

QUARTERLY REPORT:
STRATEGY AND REDESIGN
1st May 2009 to 31st August 2009

1.0 Purpose

To update Board Members on the work programme of the Directorate of Strategy and Redesign for the Quarter 1st May 2009 to 31st August 2009.

2.0 Introduction

This is the fourteenth 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, HIV Services & Teenage Pregnancy
- Substance Misuse
- End of Life Care
- Chronic Disease Systems
- Complex Care
- Learning Disabilities
- Services for Older People
- Diabetic Digital Retinopathy Service
- COPD
- Locality Reports
- Urgent Care Centre
- Health Incentives

3.0 Pan Birmingham Mental Health Services

3.1 Joint Commissioning

The work to progress moving towards joint commissioning with Birmingham City Council is now well developed in Mental Health. An establishment agreement to formalise the governance arrangements between the three Birmingham PCTs has been agreed by the PCT and will be presented to PCT Boards in September. Once formally agreed this agreement will form the basis (from the NHS perspective) of moving to a pooled budget arrangement under section 75 with the local authority.

3.2 Payment by Results (PbR) in Mental Health

Previously the board was advised that NHS West Midlands is leading on the implementation of the Yorkshire Cluster model and PBR in Mental Health was to be implemented by April 2010.

A recent letter from the Department of Health advises that although the cluster work continues as the process for defining the currencies which are expected to be in place and in use by all local health economies by 2011/12 (possible with some local prices), the earliest possible date (if at all) for national tariff for Mental health will be 2013/14.

3.3 New Mental Health Contract

Commissioners are working to:

- Agree new Services Specifications and schedules for the new Mental Health Contract to be in place with BSMHFT by 1st April 2010
- Agree contracts with Independent sector providers
- Agree contract with third sector providers

3.4 Performance Management

A performance management framework and a balanced score card has been agreed with BSMHFT through the Performance Management team in BEN PCT

Formal performance arrangements for the third sector and the independent sector are being developed as part of moving to the new mental health contract

Discussions are to take place as to how we can successfully combine the performance management arrangements of the Primary Care Trusts and Birmingham City Council as we move towards a section 75 pooled budget arrangements

3.5 Citywide Service Developments 2009/10

3.5.1 Place of Safety (POS)

Commissioners are meeting with the local mental health trust in September with a view to finalising an agreement for the provision of POS. Should agreement not be reached then an alternative provider will be sought.

3.5.2 Rehabilitation & Accommodation Project

Work is currently underway and a separate more detailed report will be produced for the next board meeting.

3.5.3 Improving Access to Psychological Therapies.

Tom Howell is now in post as the project manager for IAPT and a detailed plan for implementation of the first phase of the IAPT development is now under negotiation with BSMHFT as they will be required to provide training places, appropriate caseloads and supervision during the first year of the project.

3.6 Mental Health Services for Older People (MHSOP)**3.6.1 Dementia Commissioning**

A paper outlining the options for Dementia Commissioning for the city is being prepared jointly by the Older Peoples' Joint Commissioning Group and the Mental Health Joint Commissioning Team. This paper which will recommend that dementia services be commissioned from a hub which looks at holistic support and care rather than from a health or mental health perspective will be considered at the September meeting of the Birmingham Health and Wellbeing Partnership.

3.6.2 Memory Assessment Service

The specification for the citywide service has been agreed, the service will be 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 Birmingham and Solihull Mental Health Foundation Trust.

3.7 NHS Birmingham East and North- Specific Service developments**3.7.1 Health Care at Home**

A project is being developed which looks at shifting activity and resources currently associated with Community Mental Health Teams in secondary care to primary/community based teams have a greater focus on holistic care and recovery.

4.0 Pan Birmingham Sexual Health, HIV Services & Teenage Pregnancy**4.1 Pan Birmingham Sexual Health & HIV Services****4.1.1 Citywide Sexual Health Strategy**

In line with our citywide Sexual Health Strategy, commissioners have developed service specifications in relation to the delivery of local Primary Care Trust hubs for one-stop integration provision of sexual health services. The Joint Commissioning Group has advised providers of the redesign required in services to vary contracts in line with commissioning intentions.

The citywide Sexual Health Consultation has been agreed and signed off by the Pan Birmingham Joint Commissioning Group. The Consultation and Citywide Strategy document will be submitted to PCTs, PECs and Boards in October 2009.

The Department of Health has published its response to *Progress and Priorities – Working Together for High Quality Sexual Health*. This is a review of the 2001 Sexual Health and HIV Strategy. The response highlights key achievements, as well as outlining how the national level recommendations will be implemented. The document is called *Moving Forward: Progress and Priorities – Working Together for High Quality Sexual Health*.

Areas of the Strategy that have been highlighted to be addressed are:

- Review of the strategy
- Government response to the strategy review
- Sexual health as a public priority – the regional role
- World class commissioning for sexual health and HIV
- Building local strategic partnerships for sexual health improvement
- Using local partnerships for sexual health improvement
- Investing in prevention
- Sexual health networks
- Using networks to support world class commissioning
- Service modernisation and integration
- Delivering holistic sexual health care
- Developing integrated services for contraception and STIs
- The untapped potential of general practice

Reviewing the document pan-Birmingham, we have adopted a number of recommendations in our local strategy. The full document can be accessed here: http://www.medfash.org.uk/publications/documents/Progress_and_priorities_working_together_for_high%20quality_sexual_health_FULL_REPORT.pdf

4.1.2 **National Response Team for Response to Sexual Violence (NST RSV)**

NHS Birmingham East and North commissioners will be the Health lead for the NST RSV. The NST for RSV has been tasked by the Home Office (HO)/Department of Health (DH) (cross government) to visit all thirty-nine forces in England, which includes all 152 PCTs to ensure that the PCTs are a key stakeholder of the strategic development, partnership and commitment that enables the implementation of the cross government policy on 'Tackling Violence' at local level. The team is visiting the West Midlands police force area for a two

day visit on the 29th and 30th September 2009. West Midlands has two Sexual Assault Referral Centre SARC's and this visit is in the interest of supporting service improvement and development of robust partnership arrangements, ensuring that current commissioners are part of this process. NST will offer support to our local area to assist in developing the necessary partnerships that will underpin the establishment of a sustainable SARC service to meet the health and social care needs of victims of sexual assault. What this means is redesigning of services to make it integrated and patient/victim/client focused.

4.1.3 Background to the Response to Sexual Violence NST

Following the publication of the "Choosing Health" white paper, the review of the National Strategy for Sexual Health and HIV by the Independent Advisory Group on Sexual Health and HIV undertaken by MedFASH (July 2008) and the Cross Governmental Action Plan on Sexual Violence and Abuse (April 2007), sexual violence was raised as a priority (NI26, PSA 23/24) in the cross-government working agenda. The focus is to deliver services at local level in partnership with relevant stakeholders and develop the concept of Sexual Assault Referral Centres (SARC's) in every police force area by 2011 (Home Secretary's Commitment). The NHS Operating Framework 2009/10 also encourages partnership working in particular, 'PCTs working in collaboration with the Crime and Disorder Reduction Partnerships (CDRPs) to reduce crime including sexual violence'.

4.2 Teenage Pregnancy

NHS Birmingham East and North and HOB PCT are currently collaborating on producing a local data report based on a data sharing agreement. An initial report has been produced and was submitted to the Teenage Pregnancy Executive Group in July 2009. This will give commissioners robust data, within two quarters, of teenage conceptions resulting in both terminations and live births in Birmingham.

5.0 Substance Misuse

5.1 Birmingham Drug and Alcohol Action Team (DAAT)

5.1.1 Substance Misuse

The numbers in effective treatment measures the changes in the number of drug users using crack cocaine and/or opiates who are treatment in that year who remain in treatment for twelve weeks or if discharged before twelve weeks, are discharged into planned care. The latest data (March 2009) show that the Birmingham DAAT achieved its target. Additionally, we also achieved a target of a 6% increase of all drugs users in treatment, a funding-linked target.

5.1.2 Alcohol Awareness Week

This year's Alcohol Awareness Week will take place from 19th to 23rd October. The aim of the week is to raise public awareness of the scale and harm of alcohol abuse and of the recommendations for action. During the week, BDAAT focus its message that regularly drinking over the lower-risk guidelines can lead to serious health problems. BDAAT will be encouraging providers to hold events or take part in planned activities in their areas highlighting local issues.

6.0 End of Life Care Strategy

6.1 End of life

The latest outcome measures have shown a 4% (annual) decrease in hospital death rate for 2008/09. The Managed Care Pathway for end of life care is now in the process of procurement for a Principle Provider to deliver the management of the operational and organisational pathway. The first response raised over 20 potential suppliers from a mix of public, private and 3rd sector organisations.

Marie Curie Nursing service report NHS BEN has the highest non cancer referral and support to home service within NHS West Midlands. This demonstrates the beginnings of a reduction in inequity of end of life services between cancer and non cancer patients.

7.0 Chronic Disease Systems

7.1 Birmingham OwnHealth

Recruitment of new members is now proceeding apace and the number of current members has grown to 3,356 as at Friday 11th September 2009. There is a healthy 'pipeline' of new candidates from practices awaiting recruitment and we are confident that a further 3,000 can be enrolled before Christmas. 71 members now have assistive technology in their homes.

Forty-four Practices have now signed up to Birmingham OwnHealth (BOH) and referrals are also coming from the Intermediate Care Team and the diabetes clinic at Heart of England Foundation Trust (HoEFT). In the next quarter we will be trialling patient self referrals from the Expert Patients Programme.

It has been agreed to expand the programme to include Chronic Kidney Disease (CKD) and Stroke/Transient Ischaemic Attack (TIA). The data agreements necessary for this expansion have been sent to practices and are starting to be returned. Recruitment of these new categories of members will start as the current 'pipeline' starts to run out.

Three 'Health Trainers' have been recruited and trained and are accepting referrals from the BOH Care Managers. These new workers are focused on the Sutton Locality, where every practice has signed up to Birmingham OwnHealth (BOH).

An event, held at the Omnia Practice, enabled members and care managers to meet for the first time. It was considered a great success on both sides and will be repeated in other areas.

Birmingham University has completed their research into the clinical effects of BOH and is preparing a report for peer review and publication. By comparing a cohort of BOH members against a cohort from the GP Research Database, the study has shown that BOH is clinically effective in lowering blood pressure, cholesterol and HBA1C.

Interest in the programme continues both internationally and regionally. This quarter has seen visitors from Finland, Manchester and the World Health Organisation as well as a request from the New Zealand government for input from the organisation Chief operating Officer.

7.2 Birmingham Health and Wellbeing Partnership - Improving Health Increasing Employment (IHIE)**7.2.1 Board Update**

The Director of the Birmingham Health and Wellbeing Partnership has now taken up the co-chair of IHIE. A Working Neighbourhoods Fund proposal has been submitted for the staff team and we are awaiting a final decision from the Approval Panel. The IHIE Board continues to oversee a programme of developing primary care capacity in relation to health and work, a Back-to-work support programme for those on Employment and Support Allowance (ESA – replaces Incapacity Benefit) and local work with Employers on health and work issues.

7.2.2 Fit For Work Service Pilot

A commissioning consortium led by NHS BEN under the auspices of IHIE has applied to be a fit for work service pilot. Having been short listed, the consortium has been asked to attend for interview on September 11th 2009. Developing the application has involved ‘working up’ two submissions, holding a partnering day in July 2009 with potential service delivery partners and undertaking a procurement process prior to interview supported by the Healthcare Purchasing Consortium.

The pilot is designed to support those still in work who are developing health problems or who are “signed off” from work by their general practitioner. Current thinking suggests that intervention at 4- 6 weeks will improve return to work rates for mental health and musculo-skeletal conditions.

7.2.3 GP Training

The Health and Work Clinical Lead attended the Royal College of General Practitioners’ first West Midlands’ training session commissioned by the Government on health and work for general practitioners. It was an excellent session and taught delegates how to tackle motivation and confidence in relation to returning to work within a general practice consultation.

7.2.4 Personalisation

Birmingham submitted two applications in relation to the personal health budget pilot initiative both of which received initial approval by the Department of Health. We have now formed a city wide steering group to include both pilots chaired by the Director of the Birmingham Health and Wellbeing Partnership. It is hoped that we will further develop our proposals and submit self assessment returns and project initiation documentation later in the autumn.

7.3 Birmingham, Sandwell and Solihull Cardiac and Stroke Network (BSSCN)**7.3.1 Board Update**

The newly constituted BSSCN Board met for the first time on June 25th 2009. The Board was asked to approve the core purpose and governance arrangements for the BSSCN although it was felt a gap analysis on adherence to network standards would be useful and form the basis of an organisation development programme for the BSSCN. In terms of clinical items the Hyper-acute stroke care, Cardiac Rehabilitation and Community Echocardiography specifications were discussed.

The latter two were accepted but further information on the commissioning impact of the Hyper-acute Stroke Care Specification was requested by the Board before formally approving.

Finally, the Board accepted the plans for the spend of the DH allocated funds earmarked for Stroke for 2008/9 and 2009/10.

7.3.2 Stroke Prevention and Empowerment Exemplar Project Group

BSSCSN has set up three exemplar initiatives one of which is the stroke prevention and empowerment project. Its remit is to support local commissioners and providers within the network to deliver against the relevant quality markers contained within the national Stroke Strategy. Such a project is designed to add value to national campaigns such as the FAST campaign, NHS Checks programme and Atrial Fibrillation Pilots. The quality markers cover the recognition of stroke by the public and healthcare staff, risk factor identification and management, practical advice to sufferers and carers and workforce skills and competencies. The work also includes using schools to raise awareness of stroke through syllabus support materials.

7.3.3 Long Term Conditions

NHS Birmingham East and North were represented at two recent national events where presentations on our approach to long term conditions and Birmingham OwnHealth were made. In May, our Clinical Director of Chronic Disease Systems presented at Primary Care 2009 at the National Exhibition Centre. This session entitled “Using LTC principles in Primary Care –from segmentation to care navigation” was well received. At the Healthcare Innovation Expo 2009 held at the Excel centre in London on 18th June 2009 we gave a seminar as part of NHS West Midlands’ SHA Showcase. In addition, we were asked to present at NHS North West’s Self-Care Conference on 4th June 2009 where we held a workshop on “From treatment to prevention – A paradigm shift”.

7.4 Clinical Health Psychology

7.4.1 Multidisciplinary Pain Clinic (MDPC)

The MDPC now provides three 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)
- Ann Marie Howe Centre (Sheldon Heath)

Three multidisciplinary Pain Management Programmes (PMPs) are being run in parallel at the Dove Primary Care Centre, Partners in Health Centre and Sutton Cottage Hospital.

A fortnightly joint Clinical Psychology and Physiotherapy clinic also continues to provide one to one sessions addressing the needs of people with chronic pain who are not able to access the group based programmes.

The twelve months Action Learning Set for the Physiotherapy and Health Psychology staff will complete its final session in September. This ALS has enabled the development of a third tier of the Active for Life group self management programmes which has been piloted from July 2009.

The development work has continued on a range of educational and training materials including:

- Relaxation training audio CDs, translated into the seven major languages
- 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 local languages
- The project to pilot and evaluate community based Health Trainers acting as service 'Navigators' for a cohort of people with long term pain has started; in partnership with a research team from Coventry University.
- A short term or mini Knowledge Transfer Partnership (KTP) has been agreed between NHS BEN MDPC and Coventry University in order to evaluate this project and undertake some cost benefit analysis.

The service is now implementing an evaluation framework to assess the clinical effectiveness of the MDPC screening and intervention service. This includes a qualitative strategy to collect patient experience data, for further service development.

Liaison with the Birmingham and Coventry and Warwick Clinical Psychology training courses has been undertaken with a view to recruiting trainee clinical psychologists (Band 5 – 6) who will be offered supervised placements to support the expansion of the service in 2010.

The MDPC has received a significant increase in referrals following the poster and local radio publicity campaign in early 2009. Extra Administration staff has been appointed to support the expanding service. A business case for the development of the service with extra psychology, physiotherapy, medical and administration support is underway.

The MDPC was the winner of the Life to Years and Years to Life award at the NHS Birmingham East and North AGM in July 2009.

7.5 Commissioning

7.5.1 Long Term Conditions Strategy Group (Darzi)

A successful stakeholder involvement day was held on 13th May 2009 and some draft generic service principles have been generated.

A discussion paper has been produced for the LTC group suggesting a framework for the LTC strategy that can serve as a basis for behaviour change at a population level.

7.5.2 End of Life Care (EOLC)

The recruitment of a multidisciplinary EOLC team, including a Consultant Clinical Health Psychologist continues.

7.5.3 Stroke

Clinical health psychology will contribute to the development of a local Stroke Care Pathway to develop rehabilitation in the community. Meetings with the current Psychology provider have taken place as part of an ongoing review of the service.

7.5.4 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.

7.5.5 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.

8.0 Complex Care

8.1 Launch of Revised National Framework

NHS BEN commission NHS Continuing Healthcare services on behalf of all Birmingham Primary Care Trusts. A new National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care has recently been published and due to be implemented by 1st October 2009.

Work to develop local assessment pathways across the city is well progressed and feeds into a Joint project group with the Local Authority.

8.2 Partnership Working

Joint working with the local authority to develop an agreed Joint Operational Policy, Dispute Resolution Policy and Memorandum of Understanding for NHS Continuing Health Care has commenced and will be presented to the project sponsors on the 30th September.

8.3 Service Specifications and Contracts

Monthly contract and performance monitoring meetings are well established and work to further develop quality performance indicators and outcome measures continues.

8.4 Funded Nursing Care

Work continues to further develop the clinical quality assurance models for Nursing Homes and quarterly reports on progress of work and standards within nursing homes is presented to the Nursing Home and Integrated Governance and Performance Groups.

8.5 Proposed Tender for New Providers

Work to progress the tender for new providers of NHS Continuing Healthcare across the City are progressing and a separate paper is scheduled to be presented to the September Board Meeting.

9.0 Learning Disabilities**9.1 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 continues to progress to finalise the Social Care Transfer to the Local Authority.

9.2 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. A future care provider has been identified and resettlement is expected to be complete by the end of March 2010.

9.3 Service Specifications and Contracts

Bi-monthly contract and performance monitoring meetings are well established and work to further develop quality performance indicators and outcome measures continues.

10.0 Services for Older People**10.1 Re-design of Intermediate Care**

In Q1 2009/10, NHS BEN Intermediate Care services continued to develop in line with the agreed service specification drawn up as part of the Community Contract for Community Health Services. Staff has actively engaged the user group in making services more effective and as a result have already met their target in half the bedded services to reduce the average length of stay from 37 to 28 days.

There are on-going challenges to ensuring the acute trusts in Birmingham maximise the use of Intermediate Care especially during the weekend period. Intermediate Care nurses are based in A&E at HoEFT and visit the wards daily to identify suitable referrals and keep the staff up-to-date. Briefing sessions are held at other hospitals as the need arises.

10.2 Health Care in Nursing Homes

The revised Tripartite Contract for the commissioning of Residential and Nursing Home services was introduced at the start of quarter 1 and had an immediate adverse impact on the transfer of older people from hospital to long stay homes. All Residential and Nursing homes in NHS BEN have now agreed the new contract.

NHS Birmingham East and North continues to work closely with the City Council to address any safeguarding issues that arise in Nursing Homes and to agree a more streamlined approach to the de-commissioning of unacceptable services. The NHS BEN 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. The assignment of named community health professionals to each Home is progressing to improve communication about standards and issues.

10.3 Equipment Loans and Wheelchairs

Both services show a recurring annual shortfall in ability to meet demand despite increased investment. Commissioners from the Birmingham PCTs have worked closely in quarter 1 to address this issue in a sustainable way.

Changes were put in place to the monitoring data required from the Birmingham Wheelchair Service to more readily identify where the problems lay. This identified delays in access to assessments. To address this, a formal LEAN process analysis was agreed with the provider commencing at the beginning of quarter two any further investment is contingent on seeing improved efficiency and streamlining of the pathways.

In quarter one, the Equipment Loans Service became subject to a formal Business Transformation project within the City Council to consider radical options for re-design. Within the existing service, further efficiencies were gained from proactively clawing back loaned equipment and increasing the rate of recycling. In quarter one, a saving of £3.6m was made using recycled equipment against a potential spend of £5m if new equipment had been issued. Information services were further developed to enable self funders to make informed purchases of their own equipment.

Guidance was issued to the care home and nursing home providers on support available through the Equipment Loans Service procurement processes to assist them in meeting the revised standards for furnishings and equipment in their homes.

10.4 Managed Care Pathways

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

10.5 Delayed Transfers of Care

Quarter one continued to see bed pressures for the Acute Trust. An NHS BEN Whole Systems Planning Group was set up to engage multi-agency partnership working at all

levels to enable the pressures to be managed effectively and initiate plans for sustainable longer term solutions.

Funding for short term Interim Care services to enable people to leave hospital was extended to the end of July so that the current pattern of Interim Care services could be jointly evaluated and a revised programme of spend submitted to the Directors of Commissioning.

Following the success of the enhanced assessment unit pilot in quarter 4, discussions with partners are progressing well to commission a more robust version of the services as part of a comprehensive network of step down services.

11.0 Digital Diabetic Retinopathy Screening Service (DDRS)

11.1 NHS Birmingham East & North act as lead Host Commissioner for the Digital Diabetic Retinopathy Screening Service (DDRS) on behalf of Dudley Primary Care Trust, Heart of Birmingham Teaching Primary Care Trust (HoB tPCT), Sandwell Primary Care Trust, Solihull Care Trust, NHS South Birmingham and NHS Walsall. The current service provision dates from 2007 and operates primarily as a camera based retinal call/recall screening service aimed at the early detection and treatment of young adults and adults with diabetes; and therefore at risk of developing retinopathy

11.2 Current service

The current structure remains largely the same as in May 2009 with the additional appointment of an Interim Programme Manager specifically tasked with managing the service day to day. Much of the facilitation i.e. servicing the Provider Board and Clinical Governance and managing the development of Information Technology, Processes & Policies and general administration support (including Co-ordinators) has passed to the Interim Programme Manager as well ensuring the programme complies to National Screening Committee workbook and quality assurance, with the day to day support of Head of CVD Programmes and the , Interim Director of Strategy and Redesign overseeing the programme as a whole. Also identified within the programme management role is the need to establish a daily routine of quality control of the service using nationally designated core data sets. The Interim Programme Manager is currently heavily committed to establishing the processes necessary for the systematic generation of the core data sets and establishing consistent and routine data analysis across the programme as an integral part of the internal QA and Failsafe.

11.2.1 Preliminary External Quality Assurance (EQA) was carried out over three days in late July 2009 by the visiting team from the English National Screening Programme for Diabetic Retinopathy (ENSPDR) to familiarise themselves with the set up in Birmingham.

11.2.2 Commissioning for the future

As anticipated in May 2009, planning for the formal re-commissioning of the service is now at an advanced stage. Tenders for the service are being invited in accordance with the details submitted to the Board previously.

11.3 Digital Diabetic Retinopathy Screening Services (DDRS) – Procurement of the new Service

11.3.1 At present, NHS Birmingham East & North commission this service from Heart of England Diabetic Retinal Screening Centre of Excellence (HEDRSCE) at the Heart of England Foundation NHS Trust based at Birmingham Heartlands Hospital; on behalf of Dudley PCT, Heart of Birmingham tPCT, Sandwell PCT, Solihull Care Trust, NHS South Birmingham and NHS Walsall.

Various other contracts are in place for different elements of the service. Some of these are held centrally by NHS Birmingham East & North while the majority are held by each commissioning organisation with the various providers.

11.3.2 **Case for change**

There is a strong case for introducing competition to develop a centrally provided, quality service, with consistency across the programme as well as key performance indicators (KPIs) to monitor and demonstrate the benefits of the service.

11.3.3 **Market structure**

There are a number of local, regional and national providers who are delivering some aspects of the programme. Most ophthalmology acute providers currently see and treat patients from the programme and have been involved in Failsafe.

It is expected that there will be significant interest and opportunity for providers to operate the service and that developing a tender will drive quality, efficiency and value for money.

11.3.4 **Current and future capacity**

Prevalence of diabetes is on the increase so commissioners need assurance that as demand for screening increases, the programme will be able to respond accordingly.

Continuation of the existing model of delivery, using an optometry lead approach to screening, will ensure minimal disruption to the service user and can be expanded to meet demand as necessary. The current model is popular with patients as it provides choice in terms of location, time and date of appointment as well as being less threatening than attending a hospital/ clinic environment for screening.

This will ensure sufficient capacity within acute provider services to provide a comprehensive screening programme with secondary and arbitration level grading as well as Ophthalmology Photographic Diabetic Review (OPDR). Some areas currently commission OPDR clinics and there is a recognised need to provide this centrally across the programme, which will introduce economies of care and should reduce number of unnecessary referrals to secondary care ophthalmology services by up to 30 per cent.

12.0 Chronic Obstructive Pulmonary Disease (COPD)

12.1 The Prospectus for COPD has been circulated to the Procurement Programme Board for comments. This document will support the information provided to potential bidders.

The Expert Reference Group will meet in September to agree the final document and provide critical feedback from a range of directorates both clinical and professional.

The COPD Network continues to meet providing a forum for ongoing relationship building and operational interface between Heart of England NHS Foundation Trust and NHS BEN Community Services.

The contracting framework will be agreed shortly with the input of HPC (Health Purchasing Consortium) and Bevan Brittan. This will determine the next stage of the Procurement.

To support decision making, patient surveys are being undertaken (both paper based and face-to-face). This process aims to ensure that the views of a range of patients influence the process. Commissioners are working with PPI and Engagement to plan sessions targeting those least heard in the community, particularly BME groups.

Commissioners also meet this month with the Department of Health lead to discuss the National Clinical Strategy due to be published this autumn.

13.0 Locality Reports

13.1 Urgent Care Strategy

The strategy sets out the vision and strategic direction for Urgent Care services for the next five years. The strategy was approved by the Professional Executive Committee (PEC) in July 2009 and will be presented to the Board in September 2009.

13.2 The Urgent Care Project

The overarching Urgent Care Project (UCP) key deliverables required to satisfy the Payment by Results (PbR) team are complete and have been presented to the Department of Health (DoH) PbR evaluation panel, results of all the demonstrator sites will be available in mid-September 2009. Further to the report, the DoH PbR team will assess which projects are suitable for National tariff consideration, at which point the project teams will be approached for a decision to embark on Phase two of the Programme. Phase two will include the PbR team working with the demonstrator site to create a timetable of requirements which could cover up to a three year period – it is not clear at this stage if funding will be available to support Phase two. Further details will be available in the coming months.

Over the last twelve months two options have been developed (option six and option thirteen) both are being piloted within the local health economy.

13.3 Option six (Care Homes)

There are currently plans being developed in Solihull and this piece of work has now become part of a wider cost improvement programme to include care homes from across the locality. Solihull has agreed to keep the UCP team informed of developments to ensure learning can be shared across the local health economy.

13.4 Option 13 (Primary Care Discharge Unit (PCDU))

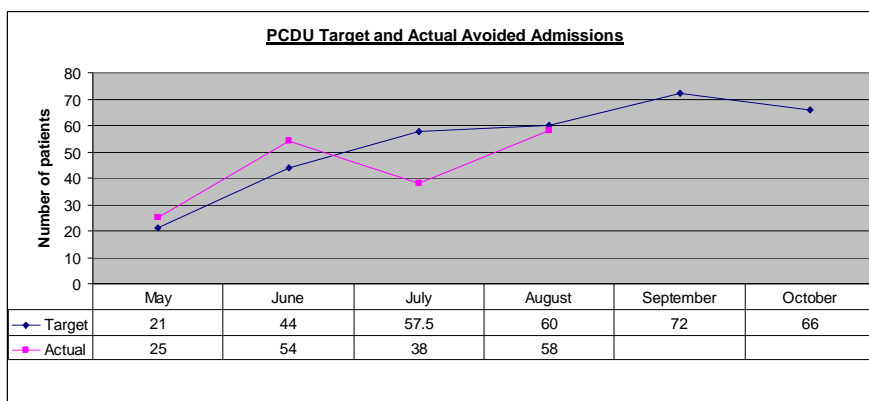
NHS Birmingham East and North continue to lead on Option thirteen (Primary Care Discharge Unit) which is being tested at Good Hope Hospital, this is reported as a key work stream below.

13.5 Primary Care Discharge Unit (PCDU)

The Primary Care Discharge Unit at Good hope Hospital opened in May 2009, it is being tested for a 6 month period at which time a full review will take place and a decision on continuation for a further six month period will be confirmed subject to the results of the evaluation. The integrated Primary Care Team provides a coordinated and rapid response that focuses on admission avoidance and primary care discharge.

The PCDU continues to embed and admission avoidance activity is gradually improving, though July activity was lower than expected. See chart below. The PCDU operations group have identified a number of ways to increase activity including: opening a referral path from the medical assessment unit (AMU), promoting the service again in Accident & Emergency (A&E), PCDU team now attend handover shifts daily with Emergency Department (ED) nursing team, the team join Clinical Decisions Unit ward rounds at 8.00

am to 8.30 am, actively reviewing the MSS system and monitoring patients who enter the A&E department. The operations group continues to meet fortnightly and includes HoEFT, PCDU staff and commissioners. Relationships have dramatically improved between PCDU and A&E/CDU. The GP role continues to evolve and the role of the experienced GP's is beginning to show benefits as the service evolves and moves into AMU.



Phase two developments are also being considered to include weekend cover subject to adequate space, direct ambulance referrals and direct GP referrals. All possibilities will need to be investigated for safety, cost efficiency, workforce and resource implications

13.6 West Midlands Ambulance Service Review (WMAS)

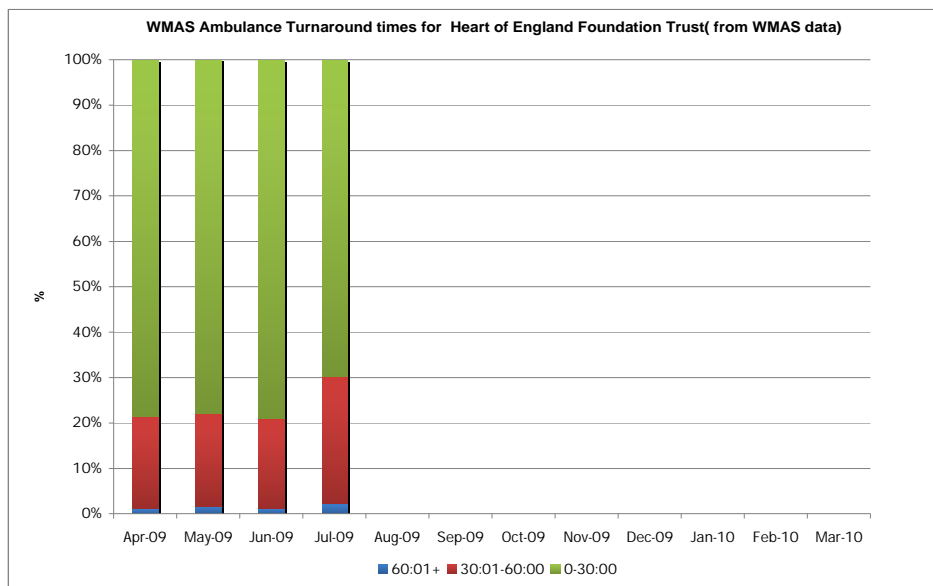
An independent review of WMAS has been undertaken and the final report is due for publication in September 2009. The urgent care lead commissioner is part of the steering group for this review and will be contributing to the revised commissioning service specification for ambulance services. The review will be reporting 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 much needed improvements in performance and that the 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.

13.7 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 is slow and commissioners have now requested that WMAS and HEFT undertake further process mapping to address performance issues.



13.8 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.

The queries and reporting raised by GPs using the tool is having benefits in holding HoEFT to account for accurate reporting and charging and is also changing the pattern of patient behaviour following intervention by GPs and their teams.

13.9 Badger Out of Hours Contract

The contract with Badger is in the process of being renewed for a further two years. Commissioners are working with Badger on changes to the specification to be applied for the further two years which will provide further extensions to quality standards for OOH services for local patients whilst remaining competitive in relation to price.

From September 2009 the commissioning of the OOH provider will be moving to the Primary Care Commissioning team within the Resources directorate.

13.10 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. Progress in implementing the plans for each locality are summarised below.

13.11 Shard End, Stechford & Yardley North and Sheldon

13.11.1 PBC Re-invigoration

The locality has focused its effort in the last quarter on re invigorating PBC. An external consultant has facilitated several sessions and the locality has now signed off an inter practice agreement which outlines working arrangements and practice performance management arrangements. PBC will be lead by an operational group with GP and Practice Manager Membership, supported by the PCT. The locality lead GPs have met with the Executive team from the PCT and have received approval on their outline proposal for PBC moving forward. This new way of working will be in place by 1st October 2009.

13.11.2 Anti coagulation redesign

The re-designed service was successful at gateway three evaluations in July 2009 in demonstrating an effective and efficient primary care based anti coagulant service. The locality will now work on developing the model further to include housebound patients.

13.11.3 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.

13.11.4 Leg ulcer telemedicine

The project is due for evaluation at gateway three in September 2009. District nurse teams are now making full use of the telemedicine pathway for leg ulcers using the service improvement techniques they have learnt however the pathway has not been well utilised in practices by practice nurses. The locality management team continue to support the providers in preparation for gateway three evaluations.

13.11.5 Support to Vulnerable Elderly

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme that supports vulnerable elderly patients through a volunteer and advocacy network. The scheme has rolled out across BEN, Freshwinds, who run the scheme, have had an excellent response to advertisements for volunteers, and referrals from elderly patients requesting support. The project was evaluated at gateway three in August 2009 and the impressive outcomes for both clients and the volunteers were commended by the

panel. The continuation of the project beyond November 2009 is reliant on further investment both from the PCT and Birmingham City Council.

13.11.6 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. The sexual health nurse is now in post and so the one stop sexual health clinic will start in September 2009 at the Harlequin Surgery in Shard End. The youth development worker is currently being recruited to.

13.12 Sutton Locality

13.12.1 PBC Re-invigoration

The locality has focused its effort in the last quarter on re invigorating PBC. An external consultant has facilitated several sessions and the locality has a launch meeting 3rd September to sign off an inter practice agreement which outlines working arrangements and practice performance management. PBC will be lead by an operational group with GP and Practice Manager Membership, supported by the PCT. This new way of working will be in place by 1st October 2009. The locality GP leads have met with the Executive team from the PCT and have received approval on their outline proposal for PBC moving forward.

13.12.2 Anticoagulant Service

The redesigned model will be evaluated at gateway three in September. Practices continue to transfer patients to the primary care service.

13.12.3 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.

13.12.4 Obesity

The locality is focusing on obesity recording BMIs, offering first line advice and referral as part of the incentive scheme for 2009/10 on reducing lifestyle risks.

13.13 Kingstanding and Oscott

13.13.1 Reinvigoration of PBC

The locality has been working on a proposal to reinvigorate practice based commissioning which will be operational with effect from 1st October, in line with the Trust's timeframe for reinvigoration of PBC. The proposal includes the establishment of a Locality Strategic Board, whose responsibility will be to oversee the overall strategy for the Locality in respect of PBC. The locality will be governed by a working group comprising of four GPs, 1 practice manager and one practice nurse from the locality. The working group will lead, co-ordinate and make decisions about the implementation of priorities agreed by the locality. The

proposal will be agreed at the September locality board meeting with plans put in place for going live with the new model.

13.13.2 Long Term Conditions

The locality evaluated the results undertaken from the PARR (Patient at Risk-Hospitalisation) tool and agreed they would explore using a tool which captures primary care data as PARR only uses secondary care data.

13.13.3 Reducing Deaths from CHD and Stroke

On receiving approval from the PCT's gateway programme to pilot a health checks programme within the locality using a dedicated workforce, recruitment of workforce has now begun. Once recruitment has taken place, the workforce will require training as part of the induction for a period of three months, after which point the pilot will go live.

13.13.4 COPD 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 was due to go live earlier in the year, however due to the outbreak of swine flu, the locality agreed to delay this pilot. The pilot has now begun with one practice and screening clinics are operational. Preliminary results for uptake of screening are positive.

The six week community based pulmonary rehabilitation programme is on going. Plans to secure funding to continue with this service and rolling out across other localities have now been put on hold. It is anticipated the findings from this pilot will feed into the overall service review and procurement of COPD, which is being undertaken by the Director of Chronic Disease Management.

13.13.5 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.

13.13.6 Anticoagulation Service

The locality is currently piloting a community anticoagulation service with Sandwell and West Birmingham Hospitals Trust. Three additional community clinics are now operational within the locality, which currently deliver testing within community clinics (in total there are four clinics). Arrangements are being sought to identify a further venue for another community clinic.

13.13.7 Minor Surgery

The locality is currently looking at the activity for a number of procedures which can be carried out in primary care. This will inform whether it is financially viable to move certain procedures out of secondary care into primary care.

13.13.8 Reducing Life-Style Risk

There are still a few vouchers within primary care which need to be allocated to patients. The pilot is currently being evaluated by the Health Improvement Directorate along with other weight management programmes/schemes within the Trust.

13.14 Erdington, Tyburn and Stockland Green

13.14.1 Reinvigoration of Practice Based Commissioning

The locality has been working on a proposal to reinvigorate practice based commissioning which will be operational with effect from 1st October, in line with the Trust's timeframe for reinvigoration of PBC. The proposal includes the establishment of an Executive Board, whose responsibility will be to oversee the overall strategy for the Locality in respect of PBC. The locality will be governed by a number of working groups, which will be determined by the priorities set by the Executive Board. The working group will lead, co-ordinate and make decisions about the implementation of priorities agreed by the Executive Board

13.14.2 Chlamydia Screening

Nine practices within the locality have signed up to the PAN Birmingham Incentive Scheme for Chlamydia Screening with a target to screen 25% of its practice population between the ages of 15-24.

13.14.3 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.

13.14.4 Falls Prevention

The locality board are now deciding on the next steps for this objective and will link into the PCT's Falls Prevention and Bone Health group.

13.14.5 Reducing Deaths from CHD and Stroke

The locality is waiting to hear the outcomes of the CVD pilots in BSA and Kingstanding locality.

13.14.6 COPD

The six week community based pulmonary rehabilitation programme is on going. Plans to secure funding to continue with this service and rolling out across other localities have now been put on hold. It is anticipated the findings from this pilot will feed into the overall service review and procurement of COPD, which is being undertaken by the Director of Chronic Disease Management.

13.14.7 **Anticoagulation**

Work on the redesign of anticoagulation services is currently on hold due to reinvigoration of PBC.

13.14.8 **Obesity**

Work to develop a practice nurse led weight management programme has been put on hold due to the evaluation being undertaken by the Health Improvement Directorate on the current weight management initiatives/pilots.

13.14.9 **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 care management plans for weight management, 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 identification and counselling obese women contemplating pregnancy.

13.15 **Planned care**

13.5.1 **Community Dermatology Services**

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 was not fully established owing to workforce issues.

Commissioners have been working with the clinicians and managers to ensure that the service was fully rolled out. However, the decision was made during the last quarter to terminate the current service with SWBH as the service did not meet its specification and performance was variable due to local workforce issues.

Due to a national issue around consultant vacancies, coupled with a rise in demand for dermatology services (by up to 30 per cent), we need to develop a new model of care which is not consultant led. As such a group has been developed to work with various providers including GPwSIs and both HOEFT and SWBH to develop local models of care based on the PRIME typologies.

13.16 **Musculoskeletal Redesign Project**

13.16.1 The Consultant Led Integrated Knee Service (CLIKS) pilot has continued. Over 1600 patients have so far been through the new integrated system. Patients have reported that they are satisfied with the new service, with many being assessed and treated closer to home, in a primary care based clinic, by physiotherapist or extended scope practitioner.

Further redesign work has taken place for the remaining musculoskeletal pathways, to include the spine/ shoulder & elbow/ wrist & hand/ hip/ foot& ankle. Patient and clinicians input have been incorporated into the redesigned pathways.

An audit is being undertaken to identify that the number of referrals in to secondary care for patients with knee problems has reduced. Once the evidence is established, a submission to gateway two for the remaining pathways will be produced.

13.16.2 Rheumatology review

The existing rheumatology service is subject to redesign. There are currently several providers of rheumatology services providing services for BEN patients. Alternative models have been reviewed. It is envisaged that an integrated model will be developed incorporating best practice and NICE guidance. A working group is presently being set up and Consultant Rheumatologist is currently being sought from beyond the Birmingham area to provide objective guidance and expertise. Once established stakeholders and patients opinions will also be incorporated in further developments

13.16.3 Urology pilot

The Urology pilot is continuing at the Apollo surgery in Kingstanding. Referrals were initially slow but have increased since accessibility via choose and book has been established. The pilot will continue until December.

13.16.4 ENT/ Audiology

ENT has been identified as an area of over performance in HoEFT. There is an overlap of services within both ENT and audiology. The majority of hearing loss is age-related, therefore the numbers of patients expected to require audiology testing and hearing aid provision will increase with an increasing ageing population.

There is an opportunity for much of audiology hearing aid support and simple repair to be provided by the voluntary sector providing a qualitative service. Currently 60% of audiology services are provided by City and Sandwell Hospitals who also have issues around capacity. A shadow exercise is currently being performed to review activity.

13.16.5 Minor Surgery

An audit is being undertaken to establish activity across NHS BEN in terms of minor surgery. It will establish what procedures are currently being undertaken within the PCT and the activity associated with each.

13.16.6 18 weeks

HoEFT has made significant improvements over the first quarter in the delivery and achievement of 18 weeks which has resulted in the July position showing:

- A significant reduction in the backlog (patients waiting over 18 weeks)
- All admitted specialties achieving the required 90 per cent RTT times
- All but one non admitted specialities achieved 18 weeks, including T&O

This improvement is a direct result of the ongoing validation of the PTLs recently established and is more promising in terms of sustainability for the future.

BEN CHS continue to submit RTT for the consultant led and referral management services and issues have been identified with the functionality of PAS for recording 18 weeks effectively. Ongoing work is currently underway to resolve these issues.

The 18 weeks LHE meetings have been restored to monthly meetings to develop and review the newly developed 18 weeks action plan as we extend the reporting requirements for existing 18 week compliant services and further implement 18 weeks across all services include all non consultant led services and roll out across Mental Health.

13.16.7 Diagnostics

Diagnostic monitoring is continuing with patients receiving their diagnostic testing within targets. Issues around timely reporting have been addressed with various providers during the quarter – particularly in relation to referrals from the BEN CHS Orthopaedic Triage Service.

13.16.8 Choose & 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.

On 11 June 2009, NHS BEN in collaboration with Solihull NHS Care Trust were short-listed into the top three for two National Choice Communication Awards in the categories of "First off the Mark" and "Best Campaign". NHS BEN and Solihull Care Trust won the National Choice Award for "Best Campaign" at the event in Liverpool for the wide range of media used to promote the key messages of the service.

The Finding Services Effectively action plan was successfully implemented across the Health Economy with all services mapped against SnoMed clinical terminology and users of the system fully trained by June 2009.

The Choose and Book team continue to work 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).

As UltraGenda is now in place across the services at HOEFT, we expect DBS to be rolled out at the end of September and await the communication plan from HOEFT to confirm arrangements.

13.17 Individual funding request

The Individual Funding Requests policy was reviewed last month and is to be presented to the Board in September. The policy has been benchmarked against the guidance

issued by the National Prescribing Centre on best practice. It has also been informed by the recommendations from the Audit Commission.

Of the 186 requests received in total, thirteen were exceptional, eight have been reviewed and five are waiting to be reviewed by the panel.

Requests received	Requests approved	Requests declined	Requests pending
186	156	22	8

Exceptional requests received	Exceptional Requests approved	Exceptional Requests declined	Exceptional Requests pending
13	2	6	5

The Individual Funding Requests policy includes a full annual report to the Board which will be produced for November's meeting.

13.18 Cancer Services

13.18.1 National Survivorship Initiative

The pilot was approved via Gateway Two on the 19th August and can now focus on delivery. The recruitment of the 2 Care managers for the Telecare element of the project has gone to advert and will now be badged as Macmillan Cancer Care Managers following a successful bid for funding. There will be a staged go live date for the project, the Case Manager, Bridges and Self Management elements will commence in November 2009 with Tele-care following in February 2010.

13.18.2 Breast Screening Service

The new round plan for the service (plan which details when eligible women will be screened within the three year timeframe) has been agreed. Provisional new sites have been agreed for the PCT:

- Sainsburys Mere Green – new
- Castle Vale Health Centre – new
- Asda Queslett – new
- Parkfield Surgery, Castle Bromwich – new
- Stockland Green Health Centre – existing
- City Hospital – existing
- Partners in Health – existing
- Good Hope Hospital – removed

There are plans to introduce screening to the new Sallley Health Centre when built; this population would be screened in 2013. The aim of the new sites is to improve access for eligible women and therefore increase uptake rates.

The service is due to complete a future planning document by mid September to address a number of service issues which includes their plan to move to digital mammography by 2010.

13.18.3 Cervical Screening Service

Work is progressing to achieve the 14 day turnaround target for the service. The PCT is working with the Pan Birmingham Cancer Network to identify areas of service improvement that could be implemented to help achieve the milestone. A working group has also been established with the Shared Services Agency who manages our call and recall system for our eligible population.

Discussions are taking place at an SHA level regarding the configuration of laboratories across the region to make them more efficient in terms of sample processing.

13.18.4 Bowel Screening Service

Plans are being progressed regarding the pick up of the service by the PCT as the national funding for the programme comes to an end in 2010/11.

13.18.5 Going Further on Cancer Waits

This programme of work will now be brought into the PCTs main 18 weeks programme as the new cancer waiting time use the same methodology. HoEFTs performance is good, areas of concern are theatre capacity for lung which should be resolved by September and two week waits for symptomatic breast patients (cancer not initially suspected). An action plan has been produced by the Trust specifically for the new two week wait target and is being monitored by the PCT to ensure the target is achieved by the end of 2009.

13.18.6 LHE Cancer Group

The group has agreed to develop a new proforma to monitor progress against the Cancer Reform Strategy which will result in a more workable document for PCTs to update. This will also help to identify areas of focus for the group. Going further on Cancer Waits continues to be monitored by the group. The self assessment stage of the peer review of cancer services for HoEFT has been completed; the whole process should be complete by the end of the year.

13.19 Washwood Heath/Hodge Hill Locality

13.19.1 PbC Reinvigoration

The locality has been working on their plans for reinvigoration and has agreed to form four clusters to take forward PbC in the locality from October 2009. Each cluster has produced their plans which have been submitted and agreed with the PCT. The next stage is to develop specific business cases and implement the new structure.

13.19.2 Healthy Lifestyle Intervention

The pilot phase of this programme which was the provision of Weight Watchers and physical activity provided by the City Council Leisure Services has been completed. An evaluation is currently being produced by the Health Improvement Directorate and will inform the future commissioning model of this service.

13.19.3 Mental Health Worker for Long Term Conditions

It has been extremely difficult to recruit someone to this post, which required someone with language skills and mental health clinical qualifications. This has shown a real gap in the workforce. However, the post has been advertised and one applicant will be interviewed on the 17th September 2009.

13.20 Bordesley Green, South Yardley and Acocks Green Locality

13.20.1 PbC Reinvigoration

The Locality has agreed to stay as one locality, with some flexibility to develop services on a practice or cluster level. A executive group will be formed, consisting of GP lead, three GP's and three Practice Managers. The locality has produced their reinvigoration plan, which has been agreed by the PCT. The Locality will be appointed a business manager and administration assistant to support them in developing their plans.

13.20.2 CVD Screening

All the practices in the locality are participating in the screening programme, which will screen over 40 year olds.

13.21 NHS Birmingham East and North Commissioning

The service specifications for the School Nurse /Health Visiting have been agreed and are monitored through quarterly meetings with the Lead Commissioner and Service Director.

We are currently in the process of developing a market analysis for children and young people's services which will inform future commissioning strategy.

The independent evaluation from the school based incentive programme will be completed by October and this will inform the LAA and BEN PCT initiatives to tackling obesity amongst school children.

The SLA with Alum Rock FC to provide coaching sessions for young boys and girls has been renewed for a further 3 years, based on their successful first year of operation. A football match between the PCT and Alum Rock has been organised to mark the signing of the SLA.

The Kicks programme is continuing very successfully attracted young people from Shard End. Further developments are being considered including organising specific health related workshops.

13.22 Child and Adolescence Mental Health Services (CAMHS)

The Joint Commissioning Group has agreed to fund an innovative programme called WRAP, which aims to develop peer facilitators to encourage young people to develop positive mental well being and be able to cope in times of stress. The Open Doors Counselling service has also been funded to operate in NHS Birmingham East and North.

The Pan Birmingham Commissioners have been working with BCH on service re-design of CAMHS services, with specific pathways being developed to ensure appropriate commissioning of services. There has been an increase in activity at BCH which has had an impact on them being able to meet 18 weeks, therefore additional non-recurrent investment has been made to BCH to enable them to cope with this and as a stop gap to the re-design programme. We are working with BCH on developing an accommodation strategy for their community hubs.

13.23 Joint Commissioning

The Heart of Birmingham Chief Executive is currently chairing the Joint Commissioning Group with the Local Authority to provide strategic focus on moving this agenda forward. The commissioners are currently working on developing a joint strategy for disabled children and short breaks; transition services; and looked after children. The Brighter Futures pilot programmes are continuing and further evaluation will be available in the new future.

The service review of the Specialist Community Services will be undertaken to form the contracts from 2010.

13.24 Maternity

The PCT as the co-ordinating commissioner have issued HEFT with a performance notice on a number of issues including producing data, access to Early Pregnancy Unit, waiting times for scanning and implementation of the healthcare commissioning action plan. A specific maternity performance group will be set up to monitor action against these areas and other indicators in the contract.

The DPH and lead commissioner have been working with HEFT and Solihull Care Trust on the maternity service review. Further information will be produced at subsequent board meetings.

13.25 The Washwood Heath Peri-natal project evaluation report has shown some positive impacts of the re-configuration of community maternity services.

13.26 The Pregnancy Outreach Workers and Call Centre contracts are currently being reviewed.

14.0 Healthy Incentives**14.1 Healthy Incentives****14.1.1 Stop Smoking Pilot**

This pilot was launched in Shard End and Erdington on 1st September 2009 and aims to enrol 200 smoking pregnant women and up to 100 partners. The pilot

supports NHS BEN's Stop Smoking scheme and offers incentives in the form of High Street store vouchers to encourage pregnant women to stop smoking. Members receive vouchers based on the results of CO monitor tests conducted at following intervals after the agreed quit date – 1, 2, 3 and 4 weeks and then at three months, five months and two months after birth of baby. Members receive encouraging SMS text messages that also remind them of forthcoming CO tests. The scheme has enrolled nearly 20 members in the first two weeks of operation and monthly evaluation reports will be prepared on a monthly basis.

14.1.2 CVD and BOH pilots

The project team is working towards agreeing the pilot proposition to support the CVD and BOH intervention programmes by providing incentives within a pilot group.

15.0 Recommendation

NHS Birmingham East and North Trust Board are asked to receive and note the report.