

BIRMINGHAM CITY COUNCIL

<p>JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE BIRMINGHAM & SANDWELL 24 JANUARY 2019</p>
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**MINUTES OF A MEETING OF THE JOINT
HEALTH OVERVIEW AND SCRUTINY
COMMITTEE (BIRMINGHAM AND SANDWELL)
HELD ON THURSDAY 24 JANUARY 2019 AT
1400 HOURS IN COMMITTEE ROOM 6,
COUNCIL HOUSE, BIRMINGHAM**

PRESENT: - Councillor Pocock in the Chair;

Birmingham: Councillors Brown, Rashid and Tilsley.

Sandwell: Councillors Akhter, Downing and Giles.

Attendees:-

Jessamy Kinghorn, Head of Communications and Engagement - Specialised Commissioning, NHS England (Midlands & East of England)
Simon Collings, Assistant Regional Director, Specialised Commissioning, NHS England
Toby Lewis, Chief Executive - Sandwell & West Birmingham Hospitals NHS Trust
Scott Hancock, Head of Pathway Redesign and Oncology Project Lead, University Hospital Birmingham NHS Foundation Trust
Rose Kiely - Overview and Scrutiny Manager, BCC
Gail Sadler - Scrutiny, BCC
Sarah Stride - Committee Manager, BCC

CHAIRMAN'S WELCOME

28/19 Councillor Pocock (Chair) welcomed all to the meeting.

NOTICE OF RECORDING/WEBCAST

29/19 The Chair advised that the meeting would be webcast for live and subsequent broadcast via the Council's internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there were confidential or exempt items.

30/19 **APOLOGIES**

Apologies were received from Councillors B Lloyd and F Shaeen (Sandwell Metropolitan Borough Council) and Councillor Webb (Birmingham City Council).

DECLARATIONS OF INTEREST

31/19 No declarations of interest were raised.

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

MINUTES

32/19 That the Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 18 October 2018 was approved as a correct record of the meeting.

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

Further to Minute No. 25/18 (of 18 October 2018) Simon Collings, Scott Hancock 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. It was stated that at the next meeting it was hoped that officers would be in a position to report that a formal agreed transition and outline plan was now in place.

The following report by the Director of Specialised Commissioning, Midlands and East was submitted:-

(See Document No. 1)

During the discussion that ensued, the following were among the issues raised and comments made in response to questions (for ease of reference the answer given will immediately follow the question raised):-

- The Chairman made reference to page 5 of the Minutes of the last meeting, third paragraph, (18 October 2018) and asked what reassurances could be given to the future delivery of services at City Hospital and the option to extend the service beyond the opening of the new Midland Metropolitan Hospital.

One of the options under consideration at the time was to keep the service at Sandwell but not wishing to pre-empt the options appraisal that option was not high on the list of preferred options mainly because the Hospital had stated that it would be difficult and there was also a number of other factors to be taken into account such as staff and theatre equipment. However, working with the preferred option, an extension had been agreed for the service to remain onsite until April 2020. An extension to 2021 could be offered but this will have financial implications and other factors will need to be considered and assessed before a further extension could be granted. Once the Midland Metropolitan Hospital site was in operation there may not be the option to retain or extend the service at City Hospital.

- Councillor Tilsley made reference to page 10 of the report submitted and stated that it was reported that complex gynaecology cancer surgery was provided to patients from Birmingham, Sandwell, Solihull and Walsall and asked whether the future of the service will be provided by the Heart of England NHS Foundation Trust (HEFT) at either East Birmingham or Solihull Hospital?

Once the preferred option is selected part of the clinical appraisal and sustainability issues will be discussed with the provider, whether that is at HEFT or UHB (University Hospitals Trust Birmingham) or possibly a new infrastructure may be the preferred option, but work will commence to secure an agreement with UHB or another if they were the preferred option.

- The Chairman stated that public clarity and certainty was paramount in future discussions, negotiations and confidence of service provision. It is important that the correct message is conveyed to members of the public. He asked if there was a plan in place to conduct a series of public consultation exercises on the future of patient service provision. He stated that no statutory consultation was required unless provision is not going to continue in the Birmingham or Sandwell Clinical Commissioning Group (CCG) area.

A communication provision has been agreed by NHS England who was working alongside specialist Charities who had a large membership of gynaecological patients many of whom have used the service. Patients have been asked for their input, comments and concerns around how best to involve them. A patient survey has been undertaken and patient input has been instrumental in developing the communications plan. The circulation of updates to all interested parties had increased due to the work undertaken. The outcome of the options appraisal at the end of January will be instrumental as to when the communications plan will be released for consultation. Need to ensure that all options available were realistically deliverable before expectations and aspirations are raised. The communications plan will cover a wide geographical area.

- Councillor Giles asked how long the consultation process will take and from when will it commence.

The statutory requirement was a twelve week consultation period. Commencement of the consultation will follow after every possible option had been explored and the preferred option had been specified. No specific date can be announced at this present moment in time.

33/19

RESOLVED:-

- i) That a further update on the proposed service model for the delivery of the gynaecological service for Sandwell and West Midlands be submitted to the next meeting of the Joint Health Overview and Scrutiny Committee on 11 April 2019;
- ii) An update on the delivery of oncology services will be submitted at a later date following the determination of financial implications and funding propositions.

UPDATE ON THE MIDLAND METROPOLITAN HOSPITAL

Toby Lewis, CEO, Sandwell and West Birmingham Hospitals attended the meeting and provided a brief summary regarding solid tumour oncology and emergency care improvement.

The following hand-out from the CEO, Sandwell and West Birmingham Hospitals was circulated at the meeting:-

(See Document No. 2)

- Since the Committee last met three things had happened that have affected the Midland Met (Midland Metropolitan Hospital):
 - Belfour Beatty had started onsite;
 - All the Carillion signs have been removed, and
 - The procurement notice for the final contractor and the preferred bidder will submit a final business case to the treasury.
- In putting together the business case there is no need to go back to the system if only one contractor submitted an interest. So far the market response has been very positive.
- The Met Hospital is sited on the border of Birmingham and Sandwell – therefore it will deal with 2 social services departments, 2 mental health teams, 2 teams of community nurses etc. Important that the Hospital works in a seamless way in 2 directions in that if you are a patient or staff member one does not have to work out where information will be provided. Emphasis will be on the 2 areas working together in order to find a relationship that will work. Paperwork will need to be identical in both areas – post code blind. Need to find a relationship with Primary Care Trusts from both Birmingham and Sandwell areas – a parallel system of bureaucracy between Birmingham and Sandwell Hospital Trusts needs to be quashed

and the Hospital should be viewed as being both a Birmingham and a Sandwell Hospital as one unity.

- In response to a question raised by Councillor Downing concerning Hospitals sharing GP records he advised that an appropriate Information Technology system will be installed that can access GP patient notes from a variety of sources and can be shared amongst health providers and partner Hospitals.
- By 2020 patients and relatives will be able to view their health records via the patient portal. Data will be able travel easier around the system at Midland Met.
- Want to ensure that a patient will see a consultant within 14 hours of admittance into Hospital.
- Will have 2 accident and emergency consultants at Midland Met Hospital to ensure all patients whether critical or not can gain access to specialist care.

34/19

RESOLVED:-

That a further update on the Midland Metropolitan Hospital be submitted to the next meeting of the Joint Health Overview and Scrutiny Committee on 11 April 2019.

UPDATE ON MEASURES TO REDUCE ACCIDENT AND EMERGENCY WAITING TIMES AT SANDWELL AND WEST BIRMINGHAM HOSPITALS

35/19

Toby Lewis CEO, Sandwell and West Birmingham Hospitals provided a brief summary regarding measures to reduce accident and emergency waiting times at Sandwell and West Birmingham Hospitals and stated that over the Christmas period numbers dropped slightly but had now increased and the system was now back on track.

3 elements of progress have been identified:-

- An updated detailed plan on how to manage winters in Hospitals has been implemented. Introduced a 'single point of access' – a lot of patients attending an A & E department have been seen by their GP and referred to the Hospital for further investigation. Sometimes the patient will arrive with a letter from their GP and they assume that they will be seen immediately in the A & E Department. Sadly this is not the case. With the single point access GP's will notify the Hospital and will be best advised as to where to send the patient for appropriate treatment. Those patients are typically seen the same day or the next day but crucially not in the A & E Department.
- Providing lots of alternatives to beds. If an older patient is admitted to Hospital for one day they tend to stay for a longer duration. Lots of alternatives to beds and day care treatment offered. Age appropriateness for older patients – getting patients into the right bed for the right treatment.
- During weekdays patients often go home from Hospital at either 4pm or 9pm but patients discharging at weekends often work better. Need to assess the right bed for the right patient. Investment in new X ray

equipment will be in April and will have a partnership to outsource images to speed up discharging patients at weekends.

- Focus on acute medicine and general medicine. Must ensure that the 2 work closely together. Ensure that enough critical capacity is available.
- Mental health support is also an important and must ensure that sufficient psychiatric beds are available.
- Toby stressed that A & E Departments are safe and that patients in corridors are looked after and found beds as soon as possible.
- In response to a question raised by Councillor Giles in relation to the average time for paediatrics and children to be seen by a specialist in an A & E Department he stated that the wait time for children were very good. It was very rare that a child will wait longer than 4 hours to be seen. Paediatric patients tend to wait longer at City Hospital than Sandwell Hospital. And that the main paediatric Department was at Sandwell Hospital and more resilience is there. If acutely unwell at City Hospital then patients will be transferred to Sandwell.
- Work with homeless people and have an established in hospital team and work with partner agencies to ensure that homeless people have a safe and warm environment in a hostel other than an A & E Department. Alcohol, toxicology and psychiatric teams need to work together to ensure that the homeless patient has the correct treatment. The 'no recourse to public funds group' is growing and this issue needs to be addressed.

The Chair thanked Toby Lewis for his presentation.

OTHER URGENT BUSINESS

36/19 There was no other urgent business raised.

The meeting ended at 1515 hours.