

Health and Adult Social Care Scrutiny Board

6 August, 2015 and 20 August 2015

Summary of Matters Considered at the Board

Report of the Chair, Councillor Sandars

The Scrutiny Board met on 6 August 2015 and 20 August 2015, and the following items were considered. I have selected the main points of the discussion which I feel members of the Council will be particularly interested to know more about. For more detail, a copy of the minutes is available on the Committee Management Information System (CMIS) via the Council's website at <http://cmis.sandwell.gov.uk/cmis5/>

6 August, 2015

1.1 Non-Emergency Patient Transport Consultation

The Board considered a consultation, being run by Birmingham Cross-City Clinical Commissioning Group in relation to the future delivery of non-emergency patient transport.

The Board had concerns about the lack of consultation events in Sandwell. Healthwatch agreed with this issue. Representatives from the Clinical Commissioning Group explained that the consultation, in relation to Sandwell, was very much West Birmingham focused due to the geographical locations of the hospitals in the consultation. The Board was told that public meetings are not necessarily the best form of engagement and social media and the use of network partners, such as GPs, is often more effective.

The Board understands that an individual's eligibility to access non-emergency patient transport is assessed by a clinician, who is not necessarily the GP who initially referred the patient for the service. Representatives from the CCG were told that an individual's eligibility may affect which hospital they choose to undergo their treatment at.

The Board is aware that the non-emergency patient transport for Sandwell and West Birmingham NHS Hospital Trust will not be affected by the consultation and that services from these hospitals will continue to

be provided by the existing provider.

The impact of the Non-Emergency Patient Transport consultation, and any other alterations to service delivery, will be considered in relation to patients' ability to 'choose and book' where they receive treatment.

1.2 Sandwell and West Birmingham NHS Hospitals Trust – Car Parking

This matter had previously been considered by the Health Scrutiny Board on 18 December, 2014 (Minute No.8/14).

Further to Minute N. 8/14 of the former Health Scrutiny Board (18 December, 2014) the Deputy Director – Facilities for Sandwell and West Birmingham NHS Hospitals Trust reported that an impact analysis was carried out six to eight months ago, which would be updated to capture all modes of public transport. This analysis is due to begin over the next one or two months.

Members were pleased to note that daily free parking has been introduced for visitors undertaking caring duties for patients.

The Board expressed concerns that the Trust could do more to alleviate resident's problems parking on the surrounding streets of Sandwell Hospital. There are similar issues at both the Sandwell and City sites in relation to staff and visitor parking.

The Deputy Director – Facilities for Sandwell and West Birmingham NHS Hospitals Trust shared the following information:-

- i) costs associated with maintaining car parks at both hospital sites include security, lighting, maintenance, enforcement and ticketing costs;
- ii) enforcement on blue badge areas is essential, as is ensuring that staff do not park in areas allocated for visitors;
- iii) the security team responsible for managing the car parks is also responsible for wider security within the hospitals;
- iv) any revenue accumulated from hospital car parking charges is reinvested within the Hospital Trust, overall the figure generated from parking charges across the three sites (Sandwell, City and Rowley) is between £2.2 and £2.5 million and is managed through a trading account;
- v) the Trust feels that increased parking charges leads to staff and visitors seek alternative parking, rather than paying the charges;

The Chair pointed out that Shrewsbury and Telford Hospital NHS Trust allows free parking for the first hour, and then caps at a maximum of £3.50. In addition, the Dudley Group of Hospitals NHS Foundation Trust and the Royal Wolverhampton Hospitals NHS Trust offers free parking for oncology and renal patients three times per week. Also, the University Hospitals Birmingham NHS Foundation Trust offers free parking to patients with a long term illness who require daily or regular treatment.

It is felt that the development of the Midland Metropolitan Hospital will result in efficiencies which could allow for reductions in parking charges. However, it was noted that parking charges for the new hospital have not been discussed yet.

Members were pleased to hear that an additional 45 to 50 parking spaces are being created on site at Rowley Regis Hospital.

Further updates to the Impact Assessment will be presented to the Health and Adult Social Care Scrutiny Board at its meeting on 15th October, 2015.

20 August, 2015

2.1 Never Events

A representative of the Sandwell and West Birmingham NHS Hospitals Trust gave the Board a brief on 'Never Events', which are serious incidents that occur in a medical environment though should be preventable.

In 2013-14 the Trust had six separate events; resulting in them being amongst the NHS's higher reporters. Each Never Event is discussed at public meetings of the Trust Board, in addition the Trust has in place a 'Never Event Assurance Committee', with the power to end any practice it deems ineffective.

In response to recent Never Events key actions are:-

- to have video reflexivity applied in all theatres by the end of November 2015;
- to provide monthly Quality Improvement Half Days, which allows time out for multi professional discussion;
- to promote a culture of appropriate challenge and staff to feel confident in their errors being openly addressed.

The Board was uneasy about medical procedures being undertaken by staff that work outside the Trust. The Trust's representative explained that this arose due to the need to use expensive medical equipment in its settings which had been found to be more cost effective and accessible through the use of an outside contractor, such as 'Focus Healthcare'. The staff used should receive appropriate training via their contractor.

It is the Board's view that 'Never Events' repeatedly contain the reoccurring themes:-

- lack of communication and team work between staff;
- issues relating to hierarchy, and the lack of mechanisms in place to allow appropriate challenge.

Assurance was provided by the Trust's representative that the Trust's audit process is robust, and through the Trust's Quality and Safety Committee risks are monitored.

The Board heard that significant improvements have been achieved since the original 'Summary of Findings Report' (October 2014) by the CQC.

The Board resolved that the Sandwell and West Birmingham NHS Hospitals Trust be requested to:

- (1) guarantee that people contracted in to perform medical procedures on its behalf should be competent and adequately trained;
- (2) provide reassurance that patient care should not suffer due to NHS pressures to make financial savings;
- (3) address the inadequacy of patient led departments.

2.2 Sandwell Health and Wellbeing Strategy

A representative from Public Health reported on the Sandwell Health and Wellbeing Board Priorities 2015-2016.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- The aim of closing the healthy lifestyle gap by 20% over the next five years is ambitious due to focus being given to a number of new areas whose outcomes had not yet been experienced, for example, the effects of the diabetes epidemic would not be seen for a significant time.
- The Board heard that all areas from the 2014-2015 priorities have seen progress, though these priorities were signed off at the Health and Wellbeing Board. The 2015-2016 priorities identify specific areas for focus, such as the Child and Adolescent Mental Health Services (CAMHS) which is a huge concern to Local Authorities across the UK.
- The Board's attention was drawn to the 2015 'Marmot Agency review'; this focused upon social inequalities which result in premature death.
- There is compelling evidence that in Sandwell health is related heavily to income. The Health and Wellbeing Board focused on what can be influenced in relation to these issues such as Housing, Health and air quality caused by congestion.
- The new Healthwatch Chair intends to go out into the community to attend meetings, ensuring that members of the public are communicated to fully. The representative from the department of Public Health, Sandwell, will provide the Board with further information when available.
- A new Director has been appointed to the Right Care Right Here project, with a presentation expected at the Board's work stream meeting due late September/early October 2015.
- The original plans for Right Care Right Here have been affected by changes to the structure of the NHS. Changes have been made to allow better working with the Better Care Fund.
- Historically, membership to the Partnership Co-ordination Board has been restricted, but members wondered if it would be a valuable addition for a Member of Children's Service Scrutiny to sit on this Board.
- The representative from the department of Public Health, Sandwell, reassured the Board that safeguarding has been adequately

addressed without major concerns. Matthew Ward of the Leeds South and East Clinical Commissioning Group is now a member of the Health and Wellbeing Board.

2.3 Children Leaving Care – Health Issues

In light of the outcome of the Council's recent Ofsted inspection, the scrutiny board chairs are carrying out a piece of work to look at how scrutiny can support the Children's Services improvement journey. Each board has therefore been asked to contribute to this work by focussing on an area within its terms of reference.

The Health and Adult Social Care Scrutiny Board has been asked to look at health issues in relation to children who have been looked after.

Members of the Board suggested that a programme similar to the 'Community Offer' for the elderly should be developed but which but relates to young people. This would result in care being continued once a young person has left the system, and carried out on a gradually reduced scale.

Other suggested areas for focus were:-

- family planning services;
- misuse of drugs and alcohol;
- mental health.

It was felt that these three areas are related to young people having a poor state of mental health. Members felt that that more focused work should take place with the Children and Adolescent Mental Health Service (CAMHS) to improve levels of service.

3.3 Re-establishment of Joint Health Scrutiny Arrangements with Birmingham City Council

It was agreed that the following members sit on the Joint Health Overview and Scrutiny Committee with Birmingham City Council:-

- i) Councillor Sandars;
- ii) Councillor Jarvis;
- iii) Councillor Lloyd;
- iv) Councillor D Hosell;
- v) Councillor Piper.

3.4 Re-establishment of Joint Health Scrutiny Arrangements with Wolverhampton City Council

It was agreed that the following members sit on the Joint Health Overview and Scrutiny Committee with Wolverhampton City Council:-

- i) Councillor Sandars;
- ii) Councillor Jarvis;
- iii) Councillor Lloyd;
- iv) Councillor D Hosell;
- v) Councillor Piper.

**Councillor Paul Sandars
Chair**