

QUARTERLY REPORT: REDESIGN AND COMMISSIONING December 2007

1.0 Purpose

To update Board Members on the work programme of the Directorate of Redesign and Commissioning for the Quarter to December 2007

2.0 Introduction

This is the tenth directorate report from the Director-Redesign and Commissioning to the PCT Board.

This Report includes updates and progress on: -

- Children's and Maternity Services in Birmingham
- Adult Mental Health Services
- Mental Health Services for Older People (MHSOP)
- Child & Adolescent Mental Health Services (CAMHS)
- End of Life Business Case
- Redesign of Intermediate Care Services and the future use of Sutton Cottage Hospital
- Locality Reports
- Services for People with Learning Disabilities
- Unscheduled Care
- Long Term Conditions
- Pan Birmingham Sexual Health & HIV Services
- Complex Care

3.0 Overview

The Redesign and Commissioning Directorate has the lead responsibility for the strategic commissioning of services for its 440,000 population.

The work of the Directorate is driven by the PCTs overall goals and the PCTs Commissioning Strategy. This strategy is underpinned by a number of specific commissioning service strategies

The Directorate has been involved in a wide range of activities in the last three months from leading on extensive public consultations on End of Life Care and Intermediate Care (including the alternative use of Sutton Cottage Hospital) through to supporting service developments at local and national level.

4.0 Children's and Maternity Services in Birmingham

4.1 Perinatal Mortality

We are currently in the process of undertaking the evaluation of the pilot scheme in Washwood Heath with the aim of rolling this out to the other high priority areas; Hodge Hill and Kingstanding will be the next wards.

4.2 Joint Strategic Statement for Children's Service in Birmingham

The Joint Strategic Statement for Children's Services in Birmingham has been published and was presented at the PEC. This will form the basis of the PCT's Children's Commissioning Strategy, which will be published in March 2008.

4.3 Pan Birmingham Children's Commissioning

The Pan-Birmingham Children's Commissioning Manager's post will be advertised in January 2008. This post will be based in Heart of Birmingham tPCT and will work on behalf of the Birmingham PCTs to co-ordinate and develop children's commissioning and work with the City Council on joint commissioning.

4.4 Maternity Services

The Health and Well Being Partnership Executive has agreed that the Medical Director of South Birmingham PCT will lead the development of the maternity service specification, working with commissioners from HoB tPCT and BEN PCT. The SHA has also asked PCTs to develop a maternity workforce strategy by March 2008.

5.0 Adult Mental Health Services

5.1 Citywide Joint Commissioning

Agreement has been reached for a city wide commissioning team to be hosted by BEN PCT. The new posts have been banded and will be advertised during January with appointments made in February 2008. Commissioning managers in the new team will commission a portfolio of services on a city wide basis rather than all the services for one PCT but will retain a lead responsibility for liaison and communication with a specific PCT. This will allow for comparison, benchmarking, sharing of good practice, consistency for service users and economies of scale regarding capacity resources and meetings.

The Adult Mental Health Joint Commissioning Group is undergoing a review of the joint commissioning arrangement by the Audit Commission and two workshops are planned for mid January.

5.2 Community Personality Disorder Service

A commissioning intentions document for a community Personality Disorder service has been developed and will be issued to BSMHT for implementation in January 2008. This meets an Autumn Assessment target, but more importantly will deliver a service that service users want and need.

5.3 Service Specifications and Performance Framework

Work on the service specifications continues at a pace and it is expected that all will be agreed by the end of January 2008 in time for them to be included in the legally binding contract for the Foundation Trust

An additional piece of work which will be finished within the same time frame is the performance management framework which will allow the PCTs to hold BSMHT to account and to inform service reviews and re-design and re-commissioning programmes.

5.4 Social Inclusion

A partnership which includes the Birmingham PCTs, the Mental Health Trust, the local authority Adults and Communities Directorate and Supporting People has been selected by HASCAS to develop a two year social inclusion project for those with mental health issues. The chosen project is a cluster accommodation of supported housing in which service users get the level of support and care they need without having to move home.

5.5 Clinical Interface

A Birmingham wide clinical interface meeting has taken place to resolve issues about the transfer of prescribing for anti-psychotic medication.

6.0 Mental Health Services for Older People (MHSOP)

Discussions continue with BSMHT regarding the planned implementation of the recently approved strategy for redesigning mental health services for older people.

We are also working with BSMHT and the Local Authority to plan the level of support from mental health services for people in the new care centres being developed by the LA

We also continue the in depth reviews of the quality of service provision within Older Adults services

7.0 Child & Adolescent Mental Health Services

Work is being undertaken to review the CAMHS needs of the children and young people of BEN and the first of two multi-agency workshops has been held.

Discussion have taken place with the CAMHS locality management teams in north and east to explore how they can best work together

A developmental review of CAMSH commissioning arrangements in Birmingham has been undertaken by the Audit Commission and we are awaiting the final report

8.0 End of Life Business Case

Public consultation has taken place on the Redesign of End of Life Care services from 1st October through to 11th January 2008. 10 public meetings were held along with presentations to a wide range of interest groups. Responses to the consultation are currently being analysed by an independent organisation and the plans and proposals will be reviewed and updated in the light of the comments received and a further report will be made to the February meeting of the Board.

9.0 Redesign of Intermediate Care Services and the future use of Sutton Cottage Hospital

Public consultation has taken place from 1st October through to 11th January 2008 on the Redesign of Intermediate Care services, the relocation of existing Intermediate Care bedded provision to the two new care centres being developed in the BEN area by the Local Authority, the expansion of community based rehabilitation services and options for the future use of Sutton Cottage Hospital. 10 public meetings were held along with presentations to a wide range of interest groups. Responses to the consultation are currently being analysed by an independent organisation and the plans and proposals will be reviewed and updated in the light of the comments received and a further report will be made to the February meeting of the Board.

10.0 Locality Reports

Each of the six Locality Practice Based Commissioning (PBC) groups are currently working on developing Locality Commissioning Delivery Plans that set out the locality commissioning intentions for the next three years. All localities have held away days to ensure good clinical engagement in the planning process with representatives from secondary care to update on developments, public health, finance and governance.

A Health Economy learning event is planned for 24th January 2008 for clinicians involved in PBC in association with the Improvement Foundation to enable clinicians to develop their commissioning skills further.

Practices are now able to access activity and finance information using the Commissioning Business Support Agency information tool.

An update on progress against the objectives for the 2007/08 plans is given in some detail below.

10.1 Washwood Heath/Hodge Hill Locality

10.1.1 Mental Health Gateway Worker (MHGW)

This proposal was approved at the Gateway Two meeting and a draft business case has been developed, capturing the logistics of employing this individual, who will specifically work with people with long term conditions. A meeting has been set to meet with the relevant people from the PCT and Birmingham and Solihull Mental Health Trust to move this proposal to implementation stage.

10.1.2 Male Life Expectancy (MLE) Project

The Locality is participating in the MLE project jointly initiated by the PCT Public Health Team and Birmingham Health and Wellbeing Partnership to screen all men over the age of 40 and risk stratify them. Although this project will end in March 2008, the Locality intends to build on and consolidate the work done to offer support to practices to mainstream lifestyle behavioural changes in practice.

10.1.3 Urgent Care Centre

The Locality Team is currently in the process of commissioning the first phase urgent care centre for Washwood Heath Locality. It is planned that the first phase will open in April 2008.

10.1.4 Obesity Prevention

The Locality Team is currently working with Washwood Heath Technology College to work with Year Seven students to incentivise them in encouraging health eating, exercise and education attainment. All the pupils will be given individuals targets in these areas and the pupils who achieve the highest targets will be given a bike as a prize. All the pupils who take part will also receive an incentive to take part; in addition, every term an event will take place for all the pupils to take part. This initiative will start in February.

10.1.5 Finance

At month six the locality is underspent by £123,759. The financial position continues to be discussed at monthly locality board meetings. Reports will also be discussed at performance meetings planned for the next three months between the practice and locality team.

10.1.6 Saltley New Build

The Locality Director is project managing the development of Saltley Health and Well Being Centre. The City Council Cabinet has agreed to sell a piece of land in Clodeshall Road to the PCT for the Centre. LIFT is currently in the process of negotiating the purchase of the land. In the meantime, the service

specification has been developed and a Project Board and User Group established.

10.1.7 Locality Planning Workshop

In November 2007 the Locality had a Planning Workshop where the Locality priorities were identified. The top five priorities were:

- Practice budgets
- Infant mortality
- Patient education
- Mental health
- Developing primary care teams

Work will now begin on each of these areas to identify specific issues and for a subgroup to review current practice and ways of improving it.

10.2 Bordesley Green, South Yardley & Acocks Green (BSA) Locality

10.2.1 Sexual Health Services

The Locality has developed a sexual health questionnaire that will be sent to all the Locality practices to complete. This questionnaire will identify and benchmark where the respective Locality practices position is in relation to SHIP (Sexual Health in Practice) training of staff and the delivery of sexual health services. This work will dovetail and support the initiatives in the wider PCT Sexual Health Strategy.

10.2.2 Assertive Case Manager (ACM)

A subgroup will be exploring the role of the ACM to identify a more innovative approach to the way the ACM works. A model that identifies the “at risk” patient with the emphasis on prevention and early intervention will be explored rather than the present “reactionary” role.

10.2.3 Male Life Expectancy (MLE) Project

The Locality is participating in the MLE project jointly initiated by the PCT Public Health Team and Birmingham Health and Wellbeing Partnership to screen all men over the age of 40 and risk stratify them. Although this project will end in March 2008, the Locality intends to build on and consolidate the work done to offer support to practices to mainstream lifestyle behavioural changes in practice.

10.2.4 Finance

At month six the locality is overspent by £290,926. The financial position continues to be discussed at monthly locality board meetings. Reports will

also be discussed at performance meetings planned for the next three months between the practice and locality team

10.2.5 Locality Planning Workshop

In November 2007 the Locality had a Planning Workshop where the Locality priorities were identified. The top five priorities were:

- Patient education/communication
- Practice staff budget
- Demand management
- Diabetes
- Triage Nurse/Physiotherapy provision

Work will now begin on each of these areas to identify specific issues and for a subgroup to review current practice and ways of improving it.

10.2.6 BME Community Development Workers

The Government's 'Delivering Race Equality in Mental Health' policy instructed PCTs to recruit Community Development Workers to develop the capacity of BME communities to influence the provision of mental health services, improve early intervention and prevention and reduce the high numbers of BME individuals detained under the Mental Health Act.

For BEN PCT, we are currently in the process of recruiting a Co-ordinator, three Community Development Workers and one Assistant Community Development Workers. The team will sit within a Locality Team but will interface with the wider community engagement team, public health, and mental health commissioning team as well as ensuring that they network across all ages and the services that specifically support children and young people as well as older adults and working age adults.

10.3 Shard End, Stechford & Yardley North and Sheldon (3Ss) Locality

10.3.1 Anti coagulation redesign

The locality has a hub and spoke model of delivery for anticoagulant services in primary care. Each hub practice now has a trained clinician and collectively they are drawing together a Locality protocol.

Practices are currently writing to all stable warfarin patients to ask their views on the service moving into primary care. A meeting with HEFT has been held to discuss the withdrawal of activity from secondary care. HEFT has agreed to work with the locality and have outlined a process for discharging stable warfarin patients.

Finance has been advised to include reduction in activity in contract negotiations.

10.3.2 Prescribing

The Locality continues to support work around cost effective prescribing with a total of £52k worth of savings to date.

10.3.3 Reduce Deaths from CVD and CHD

The Locality now has 100% sign up to the smoking Local Enhanced Service (LES) and reviews benchmarked practice data quarterly at the Governing Body meeting. CVD facilitators are now working with practices with high rates of undiagnosed hypertension to support hypertension detection and monitoring. The Birmingham Health and Wellbeing Partnership are also supporting this work in the deprived wards within the Locality.

10.3.4 Finance

At month six the locality is overspent by £74,000. The financial position continues to be discussed at monthly locality board meetings. Reports will also be discussed at performance meetings planned for the next three months between the practice and locality team.

10.4 Sutton (ASP) Locality

10.4.1 Anticoagulant Service

The locality is redesigning anti-coagulant services to provide care closer to home. After considering procurement options the sub group has decided to test the community pharmacy option. A commissioning specification has been drawn up and the locality will be inviting community pharmacist colleagues to apply to provide the testing and dosing element of the pathway.

Four GPs attended the December 2007 training and they are now drawing up a Locality protocol. The GPs will provide back up support and dosing advice to the pharmacists.

HEFT has agreed to work with the locality and have outlined a process for discharging stable warfarin patients. Finance has been advised to include reduction in activity in contract negotiations. Practices are currently writing to all stable warfarin patients to ask their views on the service moving into primary care.

10.4.2 Prescribing

The Locality continues to support work around cost effective prescribing with a total of £86k worth of savings to date.

10.4.3 Finance

Locality position is £576k over spent at month six. The financial position continues to be discussed at monthly locality board meetings. Reports will

also be discussed at performance meetings planned for the next three months between the practice and locality team.

10.4.4 Leg Ulcer Telemedicine (LUTM)

The locality is working on a project to build on the current LUTM work completed in the last five years in the Sutton Locality. Dr P Ingham, GP, will act as champion for primary care and Mr S Dodds, Consultant Vascular Surgeon, for secondary care. An operational group has been organised and will report into a Strategic group lead by Caroline Nolan.

10.4.5 Sutton Consortium

Sutton Consortium has formally notified the PCT of their intention to form a legal entity as commissioners.

10.5 Kingstanding and Oscott Locality

10.5.1 Virtual Ward

The Virtual Ward model is being piloted with Streetly Road practice. Communication pathways involving the multidisciplinary team have been agreed which will involve daily virtual ward rounds where patients on the virtual ward will be discussed and reviewed according to need. Admission criteria have been developed and will include patients with long-term conditions, at risk of readmission to hospital, at high risk because unwell and needing palliative care.

10.5.2 Reducing Deaths from CHD and Stroke

The Locality is participating in the MLE project jointly initiated by the PCT Public Health Team and Birmingham Health and Wellbeing Partnership to screen all men over the age of 40 and risk stratify them.

Data has been extracted from all the practices. Screening clinics have been established and patients are being requested to attend. Although this project will end in March 2008, the Locality intends to build on and consolidate the work done to offer support to practices to mainstream lifestyle behavioural changes in practice.

10.5.3 COPD Service

A COPD specialist nurse commenced in the locality at the beginning of January and is working with practices, undertaking a baseline assessment of current management of patients with COPD and the education and training needs of staff. The nurse will focus on establishing spirometry testing across the locality increasing the number of patients identified with COPD and setting up joint COPD clinics with practice nurses.

A community based pulmonary rehabilitation programme is being piloted in Kingstanding leisure centre commencing in February. The programme will be delivered by Heart of England FT using a programme that has already been successfully implemented in Solihull Care Trust.

10.5.4 Prescribing

The Locality continues to support work around cost effective prescribing with a total of £43k worth of savings to date.

10.5.5 Anti-coagulation Service

Options for a model of service are being examined and baseline information is being gathered on current and projected activity levels. Training requirements are being identified.

10.5.6 Finance

At month six the locality is overspent by £426,910 mostly owing to non-elective activity and non-GP referrals. The financial position continues to be discussed at monthly locality board meetings. Reports will also be discussed at performance meetings planned for the next three months between the practice and locality team.

10.6 Birmingham North and East Locality

10.6.1 Chlamydia Screening

A pilot is taking place in one practice to specifically target 16-24 year olds inviting them to attend a health check appointment with the practice nurse/GP during which a Chlamydia screen will be offered. Four hundred patients are being invited to attend. As part of this appointment other life style advice will be offered e.g. smoking cessation, exercise, contraception. If successful, this approach will be rolled out across the Locality.

10.6.2 Prescribing

The Locality continues to support work around cost effective prescribing with a total of £59k worth of savings to date.

10.6.3 COPD

A community pulmonary rehabilitation programme is to be piloted with patients from Eaton Wood practice. A suitable venue is being identified and Heart of England FT will deliver the programme.

10.6.4 Falls Prevention

A practice has been identified to pilot the programme and the falls co-ordinator will be working with the practice nurse to identify and then assess

patients over 65 years of age who are at risk of falls according to agreed criteria.

10.6.5 Reducing Deaths from CHD and Stroke

The Locality is participating in the MLE project jointly initiated by the PCT Public Health Team and Birmingham Health and Wellbeing Partnership to screen all men over the age of 40 and risk stratify them.

Data has been extracted from some of the practices. Screening clinics have been established and patients are being requested to attend. Although this project will end in March 2008, the Locality intends to build on and consolidate the work done to offer support to practices to mainstream lifestyle behavioural changes in practice.

10.6.6 Finance

At month six the locality is overspent by £1,069,893 mostly owing to non-elective activity and non-GP referrals. The financial position continues to be discussed at monthly locality board meetings. Reports will also be discussed at performance meetings planned for the next three months between the practice and locality team.

11.0 Services for People with Learning Disabilities

BENPCT commissions learning disabilities services on behalf of the 3 Birmingham PCTs.

11.1 Cornwall, Sutton & Merton and Bedford & Luton Reports

In November 2007, the Health Care Commission published the report of their audit of a sample of all Learning Disability services provided nationally by the NHS. They found no services that gave rise to the levels of concern found in the original investigations. They were however, generally critical of social care services provided by the NHS as providing basic rather than excellent care in a style that was old fashioned and institutional in approach. They recommended more proactive involvement by both local authority and PCT commissioners in the monitoring and improving of service quality.

In line with the expectations of the Health Care Commission, the rigorous local self assessment has already triggered significant improvements in the services provided by the Learning Disability Directorate of SBPCT. This self audit will be repeated every six months to ensure that standards do not slip and the latest one completed in November 2007 is showing near compliance with all standards, with some gaps in mandatory training.

11.2 'Valuing People Now'

In December 2007, The Department of Health issued for consultation its revision of the Valuing People White Paper. Amongst other things, it makes recommendations

for the strengthening of the role of local Partnership Boards, the transfer of social care commissioning to the local authority and better access to good health care, employment and housing. Councillor Sue Anderson has taken over chair of the local Partnership Board.

11.3 Future of social care services provided by South Birmingham PCT Learning Disability Directorate

Joint work between the local authority, BEN PCT commissioners and the South Birmingham PCT Learning Disability Directorate has resulted in agreement on the most suitable portfolio of services to be retained by SBPCT in its move to Foundation Trust status. Plans are far advanced for the transfer of all social care services to other providers in the independent sector with the novation of commissioning contracts to the local authority. The transfer of the first wave of services has resulted in increased costs to meet CSCI and TUPE obligations and the financial implications are being negotiated with the local authority. This is likely to be less of a risk with the remaining services.

All current users of services on contract to the NHS have had recent health and community care reviews and Person Centred Plans are being drawn up to guide the re-provision for those who would benefit from a change of service.

A review of the existing Section 31 pooled budget has commenced in partnership with Birmingham City Council.

11.4 NHS Campus Closures

There are 30 individuals who will require resettling into alternative accommodation by March 2010. A bid made to the Valuing People Support Team for capital funding to assist in this process was unsuccessful and is being revised for re-submission.

In the meantime, SBPCT has registered all but three of its services with CSCI so the degree of risk in services has significantly fallen.

11.5 Service Modernisation

Newly designed assessment and treatment services for people with learning disabilities have opened and continue to show better outcomes for the users of services. Individuals are receiving help at an early point and this is reflected in reduced admissions to hospital and significantly shorter stays as in-patients.

Work is near completion on the transfer of ownership of the freehold of a group of NHS learning disability care home properties temporarily held by the SBPCT to Birmingham based providers. A Steering Group is meeting to look at the re-investment of this capital in learning disability services particularly further re-commissioning of assessment and treatment facilities.

Work is progressing on the integration of assessment and care management services with community learning disability health services. A joint working group is undertaking site visits to learn lessons from a range of models.

SBPCT is re-designing its community health services to outreach more services into settings in line with the local authority modernisation of day services. In keeping with the health and well-being agenda, weight management, health eating and healthy lifestyle services will be made available to a wider range of people with learning disabilities as part of their social activities. Services will be delivered by a team of unqualified staff under the direction of clinical staff, thereby improving value for money and service capacity.

12.0 Unscheduled Care

During November 2007 Commissioners spent two sessions in A&E at Good Hope Hospital in response to a reported bed crisis, increased number of 4 hour breaches and concerns raised by West Midland Ambulance Service about delayed handovers of care. The team included a local GP; the remit was to understand first hand the demand, pressure and capacity and to see if there was more the PCT could do jointly with HoEFT to alleviate some of the pressures. Recommendations from the visit are being taken forward through the Emergency Care Network.

BENPCT is leading a pilot with partners in the ambulance service and out of hours providers to provide alternative pathways provided by GP out of hours providers. Ambulance crews will be able to access GP advice out of hours, by telephone, book patients into a centre to see a GP or request a home visit. This should help reduce inappropriate attendances at Accident and Emergency departments following calls to the ambulance service.

BEN PCT is continuing to work with HOBtPCT in their redesign of the Walk in Centre in Birmingham city centre to ensure the revised service specification meets the needs of BEN residents that choose to access to walk in services in the city centre.

The PCT is also working with United Healthcare Europe following a successful bid to the Strategic Health Authority to develop Insight (the referral management tool currently in use in GP practices) to include A&E attendances and emergency admissions data.

13.0 Long Term Conditions

The need for effective management of long term conditions is a growing priority for the PCT and has the potential to have the greatest impact on the effectiveness and efficiency of the use of resources across the health economy. Central to the competencies underlying World Class Commissioning is the capability to identify which services should be redesigned and then to have the capability to deliver the population scale service improvement.

13.1 NHS Institute for Innovation & Improvement

The NHS Institute for innovation and improvement have produced a suite of tools to assist with this process and we plan to hold a stakeholder day in February to identify a portfolio of priority projects for us to take forward using local and national data to inform that process and aid decision making.

Two members of the Long Term Conditions team appeared on a live web cast that promoted the use of their “Steps to Success” which we know as the “gated process”, as a means to successfully manage projects to move care into the community. They were asked to describe their experience of using the methodology and how it helped to implement the recommendations of the White Paper “Our Health, Our Care, Our Say”. Recordings of the web cast can be accessed via the NHSI website.

13.2 “Clinic to Go”

A small team from the PCT came up with the idea of capturing the learning from working within the “Care Outside of Hospital” programme and creating a “Clinic to Go”. This is a box that contains all the information you will need to successfully shift care from the hospital setting and into the community. We felt that this was a way to give something back to the wider NHS and allow others to benefit from our progress.

The initial prototype has been the subject of wide consultation across the PCT and the NHS Institute which has allowed others to comment and contribute to the final product. The “Clinic to Go” product is now finalised and 200 have been produced by the design company – Motion. Five copies have been donated to the PCT and will be available to all project groups to use.

The “Clinic to Go” will be available to the wider NHS to purchase at a cost of £128.00 through the NHS Institute.

A full launch will be made on the NHSI website with a picture and description of the product and it will also be referenced in the “steps to success” which is a tool to assist with the move of “care closer to home.”

13.3 NSF Long Term Neurological Conditions

A key focus for the Long Term Conditions team this year is the implementation of the long Term neurological conditions NSF. A local implementation group has been formed and will meet regularly in order to implement the 11 quality requirements of the NSF and make a difference to those in our population who have one of the many neurological Long Term Conditions and are currently not able to access the support and specialist care they require locally and easily.

The implementation group is made up of clinicians and managers from across the health economy and social care and we are actively trying to engage with the third sector groups who will be instrumental in helping us to create the ideal local care pathway.

13.4 Obesity Prevention and Management Programme

The aim of the obesity programme is to reduce the prevalence of obesity by implementing a range of initiatives to prevent obesity and to manage obesity in those that are already overweight or obese. A range of initiatives are proposed to develop capacity within the PCT. The PCT have already agreed theoretical Obesity

Care Pyramids for both adult and child obesity. The care pathways are divided into 4 levels as follows:

1. Prevention and Self Care
2. Early Intervention and treatment
3. Specialist primary care/community services
4. Tertiary Services.

Existing gaps within the current service are with regard to: preventative services, services for children at all levels, and services to support weight maintenance in those who have completed a weight management programme. The proposal for the service recommends several initiatives to address the gaps identified. An obesity implementation steering group will be convened with appropriate representation from all areas identified in the proposal.

13.5 Continence Triage Service

Work is continuing with the Primary Care Continence Team to redesign services. New referral and treatment pathways are being developed with clinicians within the community service. An Integrated working group is currently being co-ordinated by the Commissioning/Redesign LTC team in order to develop a pathway between secondary and primary care, this involves the Continence Directorate of HOEFT and the Primary Care Continence Team. This will ensure a seamless service for patients when they are discharged.

13.6 Wound Care Logistics

A proposal on the extended use of leg ulcer telemedicine to improve the monitoring and control of wound dressing prescribing and supply was presented at Gateway One and given approval to progress to Gateway Two.

A steering group and a working group have now been developed to progress the initiative across two localities, Sutton (ASP), and Shard End, Stechford & Yardley North and Sheldon (3S's).

The aims of the initiative are to improve outcomes for patients, reduce delays and waste in the supply of dressings, save on district nursing time, deliver financial savings from the prescribing budget and provide accurate cost effectiveness data.

13.7 Heart Failure & Cardiac Rehab

A stakeholder day was held which included representation from across the health economy, the aim of which was to explore current service provision across the economy in order to identify gaps and redesign services where appropriate. An action plan has been developed and groups are being convened to progress work. A Heart Failure Service Development Plan has been produced in accordance with NICE Guidelines, 'Chronic Heart Failure: Management of Chronic Heart Failure in

adults in primary and secondary care.' This has been tabled at the CHD LIT Group for approval.

13.8 Chronic Obstructive Pulmonary Disease - COPD

Chronic Obstructive Pulmonary Disease (COPD) is one of the most common respiratory conditions of adults and affects nearly three million people across the UK. A recent survey by the British Lung Foundation found that despite killing more people every year than colon cancer, more men than prostate cancer and more women than breast cancer, it is still a relatively unheard of condition.

The service received a special commendation from the British Thoracic Society at the Silver jubilee Awards in December for Innovation in delivery of care closer to the patient.

A report by the British Lung Foundation November 2007 highlighted a number of recommendations that will be reviewed and incorporated into the new specification for the service. This will also incorporate methods to support more patients through the existing Birmingham Own Health Service.

The team have also worked closely with locality commissioners to develop plans for the Kingstanding COPD project.

The Pulmonary rehabilitation service will shortly be delivered from community locations moving the service closer to the patient.

The Royal College of Physicians NCROP (The National COPD Resources and Outcomes Project) also takes place in Spring this year and will potentially identify any further areas that require commissioning support.

13.9 Diabetic Retinopathy Screening

The national screening programme for Diabetic Retinopathy is nearing the end of its first annual cycle in Birmingham and the Black Country and initial invitation letters have been sent to all patients on the database by the Department of Health deadline of 31st December, 2207. So far xx % of people have attended for screening and further work is being undertaken to encourage the remainder of the population to attend one of the accredited practices for screening.

13.10 Stroke care

The PCT is working with colleagues across all interested agencies to review current stroke care against the standards set out in the recently published national strategy

13.11 Clinical Redesign -Ophthalmology

This area of clinical redesign has build upon the prior approval programme carried out in Autumn 2007. The group which includes representatives from Heart of England Foundation Trust are working on the specialty area and recently held two successful GP discussion evenings within the Eastern & North of the PCT area. A

wider group are also developing early plans to redesign the care pathway and scope a service for community based ophthalmology service.

The aim of this will be:

- Deliver Ophthalmology services closer to the patient
- Ensure the right patients are referred into secondary care at the right time
- Support and develop plans to improve screening services within the PCT (Glaucoma)
- Empower local optometrists through links with secondary care Consultant Ophthalmologist's.

14.0 Pan Birmingham Sexual Health & HIV Services

A citywide sexual health needs assessment is nearing completion and this will feed into the citywide Sexual Health Strategy which will then be the subject of public consultation.

Weekly progress meetings are being held to monitor performance against the Chlamydia screening target and a range of initiatives are being commissioned to raise awareness of the importance of Chlamydia screening and to seek innovative ways of encouraging young people to take part. This screening programme is based on an opportunistic approach rather than a call and recall programme as with most other screening programmes and it has proven much more difficult to persuade young people to participate in the programme.

Following the report from the visit by the National Support Team a process mapping project has been undertaken with HoB GUM services and a range of service and organisational improvements are now being implemented.

As this has been perceived to have been a successful model, a similar approach is being explored with family planning services.

The PCT is working closely with the Local Authority and other PCTs to reduce teenage pregnancies in line with Government targets.

15.0 Complex Care

BENPCT host the commissioning of complex/continuing NHS health care for Birmingham residents. On 1st October 2007 a National Framework for Continuing NHS Health Care and Funded Nursing Care was introduced. This has provided a common framework, supported by a decision support tool, across the Country. Previously each strategic health authority was responsible for establishing their own criteria and assessment tool, which has led in the past to an inconsistent decision making process in different regions.

The Complex Care Team has led on the training for the launch of the national framework, for both NHS and Local Authority colleagues. This has provided a smooth transition across agencies for the new guidance to be implemented across Birmingham.

15.1 Ongoing Work Programme

Complex Care will be in the near future providing awareness sessions for some of our Independent Providers on the national framework. This will facilitate a clearer understanding of the standards that we expect to be provided, including quality and outcome indicators.

The health needs of our population relating to continuing NHS health care are becoming more complex, with an increase in the applications for care to be provided within the community setting. This involves ensuring that we have the appropriate staff in the community trained and competent to meet these needs. We are in the process of commencing an audit and review on the most complex cases in Birmingham who are in receipt of a home care package.

We are also completing a fitness for purpose review for Continuing NHS Health Care, which will provide the PCTs with an option appraisal for the future commissioning across the City for this service. Currently we are planning visits to other PCTs around the country to benchmark their management of continuing NHS health care, both from a commissioning and provider aspect.

There is an increase in applications for complex younger clients, who often require specialist rehabilitation, or are limited in their choice of options for long term care. There are very few nursing homes in Birmingham who are registered to place younger people. The ideal is for the service user to return to their home with appropriate care. However, increasingly there is not the capacity, either within the NHS or the Independent Sector, to provide the level of care required. During 2008/9 we will be looking at how we can continue to develop services for this client group. We also need to be aware of the diversity of need within our population, ensuring that we are culturally sensitive to their continuing health care needs, and address this for each individual application.

15.2 Appeals for Continuing NHS Health Care Funding

The Complex Care Team has continued to receive on a weekly basis appeal applications for retrospective continuing NHS health care funding. Media attention is constantly being drawn to this area and public awareness is increasing month on month. This provides continued challenges for the Team, and can involve retrospectively reviewing cases for many years.

The National Framework and decision support tool, should alleviate in the future some of the appeal requests, as it provides a clear framework for assessment and the outcome of the decision.

16.0 Recommendation

That the Primary Care Trust Board note the report.