

## **QUARTERLY REPORT:** **STRATEGY AND REDESIGN**

July 2008

### **1.0 Purpose**

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

### **2.0 Introduction**

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

The last quarter has seen a number of changes in the structure and staffing of the Directorate.

Andrew Donald took up the role of Chief Operations Officer and Executive Director for Strategy and Redesign with Dr. Richard Mendelsohn as Director of Chronic Disease Systems and Tony Ruffell as Interim Director of Strategy and Redesign.

We have completed recruitment to the new citywide Mental Health commissioning team which is hosted in BENPCT.

However, Janine Lucking, Assistant Director of Long Term Conditions and Marie Tarplee, Commissioning Manager for Service Redesign have both left for new posts with the NHS Institute for Innovation and Improvement. We are very pleased that they have both been successful in securing their national roles, but their departure has depleted the team. Replacements are now being recruited.

Development sessions have been planned for the Directorate to support staff in assimilating the wide range of drivers and initiatives they face as well as making sure that they are appropriately reflected in staff appraisal processes.

This Report includes updates and progress on: -

- Adult Mental Health Services
- Unscheduled Care
- Pan Birmingham Sexual Health and HIV Services
- Deprivation of Liberty Safeguards (DOL's)
- End of Life
- Chronic Disease Systems: Birmingham OwnHealth<sup>®</sup> Health and Work/Cardiac Network

- Children and Maternity
- Localities
- 18 Weeks Referral to Treatment
- Complex Care

### **3 Adult Mental Health Services**

3.1 The Human Rights Act requires that people cannot have their liberty deprived unless it is carried out under an appropriate legal process. The Mental Capacity Act 2005 deprivation of liberty safeguards which comes into effect on 1<sup>st</sup> April 2009 puts in place a structure for people who lack capacity and who have their liberty deprived, this will affect clients in Care Homes, Care Home with Nursing and all Hospital settings.

With effect from April 2009 Local Authorities and PCT will need to have in place mechanisms in order to safeguard people's deprivation of liberty in Care Homes and Hospitals.

PCTs will be the supervisory body for all hospitals in their area (and any commissioned hospital places outside of their area)

Local authorities will be the supervisory body for all care homes and care homes with nursing in their area (and any commissioned care home places outside of their area)

BENPCT as the citywide commissioners for Mental Health Services is leading the planning for DOLs across the City

#### **3.2 Citywide Joint Commissioning**

Two further appointments have been made to the city wide joint commissioning team, Lynne Archer (Birmingham East and North lead) and Vanessa Devlin (Heart of Birmingham lead). The team is now complete with one lead and three strategic commissioners. There are three project manager posts to be appointed to in the next three to six months.

#### **3.3 Citywide Service Developments**

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

The women's PICU has now been opened and currently has four Birmingham patients, two patients repatriated from outside Birmingham and two new admissions. The financial savings from the PICU is around £400k per annum.

### **3.3.2 Place of Safety**

BSMHFT have sent through a four option proposal for a Place of Safety in Birmingham, the Commissioners are considering the proposal and awaiting more financial information.

### **3.3.3 Community Personality Disorder Service**

Commissioning intentions have been issued to BSMHT.

## **3.4 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. All CCBT licenses have now been distributed to the Primary Care Mental Health Team. To build on improvements already implemented, the commissioning team recommended appointing Primary Care Mental Health Manager which has been appointed to and has been in post for the last month. The main focus of work will be implementing the stepped care model in line with the rest of the city.
- An increased number of support time and recovery (STaR) Workers in Assertive Outreach teams, inpatient services and primary care.
- Completing recruitment of the full complement of Community Development Workers (CDWs) to enhance engagement with local BME communities.
- Increasing the availability of advocacy services for those with mental health problems. A short term solution has been commissioned from Friendship Care & Housing which will fit in with the Birmingham model and align all services from the three Birmingham PCTs.

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

A service specification for city wide Community Enablement and Rehabilitation teams (CERTs) has been developed and implementation will commence shortly. A city wide Dementia service is planned for 2009/10 and may commence this year from slippage once recurring funding is secured. This service is part of the National Dementia Strategy which is currently out for consultation.

Primary Care workers are currently being appointed into the existing (adult) primary care teams to create an ageless service and to form a bridge across to memory service should that be necessary.

## **3.6 BME Mental Health Community Development Workers**

A team of five community development workers has been operational since early June. Each CDW is leading on two of the following priority areas:

- Children and Young People
- Criminal Justice
- Working Age Adults
- Older Adults
- Asylum Seekers and Refugees/New Communities
- Faith and Spirituality
- Carers
- Learning Disability
- Service User Involvement
- Gender and Sexuality.

#### 3.6.1 **Progress to date**

A draft team action plan and individual work plans have been devised; promotional material to raise awareness of the team in the community has been developed. The CDW team have begun to scope and map out the community and voluntary sector groups and BME communities to understand and develop links with these groups and ensure service providers and commissioners are able to better respond to the needs of the BME communities in relation to mental health in BEN PCT. The Team has been linking in with relevant community events and meetings to strengthen the links with the statutory partners.

## **4.0 Unscheduled Care**

The Urgent Care project in partnership with Solihull Care Trust and Heart of England Foundation Trust is underway. The project is focused on the development of an integrated urgent care system across the local health economy and will simultaneously test out alternative payment approaches within the existing revenue envelope.

This represents a major piece of work that has the potential to deliver real improvements in urgent care for patients. The project team is working with nine practices across BEN and Solihull to undertake initial mapping and activity analysis work. A full process mapping event involving all stakeholders is also planned for July 2008. The financial and activity modelling stream of work is also underway and is establishing with all urgent care providers the cost of current services.

The pilot with the ambulance service and out of hours providers to provide alternative pathways commenced in May 2008 for twelve weeks. Ambulance crews

are able to access GP advice out of hours by telephone, book patients into a centre to see a GP or request a home visit. Early evaluation indicates the pathway works but activity has been low in the first month. The ambulance service has responded with a further internal promotion to crews. Full evaluation is planned at the twelve week stage.

BEN PCT is continuing to work with HOBtPCT in the procurement process for the Birmingham Walk in Centre to ensure the revised service specification meets the needs of BEN residents choose to access “walk in services” in the city centre.

The project to extend 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. We are on target to achieve this.

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

The draft citywide five year strategy for Sexual Health Services was presented to Birmingham East and North, Professional Executive Committee and to the other PCTs in June 2008; it incorporated the proposed local implementation strategy for Sexual Health Services across BENPCT. The comments received have been incorporated in the documents in readiness for the strategy being issued for consultation later this summer. A wide reaching approach to the consultation is being developed.

### **5.1 Improving Sexual Health Services in BENPCT**

Work is in progress to develop and maintain skills in sexual health medicine in primary care and community based health staff. This will build the local infrastructure to respond to the outcome of the consultation on the strategy.

### **5.2 Teenage Pregnancy**

BENPCT has agreed three new strands of work to contribute to the City work on reducing the numbers of teenage conceptions. 25% of teenage conceptions are repeat pregnancies and targeted work is planned for this group. Long acting methods of contraception are being promoted and made readily available to those opting to terminate their pregnancies and to teenage parents and expectant mothers to encourage them to defer further pregnancies. Focussed work will be done with high risk teenagers to take up education and work opportunities and a more general campaign will use the vehicle of end of school ‘proms’ to test out the benefits of “health risks” road shows as most teenage conceptions occur in the first year of leaving school.

## **6.0 Implementation of the End of Life Care Strategy**

Commissioners are proposing to lead a staged approach to implementation after discussions with Providers and an options analysis. This methodology will ensure creation of a safe and effective pathway with a minimised risk of failure on delivery.

Investment will occur in year on agreed priorities, against service specifications, and detailed discussions with providers are now taking place.

This method of implementation also allows testing of innovative, models of service, before tendering the co ordination of the managed care pathway in September 2009.

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

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

Our local health economy Neurological Long Term Conditions NSF Implementation Group has continued to meet monthly in order to make a significant impact in the implementation of the NSF which was published in 2005. As reported previously the group continues to focus particularly on Parkinson's Disease, Epilepsy and Multiple Sclerosis. This section updates the Board on progress for Epilepsy and Multiple Sclerosis services. Currently, there is a separate HoEFT Neurological Long Term Conditions (LTCs) implementation group and discussions are underway on combining the two groups.

### **7.2 Epilepsy**

We have worked with the 'Provider Arm' to derive a best model of service development to be able to maximise the impact we can have within the proposed resource package. Having researched best practice models around the country a business case was submitted to Gateway for the appointment of a clinical nurse specialist. Further work has been requested particularly concerning finance before resubmitting for approval. This will be picked up as part of the work programme within Strategy and Redesign – Chronic Disease Systems.

### **7.3 Multiple Sclerosis**

We are developing a process to ensure that there is the appropriate level of clinical leadership for the MS work programme. The role will encompass the chairing of the NSF LTCs health economy group as well leading the MS work programme, the importance of which has been highlighted by the Royal College of Physician's recently published audit.<sup>1</sup>

As part of the MS NSF implementation planning, we are proposing to hold a stakeholder conference specifically for MS on the 25<sup>th</sup> September 2008 at the Ramada, Penns Lane. It is interesting to note that we are tailoring the design of the conference to take account of the client group's needs such as short sessions with adequate breaks to avoid fatigue and ensuring ease of access into the conference room. Any Non-Executive Director who would like to attend on behalf of the Board will be most welcome.

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<sup>1</sup> [http://www.rcplondon.ac.uk/news/news.asp?PR\\_id=413](http://www.rcplondon.ac.uk/news/news.asp?PR_id=413)

## **7.4 Cancer Reform Strategy**

The Local Health Economy Cancer group continues to meet. The chair of the group has now been passed to the Locality Director for BSA and Erdington. We have now completed the second of the locality focus groups on 'Living with and Beyond Cancer' on Breast Cancer Follow Up. Three key themes emerged - the appropriate place for follow-up, meeting holistic needs and information to 'get on with life'. The report has been shared with the Local Health Economy Cancer Group and has informed an expression of interest submission to NHS Improvement: Cancer entitled 'Developing and Testing Approaches to Adult Survivors - Care and Management'.

## **7.5 Birmingham OwnHealth**

Phase 1 – We continue to raise the profile of Birmingham OwnHealth regionally, nationally and internationally as part of the delivery of the communications strategy. For example, the Partnership was asked to present at the NHS West Midlands launch of Investing for Health on June 3<sup>rd</sup> 2008 in the presence of Lord Darzi. The service has also featured in a Health Executive TV Wwebstream<sup>2</sup>, a video presentation for a recent Northern Ireland NHS Confederation Conference and several articles in the Sutton Observer<sup>3</sup>. In addition, the website is now active<sup>4</sup> and is providing feedback and queries to the Partnership.

We continue to recruit to the phase 1 service, have piloted an automated web-based data extraction solution and are rolling out recruitment to a number of Sutton Coldfield practices during the summer.

The Care Management Delivery Team continues to build with a recruitment process for a shared Partnership Communications Manager for Birmingham OwnHealth and increased support from the ICT team. Board members may be aware that there has been a high profile recruitment campaign for Care Managers and we are continually promoting the role of the telephone based Care Manager as part of an exciting career path.

Phase 2 – We have set a launch date for Phase 2 of Birmingham OwnHealth to be held on Tuesday 16<sup>th</sup> September at a central Birmingham venue. Here we intend to 'unveil' a redesigned approach that includes more conditions and is able to promote social well being as part of care management and the use of assistive technology (AT). In early August 2008 we are testing out the use of assistive technology – telehealth in Sutton Coldfield with the support of two of our ACMs (Assertive Case Managers) prior to the full launch in September 2008.

As part of the preparation for roll out we have demonstrated the use of AT and Birmingham OwnHealth at the recent Birmingham City Council's Adults and

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<sup>2</sup> <http://www.healthexec.tv/cgi-bin/details.pl?action=pre&id=439> for online registration

<sup>3</sup> <http://www.suttonobserver.co.uk/displayNode.jsp?nodeId=185934&command=displayContent&sourceNode=185921&contentPK=20799824&moduleName=InternalSearch&formname=sidebarsearch>

<sup>4</sup> [www.birminghamownhealth.co.uk](http://www.birminghamownhealth.co.uk)

Communities Annual Conference, presented to the Older Adult's Senior Management Team and have liaised with key contacts involved in the Transformational Programme.

We have maintained steady progress during the design phase, ensuring that eleven workstreams between them are delivering on the agreed objectives. Progress is reported by the Operational Management Board to the Care Programme Management Board chaired by the Chief Operating Officer of the PCT. Risks and risk mitigation is reported regularly to the Care Programme Management Board and recorded as part of a risk log. All policies and procedures relating to Phase 2 are scrutinised by the Operational Oversight Committee (OOC) chaired by the Clinical Director for Involving People.

The Board will be aware that as part of the commissioning of Phase 2, we have signed a three year agreement with Pfizer Health Solutions and released a press statement on May 20<sup>th</sup> which resulted in the Sutton Observer article referred to above.

## **7.6 Health and Work**

At its meeting on 1<sup>st</sup> May 2008 the Improving Health Increasing Employment Project Board agreed an implementation plan consisting of 16 workstreams. Whilst progress in some of the workstreams is dependent on dedicated staffing that is being considered as part of budgetary proposals for consideration in Birmingham's worklessness delivery plan, other initiatives are moving ahead. For example, the scoping out the issues of a 'Fit for Work Service' as announced in the recent Final Report of the NHS Next Stage Review<sup>5</sup>, liaison with 'Pathways to Work' and the Institute of Employment Studies (IES) research programme.

The emerging findings of the research review and a national trawl of schemes that support those on Incapacity Benefit (IB) back to work are interesting. They have confirmed that IB claimants face three main barriers in relation to employment, namely health issues, skills and labour market position and lack of confidence. In addition, they have identified the critical success elements for any scheme - engagement, confidence building, health assessment and advice, employment assessment and advice and post-employment support. Clearly, these principles will be used in the development of such schemes.

Health and employment is one of the City's key inequalities strategies and as such an annual plan has been submitted and discussed as part of the inequalities programmes within the Health and Well Being Partnership. This will ensure there is connectivity with the other plans such as Life Expectancy, Obesity and Tobacco Control.

## **7.7 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.

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<sup>5</sup> High Quality Care for All – NHS Next Stage Review Final Report DH 2008: p10

The Executive of the Network is working with Vista on an Organisation Development Programme entitled “Setting Up for Success”. This will allow the Network to align itself with the forthcoming West Midlands Clinical Network Specification (currently in draft form). The Executive is acutely aware of the role it has to play in supporting the delivery of World Class Commissioning alongside and on behalf of its constituent organisations.

The Commissioning Group of the Network continues to meet on a monthly basis and has commissioning representation from the relevant PCTs. Recently we have agreed stroke priorities after receiving a report on a Network Stroke Gap Analysis and have agreed a stroke needs assessment framework, approved a paper entitled ‘Direction of Travel – Cardiac and Stroke Network’ to go to each PCT once the West Midlands Clinical Network Specification has been approved by the West Midlands CEO group. We have also received a report on the emerging themes from a commissioned ‘Cardiac Gap Analysis’. The Commissioning Group also monitors the current work programme and has considered the first drafts of an echocardiography specification, a report on 18 week pathways undertakes Horizon Scanning on behalf of the Network, Infarct Angioplasty Service Strategy and Standards and a standard framework for specification construction.

- 7.8** As part of our Horizon Scanning responsibilities in collaboration with members of the West Midland’s Specialised Commissioning Team we have considered the emerging evidence for percutaneous aortic valve replacement (as opposed to operative aortic valve replacement). Discussions are on-going between commissioners and providers on the future role of such a technology.

## **8 Children and Maternity**

### **8.1 Perinatal Mortality**

The roll out of the project to Bordesley Green and Kingstanding is currently being planned to reduce perinatal mortality rates in these areas.

A clinical sub-group has been set up in Washwood Heath, with GPs and Heart of England Foundation Trust (HoEFT) representatives to ensure joint care pathways are developed between primary and secondary care, including a pre-conception protocol for GPs.

The free pregnancy testing service in pharmacists in BEN PCT is continued to be rolled out.

A number of focus groups and questionnaires will be undertaken within the Washwood Heath area to assess the pilot scheme.

### **8.2 Pan Birmingham Children’s Commissioning**

The Pan-Birmingham Children’s Commissioning Manager has started in post. 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 NHS Joint Commissioning Group has been set up to ensure effective communication and oversight on the children's commissioning agenda across the three PCT's.

The Children's and Young People's Partnership Board are currently in the process of reviewing their governance arrangements to ensure it is fit for purpose.

The Brighter Future Steering Group is continuing to monitor the implementation of the Brighter Future Strategy for Birmingham.

### **8.3 Maternity Services**

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

BEN and Solihull PCT have agreed to appoint a joint manager to develop the commissioning arrangements for maternity services and link with the Pan Birmingham work.

As a result of the Healthcare Commission, HEFT has produced an action plan to address the specific points raised as matters of concern. The action plan will be monitored through the joint maternity programme board with HEFT. Furthermore, a set of clinical indicators and processes will be part of the contract with HEFT.

### **8.4 Child & Adolescent Mental Health Services (CAMHS)**

The citywide chairmanship of the CAMHS commissioning group will transfer from BEN to HoB PCT as part of HoB's lead role for Commissioning services for children. In the meantime work has continued on updating the CAMHS Strategy; the development of performance management measures, achievement of the Vital Signs measures for the service; implementation of the mental health promotion strategy and redesigning services to make them more accessible.

## **9 Locality Reports**

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 have been presented to the PEC in July and will be taken forward within the respective localities, in partnership between the clinicians and managers.

An incentive scheme for 2008/09 has been agreed and this year will include involvement in programmes to reduce life style risks.

The PEC Sub-group agreed the policy on setting the 2008/09 commissioning budgets for practices which were based on moving towards fair share allocation by 5%. This was above the national guidance which stated that a minimum shift of 1% was required.

## **9.1 Washwood Heath/Hodge Hill Localities**

### **9.1.1 Mental Health and Well Being Worker**

The Locality Commissioning Group is working with the Birmingham and Solihull Mental Health Trust and the citywide mental health commissioning team to implement the service specification for the provision of a mental health and well being worker for patients suffering from diabetes. A focus group was undertaken with the local community and patients in developing the service specification.

### **9.1.2 Urgent Care Centre (UCC)**

An interim accommodation solution for the second UCC has been agreed on the existing Saltley Health Centre site. This will also provide the interim accommodation for the Darzi practice.

### **9.1.3 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 have engaged the local community in identifying the services for the new centre and have involved them in the design of the building. We hope to submit a planning application in the near future.

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

### **9.2.1 Sexual Health Services**

The Locality is working with local practices to ensure they have the capacity to deliver 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.

### **9.2.2 Older People Services**

In partnership with the other localities and the City Council, the Locality has agreed to extend the good neighbour scheme across the locality.

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

The Locality has agreed to extend the Male Life Expectancy Project to practices that did not benefit from the NRF funding to enable them to target males of 40 for screening and early detection of CVD.

### **9.2.4 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

### **9.3 Kingstanding and Oscott Ward**

#### **9.3.1 Virtual Ward**

The plans for the virtual ward are currently being reviewed by the Locality Board and a number of proposals are being explored around other possible areas of work the locality could undertake.

#### **9.3.2 Reducing Deaths from CHD and Stroke**

The Locality has participated in the Male Life Expectancy project jointly initiated by the PCT Public Health Team and Birmingham Health and Well-being Partnership to screen all men over the age of 40 and risk stratify them.

The project is due to come to an end towards the end of July 2008 and the Director of Health Improvement and Public Health has been invited to a future meeting of the Locality Board to discuss future pieces of work the locality can focus on in respect of reducing the numbers of people dying from CHD and stroke.

#### **9.3.3 COPD Service**

The COPD specialist nurse has been working with initially five practices in the locality identified as requiring intensive COPD support. The COPD nurse has been reviewing existing COPD patients and identifying new patients that have not been diagnosed with COPD in the past through spirometry clinics. To date 151 patients have been called to clinic, of which 118 have been seen. A dedicated education and training session is being arranged for practice nurses in collaboration with the PCT's Professional Development Unit.

The six week community based pulmonary rehabilitation programme is now in its second cohort of patients at Kingstanding Leisure Centre. Preliminary findings from the first focus group with the patients have been very positive with a high level of patient satisfaction.

This COPD pilot has been extended to March 2009 as the PCT COPD service is currently being reviewed by the Director of Chronic Disease Management. The pilot in Kingstanding Locality will feed into this review.

#### **9.3.4 Prescribing**

The Locality continues to support work around prescribing with a total efficiency saving of £94,536 at the end of the financial year 2007/08.

#### **9.3.5 Anti-coagulation Service**

The first meeting of the sub-group to explore anti-coagulation redesign is being set up. This scoping meeting will explore various models of delivery,

with clinical leads being invited from ASP and 3Ss localities to share the work they have undertaken around anti-coagulation service redesign.

#### **9.4 Birmingham North and East (Erdington, Tyburn and Stockland Green)**

##### **9.4.1 Chlamydia Screening**

The practice involved in the pilot for Chlamydia screening programme has now shared the work they have undertaken with the PCT's Chlamydia Screening Group. The Locality is waiting for the release of the PCT's Sexual Health Strategy before considering others areas of development around this topic.

##### **9.4.2 Prescribing**

The Locality continues to support work around prescribing with a total efficiency saving of £134,685 at the end of the financial year 2007/08.

##### **9.4.3 Falls Prevention**

The pilot for falls prevention has now commenced with one practice in the locality. 100 patients have randomly been chosen over the age of 65 years to participate in the pilot. These patients have been sent letters requesting them to complete a self assessment form. 61 responses were received within a two week time frame. The remaining 39 patients will be followed up by a telephone call from the practice. The patients will then be risk stratified and offered appropriate intervention. Medium risk patients will be offered an assessment by the Practice Nurse which is due to commence mid-July.

##### **9.4.4 COPD**

The six week community based pulmonary rehabilitation programme is now in its second cohort of patients at Pype Hayes community centre. Preliminary findings from the first focus group have been very positive with a high level of patient satisfaction. The sub-group is exploring other ways of enhancing the COPD pilot and will be looking to adopt a similar model to the Kingstanding COPD service.

This COPD pilot has been extended to March 2009 as the PCT COPD service is currently being reviewed by the Director of Chronic Disease Management. The pilot in BNE Locality feed into this review.

##### **9.4.5 Reducing Deaths from CHD and Stroke**

The Locality has participated in the Male Life Expectancy project jointly initiated by the PCT Public Health Team and Birmingham Health and Well-being Partnership to screen all men over the age of 40 and risk stratify them.

The project is due to come to an end towards the end of July 2008 and the Director of Health Improvement and Public Health has been invited to a

future meeting of the Locality Board to discuss future pieces of work the locality can focus on in respect of reducing the numbers of people dying from CHD and stroke.

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

### **9.5.1 Stake Holder Event**

A successful Stakeholder event was held on the 9<sup>th</sup> July when eighty stakeholders came together to look at improving health locally. Stakeholders worked on four of the key objectives for the locality and made recommendations on the key actions required moving forward.

### **9.5.2 Anti coagulation redesign**

The new practice based service is operational in the seven hub practices and practices are now beginning to take their spoke practice patients on also. The patient consultation was very supportive of the new primary care service.

### **9.5.3 Prescribing**

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

### **9.5.4 Obesity**

Within the PBC incentive scheme (subject to gateway approval) practices will be working on improving baseline recording of BMI and risk stratification in line with NICE guidance.

### **9.5.5 Leg ulcer telemedicine**

Phase one of the project has been completed foundation level training with relevant practice and district nurse staff. The next phase of the project will involve movement to practitioner level and cascade of training within teams using the telemedicine software to improve the leg ulcer pathway. This work is in collaboration with Wound Care Logistics, BENPCT provider services and specialist tissue viability teams.

### **9.5.6 Support to Vulnerable Elderly**

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme (subject to gateway approval) that will support vulnerable elderly patients through a volunteer and advocacy network.

## **9.6 Sutton Locality**

### **9.6.1 Stakeholder Event**

A successful Stakeholder event was held on the 3<sup>rd</sup> July when 100 stakeholders came together to look at improving health locally. Stakeholders worked on four of the key objectives for the locality and made recommendations on the key actions required moving forward.

### **9.6.2 Anticoagulant Service**

The locality is preparing to go live with a new service in July 2008. All twelve practices are actively engaged.

### **9.6.3 Prescribing**

The Locality continues to support work on efficient prescribing.

### **9.6.4 Birmingham Own Health**

All twelve practices within Sutton have agreed to become actively involved in Birmingham Own Health as part of the PBC incentive scheme (subject to gateway approval). A timetable for recruitment has been drawn up with three of the forerunner practices already engaged.

### **9.6.5 Support to Vulnerable Elderly**

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme (subject to gateway approval) that will support vulnerable elderly patients through a volunteer and advocacy network.

### **9.6.6 District Nurse Service Specification**

The PBC group have developed a service specification outlining the service they want to commission for District Nurse services for their population from BENPCT Provider Services. This document is currently with clinical governance for a view and will then be issued to the provider arm.

### **9.6.7 Consultant to Consultant Referrals**

Audits of CBSA data at two large Sutton practices have highlighted concerns about high levels of consultant to consultant referrals particularly in Ophthalmology. These queries are being formally raised with HEFT.

## **10 18 Weeks Referral to Treatment**

The March milestones were achieved with 87% of admitted and 92.7% of non-admitted patients receiving their treatment within 18 weeks of referral.

For April 2008, referral to treatment times were 88% for admitted and 92% for non-admitted – both on trajectory to meet the December target. Across the West Midlands, it has been agreed to work towards an accelerated achievement of 18 weeks by September 2008. Heart of England Foundation Trust (HoEFT) and the PCT's other main providers are currently working towards the September target of 90% for admitted and 95% non admitted patients.

The PCT is currently undertaking significant work with HoEFT to explore the data issues and provide assurance around the delivery of 18 weeks across the health economy. Areas of work include the reduction of the backlog and validation of data recording and accuracy. A patient access policy is currently being developed and specialty based action plans signed off.

Trauma and orthopaedics remains the key challenge across the health economy. Service redesign is underway and a joint action plan across the health economy is being developed.

Service redesign work around a number of specialities is in progress to develop models of care with sustainable capacity to deliver 18 week referral to treatment times. This includes:

### **10.1 Orthopaedics**

The PCT is working with HoEFT and Solihull Care Trust to develop an integrated model for musculoskeletal services which will combine the orthopaedic triage service with the orthopaedic outpatient service. This is starting with the development of an integrated knee service with the aim of piloting this model across the PCT in the autumn.

### **10.2 Dermatology**

The Community Dermatology Service for the North area of the PCT commenced in May 2008. A community model for the East of the PCT has been agreed with HoEFT and will be piloted from September 2008.

### **10.3 Urology**

The development of a community based urology office is being considered which will enable appropriate outpatient activity and treatment to be transferred into community settings

### **10.4 Audiology**

Current activity and capacity has been reviewed with Sandwell and West Birmingham Hospital piloting service redesign around follow up patients, that will free capacity to enable delivery of an 8 week pathway for assessment and fitting of hearing aids.

A Department of Health patient communication pilot will be taking place across the health economy over the coming weeks, which will encompass both 18 weeks and Choose and Book. This will include a passport for patients on 18 week pathways, a

poster campaign and a patient confirmation service for patient appointments at HoEFT to reduce the number of did not attends (DNAs).

## **11 Complex Care**

BENPCT host the commissioning of complex/continuing NHS health care for the three Birmingham PCTs. The National Framework for Continuing NHS Health Care and Funded Nursing Care, introduced on 1 October 2007, has provided a common framework for PCTs across the country.

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

Training was completed for both NHS and Local Authority staff last September/October, facilitated by the Complex Care Team. Further joint training events are being planned. The focus of which will be to reflect on the implementation of the National Framework, identifying areas of weakness and good practice, and providing refresher training for assessors.

The number of referrals for continuing health care cases is steadily increasing. However, it will be at least October 2008, before a full analysis and forecast can be produced, indicating the full impact of the introduction of the framework, together with the single banding for funded nursing care. By October 2008 the PCT will have completed the annual reviews for all funded nursing care placements, and will have available the trend analysis to forecast the movement into fully funded NHS care.

### **11.2 Ongoing Work Programme**

The Complex Care Team has over the last several months been recruiting to a number of posts. This is now nearing completion and will provide the structure to review and redesign the commissioning of complex care.

Work is ongoing, particularly in the area of developing service specifications and contracts. Quality standards and outcomes will have a prime focus in the development of the service specifications.

A service review of the provision of complex care nursing service provided by South Birmingham Primary Care Trust is currently being undertaken. The service provides complex care for children and adults. A business case and service specification is also being developed to look at service redesign for the provision of complex care for children, being provided within the Community Children's Nursing Service, managed on behalf of the Birmingham PCTs by South Birmingham PCT. There has been a significant increase in adults requiring complex care within the community. Complex Care will be looking at developing the market for this client group, as currently there are very few providers, including within the NHS that can meet the needs of a client with complex needs, for example ventilated at home.

The Complex Care Team is also continuing to work with our partners reviewing the citywide tripartite agreement for nursing homes. A quarterly monitoring and self assessment tool has been introduced for nursing homes from 1 April 2008. Multi-

agency meetings are taking place on a regular basis developing the contract for 2009/10.

### **11.3 Appeals for Continuing NHS Health Care funding:**

The Complex Care Team is continuing to receive challenges for long term health funding, particularly relating to the level of restitution payments for agreed cases. This issue was recently raised at a meeting with the Strategic Health Authority. They are meeting with the Department of Health shortly to discuss the ongoing appeals process, and will feed back to PCTs.

### **11.4 Conclusion**

The Complex Care Team continues to develop and working towards the redesign and development of services for adults and children with complex health needs.

## **12.0 Recommendation**

That the Primary Care Trust Board note the report.