BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

WEDNESDAY, 24 JULY 2019 AT 14:00 HOURS
IN COMMITTEE ROOM 2, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will be webcast for live or 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 are confidential or exempt items.

2 **APOLOGIES**

To receive any apologies.

3 **DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable 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 - 10 4 **MINUTES**

To confirm and sign the minutes of the meeting held on 11 April 2019.

11 - 14 5 **TERMS OF REFERENCE**

Item Description

15 - 18 6 **UPDATE ON THE DEVELOPMENT OF THE MIDLAND METROPOLITAN HOSPITAL**

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

7 **UPDATE ON MEASURES TO REDUCE EMERGENCY CARE WAITING TIMES AT SANDWELL AND WEST BIRMINGHAM HOSPITALS**

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

8 **UPDATE ON THE REVIEW OF SOLID TUMOUR ONCOLOGY CANCER SERVICES**

Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement - Specialised Commissioning, NHS England (Midlands & East of England).

9 **UPDATE ON RECOMMISSIONING OF GYNAE ONCOLOGY SERVICES**

Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement - Specialised Commissioning, NHS England (Midlands & East of England).

10 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

Birmingham City Council and Sandwell Metropolitan Borough Council

Minutes of the Joint Health Overview and Scrutiny Committee

11th April 2019 at 2.00 pm
at the Sandwell Council House, Oldbury

Present: Councillor E M Giles (Chair);
Councillors B Lloyd and Downing (Sandwell Metropolitan Borough Council).

Councillor Brown, Rashid and R Pocock (Birmingham City Council).

Apologies: Councillors Akhter (Sandwell Metropolitan Borough Council) Tilsley and Webb (Birmingham City Council).

In Attendance: Jessamy Kinghorn – NHS England (Specialised Commissioning);
Scott Hancock – University Hospitals Birmingham NHS Trust;
Toby Lewis – Sandwell and West Birmingham Hospitals NHS Trust;
David Stevens – Sandwell Metropolitan Borough Council;
Ian McGarry – Healthwatch
Bill Hodgetts – Healthwatch

37/19 **Minutes**

Resolved that the minutes of the meeting held on 24th January 2019 be approved as a correct record.

38/19 **Update on Review of Solid Tumour Oncology Cancer Services**

Further to Minute No. 33/19 (24th January 2019) - Sandwell and West Birmingham Solid Tumour Oncology and specialised gynaecology cancer surgery services.

The Joint Health Overview and Scrutiny Committee received updates relating to the implementation of new service designs following the review of solid tumour oncology services. The committee was advised that discussions had taken place and the remaining steps of the process to take forward the service had been broadly agreed.

The Chief Executive Sandwell and West Birmingham Hospital NHS Trust advised that the Trust was supportive of an integrated model of solid tumour oncology and that Sandwell Hospital had held conversations with clinicians and remained optimistic that Sandwell Hospital would be delivered in part or whole. The timing for proposed changes to oncology cancer services had to be scheduled appropriately due to the programme of major information technology changes at Sandwell hospital.

University Hospital Birmingham Board remained resolved to deliver an oncology service for the population of Sandwell and West Birmingham and the clinical oncologists supported that the service to be delivered was local to patients, the aim would be to balance the desire for local access with the delivery of the highest quality service.

There had been commission requests from both hospitals and the Trusts were working together to make sure that the proposals came together. There was concern that the review of oncology cancer services was moving slower than reported at the last committee, but Members were advised that it was hoped to move forward in the next few weeks.

In response to questions and comments the following was noted: -

– Members were happy with the progress and that it was moving forward taking account of the process to move services and be

aware of anxiety amongst staff; sufficient cancer services had been commissioned in Sandwell but there was a need for further discussion about the number of beds in the Authority;

- there was an increased use of non-face-to-face consultations via messaging or telephone, it was easier for some patients to receive a phone call consultation to discuss results rather than to travel from Sandwell to the University Hospital;
- telephone and messaging arrangements increased availability of appointments resulting in a better use of limited resources. Members emphasised the importance of selecting which patients most needed to attend the appointments and which could be dealt with over the telephone;
- communications channels were important, people tended to change email addresses less often than telephone numbers, but a face to face meeting was generally the preferred conventional first point of contact;
- employment models had been considered in relation to recruitment of chemo treatment nurses, there were staff retention issues and therefore there was a need to follow the labour market.
- Stability for staff was an issue, some staff had already been transferred from Sandwell Hospital to City Hospital and would now be transferred back;
- It was important to keep patients informed of potential changes to services and there would be definitive communication in May or June 2019 to advise patients of changes to their services and for the service to be available all year;
- the services changes to Sandwell Hospital were likely to be Autumn 2019 and to City Hospital in 2020.

Resolved that a further update on the Review of Solid Tumour Oncology Cancer Services be submitted to the Joint Health Overview and Scrutiny Committee in July 2019.

39/19 Update on Recommissioning of Gynae Oncology Services

Further to minute No. 33/18 (24th January 2019) - Sandwell and West Birmingham Solid Tumour Oncology and specialised gynaecology cancer surgery services.

A commissioning update relating to the plans for the solid tumour oncology service for Sandwell and West Birmingham, and the Pan-Birmingham Gynae Oncology Cancer Surgery Centre was provided.

The Board was advised that the commissioning intentions had been released to University Hospitals Birmingham (UHB) and that the constraints relating to estates, capital funding and staffing issues had been considered. Sandwell and West Birmingham Hospital (SWBH) sites were the preferred option for the future delivery of solid tumour oncology services, NHS England Specialised Commissioners had agreed to a phased transition of the services from the Queen Elizabeth Hospital.

The Board was advised that this was a challenging timeline in context of other work going on at hospital sites and there were constraints on the estate, capital funding and staffing on the site and the demand on the health services meant that the services were being moved around to ensure the gynae oncology service could remain on site.

The Board was advised that there was a contract for the service until March 2020, the intention was to provide a business case by autumn 2019 and finance was being considered with the intention of being able to advise of the proposed plan and next stages, at the next meeting a mobilisation plan in place.

The following comments were noted:

- NHS England expressed the need to consider how to commission the gynae oncology service because there would not be enough capacity in the New Midlands Metropolitan Hospital;
- if the gynae oncology service was not provided at the Queen Elizabeth Hospital it would have to be provided by one of the

three Central hospitals in Wolverhampton, Stoke or Coventry, or they could look for other specialist centres in Birmingham;

- the recommissioning of services would be a major change, known as a 'substantial variation', which would require consultation with service users because of the changes to the way the service would be provided;
- the committee had heard that both providers had identified issues and that more information was required from the commissioners to advise how they were going to put contingencies in place to move forward;
- the funding arrangements were not clear and no capital budget had been identified; more work would be needed to find a mechanism to make the funding work, UHB and commissioners would look for a solution to make that happen;
- the committee was advised that until there was a mechanism in place a business plan could not be written. It was hoped that in 4 or 5 weeks' time a debate could take place to consider how to move the funding model forward;
- the committee was advised that the UHB position had remained unchanged for 12 months but was starting to move now. The right people from both sides were getting together to look at the commissioning intentions.

Resolved that an update report relating to gynae oncology be submitted to the meeting of the Joint Health Overview and Scrutiny Committee in July 2019 with a clear statement of accountability and risk included.

40/19 Update on the Development of the Midland Metropolitan Hospital

Further to Minute No. 34/19 (24th January 2019) the Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust provided an update on the development of the Midland Metropolitan Hospital and advised that Balfour Beattie was on site at the Midland Metropolitan site, weather proofing the building. The Chief Executive advised that there were no reported safety issues, and

no-one was hurt following a reported incident of a crane toppling over on site.

The Chief Executive advised that a bidding process had to be carried out to complete building work on the site, a series of business cases would then be put to the Board to start moving the process forward.

The Chief Executive referred to the 2014-15 business plan and that the Trust had not plunged into deficit, although the capital costs had exceeded expectation, it would be no more than the PFI.

The Midland Metropolitan Hospital would service some, but not all, of Sandwell Metropolitan Borough Council area. A study would be carried out and adjustments made to take account of the study findings because the new hospital would need to focus on services around it.

It was anticipated that the Midlands Metropolitan Hospital would be opened before the Commonwealth Games in 2022.

Resolved that a further update report be submitted to the Joint Health Overview and Scrutiny Committee in July 2019.

41/19 Update on Measures to Reduce Emergency Care Waiting Times at Sandwell and West Birmingham Hospitals

The committee was advised that there were significant problems with norovirus during April which had closed care homes and hospital wards in Sandwell and had an impact on other services.

The committee noted the following comments: -

- The reduction to emergency care waiting times remained a challenge in Sandwell especially with the recent problem of 350 extra patients a week which was a significant increase;
- recruitment had been assisted by the promise of jobs in the new Midland Metropolitan Hospital;

- with an aging population it was probable that the aging and infirm would need to be cared for. The Committee was interested in a pilot scheme in Birmingham to put acute medical care into care homes;
- the committee was keen to find out more about 'avoidance proposition' in Sandwell and in keeping people healthy in their homes, this was important to health care and delayed health care. The hospital teams knew they had work to do in relation to returning patients and re-admission rates, which were higher in Sandwell. The LACE tool had reduced readmission rates, but they were starting to creep back up, which is why they were working with care homes in Birmingham;
- every patient in Sandwell would get a call from a community nurse within 48 hours. An intervention would take place in the first 48 hours bridging the gap between hospitals and community care;
- work with elderly patients started as soon as they were admitted to hospital, talking to the patient and where necessary getting social services involved straight away;
- the 'Adapt a Pathway' scheme gave early notification to adult social care that a patient who may require a care package had entered the system; the patient may not need the care package following assessment, but the wheels were in motion early just in case;
- there was a lack of cubicles in Accident and Emergency (A&E) at Sandwell Hospital and a need to move acutely ill patients out of cubicles earlier;
- the hospital was trying to create a carousel process with one cubicle identified to deal with minor injuries, the patients could be seen out of order to reduce patient waiting times for minor injuries.
- New Cross Hospital had reduced the time taken to do pathology tests, which saved up to 30 minutes.
- Sandwell Hospital had not been chosen to participate in a pilot scheme for four hour waiting time target, however, would continue to monitor the four-hour standard;

- the Board noted that there were other measures for checking A&E standards but felt that the problems were related to beds and the trolley/bed wait at Sandwell Hospital, which was considered to be too long;
- there were also issues with the trolley-wait for teenagers with mental health issues, which needed to be considered further;
- the Board identified a need to consider best practice from both organisations and requested a further report to include an update about the trial four hour waiting time, and mental health wait time issues in A&E.

Resolved that a further update on measures being taken by Sandwell and West Birmingham Hospitals NHS Trust to reduce accident and emergency waiting be submitted to the Joint Health Overview and Scrutiny Committee in July 2019.

(Meeting ended at 3:05 pm)

Contact Officer: Deb Breedon
Sandwell MBC
Democratic Services Unit
0121 569 3896

Joint Health Scrutiny Committee
Birmingham CC and Sandwell MBC
July 2019

Terms of Reference

1. General Terms of Reference

1.1 The Joint Health Scrutiny Committee has been convened to scrutinise:-

(a) monitor and respond to substantial variations (changes and reconfigurations) in service delivery proposed by Sandwell and West Birmingham Hospitals NHS Trust, including proposed consultation frameworks;
(b) services delivered by Sandwell and West Birmingham Hospitals NHS Trust ;
(c) progress towards completion of work on the Midland Metropolitan Hospital;
(d) proposals coming forward from Sandwell and West Birmingham Clinical Commissioning Group affecting both areas;
(e) any other cross boundary health issues as agreed by the two chairs.

1.2 No matter to be discussed by the Committee shall be considered to be confidential unless exempt under Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

2. Key Considerations

2.1 In relation to 1.1(a), above, the Joint Health Scrutiny Committee will have regard to the four requirements for lawful consultation in reaching its conclusions in relation to:-

- at the formative stage, the consulting body must have an open mind on the outcome;
- there must be sufficient reasons for the proposals, and requests for further information should be supported;
- adequate time should be allowed for consultation with all stakeholders;
- there should be evidence of conscientious consideration of responses by the consulting body.

2.2 The Joint Health Scrutiny Committee will consider the options presented as part of any proposed substantial service changes and implications they might have on the individual local authorities.

2.3 The Joint Health Scrutiny Committee will scrutinise and review any consultation framework to ensure that it is adequate and robust and that it captures the views of both service users and the public.

3. Timescales and Governance

3.1 The Joint Health Scrutiny Committee will be reconstituted during July 2019 and will meet as and when required to ensure thorough scrutiny of the issues listed in paragraph 1.1, above and will continue whilst proposed service changes that affect both areas are contemplated.

3.2 Any issues listed under paragraph 1.1(a) above will only be scrutinised by the Joint Health Scrutiny Committee and not the constituent authorities.

3.3 Ideally, any other issues listed under paragraph 1.1 will only be scrutinised by the Joint Health Scrutiny Committee.

3.4 Any response or recommendations to services outlined in paragraph 3.1 and 3.2 above will only be agreed by the Joint Health Scrutiny Committee and signed by both Chairs. It will not need the endorsement or agreement of the individual constituent authorities. Should agreement not be reached over recommendations a minority report will be attached to the recommendations.

3.5 Meetings of the Joint Health Scrutiny Committee will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority Chairing the meeting and providing democratic services support).

3.6 These terms of reference will be revisited and reconsidered by the Joint Health Scrutiny Committee at its first meeting of each municipal year.

4. Membership

4.1 Membership of the Joint Health Scrutiny Committee will be nominated by the Sandwell and Birmingham scrutiny committees

that have responsibility for discharging the statutory health scrutiny function.

4.2 Membership of the Joint Health Scrutiny Committee will reflect the political balance of each respective authority. For a committee of ten members the ratio for Sandwell is (5) and for Birmingham it is (3:1:1).

4.3 The responsibility for chairing meetings will alternate between Birmingham and Sandwell, with the Chair of the hosting authority chairing the meeting. The location of meetings is to be rotated between the two authorities. In the absence of a chair of a meeting, the other chair, if present, takes the chair. In the absence of both chairs, a chair will be elected from those members at the meeting.

4.4 The quorum for meetings will be four members, comprising two members from each authority.

4.5 There are to be no co-opted members.

5. Support Arrangements / Resources

5.1 The work of the Joint Health Scrutiny Committee will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

5.2 Venues for meetings are to be rotated between Sandwell MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two authorities. The nature of the tasks involved in supporting the Committee is set out below.

Support	**Nature of tasks**
Overall Co-ordination of the Joint Health Scrutiny Committee's work, Policy Support and Administrative	• Manage the Committee's work programme. • Ensure key action points arising from Committee discussions are followed. • Maintain ongoing dialogue and communication with Healthcare Trusts, commissioners and providing health organisations. • Maintain ongoing dialogue and communication between the two Local Authorities.

Support	• Provide policy support as required by the Committee. • Produce briefing papers as required. • Undertake any other support tasks e.g. writing letters, inviting witnesses etc. • Drafting joint response.
Clerking of meetings	• Set up meetings and associated tasks. • Maintain schedule of meetings. • Publication of agenda and related documentation. • Take notes of meetings and distribute these. • Provide advice in relation to scrutiny procedures.

Approved by: Councillor (Sandwell Chair)
Councillor (Birmingham Chair)
Members of the Joint Health Scrutiny Committee

Date approved:

LATEST UPDATE TO JOINT OVERVIEW AND SCRUTINY COMMITTEE

Purpose

This short paper updates members on the varied items to which the Trust is a party. It assumes familiarity with the last three JOSC meetings where the issues raised have been consistent. We welcome questions and can be contacted outside the meeting via tobylewis@nhs.net

1. Midland Metropolitan Hospital

a) The Final Business Case to complete the building with Balfour Beatty as our preferred bidder was approved by the Trust's Board on June 2nd 2019. This approval follows HMG approval of the Outline Business Case in January 2019, and the collapse of Carillion in January 2018. Approval from NHS Midlands, DHSC and HMT had been expected in August. Negotiations continue on the approval route, conscious that any delay in agreeing the FBC beyond September would mean that the cost of the final build would rise further, and the hospital would not then be opened before the Commonwealth Games.

b) The decision of the CCG – after member votes - to retain its current footprint within the Black Country and West Birmingham STP removes one of the key risks cited in the FBC and priced at an unfunded £7.1m per annum. Strong STP/STP discussions have taken place generally around the boundary debate, and specifically around Midland Met. The Trust has been asked to develop working groups to take forward the idea of "postcode-blind" community nursing, social care provision and liaison psychiatry.

c) Interim reconfiguration of services to address quality issues that the single site was designed to mitigate will need to proceed. Funding for that purpose has been provided. However, since March 2019, the Trust has seen a 12.5% rise in emergency admissions. This means that the Sandwell site no longer has capacity to sustain winter provision in 2019-20 without some adjustment of which beds and ambulances arrive where. Discussions with the CCG on an emergency reconfiguration are taking place. The most likely option for safety will be to move most inpatient respiratory services from Sandwell to City (as we will with Midland Met).

2. Emergency care provision and waiting times at SWBH

a) The Trust has the shortest ambulance turnaround times of any hospital in the west midlands. Whilst too many patients wait beyond 30 minutes for handover, very few wait beyond 60 minutes. Work is ongoing to ensure that this fantastic effort by staff does not result in the diversion of ambulances from out of the area to either City and Sandwell. The risk is that whilst it may be, at times, proportionate and safe to take a patient out of an ambulance to permit that vital vehicle back on the road, if that is done by corridor care, and there is then a surfeit of ambulance arrivals, the A&E can become overwhelmed. A more subtle suite of indicators of hospital capacity is required, and is used elsewhere in England.

b) The Trust is the second best performing in the west midlands for addressing the requirement to reduce long lengths of stay among patients over 21 days as an inpatient. This improvement is all the more impressive when we note that, unlike many hospitals, we operate most of the community beds in both Sandwell and western Birmingham, and so the 'ask' of us for improvement was comparatively greater than elsewhere. This improvement cannot mask the reality that Delayed Transfers of Care for Sandwell are among the three lowest in England, and DTOC data for Birmingham, including our Trust, remains relatively weak. The improvements have been achieved at the same time as reducing average length of stay in medicine by one day, and increasing ambulatory alternatives (which actually remove short stay patients from the numerator, so the improvement like for like is greater than this).

c) Unfortunately four hour performance is not consistently on our improvement trajectory, which targeted 90% by October and 85% from June. Our 'performance' is below average for the west midlands and is not good enough. Very high admission numbers place pressure on cubicles and on resus beds and we are not seeing the gains from our improvement work that we had hoped for as a result. Staffing has improved markedly and we have 14/18 consultants, and for the first time in five years a full 'junior' doctor rota. We are working with NHS Midlands on the projects needed to achieve a consistent position of 85% on both sites as a baseline. This is achieved in the Eye Hospital. Data for the year for both acute sites is shown in the table below.

(>4 hrs/<4hrs/%age)	April	May	June	July to 21st
Sandwell	2373/6072/72%	1650/6495/79%	1855/6257/77%	1297/4634/78%
City	1717/7450/81%	1545/7516/80%	1380/7293/77%	1091/5188/78%

3. Specialist gynae-cancer surgery

a) The local decision in 2016-17 to remove without transition the 'top up' tariff for gynae-cancer led to the Trust, after arbitration, giving due notice on the service provision in April 2017. The Trust has maintained the service with top up funding since and holds a contract to March 2020. The Trust has repeatedly, and again last month, indicated that no further contract extension will be agreed until a firm contractual date is set for service transfer to UHB. NHS Midlands are considering how (not whether per se but the mechanism) the capital required for service change to happen should be secured and funded, and committed at the last JOSC that this information would be shared in July.

b) SWBH has independently made representations to NHS Midlands on this matter and is awaiting a formal response. The Midland Metropolitan Hospital is not configured to maintain this service but will contain the local gynae-cancer service for which new clinical teams have been successfully recruited. Recruitment into the service has been stabilised during 2018-19. It would be fair to say that the renewed prolonged uncertainty will place that encouraging position at risk if clarity is not secured between the parties before autumn.

4. Solid tumour oncology (AOS, MDT, clinics and chemotherapy)

(a) Both Trusts are committed to a model of returning solid tumour services, and in so doing to both achieving an equitable quality across Sandwell, Birmingham and Solihull, addressing historic IOG non-compliance in key tumour groups, and improving the service from what existed before. Productive joint discussions to that end continue and a review with the two Chief Executives of progress is diaried for August.

(b) Changes to the Sandwell inpatient estate referenced above will allow for the haemato-oncology ward to be moved within the site. That in turn will create space for a joint haematology and solid tumour chemotherapy unit to commence operation, probably in April 2020. The Trusts are working through the safest IT and best staffing models for these changes. At the same time we are finalising joint clinic structures for the various tumour groups as well as ensuring that crucial MDT are staffed and structured distinct from other commitments. IT changes at SWBH have been made to support virtual work and similar changes at UHB are ongoing.

(c) The position at City remains contingent on estate and capital. Discussions with NHS Midlands continue and the Trust is finalising a financial model to confirm a rental charge that would allow capital to be sourced and amortised. The latest NHS capital regime – notified since the last JOSC - in effect moves money from Trusts in surplus to Trusts in deficit and we are therefore considering whether we have got sufficient cash to cashflow this position, charging the cost to the provider, who we assume will charge a premium to the commissioner. That premium is not yet agreed.

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