Paper ref:	PublicTB (05/24) 009

REPORT TITLE:	Place Based Partnership Update
SPONSORING EXECUTIVE:	Daren Fradgley, Chief Integration Officer
REPORT AUTHOR:	Daren Fradgley, Chief Integration Officer
MEETING:	Public Trust Board
DATE	8th May 2024

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

The performance of Integrated Place services across Sandwell and within West Birmingham are fundamental to reducing urgent and emergency care demand. As key contributors to the annual plan and the MMUH rightsizing transformation, driving improvements in the following areas is vital:

- ED attendance reduction
- Admission avoidance
- Length of stay reduction

The report provides an overview of performance linked to the annual plan and MMUH rightsizing

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]		
OUR PATIENTS	**-** To be good or outstanding in everything that we do	**X**
OUR PEOPLE	**-** To cultivate and sustain happy, productive and engaged staff	
OUR POPULATION	**-** 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 contents of the report

b) **NOTE** the mitigation in the HBIC service due to recruitment challenges.

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		*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board May 2024

Out of Hospital & Place Performance Report

1. Introduction

1.1 Integrated Place performance directly impacts both urgent and emergency care demand and the ability to deliver the MMUH rightsizing plan. Appropriate oversight of delivery and improvement trajectories should therefore be a key area of focus.

1.2 It should be noted that the data relating to Sandwell is more accessible and easier to influence. However, the impact of work in West Birmingham will also be fundamental to success. The reporting of data from this area will improve in future months as engagement work with Birmingham and Solihull Integrated Care Board (ICB) and with Birmingham Community Healthcare Foundation Trust develops.

1.3 The first West Birmingham Locality Delivery Board has taken place with the Trust as the lead organisation and the terms of reference for this board have been shared and supported by the Integration Committee.

2. Attendance reduction

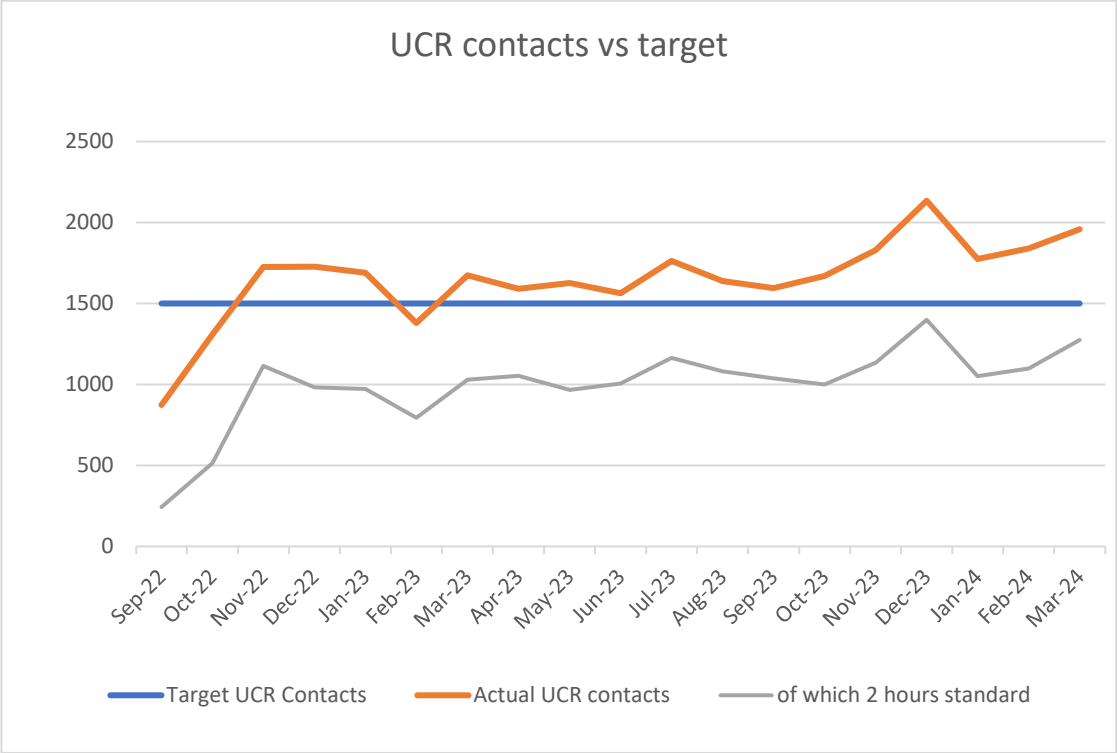
2.1 The **Urgent Community Response (UCR)** pathways provide an alternative route to ED attendance. Within Sandwell we are delivering the 9 UCR pathways outlined in the national planning guidance.

2.2 The total UCR contacts reported include the following areas with the outlined target response times:

- UCR2 (9 pathways) – target response within 2 hours
- Palliative Care Urgent Response – target response with 2 hours
- Other Urgent Community Response (including District Nurse Urgent Response) – target within 4 hours.

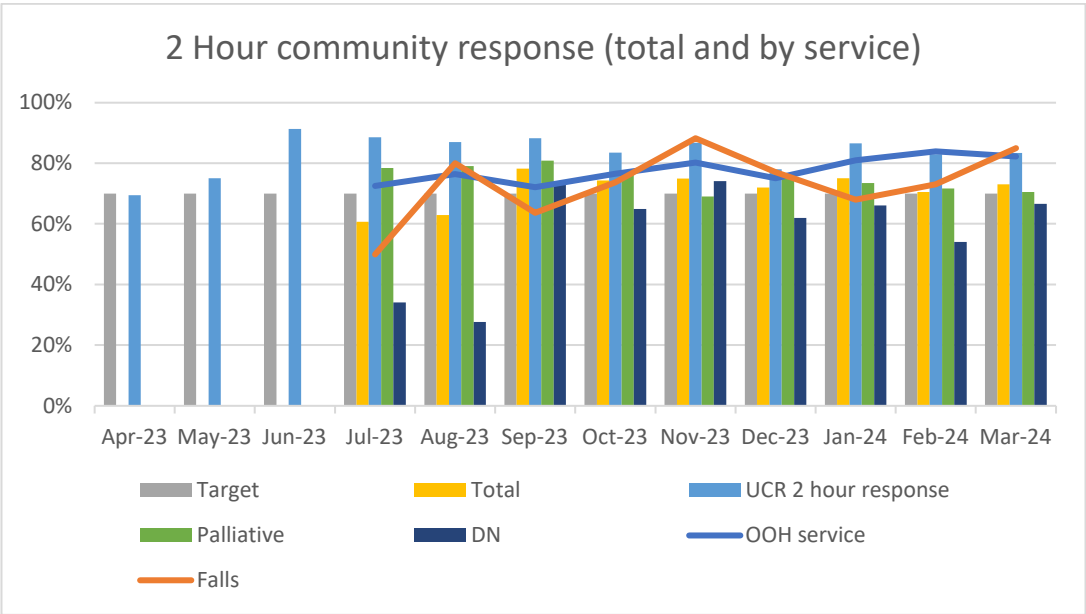
2.3 The **Trust annual plan** sets out a target to increase total UCR contacts to 1500 per month.

Chart 1: UCR contacts vs target



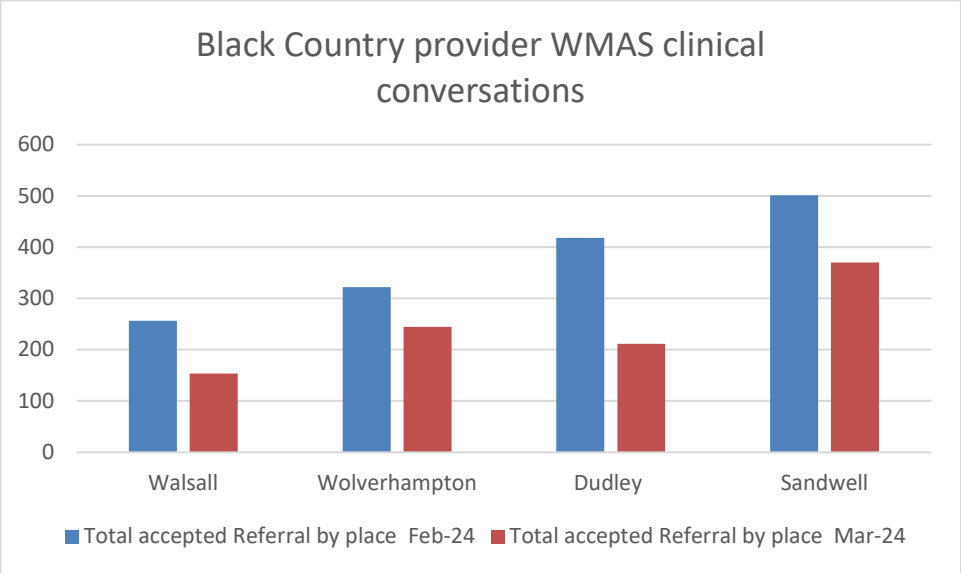
2.4 UCR activity continues to sustain above 1500 contract and in March hit nearly 2000 contacts linked to ongoing optimisation of utilisation of existing and flexible capacity through strengthening links with primary care, West Midlands Ambulance Service (WMAS) and community services. UCR is overseen within Primary Care, Community and Therapies (PCCT) Group and the Sandwell Place workstreams.

Chart 2: UCR2 performance against 70% target



2.5 In addition to the total contacts for UCR, performance is monitored against the national target which requires 70% of all patients meeting the criteria to be reviewed within 2 hours. Changes in data reporting now captures all services providing 2-hour community response and overall the 70% target has been achieved.

Chart 3: WMAS referrals, accept and rejected.

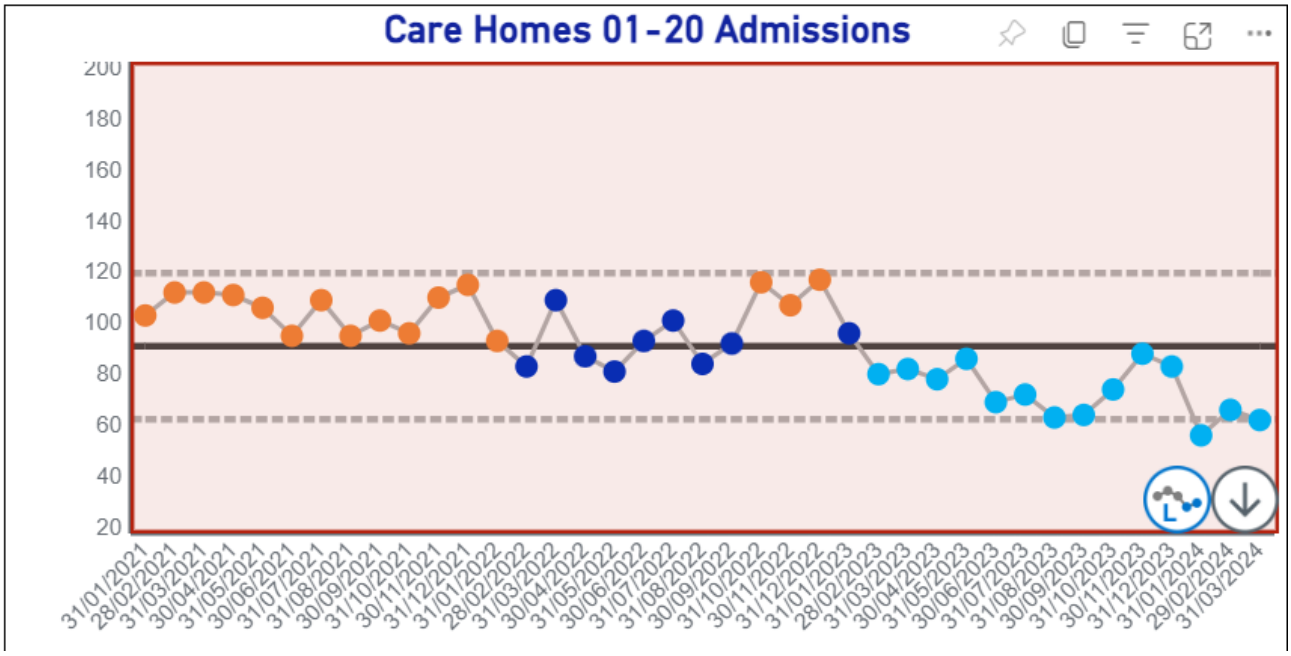


2.6 Sandwell continues to be the highest performer of acceptance and intervention for clinical conversation in the Black Country with the lowest rejections.

4. Care Homes

4.1. The **enhanced care homes model** in Sandwell has delivered improvements with those homes receiving intensive, targeted care seeing significantly fewer ED attendances and admissions. The dedicated care home team has had funding agreed for the 0-20 top care homes, the 20-40 care homes funding has not been agreed for Black Country funding (previously funded by SWB winter funding). Despite this, clinical contacts for 0-40 care homes across Sandwell has been maintained as part of the core contract and current workforce and admission avoidance low improvement trend is sustained. Close monitoring of care home admissions continues.

Chart 4: Care homes admissions Sandwell



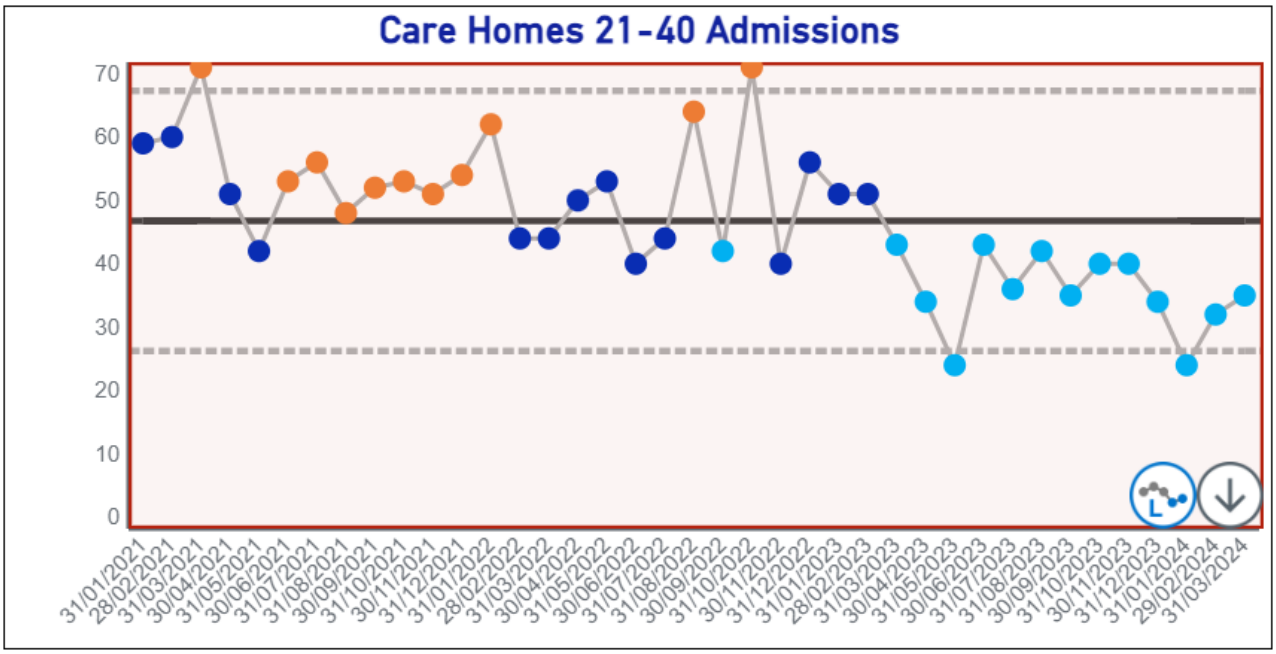
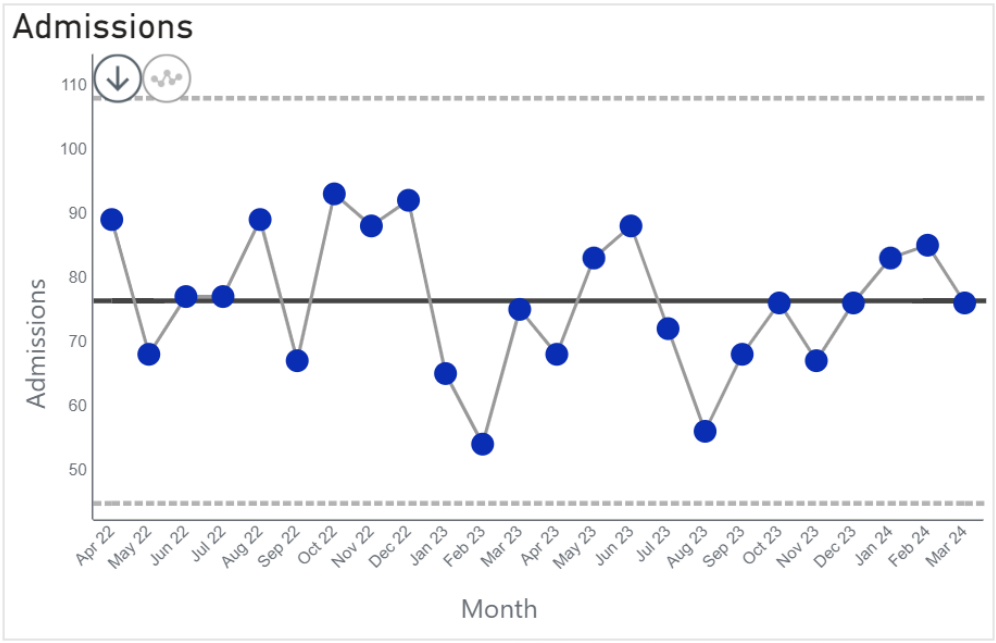


Chart 5: Care homes admissions Birmingham



4.2 Birmingham care home admission remain stable, Birmingham Community Healthcare are currently increasing wrap and proactive support to the top 4 admitting care homes from Birmingham. Bed day used by Birmingham Care Home Citizens remains significantly lower than last winter due to both admission avoidance and the integrated discharge hub benefits.

4.3 `Through clinical triage the **Care Navigation Centre (CNC) and Single Point of Access (SPA**) assess and provide interventions for patients avoiding acute admission where appropriate.

4.4 The SPA consistently avoids attendances in > 70% of cases.

Table 2: SPA activity

Disposition	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	Feb 24	Mar 24
Total No of Calls to SPA	2186	2137	2044	1514	1989	1782	2204	2076	1811	2422	2021	1812	2731	2214	2210
Total ED Divert	1747	1502	1483	1192	1597	1429	1748	1688	1326	1805	1551	1368	2000	1718	1691
% ED attendance avoidance	80%	70%	73%	79%	80%	80%	79%	81%	73%	75%	76.7%	75.5%	73%	77%	77%

4.5 Total referrals with a failed divert due to capacity in destination pathway was 188 of which 143 were related to medical pathways.

Table 3: CNC activity

Call Disposition	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	Feb 24	Mar 24
Attendance Avoidance	13162	11968	13233	10813	12721	12765	12298	12556	11903	11736	11408	9177	12405	11040	10214
Admission Avoidance	8782	7826	8692	7432	7635	7635	8023	7948	7730	5565	5340	5723	5754	5479	5415
Urgent Community Response	965	767	930	790	769	764	738	845	829	874	772	782	1063	923	903
Virtual Ward	304	763	503	306	467	511	575	520	571	622	685	655	802	772	660
Palliative Care	1218	2389	2589	1953	2021	2320	2598	2212	2137	2328	2143	1850	2212	2460	2319
Total	24431	23713	25947	21294	21592	23995	24232	24081	23170	21125	20348	18197	22236	20674	19511

1.1 The average call waiting time for April '24 remains below two mins at 1min 49secs, despite an ongoing recruitment to vacancies and sickness.

1.2 2.5min Call handling compliance was 84%.

1.3 The number of call that were directed to the GP was a total of 40 (0.2%) for the month which remains consistent with previous months and in line with less than 5 % of calls going to GPs.

1.4 There has been 252 (1.29%) calls directed to external services such as home loans, Age Concern which is consistent with previous months

1.5 The disposition of the Palliative Care calls is still non reportable due to the local configuration of the telephony solution.

6. Admission Avoidance

6.1 Admission avoidance is delivered in 2 main ways: Frailty Same Day Emergency Care (including Frailty Intervention) and Integrated Front Door.

6.2 The streaming workforce has been recruited and commenced, there is a requirement for Management for Change for the existing SPA employees due to change in job description and working hours which has been escalated to MMUH and business as usual HR leads.

6.4 The community streaming Standard Operating Procedure (SOP) draft has been approved by PCCT group and was circulated in mid-February for socialisation and comments by key stakeholders.

7. Length of stay reduction

7.1.1. The impact of **Home-Based Intermediate Care (HBIC)** to support Pathway 1 is critical to ensure prompt discharges. The demand through this pathway continues to be above the staffed capacity. Demand for this pathway is tracked to inform predicted demand and potential increases in capacity for winter. Time to treat delay has improved gradually over the last 3 months but remains above the 2-day target at 4.56 days. 6 further WTE have been recruited and 14.8 WTE posts remain in active recruitment. Average caseload in March 24 was 173 (96% occupancy).

7.1.2. HBIC provision continues to be a risk due to vacancies which are current being mitigated by locality teams and reduction in dosage provided increasing overall Length of Stay (LoS).

Risks: The National KPI's for home Based immediate care have not been met since the service expanded including time to assess and time to treat, and reduced dosage resulting in increased length of stay beyond the anticipated 4-6 weeks.

7.1.3. Recruitment to these BCF funding posts is tracked and reported through place governance with partners.

7.1.4. **Current Mitigation:** Due to recruitment challenges the service is now staffed to 135 (up from 120) beds but demand continues to run above the 'staffed beds' but is now below the commissioned 180 beds. The service hasn't closed to referrals but implements a series of mitigations to maintain safe provision and met demand these include:

- Temporary redeployment of staff from locality/town teams and care homes teams
- Increased time to assess – safety netting in place
- Increased time to rehab commencement.
- Reduced intensity of rehab resulting in increased length of stay
- Ongoing active recruitment to 24 WTE in 23/24 in preparation for winter pressures
- Bank and agency usage to mitigate 'hotspots'
- Suboptimal job plans (high ratio of Direct Clinical Care (DCC))

Recovery from this position will be the full recruitment to the posts still vacant and then the repatriation of the roles currently sharing the workload. A quality review of this service and the readmission rates is planned for Quality Committee. The risk and approaches to mitigation have been to Integration and People Committee who retain frequent oversight.

Chart 10: Actual vs commissioned and staffed HBIC beds.

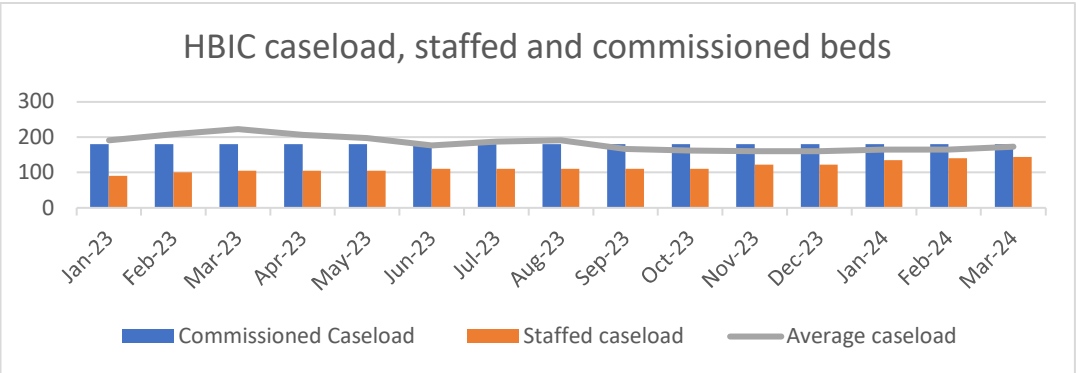
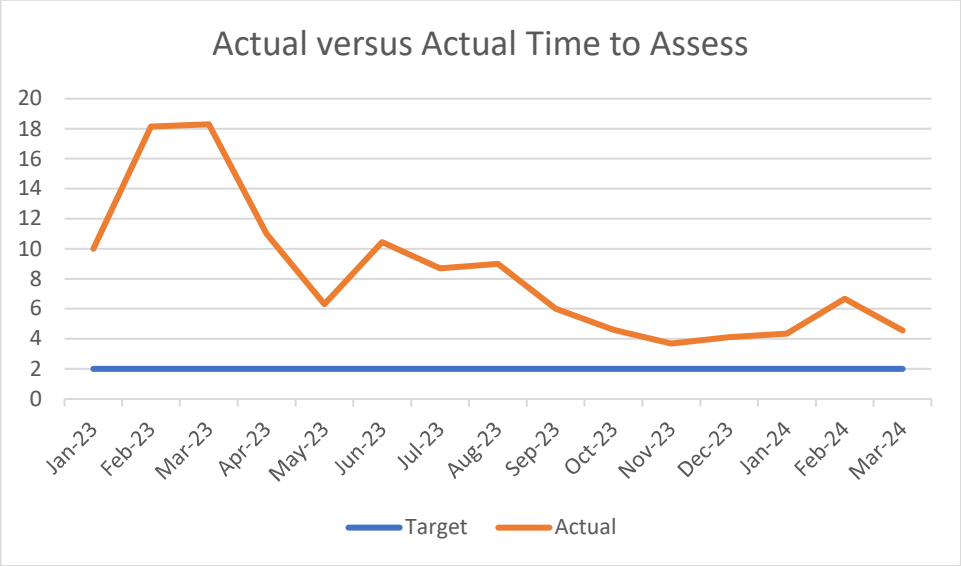


Chart 11: Actual vs target time to treat (days).



8. Recommendations

8.1. The Trust Board is asked to :-

a. **NOTE** The contents of the report.
b. **NOTE** the mitigation in the HBIC service due to recruitment challenges.

Daren Fradgley
Chief Integration Officer

May 2024