

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

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

TUESDAY, 05 JULY 2016 AT 14:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING

The Chair to advise/the 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

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

4 MINUTES OF PREVIOUS MEETING

To confirm the Minutes of the meeting held on 11 February 2016.

3 - 10

11 - 20

5 **RIGHT CARE RIGHT HERE - ITS EVOLUTION**

Angela Poulton, RCRH Programme Director and Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham CCG.

21 - 42

6 **UPDATE ON SWB END OF LIFE CARE SERVICE**

Tammy Davies, Nurse Manager, Sandwell and West Birmingham Hospitals NHS Trust and Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham CCG.

7 **DATE AND TIME OF NEXT MEETING**

To agree a date and time.

Birmingham City Council and Sandwell Metropolitan Borough Council

Minutes of the Joint Health Overview and Scrutiny Committee

11th February, 2016 at 2.00 pm
at the Sandwell Council House, Oldbury

Present: Councillor Paul Sandars (Chair);
Councillors David Hosell, Ann Jarvis, Bob Lloyd
and Bob Piper (Sandwell Metropolitan Borough
Council).

Councillors Sue Anderson, Andrew Hardie and
Majid Mahmood (Birmingham City Council).

Apology: Councillor Mohammed Aikhlaq (Birmingham City
Council).

In Attendance: Toby Lewis and Dr Roger Stedman (Sandwell and
West Birmingham Hospitals NHS Trust);
Dr A Ahmed, Rebecca Buswell, Jon Dicken, Jayne
Salter-Scott, Sally Sandel, Dr D Webb (Sandwell
and West Birmingham Clinical Commissioning
Group);
David Stevens (Director – Adult Social Care,
Health and Wellbeing – Sandwell Metropolitan
Borough Council);
Rosemary Jones (Democratic Lead - Sandwell
Metropolitan Borough Council);
Gail Sadler (Research & Policy Officer –
Birmingham City Council);
Jane Upton (Healthwatch Birmingham);
William Hodgetts (Healthwatch Sandwell).

Observer: Councillor Shirley Hosell.

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
11th February, 2016

1/16 **Declaration of Interests**

- (i) Councillor Hardie declared that he was a locum GP who worked at surgeries within Birmingham;
- (ii) Councillor Lloyd declared that he was the Chair of the Murray Hall Community Trust which had tendered for the End of Life Care contract as reported in Minute No. 4/16 below.

2/16 **Minutes**

Resolved that the minutes of the meeting held on 15th December, 2016 be confirmed as a correct record.

3/16 **Oncology Services**

The Committee received Toby Lewis, Chief Executive, and Dr Roger Stedman, Medical Director, of the Sandwell and West Birmingham Hospitals NHS Trust. The Chairs had asked that they report to the Joint Committee on changes which were proposed for the operation of oncology services provided by the Trust and in particular on any proposals for the alternative provision of radiotherapy services.

The Chief Executive reported that, despite the rumours in the local community, the Trust was not proposing any change to the service. Dr Stedman re-iterated the following information which had been made available to oncology patients:-

- All oncology services from Sandwell and West Birmingham - chemotherapy at Sandwell and the Treatment Centre at Birmingham and clinics - would continue, in fact the number and size of clinics were to increase
- The Trust would not and was unlikely to provide these services through sub-contractors. Currently University Hospital Birmingham was the provider
- 40% of patients lived closer to other centres. As part of its expansion discussion the Trust was talking to The Royal at Wolverhampton to increase capacity

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
11th February, 2016

- It was envisaged that the Trust would provide its own oncology team with a clinical lead

During the discussion and questions that ensued the following were amongst the issues raised and comments made:-

- Patients would only have to travel to Walsgrave in Coventry in exceptional and rare cases. Discussions were taking place with The Royal in Wolverhampton as it was also upgrading its equipment to take more patients;
- The Queen Elizabeth Hospital was not being de-commissioned. Patients who wished to remain with their current oncologist could do so. There would be a 60% growth of service and there would now be a choice, where previously there had been none;
- The Trust provided its own patient transport; if another, better method became apparent then it would be tried;
- While there were currently two A & E departments, most of the service was delivered through the Birmingham site; consequently some patients would need ambulance transfer and others would not. The Trust needed to improve its booking of clinics by postcode; this was an on-going matter particularly for follow-up appointments. The future model for in-patient visitors would have better bus transport. The team did a good job and there were few patient transport problems;
- There would be no change in appointments for April or May;
- The Trust had been successful in recruiting oncologists in the past few months – 3 were in post, one would begin in April and another in May, 2 interim locum posts were filled and a joint appointments panel with The Royal was soon to interview for a further three posts. The number of clinic sessions would increase from 33 to 55 and thereby waiting times would be reduced;
- Patients who wished to receive oncology treatment at Wolverhampton would not be disadvantaged by parking charges;
- There would be a Strategic Partnership Agreement drawn up for the posts which would work jointly between the Trust and Wolverhampton. There might be issues relating to services and outcomes but these would be worked through. If it became commercially viable to set up a radiotherapy unit in Sandwell and West Birmingham then this would be considered;

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
11th February, 2016

- There had been regular patient forums since October last year; the initial ones of these had been well attended. A further forum was to be held next week. The forum hosted by Healthwatch Sandwell was also well attended. All patients affected had also been written to. Patients wanted certainty and had attachments to the people who were treating them – communication needed to be as one NHS. Some patients did not want to see change, however, others who had not had continuity were discontent with the current arrangements – it was wished to design a service around patients;
- Work would continue with University Hospital Birmingham following April;
- It was noted that the Trust's unit had the lowest mortality rate in the UK for gynaecology cases;
- The conception of a new smaller, acute hospital might seem as inappropriate if the service was increasing but the type of care would be different – most cancer care was ambulatory;
- Additional resources had led to the proposals for increased services to meet demand;
- Currently the two centres operated differently – at the Birmingham Treatment Centre patients saw their own oncologist which often meant a long wait, whilst at Sandwell patients made two visits – one an assessment and the second to receive chemo treatment. Patients' preferences for future services tended to be based on what they currently experienced;
- The medical changes needs to be explained as best as possible to patients – a dialogue was required to move in a proactive way.

The Chair, on behalf of the Scrutiny Committee, thanked the Chief Executive and the Medical Director of the Sandwell and West Birmingham Hospitals NHS Trust for their report to the meeting.

4/16

End of Life Care Update

Further to Minute No. 17/15 (End of life Care Update - Sandwell and West Birmingham Clinical Commissioning Group (CCG)) (15th December, 2015), it was confirmed to members that the winning bidder for the End of Life Care contract had been Sandwell and West Birmingham Hospitals NHS Trust. Due to a challenge from another provider and resulting delays it was now proposed that the Service would commence from 1 April, 2016.

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
11th February, 2016

Members received a presentation on the proposals for the new Service whose overall aim was to improve patient experience and quality of care for local people at the End of Life.

The presentation gave details of the Co-ordination Hub of the Service which was located at the Sandwell Hospital; at the Hub there was a triage team and an end of life facilitator would be available at any time. Details of the development and operation of an End of Life Care Register were also reported.

An Urgent Response Team, to be available 24/7, was to be established and would work alongside District Nurses to provide enhanced support. John Taylor Hospice and Birmingham St Mary's Hospice were two of the four sub-contractors for the Service; however, if patients expressed a wish to go to another hospice this wish would be respected and a bed there would be spot purchased.

Age Concern Birmingham and Sandwell Crossroads would work collaboratively across the CCG area to ensure equity of access to support services. The Hub would also hold a Directory of Services which would include contact details for a wide range of support agencies across the area and signpost patients, families and carers where appropriate.

The Service would be undertaken on a five year contract drafted by the CCG and sub-contracts would be drafted by the Sandwell and West Birmingham Hospitals NHS Trust. The Service would be governed by a new End of Life Care Board and have a CCG Implementation Group. The contract would be monitored monthly and the data would be collected by the Trust to inform service improvement.

The timelines for communication and engagement for the launch of the Service were also reported.

During the discussion and questions that ensued the following were amongst the issues raised and comments made:-

- A letter was being drafted to consult current users but had not yet been mailed.

Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
11th February, 2016

- The services from Age Concern Birmingham would involve home support from 11 locally based providers. Sandwell Crossroads would work with Birmingham. Services would not be static in one particular area and there would be a separate travelling budget.
- There would be a flexibility of arrangements. This would give an added social value of local care from local carers. Most people would prefer not to travel far.
- The other two sub-contractors were made up from other hospices, e.g. Compton, Mary Stevens and they also would have key performance indicators (KPIs) to achieve.
- Patients with special or particular needs would be referred to a hospice.
- A communication route would be opened with the West Midlands Ambulance Service; close working would be pertinent to the new model.
- Although the process had been a little stop-start, Steering Groups on the proposals had been in operation from 2013 to date but had been more about engagement than consultation. Patient and Healthwatch representation had been included.
- The proposals would accommodate an earlier referral to hospice provision should the need arise.
- The proposals would be better than what was currently provided as it should know what the patient/individual required. It would also give less rise to bed blocking.
- The Trust needed to ensure that patients' needs were met earlier than was currently the case. It would take on the risk of organising the Service and would need to ensure that KPIs were being met.
- As mentioned at the last meeting, the services of Bradbury Day Hospice would be utilised if that is what patients had asked for – the Trust would be committed to working with service providers on any level they wished.
- It was hoped that a vigorous consultation process would now be engaged on with the public and user groups.
- An improved and co-ordinated Service was the aim of the proposals. The Hub would assess patients' requirements holistically and respect their wishes as to location wherever possible.

**Joint Health Overview and Scrutiny Committee
(Birmingham City Council and Sandwell Metropolitan Borough Council)
11th February, 2016**

- It was felt that it was important that the use of the Hub as a sign posting tool was communicated as effectively and widely as possible.
- The main lesson from the process for the CCG was how it should effectively communicate with people in the market place.
- Healthwatch Birmingham's website would be updated with feedback on the proposals as soon as possible.

The Scrutiny Committee requested that an update on the operation of the Service be provided in June, 2016.

(Meeting ended at 4.17 pm)

Contact Officer: Rosemary Jones Democratic Services Unit 0121 569 3896
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Right Care Right Here –its Evolution

Angela Poulton, RCRH Programme Director

Jayne Salter-Scott, Head of Engagement, Sandwell
& West Birmingham CCG

Legacy highlights



- Partnership.....principles, enduring, adaptable, binding
- Shared vision, commitment to MMH
- Recognised as ground breaking
- Shift of care from acute to community
- Improved facilities in primary care, with modern health care centres combining both health and wellbeing services
- Community engagement
- Modelling
- Joint working e.g. pathway redesign
- Wider determinants of health
- MMH is being built
- Developed a delivery approach recently, now being used at scale

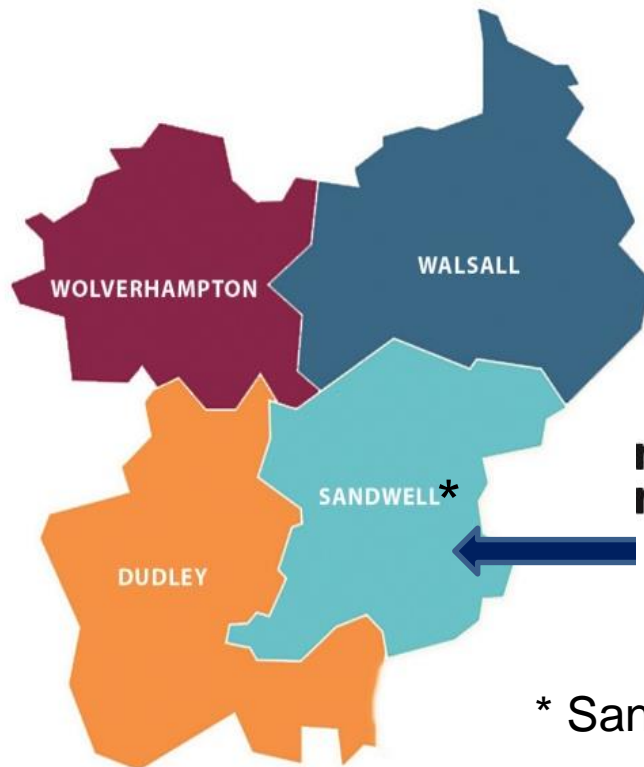
Changing operating environment



Sustainability & transformation planning (STP)



Black Country



Birmingham & Solihull



Associate
Status

right care
right here



* Sandwell & West Birmingham CCG

RCRH & STP Parallels



- Same vision – to achieve integrated & sustainable health and social care
- Partnership “plus”
- Governance framework
- Delivery via transformation groups & enablers
- Identifying the scale of the challenge – gap analysis
- Seeking to close the gaps in:
 - ❖ health and wellbeing
 - ❖ care and quality
 - ❖ finance and efficiency
- Engaging patients, clinicians, staff and wider partners
- Spreading and connecting successful local initiatives

Key differences:

- Platform for investment from the Sustainability and Transformation Fund
- RCRH is Sandwell Health and Wellbeing priority 3

The case for evolution



- There is no change to the strategic direction of travel, with the success of MMH an integral element
- The STP process is mandated, is “core” business & a route to much needed investment funds – its introduction was impacting upon momentum and risks RCRH not being delivered
- Immediately prior to its introduction, partners had agreed to “grow” to include Dudley and Walsall
- The strength of partnership working has laid strong foundations to ensure the new planning approach is a success, for both STPs
- There remains the need for discrete pieces of work to ensure the necessary service transformation to support MMH
- Transforming services needs identified people with dedicated time to redesign and ensure sustainable implementation
- Need a pragmatic plan to re-position RCRH and its purposeful implementation that preserves the legacy of success, takes account of public consultation commitments as well as the need for consistent and clear messaging by all partners

The goals remain the same, it is the way we will deliver RCRH going forward that is changing & today is about sharing the successor arrangements developed by partners with you to ensure they make sense and provide a pragmatic way forward

Key considerations



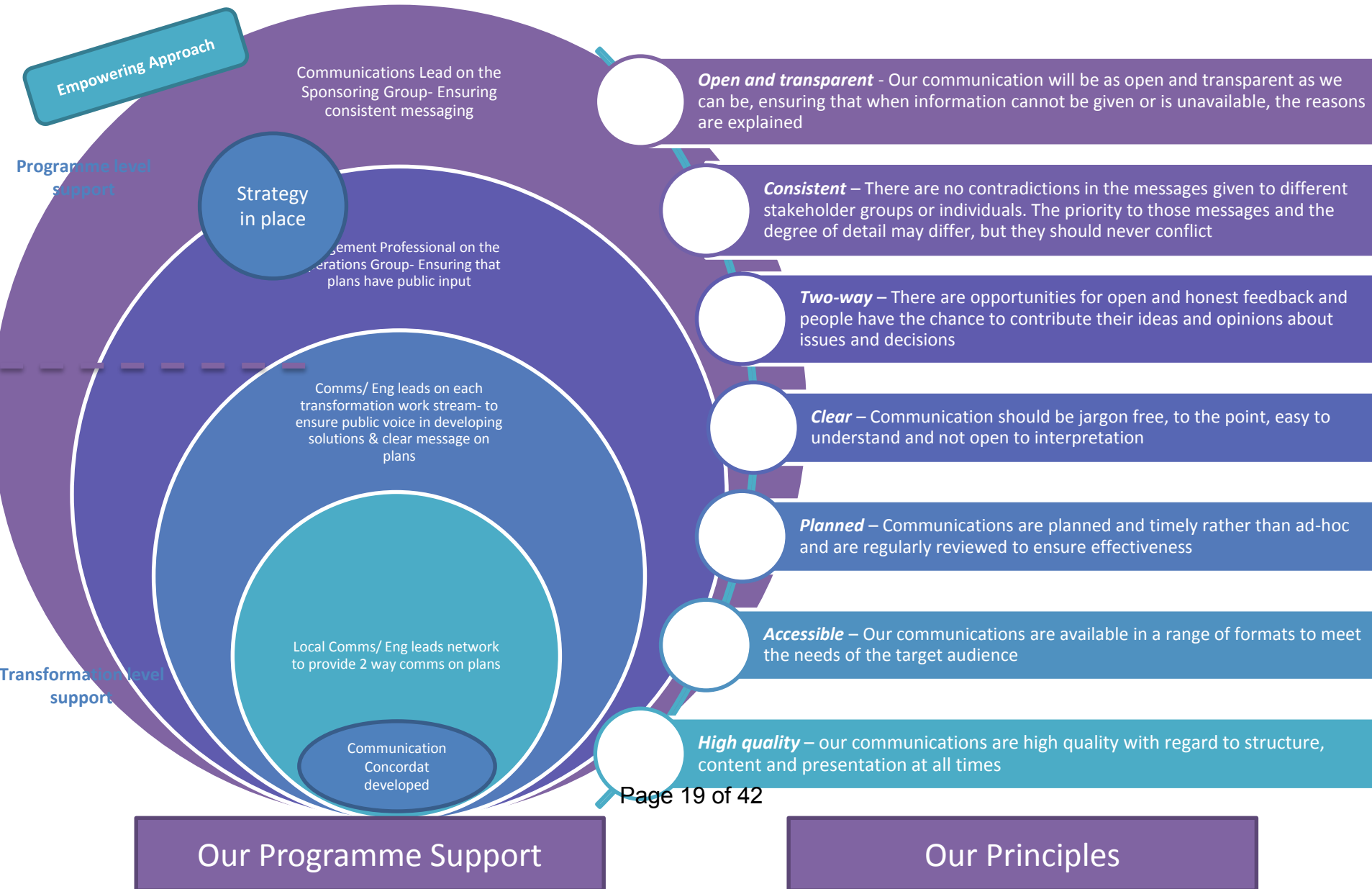
- RCRH strategy has defined the local health & social care economy for over 10 years – its delivery is incomplete
- MMH is being built – success or failure?
- There is outstanding work to ensure the benefits of MMH business case are realised – STP unlikely to deliver
- Whatever form decided, the remainder of RCRH work to be done needs to be defined & requires partner collaborative effort & resources
- Maintaining the regeneration momentum – SMBC leading
- Being clear about how the public will be involved & engaged going forward
- Ensuring voluntary sector visibility, connectivity & opportunities

Evolution plan



- System level integration & sustainability transfers to STP process (June 2016)
- RCRH Executive becomes Sandwell & West Birmingham Strategic System Resilience committee (July 2016)
- Establish task force to implement the Midland Met model of care, led by SWBH with RCRH partner representation (July 2016), with key focal areas:
 - single psychiatry liaison response to support patients presenting at ED
 - same access to adult and paediatric community support, regardless of their own or their GPs postcode across west Birmingham and Sandwell
 - standardised way of working with social care for all hospital attending patients
 - commission an external review to confirm whether the right mix of acute/community beds and non-bedded community services will be available for when MMH opens (report by June 2017)
- Evolution communications & engagement plan – migrate to STP (Sept 2016) & ensure task force reporting to include HWBs

Well Led – Communications & Engagement



Thank you

Any questions?

Update on SWB End of Life Care Service

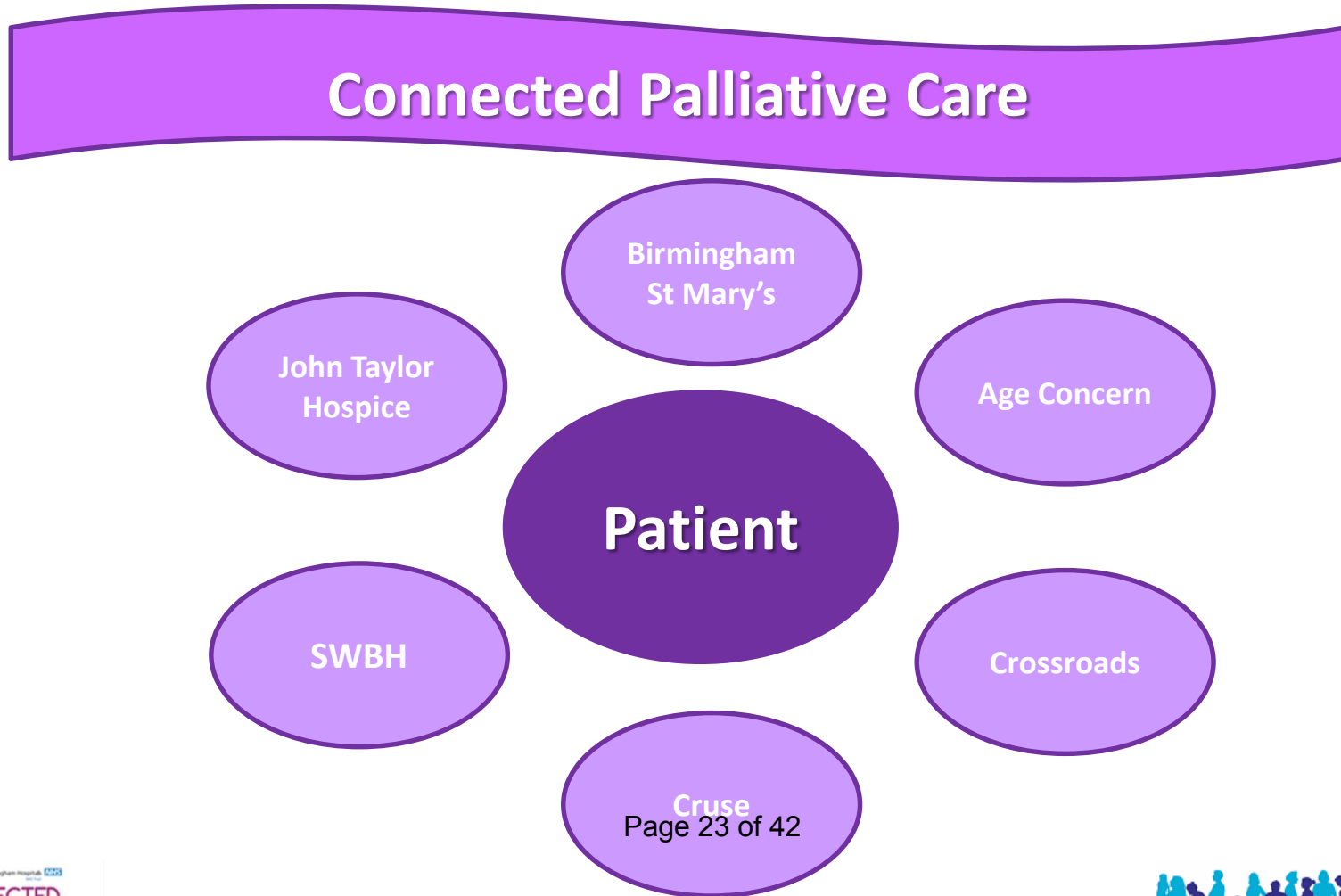
Tammy Davies – Nurse Manager
Sandwell & West Birmingham Hospitals NHS Trust

Page 21 of 42

New End of Life Care

- Improve the quality of care and experience for patients within the last 12 months of life and their families/carers
- Increase the number of patients dying in the place of their choosing
- Reduce the number of unnecessary hospital admissions in the last 12 months of life
- Improve access to support services
- Coordination of services to provide seamless care

Connected Palliative Care Partnership: Integrated Service



Services include

- Specialist Palliative Care – face to face 7 day per week 8am – 4pm
- Palliative Care Coordination Hub (single point of access)
- Urgent Response Team
- Specialist Hospice Facilities
- Domiciliary Support
- Befriending
- Respite
- Night Sits
- Welfare Advice
- Bereavement Support
- Home from Home Beds

Page 24 of 42

Palliative Care Coordination Hub

- Operational from May 2016
- Based Sandwell Hospital site 7 days per week from 8am – 8pm
- Staffed by End of Life Care Facilitators [EoLCF] (trained nurses), Care Coordinators and Administration Staff
- Register of patients deemed to be in the last 12 months of life (System1)
- ACD telephone system
- Governed by robust policies
- Co-located with Specialist Palliative Care team
- All Admin staff receive bespoke training in Advanced Communication

Page 25 of 42

Palliative Care Coordination Hub

Patients/Carers

- Clinical triage
- Advice regarding symptoms, finance, care, support
- Signpost / arrange appropriate services

Professionals

- Advice regarding Specialist Palliative Care
- Processing of referrals
- Updating records
- Arrange hospice / EOL care bed admission

End of Life Care Facilitators (EoLCF)

- Experienced nurses trained in general palliative and EoL care
- 5 WTE in post
- 1 always present in the hub
- Audit
- Teaching and training:
 - Nursing / residential homes (6 so far)
 - All GP practices / Primary Care
 - SWBH wards
 - Nursing Medical Teams
 - Social Care

Home From Home Beds

- 6 beds offered (Leasowes, St Mary's, John Taylor)
- 7 day admission
- 24 hour care, qualified nursing and medical care
- Overseen by Specialist Palliative Care
- For patients within the last 2 weeks of life

Urgent Response Team

- General Palliative Care team
- Available 24/7
- Visit patients at home at times of crisis to reduce the need for unnecessary hospital admissions:
 - Hands on care
 - Symptoms control/medication
 - Rapid assessment
- Work with District Nurses, Specialist Palliative Care and coordination hub

Urgent Response Team

- Recruitment difficult
- So far recruited 8 staff out of the required 12 for a full 24/7 service
- Staff in post undergoing intensive induction and training
- Aim to have a fully functioning service by September

Governance and reporting

- Services governed by End of Life Care Board (SWBH led & sub-contractors) and supported by engagement Group
- Key Performance Indicators within contract reported on monthly / quarterly as appropriate
- Clear reporting lines to SWBH board and CCG
- Linked closely to SWBH quality plan – audit of preferred place of death, number of admissions to hospital in the last 12 months of life and the recognition of patients at the end of life (SPCIT)

Future plans

- 24/7 Urgent response team
- Rolling training programme
- Increase awareness of services with further engagement: launch event, web page, social media, patient groups
- Increase engagement with hard to reach groups
- Full evaluation and analysis including qualitative data from interviews with patients, carers, staff (with University of Birmingham)
- Work in partnership with Sandwell and West Birmingham CCG colleagues on the Day Hospice Consultation

Improving Day Hospice Services

Public Consultation - *dates*

A preferred option for Day Hospice Services across Sandwell and West Birmingham

PHOTO	PHOTO
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A Foreword

Day Hospice services are an important part of End of Life Care and should support patients to live as well as possible in their last months of life. We are passionate about great hospice care for the people of Sandwell and West Birmingham and want services to be the best they can be. A vital part of improving services is listening to, and acting upon the voice of patients and carers.

We are now in a position to consult with our patients, their carers and families on what they think is the best option for them locally.

We are entering this consultation with a preferred option because we think that this will deliver the best care possible for our patient population, but we will consider any additional options which also meet the same goal. I would strongly recommend that you read this document and consider the information we have given you before you give us your feedback.

We look forward to meeting you at one of the public consultation meetings and hearing your views via the feedback and communication channels.

Dr SA Ahmed, Clinical lead for End of Life Care, Sandwell and West Birmingham CCG

Improving local Day Hospice Services

This document will explain what Day Hospice Care services are, what services are currently delivered for patients and their families in Sandwell and West Birmingham and our preferred option for delivering these services in the future. We believe our preferred option is the best model for our patients, carers and their communities. We would like you to tell us what you think about this option and if there are any other options we should be considering.

What are Day Hospice Care services?

Day Hospice services provide care for people from the point at which their illness is diagnosed as terminal, to the end of their life, however long that may be. The aim of day hospice care is to improve the lives of people who have an incurable illness and support their carers and families.

Day hospice care can be provided in the home, in a care home, or as a day patient visiting the hospice or other setting. Hospice care is a style of care, rather than something that takes place in a specific building.

Hospice services aim to feel more homely than hospitals do. They can provide individual care more suited to the person who is approaching the end of life, in a gentler and calmer atmosphere than a large hospital.

Hospice teams include doctors, nurses, social workers, therapists, counsellors, and trained volunteers.

Services may include:

- Specialist medical and nursing advice and symptoms control including pain management
- Physiotherapy
- Occupational therapy
- Complimentary therapies
- Rehabilitation
- Respite care
- Financial and practical advice
- Bereavement and pre bereavement care
- Spiritual and psychological support

We have listened to patients and carers and there are a number of areas that are important when considering how we best provide Day Hospice Services.

Accessibility

At locations within the area of Sandwell and West Birmingham with good parking and transport links; they should have disabled access and full accessibility for all services.

Availability of related services

Holistic services such as physiotherapy, counselling, personal care, occupational therapy, complimentary therapies and specialist medical and nursing palliative care in combination with social support and pre-bereavement care are reported as improving quality as opposed to any single End of Life Care service. End of Life patients may also require more complex and serious health services such as blood transfusions if their condition deteriorates. The location for day hospice services should ideally have capacity to allow the range of services required to meet such holistic needs.

Positive Environment

A pleasant relaxed environment which is conducive to care with appropriate space, light and comfort with appropriate facilities to ensure minimal risk of infections and to allow the right equipment to be used to provide the right care for patients. The location of day hospice services should allow safe working practices reducing the need for lone working. The location should have a range of onsite facilities for patients and their loved ones.

Reaching the Gold Standard

The Gold Standards Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. This is what we strive for in Sandwell and West Birmingham. It is a way of raising the level of care to the standard of the best. The Gold Standard Framework provides a framework for a planned system of care in consultation with the patient and family. It promotes better coordination and collaboration between healthcare professionals.

A new End of Life Service launched in April 2016

Sandwell & West Birmingham Hospitals NHS trust and partners have been awarded a new End of Life care contract to improve all services for Sandwell and West Birmingham patients within the last 12 months of life. This aims to deliver a range of services to enable patients to have coordinated, high quality, responsive care with higher rates of preferred place of care and death and increased patient and carer satisfaction. One feature of the new contract is improving day hospice services to ensure a service that meets the needs of the whole community and this is the next area we want to focus on.

Current Day Hospice Services in Sandwell and West Birmingham

Sandwell

Day hospice services for the majority of the community of Sandwell currently operate over four days at Bradbury house in Oldbury, West Midlands. The service aims to offer short programmes of care for patients with unresolved symptoms which may be physical, psychological or social.

Bradbury Day Hospice has been providing Day Hospice Services for a number of years for local families in the Sandwell area and understandably many local families will have emotional ties to the building.

There are currently approximately 36 patients attending Bradbury Day Hospice on a weekly basis. The hospice is open four days a week.

The current location of Bradbury House has the benefit of being within the Sandwell locality. However, the current model delivered is largely social with some additional specialist end of life care advice and input. In order to develop a holistic approach there could be an option for Sandwell and West Birmingham Hospital Trust to provide members of the multi-disciplinary team to provide sessions. However, as this would need to be from an offsite service it would result in only being available at certain set times and therefore not fully inclusive or responsive to needs.

Bradbury House has one large room for group sessions and dining but there are only two dedicated clinical rooms, one of which lacks space for therapy. There is no area for exercise intervention. There is an on-site kitchen but the isolated nature of the building limits the number of staff available and so there is no contingency for staff absence.

There are considerable health and safety concerns surrounding the Bradbury House building; the lack of security and the fact that it is unoccupied overnight leading to a potential risk of staff entering and leaving alone. The building is not owned by Sandwell and West Birmingham Hospital Trust and so outside cleaning agencies and maintenance support is difficult to monitor.

Sandwell residents can also access day hospice care services from the following:

- St Giles Walsall Hospice, Walsall.
- Compton Hospice, Wolverhampton.

- The Mary Steven's Hospice, Stourbridge, Dudley.

West Birmingham

Day Hospice services for the community of West Birmingham are delivered from hospices that are close by but not within West Birmingham. These hospices provide a good level of staffing, equipment and services which provide good quality holistic End of Life care which include a wide range of therapies and activities.

West Birmingham residents currently receive day hospice care services from the following:

- John Taylor Hospice in Erdington, Birmingham.
- Birmingham St Mary's Hospice, Selly Park, Birmingham.
- Marie Curie Hospice, Solihull, West Midlands

Our engagement and review of Day Hospice Services so far

- An independent survey of the End of Life day therapies by Agewell with current and future users of the day hospice services which was published in April 2014.
- A review of the current service at Bradbury Day Hospice including engagement with current and previous patients, staff and volunteers which was carried out February 2016.
- Two stakeholder events, inviting current and previous patients and carers, staff and volunteers, entitled "What could the future look like?" which took place in February 2016

Patients told us that the most important areas of a day hospice service are a lounge area, information points, a room for activities or therapy and a café with the provision of meals. Most important services were reported to be physiotherapy, counselling and pedicure/manicure.

The review of the existing services on offer, in particular the services that can be provided from the Bradbury day hospice has identified areas requiring improvement and a lack of holistic, consistent and equitable care in line with gold standard day hospice objectives.

At the stakeholder events it was found that the company of staff and patients was helpful and patients enjoyed the activities on offer but they wanted more complimentary therapies, more activities and more staff.

The next stage of this work is to carry out this formal consultation with patients, carers and their communities and other stakeholders.


The preferred option for future Day Hospice Services


Following the consideration of our engagement thus far, a review of Bradbury Day Hospice and other local day hospice services alongside an evaluation of potential alternative facilities within Sandwell and West Birmingham, we have a preferred option for future Day Hospice services.

Sandwell and West Birmingham Hospital Trust propose to deliver a Day Hospice from the Rowley Regis Hospital site which currently offers a full range of services throughout the week with staffing models to support consistency and responsiveness. For example, Rowley Regis has on site physiotherapists, occupational therapists, medical and nursing staff who could contribute to the day hospice programme alongside the core day hospice team. There are facilities available such as large rooms for group sessions and spacious clinic rooms for 1-1 consultations and therapy. On site catering is available to allow hot meal provision which is not dependant on one individual. There are also on-site facilities and available equipment to support appropriate treatments. The building is fully accessible and has features which are conducive to a therapeutic environment. Arrangements are in place that allow for health and safety and control of infection to be monitored and standards maintained with the additional reduction to lone working implications for staff. There is adequate parking onsite and transport links to the door of the building. Rowley Regis Hospital has fully disabled access. The Rowley Regis site is a hospital, but it is a small community hospital with more of a homely feel than a large general hospital.

The long term ambitions for day hospice services include an outreach service with satellite programmes to become further accessible for community groups that we find difficult to reach. However, in the interim a fully functioning Gold Standard Day Hospice Hub with a full range of facilities is required. Rowley Regis Hospital provides services and facilities which could be developed for End of Life patients to meet those offered by existing neighbouring hospices but within the locality of Sandwell and West Birmingham and without structural alterations.

How can you have your say?

 By filling out the feedback survey at the back of this booklet and returning it to the freepost address below.

 By completing the feedback survey online at <http://sandwellandwestbhamccg.nhs.uk>



By attending one of our public consultation meetings where you can meet some of the staff involved, make comments and ask questions.

Please join us on:

Wednesday, September 7th at 6pm
At Brasshouse Community Centre, Brasshouse Lane, Smethwick, B66 1BA

OR

September 14th at 6pm
The Venue, Icknield Port Road, Birmingham, B16 0AA

Feedback Questionnaire

We want to know what you think. Whether you are a patient, carer, staff member, representative group, community organisation or local resident, you can write to us or fill in the questionnaire in the middle of this document and post it free of charge to:

Please let us know your views and experiences by taking the time to complete this short survey. This will help us understand how we can improve Day Hospice Services in Sandwell and West Birmingham. The deadline for all responses is XXXX.

When we talk about End of Life services we are talking about services a patient would receive in the last 12 months of their life.

1. Please tell us more about you (Tick all that apply)
 - I am a patient of these services
 - I am a carer or relative to someone using these services
 - I have an interest in the services
 - I work for a third sector organisation e.g. voluntary sector
 - I work for a health and social care organisation e.g. NHS, council
 - Other, please state
2. Please name the 3 most important aspects of End of Life care services to you?

3. How important is it that day hospice services are of a gold standard with a good range of therapies, activities and staff? (Please tick one)

Very important	
Quite important	
Neither important or unimportant	
Not very important	
Not at all important	

4. You have read about our preferred option above. Please let us know what you think?

Yes, I agree with the preferred option	Please tell us why
Yes, I agree with parts of	Please tell us why

the preferred option	
No, I don't agree with the preferred option	Please tell us why
Any other comments on the preferred option	
Are there any other options you would like us to consider?	

5. Please let us have any other comments?

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What is your ethnic group?	
White	
<input type="checkbox"/>	English, Welsh, Scottish, Northern Irish, British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Gypsy / Irish Traveller
<input type="checkbox"/>	Any other White background, please describe
Mixed / Multiple Ethnic:	
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other Mixed / Multiple ethnic background, please describe
Asian / Asian British:	
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Asian background, please describe
Black / African / Caribbean / Black British:	
<input type="checkbox"/>	African

	Caribbean
	Any other Black / African / Caribbean background, please describe
Any other ethnic group	
	Arab
	Any other ethnic group, please describe

What is your gender?	
	Male
	Female
	Transgender
	Prefer not to say
	Other (please state)

Are your day-to-day activities limited by a health problem or disability?	
Yes, limited a lot	
Yes, limited a little	
No	

Which of the following age categories do you fit into?	
Up to 17	
18 – 24	
25 – 34	
35 – 44	
45 – 54	
55 – 64	
65 – 74	
75+	
Prefer not to say	

What is your religion?	
No religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	

Sikh	
Other (please specify)	
Prefer not to say	

Which of the following options best describes how you think of yourself?	
	Heterosexual or straight
	Gay or Lesbian
	Bisexual
	Prefer not to say
	Other (please state)

Please send your completed feedback survey to:

Freepost address:

RTHG-KAKC-RTBZ,
Engagement, Sandwell and West Birmingham
Clinical Commissioning Group,
Kingston House,
438 High Street,
West Bromwich,
B70 9LD

Contact us:

Tel: 0121 612 1447

E-mail: swbccg.engagement@nhs.net

Follow us on twitter @swbccg

To request the information in alternative formats including other languages, braille, audio and easy read, please call us on 0121 612 1447. We want to speak to as many local groups as possible, and will try and visit as many as we can.