

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

Minutes of the Joint Health Overview and Scrutiny Committee

19th November , 2014, 10.30 am
at the Sandwell Council House, Oldbury

Present: Councillor Paul Sandars (Chair);
Councillors David Hosell and Bob Lloyd (Sandwell
Metropolitan Borough Council).

Councillors Susan Barnett, Karen McCarthy,
Andrew Hardie and Sue Anderson (Birmingham
City Council).

Apologies: Councillors Elaine Costigan and Ann Jarvis
(Sandwell Metropolitan Borough Council);
Councillor Eva Phillips (Birmingham City Council).

In Attendance: Andy Williams and Jayne Salter-Scott (Sandwell
and West Birmingham Clinical Commissioning
Group);
Jayne Dunn (Sandwell and West Birmingham
NHS Trust);
Bill Hodgetts and Pam Jones (Healthwatch
Sandwell);
Saadia Ahmed (Birmingham City Council);
Sarah Sprung and Rebecca Hill (Sandwell
Metropolitan Borough Council).

4/14

Minutes

Resolved that the minutes of the meeting held on 7th October
2014 be confirmed as a correct record.

5/14

Right Care Right Here

Sandwell and West Birmingham Clinical Commissioning Group delivered a presentation on the Right Care Right Here project to highlight the general context of the project and to focus on areas where Council involvement was required.

In response to questions from members of the board the following points were noted:-

- i. this project was part of the longstanding partnership between partnership organisations;
- ii. Right Care Right Here was more than half way to completion in regard to progress towards the opening of the Midland Metropolitan Hospital, scheduled for autumn 2018;
- iii. due to government changes over recent years it has been necessary to take stock and relaunch this project. The private finance initiative government review in particular had caused a loss of momentum;
- iv. partners agreed that after various consultations Right Care Right Here was to enter an intense phase of development, this was due to support from the Treasury being announced;
- v. as the Midland Metropolitan Hospital would be a smaller hospital this would mean existing core health facilities would have to change. Some of these changes must begin in the near future, as delaying them until the hospital opens would make the task too large to be workable;

Members stated that a lack of information on Right Care Right Here was contributing to uncertainty as to what the stage the project was at. It was felt that Right Care Right Here must revert back to the beginning to spell out its intentions to the community in general. The Board felt that both themselves and the community had 'lost' previous information, and any communication and engagement undertaken should refresh people's memories about the project in general. The positives should be highlighted, for example, accessibility and pathways to care being more easily available. The fact that the new hospital would be smaller needs to be focused on after this.

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The Hospital Trust advised the Board of two potential substantial variations, interventional cardiology and acute surgery/orthopaedic trauma. These were currently located at dual sites, but to be centralised in preparation for the Midland Metropolitan Hospital. Members considered what consultation and engagement was required as part of these proposals.

Healthwatch advised that they were surprised that patients had not already been consulted. Patients were given a choice in relation to stroke care, but no choice had been presented this time round. Though it was appreciated that the physicality of buildings limited the scope for choice, in this case it was important to not 'leave the patients behind'. It was noted that Healthwatch in Birmingham should be consulted as they could provide valuable feedback. G.P's patient participation groups should also be given consideration.

Members were concerned that a consultation on Urgent Care could be perceived as the closure of the Accident and Emergency Department at Sandwell Hospital. Any systems for centralised out of hours services should receive careful thought and be fool proof. Patients should automatically be directed towards the correct location of care. The phonenumber 111 had seen recent improvements and might prove a valuable tool to guide people to the service that could help them most effectively.

It was vital that any information was widely circulated as not everyone visited their G.P on a regular basis where they might find leaflets or posters, advising them of local changes, people did not generally seek this information out independently. The maximum amount of people should be attempted to be reached in relation to any consultation, as generally these numbers were low. Radio/TV coverage as well as social media maybe a relevant way to disseminate information.

The Board also pointed out the emphasis on prevention that ran through the Right Care Right Here programme. Partner agencies were keen to support a reduction in hospital admissions; G.P's and out of hour's healthcare were currently under huge pressure.

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The Board as a whole stated their eagerness for consultation to commence both on Right Care Right Here and the substantial variations. It was vital to learn how local people thought their Urgent Care system should work. Though this project had many positives, the Board felt that it could lead to a muddled picture, especially due to the overlap of services such as walk-in centre, G.P's, Accident and Emergency Departments and the 111 phone line.

The Board raised concerns as to how people were physically going to reach the care available. How were they going to get to new and altered facilities? Drivers needed to be able to park their cars; any public transport needed to be highly accessible and low cost. The potential of causing patients and their families' additional stress through travel should also be considered and more importantly, avoided. It was suggested that a shuttle bus could be looked at, using a linear route between Birmingham to Sandwell during visiting hours, with other stops being incorporated.

It was stated that Right Care Right Here had looked at public transport issues previously, but it would be given an additional focus. Safety issues should be linked in with this.

It was suggested that the Clinical Commissioning Group could cascade down information on Right Care Right Here to Council Members and organisations such as Healthwatch, and that a town by town approach would be advantageous. This was due to the public having less concern as to what was happening in the area as a whole, as opposed to when it was affecting their own town.

It was concluded that the next meeting would involve an active discussion on urgent care, and that a consultation plan would be presented.

Resolved:-

- (1) that the consultation plans for Urgent Care, interventional cardiology and acute surgery/orthopaedic trauma be presented to the next scheduled meeting of the Board on 3rd December, 2014.

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- (2) that the Sandwell and west Birmingham Clinical Commissioning Group consider the viability of commissioning a shuttle bus service from City Hospital to Sandwell General Hospital.

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Date of Next Meeting

It was agreed that the next meeting of the Committee be held on 3rd December, 2014 in Sandwell.

(Meeting ended at 11.50pm)

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