

**QUARTERLY REPORT TO  
BIRMINGHAM EAST AND NORTH PRIMARY CARE TRUST BOARD**

**TO BE HELD ON:** 30<sup>th</sup> April 2008

**SUBJECT:** **Strategy and Redesign– Quarterly Report (up to March 2008)**

**REPORT BY:** Tony Ruffell

**TO BE PRESENTED BY:** Andrew Donald

**REQUIRED FOR:** INFORMATION

**PURPOSE OF REPORT:**

To update Board Members on the work programme of the Directorate of Strategy and Redesign

**RECOMMENDATIONS:**

That the PCT Board note the Report

**REPORT HAS BEEN DISCUSSED AT:** NOT APPLICABLE

**NAME OF SUB-GROUP:**

**CONTRIBUTION TO PCT GOALS (BHAGS):**

All Goals

**FINANCIAL IMPLICATIONS:**

Have the finances been approved YES

**COMMENTS:**

In a number of areas

**WORKFORCE/TRAINING IMPLICATIONS:**

Ongoing Process

**EQUALITY AND DIVERSITY IMPLICATIONS:**

[impact assessment guidance form.doc](#)

Has an initial impact assessment been undertaken? YES

Previously completed

**COMMENTS:**

As part of individual review

**PATIENT AND PUBLIC INVOLVEMENT:**

Does the report relate directly/indirectly to service provision? YES

Have patients and/or public been involved in discussion of the proposals?

**COMMENTS:**

What future plans for discussion have been made?

On-going engagement required

**PARTNER IMPLICATIONS:**  
Working with all Stakeholders

**IT/INFORMATION IMPLICATIONS:**

## Paper to Birmingham East and North Primary Care Trust Board

### Strategy and Redesign

#### QUARTERLY REPORT April 2008

#### 1.0 Purpose

To update Board Members on the work programme of the Directorate of Redesign and Commissioning for the Quarter to April 2008

#### 2.0 Introduction

##### Taken from last Board Report

This is the eleventh directorate report from the Director of Redesign and Commissioning (Strategy & Redesign) 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
- COPD
- Chronic Disease Systems: Birmingham OwnHealth<sup>®</sup> Health and Work/Cardiac Network

#### 3.0 Overview

This report summarises a wide range of activities across the Directorate

With effect from Monday 14<sup>th</sup> April 2008, the Directorate of Redesign and Commissioning formally changed its name to the Directorate of Strategy and Redesign. This name change goes alongside various structural and portfolio changes which support the development of the PCT's approach to World Class Commissioning.

#### 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. The PCT has agreed to continue the funding for

the call centre, fast track pregnancy scheme through pharmacists (17 pharmacists participating in free pregnancy testing in BEN PCT), the additional midwifery services, pregnancy outreach workers. We are evaluating the effectiveness of the maternity interventions and developing a strategy to increase the uptake of vitamin tablets.

The PCT and Heart of England Foundation Trust have set up a Programme Board, chaired by the Director of Health Improvement to oversee the programme. The Board includes the Executive Nurse, Locality Director, the Directorate Manager and Clinical Director from HEFT. An Operational Group, chaired by the Executive Nurse, is also in place that is operationally managing the project. This replaces the Local Implementation Group.

## **4.2 Pan Birmingham Children's Commissioning**

The Pan-Birmingham Children's Commissioning Manager's post has been appointed to, with the post holder starting in June 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.

The Joint Commissioning Group has agreed to undertake a service review of the services commissioned from the Children's Directorate of South Birmingham PCT, with the intention of developing service specification for commissioning services, from April 2009. This work will be lead by the Joint Manager.

## **4.3 Maternity Services**

The pan-Birmingham working group on developing the Birmingham maternity specification is continuing to work up the specification for implementation from April 2009.

A draft workforce strategy for HEFT was sent to the SHA for approval. There are no additional financial implications directly for the PCT as additional resources have been identified by the DoH to implement 'Maternity Matter's'

The Healthcare Commission published their assessment of maternity services across the country. HEFT was assessed and weak in their performance as 'least well performing' the lowest score. An action plan has been completed and the PCT will be monitoring HEFT on implementation of the action plan.

## **5.0 Adult Mental Health Services**

### **5.1 Citywide Joint Commissioning**

Two appointments have been made to the city wide joint commissioning team. Interviews are to be held in April for the remaining two posts. Interim management arrangements are being put into place until recruitment is complete.

Lead commissioner arrangements are now formally in place covered by a short form Consortium Agreement signed by all three Birmingham PCTs. This is enabling us to sign one contract for 2008/09 with BSMHT which will cover arrangements when they are approved as a Foundation Trust.

The results of the Audit Commission review of joint commissioning arrangements are still awaited.

### **5.2 Citywide Service Developments**

#### **5.2.1 Women only Psychiatric Intensive Care (PICU)**

Hitherto Birmingham has not had Women only PICU beds and out of areas placements have been used for this vulnerable client group. The new unit at BSMHT is due to open in Late May/early June 2008 and a transition plan is currently being developed to repatriate clients to this facility where appropriate

#### 5.2.2 Place of Safety

Commissioners have identified revenue funding to support the development of a place (or places) of safety for those clients detained under section 136 of the Mental Health Act by the police in a public place. At the moment the only designated places of safety under the mental health act are police custody cells and this is no longer regarded as best practice. BSMHT are currently seeking to identify a location or locations which can be reconfigured to meet the requirements for such facilities

#### 5.2.3 Chronic Fatigue Service

This service is to be provided by BSMHT for 2008/09 but plans are being developed to propose other potential providers (and commissioners, possibly Long term Conditions) as service users do not see themselves as having mental health issues

#### 5.2. Community Personality Disorder service

Commissioning intentions have been issued to BSMHT and their proposal is awaited.

### 5.3 Birmingham East and North Service Developments

Funding has been identified for and plans are being agreed to develop:

- Improved access to Psychological therapies in Primary Care included computerised Cognitive Behaviour Therapy (cCBT)
- An increased number of Support Time and Recovery (STaR) Workers in Assertive Outreach teams, inpatient services and primary care
- Increasing the availability of advocacy services for those with mental health problems

### 5.4 BME Community Development Workers

As a result of the Government's 'Delivering race Equality in Mental Health' policy, BEN PCT has successfully recruited a co-ordinator, three Community Development Workers (CDWs), and an assistant community development worker. Three members of the team have taken up post (Co-ordinator, and x 2 CDWs), and the other two are due to take up post in early June.

The community development workers will work to reduce and eliminate ethnic inequalities in mental health experience and outcome. Support BME communities including community and voluntary organisations, in building capacity to deal with mental health and mental ill health, to bridge the gap between western models of care and traditional support structures and support early intervention and access to primary care services, and inform commissioning and redesign of mental health services to develop more accessible services and promote social inclusion.

The team are in the process of putting together a 12 month work plan, and have begun networking with the wider community engagement team, public health, mental health commissioning team and the community and voluntary sector. The team will have named

lead CDW's in the areas of CAMHS, Working Age, Older Adults, Asylum Seekers and Refugees and Criminal Justice.

## **6.0 Mental Health Services for Older People (MHSOP)**

### **Mental Health Services for Older People**

A number of priorities for the implementation of the Birmingham Older Peoples Mental Health Strategy have been agreed by all three PCTs. Funding has been identified and plans are being developed in the following areas:

- Community Rehabilitation and Support teams to support those with dementia and their carers at home and in the community for as long as is safe and practicable
- A memory service which focuses on early recognition and diagnosis and is based in the community; assessing people in their own homes, in care centres, in GPs surgeries and community centres
- Primary Care workers incorporated in the existing (adult) primary care teams to create an ageless service and to form a bridge across to memory service should that be necessary.

## **7.0 Child & Adolescent Mental Health Services**

- 7.1 Work is taking place on updating the citywide Commissioning Strategy for CAMHS
- 7.2 A detailed needs assessment for BEN is nearing completion
- 7.3 Work is also taking place on redesigning service processes to support them in achieving the 18 week Referral to Treatment target

## **8.0 End of Life Business Case**

As members will know the public consultation on the above mentioned strategies closed on 11<sup>th</sup> January 2008 and after independent analysis of the responses received, reports were submitted to the February Board for approval.

Detailed discussions are now taking place with providers of End of Life Care services and it is anticipated that we will tender for provision of co-ordinated care pathways for a combination of End of Life Care services at the end of April/early May, 2008

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

- 9.1 Detailed discussions are also now taking place with the City Council over the planned relocation of Intermediate Care services to the new Care Centres at Perry Common (Perry Tree Centre) and at Sheldon Heath and extensive discussions are taking place on both the legal formalities and the operational arrangements and policies.

### **9.2 Future use of Sutton Cottage Hospital**

Consequent on the planned relocation of Intermediate Care bed based services to the Perry Tree Centre detailed plans are being prepared for the use of Sutton Cottage Hospital for a range of community based services as previously reported to the Board. These will be

located here temporarily while we work up the detailed plans for the long term redevelopment of the building/site which will continue to be used for community based health care services

## **10.0 Locality Reports**

**10.1** Each of the six Locality Practice Based Commissioning (PBC) groups has developed Locality Commissioning Delivery Plans that set out the commissioning intentions for the next three years. The plans will be taken through the Gateway review process in May and objectives are being scoped and sub-groups established with clinical leads to take forward each priority area.

An incentive scheme for 08/09 has been agreed and this year will include involvement in programmes to reduce life style risks.

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

### **10.2 Washwood Heath/Hodge Hill Locality**

#### **10.2.1 Mental Health Gateway Worker (MHGW)**

A service specification for the provision of motivational therapy and CBT for individuals with long term conditions has been developed. Initially the scheme will work with patients with diabetes for 12 months before developing this to other long term conditions.

#### **10.2.2 Urgent Care Centre**

The interim accommodation solution is still being planned to enable the provision of an UCC in Saltley.

#### **10.2.3 Obesity Prevention**

The obesity project with Washwood Heath Technology School has been approved through gateway 1. We are currently in the process of talking to Staffordshire University to develop a robust and effective evaluation method for the project, to assess the outcomes before the project is started.

#### **10.2.4 Male Life Expectancy (MLE) Project**

The Locality participated 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. The project had an excellent success rate and local services will continue to manage the men identified as high risk.

#### **10.2.5 Saltley New Build**

The Locality Director is project managing the development of Saltley Health and Well Being Centre. The Outline Business Case has been approved by the Board. We are currently in the design phase and running a number of focus groups with members of the community to develop the building. A user group has also been established.

### **10.3 Bordesley Green, South Yardley & Acocks Green (BSA) Locality**

#### **10.3.1 Sexual Health Services**

The Locality is currently assessing the returns from the sexual health questionnaire sent to practices to ensure we commission and plan sexual health services across the locality. This links in with the Sexual Health Commissioning Strategy.

### **10.3.2 Assertive Case Manager (ACM)**

The Locality is currently developing a service specification to develop a Support Worker for Older People, working with the expansion of Birmingham Own Health, these roles will become on the ground care co-ordinators for older people, with proactive interventions to enable older people to stay within their own homes and enjoy a more active and healthy life.

### **10.3.3 Male Life Expectancy (MLE) Project**

The Locality participated 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. The project had an excellent success rate and local services will continue to manage the men identified as high risk. The locality is also planning to train HCA's to enable practices to continue to undertake screening and promote health living.

## **10.4 Shard End, Stechford & Yardley North and Sheldon**

### **10.4.1 Anti coagulation redesign**

From April 1<sup>st</sup> the locality is phasing in a primary care hub and spoke model of anticoagulant service.

The patient consultation was very supportive of the new primary care service.

### **10.4.2 Prescribing**

The Locality continues to support work around prescribing and has added support to the antibiotic reduction scheme.

### **10.4.3 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.

## **10.5 Anticoagulant Service**

The locality is preparing to go live with a new service in May/June 2008 after further training on software and equipment. All 12 practices are actively engaged. Following a successful procurement process three community pharmacists have been appointed to work with practices on the testing and dosing element of the pathway.

### **10.5.1 Prescribing**

The Locality continues to support work around prescribing.

### **10.5.2 Leg Ulcer Telemedicine (LUTM)**

The locality is working on a project to build on the current LUTM work completed in the last 5 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.

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

## **10.6 Kingstanding and Oscott**

### **10.6.1 Virtual Ward**

The plans for the virtual ward model are being reviewed and Croydon PCT who is a lead in this area has been asked to share their experiences and knowledge around the processes engaged in supporting people with long-term conditions.

### **10.6.2 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.

Patients have been offered appointments with screening clinics held in the localities with excellent attendance rates and data along with results is being sent back to practices. Future plans for the next stage of this project are being discussed with Public Health.

## **10.7 COPD Service**

A part-time COPD specialist nurse commenced in the locality at the beginning of January and is working with practices. A full-time COPD nurses has started working in the locality this month. The baseline assessment of service provision including assessment and diagnosis has been completed. Levels of support required by practices has been identified. A spirometry clinic is being established for those practices without this service which will negate the need for patients to be referred to secondary care. Education and training sessions for staff on COPD management are being arranged in the Locality.

The 6 week community based pulmonary rehabilitation programme pilot commenced in April in the Kingstanding Leisure Centre with 11 patients recruited to the programme. The programme is being delivered by Heart of England FT.

### **10.7.1 Prescribing**

The Locality continues to support work around prescribing with a total of £70,484 worth of savings to date.

### **10.7.2 Anti-coagulation Service**

The Locality is looking at options for a model of service and is looking at the anticoagulation models that have been developed in two other localities in the PCT. Training requirements are being identified.

## **10.8 Birmingham North and East**

### **10.8.1 Chlamydia Screening**

The pilot in one practice to specifically target 16-24 year olds has been completed. Four hundred patients were invited to attend for a general health check which included

Chlamydia screening. As part of this appointment other life style advice will be offered e.g. smoking cessation, exercise, contraception. Results of the pilot are being presented at this month's Locality Board

### **10.8.2 Prescribing**

The Locality continues to support work around prescribing with a total of £103,604 worth of savings to date.

### **10.8.3 COPD**

The community pulmonary rehabilitation programme pilot started at the beginning of April at Pye Hayes community centre. The programme is being delivered by Heart of England FT

### **10.8.4 Falls Prevention**

The falls team with the practice which is taking part in the pilot are currently identifying 100 patients over 65 years of age who are at risk of falls according to agreed criteria. Patients will be assessed and appropriate intervention and support provided.

### **10.8.5 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.

Patients have been offered appointments with screening clinics held in the localities with excellent attendance rates and data along with results is being sent back to practices. Future plans for the next stage of this project are being discussed with Public Health.

## **11.0 Services for People with Learning Disabilities**

11.1 Detailed discussions have taken place with Birmingham City Council through the Joint Commissioning Group to review progress on implementation of the current joint strategy and the opportunities for further joint commissioning of services.

### **11.2 Cornwall and Sutton & Merton Reports**

Progress continues in bringing all NHS learning disability services provided by SBPCT up to the standards required by the Health Care Commission following their national programme of audit visits and details of the residual action will be presented to the Board in a separate report.

The Health Care Commission is about to conduct follow up site visits.

## **12.0 Unscheduled Care**

The PCT is leading on the development of an integrated urgent care system across the local health economy following a successful submission to the Department of Health to be a demonstrator pilot. The pilot will develop and test an enhanced integrated urgent care system that simultaneously tests out alternative payment approaches within the existing revenue envelope. A programme of work and project management plan has been designed with all stakeholders including Solihull Care Trust and Heart of England Foundation Trust, Ambulance Service and Out of Hours Providers. This represents a major piece of work that

has the potential to deliver real improvements in urgent care for patients. A project team is currently being recruited and the inaugural Programme Board meeting is planned.

BENPCT is leading a pilot, due to commence May 2008 for 12 weeks with partners in the ambulance service and out of hours providers to provide alternative pathways in the out of hours period. 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 HOBPCT in the procurement process for the Birmingham Walk in 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 project to develop Insight (the referral management tool currently in use in GP practices) to include A&E attendances and emergency admissions data is progressing well. Agreement has been reached with Heart of England Foundation Trust to provide weekly data and the technical links are being developed with a planned go live date of August 2008.

## **13.0 Long Term Conditions**

### **13.1 NSF – Long Term Neurological Conditions**

A local health economy implementation group has been formed and will meet monthly in order to make a significant impact in the implementation of the NSF which was published in 2005. The group have decided to focus on Parkinson's Disease, Epilepsy and Multiple sclerosis initially.

### **13.2 Parkinson's Disease**

The Parkinson disease service is well developed in the East of the PCT with nurse led clinics. Multidisciplinary clinics and a dedicated team whose aim is to make a difference to these patients lives.

The range of self care and education sessions are provided for different groups of patients which includes a "Hobbies in Parkinson's" group where people are able to try Tia Chi and art classes as a way of relaxing and socialising with other patients which fosters a self help & peer support in dealing and living with this disease.

A study day has been organised at Heart of England Foundation Trust entitled "Problems & Solutions" with 145 confirm attendees and a further event is being planned for early July for clinicians involved in direct care to enable a consistent approach across the health economy with the development of an agreed pathway .

### **13.3 Epilepsy**

An outline business case is being prepared for clinical nurse specialist to support patients in BEN PCT with epilepsy. We are working closely with the provider arm to work through the best model and skill mix to be able to maximise the impact we can have within the proposed resource package. In order to do this we are searching for best practice models around the country with a view to visiting and exploring creative ways of delivering care whilst working closely with Epilepsy Action.

### **13.4 Multiple Sclerosis**

We have made links with the clinical nurse specialists based at University Hospital of Birmingham who provide care for BEN residents at present. We are in the process of trying to ascertain incidence and prevalence along with current provision to enable the gaps to be identified.

An overall action plan for the implementation of the NSF is being created to focus attention of the group and identify areas for priority.

### **13.5 Cancer Reform Strategy**

The Local Health Economy Cancer group have met and agreed to map current service developments and identify an action plan to aid the implementation of the above.

One of the streams of work has focused on the follow up procedure for ladies who have had surgery for breast cancer. At present the traditional method of follow up is by consultant surgeon or registrar in OPD and may go on for many years, some for the life of the patient. There is no evidence to support this method of follow up and therefore we are holding a patient focus group on April 10<sup>th</sup> to ask patients what they would want as an alternative whilst giving them the opportunity to feedback on their own experience. This event is being facilitated by the Cancer Network and a report will be produced following the event highlighting the patient's views and wishes.

### **13.6 Obesity Prevention and Management Programme**

Work continues to progress with the Obesity Prevention and Management programme. January 2008 saw the presentation of seven initiatives to the BENPCT Gateway Panel. Five of the seven initiatives were agreed, with the sixth initiative of 'Weight Maintenance' being picked up through Birmingham Own Health. A project implementation group has now been established which will monitor the progress of the initiatives. Work is underway to develop service specifications for the approved initiatives.

### **13.7 Continence Triage Service**

The Continence Triage Service was presented to the BENPCT Gateway Panel in February 2008 for final sign off, following the evaluation of the initiatives pilot phase during 2007. The gateway panel approved the initiative. A phased approach to the roll out of the service has commenced with two localities: Bordesley Green, South Yardley and Acocks Green (BSA), and Shard End, Stechford & Yardley North and Sheldon (3S's). A consultation period began with presentations being made to the locality boards for these areas in March 2008, following on from this, each individual practices has been written to with the option of 'opting out'. After completion of the consultation phase identified patients will be sent a mail shot letter to access the service. A monitoring group is in operation and will continue to gather data for ongoing evaluation as identified in OSCAR.

### **13.7 Wound Care Logistics Initiative**

The Wound Care Logistics initiatives continue to make progress, they presented to the BENPCT Gateway Panel in February 2008, and were approved through Gateway 2. Work is now continuing to progress the initiative forward with the two identified localities ASP and 3S's.

### **13.8 Digital Diabetic Retinopathy Screening Service**

This service which operates across the whole of Birmingham & the Black Country (with the exception of Wolverhampton) has just completed its first year of service. Most of the initial teething problems have now been resolved but the seven PCTs that commission the

service have agreed that in future it should be commissioned through a lead PCT so that there is a single contract with a single provider.

These changes will entail some restructuring of the service but will ultimately increase capacity and make the service more robust.

The planned changes meet with the agreement of the National Screening Committee and will prepare the service for External Quality Assurance and Peer Review which is due to take place later this year.

## **14.0 Pan Birmingham Sexual Health & HIV Services**

### **14.1 Pan Birmingham and Solihull Sexual Health Joint Commissioning Strategy**

Joint work on the citywide Sexual Health needs assessment has been completed and this is being reflected in the draft commissioning strategy which will soon be presented for public consultation. Further work has been undertaken jointly with Practice Based Commissioners to identify the local implications of the strategy.

### **14.2 BEN PCT:**

The local implementation strategy for sexual health services in BEN PCT will be presented to the Board and PEC at the same time as the pan Birmingham strategy. Importantly the needs analysis shows that the current family planning clinics are not located in the areas of greatest need and two of the six clinics in BEN PCT are poorly used.

The LES' for IUTs and implants have been updated and re-issued to GPs. Importantly, they include a drive to ensure practitioners meet Faculty standards of competence and NICE guidelines and training is being made available for those whose qualifications have lapsed.

### **14.3 National Targets:**

Monitoring shows that BEN PCT is on track to meet its target for 48 hour access to Genito-Urinary Medicine services. However, like all Birmingham PCTs, BEN PCT did not meet its 07/08 Chlamydia screening and teenage pregnancy targets despite commissioning a third sector agency, Terence Higgins Trust, to vigorously approach the target group of 15 – 24 year olds in a range of educational and social settings to offer Chlamydia screening.

Considerable progress was made in the last quarter toward achievement of the Chlamydia screening target. Although we have not been able to achieve the national target of 15% we will have achieved one of the best results in the country. Lessons learned from the extra work undertaken in 2007/08 will be applied to 2008/09 when the target has been increased to 17% of 14 – 25 year olds.

Some GPs in BEN PCT have piloted creative ways of bringing young people into surgeries to be tested for Chlamydia as part of a general well person / health promotion initiative and their findings will be reviewed in readiness for meeting the 08/09 targets.

## **15.0 Complex Care**

BENPCT host the commissioning of complex/continuing NHS health care for the three Birmingham PCTs. On 1<sup>st</sup> 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 England. Previously each Strategic Health

Authority was responsible for establishing their own criteria and assessment tool, which has led in the past to inconsistent decisions and assessment processes across England. Prior to 1 October 2007 there was three banding for funded nursing care, low, medium and high. Post 1 October 2007, it was agreed by the Department of Health that there would only be one banding of £110 per week.

### **15.1 Ongoing Progress from 1 October 2007**

The Complex Care Team led on the training for the launch of the national framework, for both NHS and Local Authority colleagues. This provided a smooth transition for staff involved in the assessment process. Regular update training sessions are planned for 2008/9.

It was expected that following the introduction of the National Framework there would be an increase in the number of cases meeting the criteria for fully funded NHS care. Currently there has been an increase of 20%.

### **15.2 Ongoing Work Programme**

There has been a significant increase in the number of complex cases, particularly relating to clients who wish to return home with a complex care package. The Complex Care Team are currently in the process of recruiting to several posts, which will facilitate the redesign and commissioning of innovative services to be able to meet the needs of this growing population.

During 2008/9 the Complex Care Team is going to review the needs of the younger population who have complex health needs. There are limited providers and facilities for younger adults in Birmingham. Care homes with nursing are not usually registered for younger adults, and increasingly neither the NHS nor Independent Providers have the capacity or the skills to meet the needs of such clients returning home after an acute/traumatic hospital admission. We need to develop and commission services to meet both the health and social care needs of this client group, and address the diversity of need within our growing population. Applications for continuing NHS health care are individual to the user, and we need to ensure that we are culturally sensitive to each application.

A priority for 2008/9 is to review current services and contracts, and replace with service specifications clearly outlining quality and outcome standards, that are able to be monitored and assessed on a regular basis, and that demonstrate best practice and value for money.

The Complex Care Team is working with our partners reviewing the current nursing home standards and contracts across the City. A quarterly monitoring and self assessment tool has been introduced from 1 April 2008.

Discussions are currently taking place with South Birmingham Primary Care Trust, Birmingham Children's Hospital, and the PCT, with regard to the future development and provision of Children's Complex Care. We are reviewing current provision and the need for future development.

A fitness for purpose review is also taking place for Continuing NHS Health Care. This will provide the PCTs with an option appraisal for the future complex care commissioning across the City. Visits have been made to other Primary Care Trusts around the country to benchmark their management of the service, both from a commissioning and provider perspective.

### **15.3 Appeals for Continuing NHS Health Care Funding**

The Complex Care Team successfully completed the Department of Health's deadline for completion of all outstanding retrospective appeals prior to April 2004 . This was very challenging, and involved tracking medical and nursing home records for some cases back to 1996.

Although it was envisaged that the National Framework and decision support tool would alleviate appeals being made to the PCT for continuing NHS health care funding, they are continuing to arrive daily. Media attention is constantly being drawn to this area, and public awareness is increasing on the issue of continuing NHS health care criteria and funding.

## **16.0 Chronic Obstructive Pulmonary Disease - COPD**

This service aims to deliver an improvement in the management of patients with Chronic Obstructive Pulmonary Disease a condition which based on national prevalence affects up to 20% of the population.

The service which spans the interface of Primary and Secondary care to provides a seamless pathway for chronically ill patients.

The service has undergone review as part of the Provider Arm (Partnerships UK) programme (*outcome awaited*) and has recently formed a network structure. The key aims of this will be to work as a forum bringing together specialist knowledge and skills in COPD with a view to planning and agreeing the strategic way forward for the service.

The Network will jointly agree the key priorities for the service to meet the growing need for identification of patients who are currently undiagnosed within our community. It will also ensure that the existing service can fulfil the requirements of the existing Commissioning strategy and the Long Term Conditions strategy. Whilst the National Service Framework (NSF) for COPD has been delayed in publishing it is important that the network organise the existing service in order to clearly understand the development required to meet the expectations of the anticipated document. All of the above will support the specification of the service which is currently being addressed.

The service clinical leads are taking part in learning time initiatives to provide an education component for local General Practitioners and health professionals. This will facilitate the building of a more general knowledge base amongst practitioners managing this patient group at a community level.

### **16.1 Chronic Eye Disease**

An initial meeting has been held regarding the opportunities for developing a community based ophthalmology service. This group have agreed that further discussions will need to take place in order to understand the volume of activity expected, impact on patients and potential financial implications of any new service. The ophthalmology team at Heart of England NHS Foundation Trust have recently appointed a new Consultant who will have a specific responsibility to work with the Primary Care Trust in order to develop local community services.

The optometrist that participated in the initial Eye Disease Pilot run in the former North Birmingham PCT continues to see Glaucoma patients devolved from secondary care, this remains stable in its activity and is a role that will be incorporated into any proposed new service model.

### **16.2 Clinical Redesign –Ophthalmology**

The Ophthalmology clinical redesign group organised two education events for local General Practitioners in October and November which were well attended. The aim of which was to bring together Ophthalmology consultants and GPs with a view to sharing best practice and knowledge regarding the specialty.

The events were met with positive approval from those that attended with requests made for other similar sessions.

The group have submitted a brief for the Royal College of General Practitioners –Good Practice Guide and an application to the Health & Social Care Awards for the West Midlands Area based on the work undertaken.

The group have drafted guidance on pathways for other areas of the Ophthalmology specialty that will be submitted to the appropriate clinical forums for sign off.

## **17.0 Chronic Disease Systems: Birmingham OwnHealth<sup>®</sup> Health and Work/Cardiac Network**

### **17.1 Birmingham OwnHealth<sup>®</sup>**

Birmingham OwnHealth<sup>®</sup> is currently providing a care management service to members registered at 34 practices from five of our six localities within our PCT. The lessons from the first year of the programme are being shared across the NHS, nationally (see Hansard - February 2008<sup>1</sup> and Raising the Profile of Long Term Conditions Care: A Compendium of Information - DH January 2008<sup>2</sup> ) and increasingly to an international audience.

In addition, in collaboration with our partners Pfizer Health Solutions and NHS Direct, we are designing the next phase of Birmingham OwnHealth<sup>®</sup> which will both expand and extend the current provision with the intention of transforming personalised care for those with certain Long Term Conditions.

Under the sponsorship of the Directorate of Strategy and Redesign, 11 work streams, reporting through the Operational Management Board to the Care Programme Management Board are considering all aspects of this new service. We are expecting to launch Birmingham OwnHealth Phase II, which will take an integrated comprehensive approach in supporting those with certain LTCs through self-care - to include the use of assistive technologies (AT) and the assessment and support for social well-being- in the second Quarter of this financial year.

At the same time, OwnHealth<sup>®</sup> is beginning to offer telephone-based care management to other PCT's in the West Midlands' conurbation through a commissioning arrangement with ourselves.

### **17.2 Health and Work**

The Board may be aware that Birmingham contributed to Dame Carol Black's review of the health of Britain's working age population in November 200. This was an event co-hosted by the Birmingham Health and Wellbeing Partnership and the Birmingham and Solihull Employment Strategy Group in association with ourselves. This was acknowledged in her report - a Summary of Evidence Submitted which was published alongside Working for a Healthier Tomorrow<sup>3</sup> - a review of the health of Britain's working age population.

<sup>1</sup> <http://www.parliament.the-stationery-office.com/pa/cm200708/cmhansrd/cm080206/text/80206w0025.htm>

<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082069](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082069)

<sup>3</sup> <http://www.workingforhealth.gov.uk/Carol-Blacks-Review>

Locally we are supporting the development of a partnership initiative of employment, skills and health organisations in Birmingham and Solihull entitled Improving health - Increasing Employment, which will tackle the inter-linked problems of ill-health and Worklessness. On a programmed basis the Partnership (hosted jointly by the Birmingham Economic Development Partnership through the Learning and Skills Council and the Health and Wellbeing Partnership in Birmingham) will use the principles of Retention, Recovery, Rehabilitation and Return alongside the role of Primary Care Staff to improve health through increasing employment (see box).

#### Box 1: Main Elements of New Approach

1. Retention – how to prevent ill-health leading to people leaving work in the first place. This is currently a main focus for Government initiatives.
2. Recovery – how those who have left work because of ill-health and begun to claim incapacity benefit can be helped to return to work. This is the main area of operation for Pathways to Work
3. Rehabilitation – what can be done to help those who have been out of work because of ill-health for some time to begin to move back towards the labour market. This is about support not only to manage health problems but also to overcome other barriers, such as out of date skills or lack of recent contact with the labour market.
4. Return – how to encourage employers to recruit those who have been out of work because of ill-health, as employers can be wary of people with "sickness records".
5. Role of primary care staff – in particular GPs – in supporting these processes. Doctors and other health services staff can potentially contribute to all the other processes, and so have a central role in efforts to improve health and work.

This will be an important element in tackling health inequalities and has been recognised as such by being included within the Workstreams of the Health and Wellbeing Partnership's Inequality's priority areas.

### 17.3 The Birmingham, Sandwell and Solihull Cardiac Network

The Directorate of Chronic Disease Systems through its Director supports the Birmingham, Sandwell and Solihull Cardiac and Stroke Network by membership of its Board, Executive and Commissioning Subgroup. The Chief Executive of Solihull Care Trust has recently taken over the Chair from our own Chief Executive and the Executive has expanded to include the HoEFT Stroke Physician David Sandler to reflect the remit concerning local support of the delivery of the Stroke Strategy published in December 2007<sup>4</sup>. Highlights from the March Cardiac Network Board included;

- Reporting on confirmation of funding for the Network for a further 3 years
- Agreed the proposed structure and scope of the Network for consultation with PCT Directors of Commissioning
- Received the initial Stroke Services Gap Analysis commissioned by the Network against the National Strategy
- Accepted the business case for the development of a Syndrome Clinics – associated with serious cardiac arrhythmias Service at UHB in line with Chapter 8 of the Cardiac NSF

<sup>4</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081062](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062)

- Received a report from an “ECG Audit” which provided a snapshot of practice measured against the ambulance service standards /JCALC (joint college ambulance liaison committee /local guidelines and Cardiac Network STEMI (ST elevation myocardial infarction) strategy set against the emerging models of care/management across the Birmingham, Sandwell and Solihull cardiac network – as a result further work will be carried out by the LCCB (local collaborative commissioning board)
- Agreed the funding of for an echocardiography training project in which the second year will be able to support the delivery of a primary care echocardiography service in primary care

## **18.0 Recommendation**

That the Primary Care Trust Board note the report.