**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, 15 DECEMBER 2015 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 **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** **3 - 12**

To confirm the Minutes of the meeting held on 22 September 2015.

5 **URGENT AND EMERGENCY CARE PROGRAMME UPDATE** **13 - 26**

Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG.

**27 - 32**

6 **END OF LIFE CARE**

Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & 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

**22nd September, 2015 at 2.00 pm**
**at the Sandwell Council House, Oldbury**

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

Councillors Andrew Hardie, Majid Mahmood and Karen McCarthy (Birmingham City Council).

**Apology:** Councillor Sue Anderson (Birmingham City Council).

**In Attendance:** Dr M Aslam, Jayne Salter-Scott and Dr Sawhney (Sandwell and West Birmingham Clinical Commissioning Group);
Nighat Hussain (NHS England);
Rosemary Jones (Democratic Lead - Sandwell Metropolitan Borough Council);
Rose Kiely and Gail Sadler (Group Overview and Scrutiny Manager and Research & Policy Officer – Birmingham City Council);
Janet Foster and William Hodgetts (Healthwatch Sandwell).

8/15 **Declaration of Interest**

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. 12/15 below. He took no part in the discussion on the item.


[IL0: UNCLASSIFIED]

9/15 **Minutes**

**Resolved** that the minutes of the meeting held on 1st July, 2015 be confirmed as a correct record.

It was reported that with regard to Minute No. 4/15 (b) (Update on the Urgent Cardiology, Emergency Surgery and Trauma Assessment Proposed Reconfigurations), the Sandwell Health and Adult Social Care Scrutiny Board at its meeting held on 6th August, 2015 had received further information on providing non-emergency patient transport.

10/15 **Primary Care**

The Committee received a presentation from Dr Sawhney and Jayne Salter-Scott together with documents and the questionnaire relating to the Sandwell and West Birmingham Clinical Commissioning Group's (CCG) General Practice (GP) Listening Exercise.

The documents asked for views on GP services in Sandwell and West Birmingham, including what worked well and what could be further improved. The feedback would be used to help develop the CCG's Five Year Primary Care Strategy. The CCG's vision was to ensure that GP services:-

- Offered consistent, high quality care with fair access for all patients
- Delivered joined-up services for patients, working with other services
- Supported patients to make informed choices about self-care and the prevention of ill health
- Sought continuous improvement, looking at best practice and technology
- Listened to patients to create a better patient experience.

Services were being reviewed locally as:-

- Surgeries were facing increasing demand
- There was variation between surgeries e.g. different opening times

- Every day there were wasted appointments
- Fewer medical students were choosing to work in GP services
- People were going to GP services with minor ailments
- 1 in 5 people went to A&E, without considering GP services first

In 2014 the recommendations of the Five Year Forward View outlined the national direction for the NHS as:-

- GPs should be working in partnerships to offer additional services
- GPs should work with other services e.g. social care to deliver joint care plans
- GPs could take on more responsibility for planning a patient's care, by organising contracts
- The recruitment of more GPs and nurses

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

- The findings of the consultation would be reported back to the Group's Governing Body
- Independence of the questionnaire and its findings would be ensured as they would be the concern of the Primary Care Co-Commissioning Committee before its report to the Governing Body
- Access to and experience of GP appointments were being consulted on, particularly the number of appointments per week per 1,000 patients, and it was felt that there could be some improvement of the 53% of all GP appointments which were offered on the same day (47% of appointments were made in advance)
- Did the 53% of all GP appointments which were offered on the same day take into account those patients who may have had to ring each day for two or three days for an appointment
- A long term strategy was required to address the requirement for more medical students to become GPs or work in GP services; initiatives were being considered and a particular example was being pursued with Aston Medical School

- Small GP practices might find it difficult to achieve newer ways of working without collaboration with other partners and this was one of the reasons that the Malling Health Centre at Wednesbury had been closed
- There had been work undertaken recently, particularly with new migrant communities, on the percentage of people who were not registering with a GP and this would be circulated to members
- The July 2015 patient survey which had over 9,000 responses from patients in Sandwell and West Birmingham was a national survey; local consultation/surveys were conducted on a different basis where direct contact was best, particularly through faith organisations
- Thursday, 24 September, 2015 had been declared an Eid day and this might affect the number of Muslim persons who might have attended for the consultation meeting
- Many initiatives were being introduced at GP practices to achieve smarter working and to future-proof how they operated, such as emails or texts to remind patients of appointments or choice as to which doctor they would like to see
- The process time of six weeks was limiting, however, this was because it was a listening exercise and not a consultation
- It was felt that the administration and bureaucracy faced by GPs made the profession less appealing to medical students
- It was felt that only one or two patients per GP practice went straight to A&E without trying their GP first
- It was felt that hospitals should try and deter people from using A&E services and should give feedback to GPs as to why people were trying to by-pass them
- There was to be a £15m pilot over the next few months to try and encourage the better use of pharmacists and should the pilot be successful there might be further improvements and resources
- Demand for services was growing and the capacity to address the demand was an issue – a doctor could only see a certain number of patients in any particular time scale
- Many people were dissatisfied with GP appointment systems
- The CCG acknowledged that GPs had to take time from their GP hours in order to be involved with CCG initiatives, but that this was necessary in order for all stakeholders of the CCG to have a voice

Members requested that a further report be made to the Committee, and to the patient and partner representative groups, when the listening exercise had ended.

11/15 **Urgent and Emergency Care Programme Update**

The Committee received an update on the Urgent and Emergency Care Programme (see Minute No. 5/15 – 1st July, 2015) from Dr M Aslam and Nighat Hussain of the Sandwell and West Birmingham Clinical Commissioning Group. The Programme had been established to oversee the development of a sustainable system-wide approach to urgent and emergency care; this involved supporting patients to access the most appropriate care wherever possible within the community instead of A&E.

A co-design event had been held on 30th June, 2015 which involved partners, local providers and the voluntary sector. The key themes from the co-design event were:-

- Self-care/prevention/education (empowering patients to take greater responsibility, supported by effective communications)
- Workforce (scale of challenge and skillset)
- Robust IT systems required
- Refocusing NHS 111
- Hub and spoke model (integrated multi-disciplinary approach between primary care, community services, social care and mental health)
- Resources
- Commissioning differently.

The co-design event highlighted the scale of challenge and opportunity ahead, and it was recognised that to deliver this whole system transformation a structured and robust programme was required. A potential programme approach and framework to deliver the necessary scale and pace of change was required. It was also important to note that the change would need to support the introduction of the Midland Met Hospital in autumn 2018 and build the supporting urgent and emergency care structure to ensure sustainability and resilience.

The following projects had been identified in the first phase of scoping:-

- Re-procurement of NHS 111 - supporting a greater range of dispositions with defined outcomes
- 24/7 community integrated urgent care hubs - providing prevention, primary care access, same day GP appointments, out-of-hours, walk-in centres, GP front end, pharmacy, social care, integrated care services (iCARES Sandwell) and single point of access (SPA Birmingham), rapid access intervention and discharge (RAID), crisis mental health and in-reach and outreach to intermediate care and care homes
- Transition of the current A&E departments to the Midland Met Hospital A&E - from City and Sandwell hospitals and the development and delivery of the urgent care centre at Sandwell
- Re-commissioning ambulance pathways to deliver improved pathways and triage to appropriate emergency/urgent care settings
- Recovery and secondary prevention - re-design and procurement of improved access and support in intermediate care facilities with integration with social care, care homes and the voluntary sector
- Mental Health Crisis Care Concordat – to ensure people who need immediate mental health support at a time of crisis get the right services when they need them, and get the help they need to move on and stay well.

Three cross cutting enablers had been identified to support the workstreams:-

- **Workforce** across the whole patient pathway, primary and secondary care, mental health, social care, West Midlands Ambulance Service etc.
- **Information technology and systems** to ensure we are in good position to deliver integrated seamless care with certainty.
- **Communication and engagement** including behavioural changes, across the system including partners, providers and patients.

The major milestones that needed to be delivered included:-

- November 2015- requirement to ensure out-of hours services offer is clear to support the NHS 111 procurement
- 1 October 2016 –go-live of the NHS 111 service
- Late 2015 and early 2016 – procurement of intermediate care beds
- October 2018 introduction of Midland Met Hospital and opening of the Sandwell urgent care centre.

The co-design approach would identify the future model for urgent and emergency care in Sandwell and West Birmingham. This would inform the CCG's approach to future engagement or consultation. If significant change was planned, the CCG would want to undertake further engagement activity or formal consultation to seek views on any proposed changes.

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

- Treatment Centres, but not A&E Departments, would still be in operation at Sandwell and City Hospitals following the opening of the Midland Met Hospital
- Adverse publicity was giving the wrong message to people – the Programme Director had taken note of this and was trying to make the advice as simple as possible as to where people should go for treatment locally
- It was felt that this information needed to be circulated as soon as possible, to ensure that people were aware that the proposals from 2006 had moved on
- One of the workstreams for Right Care Right Here was communication and engagement and it was suggested that the Director and Chair be invited to the next meeting to give their input into this area
- It was suggested that people needed to be triaged better to ensure that they were directed sooner to the service they needed and ideally that care be delivered where people presented
- Calls would be free from mobile phones


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- Details of where and when meetings of the Right Care Right Here – Urgent and Emergency Care Programme Board were to be held would be circulated to members to enable their attendance
- The circulation of the Stakeholder Bulletin would be refreshed, if necessary, to ensure it was being circulated to members

**Agreed:-**

(1) that the Director and Chair of Right Care Right Here be invited to the next meeting to advise on its communication and engagement workstream in relation to urgent and emergency care programme;

(2) that a further update on the Urgent and Emergency Care Programme be made to the Joint Health Overview and Scrutiny Committee at its next meeting.

12/15 **End of Life Care**

Further to Minute No. 6/15 (update on the Procurement of End of Life Care Services across Sandwell and West Birmingham Clinical Commissioning Group) (1st July 2015), members received an update on the procurement process for end of life care.

Two viable bids had been received for the Services and had been evaluated and scored by a panel consisting of representatives from Procurement, Finance, Human Resources, Primary Care, Information Governance, Equality and Diversity, together with a patient representative and a Non-Executive Director.

The outcome was presented to the CCG's Strategic Commissioning and Redesign Committee on 27th August, 2015, where a recommendation to award the contract was made. The recommendation was formally approved at the CCG's Governing Body meeting on 2nd September, 2015.

An offer letter was sent on 2nd September after which followed a 10-day standstill period to allow for any challenges. The standstill was due to end on 14th September, however, challenge had been submitted and the standstill period was now extended until 2nd October, 2015.

It was not yet known when the contract would be awarded, however, it was hoped that the new service would commence in January 2016, following mobilisation.

The following comments and responses were made with regard to the issues:-

- Members reiterated that they would wish to examine any proposals to close or relocate the Bradbury Hospice which might lead to a reduction of the amenities currently provided at that location
- Members were advised that all services were running and none had been stopped
- Locally incurred costs would commence when the contract started
- It was likely that further information about the proposed Service would be available in December, 2015.

**Agreed** that further information on the award and operation of the new Service be made available to the next meeting of the Joint Health Overview and Scrutiny Committee.

(Meeting ended at 3.16 pm)

Contact Officer: Rosemary Jones
Democratic Services Unit
0121 569 3896

**Health Overview and Scrutiny Board**

**15th December 2015**

**Urgent and Emergency Care Update**
**Sandwell and West Birmingham CCG**

## 1. Summary Statement

### 1.1 Purpose

1.1.1 The aim of this paper is to update on the programme work and share the revised programme plan and the approach to key workstreams to deliver high quality urgent and emergency care services.

### 1.2 Context

1.2.1 The urgent and emergency care programme has been established to oversee the development of a sustainable system-wide approach to supporting patients in the community as an alternative to non-elective hospital admissions and A&E attendances within the Sandwell and West Birmingham health system.

1.2.2 As part of the listening exercise held in early 2015, an urgent care provider stakeholder forum was held on the 25 March 2015. Members highlighted an appetite for greater involvement with providers in the co-design of the future urgent and emergency care system. The urgent care discussion at the Right Care Right Here Board in March 2015 concluded with partners agreeing to work collaboratively and in partnership to design the future urgent care system. In response to the significant appetite to collaborate, the urgent care programme team held a 'co-design' event in June 2015 to understand if a collaborative approach could support the development of the future urgent care system.

1.2.3 The programme team has been working with partners to identify the key workstreams and plans to support the delivery of an integrated service. The programme plan and workstreams have undergone an iterative process to ensure that the scope of the work and timing of key projects considers the national, regional and local developments.

## 2. Background Information - Co-design approach

2.1 The planning of the co-design events has been undertaken collaboratively with our partners through the Right Care Right Here Partnership Board, the Accountable Care Organisation members, West Midlands Ambulance Service and West Midlands Police. The co-design event brought together 80 representatives from health, social and voluntary sector organisations. An external facilitator led delegates through a series of workshops.

2.2 Key themes

The following key themes came out strongly throughout the co-design event:

- Self-care/ prevention/ education (empowering patients to take greater responsibility, supported by effective communications)
- Workforce (scale of challenge and skillset)
- Robust IT systems required
- Refocusing NHS 111
- Hub and spoke model (integrated multi-disciplinary approach between primary care, community services, social care and mental health)
- Resources
- Commissioning differently.

2.3 Phase 1 scoping programme workstreams:

2.3.1 The following projects were initially identified in the first phase of scoping:

- Re-procurement of NHS 111
- 24/7 community integrated urgent care hubs to deliver out of hours and walk-in centre services
- Transition of the current A&E departments to the Midland Met Hospital A&E and delivery of the Urgent Care Centre at Sandwell
- Re-designing ambulance pathways
- Recovery and secondary prevention intermediate care facilities
- Mental Health Crisis Care Concordat.

2.3.2 Three cross cutting enablers have been identified to support the workstreams. The programme will work with the Right Care Right Here programme to ensure that there is a system wide approach to:

- Workforce
- Information technology and systems
- Communication and engagement.

2.4 Phase 2 scoping programme workstreams

2.4.1 The programme board has worked with partners to further develop the workstreams and programme plan to ensure that the future work plan delivers improved services, with minimum disruption to access. This approach supports the timing of the delivery of key procurements, the introduction of the new Midland Met Hospital and the development of new models of care.

2.4.2 The Right Care Right Here Partnership was established in 2004 with the aim of delivering changes to the way health and social care services were provided across Sandwell and the Heart of Birmingham. A formal consultation within Right Care Right Here took place in 2007 and for urgent and emergency care a decision was reached to support a new Specialist Hospital (Midland Met Hospital) in Smethwick and an Urgent Care Centre at Sandwell. The urgent care programme supports the implementation of the urgent care reconfiguration for Midland Met Hospital and the Sandwell Urgent Care Centre.

2.4.3 The NHS vision ‘the Five Year Forward View’ describes a number of new care models for the NHS in England that aim to break down the traditional divides between primary, secondary and community care; mental health and possibly social care. These new models of care could have the potential in their advanced form to take accountability for the whole health needs of a registered list of patients, under a delegated capitated budget. Developments in the Vanguard movement and recent national thinking on changes to payment systems and feedback from the co-design event in June 2015 have led the urgent care programme to consider the options of an alternative approach to commissioning urgent care services.

2.4.4 Initial programme timeframes sought to develop and go-live with a new model of urgent care by October 2016. Advice has been sought from both the internal procurement team and independent partners and these timescales have been highlighted as exceptionally challenging especially in light of the need to engage and co-develop outcome based services specifications/contracts. Evidence from other areas highlight that this process often takes a period of 12-18 months. It is also anticipated that Monitor will also be releasing a contract framework to support New Models of care by April 2017. Extension of the walk-in centre until the introduction of the Midland Met Hospital and Sandwell Urgent Care Centre and the delivery of the integrated NHS 111 and out of hours service will allow sufficient time to build a robust and comprehensive strategy to deliver improved urgent and emergency care services locally in line with local and national directives.

2.4.5 The programme board will lead the review of urgent care evidence and best practice to understand the opportunities to improve access to urgent care through improved ambulance pathways, voluntary sector, primary care, community and secondary care services. The initial analysis will be complete by the end of December 2015, with a revised plan in January 2016. The following areas have been identified to support the next phase of the programme:

- Deliver an integrated NHS 111 and out of hours service that optimises the opportunity to maximise clinical expertise and infrastructure
- Sandwell and West Birmingham Hospitals NHS Trust workstream delivery of transition from the two A&E services to the Midland Met A&E and delivery of the Sandwell Urgent Care Centre
- Build on improving ‘same day’ access via the Primary Care Commissioning Framework (PCCF)
- Extend the current walk-in centre allowing time to embed PCCF changes and the introduction of Midland Met Hospital and Sandwell Urgent Care Centre
- Continue to scope the opportunities of delivering improved integrated urgent care services
- Work with West Midlands Ambulance Service to deliver more ‘see and treat’ pathways
- Strengthening of the Urgent Care Patient Advisory Group
- Review and refresh the Communication and Engagement Plan in light of the outcomes of phases one and two.

2.4.6 The programme board has also considered feedback from partners and has therefore recommended that due to the scope and scale of work, the intermediate care workstream

should sit as an independent workstream reporting directly to Right Care Right Here Partnership.

2.4.7 The Right Care Right Here programme has a specific mental health workstream reporting to the Right Care Right Here executive, the aim of this workstream is to oversee the urgent and crisis seven day services and recovery phase of the whole pathway. The recommendation from the programme board is that the detailed work to support the mental health crisis concordat sits under the mental health workstream. Members of the respective programme boards work closely to deliver an improvement offer for patients requiring urgent and emergency care across health and mental health services/pathways.

**2.5 Programme governance**

2.5.1 It is proposed that the governance and reporting of the future urgent and emergency care programme directly reports to the Right Care Right Here Executive and the Right Care Right Here Partnership Board.

2.5.2There is recognition that all each individual organisation has its own governance and it is responsible for decision making in its own right. Consideration has been given to existing structures within Right Care Right Here and partner organisations to ensure that there is no duplication of work to maximise the resource usage. An invitation to partners has been sent to ensure appropriate and robust representation on the programme board and within the workstreams.

**Please see appendix one for the draft programme board's Terms of Reference (TOR)

**3. Next Steps**

| Task | Timeframe |
|---|---|
| **Seek approval from the Strategic Commissioning and Redesign Committee and Governing Body to sign off the programme governance and approach including extending the out of hours contracts until December 2016 and walk-in centre contracts until the introduction of Midland Met Hospital and Sandwell Urgent Care Centre** | November/December 2015 |
| **Present the revised programme to Right Care Right Here partnership for endorsement** | November 2015 |
| **Present the revised programme to joint overview and scrutiny partnership for endorsement** | December 2015 |
| **Notify current out of hours and walk-in centre providers of the decision to extend contracts as above** | December 2015 |
| **Issue a Voluntary Ex-Ante Transparency Notice (VEAT) confirming the extension of out of hours contracts** | December 2015 onwards |
| **Propose revised project plan to improve integration of urgent care services** | January 2016 |
| **Agree extension terms with current providers (contract value, additional service variations where applicable) and issue extension documentation** | January 2016 to March 2016 |
| **Re-procure out of hours as part of the wider NHS 111** | January 2016 – October |

| | |
|---|---|
| **procurement** | 2016 |
| **Go-live of NHS 111 and out of hours service** | October 2016 |
| **Introduction of Midland Met Hospital and Sandwell Urgent Care Centre** | October 2018 |

**4. Recommendations**

Members of the Joint Overview and Scrutiny Committee are asked to:

- Note the contents

**Contact details**

Jon Dicken
Chief Operating Officer – Operations

Dr Manir Aslam – Urgent Care Clinical Lead

Nighat Hussain - Sandwell Programme Director
Email: nighathussain @nhs.net or telephone 0121 612 1705

# Urgent and Emergency Care Strategy Programme Board
# Terms of Reference

## Purpose

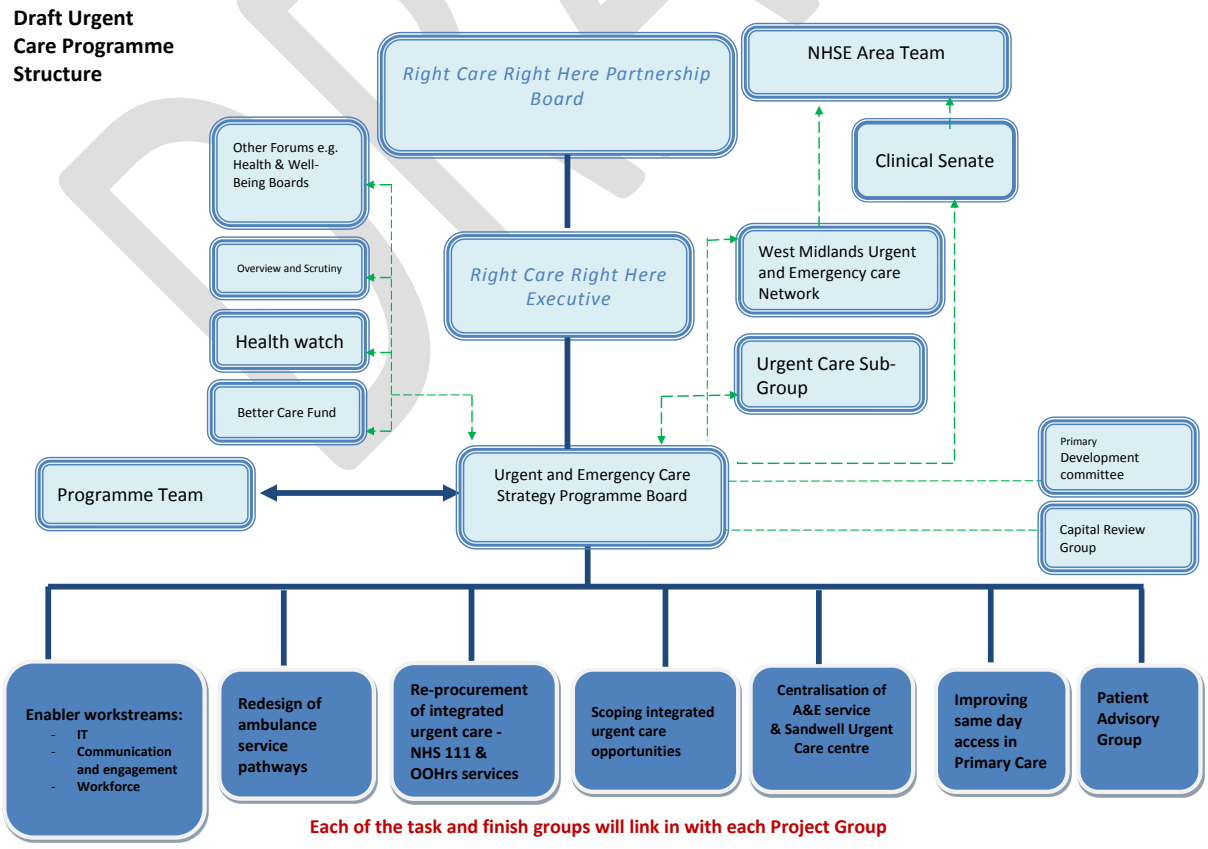
The role of the Urgent Care Programme Board is to oversee the development of a sustainable system-wide approach to create a system that is as simple and straightforward as possible, with patients aware of, and able to access appropriate high-quality care and support at the right time and in the right place, so that inequalities in access to care are eliminated.

The aim is to oversee the development of a range of health, social and community care services that turn unplanned care needs into planned care, wherever possible, for the people of Sandwell and West Birmingham.

## Accountability

The Urgent Care Strategy Programme Board (UCB) reports to the Right Care Right Here Executive and Partnership. However it is important to note that each individual organisation has its own governance and is responsible for decision making in its own right. Consideration has been given to existing structures within RCRH and partner organisations to ensure that there is no duplication of work to maximise the resource usage

## Chart one



**Objectives:**

1. Principles to support the development and delivery of the Urgent and Emergency Care Strategy:

The fundamental goal of the strategy is to give our population access to high quality urgent/emergency and follow up care delivered at the time that they need it by professionals with the right skills. The strategy goals include:

- Working across organisational boundaries to improve patient experience and clinical outcomes
- Establishing partnerships and better working relationships between all health and social care organisations across the Sandwell and West Birmingham geographical area
- Agreeing and sharing goals, objectives and responsibilities throughout the community
- Making sure any developments produce system wide improvement
- Organisational ownership of workstreams and objectives
- Making sure delays are not caused by organisational boundaries or other non-clinical reasons
- Making sure that implementation and mobilisation of plans are deliverable and prioritised to meet the needs of the programme.

The Urgent Care Strategy will achieve these goals by:

- Making patient perspectives and quality of care the top priorities in planning emergency healthcare
- Offering patients appropriate choices in line with the NHS Constitution ensuring easy access to appropriate services at the appropriate time; without unnecessary duplication and in-line with national standards
- Making sure all emergency care providers can help patients to get unscheduled or routine care when they do not need true emergency care
- Working with health and social care commissioners to agree our local priorities and ensuring ownership and deliverability
- Agreeing and developing local standards and protocols to underpin audit and training
- Developing and sharing infrastructure e.g. cross organisational IT support, documentation and records
- To improve and spread knowledge throughout the system
- Developing and maintaining improvement work
- Keeping professionals and patients involved and informed about developments and emergency care

- Ensure services are delivered in-line with national best practice guidance
- Ensure that the programme is sighted on Urgent and emergency care systems in neighbouring and boundary areas
- Developing and agreeing clear standards to measure success of the programme.

2. Developing and delivering the new urgent care model:

The following principles will be used to develop the new urgent care model:

- Re-designed urgent care system in-line with national best practice guidance
- Using the intelligence and feedback from the co-design event to develop further the new model of care supported by the following workstreams:
  - Deliver an integrated NHS 111 and OOHrs service that optimises the opportunity to maximise clinical expertise and infrastructure
  - SWBH workstream delivery of transition from the two A&E services to the Midland Met A&E and delivery of the Sandwell UCC
  - Build on improving 'same day' access via the Primary Care Commissioning Framework
  - Extend the current WICsallowing time to embed PCCF changes and the introduction of MMH and Sandwell UCC
  - Continue to scope the opportunities of delivering improved integrated urgent care services
  - Support the delivery of the Intermediate Care Strategy and respective work plan
  - Work with West Midlands Ambulance Service to deliver more 'see and treat' pathways

- Ensure best practice service provision
- Ensure service equality across all service user types and backgrounds
- Quality – patient-centred services delivered in a safe and effective manner and delivered through a learning environment that includes the training of healthcare professionals
- To examine pathways and the access to diagnostics for ambulatory care and as a result avoid admission or expedite discharge
- Consider the impact of the new primary care core offer and ensure it is integral to the new models of care
- Reduce duplication
- Value for money and affordable.

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3. Ensure the Programme Board follows a robust programme management governance structure

- Ensure that the workstreams are on track to deliver key objectives and milestones

- Ensure the programme meets the requirements set out in the NHS England Assurance checkpoint.
  http://www.eoesenate.nhs.uk/files/9314/0862/2233/Effective_service_change_toolkit_FINAL.pdf

- Development and sign off the business cases where appropriate
  a) Approve the framework and narrative of the pre-engagement business case
  b) Ensure the pre-engagement business case meets the NHS England assurance requirements

- Monitor the progress of the action plans for key milestones and assurance framework with particular focus on risk, governance and financial governance

- To report to Sandwell and West Birmingham Clinical Commissioning Group's Governing Body and the Right Care Right Here Executive in order to provide assurance that key milestones are met and performance data is routinely collected. Also to ensure that there are plans in place to mitigate against any slippage of key programme deliverables. The programme will also report to the CCG's project management office function to provide independent scrutiny on deliverability.

All members of the Programme Board will be responsible for drawing to the Board's attention information regarding best practice, national guidance and other relevant documents as appropriate.

**Core membership**

The core membership are invited to the Programme Board to provide their expertise to design the Urgent Care Strategy/Model and to test that the future strategy is robust and not to represent the interests of their respective organisations.

- Chair – SWB CCG Urgent Care Clinical Lead
- Vice Chair – (Emergency Care Secondary Care Clinician)
- Senior Responsible Officer (SWB CCG Accountable Officer/Chief Operational Officer)

- SWB CCG Programme Director
- Independent committee member
- Patient representative
- SWB CCG urgent care commissioning lead
- Primary care management lead
- Communication leads/ engagement lead
- Mental health lead
- Social care lead (Sandwell and Birmingham)
- Community care lead (Sandwell and Birmingham)
- West Midlands Ambulance Service lead
- Public Health / EQIA lead
- Overview and Scrutiny Lead (Sandwell and Birmingham)
- Health Watch (Sandwell and Birmingham)
- Right Care Right Here Programme Director
- SWB CCG Head of Premises
- Vanguard
- SWB CCG finance lead
- Information lead
- Procurement lead
- SWB CCG programme administrator
- Others as appropriate.

The above list is not exhaustive and others may be invited or co-opted to attend the committee as required, if applicable.

Invitations may be extended to any appropriate personnel to attend and provide evidence, information or expert advice to the Programme Board.

Core/voting members may be asked to nominate a deputy, who has full authority to act on behalf of the core/voting member, to attend the committee in their place (if applicable).

**Secretary**

The Programme Director, with administrative support, will be responsible for managing the Programme Board.

The Programme Board secretary will be responsible for:

- Preparation of the agenda in conjunction with the Chairman
- Minuting the proceedings and resolutions of all meetings of the sub-group including recording the names of those present and in attendance. Minutes shall be circulated promptly to all members of the sub-group
- Keeping a record of matters arising and issues to be carried forward



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- Advising the sub-group on pertinent areas.

**Documentation governance:**

- All documentation to be filed in T:\Strategy\Urgent Care\Urgent Care Programme
- Version control managed by programme administrator
- Document sign off structure, important to note all public facing documents must be signed off by CCG's communication lead.

**Frequency and notice of meetings**

- The Programme Board shall meet on a monthly basis until the programme achieves the core objectives. Additional formal or informal meetings may be arranged and convened by the Chair.

- Meeting papers will be sent out five working days in advance of the meeting.

**Quorum**

- The Urgent Care Programme Board will be considered quorate if the:

    - Chair/Vice Chair,
    - SRO/Programme Director /Programme Manager ,
    - Independent Committee Member/Patient Representative,
    - Communication/engagement lead
    - Secondary care lead (Acute./Mental Health)
    - Primary care lead
    - Social Care lead

- If a quorate member of the Board should be required to leave prior to the conclusion of the meeting, the Chair should confirm that the meeting is still quorate or not. If the meeting is no longer quorate, it may continue but decisions will have to be ratified at the next meeting.

- A duly convened meeting of the Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Board.

- The Board may on occasion take a decision by email provided that:



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- The decision taken is by quorum of the Board as laid down in its Terms of Reference
- If the decision is one which requires a vote, it shall be at the discretion of the Chair to decide whether use of email is appropriate
- The decision is reported to the next meeting and is minuted
- The e-mails reflecting the decision are copied to all members of the Board are printed, appended to the minutes and are retained on file.

**Governance**

The Programme Board will be directly accountable to the Right Care Right Here Executive.

- The Programme Board, through the Chair, shall report formally to the Right Care Right Here executive on the key points arising from its proceedings after each meeting.

- The Programme Board shall make whatever recommendations it deems appropriate on any area within its remit where action or improvement is needed.

- The Programme Board minutes shall be formally recorded.

**Policy and best practice**

- The Programme Board will use best practice and policy guidance to inform the transformation programme and to deliver its business.

**Conduct of the Programme Board**

- If any member has an interest, pecuniary or otherwise, in any matter, and is present at the meeting at which the matter is under discussion, he/she must declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the matter has been completed.

- The Chair must invite members to declare any interests at the start of each meeting. This will be a specific agenda item. In addition, members may declare an interest at any time during the meeting.

- Any declarations will be recorded by the minute taker.

- If the Chair declares a conflict of interest, the Vice-Chair will chair that part of the meeting. If both the Chair and Vice-Chair declare an interest, an appropriate member will chair that part of the meeting.

- Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member.

- All members and those attending/participating in meetings will be expected to adhere to the Seven Principles of Public Life.

**These Terms of reference were agreed by the Programme Urgent Care Board on the (to be confirmed)**

**THE NOLAN SEVEN PRINCIPLES OF PUBLIC LIFE**

**SELFLESSNESS**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

**INTEGRITY**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

**OBJECTIVITY**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**ACCOUNTABILITY**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**OPENNESS**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**HONESTY**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**LEADERSHIP**

Holders of public office should promote and support these principles by leadership and example.

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**Health Overview and Scrutiny Board**

**15th December 2015**

# End of Life Care Update
# Sandwell and West Birmingham CCG

## 1. Summary Statement

1.1 The End of Life Care procurement was discussed at both the July and September Health Overview and Scrutiny Board meetings.

1.2 At the September meeting, the CCG were unable to share who the contract had been awarded to due to a challenge from another Provider. This has now been resolved and we are able to confirm that the winning bidder was Sandwell and West Birmingham Hospital Trust (SWBHT).

1.3 It was initially hoped that the new service would commence in January 2016, following mobilisation. However due to the challenge and resulting delays, a new commencement date of 1st April 2016 has been proposed.

1.4 All of the current End of Life Care contracts were due to cease on 31st December 2015. In light of the delay and the reduced amount of time for mobilisation, all of the current Providers are being offered an extension in their contract until 31st March 2016.

## 2. Background Information

2.1 In 2012 'experience-led commissioning' work in End of Life Care was conducted across Sandwell to gain feedback from patients, carers and service providers on the services available to them. This resulted in a report which was adopted as an End of Life Care Strategy. In order to identify key actions to move forward and deliver the Strategy, the CCG successfully bid to be a site for a Department of Health pilot, utilising Social Investment Bonds in healthcare. A series of stakeholder

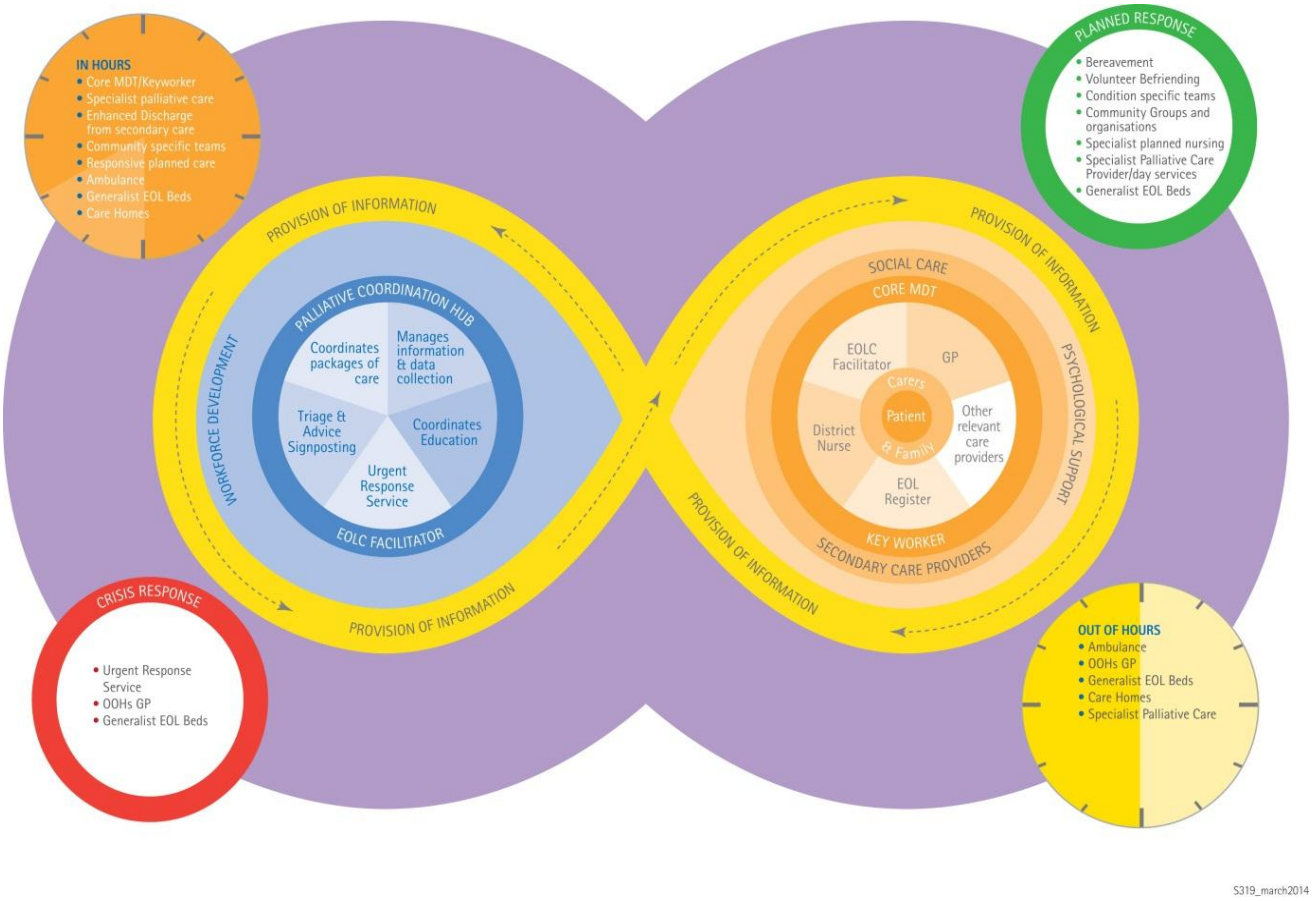
workshops led by Marie Curie were held in 2013 across both Sandwell and West Birmingham.

2.2 A number of areas for development were identified, but the key areas focused around:

- Co-ordination
- Identification / Diagnosis
- Crisis
- Preferred Place of Death

2.3 Following the co-design workshops, a new Model for End of Life Care was developed (see Fig. 1.) and this was supported by the new Service Specification for End of Life Care in Sandwell and West Birmingham. This resulted in the procurement as discussed previously.

***Fig. 1. The End of Life Care Service Model***




2.4 The new service meets two key needs - firstly for the effective identification of patients, design of packages and co-ordination of services provided locally through a Coordination Hub; and secondly, an ‘Urgent

Response' specialised nursing service to provide expert care and support at points of crisis preventing avoidable emergency hospital admissions.

2.5 The overall aim of the new service model is to improve patient experience and quality of care for local people at the End of Life. Central to this process is ensuring patients are accessing the right services at the right time and the potential to avoid preventable emergency admissions is maximised. There is also evidence that patients have strong preferences in relation to their place of death, which are not being met in many cases.

2.6 The key redesign elements are set out in ***Appendix 1***.

## 3. Next Steps

3.1 SWBHT have appointed a 'Project Implementation Team' to oversee the implementation of the new service. The CCG will meet with the Team on a regular basis to ensure the service is set up, mobilised and delivered as set out in the service specification.

3.2 In addition, a Project Implementation Group has been established at the CCG. Again, this group will ensure the service is set up, mobilised and delivered as set out in the service specification. The group is Chaired by the Clinical Lead for Cancers and End of Life Care; Dr Ayaz Ahmed and also has representatives from:

- Commissioning
- Contracting
- Finance
- Quality and Safety
- Patient and Public Involvement
- Local Authority
- SWBHT (Dr Diana Webb) as an expert advisor

3.3 The mobilisation plan is currently being finalised and will need to be agreed through the appropriate Governance processes at the CCG. As such, no decision has yet been made around how elements of the service will be delivered.

3.4 The CCG will be in a position to update further ahead of the new service commencing.

**Jon Dicken**
**Chief Operating Officer – Operations**

**Contact details**
Sally Sandel – Senior Commissioning Officer
Email: sally.sandel1@nhs.net or telephone 0121 612 2835

**Source Documents**
End of Life Care Update – July and September 2015 HOSC

**Appendix 1**

### *Identification and Management of Palliative Patients*

- An End of Life Care Facilitator will support GP practices to develop their GSF register and facilitate training across the workforce
- Named key-worker
- Utilisation of the supportive care pathway as a framework for care
- Shift in focus from reactive to pro-active care

### *Responsive and Crisis Management*

- An urgent response crisis team with the skills and resources to manage crisis and keep patients at home (if that is their wish). This service is directly accessible via one number

### *Admissions and Discharge from Hospital*

- Proactive planning and good community services with responsive care provision both day and night, to support a rapid discharge pathway.

### *Supporting Carers and their Families*

- Supporting carers and their families through the use of voluntary, befriending and psychological services

### The Integrated Model Delivers;

- A single point of contact to help navigate a complex healthcare system
- A central coordination point for the End of Life Care system across Sandwell and West Birmingham
- Improved communication between service providers, delivering patient choice and meeting patient needs
- Improved services with clear and robust performance metrics so that high quality services can achieved