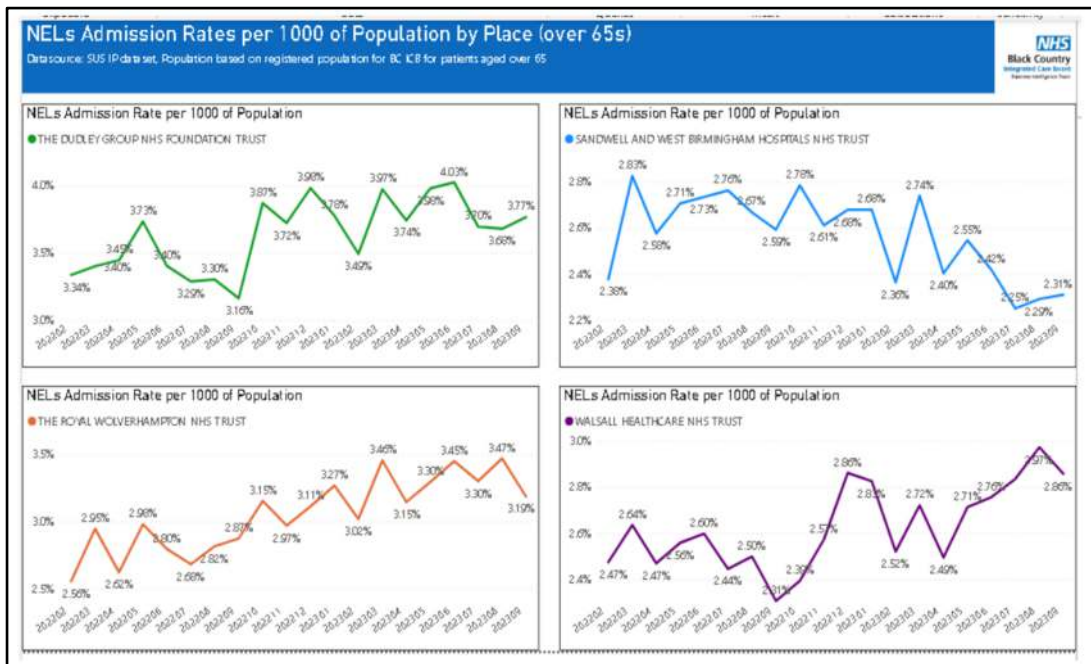
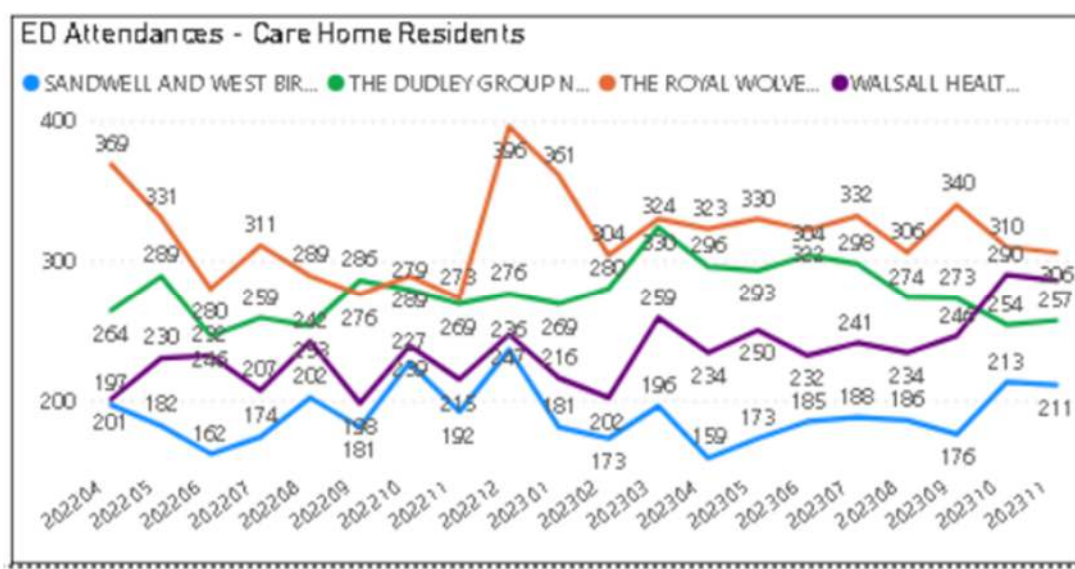


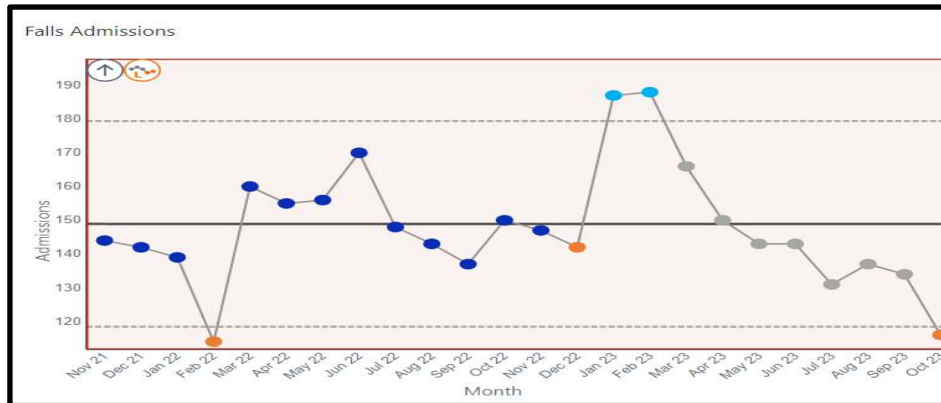
Chart 2: Monthly admission rates, per Black Country Trust (Care home residents)



2.3 There are several interventions undertaken by SHCP that are successfully affecting attendance and admission rates. For example, the on-going growth in **Urgent Community Response (UCR)** contacts which is now consistently reaching in excess of the 1500 per month target with a sustainable response time of greater than 70% seen within 2 hours.

2.4 The **falls response service** is continuing to develop and achieve demonstrable reductions in acute hospital bed days. Chart 3 shows the reduction in falls admission which corresponds with the increase in community activity which are now at 190 per month, with > 90% remaining at home.

Chart 3: Acute hospital admissions for falls



2.5 The quality and safety impact of UCR and falls has been explored and reported to Quality Committee. This work is being developed but to date 85% of people seen by the UCR service remained within their own homes post review.

Patient story

Mrs XXX is a 72-year-old lady who fell at home. Her daughter called an ambulance and was told there would be long wait. The Sandwell Care Navigation Centre reviewed the ambulance waiting listed and agreed to respond to Mrs XXX. The service responded within 2 hours and safely lifted her from the floor. The UCR team undertook a full clinical assessment and blood tests. She was also treated at home for a laceration to her leg. Her medication was altered, and she was followed up and monitored by the frailty Virtual ward. Mrs XXX remains at home and has additional carers visiting daily. She also has equipment to help her mobility.

2.6 Within West Birmingham (Ladywood and Perry Barr) the number of UCR contacts are considerably lower. Although the younger population may impact demand, there is clearly an opportunity to improve performance. Colleagues in Birmingham Community Healthcare NHS Foundation Trust (BCHCFT) have agreed a plan to increase activity with targeted pathways with local GPs. Since this work commenced, we are seeing improvements, as illustrated in Chart 4.

Chart 4: UCR activity in West Birmingham



2.7 In Sandwell the success of our **enhanced care homes response team** continues to demonstrate consistently low admissions (see chart 5). The success of the service has been shared with colleagues in BCHCFT who are progressing with a similar model in Birmingham aiming to reduce admissions equivalent to a minimum of 3 beds. The model will be a key component of the developing locality hubs in Birmingham (described in section 3).

Chart 5: Monthly admission rates from Sandwell Care Homes

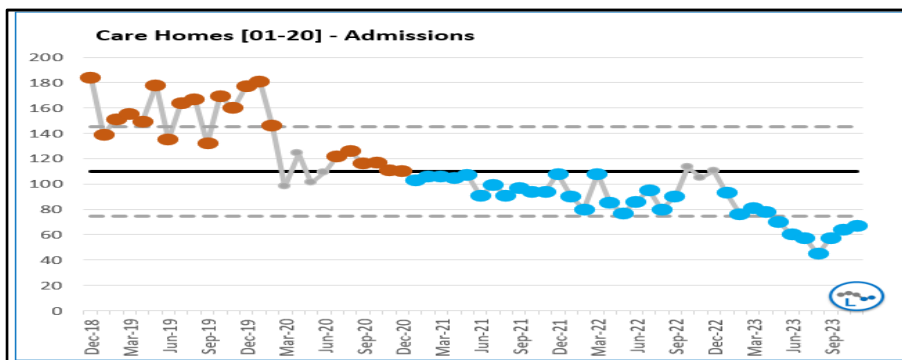
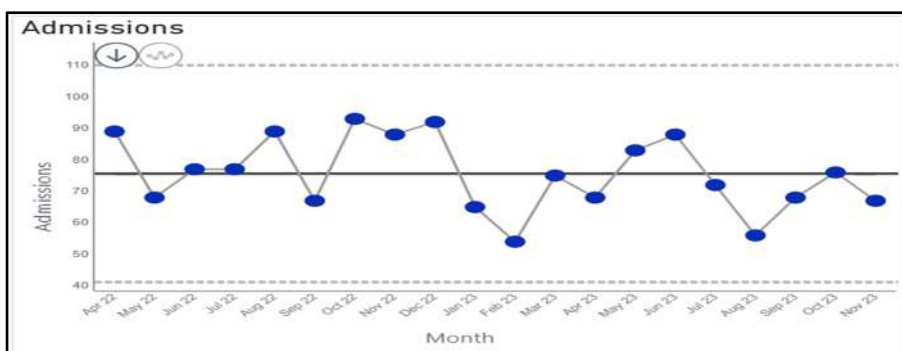


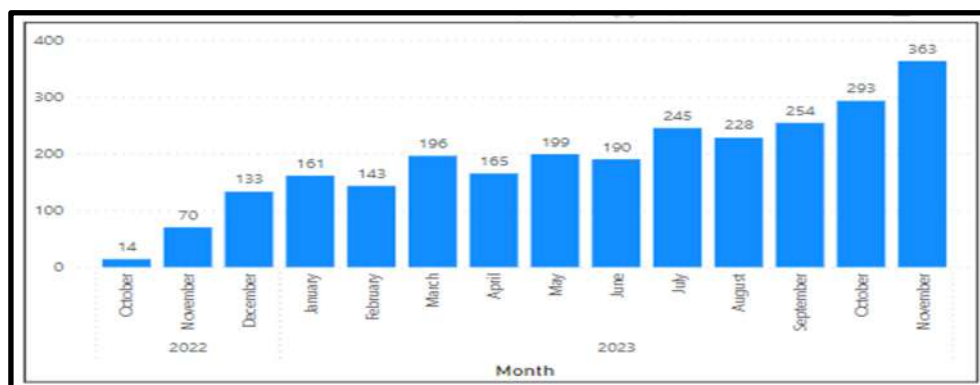
Chart 6: Monthly admission rates from Birmingham Care homes



2.8 Reducing acute length by moving activity into our **Virtua Wards** has been a key contributor to maintaining safety during the recent critical incident. The total number of people on

Virtual Ward beds per month has grown consistently, indicating the impact of acute hospital admissions.

Chart 7: Total number of patients being treated on Virtual Wards



- 2.9 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 We have agreed to participate as the first Place in the Black Country in the NHSE supported peer review for virtual wards in the next few weeks.
- 2.11 In addition to the cardiology virtual ward, we have realigned pathways for our community heart failure team over the last 4 months, which is achieving a reduction in acute bed day usage. This is being developed as an additional part of the MMUH rightsizing work as well as supporting winter recovery and resilience. Table 3 shows the activity and associated bed savings.
- 2.12 The **Integrated Discharge Hub** 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. All pathways demonstrate improvement in discharges within 48 hours.
- 2.13 The success of the IDH was marked in December by the **visit of colleagues from the Department of Health and Social Care, including Sir David Behan, Non-Executive Director and Chair of the Discharge Committee**. The visit was a result of the hub being noted as a leading exemplar nationally.

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 will be working through January to design the model with local stakeholders.
- 3.4 BSOL ICB have committed to a **locality hub model** in each of the localities including West Birmingham. With partners we will work to design the West Birmingham hub with 4 main objectives:
- Responding to surge activity (e.g. the current measles outbreak)
 - Care coordination
 - Reducing inequalities
 - Proactive care
- 3.5 Through December we have commenced work with colleagues in Primary Care and BCHCFT to shape delivery across the domains. This will be linked to current and future UEC pressures as well as MMUH rightsizing.

4. Recommendations

- 4.1 The Public Trust Board is asked to:
- a. **DISCUSS** the progress of our Place Based Partnerships

Tammy Davies
Deputy Chief Integration Officer

10th January 2024