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Newsletter for the Birmingham & Solihull Community Care Collaborative

March 2026

Patients Benefit from Specialist Falls Clinic Partnership

A trial of a community-based healthcare clinic has helped more than 40 local patients in North Birmingham to reduce their risk of future falls, avoid hospital appointment waits and remain living independently by providing the equipment they need to move around safely.

The North Locality Specialist Falls Assessment Clinic was held at the United Reformed Church in Sutton Coldfield in February. The event brought together a unique collaboration of NHS clinical experts and voluntary sector partners

Patients from Good Hope Hospital and Birmingham Community Healthcare NHS Foundation Trust (BCHC) Falls waiting lists and Age Concern patients were invited to attend the clinic with the aim of providing them with more immediate intervention.

Attendees underwent "multifactorial" assessments, which included falls assessments, blood pressure monitoring, bone health, dietetics and foot health advice. A highlight of the clinic was the use of GaitSmart technology—an AI driven gait, balance and functional intervention which analyses how patients mobilise and identifies subtle movement imbalances that often lead to trips and falls.



Pictured is 92 year old Bernadette McCann with her son Anthony, Max Nangreave Physiotherapy student at GHH, Julie Hunter Hospital Director of AHP's at GHH, Hayley White Clinical Specialist Physiotherapist Reconditioning GHH and Katie Parnam Advanced Nurse Practitioner Sutton Coldfield Group Practice

This is a prime example of shifting care from hospitals back into the community.

Chris Holt

Chief Transformation Officer BCHC

Organisations involved included Royal Sutton Coldfield Town Council, BCHC Falls Team, Good Hope Hospital (run by University Hospitals Birmingham NHS Trust) Falls Team, Sutton Coldfield Group Practice and Birmingham & Solihull Integrated Care Service Pharmacy team.

Other specialist partners included Age Concern Birmingham, The Alzheimer's Society, Purposeful Active Living, West Midlands Fire

Service, Dementia Advice and Support, Our Place Support, Sutton Coldfield Neighbourhood Network Scheme.

One patient who benefitted from attending the clinic was 92-year-old Bernadette McCann. The team provided Bernadette and her son Anthony with as much information as possible to help maintain her mobility and reduce the risk of falls in the future. *Continued on page 2*





BCHC Falls Team and Mayur Pala and Attiquallah Safi from the NHS Birmingham & Solihull Pharmacy Team

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This included Bernadette completing exercises in the education session and gaining as much advice from the professional colleagues in the main hall regarding blood pressure, bone health, diet and footwear. She also undertook a GaitSmart assessment and was provided with a bespoke exercise programme to help improve her mobility.

Julie Hunter, Group Director for Allied Health Professionals at University Hospitals Birmingham and Hospital Director for AHP's at Good Hope Hospital (GHH) – the organiser of the event said: "It was truly inspiring to see Bernadette mobilising with a wheeled zimmer frame and walking more confidently. This captured what the event was about - a one stop model

providing as much care as possible in one location. It was wonderful to see so many teams working in collaboration and achieving so much for the patients"

"Early evaluation of the clinic identifies that we have been able to discharge some patients from our hospital waiting lists entirely. We anticipate that other patients will now have a reduced number of follow-up appointments, as they can request care based on their specific needs rather than attending routine scheduled slots."

The multi-partner approach to the clinic enabled patients to see multiple specialists within the same session helping them to avoid lengthy onward referral wait times for services such as Dietetics, Orthotics and Adult Musculo-skeletal Out-Patient clinics.

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Julie Hunter

Group Director for Allied Health Professionals at University Hospitals Birmingham and Hospital Director for AHP's at Good Hope Hospital (GHH)

This integrated health and care approach for local people is part of the Birmingham and Solihull Community Care Collaborative programme of work. Led by BCHC it aims to work with local health and care partners to provide better joined up health and care services in local neighbourhoods across Birmingham and Solihull.

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Chris Holt, Chief Transformation Office for BCHC added: "This is a great example of shifting care from hospital into the community. Getting multiple health, care and voluntary sector partners to work as one team benefits the patient significantly. As the early outcomes of this clinic show, this type of event can also remove the need for some patients to attend hospital at all. The presence of our voluntary sector partners also increased patient awareness of local venues and groups which can support them to maintain their health and wellbeing. It really was a win-win event for all concerned."

Olive O'Sullivan, Chief Executive Officer, Royal Sutton Coldfield Town Council: "Royal Sutton Coldfield Town Council was pleased to partner with Good Hope Hospital and Birmingham Community Healthcare Trust on the Community Appointment Day.



Michael Breakwell, UHB Orthotist

This work builds on a Healthy Ageing project, led by the Town Council, which aims to prevent falls and support residents to remain independent in their own homes.

Olive O'Sullivan

Chief Executive Officer, Royal Sutton Coldfield Town Council

"A key priority of the Town Council is to work with partners and local community groups to improve the health and well-being and quality of life for older adults in the town, enabling them to stay active and independent. Community Appointment Days do just this, providing residents with access to a variety of health professionals, specialist interventions and the support that is offered by the town's voluntary and community sector. The Town Council is also supporting two further Community Appointment Days, partnering with Respiratory and Stroke and Neuro from Good Hope Hospital.

"This work builds on a Healthy Ageing project, led by the Town Council, which aims to prevent falls and support residents to remain

independent in their own homes. All of these activities contribute to the development of the offer at the Sutton Cottage Hospital which is being transformed into a one-stop community health hub for older adults."

Partners are evaluating the model for a wider roll-out across the region to further mitigate the risk of falls for older residents.

The GHH therapy team has built on the Community Appointment Day Events initially introduced as part of adult Musculo-Skeletal (MSK) pathway to achieve waiting well management and has cascaded this work across many pathways for the benefit of patients in collaboration with other service providers such as MSK, Pulmonary Rehabilitation and Stroke.

INT Expansion: Strengthening Care Across Birmingham and Solihull

The plan to establish a total of 16 Integrated Neighbourhood Teams across Birmingham and Solihull by the end of March 2026 remains on track with a total of 35 anticipated to be live by March 2027.

This current phase builds on the five initial 'accelerator' sites in the north, south, east, west and centre of Birmingham. Early evaluation of the east and west INTs showed a 31% reduction in GP appointments and a 20% drop in emergency department visits among tracked high-intensity patients.

The teams focus on "high-intensity" patients—the 10% of the population that data shows is responsible for roughly 69% of all health and social care contact.

Here we share our latest case study from one of the four East Birmingham INTs now live. There are also two in the West, one in Central, one in South, two in North and three in Solihull.

The remaining three to launch before the end of March 2026 will be a further two teams in East and one in Central.

Kymm Skidmore, Programme for the Community Care Collab: "Our Integrated Neighbourhood are fundamentally changing how we support those with the most complex needs. By bringing together health and social care professionals around the patient aren't just hitting our rollout target we are seeing a tangible impact people's lives. A 31% reduction GP appointments and 20% fewer emergency visits in our early site proves that when we act proactively and locally, we create a more sustainable system that delivers better care for our community."



Integrated Neighbourhood Teams
Birmingham and Solihull

New QE In Reach Team lands for South & Central

A new community services in-reach team has gone live at the Queen Elizabeth Hospital Birmingham (QEHB) to better support patients to receive care closer to home and avoid unnecessary hospital admissions.

The Birmingham Community Healthcare NHS Foundation Trust (BCHC) in-reach team is part of the South and Central Locality Hubs. Physically based at QEHB, it works closely with hospital staff to support timely discharges by exploring whether patients' ongoing needs can be met through community-based services.

Alternatives to a hospital stay or sooner hospital discharge include admission to a virtual ward, short-term support from the Early Intervention Community Team, and access to a range of other community services designed to help people recover at home.

Sam Tullett, Group Manager for the Central Locality Hub said: "The new in-reach team is already proving to be invaluable, especially during these winter months when pressure on health and care services is at its highest. By preventing admissions and facilitating early discharges, in-reach teams free up acute beds for those who most urgently need them."

In addition to a physical presence, daily virtual meetings are also being trialled by both hubs with A&E consultants to review the needs of patients who have been assessed in the Emergency Department and for whom a decision to admit has been made.

During these discussions, a review is carried out to determine whether the care, treatment or



support a patient requires could be safely provided in the community, rather than through an inpatient hospital stay.

Tina Jarrett, Group Manager for the South Locality Hub added: "We are always willing to continuously improve on what we do and after only a few weeks of going live, both the hub and the QE recognised that we could do more with our in-reach approach - hence trialling the addition of a virtual session to the mix."

Adam Secombe, Acute Medicine Consultant and Clinical Service Lead at Queen Elizabeth Hospital Birmingham, added: "This collaboration reflects a continued commitment between hospital and community services to support patients in receiving care in the community rather than in hospital.

By talking through individual cases with our community colleagues, we have identified new opportunities for discharge and the need to learn more about the community-based services



that are available. Nobody wants to be admitted to hospital unless absolutely necessary and we look forward to working with the community team to ensure our patients can recover in their own surroundings."

The new in-reach team is already proving to be invaluable, especially during these winter months when pressure on health and care services is at its highest.

Sam Tullett

Group Manager for the Central Locality Hub

Shaping the Future of Integrated Care: Highlights from the Latest INT Workshop

The latest Integrated Neighbourhood (INT) in-person workshop saw more than 50 colleagues from health, social care, and the voluntary sector come together to hear the latest update about the programme's expansion.

A number of key areas were discussed during the event, which included what was working well, what could be improved, and how different professions could better work together to improve the health and well-being of the more complex patients that the teams care for.

The positive benefits of collaborative working, learning from different specialist professions within the teams, and the culture of putting the holistic wellbeing of the patient at the centre of any activity were all highlighted, along with the benefits of having access to the live data

feed that is available in the recently launched locality hubs.

However, the session wasn't just about celebrating wins; it was also a space for reflection. Areas for improvement included the suggestion of new colleagues shadowing the more experienced team members, managing INT time with other work responsibilities, and a request for more frequent best practice learning sessions.

One of the key highlights was the sharing of patient stories, which reflect how the INT operating model continues to change lives by offering joined-up, compassionate care.

Shannie Jennings, Senior Locality Integration Manager who led the workshop, said: "As always, there was a great buzz in the room. INTs love the opportunity to get together to

brainstorm different areas and issues. Ahead of these events, we always ask colleagues what they would like to feature on the agenda and choose the most common ideas that are put forward. We always receive invaluable feedback that helps us to continue to shape the INT programme and this event was no exception."

Also invited to present at the workshop were representatives from Change Grow Live, a health and social care charity that provides free and confidential treatment, support, and information about drug and alcohol use, smoking, homelessness, justice and probation, and employment. The idea was to raise awareness among INT colleagues of the role of the charity and how it could help some of the citizens that the INTs care for.



Integrated Support Helps Joseph Move to a Fresh Start

Joseph's life is back on track thanks to the INT support. No longer calling 999, he has successfully stopped drinking and smoking, feels well and more active and is actively looking for a new job.

Previously, Joseph was stuck in a cycle of emergency care. Living with liver disease and unable to afford travel to the hospital, he frequently missed appointments. This caused his condition to worsen, leading to regular 999 calls for ambulance assistance. When the INT first visited him, they also identified that he was struggling with low blood pressure.

Immediate steps were taken to help. The INT referred him to Change Grow Live, a health and social care charity that provides free, confidential support for individuals facing challenges with drugs, alcohol, and smoking cessation. Joseph also saw his GP for a medication review for his blood

pressure. Crucially, the INT also provided him with a direct contact for the Liver Ward to manage his ascites drainage, removing his reliance on West Midlands Ambulance Service.

To resolve Joseph's travel issues, the INT confirmed his eligibility for financial support. Because he struggled with the paperwork, they linked him with Citizens Advice and a local wellbeing centre to complete his applications.

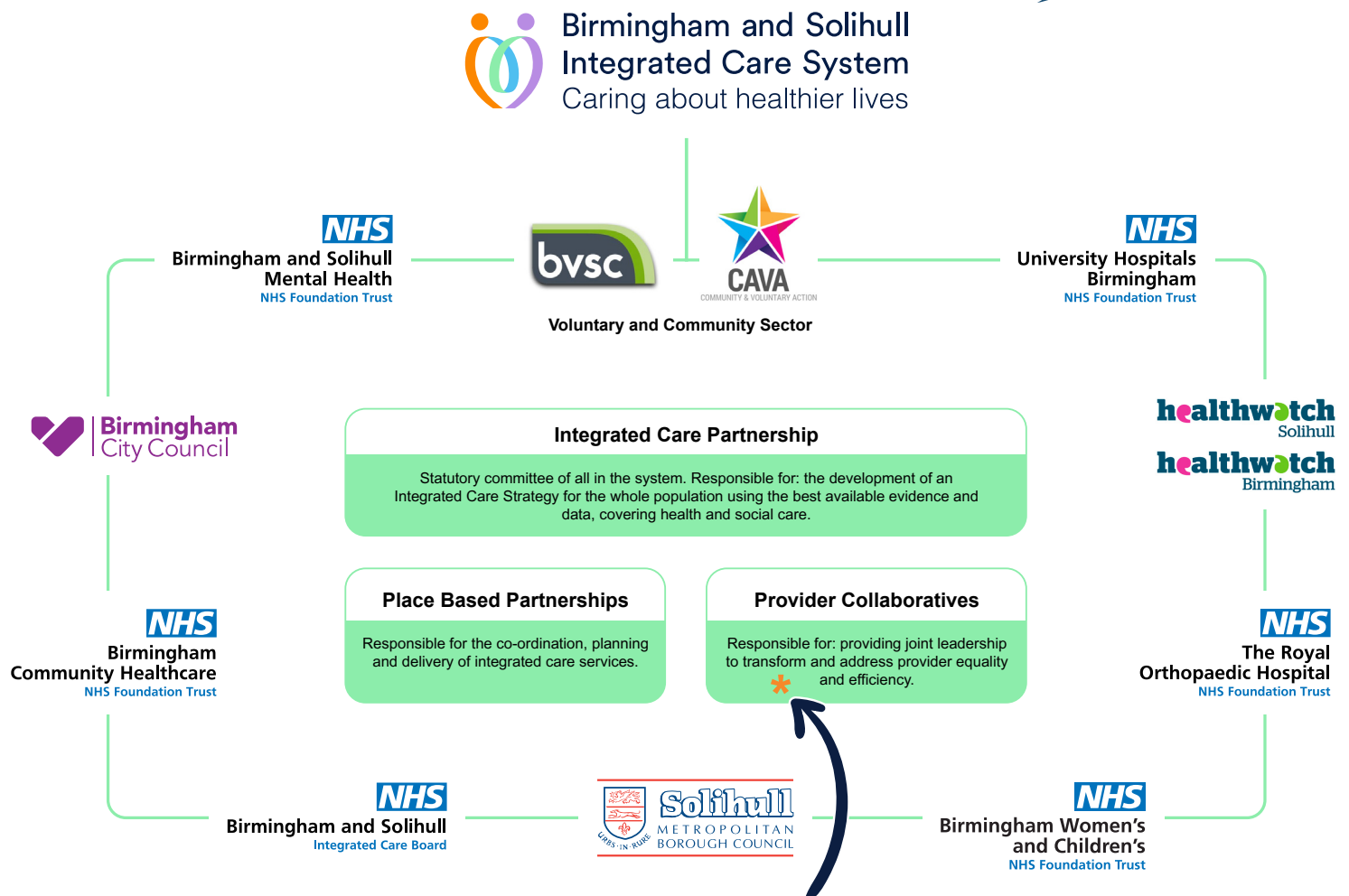
With his health improved and his finances stable, John is now preparing to apply for the return of his driving licence and move forward with his life.



As of mid-March, Joseph has been supported by INT for approximately 10 weeks and has not called 999 since December 2025. On another positive note, he is now preparing to apply for the return of his driving licence and has arranged a blood test to confirm he has stopped drinking as another step on his path to recovery.

Get in touch

If you have any news or stories you want to share, or you'd like to give a shout out to your team, get in touch with jenny.chatham@nhs.net with a few details. We will do the rest!



* This is where the Community Care Collaborative sits within the wider BSol health and care system.