

## QUARTERLY REPORT STRATEGY AND REDESIGN

February 2009 to May 2009

### **1.0 Purpose**

To update Board Members on the work programme of the Directorate of Strategy and Redesign for the Quarter 1<sup>st</sup> February 2009 to 1<sup>st</sup> May 2009.

### **2.0 Introduction**

This is the thirteenth directorate report from the Director of Strategy and Redesign to the PCT Board.

This report includes updates and progress on all major activity of the directorate for the quarter including;

- Pan Birmingham Adult Mental Health Services
- Pan Birmingham Sexual Health and HIV Services
- Teenage Pregnancy
- Substance Misuse
- End of Life
- Chronic Disease Systems
- Children, Young People and Family Services
- Localities
- Complex Care
- Learning Disabilities
- Services for Older People
- Planned Care and 18 Weeks Referral to Treatment  
(A separate paper is presented at this Board)
- Stroke Services
- Diabetic Digital Retinopathy Service
- Birmingham Own Health

### **3.0 Pan Birmingham Mental Health Services**

#### **3.1 Citywide Joint Commissioning Team**

The joint commissioning team is involved in the current work streams around the Section 75 pooled budget arrangement between all three Birmingham PCT's and Birmingham City Council.

NHS West Midlands is leading on the implementation of the Yorkshire Cluster model and PbR in Mental Health for which the joint commissioning team is an active participant, the completion of this work will lead to full implementation by April 2010.

#### **Drug and Alcohol Action Team (DAAT)**

All responsibility for commissioning alcohol services have now been transferred to the Birmingham Drug Action Team, who have now become a Drug & Alcohol Action Team from the 1<sup>st</sup> April 2009.

#### **3.2 Citywide Service Developments 2009/2010**

##### **3.2.1 Place of Safety**

Best practice Guidance tells us that people detained under section 136 of the Mental Health Act to be taken to place of safety for assessment that this should not in the main be the police custody suite. The details of the guidance and what it says are addressed in the attached full business case

Mental health Commissioners reserved £350k across the three PCTs during 2008/09 to fund the revenue costs of this development as Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) had been working on a solution for number of years. Additionally a sum had been set aside by Heart of Birmingham Teaching Primary Care Trust (HoBtPCT) to help with any capital costs which might be incurred.

Development work with BSMHT during 2006/ 2007 suggested that the revenue costs would be in the region £350K especially if existing resources were used to create economies of scale; basing the Home Treatment teams in the POS for example a solution much used elsewhere.

The full business case recommends a solution based at Oleaster (ex Queen Elizabeth Psychiatric Hospital (QEPH) which is a good location given its proximity to Psychiatric Intensive Care Unit (PICU) and an acute hospital; patients can now also be transferred to other hospital beds within BSMHFT under the section 136 (this used not to be the case until the new Mental Health Act was put in place.

### **3.2.2 Rehabilitation & Accommodation Project**

The Rehabilitation and Accommodation project is a Health & Well being Partnership joint Mental Health work stream. Too many young adults with severe and enduring mental ill health are condemned to a life in residential care because of a lack of innovative supported housing and tenancy projects in partnership with health, social care, housing and supporting people. A project manager was appointed in October 2008 to lead on this piece of work, a brief for the project produced. The accommodation forum has now been established and will be taking forward the issue of move on within supporting people and the availability of housing. The project manager will also be exploring the development of a long stay unit for those clients with severe and enduring mental illness where Supporting People is not an option.

The Key issues currently within the work plan are identified below:

- Effective case management of out of area placements
- Effective management of delayed discharges
- BSMHFT Rehabilitation & Recovery model
- Nursing/residential care home scoping and needs analysis
- Supporting People needs analysis and management of resources
- Establish Supported Living Pathways

### **3.2.3 Improving Access to Psychological Therapies**

The project manager post is currently under recruitment. The implementation of the procurement process for these services will take place over the next three months.

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

There is a question as to where accountability for commissioning Older People's Mental Health (OPMH) should be held going forward.

- A joint OPMH Strategy for the city was agreed in 2007 across all agencies
- The Board which developed and agreed this strategy has now become a multi stakeholder implementation group and is in effect the equivalent to the Adult Mental Health LIT including providers from statutory and third sector organisations, and carers and ultimately service users

- OPMH is currently commissioning for the three Birmingham PCTs by the Mental health commissioning team
- The proposal is that the Adult Joint Commissioning Group (JCG) becomes (for the moment) the accountable commissioning body for this work
- The situation is being reviewed by the Health and Well Being Executive as we move into joint commissioning arrangements and pooled budgets with the local authority.

### 3.2.5 Memory Assessment Service

The specification for the citywide service has been agreed, the service will be greatly reduced from the original proposal due to the LDP funding available in 2009/10. The service will be delivered via a partnership arrangement between the Alzheimer's Society and BSMHFT.

## 4.0 Pan Birmingham Sexual Health & HIV Services

- 4.1 The analysis of the citywide sexual health strategy consultation has now been completed. The analysis of responses was undertaken by Dr Shirley McIver from Birmingham University. There is overwhelming support for the modernization of current service provision with over 80% of respondents saying yes to local one stop clinics providing Contraception and Sexually Transmitted Infection (STI) management.

The final version of the strategy along with the findings of the consultation will be tabled at the Sexual Health Joint Commissioning Group (JCG) meeting in June 2009 for signoff; it will then be presented to NHSBEN PEC and Board in July 2009.

Citywide Reproductive Sexual Health Services have been chosen as one of six national pilot sites for the development of the Payment by Result (PbR) tariff for contraceptive services they will lead on the development of the data set; to support this work the service is currently undertaking a process mapping exercise incorporating lean principles with the support of Vista Consulting, it is envisaged that at the end of this exercise we will have a 30 and 90 day plan identifying areas for redesign/modernisation within service.

Citywide we have achieved the 2008/09 NHS standard Genito-Urinary Medicine (GUM) access target - 100% of patients OFFERED an appointment within 48hrs of contacting a GUM clinic.

NHS BEN with the support of the lead clinician for Sexual Health Services within primary care has devised an audit pro-forma to access/demonstrate competent practice within primary care with regards to insertion and removal of long acting methods of contraception, it is envisaged that this tool will be endorsed at JCG and adopted by Pan Birmingham.

## 4.2 Human Immunodeficiency Virus (HIV) Treatment Services

Nationally work is ongoing to develop a tariff for HIV treatment services 2010/11, subgroups have been formed to look at currency and data along with clinical coding and commissioning. The lead commissioner for sexual health services in Birmingham is part of the National group, along with commissioners and clinicians from the Heart of England Foundation Trust in Birmingham (HEFT) who have expressed an interest in being a pilot site for early implementation of the HIV PbR tariff, along with centres in London and Manchester.

## 5.0 Pan Birmingham Sexual Health & HIV Services

### 5.1 Teenage Pregnancy Up date April 09

#### 5.1.1 Data

The Office of National Statistic recently released the 2007 teenage conception rates for Local Authorities; Birmingham's rates have reduced from 53.2 in 2006 to 52.8 in 2007.

Birmingham is compared against four other areas of the five areas Birmingham is ranked third

Figure 1: Under-18 conception trends by DCSF statistical neighbours

LA code	LA	Deprivation score	Under-18 conception rate		% difference
			1998	2007	1998-2007
00KA	Luton	24.7	43.1	35.6	-17.4%
00CS	Sandwell	37.0	69.1	58.0	-16.1%
00CN	Birmingham MCD	<b>38.7</b>	<b>58.3</b>	<b>52.8</b>	<b>-9.5%</b>
00CW	Wolverhampton	33.0	66.3	64.9	-2.1%
00FY	Nottingham City	37.5	74.7	69.3	-7.2%

### 5.2 New Funding

The Trust has recently allocated 138k to teenage pregnancy to create three full time posts, two based with the school nursing teams adding to the skill mix and one commissioned via Birmingham Youth Service.

The aim of the project is to develop sexual health services that will address the needs of young people 13 to 19 by providing specific support to schools, Further Education colleges and communities in areas with high rates of teenage age conceptions This service will contribute to meeting the vital signs target, the City teenage pregnancy plan and also narrow the gap in under 18 conception rates between the most deprived and most affluent wards.

The service would provide the following:-

- Support to schools to develop Sex and Relationship lessons
- Develop drop-ins in schools, FE colleges and community bases they will provide:
  - Full contraceptive service
  - Emergency contraception
  - Chlamydia screening
  - Information and advice
- Develop and support youth development programmes in schools and local communities
- Develop work in partnership with schools, Youth service and other agencies
- Target areas of high rates of teenage conceptions within the Trust

### 5.3 School Developments

Out of the five target schools in the Trust one has a fully operations drop-in service including a full contraception service and two others will be operational by the end of May 2009. Four of the schools have received the youth development programme targeting vulnerable young people commissioned by the Trust. We are in the process of identifying a school cohort of schools to be targeted.

### 5.4 Targeted work with Young parents

20% of teenage pregnancies are second pregnancies; therefore intervention with first pregnancies is very important. The following services and projects have been developed and commissioned:-

- Two personal advisors commissioned from Connexions to support and enable young parents to access education training and employment.
- Support to one young parents groups providing young parents with the opportunity to develop confidence and self esteem, and provide important health messages ) Shard End)
- Young parents drop-in service, one afternoon a week at Base K/S in Kingstanding
- Development of “Bump 2 Baby - A young person’s guide to pregnancy” by a group of young moms in Shard End. Copies distributed to all pregnant young women aged under 19 in the trust

- Two part time teenage pregnancy community midwives

## 6.0 Substance Misuse

The National Treatment Agency have approved final submission of the Birmingham treatment plan-their feedback on the first draft was that we adopt the lower estimates from Glasgow University on the number of problematic drug users in Birmingham (the range was between 11,000-15,000) and a need to make more explicit links to the crime reduction agenda.

The end of year target for numbers in effective treatment is 15 people short of the end of year target (this data is on a rolling year - i.e. numbers in effective treatment in previous twelve months rather than in year-hence still being around a dozen people down at end of November 2009). We fully expect to hit the year end target and will advise the board accordingly.

### 6.1 Alcohol

Tier one and two alcohol services were approved by the HOBtPCT Board in February 2009.

The successful agencies awarded Tier one services were:

- Lloyds Pharmacies - pharmacy based intervention
- Tier one alcohol training/awareness – Alcohol Concern
- Nacro /Rapt - Self Help

Tier two Services:

- Aquarius + consortium - community based (including 16-21 year)
- Aquarius + consortium – District General Hospital
- Nacro /Rapt - primary care based services

## 7.0 End of Life Care Strategy

The last quarter has seen the development of the commissioning methodology of managed care pathways, in preparation for formal procurement of the end of life pathway in June 2009.

The specification for the Principle Provider has been drafted by a small working team.

Specifications have been drawn up for all pathway subcontractors, and agreement reached with the majority, with two outstanding, agreements anticipated in early May.

Hospice at home has been recruited to by the three organisations involved, and both professional and organisational leads appointed. An operational and governance policy is in development.

## **8.0 Chronic Disease Systems**

### **8.1 Long Term Neurological Conditions**

The National Service Framework (NSF) Long Term Conditions Implementation Group has continued to meet on a monthly basis in order to make significant impact in the implementation of the NSF, which was published in 2005. The group continues to focus on three main areas:

- Parkinson's Disease
- Epilepsy
- Multiple Sclerosis

The implementation group has representatives from health and social care and from HoEFT.

### **8.2 Epilepsy**

We are currently revisiting the service provided within NHS BEN and working with the "Provider Arm", in order to resubmit the business case for a clinical nurse specialist to Gateway.

At present we commission services from HoEFT and City Hospital, this will need to be reviewed against the desired pathway. Further meetings are due to be held with key clinicians in HoEFT as we scope out the pathway.

### **8.3 Multiple Sclerosis (MS)**

Since the MS Stakeholder's day in September 2008, the Implementation Team have been working on the quick wins identified by the stakeholders, namely:

- An Information leaflet to be given to the patient on diagnosis, this is being developed in collaboration with the MS Society
- Patients who have put themselves forward for user participation are forming a focus group to advise the Implementation Group on developments facilitated by the Patient and Public Involvement (PPI) team.

We intend to carry out design work regarding commissioning pathways of care, using models from the MS Trust, Pathway for Health and Map of Medicine.

Links will be made with the Strategic Health Authority (SHA) and the Adults and Communities Directorate Commissioning Directorate regarding physical

disability pathways and how we can co-ordinate both pathways to provide a more efficient and seamless service.

This will require joint working with HoEFT to clarify the diagnostic phase of the pathway and subsequent branches.

We also intend to review of the implementation of the NICE guidelines for MS and subsequent NSF.

#### **8.4 Parkinson's Disease (PD)**

The PCT's Parkinson's Disease Specialist Nurse has joined the NSF implementation group. An evaluation of the PD services currently offered to patients within the PCT will be undertaken.

#### **8.5 Clinical Health Psychology in NHS Birmingham East and North Update April 2009**

##### **8.5.1 Multidisciplinary Pain Clinic (MDPC)**

From March 2009 the MDPC has expanded the number of weekly multidisciplinary assessment clinics (clinical psychology, medical and physiotherapy) to four locations across the PCT:

- The Dove Primary Care Centre (Kingstanding)
- The Sutton Cottage Hospital ( Sutton Coldfield)
- Clinics are now also being run on alternate weeks at Partners in Health Centre (Bordesley Green); and
- Ann Marie Howe Centre (Sheldon Heath)

8.5.2 From April 2009, three multidisciplinary Pain Management Programmes (PMPs) are being run in parallel at the Dove Primary Care Centre, Partners in Health and Sutton Cottage

8.5.3 A fortnightly joint Clinical Psychology and Physiotherapy clinic started in February 2009, to provide one to one sessions addressing the needs of people with chronic pain who are not able to access the group based programmes

8.5.4 In addition to the twelve month Action Learning Set, Clinical Health Psychologists provided two sessions of training for the Physiotherapy staff in Cognitive – Behavioural theory and its application, to increase their core skills and address the needs of people more disabled by long term pain. This support is enabling the development of a third tier of group self management programmes, building on the success of the Active for Life programmes, to better address the needs of a culturally diverse population, for example providing further separate programmes

for women and men and others with interpreters present for non-English speakers.

- 8.6 The range of educational and training materials has been extended to include:
- 8.6.1 Relaxation training audio CDs, translated into the seven major languages
  - 8.6.2 The Pain toolkit, a pocket guide published by the Department of Health
  - 8.6.3 The PMP education DVD, to present information about the management of long term pain, in animated visual form, with the sound tracks available in the major languages has been commissioned and is under development.
- 8.7 The project to pilot and evaluate community based Health Trainers acting as service 'Navigators' for a cohort of people with long term pain has been designed in partnership with a research team from Coventry University.
- 8.7.1 This project aims to enable the service to provide support over a twelve month period, using a range of existing programmes and services and providing guidance for people with chronic pain to access a number of different interventions over a period of time, in the form of a care pathway.
  - 8.7.2 A Knowledge Transfer Partnership (KTP) between BEN PCT and Coventry University is being explored in order to obtain DTI funding to evaluate this project and undertake some cost benefit analysis.
- 8.8 A Doctoral Health Psychology Trainee from Stafford University has been recruited to the MDPC Psychology Assistant post and is providing some supervised clinical support to the PMPs and Active for Life Programmes. The post holder has:
- 8.8.1 Devised an evaluation framework for the MDPC service, including a qualitative strategy to collect satisfaction data for further service development. This will be implemented in May 2009.
  - 8.8.2 The Psychology Assistant will work with the other members of the MDPC team to develop Patient and Carer involvement in 2009.
  - 8.8.3 The recruitment of one qualified Clinical Psychologist (Band 8a) for the MDPC is proceeding.
  - 8.8.4 Liaison with local Clinical and Health Psychology training courses will be undertaken to recruit trainee clinical and health psychologists (Band 5 – 6) who will be offered supervised placements to support the expansion of the service.

**8.9 Commissioning - Long Term Conditions (LTC) Strategy Group ( Darzi)**

A day has now been planned for Stakeholder involvement in the LTC strategy, to be run on 13<sup>th</sup> May 2009.

A model for the LTC strategy that can serve as a basis for behaviour change at a population level will be developed. A Knowledge Transfer Partnership (KTP) between BEN PCT and Coventry University is being explored as a possible means of developing a generic evidence based behaviour change model and outlining the potential cost benefits.

**8.10 End of Life Care (EOLC)**

The establishment of a multidisciplinary EOLC team, including Clinical Health Psychology is planned for 2009.

**8.11 Stroke**

Clinical health psychology will contribute to the development of a local Stroke Care Pathway to develop rehabilitation in the community. A meeting with the current Psychology provider has taken place as a first step in a review of the service.

**8.12 Complex Care**

Clinical health psychology will provide a consultation service to support the management of Complex cases. The training needs of the Complex case team are being scoped in consultation with the new Complex Care manager and a programme of CPD to increase psychological knowledge and skills is under discussion.

**8.13 Improving Health – Increasing Employment Partnership Programme**

Clinical health Psychology has input to the multi-agency team looking at the Fit for Work service pilot proposals.

**8.14 Birmingham Own health and Health Incentives projects.**

A meeting with the BOH manager has been set up to review the psychological development needs of the service.

**8.15 Health and Employment**

A full report was submitted to the last PCT Board meeting. Here we update the Board on progress particularly in relation to the Fit for Work Service proposal.

The Improving Health, Increasing Employment Partnership has submitted an application to the Department of Health to run a pilot Fit for Work service in

Birmingham and Solihull as part of a national programme of Government-funded pilots.

The application – the first of three stages in the bidding process – was submitted on 20th April through the Co-chair of the Partnership Group. A decision to allow the application to proceed to the second stage of the bidding process is expected in May.

The decision to make an application was taken by the Improving Health, Increasing Employment Project Board at its meeting in March. The application builds on the framework for a Fit for Work service approved by the Board at its meeting in November 2008, which has subsequently been circulated for consultation.

#### **8.15.1 Outline approach**

The proposal envisages a core Fit for Work service which would provide assessments of people who are in work but off sick and struggling to return to work. The assessments would identify what needs to be done to help with return to work, including liaison with the employer.

The core service would also advise on activities that could help return to work, liaise with the employer on workplace adaptations, and co-ordinate access to other supporting services. In response to comments received during consultation, an information and advice function, aimed at dealing with lower level problems, is also included in the core service.

The application to Government proposes that this core service is supported by development work, led by secondees from participating PCTs, who would help to encourage use of the service by GPs and help link the core service to supporting services – for example, physiotherapy or mental health services.

The application also includes a proposal to develop a web-based information system based on the development work. Phase 1 would provide healthcare and other workers with information about services; Phase Two would provide an information and advice service for the public and employers, based on experience gained in running the Fit for Work pilot locally.

#### **8.15.2 Piloting back-to-work support programmes**

Helping people who are out of work because of ill-health to return to employment is a priority for the Project Board. Following a workshop in early January 2009, a proposal has been developed by a working group for a pilot support programme for those for whom health is a significant initial barrier to moving back to employment.

At its March 2009 meeting, the Project Board has accepted the working group's outline approach and asked it to prepare detailed proposals which could be used to commission a pilot.

### 8.15.3 Engaging with primary care

Professional Executive Committees locally are being briefed on national developments, which include

- Changes to the current system of medical certification to introduce a new 'fit note' to provide better information about when and how to return to work after illness
- The launch of a National Education Programme on health and work for GPs, which has been piloted by the Royal College of General Practitioners.

Arrangements are also being made to begin briefing GPs and others working in primary care through locality meetings, beginning with three localities in Birmingham East and North.

Feedback from these meetings will be used to plan the support to be made available to GPs and others working in primary care as the Government introduces these initiatives.

### 8.16 Long Term Conditions Pathways Group

The Long Term Conditions (LTC) Pathways Group has continued to meet regularly, chaired by the PCT's Community Consultant in Diabetes and supported by the Director of Chronic Disease Systems. The group has agreed its terms of reference and started to co-ordinate pathway design across clinical conditions. We are planning an LTC Stakeholder conference on May 13<sup>th</sup> 2009 which will bring together clinical teams, patients and carers to agree a set of shared principles that will enable wide participation in LTC strategy development facilitating local action with strong clinical leadership. We are expecting the following outcomes:

- A shared picture of the work in progress on all Long Term Condition work-streams, what is happening and planned
- A shared understanding of the implications of care planning and care pathways for patients, carers and professionals
- An appreciation of the links to the Darzi LTC/Investing for Health principles and how they will support strategy
- A set of consistent principle to guide strategy development across the breadth of our work with people with LTC

### 8.17 Chronic Obstructive Pulmonary Disease (COPD)

The programme team have received and are working with the findings of the Epidemiological Health Needs, prepared by Health Improvement.

A strategy is now in final draft stages which will set out the direction of travel for COPD services with NHS Birmingham East and North.

Additionally, the Procurement Project Group have met and requested that further information profiles are built to inform the process. These will include:

- Finance - true costs to the PCT associated with the condition
- Current Activity (Emergency Attendance Admissions)
- Status and cost of Oxygen Therapy contract and the current pathway

Procurement documentation is being prepared and commissioners with PPI and Engagement support are developing a range of methods for involving patients in the development of the specification. The planned Pre-tender and Expression of Interest were delayed pending the submission of a report to the Overview and Scrutiny Committee. Subsequent to this submission and commissioned attendance at the April meeting, it has been verbally approved to proceed without formal consultation.

## **9.0 Children , Young People and Family Services**

### **9.1 NHS Birmingham East and North Children's Strategy**

The PCT held a successful Stakeholder event with attendance from other PCT's, Birmingham City Council, GP's, Consultants and Provider Arm Services. It is intended that the final draft of the strategy will be presented to PEC in May 2009.

### **9.2 Child and Adolescence in Mental Health Services (CAMHS)**

The Pan Birmingham CAMHS Strategy is in final draft stage and plans are underway for a local CAMHS Workshop to present the strategy to the multi-agency local implantation team and to start work on a plan for implementation within BEN PCT.

### **9.3 Pan Birmingham Commissioning**

Birmingham City Council and the three PCT's have commissioned the first jointly commissioned service from Home start this year.

In addition, the PCT's are working with the Council on strategies for short breaks for disabled children and transition planning (paediatric to adult services transition).

## **10.0 Urgent Care Centre**

### **10.1 Urgent Care Strategy**

The strategy sets out the vision and strategic direction for Urgent Care services for the next five years. The strategy was presented to the PEC and the

Emergency Care Network in April 2009 and will be presented to the Board when amendments suggested have been incorporated.

## 10.2 **The Urgent Care Project**

We have been working in partnership with Solihull NHS Care Trust and Heart of England Foundation Trust as a demonstrator site for a Department of Health, Payment by Results (PbR) project called the Urgent Care Project. Two options have been agreed by the Programme Board for testing, with further work on the implementation plans currently taking place. The start date for the, Primary Care Discharge Unit at Good hope Hospital has moved to 1<sup>st</sup> May 2009 and will be initially tested for a six month period at which time a full review will take place and a decision for testing for a further six month period made. The unit will provide a coordinated and rapid primary care integrated team that will focus on admission avoidance and comprehensive primary care discharge. The second option is being developed within Solihull PCT and a similar scheme involving geriatrician input is being scoped within NHS Birmingham East and North.

Both options were developed following extensive scoping through GP practice and urgent care provider visits, interviews, eleven patient focus groups, financial and activity modelling, and a visioning event that brought all providers together to create the vision for urgent care across Birmingham East and North and Solihull.

## 10.3 **Primary Care Discharge Unit at Good Hope Hospital (PCDU)**

BEN PCT are developing and leading the implementation of the Primary Care Discharge Unit (PCDU) admission avoidance scheme at Good Hope Hospital. The model will focus on preventing avoidable admissions by providing GP an enhanced co-ordinated community support service to enable patients to be discharged home rather than be admitted to hospital. The PCDU is intended to start operating in May 2009, staffing and resource requirements allowing.

The team, which includes a senior GP, Intermediate care, social workers, therapists, drug and alcohol workers and support from South Staffordshire PCT, will work with A&E staff to ensure swift and co-ordinated advice, diagnosis and treatment for primary care patients including assessments by community teams where necessary and appropriate onward referrals for a full discharge package of care if required. Full data collection will be made to ensure a balance scorecard is available monthly to review the progress of the project.

## 10.4 **Solihull NHS Care Trust –Care Homes**

Solihull NHS Care Trust will lead the development and implementation of the second option, Option six (Care Home Emergency Admissions) .Two care homes in Olton and Shirley have been identified to take part in the trialling of an enhanced primary care or community service (e.g. related to the respective central and south Solihull integrated locality teams).The residents of these homes will each receive a weekly visit in the form of a “ward round” from a

Primary Care Nurse Practitioner. The skills, experience and the possibility of geriatricians input are being explored for this option and the service will endeavour to provide increased management and treatment of conditions presented by the residents, provide early intervention in an appropriate setting, avoid unnecessary hospital admissions and provide education, advice and support to care home staff. Clear links with GP practices and full integration with Solihull's Single Point of Access will be created and maintained as a fundamental part of this service.

A similar scheme to support nursing homes is also being scoped within NHS Birmingham East and North.

### **10.5 Ambulance Service and Out of Hours Providers Diversion Scheme**

The pilot tested pathways that divert appropriate patients calling the Ambulance service in the out of hours period with primary care problems to OOH GP service providers to provide primary care interventions at: treatment centres, urgent care centres, in patient's homes (if they are housebound) or by telephone to support self care. The initial pilot phase was extended in November 2008 to cover the winter period ending in March 2009.

The pilot has proved that the pathways developed can be used to divert patients to out of hours providers. However, the number of diversions was much lower than predicted by West Midlands Ambulance Service (WMAS) and therefore the cost benefit was not realised. Through patient surveys we have been able to confirm that patients appear to have been pleased with the service they had received when using the pathways.

Unfortunately, the barriers to referral appeared too great and due to a persistent under use of the pathway and continual low activity (at worst one case in a week and at best 15 in a week), commissioners took the decision to stop the pilot. Much effort from all partners was invested in the pilot to ensure safe systems and processes were developed, however, unfortunately activity failed to increase and non conveyance rates remained low.

### **10.6 West Midlands Ambulance Service Review**

An independent review of WMAS is being undertaken over the next four months. The urgent care lead commissioner is part of the steering group for this review. The review will focus on WMAS current ability to:

- Meet ambulance performance standards across all West Midlands PCTs within current contracted income levels
- Meet the requirements of the ambulance commissioning model of care designed by commissioners and will assess the cost effectiveness of the current service.

It is vital we work with WMAS to deliver improvements in performance and that their future model of care is supportive of the urgent care strategy of NHS

Birmingham East and North particularly around reducing the need for hospital admission through increased use of primary care alternatives and promoting good self care management where appropriate.

#### **10.7 Ambulance Turnaround**

There is a requirement to improve ambulance turnaround following the Strategic Health Authority's Turnaround Review. Commissioners have developed an action Plan for improvement with Heart of England Foundation Trust and West Midlands Ambulance Service following a service improvement event led by the PCT Commissioners with good engagement from both providers.

At Heart of England Foundation Trust sites progress was steadily improving prior to the sudden unexpected increase in demand during December. However the trajectory is now showing improvement and both WMAS and HEFT are working with commissioners to improve performance further. The investment in hospital ambulance liaison officers as part of the new WMAS contract for 2009/10 will support further improvement.

#### **10.8 Insight for A&E**

The project to extend Insight (the referral management tool currently in use in GP practices) to include A&E attendances and emergency admissions data has been completed. Further functionality to the tool including easy tracking of emergency admissions including those for ambulatory care sensitive conditions have been made. ACMs have also received training on the tool to support their joint work with practices in admission. An evaluation of both the implementation of the tool and the effect of the incentive scheme is currently being undertaken and will be reported in May 2009.

#### **10.9 Badger Out of Hours Contract**

The contract with Badger reaches a break point in June 2009 with an option to extend the contract for a further two years or to go out to tender. Commissioners have indicated to Badger that we want to commission out of hours services from them for the further two years permitted are currently working with Badger on revisions to the contract to improve services for local patients further in line with recommendations made as part of the Healthcare Commission report , 'Not Just a Matter of Time 2008. This will include improved access to medicines in the out of hour's period.

### **11.0 Locality Reports**

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

##### **11.10.1 PbC Re-invigoration**

Executive visit to Locality Board April 2009. Progressive discussion – practices signing up for the event on 29<sup>th</sup> April 2009.

### 11.10.2 Anti coagulation redesign

Hub practices are continuing to transfer spoke patients into the primary care service. So far 348 patients are receiving their anticoagulation care in the primary care service.

Some concern from practices has been raised on financial modelling and this will be reviewed at gateway three, summer 2009.

### 11.10.3 Prescribing

The Locality continues to support work around prescribing and has added support to the antibiotic reduction scheme. Practices have responded well to the prescribing incentive scheme and are committed to continuing with the prescribing work and focus throughout 2009/10.

### 11.10.4 Obesity

Practices are now taking delivery of weighing equipment to support their work on increasing the number of patients with a curate BMI recordings and care plans in place. The obesity sub group (with support from Health Improvement and community pharmacist involvement) have met and are working on an obesity strategy for the locality.

### 11.10.5 Leg ulcer telemedicine

Wound Care Logistics (WCL) continues to work with BENPCT provider services and specialist tissue viability teams to implement telemedicine across the patch. District nursing team update of software is in line with trajectories. WCL to support practice nurses with increased in house support. Gateway Three scheduled for June 2009.

### 11.10.6 Support to Vulnerable Elderly

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme that will support vulnerable elderly patients through a volunteer and advocacy network. The scheme has now rolled out across BEN and Freshwinds, who run the scheme, have had an excellent response to advertisements for volunteers, and are accepting referrals from elderly patients requesting support. In the second quarter 170 new clients were enrolled, 25% of these are from 3S Locality.

### 11.10.7 Teenage Pregnancy

The Locality is working with the PCT Sexual Health Commissioners and Teenage Pregnancy Lead to work on proposal to reduce teenage pregnancy rates in Shard End. Proposals including commissioning youth development worker who will link to local schools and community groups to sign post teenagers to contraception services and sexual health clinics, and a nurse led sexual health clinic based at the Harlequin

Surgery in Shard End, have been successful at gateway two. The nurse led sexual health post is proving difficult to recruit to and so start date has been delayed.

#### **11.10.8 Insight A&E Incentive Scheme**

Eleven practices have signed up to the new incentive scheme. The scheme uses real time A&E data to focus practices on patients who repeatedly attend A&E. The second strand of work asks GP to identify patient(s) to who have had an emergency admission that they feel could have been avoided. GPs are asked to work in partnership with primary care clinicians to put care plans in place to support patient(s) and try to avoid unnecessary admission in the future. This scheme of work will continue in 09/10.

#### **11.10.9 PBC Information and Data**

The locality is keen to explore IT systems that link to clinical systems to enhance understanding of secondary care data and to undertake more validation. The locality is working on a solution with the CBSA in the first instance.

### **11.11 Sutton Locality**

#### **11.11.1 PbC Re-invigoration**

Executive visit to locality board April 2009. Progressive discussion – practices signing up for the event on 29<sup>th</sup> April 2009.

#### **11.11.2 Anticoagulant Service**

Eight practices have now gone live with the service. The remaining four practices are being pressed for go live dates. Practices have concerns around financial modelling and the locality management team is currently looking at this with Commissioning Finance.

#### **11.11.3 Prescribing**

The Locality continues to support work around prescribing and has added support to the antibiotic reduction scheme. Practices have responded well to the prescribing incentive scheme and are committed to continuing with the prescribing work and focus throughout 2009/10.

#### **11.11.4 Birmingham Own Health**

All practices are now actively engaged in Birmingham Own Health and have actively been recruiting patients. A practice manager BOH commissioning forum has been established.

#### 11.11.5 Support to Vulnerable Elderly

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme that will support vulnerable elderly patients through a volunteer and advocacy network. The scheme has now rolled out across NHSBEN and Freshwinds, who run the scheme, have had an excellent response to advertisements for volunteers, and are accepting referrals from elderly patients requesting support. In the second quarter 170 new clients were enrolled, 16% of these are from the North side of the patch.

#### 11.11.6 Obesity

The locality has decided to focus on this area of work as part of the incentive scheme 2009/10 reducing lifestyle risks.

#### 11.11.7 Insight A&E Incentive Scheme

Eleven practices have signed up to the new incentive scheme. The scheme uses real time A&E data to focus practices on patients who repeatedly attend A&E. The second strand of work asks GP to identify patient(s) to who have had an emergency admission that they feel could have been avoided. GPs are asked to work in partnership with primary care clinicians to put care plans in place to support patient(s) and try to avoid unnecessary admission in the future.

### 11.12 Practice based commissioning – Kingstanding and New Oscott Locality

#### 11.12.1 Long Term Conditions

A demonstration of the King's Fund Patient at Risk of Re-Hospitalisation (PARR) tool took place in February. Two practices have agreed to test out the tool and identify how many patients on the tool are active patients on the practice's case manager's caseload.

#### 11.12.2 Reducing Deaths from CHD and Stroke

The locality has received approval via the Gateway 1 process to develop plans to pilot a screening programme to identify individuals' cardiovascular disease (CVD) risk and then facilitate an appropriate risk reduction management plan. The proposal will include having a dedicated workforce running screening clinics in locally accessible venues. The proposal will be taken to Gateway for approval for funding in early May with a start date of early summer 2009.

#### 11.12.3 COPD (Chronic Obstructive Pulmonary Disease) Service

The COPD specialist nurse continues to work with practices in the locality to manage the care of patients with COPD and identify new patients with COPD. A screening programme to identify patients with

COPD is due to commence in June with screening clinics to be delivered in local venues and at convenient days and times for patients. Details around invitation and booking of patients into clinics are being finalised with practices

The six week community based pulmonary rehabilitation programme is now in its fifth cohort of patients at Kingstanding Leisure Centre and is a rolling programme in to order to ensure maximum use of the service. Due to the COPD service going out to procurement, it is envisaged the pulmonary rehabilitation pilot will continue within the locality and a proposal to roll out the programme to other localities is being developed until the new service is procured and operational in 2010.

#### **11.12.4 Anticoagulation Service**

The locality is currently piloting a community anticoagulation service with Sandwell and West Birmingham Hospitals Trust. Two community clinics are now operational within the locality, which deliver patient testing in community clinics. A further two venues for community clinics are being identified and the service is to be made available on Choose & Book.

#### **11.12.5 Reducing Life-Style Risk**

The pilot with Slimming World continues in the locality and patients are actively being targeted by practices to participate in the pilot. Evaluation of the service has now commenced.

#### **11.12.6 A&E Insight**

Practices continue to use the A&E module of the insight referral management tool to identify patients attending on multiple occasions and possible admissions which could be have been prevented through use of primary care services.

### **11.13 Erdington, Tyburn and Stockland Green Locality**

#### **11.13.1 Chlamydia Screening**

Nine practices within the locality have signed up to the Pan Birmingham incentive scheme for Chlamydia screening and have a target to screen 25% of its practice population between the ages of 15-24.

#### **11.13.2 Prescribing**

The locality continues to support work around prescribing and some practices are engaged in the incentive scheme to promote the preferential prescribing of lipid lowering therapies which are now the subject of a national target and to promote the use of ACE inhibitors as renin-angiotensin drugs of choice in the treatment of hypertension / reduction of cardiovascular risk.

### 11.13.3 Falls Prevention

An evaluation of the falls pilot which has taken place in one practice to identify patients at the risk of a fall has been undertaken and shared with the locality board (a copy of the evaluation can be obtained from the locality management team). The locality board is now deciding on the next steps for this objective and will link into the PCT's Falls Prevention and Bone Health group.

### 11.13.4 Reducing Deaths from CHD and Stroke

The locality is waiting to hear the outcomes of the cardiovascular disease (CVD) screening pilots in BSA and Kingstanding localities.

### 11.13.5 COPD

The six week community based pulmonary rehabilitation programme is now in its fifth cohort of patient at Pype Hayes Community Focus and is a rolling programme in to order to ensure maximum utilisation of the service. Due to the COPD service going out to procurement, it is envisaged the pulmonary rehabilitation pilot will continue within the locality and a proposal to roll out the programme to other localities is being developed until the new service is procured and operational in 2010.

The sub-group is currently undertaking a review of the current COPD provision within the locality and future plans for enhancing this project are being explored.

### 11.13.6 Anticoagulation

The subgroup is currently exploring current service provision and has engaged general practices for their views around possible future service provision. In addition to this, patient views have been sought on the service they are receiving. These views will be collated and presented to the sub-group, which will inform a future delivery model for the locality. In addition to this the sub-group is exploring other models of community anticoagulation and is visiting another PCT to look at an alternative model of delivery.

### 11.13.7 Obesity

The locality has agreed to develop a practice nurse led weight management programme model which will comprise of the following key components: diet, exercise, behaviour change/motivational interviewing and associated skills. It is envisaged practice nurses in two practices will be trained under the supervision of the city wide dietetics service to deliver a weight management programme which will target patients with a BMI of 27-33.

### 11.13.8 Reducing Life-Style Risk

As part of the PBC Incentive Scheme, a number of practices have agreed to focus their efforts on increasing the recording of BMI as well as developing individual weight management plans for patients, through the use of the Health Trainer service. One practice in the locality has agreed to review and identify patients who have osteoporosis or may be at the risk of developing osteoporosis and promote lifestyle interventions aimed at improving bone health. Furthermore one practice has agreed to focus on pre-conceptual counselling obese women who are contemplating pregnancy.

### 11.13.9 A&E Insight

Practices continue to use the A&E module of the Insight referral management tool to identify patients attending on multiple occasions and possible admissions which could have been prevented through use of primary care services.

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

### 11.14.1 Sexual Health Services

The Locality is working with local practices to ensure they have the capacity to deliver Sexual Health in Practice (SHIP) services and will build upon that to enable the provision of enhanced sexual health services within the locality in line with the Sexual Health Strategy. Most practices have sent staff to the 'Getting it Right' training session.

### 11.14.2 Cardiovascular Disease (CVD) Risk Assessment, Screening and Management Programme

This programme will involve all 15 practices in the locality in identifying, risk stratifying and managing all patients, aged 40 – 74 years, identified with a CVD risk. This programme fits with the Department of Health's recently published NHS Health Checks Strategy. The programme has been rolled-out to three pilot practices in the locality initially, which will start identifying and inviting patients for screening at the end of April / beginning of May 2009.

### 11.14.3 Lifestyle Project

The BSA and Washwood Heath localities have agreed to jointly commission a weight management and physical activity programme as a pilot to encourage people to live healthier lifestyles. The programme was formally launched in December 2008 and referrals are beginning to be made into the service which is supported by the Health Trainers. To date, 158 (57%) out of 277 referrals have been made by the BSA locality practices to WeightWatchers and Leisure Services.

#### 11.14.4 Insight A&E Scheme

Fourteen of the fifteen practices in the Locality have signed up to this scheme. The scheme uses real time A&E data to focus practices on patients who attend A&E routinely or/and frequently. The second part of the scheme asks the practice to identify patient(s) who have had an emergency admission through A&E that they suspect could have been avoided. Examples of good practice are being learnt and shared within the locality. The tool was recently enhanced to make it easier to use and now offers more functions.

#### 11.14.5 Good Neighbour Scheme

The locality has part-funded this scheme which is working in partnership with Birmingham City Council; the scheme supports vulnerable elderly adults through a volunteer and advocacy network.

#### 11.14.6 BSA Away afternoon

The BSA locality had an away-afternoon on 26th March 2009 to review and identify Locality Commissioning Development Plan priorities for 2009/10.

### 11.15 Washwood Heath/Hodge Hill Localities

#### 10.15.1 Primary Care Mental Health and Well Being Worker

The locality has agreed through NHS Birmingham East and North Mental Health Team to recruit on a fixed one-year contract, a Primary Care Mental Health Well Being Worker to work with people who have long term conditions. Initially, the work will be with diabetic patients; this is work in progress and the latest position is that the Mental Health Team will be going out to recruit late April/early May 2009.

#### 11.15.2 Lifestyle Project

The BSA and Washwood Heath localities have agreed to jointly commission a weight management and physical activity programme as a pilot to encourage people within the locality to live healthier lifestyles. The programme was formally launched in December 2008 and referrals are beginning to be made into the service; this programme is supported by the Health Trainers. To-date, 139 (62%) out of 225 referrals have been made by the Washwood Heath locality practices to WeightWatchers and Leisure Services.

#### 11.15.3 Insight A&E Scheme

Nine of the fifteen practices in the locality have signed up to this scheme. The scheme uses real time A&E data to focus practices on patients who attend A&E routinely or/and frequently. The second part of

the scheme asks the practice to identify patient(s) who have had an emergency admission through A&E that they suspect could have been avoided. Examples of good practice are being learnt and shared within the Locality. The tool was recently enhanced to make it easier to use and offer more functionality.

#### **11.15.4 Good Neighbour Scheme**

The locality has part-funded this scheme which is working in partnership with Birmingham City Council; the scheme supports vulnerable elderly adults through a volunteer and advocacy network.

#### **11.15.5 Community Gynaecology Service**

The locality are once again exploring setting up a Community Gynaecology service to serve its local adult female population, which will identify which services to shift from secondary care to primary care safely. An initial meeting has taken place with Heart of England Foundation Trust to explore a viable model. This is work in progress.

#### **11.15.6 WWH Away Afternoon**

The WWH locality is planning for an away-afternoon on 7th May 2009 to review and identify Locality Commissioning Development Plan priorities for 2009/10.

### **11.16 Cancer Services**

#### **11.16.1 National Survivorship Project**

The National survivorship project (Sponsored by Department of Health and Macmillan) being run in partnership with Heart of England FT, Pfizer Health Solutions and the Pan Birmingham Cancer Network is continuing in the development phase. The model has been now been designed and presented to a group of breast cancer patients for feedback. The model consisting of telecare, case management, Bridges service and self management elements was well received by the patient group.

The project will work with Good Hope Hospital Breast Care Team to implement the Cancer Network guidelines for breast cancer follow up which recommends that no patients should receive more than three years of secondary care medical follow up unless they are part of a clinical trial. The service has been approved at Gateway one and the interim business case is to be presented to Gateway two in June. The pilot is planned to commence in September/October 2009.

#### **11.16.2 Breast screening**

As part of the move towards digital screening a working group has been established to ensure delivery of a digital service within the directed timeframe for the City, Sandwell and Walsall Breast Screening Service.

Once this has been achieved the group will then focus on the age expansion as part of its work programme. The service is currently finalising their round plan (ensuring patients receive their three yearly screens) following the merger with the Walsall service. This was a three month recommendation following the West Midlands Cancer Intelligence Units QA visit.

The Local Health Economy Cancer Group is developing work plans around the key areas for focus inline with the Cancer Reform Strategy (CRS). The group will continue to monitor the overall performance of the CRS along with monitoring the adjustments to/and new cancer waiting time targets

### **11.17 Planned Care**

#### **11.17.1 Delivery of 18 weeks**

Please refer to separate Board report.

### **11.18 Choose and Book**

Choose and Book performance continues to remain steady at around 55% of patients' appointments being booked using the system. Practices are all being supported to encourage use of Choose and Book and training is being provided where needed. The Choose and Book team is working with the Community Physiotherapy Service to place their service on the Choose and Book directory from May 2009.

The Finding Services Effectively action plan is being implemented with mapping of SnoMed clinical terminology for each of the provider arm community services available on Choose and Book. This is on track to be completed by June 2009. Choose and Book colleagues in secondary care are also being contacted to ensure all services include the new terminology by the end of June 2009. A plan is currently in development to ensure training for all GPs on how to search for services using the new terminology.

The Choose and Book team is working with Heart of England Foundation Trust to ensure that issues identified with their current Indirect Booking System (i.e. telephone based appointment system) are being resolved and that slot availability issues are addressed in readiness for the implementation of Direct Booking Systems (DBS).

The timetable for implementation of DBS is subject to ongoing review and will continue to be monitored. DBS is due to commence implementation from May 2009.

A patient awareness campaign is underway around choice which has been linked to 18 weeks using the Life Channel. Over a three month period, Choice and 18 weeks messages will be relayed (along with adverts for the Consultant led Integrated Knee Service and Pain Services) across approximately thirty GP practices on screens installed in patient waiting areas.

**11.19 Prior Approval**

Prior Approval procedures for 2008-09 were audited twice during the year and as a result a total saving of £76,800 was identified from procedures carried out at Heart of England Foundation NHS Trust which did not meet Prior Approval criteria as agreed..

Prior Approval procedures will continue to be monitored through regular audit and for 2009-10 this will be extended to include procedures carried out at Sandwell and West Birmingham Hospitals NHS Trust and University Hospitals Birmingham Foundation NHS Trust.

**11.20 Individual Funding Requests**

**The Individual Funding Requests policy is currently being updated to increase transparency and improve understanding of the formal process. The actions are due to be completed by the end of May 2009.**

The current process has been benchmarked against the guidance issued by the National Prescribing Centre. The findings made will be used to shape the updates and amendments to the policy.

The stream of funding requests is steady, as is the number of requests being submitted to the Individual Funding Requests panel for consideration (January – March 2009).

Requests received	Requests approved	Requests declined	Requests pending
152	121	24	7

Exceptional requests received	Exceptional Requests approved	Exceptional Requests declined	Exceptional Requests pending
15	4	9	2

Several of the Individual Funding Requests being received are deemed to have no exceptionality and actually are service developments. The Individual Funding Requests panel have identified a need for the development of a group to assess these cases. The strategic approach of the Pan Birmingham Cancer Network is being studied as a possible model.

**11.21 Service developments**

**11.21.1 Musculoskeletal Service Redesign**

The first pathway that has been redesigned is the knee and the Consultant-led Integrated Knee Service (CLIKS) started as a six month pilot in January 2009.

There is a single point of entry to the service and patients can be referred via Choose and Book. Following referral to CLIKS patients are offered an appointment with the most appropriate health care professional (consultant, extended scope practitioner, physiotherapist) depending on their individual needs. These clinics are provided across a range of community and hospital settings.

CLIKS will be fully evaluated but anticipated benefits of this new model of care include:

- Reduction in waiting times for patients to receive assessment and diagnosis
- Patients able to see a physiotherapist in two weeks
- Reduction in referrals to hospital
- Patients receive their treatment within 18 weeks
- Orthopaedic surgeons' time released from outpatients to spend more time in the operating theatre

An interim report will be available early May but early indications are that the service is having an impact on referrals with large increases of activity through the Orthopaedic Triage Service for patients with knee problems. Referrals have also increased for all the other pathways which may reflect a raised awareness of the service amongst GPs through the recent publicity about CLIKS. The table below compares referrals this year with last year.

**11.21.2 Orthopaedic Triage Service**

	Jan	Feb	March
<b>Number of referrals received 07/08</b>	460	500	438
<b>Number of referrals received 08/09</b>	702	675	857

In total, six musculoskeletal pathways will be developed with the redesign of the back pain and shoulder services currently underway.

**11.21.3 Community Dermatology Service**

In September 2007, Sandwell & West Birmingham Hospitals NHS Trust were commissioned to provide a multi-disciplinary community dermatology service for patients in the north of the PCT. The service commenced in April 2008 and is not yet fully established owing to workforce issues. Commissioners are working with the clinicians and managers to ensure that the service is fully rolled out by November 2009.

Across the East, the six month pilot service for community services provided by Heart of England Foundation NHS Trust has come to a conclusion. Early indications and initial feedback show that long term patients with chronic dermatological conditions are more suited to and satisfied with community based services and that further locations need to be identified to ensure a truly community based approach. A formal review of the pilot commenced in April 2009 and will be reported as part of the next quarterly report.

#### **11.21.4 Ophthalmology**

Two independent sector providers, Midlands Eye Institute in Solihull and Aston University Day Hospital have been commissioned to provide additional capacity for patients requiring ophthalmic treatment. Both services will extend their current day case cataract surgery to include YAG laser and other treatments.

#### **11.21.5 Community Urology Service**

The consultant- led community urology clinic is a six-month pilot which commenced in February, in the Kingstanding Locality.

Suitable patients from GPs in the local area are referred for a variety of urological problems, including prostate symptoms. Assessments, diagnosis, education and advice are provided by the urology consultant. Additional investigations including bladder scanning and flow rate assessments are performed by nurses trained in urological conditions. Patients requiring follow-up appointments are also seen at the clinic.

The clinic will soon be available on Choose and Book for patients to book directly via their GP practice. From May to October a Urology Specialist Nurse will be working alongside the consultant to provide a multidisciplinary approach.

The success of the clinic will be established by reviewing patient experiences via patient satisfaction questionnaires, in addition to evaluating patient outcomes and the number of patients who have avoided attending appointments in secondary care.

## **12.0 Complex Care**

### **12.1 Care Packages in the Community under £40K per annum**

Care packages in the community with an annual cost of under £40K per annum are currently managed by South Birmingham PCT. Following agreement of the Directors of Resources and Commissioning across the City, it has been agreed that these cases will transfer to NHS Birmingham East and North under the portfolio of the Complex Care Commissioning Team.

Final preparation for the transfer has been completed and the transfer took place on 1<sup>st</sup> April 2009. An agreed process has been put in place and communicated to all stakeholders during March 2009.

## 12.2 Service Specifications and Contracts

Work to develop the numerous schedules required as part of the National Contract with the NHS providers of NHS Continuing Health Care Services have been completed and contact sign off taking place within the specified timeframe.

Work to develop quality performance indicators and outcome measures will continue during the first half of the New Year.

## 12.3 Funded Nursing Care and Supporting Team of Lead Nurses

The transition of the continuing care assessment team and funded nursing care assessors has now fully taken place from the Provider Arm of the PCT into the Complex Care Commissioning Team. This is proving beneficial to the PCT as there is a clear interface with commissioners and has improved the pathway for NHS Birmingham East and North residents who have complex care needs.

Work to develop robust nursing home quality monitoring mechanisms has commenced.

## 12.4 Partnership Working

Joint working with the local authority to develop an agreed dispute resolution policy for NHS Continuing Health Care has commenced and is expected to be complete by end of June 2009.

## 12.5 Activity and Projection of Complex Care Cases

There has been a significant increase in the number of continuing NHS health care cases agreed during the period 2008/9. Over this time period, the increase has averaged out at 48% as predicted following the launch of the National Framework for Continuing NHS Health Care and Funded Nursing Care in October 2007. Monitoring of activity will continue into the New Year and beyond in order to be able to respond appropriately to demands in service.

## 12.6 Appeals

The level of appeals received by the Team continues at an even pace with five new cases per month.

## **13.0 Learning Disabilities**

### **13.1 Social Care Transfer and Partnership Working**

Following the decision by The Executive Group of The Birmingham Health and Wellbeing Partnership for all Learning Disabilities services to be commissioned via a pooled budget arrangement under Section 75 of the National Health Services Act 2006 with Birmingham City Council acting as lead commissioner, independent project leads have been appointed.

A detailed report and work plan has been developed and the project leads are presenting the reports to the Trust Boards of the three Birmingham Primary Care Trusts. It is envisaged that a Section 75 pooled budget arrangement will be in place and operational by the end of 2009/2010.

Work to progress the transfer of social care funding from the PCT to the local authority has been completed and an inter-agency information sharing protocol has been agreed and signed to allow for the safe sharing and transfer of provider and client details.

As part of the social care responsibilities and funding transfer to the local authority the second phase notice to quit projects will transfer as work in progress, leaving the local authority responsible for the final stages of contract negotiation.

### **13.2 NHS Campus Project**

Work to resettle the remaining fourteen individuals currently living in provision that has been designated as an NHS Campus is well advanced. All clients have a person centred plan in place and are in receipt of nurse, social work and independent advocacy support.

### **13.3 Service Specifications and Contracts**

Work to complete the numerous schedules to support the implementation of the national contract is complete and contract sign off, within the specified deadlines, has been achieved.

### **13.4 Healthcare for All**

Work to progress the recommendations contained within the Healthcare for All report is well progressed. Discussions with GP's regarding the implementation of a DES are well advanced with the majority of GP's within BENCPT now signed up to this arrangement.

## 14.0 Services for Older People

### 14.1 Re-design of Intermediate Care

Quarter 4 was a period of consolidation for the BENPCT Intermediate Care services following their recent move into the two newly opened Care Centres in Perry Common and Sheldon.

Consultant geriatricians and GPs on a Local Enhanced Service agreement continue to be actively involved in the Intermediate Care Services

A detailed service specification for the Intermediate Care Service was drawn up in quarter 4 as part of the Community Contract for the provider arm services with a jointly agreed service development plan for 2009-10.

### 14.2 Health Care in Nursing Homes

The revised Tripartite Contract for the commissioning of Residential and Nursing Home services was subjected to a period of consultation with providers that ended in quarter 4. The main areas of contention surrounded arrangements for fees with the City Council and the new health schedules, both of which were generally accepted. The revised Contract will be in place from April 2009 for Homes for Older Adults. The City Council will only fund new admissions to Homes that have agreed to it.

BENPCT continues to work closely with the City Council to address safeguarding issues that arise in Nursing Homes and to agree a more streamlined approach to the de-commissioning of unacceptable services. The PCT Steering Group for Nursing Home care monitors health care issues in Homes and has developed an action plan to raise the standards of health care. Part of this will be the assignment of named community health professionals to each Home to improve communication about progress made.

### 14.3 Equipment Loans and Wheelchairs

Both services show a recurring annual shortfall in ability to meet demand despite increased investment. An external citywide review of the Wheelchair Service was completed in quarter 3 and the findings received in quarter 4. Commissioners are preparing options for a radical re-design of the service to ensure that it meets needs in a timely way.

A detailed service specification for the Equipment Loans Service was drawn up in quarter 4 as part of the Community Contract for the provider arm services. A service development plan was agreed with a service review jointly planned for 2009-10.

#### 14.4 Well-being Strategy for Older People

BENPCT was an active participant in the development of a joint citywide Well-Being strategy that is currently out of consultation. One of the top priorities identified by older people is for an accessible toe nail clipping personal care service for people too frail or disabled to manage this aspect of their own care. Although the identified need is cosmetic rather than health or community care in nature it does affect the ability of vulnerable people to be independent. The development of a pilot scheme has been led by South Birmingham PCT and the involvement of BENPCT will be sought in 2009-10.

#### 14.5 Carers

The BENPCT Carers Support Services were reviewed in quarter 4 and a detailed service specification was drawn up as part of the Community Contract for the provider arm services. A service development plan was agreed for 2009-10.

Plans are being drawn up to increase PCT investment in support for carers in line with the NHS Operating Framework and the national Carers' Strategy.

#### 14.6 Managed Care Pathways

Work continues on the development of a detailed specification for a Managed Care Pathway for Frail Older People with multiple conditions.

#### 14.7 Delayed Transfers of Care

Quarter 4 was a difficult time for HEFT with severe and persistent bed pressures. Multi-agency partnership working at all levels enabled the pressures to be managed effectively.

The usual pattern of Interim Care services continued to be commissioned, providing a short stay placement for people in nursing homes and care homes, for people who were waiting for their social care services to start.

In addition, a 31 bedded Enhanced Assessment Unit was set up at Berwood Court Nursing Home and an 8 bedded Unit at the City Council Florence Hammond Care Home for the period January to March 2009 to enable people with complex needs to leave HEFT and undergo multi disciplinary assessment in an unhurried way in a community setting. Both Units received input from a consultant geriatrician, community nursing and therapy, social workers and a GP under a local enhanced service agreement.

53 people with complex needs were admitted to the Berwood Court Unit and it was positively received by most of the people who used it. Evaluation of the outcomes found that it was very effective in preventing admission to long term residential care with over 43% of people returning home with a revised social

care package. 18 people with less complex needs used the other Unit with 63% enabled to return home.

Following the success of this pilot, discussions are underway with partners to commission Enhanced Assessment Services in other locations across the PCT as part of a comprehensive network of step down services.

## **15.0 Stroke**

The NHS Birmingham East and North's commissioning strategy for Stroke has been drafted, and is out for consultation.

Work continues to improve the clinical pathway at Heart of England NHS Foundation Trust (HoEFT) with the Stroke lead Nurse at HoEFT reporting most stroke patients spending some time on the stroke unit now, although this still leaves only 41% of stroke patients spending 90% of their time on a stroke unit.

## **16.0 Digital Diabetic Retinopathy Screening Service (DDRS)**

NHS Birmingham East & North currently act as lead Host Commissioner for the DDRS programme, on behalf of Dudley PCT, Heart of Birmingham tPCT, Sandwell PCT, Solihull Care Trust, NHS South Birmingham and NHS Walsall. 2008/09 has seen BEN PCT build on the strong start in 2007 of its state of the art retinopathy screening service; the service offers people with diabetes specialist digital eye screening to identify retinopathy, a condition which can damage the sight of people with diabetes. The service is currently provided by Heart of England Foundation Trust and its monthly meetings have been chaired by NHS BEN. From January 2009, the commissioning and provider functions of the Board have been separated.

### **16.1 Current service**

Currently Head of CVD programmes has been supporting Interim Director of Redesign and Commissioning in the running of the meetings, namely Provider Board, Information Technology, and Clinical Governance and overseeing the co-ordinators group. These meetings allow all providers, from acute, optometrists and PCT providers, to coordinate the care for Diabetic retinopathy to provide the best quality of care for our patients.

Current issues in printing of letters and have often caused delays but are being rectified by using software allowing for a better efficient printing solution on a central server. Upgrades for optometrists have also caused delays and new software will allow a fault tolerant system this is in light of National Screening Requirements. Continuous improvements on call and annual recall are planned to improve on quality of care provided.

All eligible patients with diabetes can be offered this service at a location convenient to them with dedicated IT equipment. The images can then be electronically transferred to the Heart of England NHS Trust Screening Centre

of Excellence for specialist analysis by clinicians. Continue to improve on clinical pathways for all providers in delivery of a World Class Commissioned service.

We have continued to achieve 100 percent of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy. Due to National Screening Committee requirements for the programme regular audits have been now set up for data to be extracted from Ophthalmology. We are currently planning for a familiarisation visit by the National Screening Committee, and an external quality assurance visit planned in December 2009.

## 16.2 Commissioning for the future

From the commissioning perspective, we have identified that engagement is variable for the PCTs involved in the programme. Due to the requirements of the service and the NSC, the specification of the service has changed over the 4 years of its existence. For example Optometrist payments vary widely across the programme and in general the funding streams are confused for some PCTs with monies being paid across a number of organisations for different parts of the programme.

To secure appropriate engagement, build a World Class Service and resolve the issues identified, one to one discussions have taken place with BBC commissioners in preparation for an initial meeting, now planned for 20 May 2009 to formalise agreement on the way forward, agree a service specification (currently in draft format) and sign off a new tender processes.

It is likely that from June 2009, the PCT will undertake a restricted tender exercise for the provision of DDRS services, as lead commissioner on behalf of a number of PCTs across Birmingham and the Black Country.

## 17.0 Birmingham Own Health

The rollout across the PCT is ongoing via locality presentations, visits by the Programme Manager - Chronic Disease Systems, Care Managers and where appropriate Health Intelligence. Currently we have over 48 assistive technology machines in patient's homes. We currently have 42 of 81 practices in the scheme.

We have successfully recruited to our establishment, a Business Support Manager and a Communications Officer for Chronic Disease Systems who will in the first instance focus on the expansion and extension of Birmingham OwnHealth.

There is continued interest both internationally and regionally in BOH. We have recently hosted visits from delegates from Barcelona, Wales, and made presentations to a 3-SHA Innovation Masterclass, the Midlands meeting of WSDN (Whole Systems Demonstration Network) and have been filmed for the NHS Innovation week.

The CMPB membership has now been increased to include other local PCTs. The Operational Management Board has been meeting monthly, whilst we maintain a weekly meeting of the core management group. Such an arrangement is making reporting workstream management and week-to-week operational management more efficient.

## **18.0 Recommendation**

The Primary Care Trust Board is asked to receive and note the report.