

	Agenda Item: 14	
Report to:	Birmingham Health & Wellbeing Board	
Date:	27 th September 2022	
TITLE:	BIRMINGHAM INTEGRATED CARE PARTNERSHIP – EARLY INTERVENTION PROGRAMME COMPLETION REPORT	
Organisation	Birmingham Integrated Care Partnership	
Presenting Officer	Michael Walsh/Chris Holt	

Report Type:	Information
--------------	-------------

1.	Purpose:
1.1	To receive a completion report outlining the delivery and impact of the Early Intervention Programme

2. Implications:					
	Childhood Obesity				
BHWB Strategy Priorities	Health Inequalities	x			
Joint Strategic Needs Assessment					
Creating a Healthy Food City					
Creating a Mentally Healthy City					
Creating an Active City					
Creating a City without Inequality					
Health Protection					

3. Recommendation

3.1 To consider the attached report.



4. Report Body

Background

- 4.1 The Early Intervention (EI) programme was designed in response to the findings of a 2017 Care Quality Commission (CQC) review which identified a fragmented intermediate care system with poor relationships and variations between providers, inconsistent capacity, an overreliance on hospitals beds and tactical 'sticking plaster' responses to pressure only set to get worse without direct action. This was impacting negatively on patient outcomes. The conclusion was that the system was failing Birmingham's older and frail citizens.
- 4.2 Supported through the Better Care Fund, system partners came together to design a programme to address the identified issues relating to the experience and outcomes experienced by citizens at the interface of acute care and social care. Central to the programme was a commitment to promoting an ethos of "home first" with the objective that we would co-ordinate our efforts to enable citizens to return to or remain in their own homes and that unnecessary and harmful delays associated with necessary or overlong stays in hospital were designed out of our processes.
- 4.3 The attached report provides an overview of the design of the programme including the creation of new multi-disciplinary Early Intervention Community Teams alongside an assessment of the impact of the programme.
- 4.4 Following a design and testing phase, the programme was fully rolled out in early 2020. A review of impact between the start date and March 2022 identified the following key benefits:
 - 120k acute bed days saved on an annual basis as a result of more rapid discharge
 - Citizens were 45% more likely to go home following a stay in a nonacute bed
 - A reduction from 12 to 4 days in the time taken for complex discharges from acute hospital
 - 20k+ reduction in unnecessary admissions to acute hospital
 - A reduction in ongoing care needs equivalent to an average of 6.5hrs of care per week for citizens going home following an early intervention service
 - 18k+ referrals to the new Early Intervention Community Teams
- 4.5 The programme's performance has been achieved throughout Covid-19 and against the backdrop of new Discharge to Assess guidance (D2A), issued by the government in March 2020 and updated in August 2020. Whilst these factors have to some extent skewed the original rationale of the objectives; it is clear that citizen outcomes have measurably improved from this innovative whole system approach. The decision to fully launch the programme during the pandemic was vindicated with the new ways of working significantly contributing to the system's ability to respond to the pressures of the pandemic in respect of safely and quickly moving people out of acute care.



4.6 The programme has now largely achieved the original ambitions. However, the need for improvement is ongoing in the face of increasing pressures on intermediate care. In this context Birmingham Integrated Care Partnership have taken to decision to bring this programme to an end and to now focus on a refreshed transformation programme to address new requirements including 2 hr Urgent Community Response and Virtual Wards.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 The Early Intervention Programme was managed via the Birmingham Integrated Care Partnership and funded through the Better Care Fund; with oversight in relation to funding provided by the BCF Commissioning Executive.

5.2 Management Responsibility

5.2.1 As a key programme funded by the Better Care Fund it appropriate to report on progress to the Health and Well-being Board.

6. Risk Analysis					
Identified Risk	Likelihood	Impact	Actions to Manage Risk		
N/A					

Appendices

1. Early Intervention Completion Report.

The following people have been involved in the preparation of this board paper:

• Michael Walsh – Head of Service (Birmingham City Council)