Sandwell Metropolitan Borough Council

**Agenda Item 3**

# Minutes of the Health and Adult Social Care Scrutiny Board

**17th September, 2018 at 5.38pm**
**at Sandwell Council House, Oldbury**

**Present:** Councillor E M Giles (Chair);
Councillor Downing (Vice-Chair);
Councillors Akhter and Shaeen.

**Also Present:** Andy Williams (Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group);
Jayne Salter-Scott, Kathryn Drysdale, David Hulmes, Cherry Shaw and Kulbinder Thandi (Sandwell and West Birmingham Clinical Commissioning Group);
Rachel Carter (Director of Midwifery, Sandwell and West Birmingham Hospitals NHS Trust);
Helen Hibbs (Accountable Officer, Wolverhampton Clinical Commissioning Group);
Susan Brady and Habha Al (Black Country Partnership NHS Foundation Trust);
Sarah Offley (Dudley Voices for Choices) and John Clothier and William Hodgetts (Healthwatch Sandwell).

**Apologies:** Councillors Bawa, Crompton, Lloyd, White and Worsey.

16/18 **Minutes**

**Resolved** that the minutes of the meeting held on 9th July 2018 be approved as a correct record.

17/18 **Update on Treatment Policies Evidence Based Policy Harmonisation Programme**

Further to Minute No. 5/18 (19 March 2018), the Board received an update on Phase 2 of Sandwell and West Birmingham and

Birmingham and Solihull Clinical Commissioning Groups' Harmonised Treatment Policies programme, along with feedback on the public consultation process, which had taken place between May and June 2018.

22 policies had been reviewed in Phase 2. Clinical engagement had enabled 207 clinical and managerial colleagues with specialist knowledge of the draft policies to have the opportunity, along with primary care colleagues and other key stakeholders, to review and comment on the draft policies. 10 of the 22 policies had been further reviewed following the feedback.

Public engagement had enabled public opinion on the newly drafted policies to be sought through a number of mediums including surveys; outreach engagement; stakeholder briefings; website information and the media. Targeted engagement had also taken place with groups felt to be most affected. In total over 20,000 people had been reached.

The engagement had emphasised that no services were being de-commissioned, but the criteria for accessing services was being reviewed against clinical evidence. It had also been highlighted that treatment policies would continue to be reviewed in line with clinical evidence and guidelines from the National Institute of Clinical Excellence and some of the policies reviewed in Phase 1 had already been reviewed again.

In response to questions, the Board was informed that the psychological impact of a treatment was difficult to measure so the focus was on improvements that could be quantified. It was important to make best of use of NHS resources, in line with national clinical evidence and guidance and patients could still make an application for an Individual Funding Request if they were unable to access a particular treatment.

The Board noted the list of treatment policies that had been reviewed, as set out in the Appendix.

18/18 **Transforming Care Partnership (TCP) for Adults, Children and Young People with Learning Disabilities and/or Autism across the Black Country**

The Board received a presentation from the Accountable Officer,

Wolverhampton Clinical Commissioning Group on the NHS response to the BBC's exposé in 2011 on the psychological and physical abuse suffered by residents of Winterbourne View Hospital in South Gloucestershire. NHS England had published a national plan in 2015 – "Building the Right Support' - to drive system-wide change and put in place new models of care by March 2019".

The Transforming Care Partnership included:-

Dudley Clinical Commissioning Group (CCG)
Dudley Metropolitan Borough Council
Sandwell and West Birmingham CCG
Sandwell Metropolitan Borough Council
Walsall CCG
Walsall Council
Wolverhampton CCG
City of Wolverhampton Council
Black Country Partnership NHS Foundation Trust

and had been created in 2016 to implement the national plan and aimed to reduce the number of people with learning disabilities and/or autism residing in hospital and enable them to live in the community, with the right support in place.

A National Service Model, developed with the support of people with lived experience, clinicians, providers and commissioners, set out how services should support people with a learning disability and/or autism. Using the nine principles from the National Service Model and guidance from NHS England, the Partnership had developed a new clinical model for learning disabilities services in the Black Country.

The National Transforming Care Programme mandated that each Partnership met the nationally prescribed trajectory for bed reduction by March 2019. For the Black Country, this meant reducing CCG commissioned beds from 41 to 16. The reduction in in-patients meant that there would be investment in community services to develop capacity to support independent living.

Under the proposed new community model both an intensive support service and a forensic support service would be delivered at scale across the Black Country. Ten assessment and treatment beds would be located in Sandwell. The remaining six beds would be available for longer stays only and would be located across the

Black Country. The reduction in the number of beds would release £3.5million to invest in community services.

As part of this programme, children's commissioners and service providers were working together to ensure that children and young people with diagnosed learning disabilities and/or autistic spectrum disorder (ASD) were supported within local communities, within capable environments to avoid unnecessary inpatient mental health admissions. It was recognised that a lot more work was required with the police, children's services, and local authorities to bring the wider system together and work with partners to support children.

Service users had been closely engaged through a variety of mediums. The priorities that had been highlighted by patients were about activities and the lack of opportunities available to people with learning disabilities. Parent and carers comments were more focused on the lack of services available for people with learning disabilities. On the whole, patients and their families felt that life was better in a community setting.

Once the new community model was in place, all citizens in inpatient care would have a regular Care and Treatment Review (CTR). These reviews would assess whether someone's care was safe, effective, whether they needed to be in hospital, and whether there was a plan in place for their future care.

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

- The number of beds proposed had been arrived at following a capacity mapping exercise, which took into account the national model, as well as other services, and looked at demand over five years.
- An Equality Impact Assessment had been done on the whole programme which had been positive.
- 102 patients were affected across the Black Country by the changes.
- There was a Memorandum of Understanding between the eight CCGs and local authorities, which would ensure that the money followed the patient.
- NHS England had recently clarified funding profiles and was currently working on a local model to ensure that no organisations were disadvantaged.
- Service users would go through a needs assessment to

develop a package around their specific needs, which would be fluid and changed to meet their needs when necessary.

- Multi-disciplinary professionals would be available to the service user in whatever setting they were in, and both one to one and group support would be available to meet their needs.
- Higher level services would be available to anyone that required them.
- Additional beds would be purchased if required.
- A variety of measures were used to manage challenging behaviour, determine by the patient's individual needs.
- There was national evidence that the new model worked.

The Board welcomed the changes and thanked partner colleagues for their attendance and presentation.

19/18 **Proposed Closure of Halcyon Birth Centre**

The Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group and the Director of Midwifery Sandwell and West Birmingham Hospitals NHS Trust advised the Board of a proposal to close the Halcyon Birth Centre, due to underuse.

The Halcyon Birth Centre had been designed and purpose built to provide women with a venue for birth that was located within the Sandwell borough after the relocation of intrapartum services from Sandwell to City Hospital in 2009.

Since opening in November 2011, 337 women had accessed the Centre for intrapartum care, of which 290 had given birth. 17 births had taken place in the most recent year (2017-18). This was significantly fewer births than the forecast of 400 births per annum.

Initiatives to promote and raise awareness of Halcyon as a choice for births had included:-

- Offering the facility to all suitable women as an option through their antenatal care.
- Promoting the facility through open days and events.
- Increasing the use of the facility for a range of antenatal purposes including regular clinics, birth and parenting preparation, reflexology sessions and also postnatal clinics).

Despite this, over 99% of women had chosen to give birth at Serenity Birth Centre, which was located at City Hospital.

The building from which the Halcyon Birth Centre operated was owned by Sandwell and West Birmingham Clinical Commissioning Group and leased to Sandwell and West Birmingham Hospitals NHS Trust. The Board heard that the facility was not open 24 hours a day and was only opened when required for births, therefore, it was redundant for much of the time. The Trust had determined, at its Board meeting in March 2018, that it no longer wished to lease the building. Subsequently, the Clinical Commissioning Group's Strategic Commissioning and Redesign Committee had, on 24 May 2018, decided to progress with closure of the facility.

The Trust had implemented a communications plan to ensure that stakeholders, staff and the public were aware of the forthcoming closure plans. This had included:

- Open meetings with maternity service staff.
- Informing neighbouring trusts of forthcoming closure.
- Publicity in local media.
- Information at the Trust's public meetings.
- Individual conversations with women booked to give birth there about alternative options (two women).

The Trust was still able to offer women three choices for births – in the community, at Serenity Birth Centre, and the consultant-led delivery service at City Hospital.

The Board noted data on clinical activity by place of birth from 2011 to date, which showed diminishing numbers of births at Halcyon.

The Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group advised the Board that he was not proposing to carry out a public consultation on the closure plans as engagement with women about their preferred location for birth had been, and continued to be, an ongoing process and the data showed that Halcyon was not the chosen place for women to give birth and therefore a consultation process be not be an effective use of resources. In addition, he did not feel that a consultation would be honest and meet consultation guidelines because there was no alternative option to put forward for consideration.

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

- The target of 400 births a year had been arrived at following analysis based on demographics, historic patterns and types of birth.
- There was no data to suggest that women had had negative experiences at Halcyon and it was felt that woman had chosen Serenity instead, due to its proximity to the delivery suite and inpatient wards at City Hospital.
- Due to the small number of women choosing Halcyon, Serenity would be able to cope with the increase in demand and would be a bigger facility once it was re-located to the new Midland Metropolitan Hospital.
- There had previously been some capacity difficulties at Russell's Hall Hospital due to women wanting their babies to be born in the Black Country, however, following an analysis of patient flows, there was now a structured way of prioritising patients.
- Even if Halcyon had been located at the Sandwell Hospital site, it would not have given patients any additional perceived safety on the basis of proximity as there was no obstetrics unit at this hospital so patients would still have had to travel to City Hospital in an emergency.
- Most woman made their final decision on their birth plan at 34 weeks of pregnancy but discussion on their options continued throughout the pregnancy.
- Some women made the choice to have an unassisted birth and clinicians could not force them to engage if they did not want to.
- It was always known that there would be a risk that Halcyon would not be a success.
- There were a number of options to be explored for the future use of the building.

A member of the public, who was a private midwife, reported that she had been in contact with 11 women within the last year who would have chosen the give birth at Halycon, however they had not been given the option. The Director of Midwifery responded that it was unfortunate that she was not made aware of this at the time.

Having considered and discussed the data available, the Board was satisfied that it was no longer justifiable to continue to operate the Halcyon Birth Centre. The Board looked forward to the relocation and expansion of the Serenity Birth Centre at the Midland Metropolitan, which would provide a place for babies to be born in Sandwell again. The Board was also satisfied that it was not in the public interest to expend resources on a public consultation in this case.

**Resolved:-**

(1) that the closure of the Halcyon Birth Centre be supported, on the basis of underuse;

(2) that the proposal forego the consultation process on the closure of the Halcyon Birth Centre be supported.

(Meeting ended at 8.00pm)

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**Appendix**

## Policy Scope - Phase 2

### Phase 2A

1. Assisted Conception
2. Provision of NHS funded Gamete Retrieval and Cryopreservation
3. Carpal Tunnel
4. Knee washout/debridement and Diagnostic and Surgical Arthroscopy of the Knee Joint
5. Therapeutic Hip arthroscopy
6. Cough Assist Machines

### Phase 2B

1. Treatment for snoring – uvulopalato and uvulopalatopharyngoplasty; palate implants; and radiofrequency ablation of soft palate
2. Ear Irrigation
3. Surgery for Asymptomatic/Symptomatic Bunions
4. Dupuytren Contracture
5. Umbilical and Para-Umbilical Hernia
6. Incisional Hernia (including laparoscopic approach)
7. Investigation of Painless Rectal Bleeding
8. Lithotripsy to Treat Small Asymptomatic Renal Calculi
9. Breast Implant Revision Surgery
10. Port wine stain progression
11. Vasectomy – Local and General Anaesthetic
12. Reversal of Male or Female Sterilisation
13. Treatment for M.E
14. Complimentary Therapies & Alternative Medicines
15. Standing & Open MRI
16. Acupuncture for Indications Other than Back Pain