

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

THURSDAY, 28 SEPTEMBER 2017 AT 14:00 HOURS
IN COMMITTEE ROOM A, COUNCIL HOUSE EXTENSION,
MARGARET STREET, BIRMINGHAM,

A G E N D A

1 **APOLOGIES**

To receive any apologies.

2 **DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 - 8

3 **MINUTES OF PREVIOUS MEETING**

To confirm the Minutes of the meeting held on 12 July 2017.

9 - 24

4 **PLACE BASED MODEL OF CARE**

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group.

5 **ONCOLOGY SERVICES AT SANDWELL GENERAL HOSPITAL**

Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust.

25 - 32

6 **UPDATE REPORT ON THE MIDLAND METROPOLITAN HOSPITAL**

Alan Kenny, Director of Estates / New Hospital Project Director, Sandwell and West Birmingham Hospitals NHS Trust.

7 **DATE AND TIME OF NEXT MEETING**

To agree a date and time.

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

Minutes of the Joint Health Overview and Scrutiny Committee

12th July, 2017 at 2.00 pm
at the Sandwell Council House, Oldbury

Present: Councillor E M Giles (Chair);
Councillors Z Ahmed, B Lloyd and F Shaeen
(Sandwell Metropolitan Borough Council).

Councillors D Alden, F Cotton and K Hartley
(Birmingham City Council).

Apology: Councillor S Anderson and J Francis (Birmingham
City Council).

In Attendance: Gwynn Harris, Kally Judge and Elizabeth Walker
(Sandwell and West Birmingham Clinical
Commissioning Group);
Jane Upton (Healthwatch).

9/17

Minutes

Resolved that the minutes of the meetings held on the
following dates be confirmed as a correct record:

- (a) 23 November 2016
- (b) 18 January 2017

10/17

**Prescriptions and Medicines Consultation by Sandwell and
West Birmingham Clinical Commissioning Group**

The Board received a presentation on prescriptions and medicines
consultation by the Sandwell and West Birmingham Clinical
Commissioning Group.

In 2016-17 the Clinical Commissioning Group held an £83 million
budget for all member practices and held the budget for non-tariff

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drugs in secondary care. Most of the drugs had National Institute for Health and Clinical Excellence (NICE) technology appraisals mandating their use in the National Health Service (NHS). Challenges on resources, an ageing population, higher levels of over the counter prescription drugs and growth in chronic disease such as diabetes were some of the pressures on the budget that had prompted CCG to consider what it needed to do differently.

An early doors conversation with Healthwatch and consideration of the consultation process by scrutiny had taken place prior to commencement of the consultation process in March 2017. The process was extended by 12 weeks due to the elections and need to take account of the purdah period, the consultation expired on 13th July 2017.

It was reported that General Practitioners (GP's) had growing numbers of older and sicker patients presenting at surgery for advice and prescriptions for medicines that could be bought over the counter at pharmacies or in shops at a lower cost. In addition, that advice about lifestyle changes and alternatives were not being taken on board by patients resulting in placebo drugs being prescribed where the patient could negate the need for medicines if they changed their lifestyle.

It was reported that the National Institute for Health and Clinical Excellence (NICE) mark indicated that a drug had been tested and proven to work and that the preference of CCG was to stop using alternative medicines.

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

- Public meetings had taken place in Birmingham and Sandwell however attendance had been poor. Circulation of the public consultation had resulted in 280 responses.
- The data collected through consultation would determine if the consultation was representative relating to age, gender, location, ethnicity etc.
- There was no restriction on General Practitioners (GPs) to only prescribe NICE regulated drugs. GPs have discretion on what is prescribed following consultation with the individual.

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- Specialist drugs that were new or high cost were outside the scope of CCG commissioning, a specialist commissioning unit would be required.
- Birmingham Local Medical Committee would have oversight of which medicines were accessible across Birmingham and ensure equity of division across borders; there was also a National Pathway under development to align which medicines were accessible across the Nation.
- In relation to Gluten free carbohydrates being prescribed to individuals the CCG advised that there was minded not to prescribe anything that could adversely affect the individual and it had been proven that carbohydrates had been linked to obesity and diabetes.
- In relation to prescriptions for people on low incomes and under privileged persons, the GP had a discretion to prescribe, any guidance would be advisory and all GPs would be free to make independent choices.
- The Board was advised that homeless shelter and Children's facilities had been consulted.
- A report would be written by the independent commissioning body and presented to the Service Redesign Group.
- It was estimated that £1.5 million or approximately 2% of the budget could be saved by changing the medicines prescribed.
- It was reported that reduction of cost had been proven through data in relation to prescription of non-branded medicines.
- Many surgeries already had policies that mirror what was in the consultation document relating to cough medicines and paracetamol, that it was often cheaper to buy the product across the counter.
- The black list of medicines that should not be prescribed was reported to be out of date and it was clarified that the consultation was not expected to add to the list.
- Patients were only allowed things they needed in a prescription not things that they want.
- GPs give advice and life style change advice, if the advice was taken there would be no need for the medicine. The Board was advised that anyone can live healthily as a coeliac without gluten free products simply by changing their diet and lifestyle.

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It was noted that lactose intolerant patients were not prescribed soya milk and that not prescribing gluten free products should be included in the guidance.

- The Board welcome the advice and support that pharmacies give to customers in support of GPs.
- There was a need to practice more evidence based healthcare.
- More GPs are prescribing acupuncture for a variety of pain related illnesses and all have access to the pain service.
- There should be further consultation with patients and Healthwatch before issuing guidance.

The Board questioned the motive and effectiveness of the consultation and felt that the consultation had not captured enough feedback from the people in poverty, essentially the elderly and vulnerable people who would be most likely to be affected by any guidance resulting from the consultation.

The Board acknowledged the need to reduce the prescription of medicines where there was insufficient evidence of benefit or cost-effectiveness.

The Board recognised that the discretion to prescribe remained with the GPs and whilst ensuring long term continued care of a patient, a prescription for pain relief such as paracetamol would be part of the individuals care.

The Board recognised that GPs had to make difficult choices considering whether the patient could afford the things they need if they were not prescribed. The Board considered that a supply of over the counter treatments and nonbrand medicines should be kept in surgeries to dispense in cases of hardship.

Overall the Board felt that the discussion on guidance for prescriptions and medicine had raised some good points to include in feedback from the consultation. Guidance could be given by CCG but was not enforceable, similarly advice could be given by the GPs but was not enforceable.

The Board recognised that Educating the patient and encouraging lifestyle changes should complement a reduction in prescriptions

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and encourage the patient to seek healthy options in their diet and advice from pharmacies about over the counter remedies available.

The Chair thanked representatives from the Sandwell and Birmingham West Clinical Commissioning Group for their presentation.

Resolved:-

- (1) That the comments of the Board in relation to Prescriptions and Medicines Consultation be fed back to the Sandwell and Birmingham West Clinical Commissioning Group for inclusion in its report to the Service Redesign Group and Governing Body.

(Meeting ended at 3.00 pm)

Contact Officer: Deb Breedon Democratic Services Unit 0121 569 3896

Joint Health Overview and Scrutiny Committee

Placed Based Model of Care



Placed Based Accountable Care System

Why?

What?

How?

Strategic Aim



To sustainably meet the health and care needs of the people of Sandwell and West Birmingham over the next five years



The Burning Platform

- Expenditure on health and care is expected to grow every year but the rate of growth in the demand for services is higher still.
- If left unchecked this will lead to a failure to sustainably meet the health and care needs of people in the area.
- Resulting in overspends, unmet demand, the failure to honour constitutional access standards and reduced quality in care and outcomes.
- Also a major workforce challenge, there is no clear path for the recruitment and retention of the staff needed to meet the growing demand for care

NHS Policy

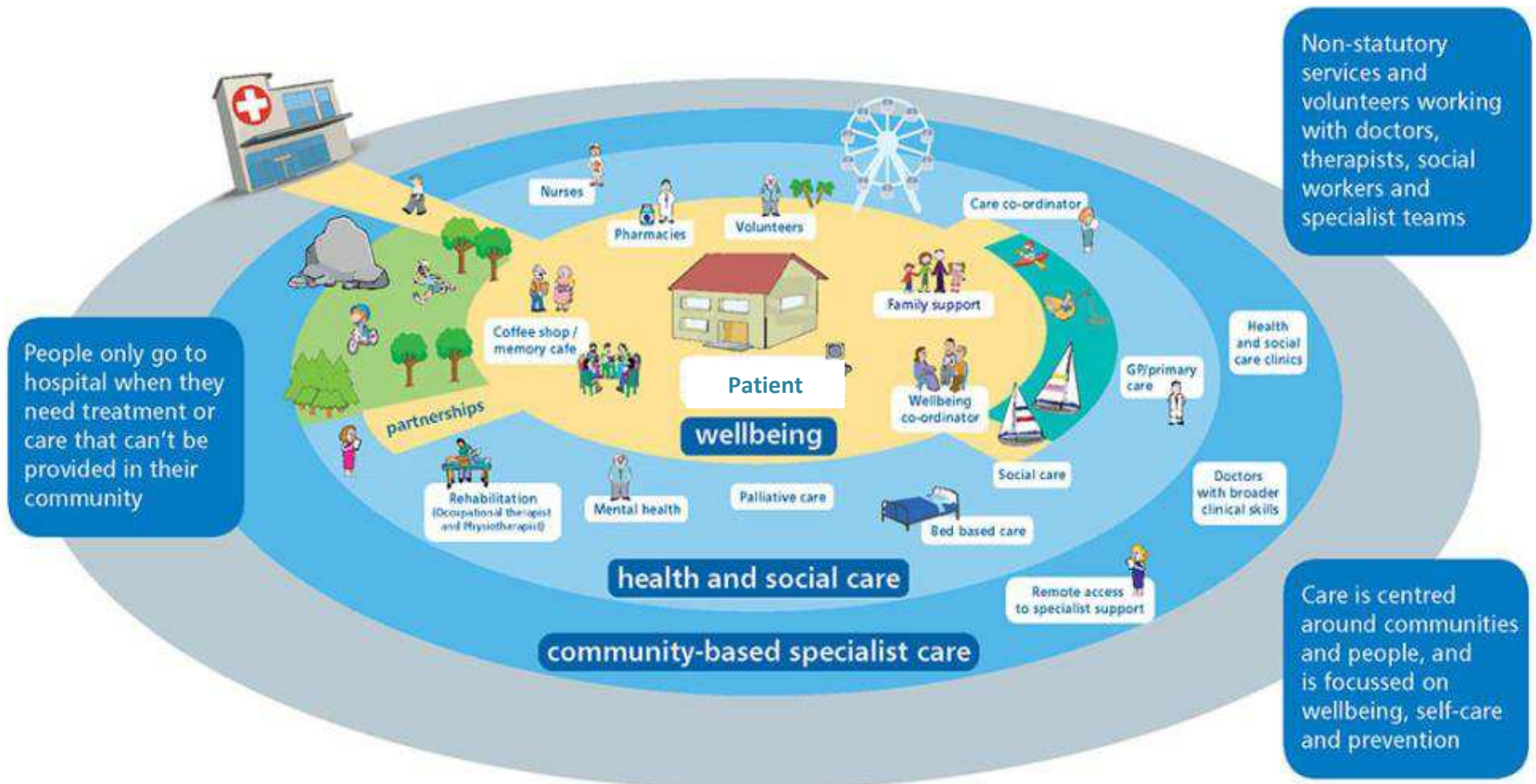
Accountable Care Systems (ACS) or Organisations is seen as the solution to:

the health gap,

the quality gap

and the financial sustainability gap

What is an Accountable Care System



It has 3 core elements

1. An alliance of providers that collaborate to meet the needs of a defined population.
2. Taking responsibility for a budget allocated by commissioners or alliance of commissioners to deliver a range of services to that population.
3. Providers work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget.

An ACS approach is based on

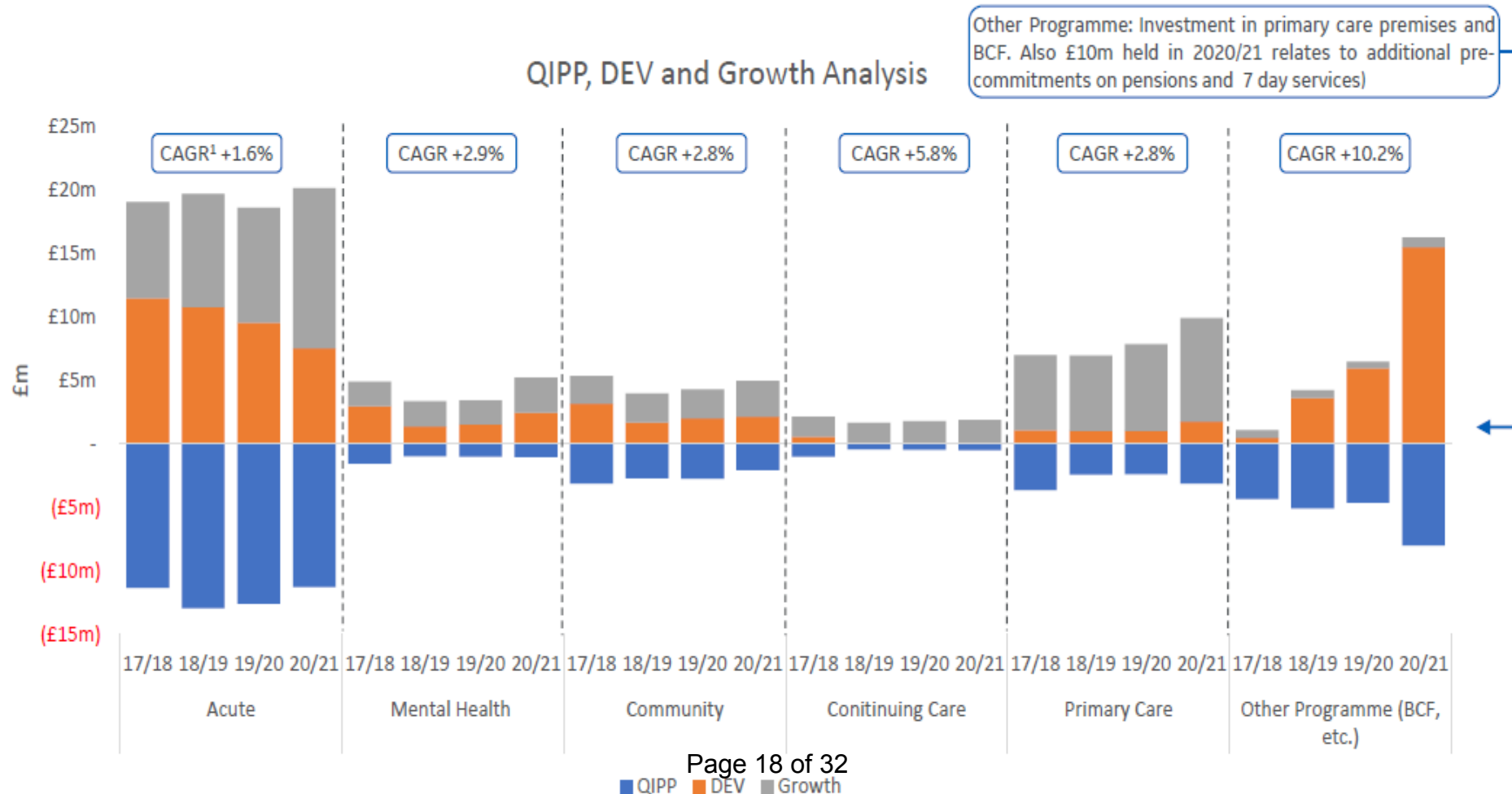
- New relationships between social services, acute, primary, community and mental health providers, the voluntary sector and commissioners
- Shared commitment to strengthen out of hospital health and care provision, recognising GP is the foundation (minimum size 30,000 – 50,000 population)

Focus on out of hospital care

- Collaboration between the CCG, providers and Councils in Sandwell and in West Birmingham.
- Grow community and primary care capacity to manage demand.
- Change the pattern of traditional outpatient care.
- Reducing emergency admissions for people with long term conditions and reducing average lengths of stay in hospital.
- Improve health and wellbeing
- Aligning workforce strategies.

Requires a system rebalance

Taking into account the demographic, inflation and other pressures as well as Investments (DEV) and QIPP across the period, the net rate of growth of community (2.8%) and primary care (2.8%) is greater than acute (net growth 1.6%)



Next steps

- Identifying system leaders in both geographies committed to delivering the aspirations of an ACS, who are committed to slowing the demand curve by strengthening community services.
- Form formal partnerships (via an Alliance Contract) to lead the design and investment to strengthen community services.
- Agreed transformational plan to reduce demand for hospital care and improve patients' quality of life by improving the management of long-term conditions, complex and multi-morbidity in the community.
- Engaging local communities.

West Birmingham ACS

- All of the West Birmingham General Medical Service providers
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Birmingham Community Healthcare NHS Trust (BCHC)
- Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)
- Birmingham City Council (BCC)
- West Midlands Ambulance Service NHS Foundation Trust (WMAS)
- Birmingham Voluntary Services Council (BSVC)
representing Birmingham Third Sector organisations

Sandwell ACS

The minimum partner required for the Sandwell ACS is:

- All of the Sandwell General Medical Service providers
- Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG)
- Sandwell Metropolitan Borough Council (SMBC)
- Sandwell and West Birmingham Hospitals NHS Trust (SWBH)
- Black Country Partnership NHS Foundation Trust (BCPFT)
- Sandwell Council of Voluntary (SCVO) and/or the Sandwell Voluntary Care Sector consortium
- West Midlands Ambulance Service NHS Foundation Trust (WMAS)

Place Based (ASC) Challenge 1. Improve health and wellbeing demand 2. Manage growing demand 3. Use resources effectively	Sandwell	Delivery Units/Hubs	Transformation Focus	
			System Wide	
			Addressing infant mortality, homelessness, joblessness, maternity, inpatient services configuration	
			Physical and mental health wellbeing	
	Self care, self management, social prescribing, system navigation, screening			
	West Birmingham	Delivery Units/Hubs	Long Term Conditions	
			Community diagnosis, treatment, prescribing, community multidisciplinary teams, mental health	
			Intermediate care and community crisis management	
			Integrated health and social care at home or a community bed based facility, mental health crisis support, long term conditions exacerbation management	
			Frailty	
Multi-agency/disciplinary community frailty service, nursing home service, dementia diagnosis, treatment and support, integrated community team managing crisis				
		EOL		
		Growth of integrated end of life service working closely with urgent care services		
Enablers				
Aligned commissioning, aligned workforce strategy, shared care records, interoperability, consistent approach to system triage,				

Engaging Partners

Action	Timeframe
Engagement with partnerships	Sept - Nov2017
Commissioning Partner view	Sept - Nov2017
Health and Wellbeing Boards/Organisational Governance- partners view and recommendations including allocation of resources	November – January 2018
Formation of ACS Board	February 2018
Provider alliance agreement development	February - March 2018
ACS Transformational Programme Plan	February - March 2018
Implementation of ACS programme	February 2018 – March 2019
Regular reporting to Health and Wellbeing Boards	March 2018 – March 2019
Agree changes to individual contracts as agreed with the Alliance	April 2019

Midland Metropolitan Hospital

Presentation to the: Birmingham City / Sandwell Joint Health Scrutiny Committee. 28th September 2017

Alan Kenny

Director of Estates / New Hospital Project Director.
Sandwell & West Birmingham Hospitals NHS Trust.



Midland Metropolitan Hospital Timeline:

- In December 2015 the contract was signed & funding secured for the MMH hospital.
- Carillion will design, build & provide hard FM (Estates) services to the hospital. Carillion commenced construction on the 4th January 2016.
- The hospital will have 10 floors accommodating Emergency, Acute, Maternity and Paediatric inpatient services.
- 670 beds will be provided, (50% will be single bedrooms with en-suites), 13 operating theatres, and 24 delivery rooms.
- 1850 car parking spaces inc 104 disabled will be provided.
- As at September 2017
- Beneficial access to enable the commissioning of the hospital is planned for late Spring /early Summer 2019.
- The hospital is planned to open Autumn 2019.



Where
EVERYONE
Matters

KEY PROJECT TASKS FOR 2017/18, 18/19 and 19/20

- A programme has been prepared enabling key tasks for the project to be confirmed, this will include:
- Completing the reviewable design data (RDD) process with clinical and technical teams. This will finalise the detailed design of the hospital, the task is planned to be completed by November 2017. This will enable key work-streams to be aligned:
- Completion of the hospital envelope - March 2018
- Fit out of wards and departments. May -2019
- The Independent Testing of the hospital to confirm practical completion - Summer 2019.
- Technical and Operational Commissioning to be undertaken by S&WB Trust – Autumn 2019.
- Installation, including commissioning and calibration of medical equipment and devices.
- Actual opening of the hospital and move dates of individual departments will be confirmed in Summer 2019.
- The alignment and delivery of other critical projects which impact on MMH, these projects include: Investments required on the City, Sandwell and Rowley Regis sites.
- De-commissioning of buildings no longer required on the City and Sandwell sites.

A summary of clinical services and where they will be delivered from is outlined overleaf.

CITY HOSPITAL SITE

BIRMINGHAM TREATMENT CENTRE

OUTPATIENT SERVICES

Including:
- General Facilities for multi speciality use.

Bespoke OP Specialities

- ENT and SLT
- Breast services
- Gynaecology
- Paediatrics
- Othotics

DIAGNOSTIC

Endoscopy Unit
Imaging (PF, US, MRI, CT)
Medical Illustration
Phlebology
Cardiac Diagnostics
Respiratory Physiology (main dept)

DAY TREATMENT

Haemo oncology Services
Day Surgery Unit – 5 theatres and 1 minor ops

OTHER

Pharmacy
Clinical and Corporate Admin

**OUR SERVICE
MODEL BY SITE
2019/20 & BEYOND**

Intermediate
Care
45 beds

SHELDON

OUTPATIENT THERAPY SERVICES

- Cardiac Rehabilitation
- Therapy Services (Rehab, OT, Neurology, SLT, MSK, Foothealth, Rheumatology)

OTHER

Clinical Admin

BMEC

OPHTHALMOLOGY

Outpatients & Paediatric OP
Day Surgery unit (3 theatres)
Visual Function dept
Ophthalmology A & E
Orthoptics
Optometry
Ophthalmology diagnostics
Medical Illustration
Pharmacy
Clinical Admin / records
Bechets Service
Wet Lab / training facility
Paediatric Day Surgery (No inpatients)

OTHER STAND ALONE

Hearing Services Centre (main dept)

ACUTE INPATIENT BEDS: 669

12 Adult Inpatient wards (32 beds each)
2 Maternity Wards
30 Critical Care beds
38 Neonatal cots
50 Paediatric beds (and 6 day case beds)
14 Coronary Care beds
117 Adult Acute Assessment spaces (AMU, SAU, Ambulatory)
16 Level 1 beds (distributed within wards)

MIDLAND METROPOLITAN HOSPITAL

EMERGENCY / ELECTIVE SURGERY / Day Case

Emergency Department
2 Trauma Theatres
2 Emergency theatres
7 Elective theatres
2 Maternity theatres
Delivery Suites x 12
Birthing centre x 6
Medical Daycase Unit / SCAT

DIAGNOSTIC

Endoscopy Unit
Cardiac Interventional Suite
Imaging (Plain x-ray, US, Ante Natal US, MRI, CT, Physics & Nuclear Medicine, IR)
Medical Illustration (inpatient support)
Pathology (essential labs)
Cardiac Diagnostics (main dept)
Respiratory Physiology (inpatient support)
Neurophysiology (inpatient support)

OUTPATIENT SERVICES

Bespoke OP Facilities

Ante Natal Care and phlebology
Paediatrics (including audiology test room, orthotic consulting rooms)
Urodynamics
Cardiac rehabilitation

OTHER

Pharmacy
Clinical and Corporate Administration
Academic and Education provision
Multi faith
Satellite Mortuary

Intermediate
Care
45 beds

SANDWELL TREATMENT CENTRE

OUTPATIENT SERVICES

General Facilities for multi speciality use

Bespoke OP Specialities including:

- Ophthalmology
- ENT
- Gynaecology
- Paediatrics
- Dental
- Genito Urinary Medicine (HIV)
- Othotics (main dept)
- Midwifery led Antenatal Care
- Dermatology
- Oral Surgery (fbc)

Therapy Services – MSK, Hand Therapy, SLT, OT, Foot health

Cardiac Rehabilitation

DIAGNOSTIC

Endoscopy Unit
Imaging (Plain x-ray, US, Ante natal US, MRI, CT)
Medical Illustration inc graphics
Phlebology
Cardiac Diagnostics
Neurophysiology Service (main dept)
Respiratory Physiology
Pathology (main dept)

URGENT CARE

PRIMARY CARE

GP practice (fbc)

OTHER

Trust Headquarters
Pharmacy
Main Mortuary (inc PM & Forensic)
Clinical and Corporate Admin
Academic, Research & Education (main dept)

DAY TREATMENT

Haemo Oncology Services
Day Surgery Unit: 3 theatres & 1 minor ops

Intermediate
Care
38 beds

ROWLEY COMMUNITY HOSPITAL

OUTPATIENT SERVICES

General Facilities for multi speciality use.

Community Clinics

Bespoke OP Facilities including:

- Ophthalmology
- Dental
- Urology
- Gynaecology (community)
- Sexual Health

Therapy Service – MSK, Rehab, SLT, OT, Foot health

DIAGNOSTIC

Imaging (Plain x-ray, US)
Phlebology
ECG

PRIMARY CARE

Primary Care Assessment & Treatment Service
GP practice (fbc)

OTHER

Retail Pharmacy
Clinical and Corporate Admin
Satellite Mortuary
Main Catering Unit

Halcyon
Birth
Centre

Community
care beds
20 beds

Leasowes

COMMUNITY SERVICES

ICARES, District Nursing, FSD Stroke Team, Health Visiting, Specialist Nursing Teams (Continence, Heart Failure, Diabetes, Falls)
Community Rehabilitation, Community Management Team, Foot Health, Admissions Avoidance Team, HAPO, MSK Clinics, Hand Therapy Service, Specialist Diabetes Service, Community Paediatric Nursing, Specialist Nursing & Therapy Teams, Respiratory Team

REGENERATION and OTHER MATTERS BEING PROGRESSED:

- **Public Transport and Car Parking:**

Meetings are being scheduled with local authority representatives from Sandwell MBC, and BCC and a number of public transport service providers to secure improved services for patients, carers and staff to & from the Grove Lane (MMH) site who travel from: Blackheath, Cradley Heath, Oldbury, Rowley Regis, Tipton, Wednesbury and West Bromwich.

1850 car parking spaces inc 104 disabled car parking spaces will be provided.

- **Housing,**

The MARs City housing development is currently under construction, the site is adjacent to the MMH site this will provide new homes in the immediate area. Local agents have indicated that there is a demand for more housing in the surrounding area and developers are actively looking at potential sites.

Employment and Training, as at July 2017

- The hospital development is currently providing employment for between 550 & 600 people.
- By spring 2019 the number will have increased to circa 800.
- 57.5% have postcodes within a 20 mile radius of MMH, of which 50.1% have a “B”-postcode
- Over the 2016-19 period it is forecast that more than 150 apprentices and graduates will receive training on the hospital site.

Expenditure in the local and surrounding areas.

- The total capital expenditure projected is in excess of £300m
- To date Carillion have committed £136m. 73.15 % of which £99,500m has been spent or committed with suppliers, manufactures or sub contractors from within the Midlands.

Future Opportunities - Preparing for the hospital to open and beyond. (2017/19)

- Retail & other development opportunities at the hospital/site will be taken forward in 2018/19.
- Employment opportunities will be created both at the hospital, and in organisations that provide services to the hospital.

