

**Birmingham City Council and Sandwell Metropolitan Borough
Council**

Minutes of the Joint Health Scrutiny Committee

13th June, 2013 at 10.00 am
at the Sandwell Council House, Oldbury

Present: Councillor Paul Sandars (Chair);
Councillor Ann Jarvis (Vice Chair);
Councillors Dr Trevor Crumpton and Joy Edis
(Sandwell MBC).

Councillors Susan Barnett, Lyn Collin, Sue
Anderson and Karen McCarthy (Birmingham City
Council).

In Attendance: Saadia Ahmed and Rose Kiely (Birmingham City
Council);

Sarah Sprung (Sandwell Metropolitan Borough
Council);

Jayne Dunn, Katherine Gutteridge, Dr Anna Lock,
Mike Sharon, Dr Christine Wright (Sandwell and
West Birmingham Hospitals NHS Trust);

William Hodgetts (Healthwatch).

Apologies: Councillors Lorraine Ashman and Mick Finnegan.

1/13

Minutes

Resolved that the minutes of the meeting held on 18th July,
2012 be confirmed as a correct record.

2/13

Potential Service Change to Bradbury Day Hospice

The Committee considered a report which set out proposed service developments and changes in relation to Bradbury Day Hospice.

It was noted that the Sandwell and West Birmingham NHS Hospital Trust (the Trust) delivered a range of specialist palliative and end of life services across a range of settings, including City and Sandwell Hospitals, community locations and patients' own homes.

The Trust's specialist palliative care and end of life team had reviewed the services Bradbury Day Hospice was able to provide and assessed this against patient need. As a result of this work, a number of issues had been identified which had led the specialist team to conclude that an alternative service model maybe more appropriate than the existing Day Hospice.

The Palliative Medicine Consultant advised that there was a limited range of services which Bradbury Day Hospice was able to provide, owing to the number of treatment rooms available and the staffing arrangements. In addition, there were low levels of patient referral which equated to a low level of attendances.

The Committee noted that three options for the delivery of alternative service provision had been identified, but that further work was required to evaluate these options, including wider engagement.

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

- i) there was alternative hospice provision locally, for example St Mary's hospice, Birmingham;
- ii) St Mary's had psychology input and was able to offer patients regular medical assessments, blood transfusions and pain management. To deliver these services a number of treatment rooms were required which Bradbury Day Hospice was not able to offer;
- iii) Bradbury Day Hospice did fulfil the social model of day care provision;
- iv) Bradbury Day Hospice was proving a service to 39 patients;
- v) Walsall NHS Trust had developed their model of palliative care and now had a Palliative Care Centre;

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- vi) Bradbury Day Hospice was open to patients four days per week and was able to provide less than 50 per cent of the services required by patients;
- vii) positive feedback in relation to the services provided by Bradbury Day Hospice had been received from patients accessing services there;
- viii) it was anticipated that, should Bradbury Day Hospice cease to provide a service, alternative provision would be made available within Sandwell;
- ix) the environment Bradbury Day Hospice was cited within was particularly positive for patients as it had views of fields and woodland;
- x) whilst it was not clear whether Bradbury Day Hospice would continue in its existing state, it had been determined that the existing delivery of services from the site did not provide value for money, and patients were not able to receive the range of services they required.

The Committee thanked officers for bringing this matter forward at the earliest opportunity, and for the candour with which it was presented.

It was acknowledged that a substantial amount of work was required on the development of options for Bradbury Day Hospice. The Committee considered that the best way to take matters forward was to establish a Joint Working Group made up of Councillors from both Birmingham and Sandwell Local Authorities.

Resolved that a Joint Working Group be established to oversee the development of options and the consultation process for the future provision of services provided by Bradbury Day Hospice, to comprise Councillors from Birmingham City Council and Sandwell MBC and a representative from Healthwatch:-

- i) Councillor Sandars;
- ii) Councillor Jarvis;
- iii) Councillor Barnett;
- iv) Mr Hodgetts (Healthwatch).

3/13

Potential Clinical Service Reconfiguration – Clinical Haematology Inpatients

Members noted that Sandwell and West Birmingham NHS Hospital Trust (the Trust) provided a Clinical Haematology service through a small clinical team. They provided care for patients including those with haematological malignancies and those with inherited haemoglobin disorders (haemoglobinopathies - sickle cell disorders and thalassaemia).

The Consultant Haematologist advised that the inpatient element of the haematology service was provided at both City and Sandwell Hospitals, although for haematological malignancies, the inpatient provision was at Sandwell Hospital and for haemoglobinopathies the inpatient provision was at City Hospital.

In March 2012, following a peer review visit to Clinical Haematology, a report was published which recommended the Trust explore the feasibility of locating all inpatients on one site. This was in recognition of the complexities of a small consultant team delivering inpatient services at both City and Sandwell Hospitals.

The Clinical Haematology team were in agreement that reconfiguration of inpatient beds may be the way forward in order to improve patient care, strengthen the consultant body and provide better junior doctor support. A review project had been established and had considered the clinical drivers for change and the potential patient benefits. These had been influenced by patient engagement with patients who had haematological conditions.

The Committee noted that the project steering group had identified three options, one of which retained inpatient services on both sites, and two of which consolidated inpatient services on one site.

Further detailed analysis, and subsequent evaluation, of each option was required, and at this stage all of the options identified were being developed and considered on an equal basis.

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It was highlighted that, if after the evaluation of options the 'Do Minimal' option was the preferred option, then formal public consultation would not be required as the location of services would remain the same (i.e. on both sites). If however, the preferred option involved consolidation of inpatient services moving onto one site, formal public consultation may be appropriate. As part of the project planning work, the Steering Group was considering the ongoing level of engagement required and whether formal public consultation was likely to be appropriate. It was suggested that this needed to be considered at this stage, and before the evaluation, as it would influence the timing and format of the next stage of work.

The initial assessment suggested that, whilst robust patient engagement was essential throughout the review, formal public consultation may not be appropriate for a variety of reasons. However, it was recognised that if the preferred option involved consolidation of inpatient services onto one site, one group of patients and relatives would have to travel further for inpatient care.

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

- i) there was a lack of understanding in Accident and Emergency in relation to the needs of patients with either haematological malignancies or haemoglobinopathies, therefore patients were reluctant / didn't always get the right care when admitted through Accident and Emergency;
- ii) if services were moved to one site it could cause difficulties for relatives who wished to visit. The Trust were keen to work with public transport providers to develop solutions if required;
- iii) the ability of relatives to visit patients could impact on the patients spiritual mental health and wellbeing;
- iv) there was no preferred option at this point;
- v) combining services onto a single site had proved successful in other clinical areas, for example stroke services;
- vi) the amalgamation of services to one site could assist in the development of a centre for excellence, which would also ensure that the Trust attracted the highest calibre of staff.

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In considering this item the Committee:-

- discussed and noted the clinical drivers for change and benefits the Review sought to deliver, the options identified, the patient engagement undertaken to date and the feedback received;
- discussed and commented on the proposed non-financial evaluation criteria and the proposed process for non-financial evaluation;
- discussed and commented on the level of patient and stakeholder engagement and consultation proposed, including what they considered appropriate at this stage;
- discussed and commented on the Trust's assessment that formal public consultation may not be appropriate;
- noted the next steps and related timescales for the project.

The Committee felt that the Trust's view that further public consultation may not be appropriate was premature, and that this matter would need to be considered further as the options and the application of the evaluation criteria were progressed.

Resolved that a further report be considered by the Birmingham and Sandwell Joint Health Scrutiny Committee on the evaluation of options when appropriate.

4/13

Update regarding the Halcyon Birthing Centre and Impact on Dudley Group of Hospitals NHS Foundation Trust

The Committee considered a report which summarised the activity within the Halcyon Birthing Centre since its opening in November 2011. The report highlighted that the predicted activity level for the first year was achieved, but activity had declined since for a variety of reasons and was not forecast to meet the year two predicted levels.

Members noted that in general women were more aware of the facilities, however there were still questions over whether all pregnant women in Sandwell were fully briefed about the service. It was put forward that Community midwives were the first point of contact for pregnant women and had materials to allow women to see, and be informed, about the service.

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The Trust were auditing this by a prospective audit on Serenity Birthing Centre (located next to the main Delivery Suite at City Hospital), by asking all women who were admitted in labour if they were offered the chance to give birth at the Halcyon Birthing Centre. In addition to this the Trust had developed a community midwives action plan to support the marketing strategy for the service. Feedback from women who had used the Halcyon Birthing Centre had been very positive.

The Committee noted that the Trust had continued to work in partnership with Dudley Group of Hospitals NHS Foundation Trust to minimise the impact on their services by ensuring Sandwell women referred to their services were aware of, and offered the alternative services provided by Sandwell and West Birmingham Hospital Trust, the Serenity and Halcyon Birthing Centres.

3/13

Date of Next Meeting

It was agreed that the next meeting of the Committee be held in October/November, 2013 in Birmingham.

(Meeting ended at 11.13 am)

Contact Officer: Sarah Sprung Democratic Services Unit 0121 569 3200
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