

BIRMINGHAM CITY COUNCIL AND SANDWELL MBC

**JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM
CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL)
28 SEPTEMBER 2017**

**MINUTES OF A MEETING OF THE JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SANDWELL
METROPOLITAN BOROUGH COUNCIL) HELD ON THURSDAY 28
SEPTEMBER 2017 AT 1400 HOURS IN COMMITTEE ROOM A, COUNCIL
HOUSE EXTENSION, MARGARET STREET, BIRMINGHAM**

PRESENT: - Councillor John Cotton (Chairperson); Councillors Zahoor Ahmed, Deirdre Alden, Sue Anderson, Elaine Giles, Kath Hartley and Bob Lloyd.

IN ATTENDANCE:-

John Clothier, Healthwatch Sandwell
Stephnie Hancock, Scrutiny Officer, Sandwell Metropolitan Borough Council
William Hodgetts, Healthwatch Sandwell
Paul Holden, Committee Manager, BCC
Alan Kenny, Director of Estates / New Hospital Project Director, Sandwell and West Birmingham Hospitals NHS Trust
Rose Kiely, Overview and Scrutiny Manager, BCC
Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust
Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham Hospitals NHS Trust
Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham Clinical Commissioning Group (CCG)
Dr Jane Upton, Healthwatch Birmingham
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG

APOLOGIES

11/17 Apologies were submitted on behalf of Councillors Susan Downing, Jayne Griffiths and Farut Shaeen for their inability to attend the meeting.

DECLARATIONS OF INTERESTS

12/17 No interests were declared.

MINUTES OF PREVIOUS MEETING

13/17 The Minutes of the meeting held on 12 July, 2017 were confirmed subject to the name of a Member present on the first page being amended to read, "J Cotton".

(This business item was brought forward on the agenda)

ONCOLOGY SERVICES AT SANDWELL GENERAL HOSPITAL

Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust provided an update on the plans to withdraw solid tumour oncology services from Sandwell General Hospital and the City Hospital and informed the Members that a summit to examine the risks would be held in the next 7 days. The Chief Executive reported that if the outcome was that the services should continue to be provided in Sandwell rather than by the University Hospitals Birmingham NHS Foundation Trust there might still be need to relocate them on a temporary basis. He indicated that chemotherapy outpatient and oncology support services to the NHS were the particular areas under focus. Members were advised that if services were relocated this would also have implications for the blood-based service arrangements and in which case advice would need to be sought on that issue.

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

- a) The Joint Health Scrutiny Committee was informed that solid tumour oncology services came under the NHS England Specialised Commissioning Services and that the blood-based services were commissioned by Sandwell and West Birmingham Clinical Commissioning Group.
- b) Members together with Healthwatch Sandwell representatives voiced concern regarding the length of time there had been uncertainty over the oncology service arrangements in Sandwell and asked that representatives of NHS England be invited to attend the Joint Health Scrutiny Committee to report on the issue.
- c) The Chief Executive was informed that there were deep concerns at the prospect of vulnerable patients and carers having to travel far from home to receive treatment and for the safety of patients at Sandwell General Hospital if support services were withdrawn. Reference was also made to potential risks if patients had to see more than one oncologist based at different locations as part of their treatment.
- d) Members were advised by the Chief Executive that he felt that it would be appropriate to seek timelines from NHS England in respect of what was proposed and when services would be put back in place if the intention was to relocate them on a temporary basis.

Further to the above comments, the Chair therefore proposed that representatives of NHS England be invited to attend the Joint Health Scrutiny Committee to report on the issue and respond to questions and this was agreed. The Chair thanked the Chief Executive for attending the meeting.

14/17

RESOLVED:-

That representatives of NHS England be invited to attend the Joint Health Scrutiny Committee.

PLACE BASED MODELS OF CARE

15/17 The following PowerPoint slides were received:-

(See document No. 1)

Andy Williams, Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group presented the agenda item and Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham Hospitals NHS Trust was also in attendance. The Accountable Officer indicated that some changes might start to be made as early as April next year. However, he emphasised that meeting people's needs by better 'wrapping' services around them in the community (rather than treating symptoms through costly secondary care interventions) would take time.

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

- a) The Accountable Officer highlighted that providing a multi-disciplinary approach in a community setting would need to be developed over a longer timeframe than the usual annual contract and planning cycle.
- b) The Chief Officer for Quality reported that service quality issues when 'wrapping' services around service users would be addressed through an outcome focused approach. However, she acknowledged that there was a need to provide a consistent quality of service across the footprint. Members were also advised that moving away from Service Level Agreements would enable changes to be made more quickly.
- c) The Accountable Officer confirmed that there was a strong element of learning from programmes such as Right Care Right Here and highlighted that increasing secondary care provision (e.g. A&E capacity, the number of hospital wards) had the effect of encouraging an even greater level of demand for those services. However, he underlined that unless services in the community were effectively co-ordinated so that there was a genuine alternative, no real progress would be made.
- d) Members were advised that End of Life Care was a good example of where after many years of trying to better meet service users' needs the percentage of people passing away in their own homes had increased from 30% to 87% over a 6 month period due to changes made.
- e) The Accountable Officer reported that they had been making strong efforts to facilitate patient access to GPs (e.g. extended access arrangements, booking online) and to increase the level of collaborative working with other services. Furthermore, it was pointed out that there was a good network of pharmacies. The Accountable Officer reiterated that making improvements would need to be a long-term process and flagged-up recruitment and retention of trained non-clinical staff across health and social care (e.g. domiciliary, health care assistants etc.) as being a considerable challenge that could potentially derail the strategic approach. He also indicated that there were some GPs approaching the end of their career who were disillusioned and referred to the need to be able to offer modern and flexible primary care employment packages to new employees in a global market.

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- f) Members were advised that the number of calls made to NHS 111 were not as high as anticipated but that the level of access was many times greater than with NHS Direct. Furthermore, feedback indicated that the level of satisfaction with NHS 111 amongst patients was very high. He indicated that he hoped that the service would be used more widely as winter approached.
- g) The Accountable Officer considered that the way forward needed to be about developing networks and relationships around a coherent geography at a local level and not imposing arrangements from above. He highlighted for example that one GP Practice may not be able to offer appointments on a Saturday morning but that this was possible if a number worked together as part of a network. Similarly, he highlighted that although there were not enough social workers to allocate one to every GP Practice if a number worked together it would be feasible to put arrangements in place which enabled them to have access to the resources of a dedicated team of social workers.
- h) In responding to comments made, the Chief Officer for Quality underlined that it was patients seeing the right person for their illnesses and conditions that was important whether this be a GP, Physiotherapist, Advance Nurse Practitioner, Physician's Assistant etc. and focusing on successful outcomes for those service users.
- i) The Accountable Officer reported that when he used the term Place he meant it within the context of a Local Government framework. He highlighted that the work of Local Authorities going forward would be huge and referred to such areas as community based activity and infrastructure, social cohesion and preventing individuals from becoming isolated and lonely. He also emphasised the importance of the Better Care Fund and contribution that the Health and Wellbeing Boards would have to play.

In referring to the timeframe for engaging with partners as set out in the PowerPoint presentation, the Chair suggested that a further update be received around the turn of the New Year. Members supported this approach.

The Chair thanked the representatives for reporting to the meeting.

UPDATE REPORT ON THE MIDLAND METROPOLITAN HOSPITAL

16/17 The following PowerPoint slides were received:-

(See document No. 2)

Alan Kenny, Director of Estates / New Hospital Project Director, Sandwell and West Birmingham Hospitals NHS Trust presented the slides to the Joint Health Scrutiny Committee. He explained that the planned opening of the new hospital had been put back from October 2018 to mid-summer / early autumn 2019 as a result of slow progress by the contractor responsible for the mechanical, engineering and plumbing work, which had now been completed. However, he highlighted that Carillion Plc had used the time wisely to carry out other work that the company would not otherwise have undertaken at this stage and finished the 'envelope' of the building. Consequently, as winter approached the work needing to be done could be carried out irrespective of bad weather. It was highlighted that over the next 6 months the number of employees working on site would significantly increase.

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

- a) Members were advised by the Director of Estates / New Hospital Project Director that the Trust would not be making any payments until the building was fit for purpose and he confirmed that the later projected opening date for the new hospital would have implications for the Trust's finances. In also referring to obligations that Carillion Plc had to the Treasury under the finance initiative he indicated that the Trust would be seeking compensation.
- b) The Director of Estates / New Hospital Project Director was informed of concerns that the public and patients had over services being lost at the Trust's other sites and that there was therefore a need for clear information to be provided on the services that would be available at those locations when the new hospital was open. The representative undertook to address this issue.
- c) In referring to the information provided, Members voiced concern that only 57.5% of the employees working on site had postcodes within a 20 mile radius of the site (of which 50.1% had a 'B' postcode) given the large population size of the area.
- d) At this juncture, a Member made reference to a social and economic innovation project called USE-IT! which had received European Union funding and had concerns regarding the top-down approach and lack of engagement at a local level in respect of the project. The Member also queried why no mention had been made of the initiative within the context of the new Midland Metropolitan Hospital.
- e) In responding to c) and d) above, the Director of Estates / New Hospital Project Director undertook to check with Carillion Plc to ensure that the statistics were accurate and provide a more comprehensive breakdown of the postcode areas of the employees working on the hospital site. He also confirmed that the USE-IT project was not connected with the building work but undertook to see what he could find out about the initiative.
- f) The Chair referred to the need for details to be provided regarding what plans there were to create employment opportunities for local people in the area and whether there were any through the USE-IT! project.
- g) A Member requested that a postcode breakdown also be provided of the apprentices receiving training on site. Furthermore, he referred to training facilities in Unett Street near to the hospital site and asked that information be made available on the extent to which that facility was being used.

The Chair thanked the Director of Estates / New Hospital Project Director for reporting to the meeting.

DATE AND TIME OF NEXT MEETING

17/17

The Chair advised the meeting that a date and time would be set through the usual channels in due course.

The meeting ended at 1554 hours.