

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

Minutes of the Joint Health Overview and Scrutiny Committee

22nd September, 2015 at 2.00 pm
at the Sandwell Council House, Oldbury

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

Councillors Andrew Hardie, Majid Mahmood and
Karen McCarthy (Birmingham City Council).

Apology: Councillor Sue Anderson (Birmingham City
Council).

In Attendance: Dr M Aslam, Jayne Salter-Scott and Dr Sawhney
(Sandwell and West Birmingham Clinical
Commissioning Group);
Nighat Hussain (NHS England);
Rosemary Jones (Democratic Lead - Sandwell
Metropolitan Borough Council);
Rose Kiely and Gail Sadler (Group Overview and
Scrutiny Manager and Research & Policy Officer –
Birmingham City Council);
Janet Foster and William Hodgetts (Healthwatch
Sandwell).

8/15

Declaration of Interest

Councillor Lloyd declared that he was the Chair of the Murray Hall
Community Trust which had tendered for the End of Life Care
contract as reported in Minute No. 12/15 below. He took no part in
the discussion on the item.

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9/15 **Minutes**

Resolved that the minutes of the meeting held on 1st July, 2015 be confirmed as a correct record.

It was reported that with regard to Minute No. 4/15 (b) (Update on the Urgent Cardiology, Emergency Surgery and Trauma Assessment Proposed Reconfigurations), the Sandwell Health and Adult Social Care Scrutiny Board at its meeting held on 6th August, 2015 had received further information on providing non-emergency patient transport.

10/15 **Primary Care**

The Committee received a presentation from Dr Sawhney and Jayne Salter-Scott together with documents and the questionnaire relating to the Sandwell and West Birmingham Clinical Commissioning Group's (CCG) General Practice (GP) Listening Exercise.

The documents asked for views on GP services in Sandwell and West Birmingham, including what worked well and what could be further improved. The feedback would be used to help develop the CCG's Five Year Primary Care Strategy. The CCG's vision was to ensure that GP services:-

- Offered consistent, high quality care with fair access for all patients
- Delivered joined-up services for patients, working with other services
- Supported patients to make informed choices about self-care and the prevention of ill health
- Sought continuous improvement, looking at best practice and technology
- Listened to patients to create a better patient experience.

Services were being reviewed locally as:-

- Surgeries were facing increasing demand
- There was variation between surgeries e.g. different opening times

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- Every day there were wasted appointments
- Fewer medical students were choosing to work in GP services
- People were going to GP services with minor ailments
- 1 in 5 people went to A&E, without considering GP services first

In 2014 the recommendations of the Five Year Forward View outlined the national direction for the NHS as:-

- GPs should be working in partnerships to offer additional services
- GPs should work with other services e.g. social care to deliver joint care plans
- GPs could take on more responsibility for planning a patient's care, by organising contracts
- The recruitment of more GPs and nurses

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

- The findings of the consultation would be reported back to the Group's Governing Body
- Independence of the questionnaire and its findings would be ensured as they would be the concern of the Primary Care Co-Commissioning Committee before its report to the Governing Body
- Access to and experience of GP appointments were being consulted on, particularly the number of appointments per week per 1,000 patients, and it was felt that there could be some improvement of the 53% of all GP appointments which were offered on the same day (47% of appointments were made in advance)
- Did the 53% of all GP appointments which were offered on the same day take into account those patients who may have had to ring each day for two or three days for an appointment
- A long term strategy was required to address the requirement for more medical students to become GPs or work in GP services; initiatives were being considered and a particular example was being pursued with Aston Medical School

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- Small GP practices might find it difficult to achieve newer ways of working without collaboration with other partners and this was one of the reasons that the Malling Health Centre at Wednesbury had been closed
- There had been work undertaken recently, particularly with new migrant communities, on the percentage of people who were not registering with a GP and this would be circulated to members
- The July 2015 patient survey which had over 9,000 responses from patients in Sandwell and West Birmingham was a national survey; local consultation/surveys were conducted on a different basis where direct contact was best, particularly through faith organisations
- Thursday, 24 September, 2015 had been declared an Eid day and this might affect the number of Muslim persons who might have attended for the consultation meeting
- Many initiatives were being introduced at GP practices to achieve smarter working and to future-proof how they operated, such as emails or texts to remind patients of appointments or choice as to which doctor they would like to see
- The process time of six weeks was limiting, however, this was because it was a listening exercise and not a consultation
- It was felt that the administration and bureaucracy faced by GPs made the profession less appealing to medical students
- It was felt that only one or two patients per GP practice went straight to A&E without trying their GP first
- It was felt that hospitals should try and deter people from using A&E services and should give feedback to GPs as to why people were trying to by-pass them
- There was to be a £15m pilot over the next few months to try and encourage the better use of pharmacists and should the pilot be successful there might be further improvements and resources
- Demand for services was growing and the capacity to address the demand was an issue – a doctor could only see a certain number of patients in any particular time scale
- Many people were dissatisfied with GP appointment systems
- The CCG acknowledged that GPs had to take time from their GP hours in order to be involved with CCG initiatives, but that this was necessary in order for all stakeholders of the CCG to have a voice

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Members requested that a further report be made to the Committee, and to the patient and partner representative groups, when the listening exercise had ended.

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Urgent and Emergency Care Programme Update

The Committee received an update on the Urgent and Emergency Care Programme (see Minute No. 5/15 – 1st July, 2015) from Dr M Aslam and Nighat Hussain of the Sandwell and West Birmingham Clinical Commissioning Group. The Programme had been established to oversee the development of a sustainable system-wide approach to urgent and emergency care; this involved supporting patients to access the most appropriate care wherever possible within the community instead of A&E.

A co-design event had been held on 30th June, 2015 which involved partners, local providers and the voluntary sector. The key themes from the co-design event were:-

- Self-care/prevention/education (empowering patients to take greater responsibility, supported by effective communications)
- Workforce (scale of challenge and skillset)
- Robust IT systems required
- Refocusing NHS 111
- Hub and spoke model (integrated multi-disciplinary approach between primary care, community services, social care and mental health)
- Resources
- Commissioning differently.

The co-design event highlighted the scale of challenge and opportunity ahead, and it was recognised that to deliver this whole system transformation a structured and robust programme was required. A potential programme approach and framework to deliver the necessary scale and pace of change was required. It was also important to note that the change would need to support the introduction of the Midland Met Hospital in autumn 2018 and build the supporting urgent and emergency care structure to ensure sustainability and resilience.

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The following projects had been identified in the first phase of scoping:-

- Re-procurement of NHS 111 - supporting a greater range of dispositions with defined outcomes
- 24/7 community integrated urgent care hubs - providing prevention, primary care access, same day GP appointments, out-of-hours, walk-in centres, GP front end, pharmacy, social care, integrated care services (iCARES Sandwell) and single point of access (SPA Birmingham), rapid access intervention and discharge (RAID), crisis mental health and in-reach and outreach to intermediate care and care homes
- Transition of the current A&E departments to the Midland Met Hospital A&E - from City and Sandwell hospitals and the development and delivery of the urgent care centre at Sandwell
- Re-commissioning ambulance pathways to deliver improved pathways and triage to appropriate emergency/urgent care settings
- Recovery and secondary prevention - re-design and procurement of improved access and support in intermediate care facilities with integration with social care, care homes and the voluntary sector
- Mental Health Crisis Care Concordat – to ensure people who need immediate mental health support at a time of crisis get the right services when they need them, and get the help they need to move on and stay well.

Three cross cutting enablers had been identified to support the workstreams:-

- **Workforce** across the whole patient pathway, primary and secondary care, mental health, social care, West Midlands Ambulance Service etc.
- **Information technology and systems** to ensure we are in good position to deliver integrated seamless care with certainty.
- **Communication and engagement** including behavioural changes, across the system including partners, providers and patients.

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The major milestones that needed to be delivered included:-

- November 2015- requirement to ensure out-of hours services offer is clear to support the NHS 111 procurement
- 1 October 2016 –go-live of the NHS 111 service
- Late 2015 and early 2016 – procurement of intermediate care beds
- October 2018 introduction of Midland Met Hospital and opening of the Sandwell urgent care centre.

The co-design approach would identify the future model for urgent and emergency care in Sandwell and West Birmingham. This would inform the CCG's approach to future engagement or consultation. If significant change was planned, the CCG would want to undertake further engagement activity or formal consultation to seek views on any proposed changes.

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

- Treatment Centres, but not A&E Departments, would still be in operation at Sandwell and City Hospitals following the opening of the Midland Met Hospital
- Adverse publicity was giving the wrong message to people – the Programme Director had taken note of this and was trying to make the advice as simple as possible as to where people should go for treatment locally
- It was felt that this information needed to be circulated as soon as possible, to ensure that people were aware that the proposals from 2006 had moved on
- One of the workstreams for Right Care Right Here was communication and engagement and it was suggested that the Director and Chair be invited to the next meeting to give their input into this area
- It was suggested that people needed to be triaged better to ensure that they were directed sooner to the service they needed and ideally that care be delivered where people presented
- Calls would be free from mobile phones

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- Details of where and when meetings of the Right Care Right Here – Urgent and Emergency Care Programme Board were to be held would be circulated to members to enable their attendance
- The circulation of the Stakeholder Bulletin would be refreshed, if necessary, to ensure it was being circulated to members

Agreed:-

- (1) that the Director and Chair of Right Care Right Here be invited to the next meeting to advise on its communication and engagement workstream in relation to urgent and emergency care programme;
- (2) that a further update on the Urgent and Emergency Care Programme be made to the Joint Health Overview and Scrutiny Committee at its next meeting.

12/15

End of Life Care

Further to Minute No. 6/15 (update on the Procurement of End of Life Care Services across Sandwell and West Birmingham Clinical Commissioning Group) (1st July 2015), members received an update on the procurement process for end of life care.

Two viable bids had been received for the Services and had been evaluated and scored by a panel consisting of representatives from Procurement, Finance, Human Resources, Primary Care, Information Governance, Equality and Diversity, together with a patient representative and a Non-Executive Director.

The outcome was presented to the CCG's Strategic Commissioning and Redesign Committee on 27th August, 2015, where a recommendation to award the contract was made. The recommendation was formally approved at the CCG's Governing Body meeting on 2nd September, 2015.

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An offer letter was sent on 2nd September after which followed a 10-day standstill period to allow for any challenges. The standstill was due to end on 14th September, however, challenge had been submitted and the standstill period was now extended until 2nd October, 2015.

It was not yet known when the contract would be awarded, however, it was hoped that the new service would commence in January 2016, following mobilisation.

The following comments and responses were made with regard to the issues:-

- Members reiterated that they would wish to examine any proposals to close or relocate the Bradbury Hospice which might lead to a reduction of the amenities currently provided at that location
- Members were advised that all services were running and none had been stopped
- Locally incurred costs would commence when the contract started
- It was likely that further information about the proposed Service would be available in December, 2015.

Agreed that further information on the award and operation of the new Service be made available to the next meeting of the Joint Health Overview and Scrutiny Committee.

(Meeting ended at 3.16 pm)

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