QUARTERLY REPORT: STRATEGY AND REDESIGN

July to September 2008

1.0 Purpose

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

2.0 Introduction

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

This Report includes updates and progress on:-

- Pan Birmingham Adult Mental Health Services
- Unscheduled Care
- Pan Birmingham Sexual Health and HIV Services
- End of Life
- Chronic Disease Systems: Birmingham OwnHealth® Health and Work/Cardiac Network
- Children and Maternity
- Localities
- Complex Care
- Substance Misuse
- Learning Disabilities
- Ambulatory Care Sensitive Conditions
- Cancer Services
- Planned Care and 18 Weeks Referral to Treatment
- Older People

3.0 Adult Mental Health Services

3.1 Citywide Joint Commissioning Team

Two further appointments have been made to the city wide joint commissioning team, Robert Devlin, Strategic Lead for Mental Health Recovery and Accommodation Services and Terry Rigby, Strategic Lead for Mental Health Promotion and Suicide Prevention. A third project management post which related to the Heart of Birmingham Teaching PCT Model of Care will be in post by January 2009.

3.2 Citywide Service Developments

3.2.1 Place of Safety

Commissioners are a waiting an interim short term solution from BSMHFT and a business case detailing the options available for the long term.

3.2.2 Community Personality Disorder service

The Service has been partly in operation since the 1st October 2008 and will be fully operational by March 2009.

3.2.3 Chronic Fatigue Service

The Chronic Fatigue service is at present commissioned from Birmingham & Solihull Mental Health Trust and in the light of service user consultation it will be tendered out for the new service to start April 2009.

3.2.4 Day/Vocational Services

Commissioning intentions for Mental Health day/ vocational services have been developed and will be approved at the next Joint Commissioning Group.

3.2.5 Primary Care Mental Health Service

Currently the service is to be redesigned to be one service across Birmingham and in line with Increasing Access to Psychological Therapies National Programme (IAPT).

3.2.6 Improving Access to Psychological Therapies

In conjunction with CSIP we are mapping current service providers of psychological therapies. A gap analysis and investment plan will be developed once this is complete.

3.3 Mental Health Services for Older People (MHSOP)

3.3.1 Community Enablement and Recovery Team (CERTs)

The Specification for the citywide service has been agreed and recruitment for the team has started. The service should be operational by January 2009.

3.3.2 Memory Assessment Service

The specification for the citywide service has been agreed and the commissioning team is waiting for financial approval from the Directors of Finance.

3.4 BME Mental Health Community Development Workers

Three year team action plan and individual work plans for CDW team have been finalised. CDW team are continuing to make links with the BME community and voluntary sector to understand and strengthen links with these groups to ensure service providers and commissioners are able to respond appropriately to the needs of BME communities in relation to mental health.

3.4.1 Children and Young People

Playhouse Theatre Company commissioned to deliver drama based programme to engage with 250-300 BME children and young people to gain an understanding about their perception of mental health and barriers to accessing services. This drama based programme will have a specific emphasis on how race and culture affects their access, experience and outcome in relation to service provision. Theatre Company will be working with a range of stakeholders including school clusters.

Links have been made with schools to raise awareness of mental health amongst parents.

3.4.2 Criminal Justice

The CDW team are working in partnership with CSIP, HMP Birmingham and two local community organisations, to develop effective pathways into care for ex offenders/offenders.

3.4.3 Working Age Adults

In the process of organising a jobs fare to target worklessness in BME communities in some of the most deprived wards in BEN PCT.

3.4.4 Older Adults

Working with Asian elder's forum to build capacity of the group and undertaking narratives with BME elders.

3.4.5 Asylum Seekers and Refuges/New Communities

Through identifying community and voluntary groups working with asylum seekers and refugees, links made with a number of local groups. The team is working with My Time in the production of a booklet around trauma. Contacts made with Polish community in order to identify mental health needs of this specific community.

Supported a number of service users to come together and form a five a side football team to take part in World Mental Health day tournament organised by Birmingham City Council.

3.4.6 Faith and Spirituality

Mental health awareness raising road show will begin at the end of November, targeting places of worship (Mosques, Temples, and Churches). Road show will be a partnership with BSMHFT and Rethink.

3.4.7 Carers

The team is In the process of rolling out Meridan caring for carers training programme in partnership with Future Health and Social Care and Axis. The programme is to run for eleven weeks and due to finish mid December. Ten BME carers have been recruited onto the training programme. Once course has been completed carers will be supported in rolling it out into the community. Three carers from the training course have expressed an interest in attending caring with confidence course in January to become trainers. It is anticipated by the end of the course we will have a pool of trained carers to roll out the training in BME communities in BEN PCT.

The team is supporting the development of Carers toolkit, which will be launched in late February.

3.4.8 Learning Disability

The team is contributing to the development of a directory for services for people with learning disability.

3.4.9 Service User Involvement

Working with two service user groups (Saltley Fellowship and Northside Welcome Centre), doing work around service user narratives and in the process of applying for CDW innovation grant from CSIP to gain funding for piloting computerised CBT at one of the centres.

4.0 Unscheduled Care

4.1 Urgent Care Project

The Urgent Care project in partnership with Solihull Care Trust and Heart of England Foundation Trust and other partners continues to move at a very fast pace with support and engagement from all stakeholders. The project is moving into phase three. The 11th September 2008 visioning event was a success with a total of 62 stakeholders including patients and a feedback to those attendees was held on 8th October 2008.

From all the work undertaken to date, the project team have identified thirteen options for development. These options will now be scoped further with IT and Finance considerations added. All options will go through a financial and non financial appraisal against the OSCAR framework ensuring organizational, satisfaction, clinical, activity and resource implications are considered and scored against weighted measures. These scores will be presented together with the options for consideration by the Programme Board. The preferred options will be tested using Scenario Generator. The final recommendations will then go to the December Programme Board where the final decision on the model for testing will be made.

The project continues to remain within timescales with the testing phase in January/February 2009. This is obviously dependant on the final option and the implementation restrictions these might have regarding workforce, site or resource implications.

4.2 Scenario Generator (SG)

Scenario generator will be tested on the UCP during the current phase (phase three). This will take place after 17th November 2008 UCP Programme Board on the short listed options (maximum of three). In addition, a meeting has been arranged with the SHA regarding SG on 6th November 2008, feedback also in Novembers brief.

4.3 Pilot with ambulance service and out of hours providers

The pilot with the ambulance service and out of hours providers to provide alternative pathways commenced in May 2008 for an initial twelve weeks, this was extended for a further twelve weeks in order to continue testing into the winter period. 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 to avoid transporting patients to A&E. Early evaluation indicates the pathway works but activity has been low. The ambulance service has responded with a further internal briefing to crews. A full evaluation will be presented to gateway during November 2008.

4.4 Birmingham Walk in Centre

The new provider at the Birmingham Walk in Centre commenced 1st October 2008, BEN PCT is continuing to work with HOBtPCT as lead commissioner to ensure

services provided meets the needs of BEN residents who choose to access "walk in services" in the city centre. A consortium agreement is being drawn up with HOBtPCT.

4.5 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 ahead of schedule. The PCT are using the remaining funding and time to add further functionality to the tool including easy tracking of emergency admissions. An incentive scheme has been developed that rewards practices for checking data, reviewing frequent attendees and developing care plans with patients to prevent future avoidable admissions.

5.0 Pan Birmingham Sexual Health & HIV Services

5.1 Pan Birmingham Sexual Health & HIV Services

The public consultation on the draft citywide five year strategy for Sexual Health Services commenced on the 29th September 2008 and will run until the 22nd December 2008. A wide reaching approach to the consultation has been developed.

5.2 Improving Sexual Health Services in Primary Care

A service specification for city wide enhanced sexual health services has been developed for implementation in 2009/10.

Work is continuing 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.

5.3 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. Funding has been identified for and plans are being agreed to develop and promote long acting methods of contraception 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 'blue chip' events targeted at young men to test out the benefits of "health risks" road shows as most teenage conceptions occur in the first year of leaving school.

6.0 End of Life Care Strategy

6.1 Reduce inappropriate admissions

Roll out of the Supportive Care pathway has been agreed at HoEFT strategy groups. This will roll out in all Long Term Conditions (LTC) out patient clinics, and will create the hospital part of the locality register, and set the standards for interagency communication. In twelve months there is a small reduction in numbers of deaths in hospital.

Marie Curie contract for community nursing has been agreed including additional Community nurses to increase capacity.

7.0 Chronic Disease Systems: Birmingham OwnHealth® Health and Work/Cardiac Network

7.1 Long Term Neurological Conditions

Linzie Bassett has been appointed as Clinical Lead for NSF Long Term Conditions.

The NSF Long Term (Neurological) Conditions Implementation Group has continued to meet on a monthly basis in order to make significant impact in the implementation of the NSF, which was published in 2005.

The group focus is on three main areas:

- Parkinson's Disease
- Epilepsy
- Multiple Sclerosis

The implementation group has representatives from health and social care from within the PCT and from HoEFT. The plan is to develop links with the HoEFT implementation group to from a cohesive neurological service.

7.2 Multiple Sclerosis

A separate planning group, with members from health and social care was formed in June 2008 to organise an MS stakeholders' event which was held on 25th September 2008 at The Ramada Hotel, Sutton Coldfield.

The aim of the event was to consult with patients across the PCT with MS in order to gain insight into the patient experience, from early symptoms and diagnosis to impact on life and work issues. The team also wanted to investigate the role of the carer and the impact on their life. It was essential to the implementation of the NSF that we understood what services were currently available to this group of patients, what was missing and how possibly the PCT could develop and commission further services along with secondary care to provide a more cohesive pathway of care.

Thirty patients with a diagnosis of MS and 25 professionals from primary, secondary and social care attended on the day. We were also fortunate to have eleven carers attending alongside their partners. It was noteworthy that we had more patients and carers than professionals at the event.

The day was structured around the needs of the patients, such as short sessions with adequate breaks to avoid fatigue.

The aim of the first session was to capture the patient stories, with idea being for each patient to tell their own story.

- Early symptoms
- The diagnostic journey
- Any memorable key events, good or bad
- Any memorable people in the story
- Any memorable place

The second activity allowed each table to review the stories in relation to the following topics:

- Early symptoms and diagnosis
- Ongoing care, therapies and treatment
- Support and impact on home and community
- Caring for a loved one with MS

7.3 Key Findings

There was consensus that specialist on-going support is invaluable for example the role of MS nurses and the Neuro-physiotherapy service based at The Heart of England Foundation Trust which has an open access policy. However, participants also identified the following issues that they would like to see progress on:

- Disjointed services
- “Life is a battle”
- Length of time to be diagnosed
- Lack of communication between professionals
- GP awareness is poor

- Lack of available information
- Inequality across PCT
- Timing of OT assessment

7.4 **Next steps or actions**

- To develop newsletter for patients attending the day
- To implement a MS patient focus group to ensure that the NSF is being fully developed in response to the needs of this client group
- Review the diagnostic pathway and develop this in-conjunction with HoEFT, using guidelines from the MS Trust on ”Pathway for Health” and “Map of Medicine pathways”
- Inform HoEFT NSF implementation group of findings and forge stronger links to allow for a cohesive service
- Review financial implications for commissioning neurological services.

7.5 **Clinical Health Psychology in Birmingham East and North PCT**

Patrick Hill has jointed the CDS team as Professional Lead for Clinical Health Psychology.

In January 2008 Gordon Brown outlined next stage of NHS reform, in which he emphasised the need to empower people; “*to become genuine partners in care – not just making choices but knowing more about their condition and taking more responsibility for their health and their lives.”*

The following three themes have emerged in 2008 and are not only central to national policy, but are also enshrined in Birmingham East and North PCT’s objectives:

- Empowerment and involvement
- Changing relationships between service users, carers and professional staff
- Organisations working in partnership to address local needs

Addressing these themes requires a multidisciplinary approach, to which Psychology can make a major contribution, such as:

- Using the knowledge of how people adapt to long term conditions, to provide support programmes which enable them to become effective self-managers.

- Identifying key factors influencing healthy eating, smoking cessation or prevention of teenage pregnancy and training health staff who work in these areas to develop partnerships with those they are supporting.

- Improving the health care system through working with colleagues in different teams to ensure that all parts of a pathway support people recovering from strokes to return to the community, rather than inhibiting or providing potential barriers to this.

In reality as the commissioning and delivery of modern health services becomes ever more complex, an increasing range of psychological-based skills are needed. The PCT has therefore invested in a strategic leadership post to embed these skills over time. This may include drawing on the discipline of Clinical Psychology for direct clinical work with patients with identified health problems, the discipline of Health Psychology, which can provide models for planning and commissioning services to enable self care and Occupational Psychology. The synthesis of these psychological specialties is referred to as Clinical Health Psychology and hitherto has remained largely in the domain of academia.

Some specific examples of application in the PCT are:

- Clinical Health Psychology being integral to programmes for patients and carers that enhance empowerment and involvement, such as the recent developments in the PCT Multidisciplinary Pain Clinic. In 2009, the Active for Life Pain Management Programme will increasingly involve graduates of the programme in delivering aspects of the programme, alongside professionals, passing on the skills of self management to other people with long term pain. The learning from developing this service can be passed onto other teams working with people with long term conditions.

- Clinical Health Psychology can provide alternative models and new ways of working for staff involved in long term conditions and palliative care. For example, this is reflected in the pilot training course undertaken with the PCT physiotherapists in October 2008. This well received programme introduced new useful concepts such as the Social model of health and the application of principles drawn from adult education and social learning theory, to support people with long term health conditions.

- Clinical Health Psychology can support the PCT to work with other organisations in more effective partnerships, these partnerships being particularly important with many crucial determinants of health sitting outside NHS control. This can be done through a qualitative approach to assess local need understand people's experiences of health and social care and supporting organisations to engage with their communities and reorganise services.

7.6 **Birmingham OwnHealth**

The Board will be aware that we had very successful launch for Phase II at Birmingham City Football Club in September with invited members as guests. We

appreciated the spontaneous support received from members during the question and answer session.

We continue to raise the profile of Birmingham OwnHealth regionally, nationally and internationally as part of the delivery of the communications strategy. In addition to "fielding" day to day enquiries on the service we recently presented at an HSJ conference on Managing Long Term Conditions. The Director for Chronic Disease Systems has been asked by NHS West Midlands to sit on the Investing for Health Tele-healthcare Board. This is an opportunity to share our experience with colleague PCTs and to shape the rollout of Tele-healthcare across the Region. We are also now a member of the Whole System Demonstrator Network run by the King's Fund and will remain close to national thinking on telehealthcare. More locally, working alongside our PPI colleagues we held a drop-in session on Birmingham OwnHealth in Sutton Coldfield designed to raise awareness within the local voluntary sector.

We are recruiting to two posts in order to support the development of Phase II of Birmingham OwnHealth – a programme manager and a specialist ICT programme manager. This team will match the team put in place locally by our Partner PHS. As part of service development we have recently undertaken a tendering exercise for two Localities based Birmingham OwHealth Health Trainers to work with Care Managers and Community Staff.

Governance remains an ongoing focus within the programme and we have streamlined the operational workstreams into six groups, namely – pathway development, workforce deployment, technical management, pipeline management, call centre operations and outcomes and evaluation.

Over September and October we trialled the use of seven telehealth units - the support of two of our ACMs has been essential Bethan Stubbs and Angela Mottram. We are now finalising our policies and procedures including deployment arrangements before releasing the rest of the units. The intention is to work with NHS West Midlands and the Veteran's Administration Midwest Health Care Network to design an appropriate at scale evaluation.

7.7 Health and Work

The Director for Chronic Disease Systems represents the PCT on the Birmingham and Solihull Improving Health, Increasing Employment Project Board. This continues to be well supported by partnership organisations. The Board is playing its part in both Birmingham's Worklessness Delivery Plan and the Health and Employment workstream within the Inequalities theme as part of the Health and Well-being Partnership's Delivery Programme.

At the last Board meeting it was agreed that the Chief Executive of the Birmingham Race Action Partnership should join the group. We also reviewed progress against the implementation plan. It was agreed that the "Fit for Work" service proposal should go out to consultation, to press ahead with the Back-to-Work support programme for existing incapacity benefit claimants and to take part in an Adult Advancement and Careers Service Pilot. The Board also approved a draft letter to GPs on their role during the economic downturn.

8.0 Children and Maternity

8.1 Peri-natal Mortality

Currently undertaking the evaluation of the pilot in Washwood Heath and developing a pre-conception pathway.

8.2 Pan Birmingham Children's Commissioning

A pan-Birmingham NHS commissioning strategy is being developed, which is being led by the Pan-Birmingham Commissioning Manager, with input from the three PCTs. The Pan –Birmingham Commissioning Group has been established to co-ordinate the developments across the three PCTs. This is chaired by the Director of Commissioning from Heart of Birmingham tPCT. Other work that is on going includes, review of the South Birmingham PCT specialist paediatric service, ensuring co-ordinated LDP submissions, ensuring effective commissioning of safeguarding services across the City, working with the City Council on implementation of the Brighter Futures Strategy and services for Disabled Children.

8.3 Child & Adolescent Mental Health Services (CAMHS)

Additional capacity has been agreed for the Children's Hospital to ensure they meet the 18 weeks target and continuous monitoring is been undertaken of the acute CAMHS services. The CAMHS Commissioning Strategy will be published soon. Additional investments in city wide projects have been agreed by the commissioning sub group.

9.0 Locality Reports

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

9.1.1 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. There was a good response to the 'Getting it Right' training session from the BSA practice staff held in October 2008.

9.1.2 BSA Locality Cardiovascular Disease (CVD) Risk Assessment, Screening and Management Programme

The Locality has formed a steering group which is planning the implementation of this programme. This programme will involve all 15 practices in the Locality in identifying, risk stratifying and managing all patients, aged 40 – 74 years, identified with a CVD risk. This programme fits with the DoH's national policy for vascular checks.

9.1.3 Lifestyle Project

The BSA and Washwood Heath Localities have agreed to jointly commission a weight management and physical activity programme as a pilot to encourage people within the locality to live healthier lifestyles. This will be formally launched in November 2008

9.2 Washwood Heath/Hodge Hill Localities

9.2.1 Mental Health and Well Being Worker

We have received proposals from the providers to undertake this initiative and the locality is currently in the process of evaluating the proposals

9.2.2 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. However, as a result of a number of local objections we will be undertaking further work on the car parking and traffic issues before we submit a planning application.

9.2.3 Saltley New Build

The PCT have submitted the planning application for the new development after extensive consultation. The project group is currently working up the stage 1 approval to bring to the Board in the next couple of months.

9.2.4 Diabetes Care Pathway

Still in an infancy stage, the Locality has begun a journey to develop a Diabetes Care Pathway which will identify gaps in service provision in primary care, which will help inform commissioning decisions. Initially, a mapping exercise of all services linked to ‘diabetes’ will be carried out to identify the gaps in the present service.

9.3 Shard End, Stechford &Yardley North and Sheldon

9.3.1 Anti coagulation redesign

Hub practices continue to transfer spoke patients into the primary care service successfully. The locality is now working to find a solution to manage domiciliary INR testing too.

9.3.2 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.

9.3.3 Obesity

Practices continue to work towards increasing BMI recordings. The locality is also investigating purchasing weighing equipment that could potentially be placed in waiting rooms, to facilitate BMI recordings easily. The equipment will be funded from PBC efficiencies created in 2007/08.

9.3.4 Leg ulcer telemedicine

Wound Care Logistics continue to work with BENPCT provider services and specialist tissue viability teams to implement telemedicine across the patch. The software is now being installed into practices and district nursing teams. Patients are being referred onto the system and training will continue to be rolled out across the locality.

9.3.5 Support to Vulnerable Elderly

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme that will support vulnerable elderly patients through a volunteer and advocacy network. The proposal was successful at gateway two and the project team are now working to roll out the scheme across the patch. All areas of BEN will have access to the service by December 2008.

9.3.6 Teenage Pregnancy

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

9.3.7 Insight A&E Incentive Scheme

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

9.3.8 PBC Re-invigoration

The Locality is keen to work with the PCT on re invigorating PBC and has a session with the Kings Fund planned to develop ideas further.

9.4 Sutton Locality

9.4.1 Anticoagulant Service

Three practices have now gone live with the service. The remaining nine practices have go live dates planned. Managing domiciliary patients within the service has been delayed until all twelve practices are up and running.

9.4.2 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.

9.4.3 Birmingham Own Health

Three practices are now actively engaged in Birmingham Own Health. There is a plan in place to bring the further nine practices on line.

9.4.4 Support to Vulnerable Elderly

The locality is working in partnership with Birmingham City Council to jointly fund a good neighbour scheme that will support vulnerable elderly patients through a volunteer and advocacy network. The proposal was successful at gateway two and the project team are now working to roll out the scheme across the patch. All areas of BEN will have access to the service by December 2008.

9.4.5 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 the Executive Nurse for a view and will then be issued to the provider arm.

9.4.6 Obesity

AGP has agreed to lead the locality's work on tackling the rising trend of obesity. A sub group will be formed with the support of Health Improvement.

9.4.7 **Educational Sessions**

The locality is planning an educational session on managing chronic kidney disease in primary care and has also highlighted an educational need around managing patients with learning disabilities too.

9.4.8 **Insight A&E Incentive Scheme**

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

9.5 **Kingstanding and Oscott locality**

9.5.1 **Virtual ward**

The Locality Management Team recently visited Croydon PCT to learn about the virtual ward which Croydon has implemented. As a result of this visit, it has been agreed the locality will be exploring using the King's Fund Patient at Risk of Re-Hospitalisation (PARR) tool to identify patients at possible risk of being admitted to hospital and work with the assertive case managers in managing these patients.

9.5.2 **Reducing deaths from CHD and stroke**

The PCT's Consultant Nurse in Cardiovascular Disease recently presented the Department of Health's plans for vascular screening to the Locality Board. The PCT is looking to pilot some initiatives around vascular screening and is hoping to use two localities to participate in these pilots. The locality has agreed to be involved in this piece of work and proposals will be scoped in the next few months around piloting a project.

9.5.3 **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. The locality has recently seconded a health care assistant from the District Nursing Team to undertake screening for patients with COPD and plans are being drawn around the search criteria for identifying new patients with COPD. It is envisaged the screening stage of the pilot will be operational from January 2009.

The Kingstanding COPD sub-group is looking to develop a COPD folder for the locality, which will contain useful information around identification of patients with COPD, role of respiratory nurse, pulmonary rehabilitation and

referral pathways. Discussions are currently taking place with Birmingham Own Health around recruiting patients with COPD.

The six week community based pulmonary rehabilitation programme is now in its third cohort of patients at Kingstanding Leisure Centre. In order to maximise full capacity, the programme will continue as a rolling programme. Furthermore the sub-group is costing a maintenance programme for patients who have completed the six week pulmonary rehabilitation programme which local patients have requested.

9.5.4 Prescribing

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

9.5.5 Anticoagulation service

The Locality has agreed to pilot an enhanced anticoagulation service with a secondary care provider after careful consideration of several different models of delivery for anticoagulation services. The locality has been given the go ahead to proceed to Gateway two to further scope out this model and plans are currently being worked through.

9.5.6 Reducing life-style risk

The locality has agreed to focus on weight management and has commissioned Slimming World to deliver a weight management programme. The programme will target patients with a BMI over 30 wishing to make changes around their weight management and will be referred to Slimming World and the PCT's Health Trainer service. This programme is due to go live in November 2008.

9.5.7 A&E Insight

The PCT has developed a new module within the Insight Referral Management tool that provides A&E activity and admissions data to GP practices within 24 hours of their patients attending Heart of England Foundation Trust. A scheme to incentivise general practice to review their A&E attendance, frequent attendees and emergency admissions was introduced on the 13th October 2008. The majority of practices in Kingstanding have signed up to this incentive scheme and a schedule of training sessions has been delivered to individual practices.

9.6 Birmingham North and East (Erdington, Tyburn and Stockland Green)

9.6.1 Chlamydia screening

The Birmingham and Solihull Chlamydia Screening Programme (BSCSP) is introducing an incentive scheme to encourage general practice to increase the uptake for screening of 15-25 years old for Chlamydia. After the lessons learnt from the pilot undertaken within the locality around increasing uptake of Chlamydia screening, the locality is now considering how this incentive scheme could be utilised to enable maximum uptake and proposals are being scoped.

9.6.2 Prescribing

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

9.6.3 Falls prevention

The pilot to identify patients at risk of potentially falling is now almost coming to an end and the evaluation process has begun. This evaluation will include patient satisfaction through a number of focus groups with the individual risk groups identified in the pilot. The evaluation and recommendations will be shared with the locality at the end of this year/start of next year.

9.6.4 Reducing deaths from CHD and stroke

Some practices in the locality have participated in the Birmingham Health and Well-being Partnership's Male Life Expectancy Project. This project has now come to an end and lessons are being learnt. The locality is currently considering how it wishes to move forward with this objective.

9.6.5 COPD

The six week community based pulmonary rehabilitation programme is now in its third cohort of patients at Pype Hayes Community Centre. In order to maximise capacity, the programme will continue as a rolling programme. Furthermore the sub-group is costing a further maintenance programme for patients who have completed the six week pulmonary rehabilitation programme

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

9.6.6 Anticoagulation

The first meeting of the sub-group to explore anticoagulation redesign is being set up. The scoping meeting will explore various models of delivery and an options appraisal paper will be presented to the locality board at the end of the year/start of the New Year.

9.6.7 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. All three proposals have received agreement from the PCT Gateway Panel and work has commenced.

9.6.8 A&E Insight

The PCT has developed a new module within the Insight Referral Management tool that provides A&E activity and admissions data to GP practices within 24 hours of their patients attending Heart of England Foundation Trust. A scheme to incentivise general practice to review their A&E attendance, frequent attendees and emergency admissions was introduced on the 13th October 2008. All practices in BNE locality have signed up to this incentive scheme and a schedule of training sessions has been delivered to individual practices.

10.0 Complex Care

10.1 Care Packages in the Community Under £40K per annum

Care packages in the community with an annual cost of under £40K per annum are currently managed by South Birmingham PCT. This is an historical arrangement, dating back to before the establishment of the Primary Care Trusts. It fragments the existing commissioning arrangements for complex care across the City, which is hosted by BENPCT.

The Directors of Resources and Commissioning across the City have agreed that the commissioning of these packages should transfer to BENPCT, in line with existing arrangements. The Complex Care Commissioning Team is now working with SBPCT in order to establish the arrangements for the transition which is planned to commence on 1 January 2009.

10.2 **Service Specifications and Contracts**

Service specifications are in the last stage of development for the areas of nursing homes, independent providers, and the complex care nursing service provided by SBPCT.

Contracts are being finalised for the above services in line with the Directorate's standard contract. Work is ongoing in this area in line with the proposed introduction of the Community Contract, developed by the Department of Health, and which will be introduced from 1 April 2009.

10.3 **Funded Nursing Care and supporting team of Lead Nurse**

10.3.1 **Manager and Continuing Health Care Co-ordinators**

With effect from 1 November 2008, the team who manage the assessment and monitoring of funded nursing care and continuing NHS health care cases, have transferred from the Provider Arm in BENPCT into the Complex Care Commissioning Team.

This has increased the portfolio of the Team, who are now responsible for the commissioning and management of funded nursing care.

10.4 **Nursing Home Tripartite Agreement**

We have been working with the Local Authority in developing the new tripartite contract agreement for nursing homes. This is now in the final stages of completion prior to implementation from 1 April 2009.

10.5 **Partnership Working**

We are working with our partners in the Local Authority developing a Joint Resolution Policy for complex/continuing NHS health care applications. This is in line with the National Framework for Continuing NHS Healthcare and Funded Nursing Care guidance. We are working together to develop a joint approach to continuing NHS health care assessments and application.

10.6 **Activity and Projection of Complex Care Cases**

There has been a continued increase in the number of continuing NHS health care applications, which have resulted in a significant, overspend on the allocated budget.

10.7 **Appeals**

Appeals for continuing NHS health care funding continue. Members of the team continue to support the Health Authority in independent review panels by sitting on panels to represent PCTs and clinical decisions.

10.8 **Managing the Market**

Complex/Continuing Care continues to be a challenging area to manage. It is proposed that during 2009 the Team will be developing the market in this area in order to ensure that the best quality, value for money and person centred healthcare is commissioned.

11.0 Substance Misuse

11.2 **Drugs**

Tony Mercer, the new lead commissioner commences on Friday 14th November 2008. Tony's initial priority will be taking the lead on the annual needs assessment process and the treatment planning cycle.

Q2 progress report from the NTA indicates we are on target to meet the Numbers in effective treatment target however there is continued underperformance in respect of TOP particularly in relation to care plan reviews and planned discharges. The DAAT is currently in the process of picking this issue up through the SLA review process and will also be developing improvement plans with providers following these review meetings.

DAAT is currently developing a three year financial strategy which will be discussed with PCTs. The purpose of this discussion is to develop a sound financial planning platform for future treatment redesign and diversifying investment streams supporting drug and alcohol commissioning.

12.0 Learning Disabilities

12.1 BENPCT hosts the commissioning of Learning Disabilities for the three Birmingham PCTs.

Work to appoint a new care provider for four out of five residential care homes contracted directly with Accord Housing Association has now been successfully completed. Work continues to identify a new care provider for the remaining Accord Home and the second phase projects.

The Executive Group of The Birmingham Health and Wellbeing Partnership has agreed that by April 2009 Learning Disabilities will be commissioned via a pooled budget arrangement under Section 75 of the National Health Services Act 2006, with Birmingham Local Authority acting as lead commissioner. An independent project lead has been appointed to identify and develop working groups in order for the timescales to be achieved.

13.0 Ambulatory Care Sensitive Conditions

13.1 Work has commenced on understanding the PCTs position in relation to the proportion of avoidable admissions within nineteen specific ambulatory sensitive conditions.

Dehydration, chronic obstructive pulmonary disease and heart failure have been identified as the top three in terms of both the cost and the numbers of admissions that could potentially be avoided by more effective care systems/health improvement interventions in primary care.

Work has commenced on the redesign on the pathways of care for the management of both COPD and heart failure. Heart failure redesign will develop a consistent approach across both north into Good Hope site, and east into Heartlands site.

Significant redesign is planned for the COPD pathway with the development of a managed care pathway, commencing with initial symptoms and concluding with end of life care. The commissioning team are currently constructing a modular specification that provides an evidenced base, exemplar model for COPD management underpinned by the views of patients obtained from four focus groups.

14.0 Cancer Services

A draft action plan in response to the Cancer Reform Strategy has been completed and is to be presented to the December Local Health Economy Cancer Group. Key work areas from the action plan will be identified as a focus for the group to deliver on. These are expected to include prevention and living with and beyond cancer.

A particular focus for commissioning is breast screening services and the move to digital mammography along with an increase in round length from 50-70 years to 47-73 years.

The PCT has been accepted as a test site for the first phase of the National Cancer Survivorship Programme working with NHS Improvement. A Project Initiation Document has been drafted for the proposed service which will focus on follow up services for patients with breast cancer, as an initial pilot. The proposed model involves Birmingham Own Health, and a strategic agreement on standards for cancer follow up. Once a final version of the PID is complete this will require approval via a gateway panel.

15.0 Planned Care and 18 Weeks Referral to Treatment

15.1 Across the West Midlands, it has been agreed to work towards an accelerated achievement of 18 weeks referral to treatment (RTT) by September 2008. Overall referral to treatment times were 90.42% for admitted and 94.62% for non-admitted – both ahead of trajectory to meet the December target with Heart of England Foundation Trust (HoEFT) achieving the accelerated target for September. All providers are currently working to achieve and maintain the target of 90% for admitted and 95% non admitted patients in readiness for December.

Trauma and Orthopaedics remains the key challenge across the health economy. Service redesign is underway and the specialty is expected to achieve its targets. Service redesign work around a number of specialities is also in progress to develop models of care with sustainable capacity to deliver 18 week referral to treatment times. This includes:

15.1.1 **Orthopaedics**

The PCT is working with HoEFT and Solihull Care Trust to develop an integrated model for musculoskeletal services which will combine the PCT orthopaedic triage service with the HoEFT orthopaedic outpatient service. This is starting with the development of an integrated knee service. A project manager has been identified to take this piece of work forward across the three organisations.

15.1.2 **Ophthalmology**

Discussions with independent sector providers are currently underway to increase current provision and create additional capacity across ophthalmology in order to sustain 18 weeks referral to treatment times.

15.1.3 **Dermatology**

The Community Dermatology Service for the North area of the PCT commenced in May 2008. The dermatology service in the east of a community based model with HoEFT commenced as a pilot in October for six months and is being reviewed.

15.1.4 **Urology**

A proposal for a community urology service has recently been approved through the PCT Gateway two process. The service will be piloted from January 2009 for six months in the Kingstanding & Oscott locality. This pilot will be an integrated service with the urology service at HoEFT with links to the PCT continence service and Specialist Continence Nurse input into clinics planned from February 2009.

15.1.5 **Audiology**

Current activity and capacity has been reviewed with Sandwell and West Birmingham Hospital and some service redesign around patient follow up is being planned. An outline proposal for a telephone follow up service for suitable patients who have had hearing aids fitted has been approved through the PCT Gateway one process and planning is underway to develop the model. It is envisaged that the introduction of teleaudiology in the patient pathway will free capacity to enable delivery of an eight week pathway for assessment and fitting of hearing aids.

15.1.6 **Orthodontics**

Patients on waiting lists at HoEFT and Birmingham Dental Hospital have been clinically reviewed and those assessed as suitable have been transferred to community orthodontic specialists where additional capacity has been commissioned.

16.0 Older People

16.1 Redesign of Intermediate Care Services

We have been working closely with the City Council and colleagues in the Provider Arm as well as with other Stakeholders in preparation for the transfer of bed based Intermediate Care Services into the new Care Centres at both Perry Common and Sheldon Heath. In addition the establishment of the third community based Intermediate Care team has been very successful with a significant increase in referrals being accepted as capacity has grown.

16.2 Stroke Care

Work has continued in reviewing and redesigning the Stroke Care pathway to improve access to diagnostics, specialist care and community rehabilitation.

16.3 Nursing Home Provision

The PCT has continued to work closely with the City Council in monitoring and reviewing care standards within Nursing Homes

17.0 Recommendation

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