

## **Joint Health Overview and Scrutiny Committee**

**Thursday 18 October 2018  
at 2.00pm in Committee Room 2,  
Sandwell Council House, Freeth Street, Oldbury**

### **Agenda**

*(Open to Public and Press)*

1. Apologies for absence.
2. Members to declare:-
  - (a) any interest in matters to be discussed at the meeting;
  - (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.
3. To confirm the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 1 August 2018 as a correct record.
4. Update on Review of Solid Tumour Oncology and Gynae-oncology Services.
5. Update on the Development of the Midland Metropolitan Hospital.
6. Measures to Reduce Accident and Emergency Waiting Times at Sandwell and West Birmingham Hospitals.

#### **Distribution:**

Sandwell Metropolitan Borough Council:  
Councillors E.M. Giles (Chair), S Akhter, S Downing, B Lloyd and F Shaeen.

Birmingham City Council:  
Councillors R Pocock (Chair), M Brown, C Rashid, P Tilsley and S Webb.

<p>Agenda prepared by Stephnie Hancock Democratic Services Unit Sandwell MBC Tel No: 0121 569 3189 E-mail: <a href="mailto:stephnie_hancock@sandwell.gov.uk">stephnie_hancock@sandwell.gov.uk</a></p>
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## BIRMINGHAM CITY COUNCIL

<b>JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE BIRMINGHAM &amp; SANDWELL 1 AUGUST 2018</b>
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**MINUTES OF A MEETING OF THE JOINT  
HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE (BIRMINGHAM AND SANDWELL)  
HELD ON WEDNESDAY 1 AUGUST 2018 AT  
1400 HOURS IN COMMITTEE ROOM 6,  
COUNCIL HOUSE, BIRMINGHAM**

**PRESENT:** - Councillor Robert Pocock in the Chair;

Birmingham: Councillors Mick Brown, Rob Pocock, Chauhdry Rashid, Paul Tilsley and Suzanne Webb.

Sandwell: Councillors Samiya Akhter, Susan Downing, Elaine Giles, Bob Lloyd and Farut Shaeen.

Attendees:-

Catherine O'Connell, Regional Director - Specialised Commissioning, NHS England (Midlands & East of England)

Jessamy Kinghorn, Head of Communications and Engagement - Specialised Commissioning, NHS England (Midlands & East of England)

Angela Young – Specialised Commissioning, NHS England

Toby Lewis, Chief Executive - Sandwell & West Birmingham Hospitals NHS Trust

Dr Daniel Ford, Consultant - Clinical Oncologist and Clinical Service Lead, University Hospital Birmingham NHS Foundation Trust

Scott Hancock, Head of Pathway Redesign and Oncology Project Lead, University Hospital Birmingham NHS Foundation Trust

Sharon Liggins, Chief Officer Strategic Commissioning – West Birmingham Clinical Commissioning Group

Jayne Salter Scott, Senior Commissioning Manager (Engagement) Sandwell and West Birmingham Clinical Commissioning Group

J Clothier - Healthwatch Sandwell

Stephnie Hancock - Scrutiny Officer, Sandwell Metropolitan Borough Council

J Spencer - Healthwatch Birmingham

Rose Kiely - Overview and Scrutiny Manager, BCC

Gail Sadler - Scrutiny, BCC

Marie Reynolds - Committee Manager, BCC

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**CHAIRMAN'S WELCOME**

14/18 Councillor Pocock (Chair) welcomed all to the meeting.

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**NOTICE OF RECORDING/WEBCAST**

15/18 The Chair advised that the meeting would be webcast for live and subsequent broadcast via the Council's internet site ([www.civico.net/birmingham](http://www.civico.net/birmingham)) and that members of the press/public may record and take photographs except where there were confidential or exempt items.

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16/18 **APOLOGIES**

Apologies received from Councillors Brown and Webb.

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**DECLARATION OF INTEREST**

17/18 There was no declaration of interest.

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**The business of the meeting and all discussions in relation to individual reports are available for public inspection via the web-stream.**

**MINUTES**

18/18 That the Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 28 March 2018 was approved as a correct record of the meeting.

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**TERMS OF REFERENCE**

19/18 The terms of reference as set out in the attached schedule was noted.

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**SANDWELL AND WEST BIRMINGHAM SOLID TUMOUR ONCOLOGY AND SPECIALISED CANCER SURGERY SERVICES UPDATE**

20/18 Catherine O'Connell and Jessamy Kinghorn gave a presentation on behalf of NHS England updating Members regarding the Sandwell and West Birmingham Oncology and Specialised Gynaecology cancer surgery services on the work that had taken place since the last meeting of the Committee, and to update on what next needed to be done around those services.

(See document No. 1)

During the discussion that ensued, the following were among the issues raised and comments made in response to questions:-

- The Joint Health Scrutiny Committee was informed that the transport and access issues relating to the transfer had been addressed as quickly as possible and although there were quite a large number of patients that transferred on different pathways of treatment, there was the recognition of importance that all patients had transferred safely and had been treated appropriately.
- It was noted that all patients had the opportunity to feed in any views which was monitored very closely and is done routinely as part of business as usual process.
- In identifying the best possible option for Sandwell and West Birmingham Hospitals, reference was made to overwhelming evidence received as a result of this in support of a service that was delivered locally for local people. The feedback from the clinical engagement showed a level of commitment from clinicians across the trusts that it was the correct thing to do

Toby Lewis, CEO, Sandwell and West Birmingham Hospitals, Dr Daniel Ford, Scott Hancock, University Hospital Birmingham NHS Foundation Trust provided a brief summary regarding the services:-

- The Acute Oncology and Haemo-Oncology Services were now resolved matters and there were with no concerns regarding local access issues other than Handsworth whereupon solutions were being found.
- The Acute Oncology Service with the trust having created a seven day nurse based service now benefits from extended UHB medical input and that it was now on a more stable financial footing than before.
- Solid Tumour Oncology whereby the service should be provided from the hospital site and as indicated in the presentation, a clearer picture of the provision should emerge by the end of August. There was the need for colleagues to work together in finding a solution and due to the delay of the Midland Metropolitan Hospital this meant that there was 3 years of stability for this service across the existing configuration, which could ease matters.
- Concern was raised regarding car parking issues at the UHB site, whereupon it was emphasised that it was one of the prime concerns especially with the new enlarged UHB encompassing Heartlands, Good Hope and Solihull sites. As they were looking at options in service delivery in providing more community based services which could be delivered off site, a consideration around this was car parking facilities.
- It was noted that with the whole service being delivered by the cancer centre there would not be split arrangements with parts of the service being delivered by a different trust. This made the governance of the

service much more straight forward and also with the agreement to use the services both the estate and some of the other services within the Sandwell Trust, there would be a much clearer defined agreement between the trusts.

- As well as having a good governance model in place, it was highlighted the importance of strong clinical relationships between clinicians in the trust; the development of interpersonal relationships and building the confidence of individual people and teams in solving issues and really delivering for their patients, and in all of this communication and discussion was key.
- It was noted the importance of the tenure arrangement being operated on a more sizeable timeframe rather than a year by year basis, in order that it gave everybody the ability to invest extra effort and commitment in trying to build a world class service.

At this juncture, Toby Lewis provided a brief update on the Gynae-Oncology Service.

- He highlighted that although the trust had given notice on the service due to the changes to which was believed could not be supported and the drastic funding cut, confirmed that they had reached an interim agreement with commissioners to continue the service for a period of time, assuming that they retain a safe service.
- He confirmed that the service was safe today and that they would continue to provide it up to two years with the Royal Wolverhampton Hospital. He stated however that there would be a small number of patients operated on at the Royal Wolverhampton but the expectation of commissioners was to develop a service that has its locus in Birmingham, adding that all would work together to try and achieve this.

The Chair thanked the representatives for attending the meeting and requested that a progress report be provided in the autumn period.

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### **UPDATE ON THE MIDLAND METROPOLITAN HOSPITAL**

21/18

Toby Lewis reported on the up to date position of the Midland Metropolitan Hospital highlighting that the hospital was now scheduled to open in 2022.

- During spring time, the government had indicated that they could not support the continuation of the existing PFI partnership and for that to continue after the demise of Carillion would have required a reinvestment in the vehicle by the public purse, bankers and other investors, and for reasons extrinsic to the hospital, there was not the support for the proposition.
- Toby referred to the options that were available which were; either taking the hospital to conclusion on a public finance basis and procuring a building contractor direct and finishing the job, and either

operating the hospital from an estates point of view as done in the past, or finding an out sourced option separate to the builder.

- The second option was to go out for re-tender and create a new PFI vehicle with new investors separate from the debts arising from the Carillion venture and to find a partnership to complete the job.
- He confirmed that the options would be considered by the board tomorrow in public against a recommendation from both he and the executive that government be invited to pursue this on a public finance basis. He advised that if the recommendation did go forward although unsure of timescales, suggested that it may be a period of weeks rather than months that a response be received.
- He stated that under either option, in addition to the 2022 date, he would be issuing a tender for a contract on Monday, 6 August 2018 for an interim contractor to carry out some enabling works on the building which included some weather proofing that had previously been reported, and an OG notice for the procurement under a public finance basis at the end of October/November 2018.
- He detailed the differences between the options to illustrate why the recommendation is as it was and believed that the market was more likely to support the simpler of the options. He subsequently explained his reasoning behind this and also linked to that, the simpler public option would offer certainty sooner for constituents and staff alike.
- He reported that due to the hospital delay, some of the emergency services that were due to move from Sandwell Hospital to the Midland Metropolitan Hospital would likely transfer to City Hospital for the intervening period in 2019 albeit nothing on the scale that was envisaged to Midland Metropolitan Hospital. He added that it was to sustain quality and safety and that is what CCG were likely to engage with members about. He added that they would not be closing A and E in Sandwell Hospital when the new hospital opened and that an Urgent Care Centre service provision for 35-40,000 patients would occupy that space.
- He confirmed that they were going through the process with clinicians and GPs of what the minimum of configuration that could be done and believed that by the autumn, they would expect to engage with elected representatives. There had been secured through the STP process some government funding for the existing City Hospital, which would allow them to invest in the site for the intervening three year period and subsequently detailed where this funding would be used.
- He made reference to patient admissions and where they may best be treated rather than in A and E department but in a more specialist service basis, and highlighted the concern relating to Sandwell and

City Hospitals that were configured for emergencies and the impact this had on teams being stretched across two areas.

In response to Members' questions, he advised that:

- There was a need to build a clear public narrative of what is an Urgent Care Centre and the opportunities were there to make it clearer.
- Interim funding pursuing 4 or 5 different blocks of funding nationally of which 3 were now secured and optimistic about the remaining other 2 sources. Whitehall did recognise issues caused by Carillion and there was optimism that the real cost would be met. There was an assumption that a contract could be secured for the price envisaged and after securing the contract that it could be managed within the price range.
- It was highlighted that one of the reasons for moving forward next Monday, was having someone remediate the deterioration and looking at the site thus providing an industry inside view of the situation and taking into account various changes that included regulations, there was the need to establish the view of where the risks lay in terms of the long term contract.
- There was the need to resolve with government over the next 3 or 4 months, the risks from historical defects and which side of the contract they fell within. It was highlighted the more risks taken the better the price would be and having taken control of the building over the last 3 years and retained an outstanding engineering function, the team may have a more informed view of the risks than the potential contractors.
- The real risk for the public purse was over the long term for staff and constituents, once the building had been completed. If there happened to be some retrospective disagreement and the associated difficulties in ascertaining the contractor that was responsible for this, it was therefore important that whoever took over the building, understood fully what they were inheriting.
- Whitehall are confident in allowing the trust time to ensure that the costing will be correct and there was an expectation that the trust would be in a position to engage formally with the market in approximately 6 weeks or so.

The Chair thanked Toby for his update and requested that a progress report be provided during the autumn period.

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**OUTCOME OF CONSULTATION INTO PROPOSED CHANGES TO 2 GP PRACTICES IN SANDWELL AND 1 GP PRACTICE IN WEST BIRMINGHAM**

22/18

Sharon Liggins, Chief Officer Strategic Commissioning, Sandwell and West Birmingham Clinical Commissioning Group and Jayne Salter Scott, Senior Commissioning Manager (Engagement) Sandwell and West Birmingham

Clinical Commissioning Group gave a presentation on the outcome of the consultation on the proposed changes to the above-mentioned practices.

(See document No. 2)

In response to Members' comments the following points were made:-

- The consultation targeted the patients that were registered at those particular practices and the consultation time had been extended in the Summerfield area in order to help people where English was not their first language. This had allowed the people more time to digest the information and they had been provided with interpreters if they needed assistance.
- The individual practices were now receiving the full primary care service and there was the expectation and there was more than one full-time GP to cover that patient cohort and would also have access to other medical staff within the practice.
- It was highlighted that the current providers may not be the successful providing the service in the future and therefore there was the expectation that whoever comes forward to tender for the service, that they had the correct workforce in place.
- It was highlighted that there was an issue around GP recruitment and the number of GP's pending retirement and with the influx of new roles being introduced, it was important that primary care embraced these changes by learning to do things differently in the future.
- It was noted that over the last 18 months, Sandwell and West Birmingham CCG had been working with primary care in getting them to work more collectively. They were now working in hubs across Sandwell and West Birmingham in order they were able to accommodate appointments and the longer opening hours.
- It was noted that there were 10 primary care networks that had emerged at this moment in time and each were putting their workforce plans together on how they were going to work around delivering services in moving forward.
- It was highlighted that through the new primary care networks their leadership was starting to emerge and with support they would now have an interface with the trust in a more business to business relationship.
- It was noted that the outcomes of the consultation were circulated to the patients that had participated in the consultation through the report and various media channels.

In response to the Chair's concern relating to absent information, it was confirmed that this would be circulated after the meeting.



The Chair thanked Sharon and Jayne for their presentation.

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**UPDATE ON SAME DAY ACCESS**

23/18 Sharon Liggins, Chief Officer Strategic Commissioning, Sandwell and West Birmingham Clinical Commissioning Group gave a presentation on improving access to local Healthcare Services:

(See document No. 3)

- During the presentation it was reported that the demand for walk in centres was reducing alongside a deliberate increase in general practice access and that the majority of patients would prefer to be seen by their family doctor or the group general practice, and have ease of access that suited their personal circumstances. It was highlighted that the offer needed to be different and therefore the CCG had undertaken a 6 week period of pre consultation engagement to help inform the future model for improved access.
- Engagement had been undertaken by 2 independent consultation partners that focused on engaging with patients, groups identified as high volume users of walk in services and General Practice.
- As a result of the outputs from the previous consultation and engagement, the CCG Governing Body agreed to launch a consultation exercise in October 2018 to develop a formal consultation for a period of 12 weeks. This would be based on the preferred option with open dialogue to capture alternative options.
- It was confirmed that they would be looking to commission an integrated model and that they would request the market to respond in a more integrated way that provides a better service for patients.

The Chair thanked Sharon for her presentation and looked forward to future feedback in the autumn.

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**OTHER URGENT BUSINESS**



24/18 There was no urgent business raised.

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The meeting concluded at 1600 pm.

## JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**18 October, 2018**

<b>Subject:</b>	Update on Review of Solid Tumour Oncology and Gynae-oncology Services
<b>Contribution towards Vision 2030:</b>	 
<b>Contact Officer(s):</b>	<p>Toby Lewis Chief Executive Sandwell and West Birmingham Hospitals NHS Trust</p> <p>David Rosser Chief Executive University Hospitals Birmingham NHS Trust</p> <p>Catherine O'Connell Director Specialised Commissioning Midlands and East NHS England</p>

### 1. PURPOSE OF ITEM

The Committee will receive an update on the progress with the development of new service designs following the review of solid tumour oncology services and gynae-oncology services.

### 2. RECOMMENDATION

That the Committee considers and comments upon the presentation.

### 3 IMPLICATIONS FOR SANDWELL'S VISION

The matter detailed in the report and presentation supports:-

Ambition 2 – Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for.

## **Sandwell and Birmingham Joint Health Overview and Scrutiny Committee**

### **Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services**

**Report submitted by: Catherine O'Connell, Director of Specialised Commissioning, Midlands and East**

**Date: 18<sup>th</sup> October 2018**

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#### **1. Purpose**

The purpose of this report is to provide a brief update on commissioners' plans for the solid tumour oncology service for people living in Sandwell and West Birmingham, and on plans for the Pan-Birmingham Gynae Oncology Cancer Surgery Centre. It will be supplemented by a presentation at the meeting of the Joint Health Overview and Scrutiny Committee on 18<sup>th</sup> October.

#### **2. Solid Tumour Oncology (chemotherapy)**

NHS England Specialised Commissioners, in conjunction with Sandwell and West Birmingham CCG (SWBCCG), have been working with providers across Birmingham and the Black Country to ensure the sustainability of the solid tumour oncology service for the Sandwell and West Birmingham population.

##### ***2.1 Background***

As previously reported, following UHB giving notice in 2015 to SWBH to withdraw consultant input to the SWBH service, NHS England (NHSE) has been working with both trusts to find a way to continue to support Solid Tumour Oncology Services at Sandwell and City hospitals. Despite numerous attempts to facilitate an agreement to keep services at SWBH, including escalation to the Regional Directors of NHSE and NHS Improvement (NHSI), it was decided in September 2017 that a contingency plan was needed that temporarily relocated the service whilst a review was completed to consider the options for a safe and sustainable long term solution.

The outcome of the review was reported to the Joint Health Overview and Scrutiny Committee at its August meeting. The clear preferred option being for a specialist provider to deliver Chemotherapy for solid tumours from the City and Sandwell Hospital sites.

## **2.2 Work underway**

The outcome of the review, and the strength of the preferred option, led commissioners to seek a specialist cancer provider to develop a model of care, in collaboration with Sandwell and West Birmingham Hospitals, that ensured solid tumour oncology (chemotherapy) services would be provided from City and Sandwell Hospital sites. The Royal Wolverhampton Trust confirmed it would not be able to provide this service, and University Hospital Birmingham confirmed it would develop a model of care for this service.

The Chief Executives of University Hospital Birmingham, as the local specialist cancer centre, and Sandwell and West Birmingham Hospitals, which operates the City and Sandwell Hospital sites, supported by NHS Improvement, have committed to their organisations working together to develop the proposed new service. The two organisations are currently working together on the detail of the service to ensure it can be implemented smoothly and meets national standards.

## **3. Specialist Gynaecological Oncology Surgery Centre Service**

### **2.1 Background**

There are four specialised gynaecological oncology surgery cancer centres in the West Midlands – Stoke, Coventry, Wolverhampton and Birmingham. The Birmingham Centre is run by Sandwell and West Birmingham Hospitals NHS Trust (SWBH). SWBH served notice on ‘all Centre Gynaecological Cancer Surgery’ on the 29th of June, 2017 – a service commissioned jointly by NHS England and Sandwell and West Birmingham CCG. A review of centre activity undertaken in summer of 2017 indicated the requirement to re-provide approximately 400 surgery cases per year (circa 60/40% split between NHSE and the CCG respectively).

Originally the plan was to move the Centre by December 2017, with a further extension to the notice being agreed through to April 2018. However, due to the complex nature of this service, it became clear that arranging a single location for this centre would take more time. SWBH agreed to continue to provide the centre for a further two years (until the end of the 2019/20 financial year).

This additional time is enabling a more detailed piece of work to be done considering a wider range of options and give a level of security and stability to patients and staff in the meantime.

### **3.2 Progress to date**

The temporary nature of the current service provision has increased the risk of staff leaving, particularly that of non-surgical staff. The agreement that the service will remain at City Hospital in the medium term is designed to reduce that risk, and SWBH has committed to ensuring full staffing levels and is actively recruiting to vacancies. As a contingency plan, the Level 3 gynaecology Cancer Centre provided

by the Royal Wolverhampton Trust was approached to explore whether they had capacity to take some of the workload from SWBH (for example for those patients who lived closer to Wolverhampton), to help further reduce the risk to service continuity. Work is currently being undertaken by SWBH and RWT staff to developing patient pathways that will safely redistribute activity, if it becomes necessary.

In the meantime, a joint NHSE/CCG project group is overseeing the further development of options for the long-term re-provision of the service. This project aims to agree a preferred provider, in a manner that reflects NHSE's existing commitments and legal obligations, by the end of January 2019; as the current arrangement with SWBH is due to expire by March, 2020 and there is a working assumption that any new provider will require at least 12 months to mobilise and transition services safely.

### **3.3 Next Steps**

In order to manage this timescale, it will be necessary to engage with clinicians, stakeholders and patients/public in a structured manner. The proposal is to seek engagement on those models which can credibly meet the agreed criteria; i.e., accessible; compliant with service specifications, standards and waiting times; interface with clinically dependent services, funded within the tariff, developed with input of local patients. The project is currently in the process of engaging with stakeholders which is informing the development of a list of options, appraisal criteria and weighting. Further engagement will then take place once the final option/s has been identified.

Ambition 10 – Sandwell has a national reputation for getting things done, where all local partners are focussed on what really matters in people's lives and communities.

## **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**18 October, 2018**

<b>Subject:</b>	Update on the Development of the Midland Metropolitan Hospital
<b>Contribution towards Vision 2030:</b>	 
<b>Contact Officer(s):</b>	Toby Lewis Chief Executive Sandwell and West Birmingham Hospitals NHS Trust

### **1. PURPOSE OF ITEM**

The Committee will receive an update on the development of the Midland Metropolitan Hospital.

### **2. RECOMMENDATION**

That the Committee considers and comments upon the presentation.

### **3 IMPLICATIONS FOR SANDWELL'S VISION**



The matter detailed in the report and presentation supports:-

Ambition 2 – Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for.

Ambition 10 – Sandwell has a national reputation for getting things done, where all local partners are focussed on what really matters in people's lives and communities.

## **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**18 October, 2018**

<b>Subject:</b>	Measures to Reduce Accident and Emergency Waiting Times at Sandwell and West Birmingham Hospitals.
<b>Contribution towards Vision 2030:</b>	 
<b>Contact Officer(s):</b>	Toby Lewis Chief Executive Sandwell and West Birmingham Hospitals NHS Trust

### **1. PURPOSE OF ITEM**

The Committee will receive a report/representation on measures to reduce waiting times an accident and emergency departments and Sandwell and City Hospitals.

### **2. RECOMMENDATION**

That the Committee considers and comments upon the report/presentation.

### **3 IMPLICATIONS FOR SANDWELL'S VISION**

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