

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)

WEDNESDAY, 18 JANUARY 2017 AT 15:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING

The Chair to advise/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 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.

3 - 6

3 MINUTES OF PREVIOUS MEETING

To confirm the Minutes of the meeting held on 23 November 2016.

4 BETTER HEALTH AND CARE (BLACK COUNTRY STP)

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group; Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham Clinical Commissioning Group.

7 - 16

5 COMMISSIONING NEW MODELS OF CARE

Angela Poulton, Programme Director, Sandwell and West Birmingham Clinical Commissioning Group.

6 **PRESCRIBING FOR CLINICAL NEED POLICY**

Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham Clinical Commissioning Group.

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

23rd November, 2016 at 3.30 pm
at the Sandwell Council House, Oldbury

Present: Councillor Yvonne Davies (Chair);
Councillors Jarvis and Lloyd (Sandwell
Metropolitan Borough Council).

Councillors D Alden, J Cotton, C Griffiths and K
Hartley (Birmingham City Council).

Apology: Councillor S Anderson (Birmingham City Council).

In Attendance: Tammy Davies (Sandwell and West Birmingham
Hospitals NHS Trust);
Jayne Salter-Scott, Phil Lydon, and Sally Sandel
(Sandwell and West Birmingham Clinical
Commissioning Group);
Gail Sadler (Research & Policy Officer –
Birmingham City Council);
Andy Cave (Healthwatch Birmingham);
William Hodgetts (Healthwatch Sandwell).

5/16 **Minutes**

Resolved that the minutes of the meeting held on 5th July,
2016 be confirmed as a correct record.

6/16 **Day Hospice Services Consultation – Progress Report**

Further to Minute No. 10/16 (5th July, 2016) the Board received a
progress report on the public consultation process being carried out
in relation to the provision of day hospice services in Sandwell and
West Birmingham. The consultation was due to formally end on
24th November, 2016 but indicative feedback was available to share

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with the Board and the Board's views were being sought early in order to feed them into the Clinical Commissioning Group's Governing Body in December.

It was reported that the Clinical Commissioning Group had received a petition requesting the provision of a 24hr in-patient facility. The Clinical Commissioning Group was of the view that the petition was a separate matter to the consultation on day hospice services and, as such, would be dealt with separately in accordance with its own governance arrangements. The Board supported this course of action.

The consultation formed part of a wider review of the Clinical Commissioning Group's review of strategies for end of life care, which sought to improve the quality of care and the experience for patients in the last 12 months of their lives, and the experience of their families/carers. A number of internal reviews and Care Quality Commission reports had concluded that current day hospice services in Sandwell were not fit for purpose because the location restricted and inhibited the quality and range of services that could be delivered. Consequently the decision had been made by Sandwell and West Birmingham Hospitals NHS Trust to close Bradbury Day Hospice on clinical safety grounds and relocate the facility. Following a period of stakeholder engagement, Rowley Regis Hospital had been identified as the preferred option to relocate the service.

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

- Extensive engagement had been undertaken to determine what patients and their carers wanted and crisis intervention had been a key issue.
- The volume of response to the consultation was poor overall.
- The Board felt that the Trust could have managed staff better at Bradbury Day Hospice to more adequately meet the service's needs.
- The consultation was about a suitable base for the service and satellite clinics were also part of the vision and other services would be available.
- It was acknowledged that the response to the consultation had been poor and this was very disappointing.

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- The end of life care service commissioned was ambitious, but it had been developed based upon what people said they wanted and recognised by NHS England as good practice.
- National data showed that 70% of people wished to die at home.
- 60% of people were dying at home locally which was higher than the national average.
- The single point of contact and urgent response service were the most successful parts of the revised end of life care service in helping terminally ill patients to die at home.
- The revised service was available to 100% of people who wanted it.
- Efficiencies would be re-invested into the service.
- Roadshows had been put on in other trust areas to ensure that appropriate referrals were made for people living near the border in Sandwell.

The Board felt that the 4,000 signature petition identified a disconnect in relation to the public's awareness of the service provided and that more work needed to be done to address this. Representatives of the Clinical Commissioning Group acknowledged the need to work with the Trust on this to ensure that people understood the choices available to them.

Overall the Board was happy with the proposed way forward and supported the use of satellite clinics and the provision of better support to people in their homes.

Resolved:-

- (1) that the Board is satisfied with the proposed way forward in relation to the provision of day hospice services in Sandwell and West Birmingham;
- (2) that a further report be submitted in November, 2017.

(Meeting ended at 4.30 pm)

Contact Officer: Stephnie Hancock Democratic Services Unit 0121 569 3189
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Commissioning

New Models of Care

Angela Poulton – Programme Director

Context

- system service pressures building
- people living longer with complex health issues, sometimes of their own making
- continued drive to provide the best care & experience for patients
- growing pressure to make best use of resources available
- Midland Metropolitan Hospital (MMH) activity/bed reductions



Key drivers



- **Five Year Forward View** (October 2014)
 - integrated services around the patient/citizen
 - out of hospital provision
 - 50 test sites known as ‘vanguards’
- Implementation via **sustainability and transformation plans** (STPs) - many involve creating new models of accountable care provision
- **CCG ambition** to deliver healthcare without boundaries

Though new care models

- improve health and well being – greater preventative & self care focus
- achieve better quality
- reduce avoidable hospital admissions & elective activity
- unlock more efficient ways of delivering care
- provide practical help to sustain general practice



What are new models of care?

Place-based care provider models

- involving groups of doctors, hospitals, and other statutory/voluntary health & social care providers working for different organisation coming together to give coordinated, seamless high quality care
- funded using a whole population budget, based upon GP patient lists in a specific geographical area
- commissioned using new longer term contracts and payment & performance mechanisms

Care models considered

- **integrated primary and acute care systems (PACS)**— joining up GP, hospital, community and mental health services
 - provides most/all hospital services
 - minimum 250,000 population
- **multispecialty community providers (MCPs)**— moving specialist care out of hospitals into the community
 - majority of hospital services provided by local hospital under separate contract
 - minimum 100,000 population

Local picture



- Modality vanguard working with the Care Connected partnership (in West Birmingham) & the CCG
- testing the multispecialty community provider (MCP) model of care, moving specialist care out of hospitals into the community
- national funding ceases March 2018
- only part of the Sandwell & West Birmingham CCG's population – we want to consider a new model of care to benefit all our patients

Where are we now?

- Governing Body approval – November 2016
- CCG New Care Models (NCM) Programme launched
 - Non-executive chair
 - Healthwatch/patient representation
 - Clinical lead being appointed
- delivery via 6 core work streams: engagement, model design, outcomes, procurement, finance, contracting
- external public engagement commences February 2017 ahead of any formal consultation
- seeking to commission new model by April 2020



Working with you going forward

- desire to work collaboratively
- committed to articulating benefits to all stakeholders
- how do we do this?



