

## **Joint Health Overview and Scrutiny Committee**

**Thursday 11 February, 2016 at 2.00 pm  
in Annexe 1, Sandwell Council House, Freeth Street, Oldbury**

### **Agenda**

*(Open to Public and Press)*

1. Apologies for absence.
2. Members to declare:-
  - (a) any interest in matters to be discussed at the meeting;
  - (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.
3. To confirm the minutes of the meeting of the Joint Health Scrutiny Committee held on 15 December, 2015 as a correct record.
4. Oncology Changes.
5. End of Life Care.

#### **Distribution:**

#### **Sandwell Metropolitan Borough Council:**

Councillors Paul Sandars, David Hosell, Ann Jarvis, Bob Lloyd and Bob Piper.

#### **Birmingham City Council:**

Councillors Majid Mahmood, Mohammed Aikhlaq, Sue Anderson, Andrew Hardie and Sharon Thompson.

Agenda prepared by Rosemary Jones  
Democratic Services Unit  
Sandwell MBC  
Tel No: 0121 569 3896  
E-mail: [rosemary\\_jones@sandwell.gov.uk](mailto:rosemary_jones@sandwell.gov.uk)

**Agenda Item 1**

**Joint Health Overview and Scrutiny Committee**

**Apologies for Absence**

To receive any apologies for absence received from the members of the Board.

## **Agenda Item 2**

### **Joint Health Overview and Scrutiny Committee**

#### **Declaration of Interests**

Members to declare:-

- (a) any interest in matters to be discussed at the meeting;
- (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.

**BIRMINGHAM CITY COUNCIL AND SANDWELL MBC**

**JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE (BIRMINGHAM  
CITY COUNCIL AND SANDWELL  
METROPOLITAN BOROUGH COUNCIL)  
15 DECEMBER 2015**

**MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SANDWELL  
METROPOLITAN BOROUGH COUNCIL) HELD ON TUESDAY 15  
DECEMBER 2015 AT 1400 HOURS IN COMMITTEE ROOMS 3 AND 4,  
COUNCIL HOUSE, BIRMINGHAM**

**PRESENT:** - Councillor Majid Mahmood (Chairperson); Councillors Sue Anderson, Andrew Hardie, Bob Piper, Paul Sandars and Sharon Thompson.

**IN ATTENDANCE:-**

Dr Manir Aslam – Urgent Care Clinical Lead, Sandwell and West Birmingham Clinical Commissioning Group (CCG)  
Jon Dicken – Chief Operating Officer, Sandwell and West Birmingham CCG  
Janet Foster – Healthwatch Sandwell  
William Hodgetts – Healthwatch Sandwell  
Paul Holden – Committee Manager  
Nighat Hussain – Programme Director, Sandwell and West Birmingham CCG  
Rosemary Jones – Democratic Lead, Sandwell Metropolitan Borough Council  
Rose Kiely – Group Overview and Scrutiny Manager  
Jayne Salter-Scott – Head of Engagement, Sandwell and West Birmingham CCG  
Sally Sandel – Senior Commissioning Manager, Sandwell and West Birmingham CCG

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**APOLOGIES**

13/15 Apologies were submitted on behalf of Councillors Mohammed Aikhlaq and Bob Lloyd for their inability to attend the meeting.

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**DECLARATIONS OF INTERESTS**

14/15 Councillor Andrew Hardie declared that he was a locum GP who worked at surgeries within Birmingham.

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**MINUTES OF PREVIOUS MEETING**

15/15 The Minutes of the meeting held on 22 September, 2015 were confirmed.

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**URGENT AND EMERGENCY CARE UPDATE – SANDWELL AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUP (CCG)**

The following report was submitted:-

(See document No. 1)

Dr Manir Aslam (Urgent Care Clinical Lead), Jon Dicken (Chief Operating Officer), Nighat Hussain (Programme Director) and Jayne Salter-Scott (Head of Engagement), Sandwell and West Birmingham CCG were in attendance.

The Urgent Care Clinical Lead presented the following PowerPoint slides to the Joint Health Scrutiny Committee:-

(See document No. 2)

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

- a) A Member indicated that he was pleased with the level of engagement taking place and supportive of the CCG's proposals but only hoped that these were not cut-off in mid-stream by one of the Chancellor's budgets.
- b) A representative of Healthwatch Sandwell stressed the need for it to be made clear to the public and service users exactly what facilities and services would be provided at the Sandwell Urgent Care Centre and how many hours the Care Centre would be open each day. He highlighted that at the last meeting it had been suggested that the unit would be open 24/7.
- c) Members were informed that it was expected that the Sandwell Urgent Care Centre would be open at least 16 hours a day. Reference was made to the National Urgent and Emergency Care Review which set out the requirements in relation to the provision of services and it was highlighted that discussions had yet to take place with all the stakeholders / interested parties.
- d) The Joint Health Scrutiny Committee was advised that the intention was to make it clearer to citizens which facility they should visit if they required a particular service. Furthermore, Members were advised that the intention was to reduce the current 13 potential points of entry into the urgent and emergency care system down to 5 or 6 - with NHS 111 providing clear signposting for patients under a new integrated model involving out of hours services and potentially also other services, such as social care and mental health.
- e) Members were advised that large scale investment in General Practice that was taking place within Sandwell and West Birmingham was part of the strategy of developing urgent care. NHS 111 would provide the signposting with primary care / GP practices being pivotal in terms of service provision.

The Chair thanked the representatives for reporting and asked that they provide notification in due course of when it would be appropriate to provide the Joint Health Scrutiny Committee with a further update.

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16/15 **RESOLVED:-**

That the contents of the report and presentation be noted.

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**END OF LIFE CARE UPDATE – SANDWELL AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUP (CCG)**

17/15 The following report was received:-

(See document No. 3)

Jon Dicken (Chief Operating Officer), Jayne Salter-Scott (Head of Engagement) and Sally Sandel (Senior Commissioning Manager), Sandwell and West Birmingham CCG were in attendance. The Chief Operating Officer briefly introduced the report.

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

- a) The Chair asked what the implications would be for Bradbury Day Hospice. Members were informed that Day Care Hospice provision was included in the new End of Life Care service specification but that no decisions had yet been made about the model and that the views of patients, carers, staff and other stakeholders would first be considered. The aim was to have refreshed provision by summer 2016.
- b) In referring to concerns of a member of the public present at the meeting, a Member stressed that he would not support the closure of Bradbury Day Hospice unless it was replaced by something better and the service users and carers were in agreement with any proposed changes.
- c) Further to b) above, the Chief Operating Officer emphasised that the CCG was committed to talking to service users and carers about any planned developments to improve services and emphasised that dialogue would take place before any final decisions were taken. The Member thanked the representative for providing the reassurance.
- d) In supporting the Member's comments in b) above, a representative of Healthwatch Sandwell highlighted that they'd received a number of telephone calls from individuals who'd heard rumours that Bradbury Day Hospice might close. He therefore underlined the need for Healthwatch Sandwell to be kept informed of exactly what was happening. The representative also voiced concern that the proposed start date for the new service was only about 15 weeks away and yet no plans had been received from the Sandwell and West Birmingham NHS Foundation Trust (SWBHT).
- e) The Chief Operating Officer highlighted that the SWBHT's plans had been developed to a certain extent in order to bid for the contract. As winning bidder, the final details were now being worked-up. He also acknowledged further concerns expressed by the Healthwatch Sandwell representative that 15 weeks would not be long enough to address issues if there were problems and undertook to share the representative's concerns with both the new service provider and the CCG's project team and then respond to

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him direct. The Chair asked that the feedback also be shared with Members of the Joint Health Scrutiny Committee.

- f) Further to comments made, the Senior Commissioning Manager reported that SWBHT Trust had been invited to a Project Implementation Steering Group meeting in mid-January 2016 to present their plans in more detail and considered that towards the end of that month might be an appropriate time for the Joint Health Scrutiny Committee to receive a further update. Members concurred with this approach - the date of the Committee meeting to be agreed by the Joint Chairs based on what further information they received from the CCG in this regard.

The Chair thanked the representatives for reporting to the meeting and also wished everyone a Merry Christmas and Happy New Year.

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The meeting ended at 1433 hours.

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CHAIRPERSON



## **Health Overview and Scrutiny Board**

**15<sup>th</sup> 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.

2.5.2 There 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
<b>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</b>	November/December 2015
<b>Present the revised programme to Right Care Right Here partnership for endorsement</b>	November 2015
<b>Present the revised programme to joint overview and scrutiny partnership for endorsement</b>	December 2015
<b>Notify current out of hours and walk-in centre providers of the decision to extend contracts as above</b>	December 2015
<b>Issue a Voluntary Ex-Ante Transparency Notice (VEAT) confirming the extension of out of hours contracts</b>	December 2015 onwards
<b>Propose revised project plan to improve integration of urgent care services</b>	January 2016
<b>Agree extension terms with current providers (contract value, additional service variations where applicable) and issue extension documentation</b>	January 2016 to March 2016
<b>Re-procure out of hours as part of the wider NHS 111</b>	January 2016 – October

<b>procurement</b>	2016
<b>Go-live of NHS 111 and out of hours service</b>	October 2016
<b>Introduction of Midland Met Hospital and Sandwell Urgent Care Centre</b>	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](mailto: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.

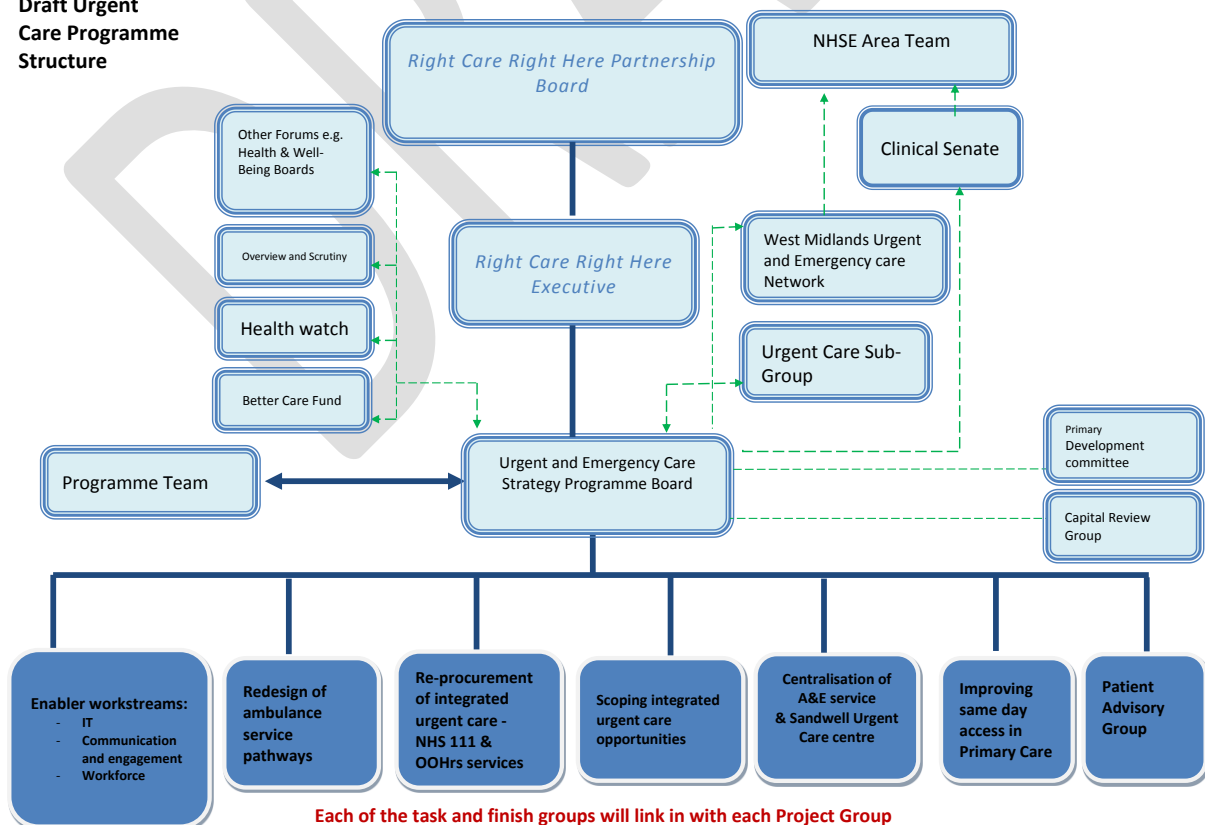
The aim is to oversee the development of a range of health, social and community care services that turn unplanned care needs into planned care, wherever possible, for the people of Sandwell and West Birmingham.

**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**

**Draft Urgent  
Care Programme  
Structure**



**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 WICs allowing 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.



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](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

- Advising the sub-group on pertinent areas.

#### Documentation governance:

- All documentation to be filed in [T:\Strategy\Urgent\\_Care\Urgent\\_Care Programme](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:

- 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.

DRAFT

# Urgent Care Programme

Collaborative approach to the co-design of the  
future urgent and emergency care system

December 2015





# Why are we reviewing services?

- Urgent and emergency care services in Sandwell and West Birmingham have **evolved over time**
- **Previous commissioning strategies** have focussed on **diverting** activity away from A&E
- Current system is **complex with multiple connections and complex** patient flows
- We need to develop a **comprehensive approach to manage urgent and emergency care** locally
- Consider the impact and community support required for **Midland Met Hospital**
- Important to note that **no decisions on the future system have been made**





# Listening Exercise

## Feedback and Recommendations

In co-designing the urgent and emergency care system for the future we need to consider patient feedback:

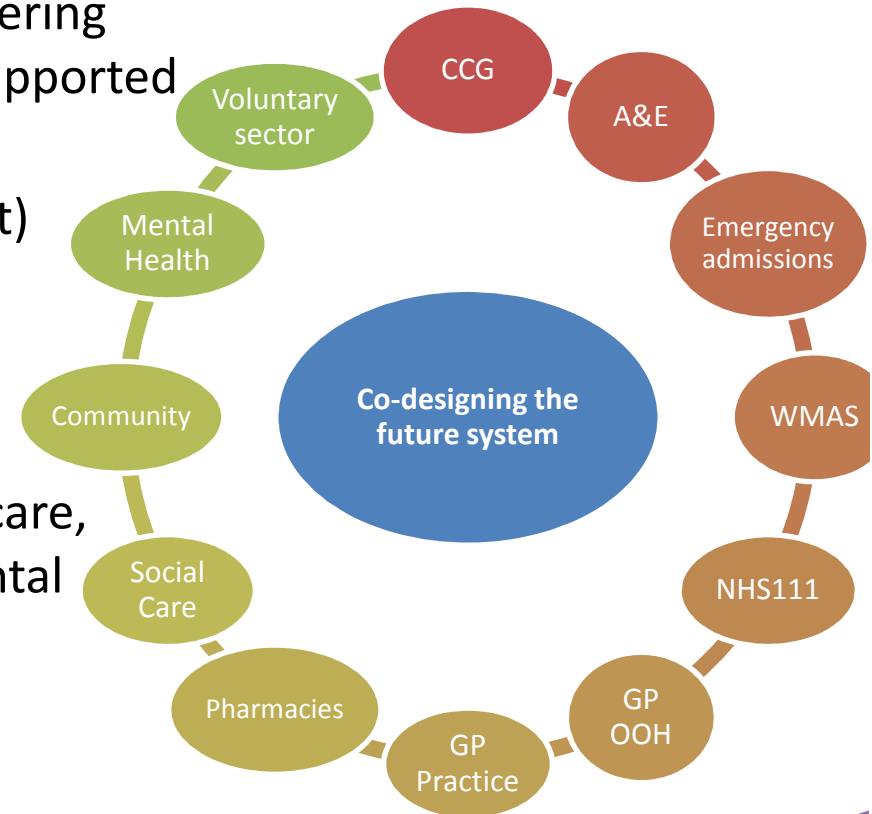
- Improve access at a primary care level
- Make the best use of existing local health centres
- Inform patients of what services to use and when
- Invest in technology to meet the changing needs of patients.

As part of the urgent and emergency care listening exercise, a provider stakeholder forum was held on 25 March 2015.

- Partners and providers highlighted an appetite for greater involvement in the co-design of the future system
- This collaborative approach was approved by the Right Care Right Here programme partners in April 2015
- Co-design event June 2013 brought together 80 members from health, social and voluntary sector organisations

# Co-design event key themes

- 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.



# Review of the Programme

- Recognised timeframes were exceptionally tight
- Partner capacity limited due to other pressing demands
- Timeframes were being led by contract extension of OOHrs and WIC contract
- Availability of the “New Models of Care” contract by April 2017

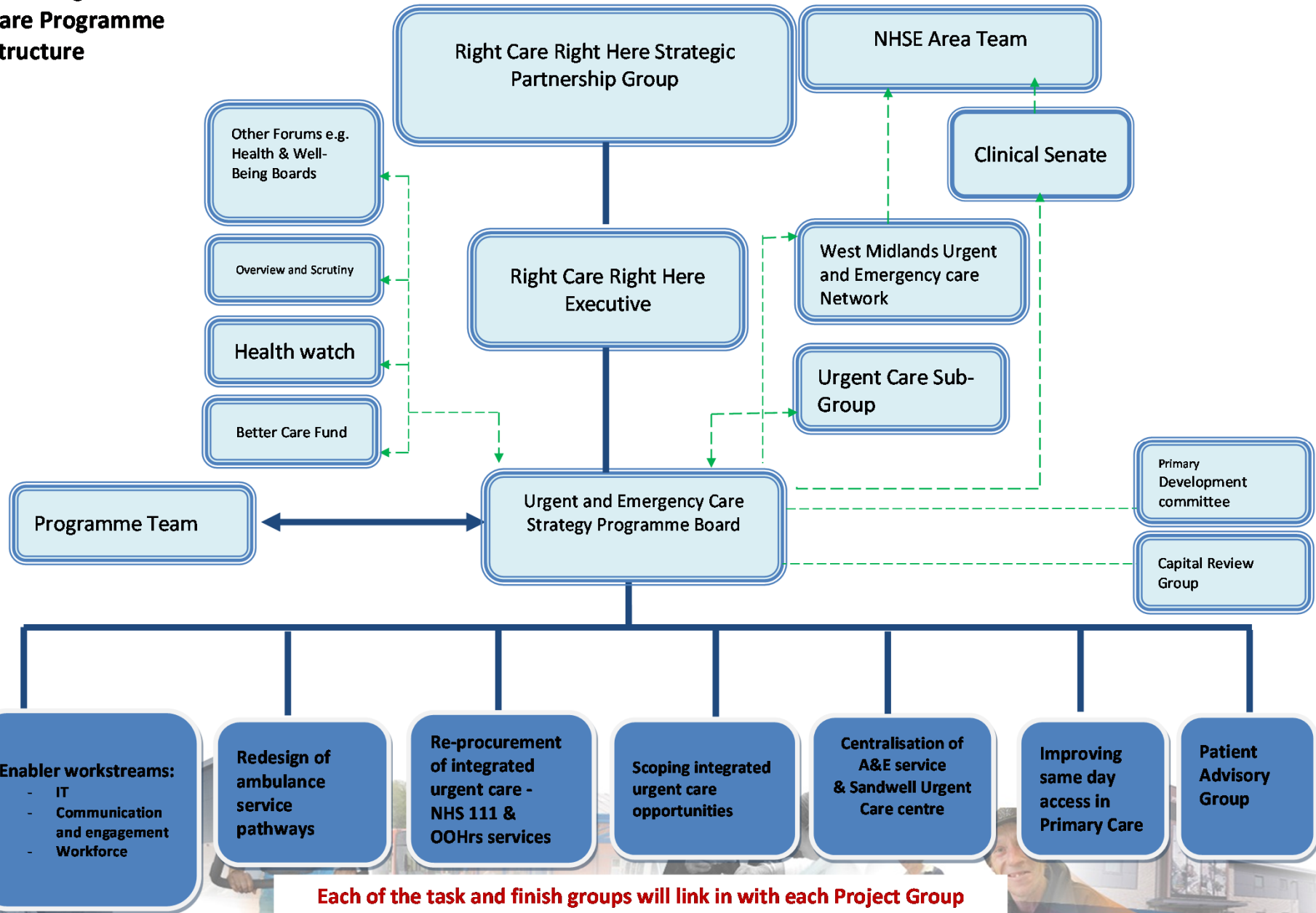
# Proposed workstreams

- **Deliver an integrated NHS 111 and OOHrs service** this optimises the opportunity to maximise clinical expertise and infrastructure
- SWBH work stream 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 WIC centres** allowing 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**
- Work with **WMAS** to deliver more **‘see and treat’** pathways

# Co-design enabler 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 a good position to deliver integrated seamless care with certainty
- **Communication and engagement** including behavioural changes, across the system including partners, providers and patients.

# Draft Urgent Care Programme Structure



**Each of the task and finish groups will link in with each Project Group**

# Draft Programme Outcomes

- Improved patient satisfaction with urgent care
- Reduction in avoidable attendances at A&E
- Reduction in ambulance conveyances, with more see and treat/hear and treat
- Improved utilisation of primary care
- Improved utilisation of urgent care centres/community offer
- Reduction in non-elective admission rates
- Delivery of the 4 hour target performance and more resilience in surge periods
- Integrated and seamless care



# Communication & Engagement Workstream

- **Overarching Communications and Engagement Strategy** being refreshed
  - January 2106 onwards to support core workstreams
- **Specific Communications and Engagement Plan** - Integrated Urgent Care procurement exercise (integration of NHS111 and Out of Hours)
- **Urgent Care to be a core component of the** Patient Leadership Programme being launched in the Spring
- **Development of an** Urgent Care Stakeholder Bulletin
- **Presentations and update reports** to key strategic partnerships e.g. **Right Care Right Here, Joint Health Overview and Scrutiny**



# Recommendations

Joint Overview and Scrutiny Board members are asked to:

- Note the contents

The background is a solid teal color. On the left side, there are several overlapping, curved, light-teal shapes that resemble stylized speech bubbles or abstract organic forms. These shapes are layered, with some appearing in front of others, creating a sense of depth and movement. The overall aesthetic is clean and modern.

**Questions?**

## **Health Overview and Scrutiny Board**

**15<sup>th</sup> 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 1<sup>st</sup> April 2016 has been proposed.
- 1.4 All of the current End of Life Care contracts were due to cease on 31<sup>st</sup> 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 31<sup>st</sup> 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

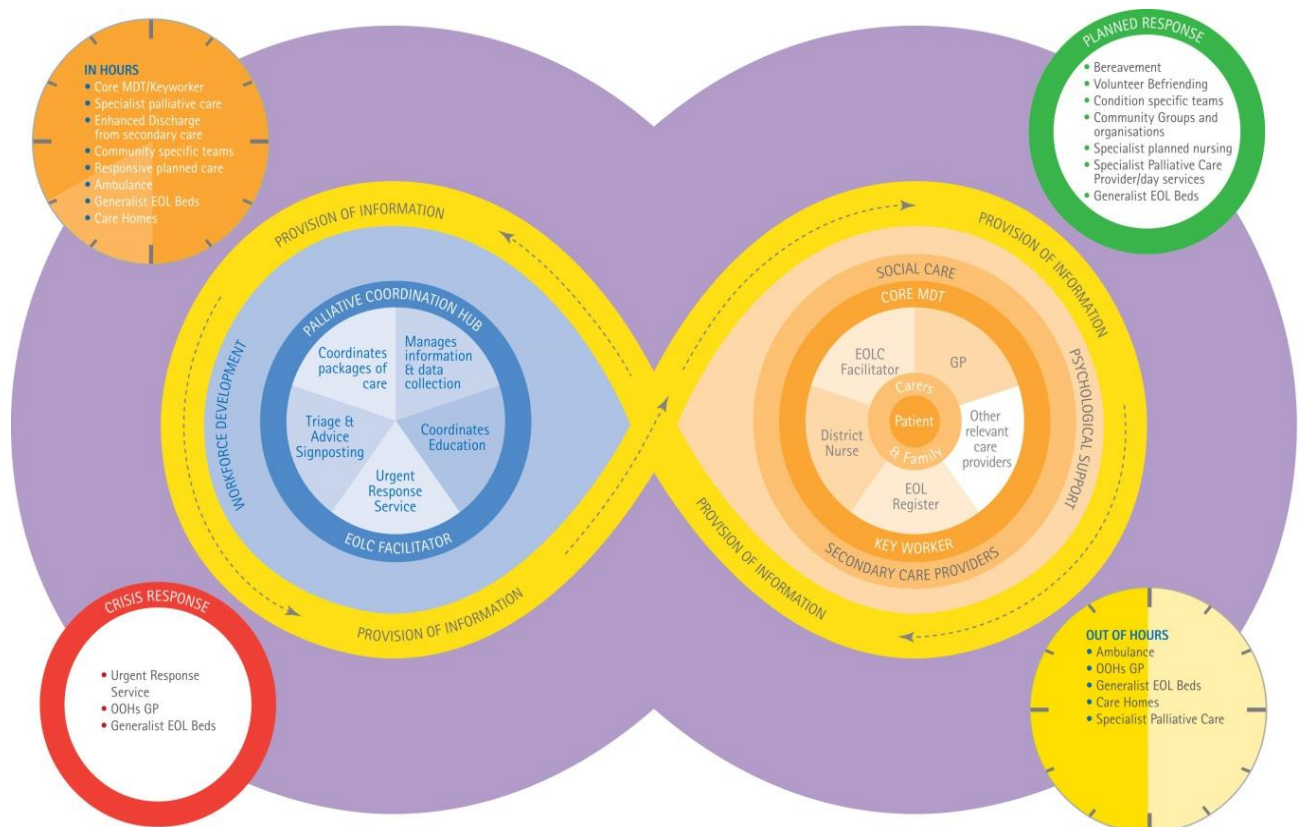
workshops led by Marie Curie were held in 2013 across both Sandwell and West Birmingham.

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 be achieved

