

	<b><u>Agenda Item: 13</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>22 September 2020</b>
<b>TITLE:</b>	<b>EARLY INTERVENTION PROGRAMME – PHASE 2</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Michael Walsh, Head of Service - Commissioning</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose:</b>	
1.1	To update the Board on the progress to date and the direction for the next phase of work to be undertaken by health and social care partners within the Birmingham Older People's Partnership (BOPP) in relation to the on-going improvement of Early Intervention (EI) services (Intermediate Care Community Pathways).

<b>2. Implications:</b>		
BHWB Strategy Priorities	Childhood Obesity	
	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		

<b>3. Recommendation</b>	
3.1	To review the attached report. In particular to:-
3.1.1	Note the outcomes from Phase 1 of the programme;
3.1.2	Give consideration to the role of the Board in relation to Phase 2 of the Early Intervention Programme.

#### 4. Report Body

##### Background

4.1 The Early Intervention programme commenced in October 2018 and was the first integrated programme of work in Birmingham that was supported by an external partner, Newton Europe.

4.2 The programme set out 5 components of a future Early Intervention Service, through engagement with senior health and social care practitioners in the Birmingham system:

- **OPAL:** A geriatrician lead multi-disciplinary team that ensures individuals presenting at the front door of the acute hospital get the most appropriate onward care.
- **Hubs:** A multi-disciplinary team that work at the point of discharge from acute hospitals to ensure timely discharge on the most appropriate discharge pathway.
- **EI Beds:** A single bedded intermediate care provision to support people to recover as much independence following a crisis as possible, ideally returning home.
- **EI Community Team:** A single at home intermediate care offer that supports people to recover in their own homes and minimise the ongoing level of need an individual has and therefore the support they require.
- **Mental Health Wards:** Specialist mental health provision to care for people experiencing an acute mental health episode.

4.3 The EI Programme sought to measurably deliver the following outcomes:

- Increasing the proportion of people remaining home after a crisis by 8%
- The reduction of non-elective admissions by 4,000 each year
- The reduction of length of stay in acute beds for 7,000 people going through complex discharges each year, by 4 days per person
- A reduced level of ongoing need for people after a crisis 9,000 people per year

##### Phase 1

4.4 Phase 1 of the programme is the period during which the system commissioned support from Newton Europe. This terminated on 24<sup>th</sup> July 2020.

4.5 The attached **Appendix 1** provides a summary of the outcomes of Phase 1. These include:

- On average people now spend 11.5 fewer days within EI components – indicating more efficient and effective processes and reducing the likelihood of citizen’s capacity deteriorating unnecessarily as a result of delays in the system;
- The need for ongoing care has reduced by an average of 5.7 hours a week – an indicator that people are leaving EI with greater levels of independence;
- The system now uses 77,000 fewer acute bed days and 19,000 fewer non-acute bed days;
- Financial benefits with an annual value of £25.8m have been achieved.

## Phase 2

4.6 The bulk of **Appendix 1** looks forward to the next phase of the programme. As part of the exit strategy Newton worked with the system to scope out the next phase of the programme. The design of this phase has been greatly influenced by the impact of COVID-19 on the system. In particular, the model has been adapted to reflect the discharge pathways that have been put in place since March.

4.7 Phase 2 of the programme will be delivered through the following system implementation groups, in addition to a coordinating group that will work at a programme level (the EI Steering Group’). The 4 provision groups align to 4 of the operational components established through the previous work

The 5 implementation groups are:

- 4 provision groups:
  - OPAL
  - Integrated Hub (including acute and co-ordination hubs and their underpinning processes)
  - Pathway 1
  - Pathway 2
- A commissioning group

4.8 The cross-cutting nature of mental health and end of life provision has been recognised as will be embedded within each of the 5 groups.

4.9 In considering the priorities for the programme moving forward, the rationale has been to focus on:

- Sustaining and embedding the improvements made to date through the EI Programme and the COVID response
- Delivering the outstanding improvements from the original EI benefits case

There is a recognition that the aspirations, around the services being considered, go further than the improvements that have been made so far. However, the realities of the current situation mean they will need to be captured here but picked up later (likely to be coming out of winter into 2021). At a high level, the short-term deliverables can be considered as:

- **An interim commissioning framework** to provide a means of ensuring the sustainability of services (and associated funding) throughout the winter period.
- **Operational changes** within each component to sustain or further improve performance
- **Operational resilience** within each component and across the system to ensure performance and services are maintained in the event of a 2<sup>nd</sup> COVID-19 spike, anticipated difficult winter pressures coupled with increased prevalence of flu and potential BREXIT disruptions.

<b>5. Compliance Issues</b>
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<b>5.1 HWBB Forum Responsibility and Board Update</b>
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5.1.1 TBC
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<b>5.2 Management Responsibility</b>
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TBC
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<b>6. Risk Analysis</b>
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Identified Risk	Likelihood	Impact	Actions to Manage Risk
N/A			

<b>Appendices</b>
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Appendix 1 – The Early Intervention Programme
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The following people have been involved in the preparation of this board paper:

Judith Davis – University Hospital Birmingham  
Michael Walsh – Birmingham City Council