Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 25 OCTOBER 2016 AT 14:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING**

The Chair to advise/meeting to note that this meeting will be webcast for live and subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The whole of the meeting will be filmed except where there are confidential or exempt items.

2 **APOLOGIES**

3 - 10 3 **HEALTH, WELLBEING AND THE ENVIRONMENT ACTION NOTES 27TH SEPTEMBER 2016**

To confirm the action notes of the meeting held on 27th September 2016.

4 **DECLARATIONS OF INTERESTS**

11 - 56 5 **BIRMINGHAM AND SOLIHULL SUSTAINABILITY AND TRANSFORMATION PLAN**

Mark Rogers (System Lead), Sarah-Jane Marsh (Maternity and Newborn Programme), Dame Julie Moore (Vibrant Secondary and Tertiary Services Programme), John Short (Mental Health Programme) and Les Williams (Community Care First Programme).

57 - 66

6 **MENTAL HEALTH RECOVERY, LEARNING AND WORK SERVICES CASE FOR CHANGE PROPOSAL**

Robert Devlin (Senior Strategic Commissioning Manager - Mental Health) and Baljit Bahi (Commissioning Manager, Joint Commissioning Team - Mental Health), Birmingham CrossCity Clinical Commissioning Group; Mark Roscoe (Commissioning Manager), People Directorate.

67 - 74

7 **HEALTH, WELLBEING AND THE ENVIRONMENT O&S WORK PROGRAMME OCTOBER 2016**

For discussion.

8 **REQUEST(S) FOR "CALL IN"/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for "call in"/Councillor calls for action/petitions (if received).

9 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

10 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

'In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT O&S COMMITTEE

1000 hours on 27th September, Committee Rooms 3 & 4

Reconvened 1400 hours on 27th September, Committee Room 6 – Actions

---

Present:

Councillor John Cotton (Chair)

Councillors Deirdre Alden, Sue Anderson, Andrew Hardie, Mohammed Idrees, Karen McCarthy and Robert Pocock

Also Present:

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care

Peter Hay, Strategic Director, People Directorate

John Wilderspin, Strategic Programme Director, STP

Andy Cave, CEO, Healthwatch Birmingham

Brian Carr, Chair, Healthwatch Birmingham

Charlene Mulhern, Senior Officer, Collaboration, Birmingham Public Health

Dr Andrew Coward, Chair, Birmingham South Central CCG

Mary Latter, Strategic Commissioning Manager (Dementia)

Parveen Mercer, Head of Service – Universal & Prevention Commissioning

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Research & Policy Officer, Scrutiny Office

---

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.birminghamnewsroom.com") and members of the press/public may record and take photographs.

The whole of the morning meeting would be filmed except where there were confidential or exempt items.

2. APOLOGIES

Apologies were submitted on behalf of Councillors Uzma Ahmed, Mick Brown, Carole Griffiths, Kath Hartley and Simon Jevon.

3. DECLARATIONS OF INTEREST

Members were reminded that they must declare all relevant interests relating to any items of business to be discussed at the meeting. Councillor Andrew Hardie declared an interest as a registered GP working as a locum in Birmingham. Councillor Karen McCarthy declared an interest as the City Council's Stakeholder Governor to the Birmingham Women's Hospital.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 9th August were noted.

The Chair read out a response he had received from Angela Probert, the Strategic Director of Change & Support Services, on behalf of the Chief Executive, to the letter sent by himself and the Deputy Chair regarding the remit of the Committee. (See attached). In the light of this letter, the Chair proposed that he and the Deputy Chair meet with the Head of Scrutiny Services to take forward the suggestion of a Task & Finish/Working Group arrangement to relieve some of the burden of work on the committee around the Environment agenda.

5. CABINET MEMBER FOR HEALTH AND SOCIAL CARE

Councillor Paulette Hamilton, the Cabinet Member for Health and Social Care, and Peter Hay, the Strategic Director for People presented a progress update on the Birmingham and Solihull Sustainability and Transformation Plan.

During the discussions Members raised the following points:

- Widespread serious concern among members about the lack of openness and transparency in the design process of the STP.
- Concern about the exclusion of the public from the process so far.
- No elected Member input in the decision making process and lack of consultation with the City Council.
- The process is fatally flawed and will damage the reputation of the City Council.
- Lack of engagement with, and role of, the Health & Wellbeing Board.
- Lack of detail to be able to ask key questions.
- Financial proposals having been submitted before the plan.

- No adult social care pressures taken into account in the financial proposals submission.
- Questions around political engagement in particular the role of the Cabinet Member for Health and Social Care and the Leader and the Chief Executive's role as System Lead.
- Need for information around the resources for transformation and supporting the STP process.
- Need to know what the timescales are.
- What is the role of the Joint Birmingham and Solihull Health Scrutiny Committee?
- How does this STP fit in with the Black Country STP?
- The Leader of the Council takes up with Central Government the issue that ground rules of place-based health and social care management have to include a democratisation of that process.

Andy Cave, CEO, Healthwatch Birmingham, offered to help with patient and public engagement using their Quality Standard Toolkit.

RESOLVED:-

That a further update/information report be brought to the next meeting on 25th October.

6. PRIORITY REPORT OF THE CABINET MEMBER FOR CLEAN STREETS, RECYCLING AND ENVIRONMENT

This report was deferred.

7. HEALTHWATCH BIRMINGHAM UPDATE

Andy Cave, CEO and Brian Carr, Chair of the Board, attended to present an update report on the work of Healthwatch Birmingham.

Following the presentation, the attendees responded to questions from Members which included:-

- How confident they were in the stability of staffing, governance and the work programme going forward?
- How they engage with 'hard to reach' groups including the elderly?
- Asked to give examples of where their work has made a difference and resulted in change.

- How they schedule their work programme to take consideration of up and coming consultations and service changes?
- How they engage with diverse groups?
- How visits to social care and care homes are going to be expanded e.g. Enter and View?
- How much do they question relatives in care homes?
- How do they recruit volunteers?
- To consider an area of work looking at the health geography of Birmingham at a sub-City level and how coherence can be created within that.
- What opportunities have they explored to bring in jointly commissioned activities with national partners e.g. Macmillan, Prostate Cancer UK etc. as a route for expansion?

8. HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016-17

The work programme was submitted:-

During discussions it was highlighted that there were 2 big issues that needed addressing i.e. the STP and the Environment remit of the Committee. It was agreed that agenda items on the work programme for 25th October would be rescheduled in order to dedicate the majority of the meeting to scrutinising the STP. Mark Rogers (System Lead) and the 4 STP Work Programme Leads (Dame Julie Moore, Sarah-Jane Marsh, Tracy Taylor and John Short) would be invited to attend.

A Member suggested that the topic of 'Air Pollution and Health', which is due for consideration in January 2017, is possibly one of those areas where there is cross-cutting scrutiny with the Economy, Skills and Transport O&S Committee.

RESOLVED:-

That the work programme be noted.

The meeting adjourned for lunch at 1157 hours and reconvened at 1400 hours.

9. TRACKING OF THE 'TACKLING CHILDHOOD OBESITY IN BIRMINGHAM' INQUIRY

In attendance to present this report were:-

Charlene Mulhern, Senior Officer, Collaboration, Birmingham Public Health

Dr Andrew Coward, Chair, Birmingham South Central CCG

RECOMMENDATION ASSESSMENTS

There were 5 outstanding recommendations:-

Recommendation 02 – Cabinet Member Assessment 3

Recommendation 04 – Cabinet Member Assessment 1

Recommendation 05 – Cabinet Member Assessment 1

Recommendation 06 – Cabinet Member Assessment 1

Recommendation 08 – Cabinet Member Assessment 1

OUTCOME/ACTIONS

The Committee agreed with the Cabinet Member Assessment for recommendations 02, 05, 06 and 08.

The Committee reassessed Recommendation 04 as category 3 (Not achieved, progress made).

During the course of the presentation, members requested the following further information:-

R02 – Case studies from the nine primary schools across Birmingham highlighted as exemplars for good practice be circulated to the committee.

R05 – An update report be brought back to committee in order to monitor the success of this recommendation.

R06 – The Third Sector Public Health Framework and a written update report be circulated to committee in December 2016.

R08 – The Development Toolkit, when available, should be circulated to the committee.

10. TRACKING OF THE 'LIVING LIFE TO THE FULL WITH DEMENTIA' INQUIRY

In attendance to present this report was:-

Mary Latter, Strategic Commissioning Manager (Dementia)

Parveen Mercer, Head of Service – Universal & Prevention Commissioning

RECOMMENDATION ASSESSMENTS

There were 5 outstanding recommendations:-

Recommendation 02 – Cabinet Member Assessment 1

Recommendation 04 – Cabinet Member Assessment 1

Recommendation 10 – Cabinet Member Assessment 1

Recommendation 12 – Cabinet Member Assessment 1

Recommendation 13 – Cabinet Member Assessment 1

OUTCOME/ACTIONS

The Committee agreed with the Cabinet Member Assessment for recommendations 02 and 13.

The following recommendations were reassessed as:-

Recommendation 04 – 2 (Achieved Late)

Recommendation 10 – 6 (In Progress)

Recommendation 12 – 6 (In Progress)

11. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS

None

12. OTHER URGENT BUSINESS

None

13. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED:-

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 1530 hours.

Birmingham City Council

16 September 2016

Dear Cllrs Cotton and Hardie

Thank you for your letter regarding the remit of the Health, Wellbeing and the Environment O&S Committee, and your explanation of the difficulties the Committee faces in meeting its obligations. Your concerns that the committee's remit is too large, and that this has resulted in a significantly unbalanced workload across the five committees, have been noted.

Firstly, to avoid a recurrence of similar issues in future years, I will propose to the Leader that a cross party working group of experienced scrutiny members is set up towards the end of each municipal year, to meet to consider any proposed changes to scrutiny remits prior to the AGM. They would then make their recommendations to the Leader on the balance of responsibilities.

With regards to the current year, given that we are already three months into the municipal year, could I suggest that a working group or task and finish group is set up to relieve some of the burden from your committee. The waste strategy work you refer to in your letter might be appropriate for this. Membership need not be drawn solely from your committee, to spread the workload across more members. If you wish to pursue this option, please talk to Emma Williamson.

Thank you.

Regards

Angela Probert
Strategic Director Change & Support Services

Council House
Victoria Square
Birmingham
B1 1BB

telephone 0121 464 5655
email angela.probert@birmingham.gov.uk
www.birmingham.gov.uk

BSOL Mental Health STP work stream, October 2016

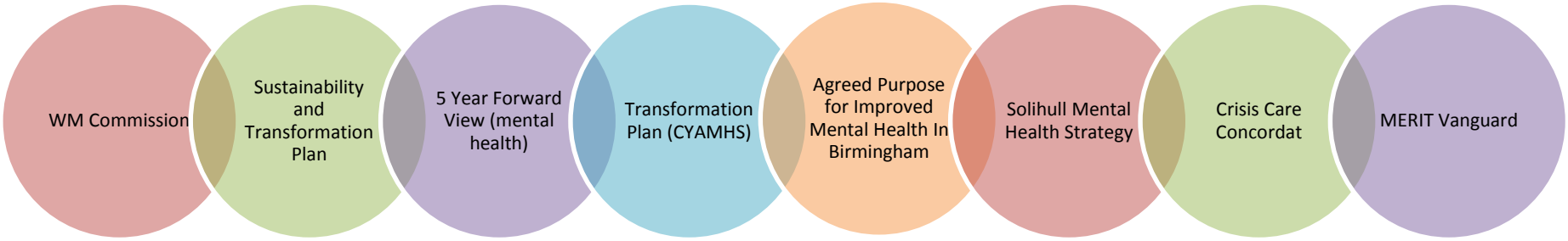
John Short, CEO

Prepared by Joanne Carney, Mental Health Programme Director

Background

- Clear vision and strategic direction across BSOL
- Solihull Mental Health Strategy & Agreed Statement of Purpose across Birmingham
- Four strategic outcome areas (subject to further development);
  - Prevention
  - Protection
  - management
  - Recovery
- Governance across BSOL supported by System Strategy Board linked into HWBBs

How will we achieve these outcomes?



Draft Prevention Plan	
Outcomes	• Reduce Suicide • Fewer Children affected by parents poor mental health • Increased Wellbeing within the population
Objectives	• Reduce numbers of suicide by 10% by 20/21
Universal Prevention	• Develop city-wide approach to mental health prevention based on evidence (Public Health) • Develop city-wide wellbeing offer (Community Care First) • Establish LAC Pathway (CYP) • Education strategy (CYP) • Under 5's development and Healthy child Programme (CYP) • Professionals trained to support emotional wellbeing and mental health across key touch-points for children and young adults (CYP) • Develop alternative methods to support self-care including digital resources (CYP)
Suicide	• Quality review of BSMHFT and FTB suicide prevention strategy (CCGs) • Develop system wide suicide prevention action plan (HWBB)

Draft Protect Plan

Outcomes	• Fewer undiagnosed dual diagnosis cases • Better physical health for homeless people • Better physical health for people with mental illness • Fewer repeat offenders • Fewer people with a learning disability and dementia suffering crime • Improved access for Afro-Caribbean communities to early support services and fewer people in acute and specialist mental health services • Improved access to early help for victims of abuse
Objectives	• Increase percentage of population with access to Liaison and Diversion from custody – 100% by 2021 • Increase number of people with SMI who have a physical health screening annually • Reduce excess under 75 mortality rate in adults with serious mental illness • At least 25% of people with common mental health conditions access psychological therapies each year
Projects	
Protective Pathways	• Develop Dual Diagnosis pathway and protocols (CCGs and NHS Providers) • Procure emergency conveyance service to support Mental Health admissions (CCG/JCT) • ADRs/DDRs (CJS) • Further develop liaison and diversion offer (CJS) • Through the Gate (CJS) • Out of Court Disposal (CJS) • Vulnerable Victims (CJS) • Fulfilling Lives (BVSC)
Primary Care and Physical Health	• Improve primary/secondary care liaison (CCGs and NHS Providers) • Confirm additional workforce requirement and commission increased IAPT capacity (CCGs) • Contribute to development of multi-disciplinary Teams in Primary Care (Community Care First) • Develop navigation to support transitions to primary care (CCGs, 3rd Sector) • Deliver health screening to all inpatients, EIS and CPA patients annually (NHS providers)

Draft Manage Plan

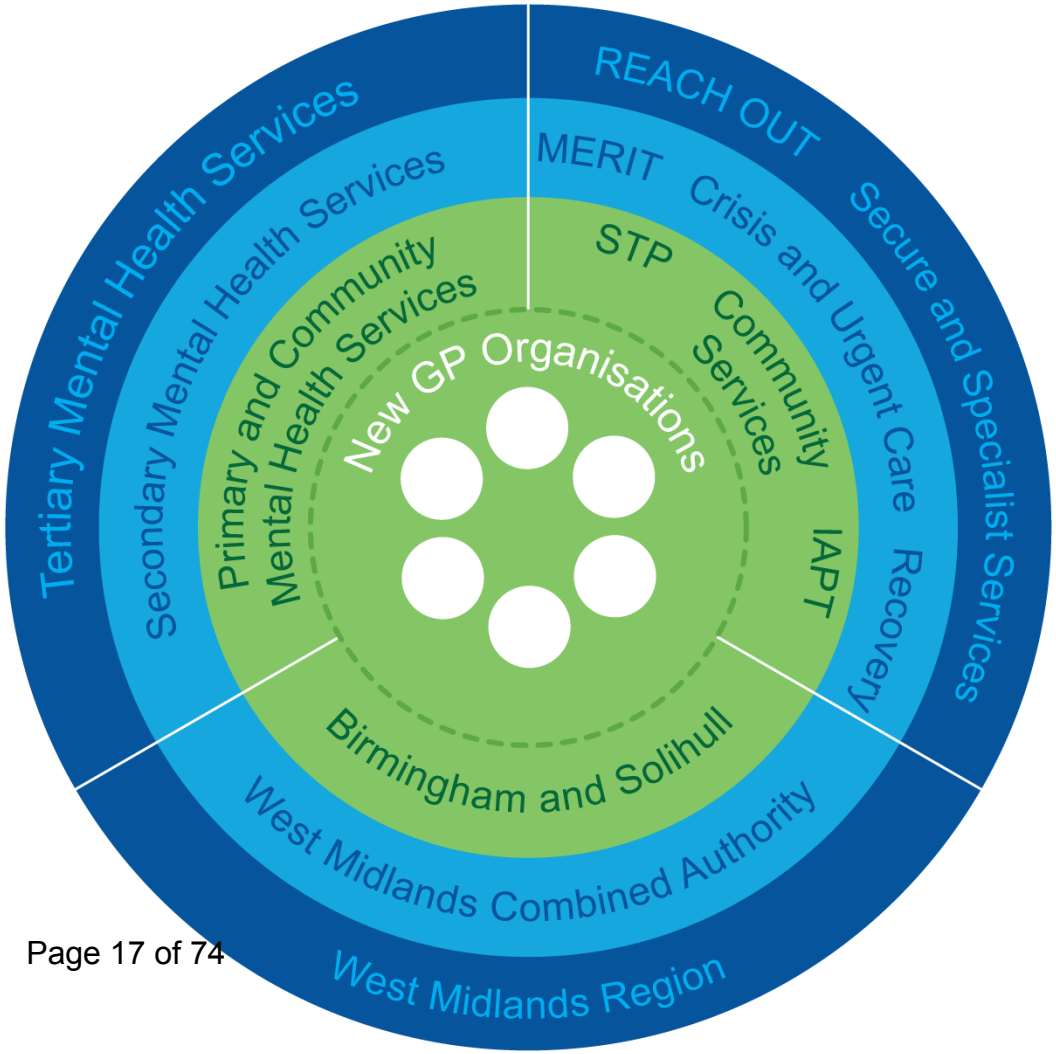
Outcomes	• People supported in least restrictive environment • All crisis assessments happening within four hours; • No children in police cells; • Fewer repeat admissions for mental health crises • Fewer acute medical admissions which are precipitated by dementia
Objectives	• Increase access to 35% of CYP with diagnosable mental health condition to an NHS community mental health service • Increase % of people receiving treatment within 2 weeks for FEP from 50-60% by 2021 • Ensure all age compliance with CORE 24 Standards for psychiatric liaison • Fewer repeat admissions for mental health crisis
Projects	
System capacity	• Coordinate system capacity review • MERIT shared bed management programme (BSMHFT/FTB) • Ensure level of access at 35% and plan to increase year on year (CYP) • Jointly scoping alternatives to admission for <16yrs and 16-18 yrs e.g. PDU (CYP) • Continue to support development of FTB model (CYP) • Review compliance with CORE 24 standard for CYP • Redesign and recommission respite provision (CCGs, BSMHFT, 3rd sector) • Deliver against Inpatient Capacity Service Development and Improvement Plan (BSMHFT)
Specialist pathways	• Neurodevelopmental Pathway. Develop ageless neurodevelopmental pathway (inc CYP) • Improve early identification, prevention access and outcomes for people with Eating Disorders • System of Care for Personality Disorder and people with psychological complexity/trauma • Implement Dementia Strategy. Ensure skills and capacity to deliver older adults pathway in its totality across BSOL • Improve access to evidence based treatment around peri-natal mental health (FYFV) (CYP) • Develop approach to support new care arrangements for the most vulnerable with complex needs (CYP)

Draft Recovery Plan

Outcomes	• More people with mental illness in employment • More people with mental health conditions in stable housing • More people, who have previously misused substances, in sustainable employment; • More young people in education, training or sustainable employment; • Fewer homeless people
Objectives	• Double the number of people accessing individual placement Support • increase the % of Adults (18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support • "Increase the proportion of adults in contact with secondary mental health services (on CPA) in paid employment. The measure shows the percentage of adults receiving secondary mental health services in paid employment"
Projects	
Recovery and Employment	• Develop a statement and system strategy around the value of a peer workforce in mental health services as part of the broader recovery and employment agenda (System) • Include Peer workforce as SDIP for FTB in 17/18 (CYP) • Procure redesigned recovery and employment service by Sept 2017 to include IPS service (CCG) • Support system level work through WM MH commission to improve mental health in the workplace (System) • MERIT Recovery Programme (MERIT)
Housing	• MH Provider/Housing Provider Partnerships and schemes (BSMHFT) • Increase access to affordable housing (SMBC) • Private rented market issues (BCC, SMBC) • Scale up residential and housing options (BCC, SMBC)

Interdependencies with other STP footprints

- MERIT vanguard
- REACH OUT
- Alignment of priorities with Black Country STP – cross cutting themes;
  - Access
  - IPS
  - Suicide Prevention
  - OOA
- SWB CCG also form part of overarching governance



Interdependencies with other work streams

Mental health is an intrinsic cross cutting theme – parity of esteem

Physical health and mental health co morbidity:

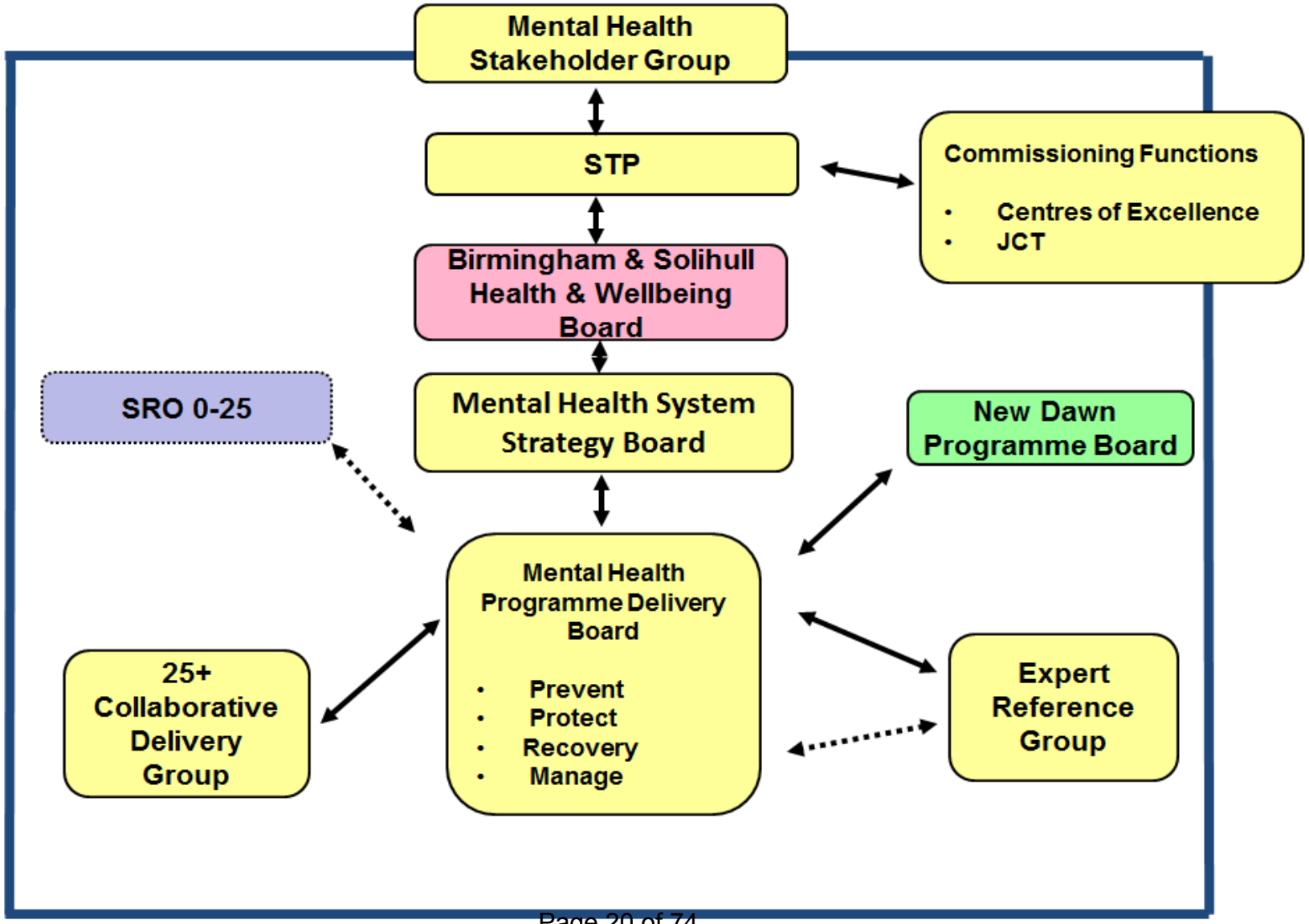
- CCF: enhanced general medical practice, LTC management (including dementia), urgent care planning
- Maternity: perinatal MH MDT teams within home treatment/primary care
- Secondary and tertiary care: Psychiatric liaison and dementia/frailty care
- Transforming Care Programme for Learning Disabilities and Autism

Supporting information Mental Health STP programme

October 2016

New

Adult Model of Mental Health Care for Birmingham & Solihull



September 2016

Timescales

A programme of work that spans 5 years and is linked to the delivery of national policy outlined in the Five Year Forward View

Key milestones across the next 2 years:

In 6 months we will:

- Complete mapping exercise of alignment of MH projects/pilots to transformation outcomes
- Review of governance arrangements to support MH programme
- Conduct a review of workforce capacity and capability
- Scope evidence base for MH patients in paid employment
- Develop baselines for Birmingham and Solihull the proportion of CYP with MH conditions accessing NHS funded
- community mental health services
- Put in place a plan for collaborative Tier 3/4 CAMHS commissioning

In 9 months we will:

- Completion of independent capacity modelling exercise
- Confirm strategic direction for MH prevention and wellbeing offer and priorities for Years 2-5

In 12 months we will:

- Agree target operating model based upon insights from capacity modelling exercise
- Submit application for any targeted funding for IPS/forensics
- Approve standardised approach to admissions across 4 MH acute adopting the shared bed management function
- Complete redesign of recovery and employment service model

In Year 2 we will:

- Negotiation with providers on future operating model complete based upon capacity modelling exercise
- Procurement for respite provision/crisis housing complete
- Review and refresh of crisis care concordat complete

What are the main outcomes?

We all want to provide better help for people who are suffering from, or who are at severe risk of, mental health problems. The overarching objective is ensure that mental health is considered as important as physical health.

- We all want to provide better help for people who are suffering from, or who are at severe risk of, mental health problems." The overarching objective is ensure that mental health is considered as important as physical health. This will be delivered through the following objectives:

- **Prevent–** preventing mental health problems and getting help earlier, for people starting to suffer poor mental wellbeing

- **Protect**– protecting, those who are most vulnerable from the adverse effects of mental health problems including management of the relationship between mental and physical health and ensuring parity of esteem

- **Manage**– preventing mental health crises and managing them better when they do

- **Recover**– helping people with mental health problems to recover back into everyday life

"Big ticket items"

Outcome	Potential metric	Time-frame
OAT and least restrictive environment (18yrs+) Out of area placements will be eliminated for acute mental health care	Number of acute MH Out of Area Treatments (OATs -outside 30m radius) Baseline: ~12 OAT beds/month in Birmingham, ~2 OAT beds/month in Solihull; Target: 0	2018/19
Care within least restrictive environment (<18yrs) Reduction in tier 4 admissions for mental health	Number of tier 4 admissions for mental health Baseline and target to be developed in next 6 months following further discussion with health and social care commissioners	2020/21
Recovery- (18 +) Increase in proportion patients with MH conditions in paid employment	% patients with MH conditions (on CPA) in paid employment Baseline: 4.9% (Birmingham), 9.7% (Solihull) Target: 8.9% (min Birmingham), 9.9% (min Solihull)	2020/21
Increase access (<18) In number of CYP with a diagnosed mental health condition receiving treatment from an NHS funded community Mental Health service.	% receiving treatment (baseline to be developed in 16/17 as per Mental Health Five Year Forward View) Target: % increase from baseline to at least 35%	2020/21

What is the evidence that what you are proposing is what is needed?

Evidence base

The overall number of people with mental health problems has not changed significantly in recent years, but worries about things like money, jobs and benefits can make it harder for people to cope.

Mental health problems are common

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.
- Almost half of all adults will experience at least one episode of depression during their lifetime.
- About half of the people with common mental health problems are no longer affected after 18 months but poorer people, the long term sick and unemployed people are far more likely to still be affected than the general population.
- Depression affects one in 5 older people living in the community and two in five living in care homes.

Mental ill-health can have a devastating impact

- People with severe mental illness die on average 15-20 years earlier than the general population.
- Schizophrenia accounts for approximately 30% of the expenditure on adult mental health and social care services.
- Only one in ten prisoners has no mental disorder.
- Suicide remains the most common cause of death in men aged under 35.
- The UK has one of the highest rates of self harm in Europe at 400 per 100,000 population.

Mental ill-health can have a devastating impact

- People with severe mental illness die on average 15-20 years earlier than the general population.
- Schizophrenia accounts for approximately 30% of the expenditure on adult mental health and social care services.
- Only one in ten prisoners has no mental disorder.
- Suicide remains the most common cause of death in men aged under 35.
- The UK has one of the highest rates of self harm in Europe at 400 per 100,000 population.
- Half of all MH problems have been established by the age of 14
- 1 in 10 children between 5-16 have a diagnosable problem such as a conduct disorder (6%), anxiety (3%), ADHD (2%) or depression (2%)
- One in 5 mothers suffer from anxiety , depression or in some cases psychosis during pregnancy or in the first year after childbirth
- For people in secondary care, there is a 65% employment gap compared with general public
- Common mental health problems are over twice as high amongst people who are homeless compared with the general population, with psychosis up to 15x as high
- 1 in 5 older people living in the community and 40% of older people in care homes are affected by depression.

Burden of mental ill health

- Nationally the NHS spends around 11% of its budget on mental health = £34 billion a year.
- Mental ill health represents up to 23% of ill health in the UK and is the largest single cause of disability.
- Costs of perinatal mental ill health are estimated at £8.1billion for each annual birth cohort or £ 10,000 a birth
- Long term Physical illness suffer more complications when they develop mental health problems increasing cost of care by 45%
- Type 2 Diabetes incurs an additional £1.8 billion of costs where there are associated poor mental health, yet fewer than 15% receive psychological input

Source - The Five Year Forward View for Mental Health, report from the Independent Mental Health taskforce to NHS England , February 2016

Community Care First

A radical upgrade in the community based offer to fundamentally change the care model and promote independence within local communities

Les Williams, Programme Director, Community Care First Programme

Tuesday 25th October 2016

Vision

Delivery of a new planned and deliberate care model which:

- Supports people to live independently and feel safe in their community
- Helps people to help themselves initially, with caring services there when needed
- Responds quickly to physical and mental health issues to enable return to normal functioning or work as soon as possible
- Places the needs of the person at the centre of a care plan developed with them
- Offers appropriate access/appointment in primary and community care, on a 24/7 basis
- Ensures children are able to reach their potential, through opportunities that health, education, well being and employment bring
- Brings together major aspects of health and social care policy objectives

Governance inclusive approach – five workstreams

Involvement of local authorities:

- Active members of CCF Programme Board and Team
- Solihull Together
- Maximising Independence in Adults
- MDT approach workshop in September
- Prevention workshop in November

System Board Executive Lead

Co Chairs
Tracy Taylor BCHC
Patrick Brooke Solihull CCG

Programme Direction

Director
Les Williams BXC
Manager
Andrew Hulcoop BCHC
Finance Lead
Angela Szabo BSC CCG

Engagement with BVSC and Solihull Sustain started

Improving health and Well being

Co-Chairs
Dr Adrian Philips Bham City Council
Dr Stephen Munday Solihull MBC
Workstream Manager
Carol Herity BXC CCG

Long Term Conditions and Maintaining Independence

Co-Chairs
Helen Kelly Solihull CCG and MBC
Karen Helliwell BXC CCG
Workstream Manager
Nilima Rahman-Lais Solihull CCG

Urgent Care – Care in a Crisis

Co-Chairs
Dr Barbara King BXC CCG
Andrew McKirgan UHB
Workstream Manager
Karen Richards BXC CCG

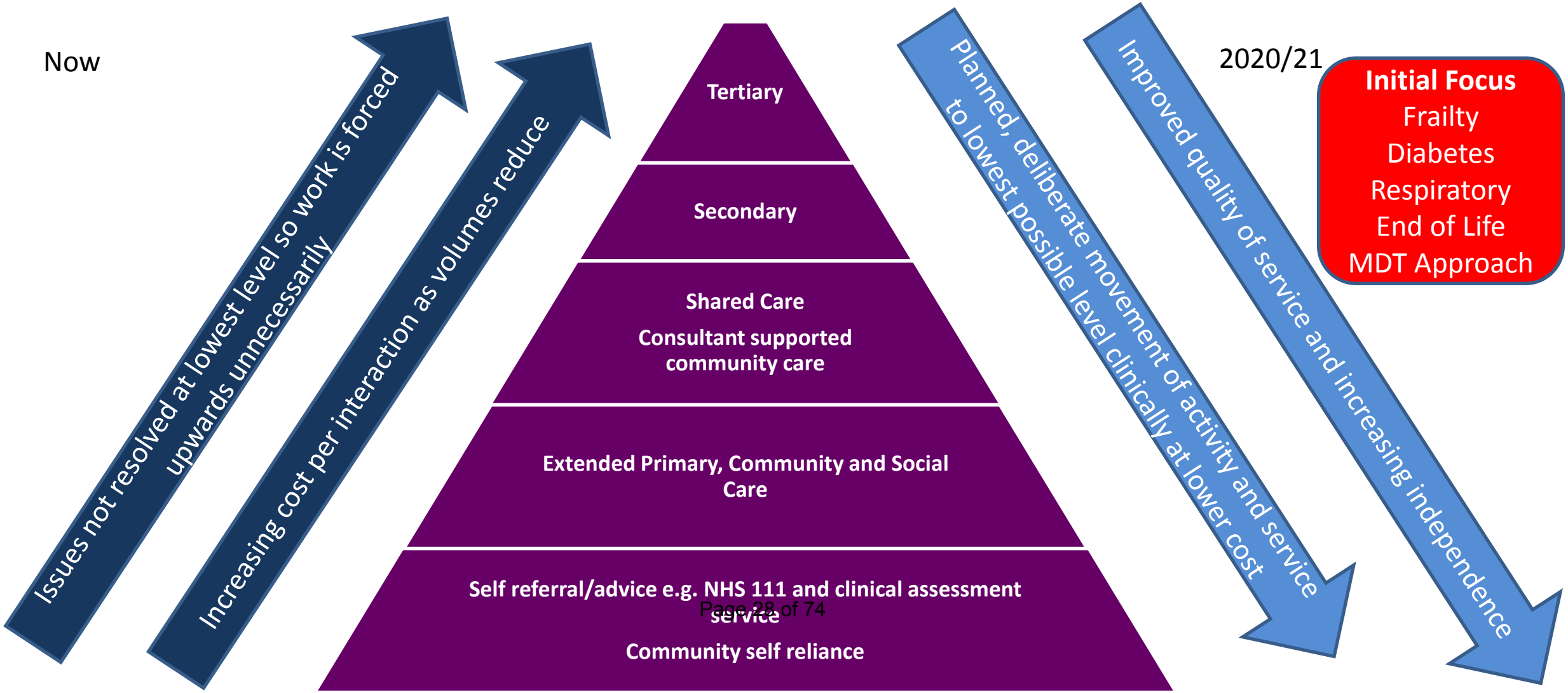
Children and Young People

Co-Chairs
Dr Doug Simkiss BCHC
Dr Mary Montgomery BCH
John Lees
Joint Commissioning Team BSC
Workstream Manager
David Coles
Joint Commissioning Team BSC

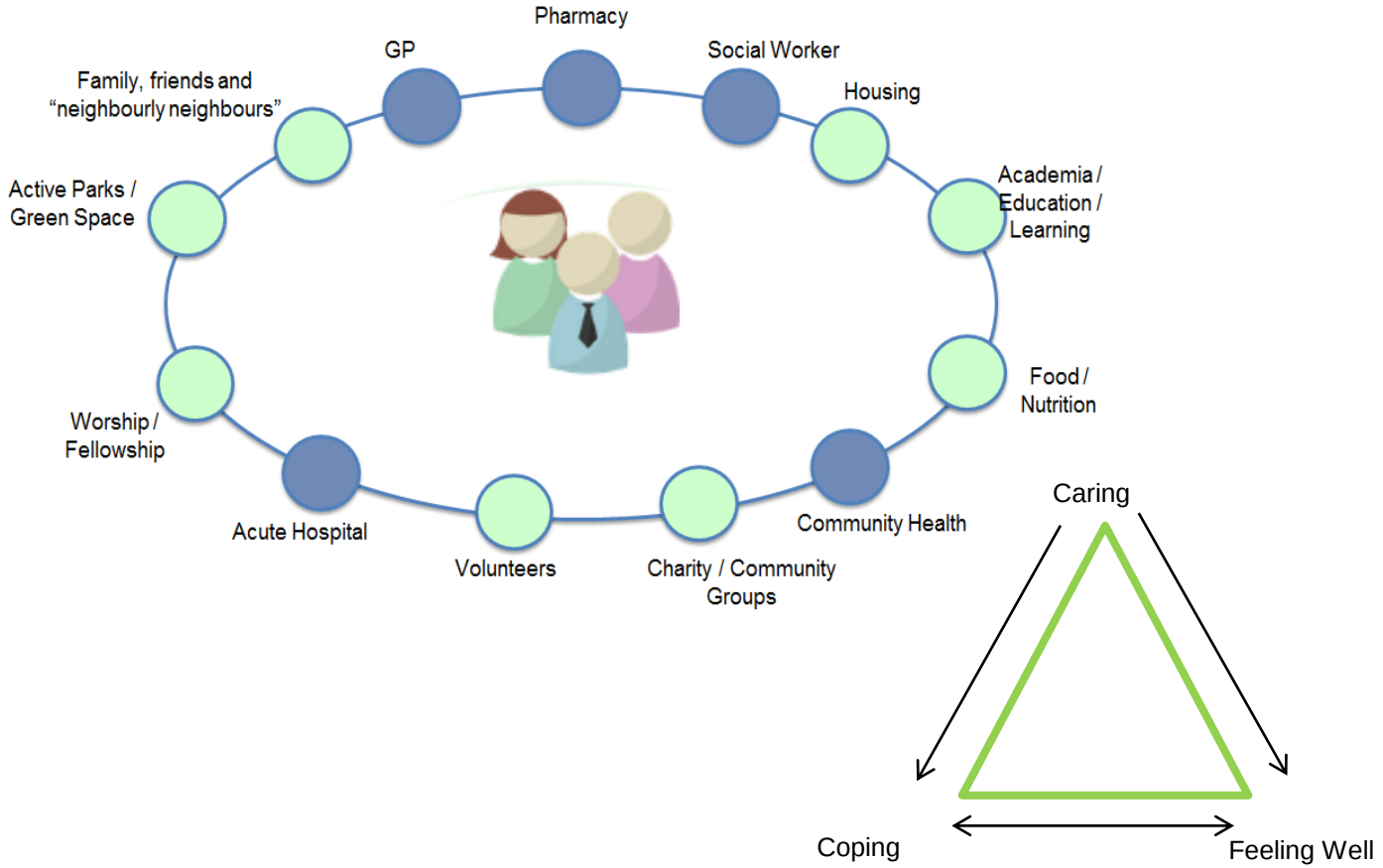
Enhanced General Medical Practice

Co- Chairs
Dr Richard Mendelsohn BSC CCG
Dr Peter Thebridge BXC CCG
Dr Andy Waddell GP Alliance
Workstream Manager
Simon Doble BSC CCG

Community Care First
Overall Strategic Approach



Improving Health and Wellbeing



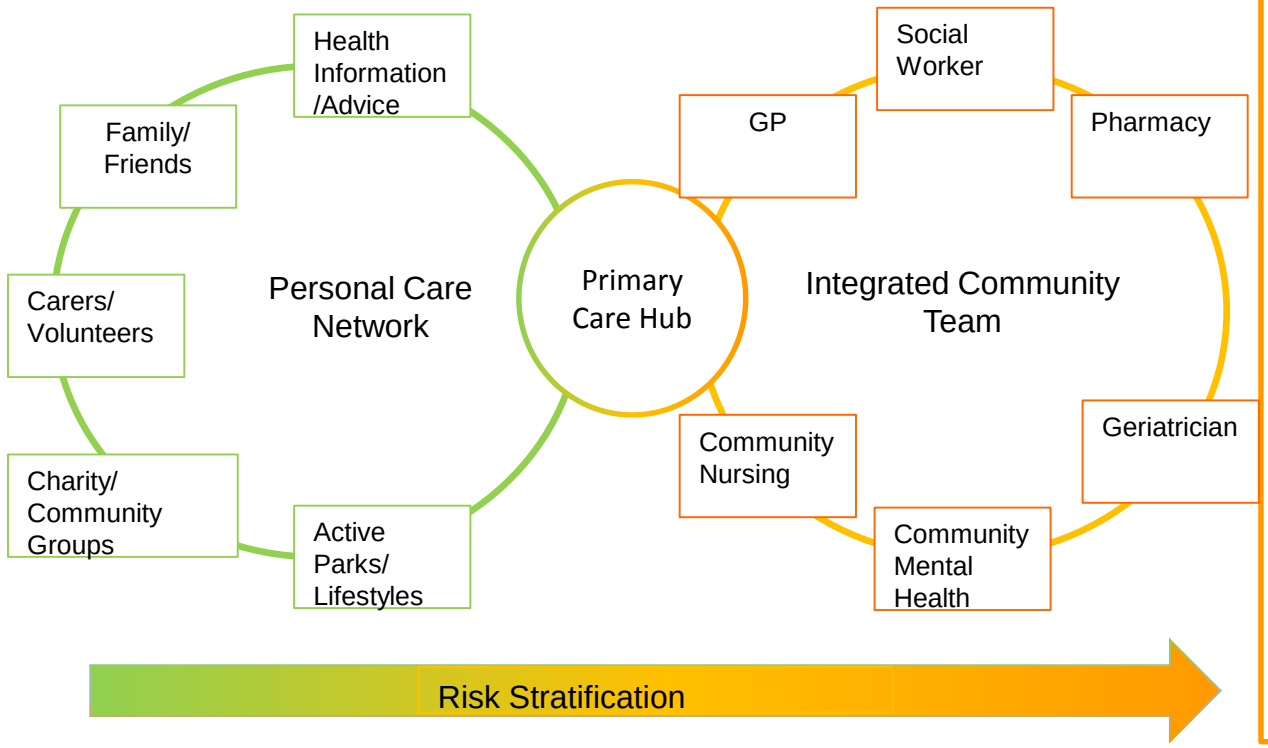
Key components:

- **Digital platforms** to support prevention, self care and well being e.g. Solihull My Life portal
- **Care Co-ordinators** based in local communities, helping to navigate and promote health and wellbeing services and develop social networks
- Opportunities **to integrate the offers of other key services** e.g. housing, neighborhood management, Ambulance Service, Police and Fire into a genuinely community based health and wellbeing offer.
- **Use of 'big data'** to identify levels of physical activity within communities and target the means through which this can be measured and improved, based on community specific drivers (e.g. Active Birmingham)

Targeted outcomes:

Reduction in outcomes gap for vulnerable communities – Improve workplace health and reduce long term unemployment – increase activity levels within local communities – reduction in prevalence of LTC (diabetes/CHD)

Integrated primary and community care



Key components:

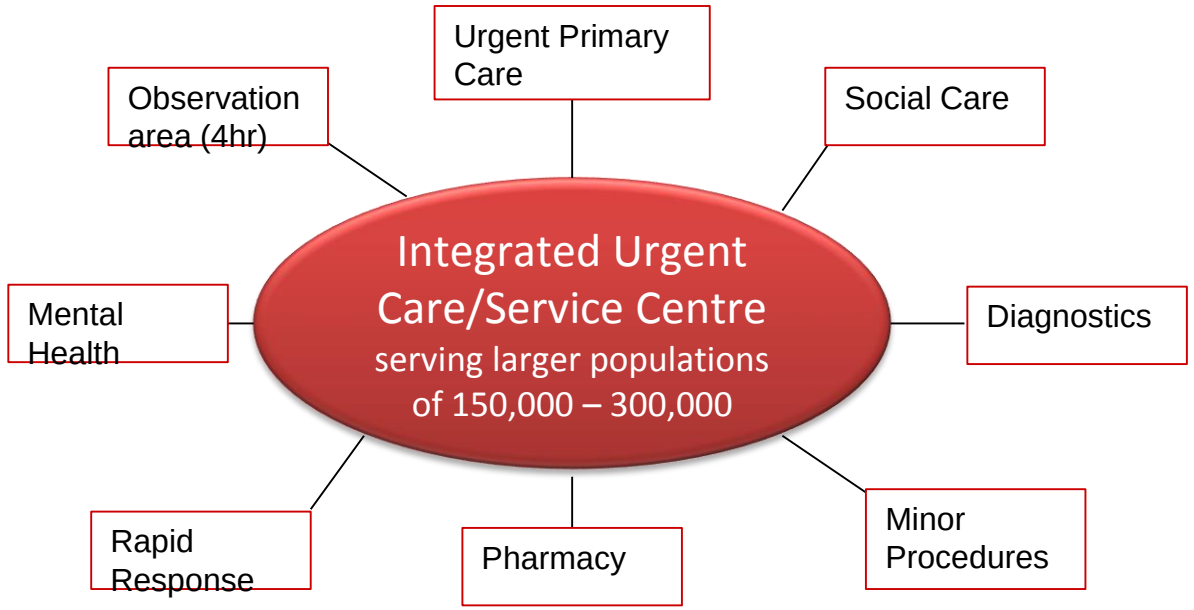
Primary care operating at scale serving 40,000 – 50,000 population

- 7 days, 8am - 8pm. Including digital options for care delivery including telephone and video consultations
- MDT care teams aligned to 'place based' primary care services
- Targeted, programmes for at-risk patient populations with a structured plan of care (e.g. extensivist model), supported by community geriatricians
- Allocation tools based on dependency and acuity
- Shared electronic patient record
- Inclusion of OP clinics
- Virtual bed models supporting earlier discharge for hospital care
- Dedicated care co-ordination to residential and care homes, supporting case management and prevention

Targeted outcomes

Reduction in admissions for ACS conditions - Reduction in Falls - Reductions in acute LOS – reduction in outcomes gap for vulnerable communities – reduce deaths in hospital – Patient experience of general practice – implementation of new models of care/vanguards prevent crisis demand for acute and social care – Dementia diagnosis

Integrated urgent care



Key components:

- NHS 111 as single entry point into the urgent care system
- At-scale clinical hubs providing local 24/7 Clinical Assessment Service
- 24/7 unscheduled walk in service
- GP and ANP on duty 24/7.
- Emergency ambulatory clinics.
- Access for WMAS conveyances.
- Observation area (up to four hours).
- Diagnostics including:
  - plain film radiology
  - ultrasound scanning
  - ECG testing
  - DVT screening.
- Pharmacy including prescriptions
- Potential to operate as integrated hub for rapid response / recovery services, mental health and social care.

Targeted outcomes

Reduce Ambulance transfers to A & E - Reduce self presentations to A & E with no treatment - Reduce lower acuity A & E attendances (cat 1 & 2)- Reduce Ambulance see & treat call outs- Reduce short stay emergency admissions -

Ambitious targets

Based on achieving current national top quartile performance locally.

Some examples:

- Reduce the number of emergency admissions for adult ambulatory case sensitive conditions by **33%** and for children by **39%**
- Reduce the number of hospital admissions as a result of falls by **24%**
- Reduce the number of delayed transfers of care by **72%**
- Reduce the number of A&E attendances for adults by **17%** and for children by **22%**
- Improve accessibility to general practice – access/appropriate primary care appointment available when needed, either in local general practices or at an urgent care centre/integrated service hub
- All GP practices to be rated 'Good' or 'Outstanding'
- Increase the proportion of people with LTCs feeling supported to manage their conditions to **73%**
- Reduction of deaths in hospital through palliative and end of life care in the community by **12%**
- Increase the proportion of vulnerable people in meaningful work to **12%**
- Reduce those in receipt of incapacity benefit by **10%**

Making progress

Health and wellbeing

- building community resilience through information, advice and guidance
- use of digital interventions
- 3rd sector lead interventions
- identification of preventative interventions in each workstream and other STP Programmes

Long-term conditions and maintaining independence

- development of an MDT approach, which supports the most vulnerable patients and enables them to live independently in the community, including use of care navigators
- proactive care management pathways – beginning with diabetes
- promoting self-management and community resilience

Enhanced general medical practice

- improved sustainability and resilience of general practice, able to offer enhanced services to support the care of patients where they live and improve accessibility
- based on 29 defined natural communities so that care needs are met in local areas, with clear links to four or five urgent care centres/integrated service hubs

Making progress

Children and young people:

- based on the complete care for children model
- development of paediatric integrated community teams on an MDT basis
- implementing a 24/7 rapid response team
- broadened early intervention offer to reduce crisis and avoid admissions

Urgent care

- development of four or five urgent care centres/integrated service hubs across the footprint, providing immediate access to urgent primary care, diagnostics, pharmacy, treatment of minor ailments (receiving WMAS conveyances), minor procedures, social care
- single accessible model for step up and step down urgent care services which prevent emergency admissions and enable speedy and effective discharge (recovery model)
- could be expanded to include services offered by local authorities and the voluntary sector

LDR, workforce and estates enablers - fully engaged

In combination, potential to move significant elements of care into primary and community settings away from traditional secondary care settings.

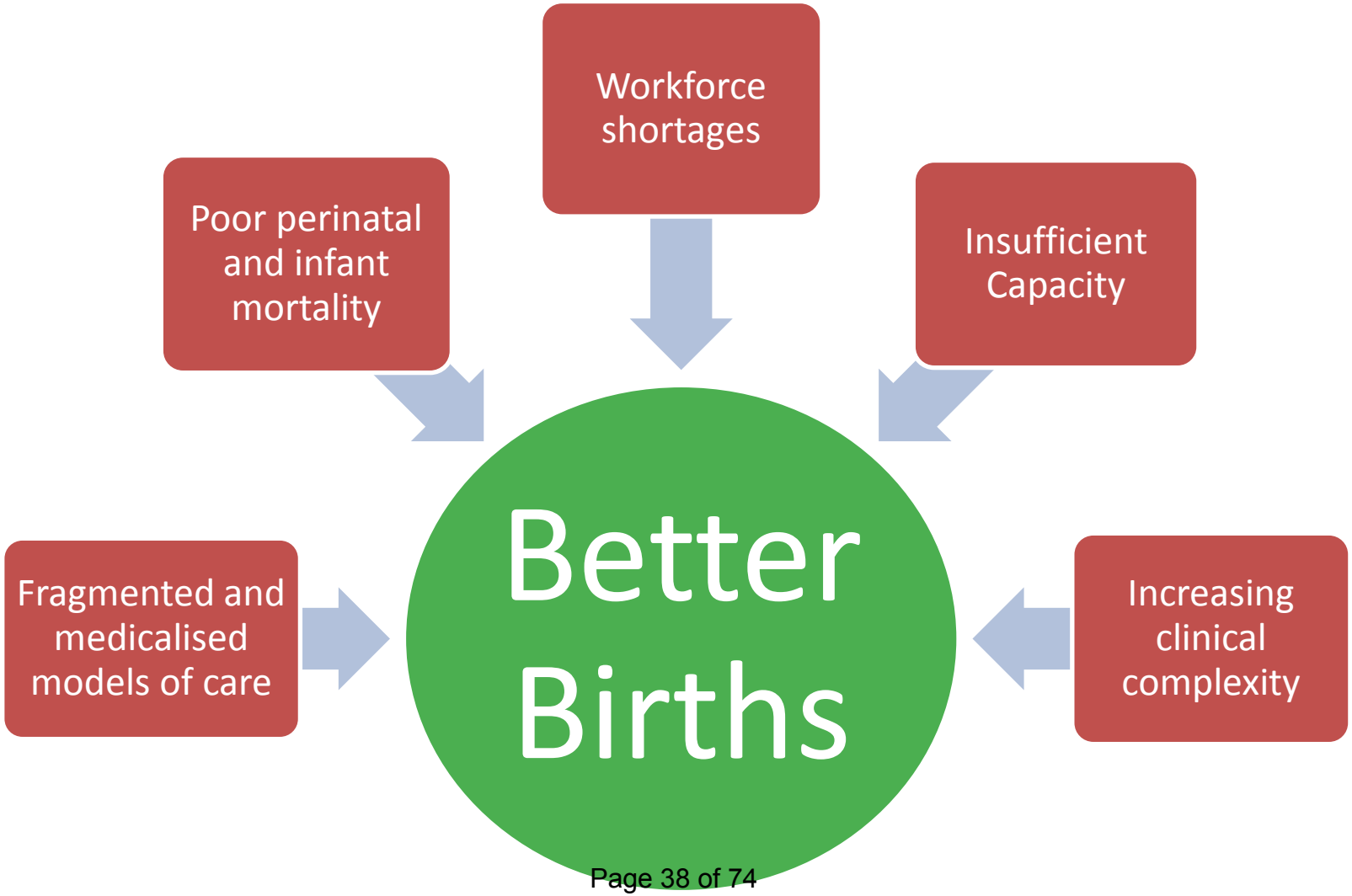
Our offer to local people

- Services which respond more **quickly and more locally** to your needs.
- Using **new technology** to allow you to access health and social care services **easily,** through your phone, tablet or computer.
- Providing information and support to **maintain** and improve your ability to live **independently.**
- Being supported by a team, who will be **focussed** on your needs.
- Giving the right appointment at a location **close to home,** no matter what the day or time, or by providing you with specialist care as **locally** as possible.
- Responding quickly to your **mental and physical** health problems**,** helping you to return to work or your normal life **as quickly as possible.**
- More likely to receive care in your **local community** in the future, with less people being admitted to **hospital.**
- Children have the chance to develop to their **full potential,** through health, education, well-being and employment **opportunities.**
- A health and social care system which is **easy to use and understand,** we will make sure you only need to tell your story **once.**
- It will be easier to **speak** to someone who can help and you will be able to see a GP who has **access** to your care records.
- You will feel in **control** of your health and well-being, with any **decisions** about you being made with you.
- You are helped to **help yourself,** with services available for you to use when you need them.
- The same **high standard** of care from services across **Birmingham and Solihull.**

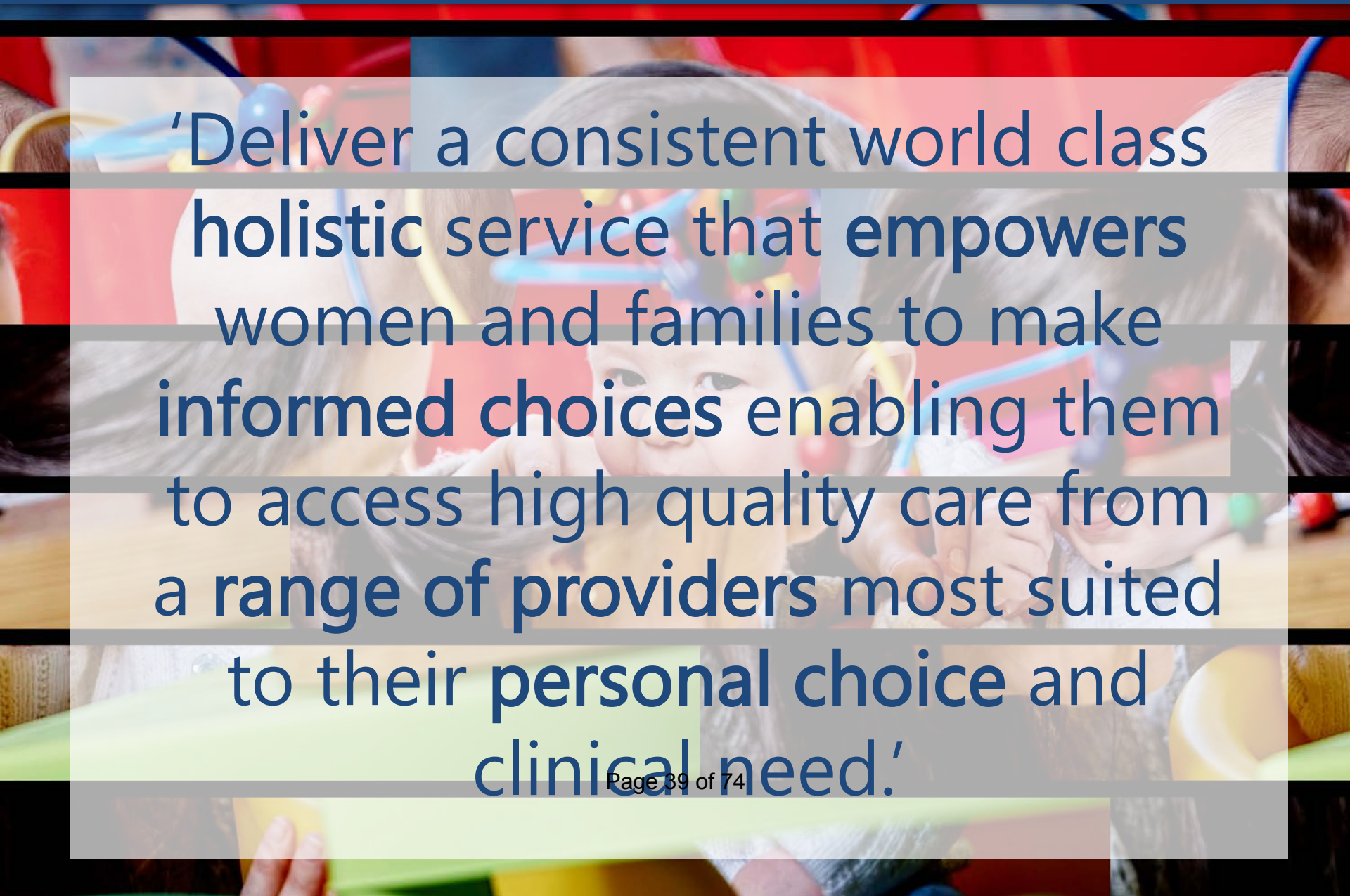
Birmingham & Solihull United Maternity & Newborn Partnership

@Project_Bump

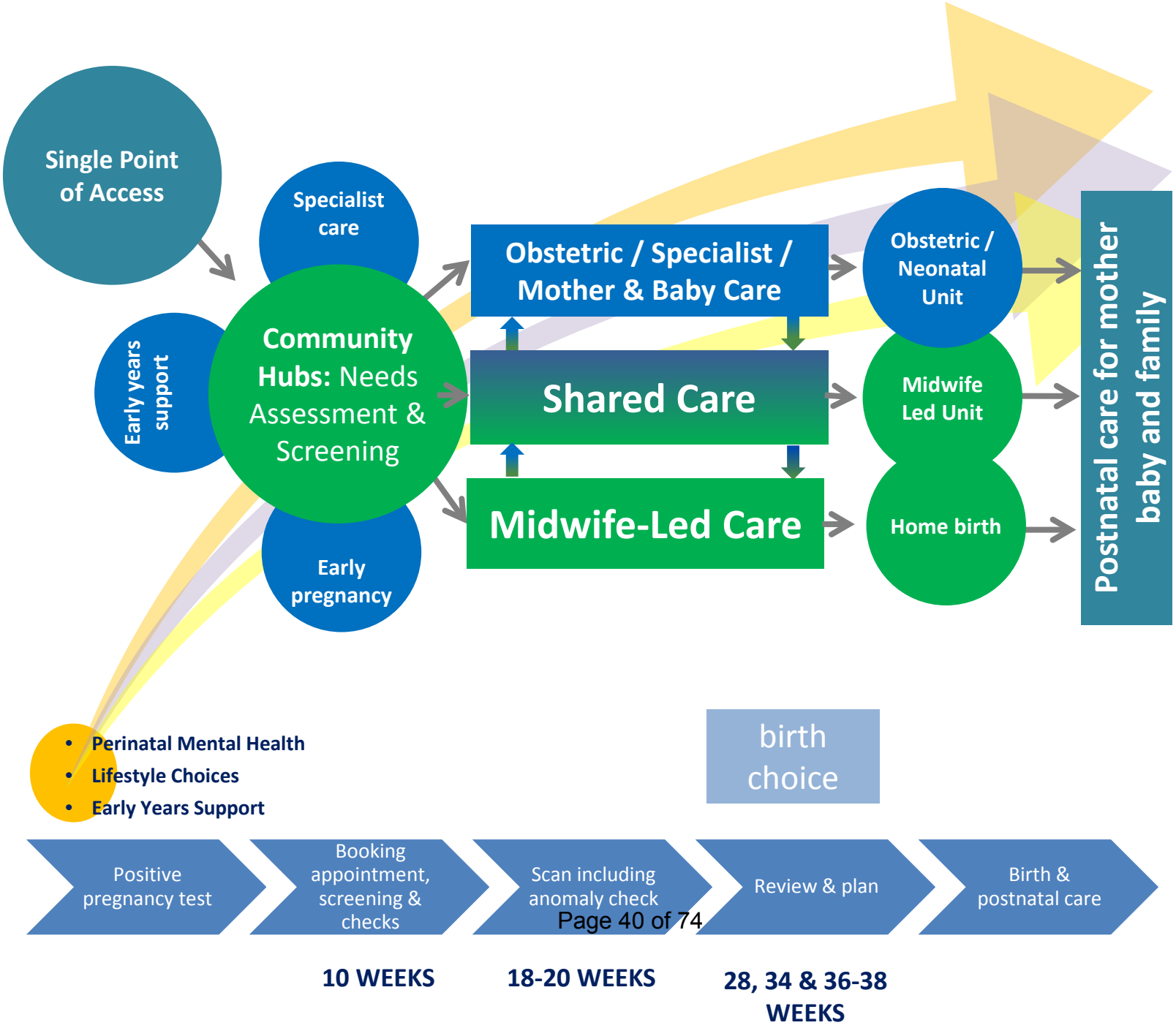
The case for change



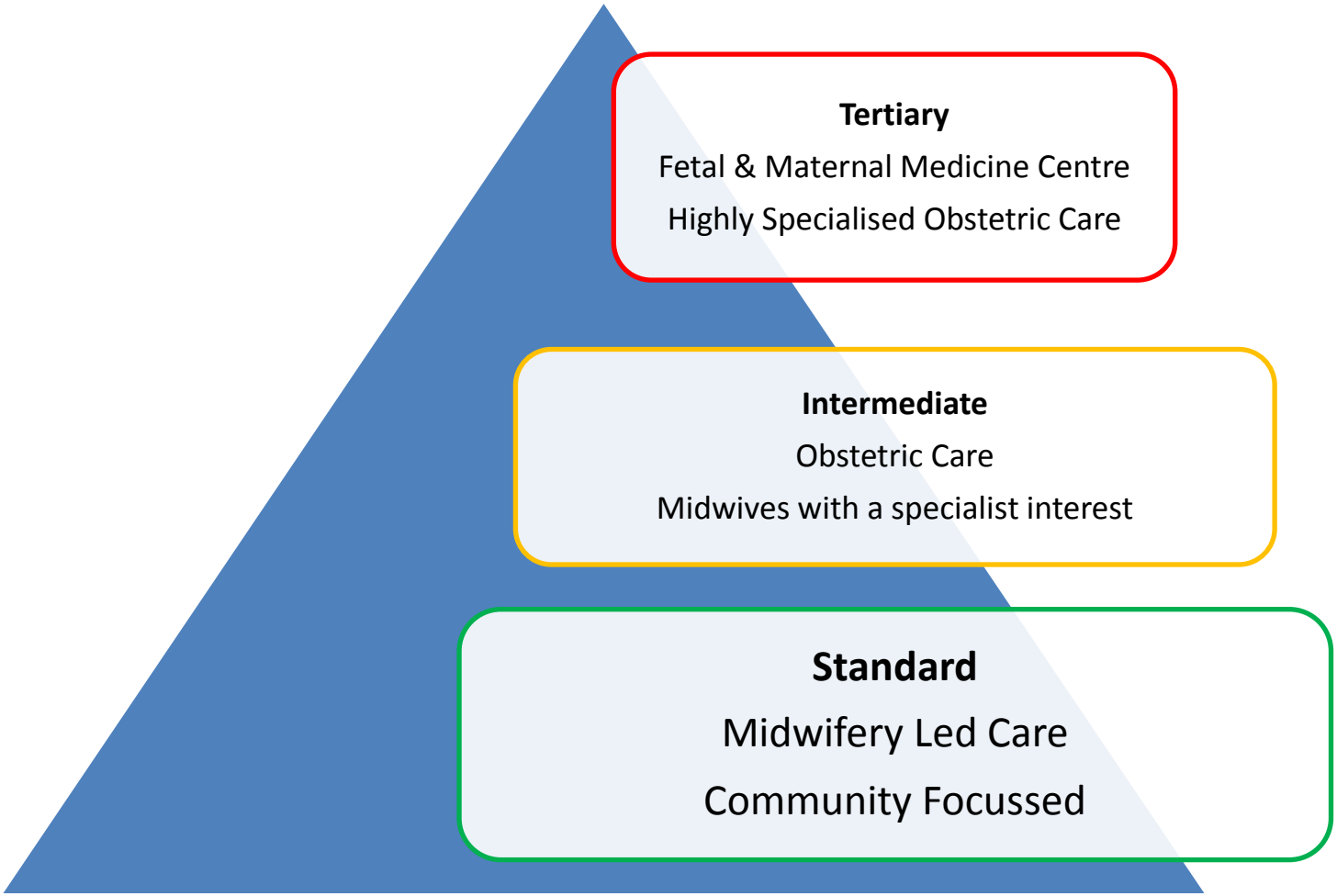
Our future vision



‘Deliver a consistent world class **holistic** service that **empowers** women and families to make **informed choices** enabling them to access high quality care from a **range of providers** most suited to their **personal choice** and clinical need.’


Single Point of Access
Specialist care
Early years support
Community Hubs: Needs Assessment & Screening
Early pregnancy
Obstetric / Specialist / Mother & Baby Care
Shared Care
Midwife-Led Care
Obstetric / Neonatal Unit
Midwife Led Unit
Home birth
Postnatal care for mother baby and family
Perinatal Mental Health
Lifestyle Choices
Early Years Support
birth choice
Positive pregnancy test
Booking appointment, screening & checks
Scan including anomaly check
Review & plan
Birth & postnatal care
10 WEEKS
18-20 WEEKS
28, 34 & 36-38 WEEKS

Delivering revised pathways of care



Over the next three years

Year 1

- Revised contracting and financial model
- Development of joint commissioning of Neonatal & Maternity services
- Implement consistent criteria, guidelines, & pathways across BSol

Year 2

- Establish the new care model across BSol
- Deliver a uniform Electronic Patient Record

Year 3

- Appropriate capacity where women want it
- Begin phased roll out of the model of care across the wider West Midlands

To improve outcomes and experience

Outcome	Metric inc. baseline	Delivery
Decrease in Mortality (Perinatal/Infant)	20% reduction	2020
Increase in homebirths and MLU births	Of total deliveries • Home birth rate ≥ 5% • MLU birth ≥ 25%	2020
Improved patient experience	• Increase in the % of women achieving their chosen place of birth • Increase in % of women actively using their PMCB (personalised budget) • CQC rating of good or outstanding	2018 2020 2020
A skilled MDT/workforce to deliver the model	• Safe staffing • Use of agency/locums	2020






Birmingham and Solihull Draft Sustainability and Transformation Plan

System Leader presentation

Health, Wellbeing and the Environment Overview and Scrutiny Committee 25/10/16

Solihull Metropolitan Borough Council

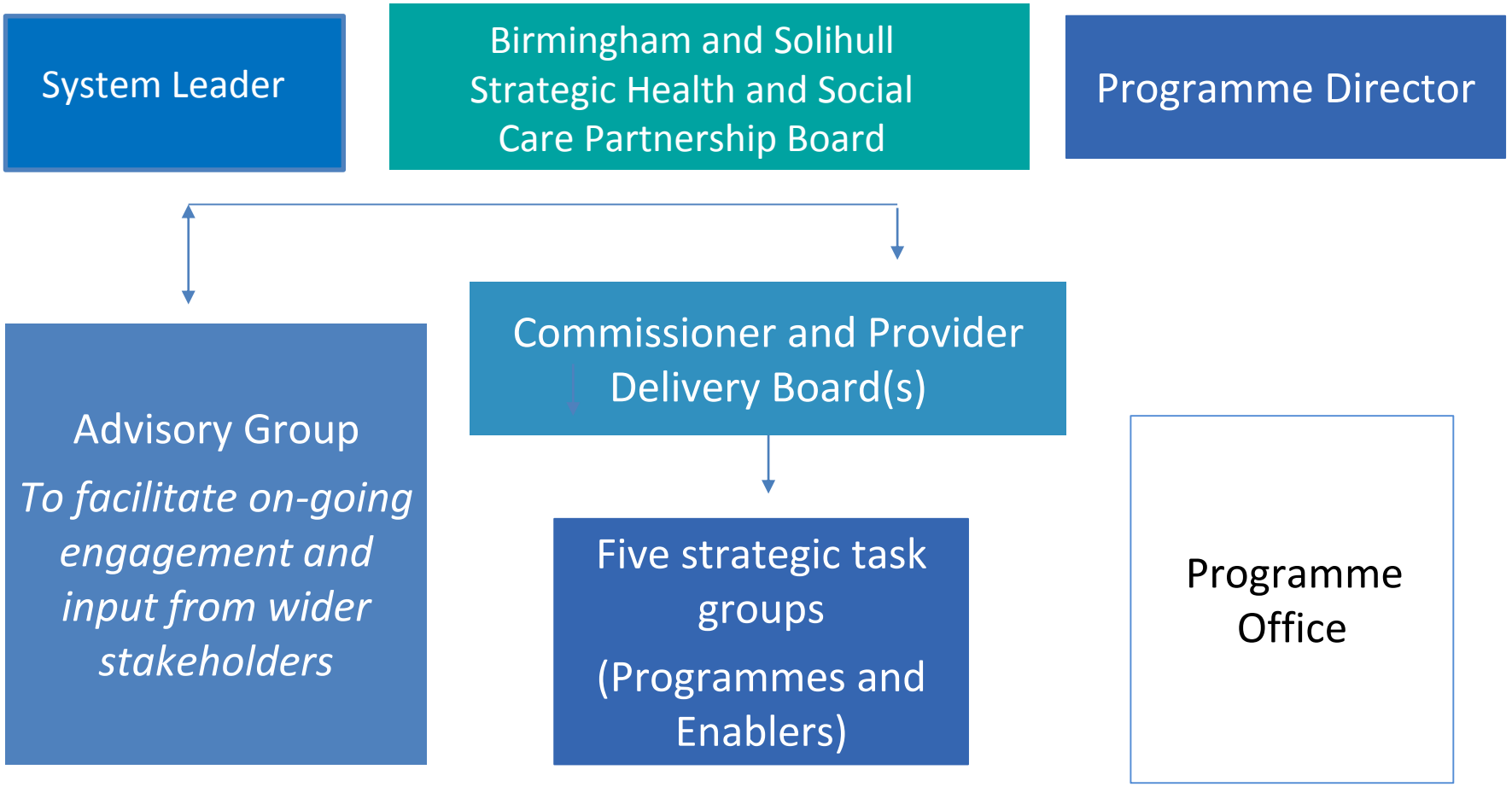
Birmingham City Council

NHS

System Lead Role

- To understand the system lead role, we need to be clear about the kind of system we are discussing
- The STP itself is a planning tool for delivering a health and social care system that achieves better outcomes across Birmingham and Solihull over the next 5 years
- By being part of the STP process, organisations are committing themselves to a collaborative way of working that subordinates institutional ambitions to the collective achievement of the "triple aim"
- The role of system lead is to enable that collaborative approach to happen by building positive relationships and, therefore, a functioning partnership

A **Proposed** new governance structure



Proposed membership

Birmingham and Solihull Strategic Health and Social Care Partnership	System Leader, executive and non-executive health and local authority commissioner and provider representation to enable decision making
Commissioner and Provider Delivery Board(s)	Identified representatives of 3 CCGs, 2 LA, NHS England, Acute, Community, Mental Health, Ambulance, Primary Care, Social Care, Public Health
Strategic Task Groups	Identified SROs for each of the identified themes – will chair inter-discplinary teams that provide high support / high challenge to individual project work-streams
20 individual programmes and enablers	Programme area SROs with project teams built from across the health and social care economy. Utilising consistent project management methodology and reporting.
Programme Office	Led by system wide Programme Director with appropriate support to ensure appropriate support and consistency across the major programmes and change projects

Guiding Principles and Accountabilities

•All decisions made will be in the best interests of our citizens and patients, the impact of the health of the population and the sustainability of the system

•All decisions will support our strategic objectives: efficient and lean organisations across the footprint, transformed primary, social and community care; sustainable high quality acute, secondary and tertiary services; and an effective and affordable system.

•The Strategic Health and Social Care Partnership Board will have joint accountability for delivering the STP plan

•All organisations retain sovereignty over decisions - decisions within the STP programme need ratification within each organisations governance arrangements.

•Matters that are solely the concern of a subsidiary party will not be the business of the STP.

•Small Strategic Task Groups will co-ordinate the implementation and interdependencies of the change projects embedded within their theme.

•The Programme Director and Programme Office will be accountable to the BSol Health and Social Care Partnership Board..

Public Engagement to Date

- You will be aware that there have been some tensions between the process as set out by NHS England and how we would normally operate
- We have held 3 informal stakeholder reference group events on 27th & 29th September and 14th October.
- We have taken the decision to publish our draft plan in its entirety earlier than NHSE suggested because we want to open up the process to public engagement and scrutiny as soon as possible
- Going forward, individual work streams and organisations will be holding their own public engagement events. We are in the process of developing these at the moment
- We will hold further stakeholder reference group events so we can keep sense checking our thinking as the STP develops further

Health and Social Care

- As a system we have also been very clear that our STP needs to address the issues relating to provision of adult social care
- The Better Care Fund policy guidance is also expected to restate that integration of health and social care by 2021 is a target for the NHS
- Detail on health and social care integration can be found within the STP plan – under the ‘stabilisation and transformation of social care’ programme. But this area needs further development

Resourcing the System

- The STP shows the current state of finances across the system. In short, we have an overall deficit of £18m in 16/17, but if we do nothing this will grow to £712m by 2021
- The NHS has suggested that System Control Totals will be introduced. These differ from pooled budget arrangements in that system control totals allow greater flexibility within a system for the allocation of resources – but there is no indication that system control totals would include local government
- Pooled budgets are more tightly controlled in terms of where money can and cannot be spent, but are not as flexible in terms of moving financial resource around a system

Maximising impact

- The STP is a huge transformation programme. At present it involves councils, acute trusts, provider trusts, CCGs and GPs across Birmingham and Solihull
- As the plan develops, more organisations will become involved
- The 5 year plan on a page shows how the work streams fit together
- Identifying interdependencies and minimising overlaps / gaps between work programmes will form part of the role of the Programme Office and will be picked up through the programme governance structures

Our STP - 5 Year 'plan on a page'

TRIPLE AIM – BETTER HEALTH, BETTER CARE, LOWER COSTS

OBJECTIVES	CREATING EFFICIENT ORGANISATIONS & INFRASTRUCTURE	TRANSFORMED PRIMARY, SOCIAL & COMMUNITY CARE (Community Care First)	FIT FOR FUTURE SECONDARY AND TERTIARY SERVICES
SYSTEM PROGRAMMES	Provider CIP Delivery	Improving Health and Wellbeing	Adult Care
	STP Wide Clinical Support Savings	Stabilised & Enhanced General Practice	Maternity & Newborn
	STP Wide Back Office Savings	Long Term Conditions Management and Maintaining Independence	Paediatrics
	Commissioner CIP	Urgent Care (Care in a Crisis)	Mental Health
	STP Wide Estate Reconfiguration and Rationalisation	Children and Young People	Tertiary care prime provider models
	Stabilisation & Transformation of Social Care		

Commissioning Reform

ENABLERS OF CHANGE	Workforce	Digital Solutions	Estates Strategy	Future Governance and System Leadership

The West Birmingham Question

- West Birmingham is part of the Black Country STP
- This is because NHS boundaries are not co-terminous with local authority boundaries
- The current arrangement was the least complex to make work in this phase of plan development
- BSOL and Black Country representatives are associate members of each STP, and attend each other's STP meetings

Suggestions for the Role of Scrutiny going forwards….

- Additional programme scrutiny for Birmingham and Solihull – Joint HOSC
- Connectivity between BSOL and Black Country STPs (especially with regard to West Birmingham)
- Overview of engagement and consultation processes as they develop across the system
- Specific focus on integration of health and social care as it progresses

Health, Wellbeing and the Environment Overview and Scrutiny Committee Meeting

REPORT DETAILS	
Meeting Date	25 October 2016
Report Title	Mental Health Recovery, Learning and Work Services Case for Change Proposal
Presented by	Rob Devlin – Senior Commissioning Manager
Prepared by	Baljit Bahi – Project Lead Mairead Hawker – PMO Support Officer Mandy Holmes – Senior PMO Manager
PURPOSE OF REPORT	
Summary of report	To inform the HOSC of the mental health recovery, learning and work services case for change proposal.
Recommendations	HOSC are asked to **RECEIVE** and consider this report for approval to proceed to consultation, which includes the summary case for change for the service proposal.
OUTCOMES OF REPORT	
HOSC Action Required (double click on box to indicate which applies)	☒ For Approval/Decision ☐ For Assurance ☐ For Review (information) ☐ To receive Update
IMPLICATIONS	
Financial	The Mental Health Recovery, Learning and Work Services proposal will be delivered within existing Clinical Commissioning Group resources over the 3 year contractual period, with no additional investment required.
Patient & Public Involvement	Patient and public involvement have been considered in the case for change proposals, a full consultation exercise will be carried out in advance of the procurement but there are no implications for this report
Equality & Diversity	An equality analysis has been completed and no adverse impacts for protected or vulnerable groups were identified.
YES	The Equality Analysis report was signed off on 26 July 2016
Outcome of Equality Analysis (Summary of if applicable)	An equality analysis has been completed and no adverse impacts for protected or vulnerable groups were identified. Recommendations were made that would need to be built into the service specification to ensure that services would meet the needs of protected and vulnerable groups
Workforce/Educational	None

HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE MEETING

25 OCTOBER 2016

MENTAL HEALTH RECOVERY, LERNING AND WORK SERVICES CASE FOR CHANGE PROPOSAL

Purpose of Report

1. To inform the HOSC of the Mental Health Recovery, Learning and Work Services Case for Change proposal and seek approval to proceed to consultation.

Background

2. Current day and employment services are provided by nine separate providers commissioned under block contracting arrangements. They comprise eight 'day service' providers and one employment and training service. The day services are a combination of traditional day centres funded through Birmingham City Council and mental health day services funded by the CCGs. These services are funded under collaborative commissioning arrangements on behalf of Birmingham Cross City CCG, Birmingham South Central CCG, Sandwell and West Birmingham CCG and Birmingham City Council. The proposal recommends a procurement that would provide an opportunity to redesign Birmingham-wide services to ensure the same quality assured services are available to all. It is anticipated that new services would be in place from September 2017.

3. The financial modelling in the case for change proposes that the newly procured service will be delivered within the existing financial envelope, and as such does not require additional resources.

Implications (Inc. Financial, Consultation, Equalities, HR & Legal)

4. Financial:
The Mental Health Recovery, Learning and Work Services proposal will be delivered within existing resources over the 3 year contractual period, with no additional investment required. It has been assumed that the Birmingham City Council financial contribution (£456,062 in 2016/17) will cease from 2017/18, this model would be resourced from within the current CCG resource allocation of £1,796,401 per annum.

5. Consultation:
Pre-consultation with service users and providers was undertaken before the development of the proposal. A 12 week formal consultation process will be implemented following approval of the case for change. The consultation will focus and seek views on a number of scenarios for a proposed new model of service delivery; one lead provider development of recovery focussed services, increase in specialist employment advisor provision and introduction of Personal Health Budgets

6. Equalities:
An equality analysis has been completed, approved in July 2016, and confirms that there are no adverse impacts for protected or vulnerable groups were identified. Recommendations were made that would need to be built into the service specification to ensure that services would meet the needs of protected and vulnerable groups.

7. Procurement:
   In the absence of an existing framework for the proposed service, the intention will be to run a full procurement process, using the 'Light Touch Regime', following a Prior Information Notice and advert from October 2016. This will ensure both the Patient Choice and Competition Regulations and the PPCR (Public Procurement Regulations 2015) are adhered to.

Recommendations

8. HOSC is asked to **RECEIVE** and consider this report for **APPROVAL / DECISION**, which includes the summary case for change for the service proposal.

HOSC is asked to: -

- **CONSIDER** the proposal for **APPROVAL**

Recovery and Employment Services

The case for Recovery and Employment

'An Agreed Purpose for Improved Mental Health in Birmingham' requires that more people with chronic health problems enter sustainable employment and embeds recovery as one its key principles. The Public Health target in the Health and Wellbeing Strategy is that the number of adults in contact with secondary care in employment is increased to from 6% to 8.9%. In addition, the Government Mandate to NHS England is to increase the number of service users accessing personal health budgets from 4,000 to 50-100,000 by 2020. Our proposed Model aims to achieve all these requirements.

Individual Placement and Support Services are designed to support people who want to enter employment more quickly and to sustain their employment for longer. The proposed Model would enable the CCGs to meet the expectation in the Five Year Forward View for Mental Health that localities will implement the fidelity Individual Placement Support model.

The Centre for Mental Health 'Implementing Recovery through Organisational Change' says that Recovery Colleges can revolutionise mental health services and help people to fulfil their potential. Recovery Colleges deliver comprehensive, peer-led education and training programmes within mental health services. The proposed Model would enable the development a Recovery College network in Birmingham and provide a service focused on recovery, empowerment and employment, with an opportunity for service users to access self-management courses, physical activities and co-produced and peer-led services

Through the introduction of Personal Health Budgets (for newly referred service users) in the way Recovery and Learning & Work services are provided, we would enable service users to increase their personal independence and take charge of their own recovery.

Current situation

Services are provided by nine separate providers commissioned under block contracting arrangements. They comprise eight 'day service' providers and one employment and training service. The day services are a combination of traditional day centres funded through Birmingham City Council and mental health day services funded by the CCGs. These services are funded under collaborative commissioning arrangements on behalf of Birmingham Cross City CCG, Birmingham South Central CCG, Sandwell and West Birmingham CCG and Birmingham City Council.

The existing services:-

- Do not share a single underpinning vision for recovery and there is an inconsistent level of interface/joint working with Community Mental Health Teams, Primary Care and other NHS mental health services;
- Operate with fidelity to Individual Placement Support (IPS) model. The current provider operates social enterprises which offer a 'sheltered employment' type of provision which has not been shown to be effective in moving service users onto paid employment outcomes;
- Include Personal health budgets; and
- Providers are not offered any payments by results incentive payments to improve performance.

Proposal

This procurement provides an opportunity to redesign Birmingham-wide services to ensure the same quality assured services are available to all. It is anticipated that new services would be in place from **September 2017.** Our proposed model would:-

- increase the number of Individual Placement Support workers from two to thirteen and place them within community mental health teams, ensuring adherence to the best practice model;
- Develop four recovery centres aligned to the four newly created integrated community mental health services in Birmingham (based in Erdington, Small Heath, Rubery and Handsworth);
- Engage with Forward Thinking Birmingham to ensure services link into the developing 18-25 community based provision.
- Offer 1:1 recovery support planning including a Personal Health Budget 'brokerage' function and recovery-focused activities based on a Recovery College model . The brokerage function involves the 1:1 personal support aspect of the service and supports budget planning and achieving desired outcomes. The preferred scenario is expected to deliver 135 mental health service users with a direct payment personal health budget by 2020 and 310 service users receiving a notional budget;
- Support the development of peer-led support networks and groups.

In addition, a move to outcome based contracting should deliver improved outcomes for patients and greater financial stability for the health economy. It is supported by NHS England and is being adopted by a growing number of CGGs.

Strategic fit

Our proposal supports multiple strategic goals of the Birmingham CCGs:-

- The Government mandate to NHS England for 2016/17 requires 50,000 to 100,000 people have personal health budgets or integrated personal budgets by 2020/21. In the Midlands and East area this translates to 1,000 – 2,000 people with mental health needs having a budget by 2020. Our proposal expects to deliver 135 mental health service users with a direct payment personal health budget by 2019/20 and 310 service users with a notional budget by 2019/20.
- The Five Year Forward View for Mental Health expects the fidelity Individual Placement Support model to be implemented by all localities. The Public Health target in the Health and Wellbeing Strategy requires an increase from 6% to 8.9% in the number of adults in contact with secondary care into employment. Our proposal will expand the number of employment advisers from two to 11.5 and 1.5 senior advisers based across 4 integrated community mental health teams. They will be expected to achieve at least 360 paid employment outcomes per annum.
- The commitment to recovery is embedded in the strategic purpose document 'An Agreed Purpose for Improved Mental Health in Birmingham'. Our proposal will develop recovery centres to support service users into sustainable recovery with as much independence from mental health services as possible. The introduction of a Recovery College model and peer led and peer supported services, promote independence and build self-reliance.

Procurement route

In the absence of an existing framework for this service we intend to run a full procurement process, using the 'Light Touch Regime', following a Prior Information Notice and advert from October 2016. This will ensure both the Patient Choice and Competition Regulations and the PPCR (Public Procurement Regulations 2015) are adhered to.

Numbers/Service Flows

Number of people who are eligible for the service

The service is available to individuals who are supported within secondary care by community mental health teams (n=14,415 p.a.[1]) and those who are on GP Serious Mental Illness Registers (n= c16,000). NB: it should be noted that there is very substantial cross over between the CMHT GP SMI Register cohorts. CMTS hold an active caseload of c2300 at any given point in time.

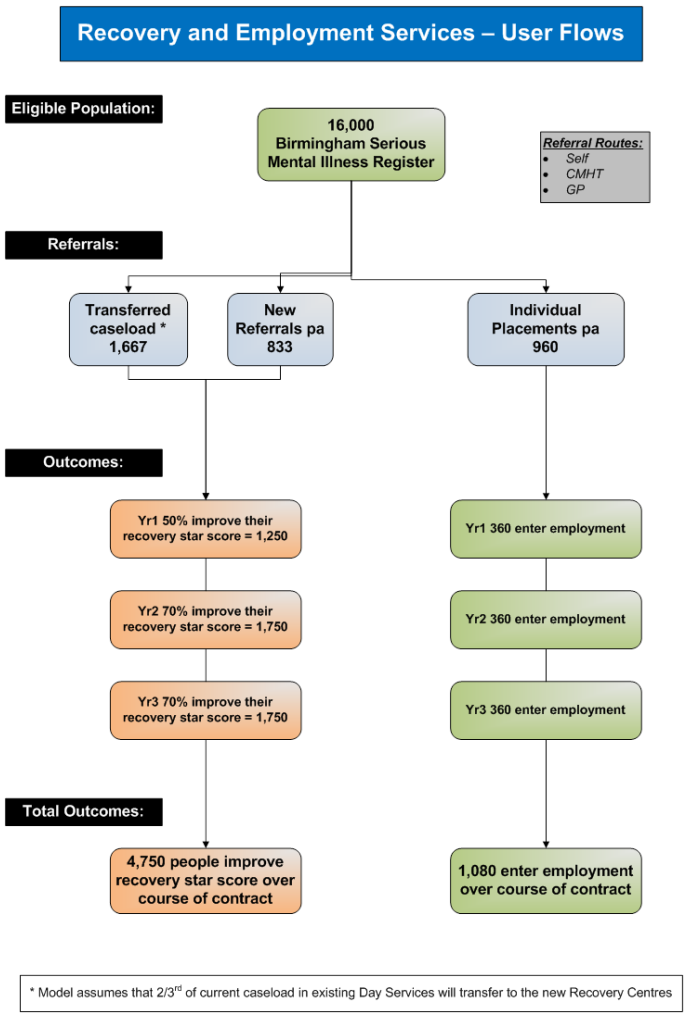
Figure 1 below sets out how individuals will flow through the service and how this will translate into measurable outcomes. NB: for Recovery Services we have modelled outcomes for people newly referred *and* those who transfer from existing day services.

Access

All services are accessed voluntarily; i.e. through self-referral or via a recommendation from a healthcare professional. It is anticipated that workers in CMHTS will receive input in respect of the scope and focus of the service to support appropriate referrals. Commissioners would encourage recovery centres and IPS services to develop self-referral routes (supported by good quality information resources) for those eligible.

Currently services offer a level of self-referral access but referrals are predominantly directly via CMHTs. There is an acknowledged risk that this may limit access for some individuals. It is anticipated that direct GP referral routes may be opened up going forward dependent upon levels of demand on the service.

Figure 1: Service User Flows



[1] Figure based on capacity assessment made by Mental Health Strategies (January 2016)

Financial summary

The proposed Model will be delivered within the current CCG financial envelope of £1,796,000. This assumes the current local authority contribution of £456,000 will cease from April 2017. Should there be any local authority contribution our scalable model will allow this contribution to be invested in additional staff resources, an increased Personal Health Budget allocation or any other areas identified during the procurement process.

The cost of this service over 3 years by CCG will be split as follows, Birmingham CCGs as BCC CCG 58.57% **(£3.682m**) , BSC CCG 22.63% **(£1.423m),** SWB CCG 17.62% **(£1.108m)** and Sol CCG 1.19% **(£0.075m).**

The current level of investment by CCG in 2016-17 is in table A below.

Table A

Split by CCG	BCC CCG	BSC CCG	SWB CCG	Sol CCG	Total
Day Services	227,063	15,924	193	6,820	250,000
Non NHS Contracts	826,491	389,785	315,474	14,651	1,546,401
Total	**1,053,554**	**405,709**	**315,667**	**21,471**	**1,796,401**
Share by CCG 16-17	**58.6%**	**22.6%**	**17.6%**	**1.2%**	**100.00%**

Table B, below, sets out the existing funding from 2016-17 against the proposal (new service); you will notice that the funding in 2016-17 is greater than in future years. This is due to no clear commitment being given by Birmingham City Council regarding future funding level. Any additional funding received from the local authority in future years will be invested in additional activity.

The contract with the new provider will commence on 1st October 2017 with an end date of 30th September 2020. Overall our expectation is that the contract will breakeven over the 3 year period, as set out in the table below.

Table B

Costs v Funding	2016-17	2017-18	2018-19	2019-20	2020-21	Total
NHS Funding	1,796,401	1,796,401	1,796,401	1,796,401	898,201	**8,083,805**
LA Funding	456,062	0	0	0	0	**456,062**
Total Funding	**2,252,463**	1,796,401	1,796,401	1,796,401	898,201	**8,539,867**
Existing Services	2,252,463	803,201	0	0	0	3,055,664
Service Resdesign	0	958,140	1,750,080	1,788,080	988,040	5,484,339
Under/(over)	**0**	**35,061**	**46,321**	**8,321**	**(89,839)**	**(136)**

The level of funding required each financial year by CCG is in Table C below, the cost by CCG has been split as per the proportions in Table B above, so no net new cost to each commissioner. What the table shows is that over the period of the contract BCC CCG will pay £3.216m, BSC CCG £1.238m, SWB CCG £0.963m and SOL CCG £0.065m.

Table C

Cost 3 Years	BCC CCG	BSC CCG	SWB CCG	Sol CCG	Total
2017-18	561,930	216,392	168,366	11,452	**958,140**
2018-19	1,026,387	395,248	307,527	20,917	**1,750,080**
2019-20	1,048,673	403,830	314,205	21,372	**1,788,080**
2020-21	579,466	223,144	173,620	11,809	**988,040**
Total	**3,216,456**	**1,238,614**	**963,718**	**65,550**	**5,484,339**

Funding	BCC CCG	BSC CCG	SWB CCG	Sol CCG	Total
Total	**1,053,554**	**405,709**	**315,667**	**21,471**	**1,796,401**

Variance	BCC CCG	BSC CCG	SWB CCG	Sol CCG	Total
2017-18	20,562	7,918	6,161	419	**35,061**
2018-19	27,166	10,461	8,140	554	**46,321**
2019-20	4,880	1,879	1,462	99	**8,321**
2020-21	(52,689)	(20,290)	(15,787)	(1,074)	**(89,839)**
Total	**(80)**	**(31)**	**(24)**	**(2)**	**(136)**

The incentive payment, detailed in the financial modelling table shown further in this paper, is capped at £30k (full year effect) and is based on a payment of £100 for each service user who is placed in employment, with further payments of £100 being made when the service user is sustained in employment for 6 and 12 months. The maximum incentive payment to be achieved in relation to any one service user would be £300.

Commissioners have proposed to incentivise a proportion (c30%) of employment outcomes. We acknowledge the concerns that this may result in providers failing to meet the target in full.

As a new model of contracting commissioners are keen to ensure that an incentive based system does not encourage 'gaming' and produce false results. Commissioners would consider shifting to a larger proportion of incentivised payment in future contracts. There is a possibility of securing additional social finance funding during the lifetime of the contract which could fund any increased incentive payment, this will be discussed as part of on-going contract management during the lifetime of the contract. It should also be remembered that achievement of the target will be a contractual responsibility and that failure to achieve KPIs will result in contractual levers being used.

Use of such payments should be handled carefully as service users may be concerned that where providers are incentivised this may mean that service user needs are marginalised in favour of achieving financial gain.

The incentive payment will be explored further through the consultation process and exploration through market testing.

The case for change has been ratified by the Clinical Investment and Procurement Committee on the basis that NO additional funding is required. The overall net position at the end of 2020/21 is £0 funding required (even though deficits in years 17/18, 18/19 and 19/20).

The costs were based on the assumption that the Local Authority funding of £456,000 in 16/17 will not continue. If further funding is made available then it was proposed that activity would be increased.

Within the case for change, no savings were profiled against the investment detailed above.

It will be essential that discussions take place on value of setting a price cap in the contract specification, subject to discussion with the CSU Procurement Lead. Providers can bid below this value. Inflation will also be referenced in the procurement. These will be also be picked up through market testing.

Consultation

A communications and engagement strategy, based on outcomes of the equality and impact analysis and pre-consultation engagement activity, will set out how we will formally consult with stakeholders over 12 weeks. This will be in line with NHS England guidance, and agreed by Governing Body, Health, Wellbeing and the Environment Overview and Scrutiny Committee. The consultation will focus and seek views on a number of scenarios for a proposed new model of service delivery; one lead provider development of recovery focussed services, increase in specialist employment advisor provision and introduction of personal health budgets.

Financial modelling

COSTS / SAVINGS:	16/17 £'000	17/18 £'000	18/19 £'000	19/20 £'000	20/21 £'000	Notes / Assumptions
4 recovery hubs	Existing service cost unchanged 2,252	Existing service to 29/09/17 773 Proposed service from 30/09/17 to 31/03/18 565	1,130	1,130	565	Costed based on a similar recovery based model currently in practice provide by MIND and Creative, staffing model based on capacity required, see activity assumption (see section 11) **Cost per Hub and by CCG spilt provided in Appendix 5**
11.5 Individual Placement Support (IPS) workers, plus 1.5 WTE senior IPS workers		210	420	420	210	11.5 workers plus 1.5 wte senior workers will engage with 900 service users per annum. Cost of £28k per worker line managed by 1.5 wte Senior IPS and includes 10% management charge
Personal Health budgets		18	58	96	47	Phased introduction of PHB, allocating £650 to £700 per service user, assume 45 service users in year 1, 90 in year 2 and 135 in year 3
Provider margin (profit) IPS and hubs		36	73	73	36	Assumes 5% provider profit margin for recovery hubs, 4% for IPS service
Payment by results payment		15	30	30	15	Incentive payment to providers,£100 per person for placed employment, further £100 per person for six months sustained employment and further £100 per person for 12 months sustained employment, based on Tower Hamlets CCG model, capped at £30k.
	0	Start up costs 94 Exit costs 30			Exit costs 95	Start up costs for premises, management costs, recruitment, rent & rates and IT costs. Exit cost of £30k relate to Phoenix Day Centre, no exit costs associated with BITA or Creative as already built into the contract payment.
		19	39	39	19	**CQUIN for IPS & Hubs @ 2.5%**
TOTAL COSTS	**2,252**	**1,761**	**1,750**	**1,788**	**998**	
Cash Releasing Savings	(0)	(0)	(0)	(0)	(0)	
TOTAL SAVINGS	**(0)**	**(0)**	**(0)**	**(0)**	**(0)**	
Total POSITION	**0**	**35**	**46**	**8**	**(90)**	Existing funding over three years (17/18 to 20/21) - £6.287 million Cost of service Redesign - £6.287 million Net Position £0K

Health, Wellbeing and the Environment Overview & Scrutiny Committee 2016/17 Work Programme

Committee Members: Chair: Cllr John Cotton

Cllr Uzma Ahmed
Cllr Deirdre Alden
Cllr Sue Anderson
Cllr Mick Brown
Cllr Carole Griffiths
Cllr Andrew Hardie
Cllr Kath Hartley
Cllr Mohammed Idrees
Cllr Simon Jevon
Cllr Karen McCarthy
Cllr Robert Pocock

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)
Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
21 June 2016	Formal Session – Appointments to Deputy Chair and Joint HOSCs Informal Session – Briefings and Background Documents	Dr Louise Lumley, Clinical Lead for Urgent Care. Karen Richards, Head of Urgent Care, Gemma Caldecott, Senior External Comms & Eng. Manager Alan Lotinga, Service Director, Health & Wellbeing / Judith Davis, Programme Director, Better Care Fund/John Wilderspin, Strategic Programme Director Sustainability & Transformation Plan Adrian Phillips, Director of Public Health Alan Bowley, Reduce, Reuse, Recycle Programme Manager

19 July 2016 @ 10.00AM	Use of Enhanced Assessment Beds including capacity in Care Centres	Diana Morgan, AD Specialist Care Services
	Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry	Joanne Carney, Associate Director, Joint Mental Health Commissioning Team, CrossCity CCG, Robert Devlin, Senior Strategic Commissioning Manager, Peter Wilson, Stephen Jenkins, BSMHFT
19 July 2016 @ 1.00PM	From Waste to Resource Workshop	Alan Bowley, Reduce, Reuse, Recycle Programme Manager
9 August 2016	Urgent Care in Birmingham (including the re-procurement of NHS 111 Service)	Karen Richards, Associate Director of Urgent Care / Carol Herity, Associate Director of Partnerships, CrossCity CCG
27 September 2016 @ 10.00AM	Cabinet Member for Health and Social Care Birmingham & Solihull Sustainability & Transformation Plan - progress update	Cllr Paulette Hamilton/ Peter Hay, Strategic Director, People Directorate
	Cabinet Member for Clean Streets, Recycling & Environment - DEFERRED	Cllr Lisa Trickett / Jon Lawton
	Healthwatch – Update	Andy Cave, CEO, Healthwatch Birmingham
27 September 2016 @ 2.00PM	Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry	Charlene Mulhern, Senior Officer – Collaboration, Birmingham Public Health
	Tracking of the 'Living Life to the Full with Dementia' Inquiry	Mary Latter, Joint Commissioning Manager Dementia

25 October 2016	Sustainability and Transformation Plan • Mark Rogers (System Lead) • Dame Julie Moore • Sarah-Jane Marsh • John Short • Les Williams Mental Health Day Services	 Carol Herity, Associate Director of Partnerships, CrossCity CCG
22 November 2016	Update on Umbrella – the Sexual Health Services in Birmingham and Solihull Contract Birmingham Substance Misuse Recovery System– Review of first 12 months Update on Care Centres and Enhanced Assessment Beds Forward Thinking Birmingham – Mental Health Care for 0-25s (Update 6 months into new contract)	Max Vaughan, Head of Service, Universal and Prevention John Denley, AD People Directorate, Nic Adamson, Director CRI Alan Lotinga, Service Director for Adult Care, Louise Collett, Service Director, Commissioning, Alison Malik, Head of Service, Complex & Statutory Services, Commissioning Centre of Excellence Theresa Nelson, Chairman, Forward Thinking Birmingham
13 December 2016	15/16 Local Performance Account Report West Midlands Challenge of Birmingham Adult Care Tracking of the 'Homeless Health' Inquiry	Alan Lotinga, Service Director Health & Wellbeing Alan Lotinga, Service Director Health & Wellbeing John Hardy, Policy & Development Officer
17 January 2017	Urgent Care in Birmingham - Consultation Plan Impact of Air Pollution on Health Update on the Effects of Shisha Smoking	Karen Richards, Associate Director of Urgent Care TBC Dr Adrian Phillips, Director of Public Health, Janet Bradley, Alcohol & Tobacco Control

21 February 2017	Tracking report for From Waste to Resource – A Sustainable Strategy for 2019 Tracking report for Household Recycling Centres	Jacqui Kennedy, Strategic Director – Place / Chloe Tringham, FWM Chloe Tringham, Fleet & Waste Management
28 March 2017		
25 April 2017	Cabinet Member for Health and Social Care Cabinet Member for Clean Streets, Recycling & Environment	Cllr Paulette Hamilton / Suman McCartney Cllr Lisa Trickett / Jon Lawton

Items to be scheduled in Work Programme

- Housing Adaptations (To be confirmed)
- Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry (October 2017)
- Tracking of the 'Living Life to the Full with Dementia' Inquiry (October 2017)
- Proposed Changes to NHS Specialist Services for People with Congenital Heart Disease
- Informal Briefing – Healthwatch Birmingham Quality Standard Tool

Joint Birmingham & Sandwell Health Scrutiny Committee Work

Members	Cllrs John Cotton, Carole Griffiths, Kath Hartley, Deirdre Alden, Sue Anderson	
Meeting Date	**Key Topics**	**Contacts**
5 July 2016 at 2.00pm in Birmingham	• Right Care Right Here – Its Evolution (transition to the Black Country Sustainability & Transformation Plan) • Update on Sandwell and West Birmingham End of Life Care Service	Jayne Salter-Scott, Head of Engagement, SWBCCG Jon Dickens, Chief Operating Officer – Operations, SWBCCG, Sally Sandal, Senior Commissioning Officer
November TBA		
Early December TBA Birmingham	• Findings of Improving Day Hospice Service Consultation – Sandwell and West Birmingham CCG	Jon Dickens, Chief Operating Officer – Operations, SWBCCG, Sally Sandal, Senior Commissioning Officer

Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Rob Pocock, Mohammed Idrees, Mick Brown, Uzma Ahmed, Andrew Hardie, Simon Jevon.	
Meeting Date	**Key Topics**	**Contacts**
27 July 2016 at 5.00pm in Birmingham	• NHS Procedures of Lower Clinical Value – Solihull and Birmingham	Gemma Caldecott, Senior External Communications & Engagement Manager, CROSSCITY CCG Neil Walker, Chief Contract & Performance Officer, Solihull CCG, Rhona Woosey, Network & Commissioning Manager, B'ham South Central CCG, Clinical Lead TBC
3 October 2016 at 6.00pm in Solihull	• HoEFT ○ Update on the performance/finance position ○ Report on progress made on implementing plans ○ Planned changes as a result of need to make savings to address deficit issues.	Dame Julie Moore, Interim Chief Executive / Jacqui Smith, Interim Chair / Rachel Cashman, Project Director, Integration Programmes / Kevin Bolger, Interim Deputy Chief Executive, Improvement
TBA	• Birmingham & Solihull Sustainability & Transformation Plan • Birmingham & Solihull Mental Health Trust performance and planned service changes • NHS Procedures of Lower Clinical Value – The next round	

West Midlands Regional Health Scrutiny Chairs Network		
Meeting Date	**Key Topics**	**Contacts**
15 June 2016 10.00am	The Work of the West Midlands Mental Health Commission Mental Health Service Provision – from a provider perspective	Steve Appleton Managing Director – Contact Consulting West Midlands Mental Health Commission Secretariat and Project Manager Sue Harris, Director of Strategy and Business Development Stephen Colman, Director of Operations
5 October 2016	Sustainability and Transformation Plans (STPs) Scrutiny and STPs Single Commissioning - The 3 Birmingham CCGs	Brenda Cook, CfPS

CHAIR & COMMITTEE VISITS		
Date	**Organisation**	**Contact**
7 December 2016 @ 2.00pm	West Midlands Ambulance Service – Visit to an Ambulance Hub.	Diane Scott, Deputy CEO
2 November 2016 @ 10.30am	Birmingham Substance Misuse Recovery System:- Visit to CRI premises, Scala House, Birmingham.	John Denley, AD Commissioning Centre of Excellence / Nic Adamson, Director CRI

INQUIRY:	
Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of Report:	
Report to Council:	

Councillor Call for Action requests

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee			
Item no.	**Item Name**	**Portfolio**	**Proposed date**
002078/2016	Waste Depots Modernisation Programme Phase 1 – Full Business Case PUBLIC	Clean Streets, Recycling and the Environment	15 Nov 16
002535/2016	Natural Rivers ERDF Project – acceptance of funding	Clean Streets, Recycling and the Environment	15 Nov 16