

# BIRMINGHAM CITY COUNCIL

<p><b>JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE BIRMINGHAM &amp; SANDWELL 24 JULY 2019</b></p>
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**MINUTES OF A MEETING OF THE JOINT  
HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE BIRMINGHAM AND SANDWELL  
HELD ON WEDNESDAY 24 JULY 2019 AT 1400  
HOURS IN COMMITTEE ROOM 2,  
COUNCIL HOUSE, BIRMINGHAM**

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

Birmingham: Rob Pocock and Peter Fowler.

Sandwell: Councillors Kerrie Carmichael, Elaine Costigan, Elaine Giles.

Attendees:- Toby Lewis, Chief Executive - Sandwell and West Birmingham  
Hospitals NHS Trust  
Scott Hancock, Head of Pathway Redesign and Oncology  
Project Lead, University Hospital Birmingham NHS Foundation  
Trust  
Gail Sadler - Scrutiny, Birmingham City Council  
Marie Reynolds - Committee Manager, Birmingham City  
Council

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## **CHAIRMAN'S WELCOME**

01/19 Councillor Pocock (Chair) welcomed all to the meeting.

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## **NOTICE OF RECORDING/WEBCAST**

02/19 The Chair advised that the meeting would be webcast for live and subsequent broadcast via the Council's internet site ([www.civico.net/birmingham](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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## **APOLOGIES**

Apologies received from Councillors Brown, Tilsley, Islam (delayed), Phillips and Piper.

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**DECLARATION OF INTEREST**

04/19 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**

05/19 That the Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 11 April 2019 was approved as a correct record of the meeting.

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**MATTERS ARISING FROM THE MINUTES**

06/19 The Chair referred to the Minutes of the previous Meeting and regarding the request for updated reports and confirmed that NHS England (Specialised Commissioning) were unable to attend the meeting due to staff reorganisation taking place.

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**TERMS OF REFERENCE**

07/19 The terms of reference as set out in the attached appendix were approved.

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**WRITTEN SUBMISSIONS - REQUIREMENT**

08/19 The Chair thanked Toby Lewis, Chief Executive - Sandwell and West Birmingham Hospitals, NHS Trust for the written submission.

He subsequently explained the statutory requirement whereby the agenda and associated documentation should be made available in the public domain, five clear working days prior to the meeting, and therefore, encouraged all future presentations to be submitted within the specified time scale.

At this juncture, Toby Lewis apologised for the lateness of the submission..

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**UPDATE ON THE DEVELOPMENT OF THE MIDLAND METROPOLITAN HOSPITAL**

09/19 Toby Lewis, Chief Executive - Sandwell & West Birmingham Hospitals NHS Trust reported on the up to date position of the development.

(See document No. 1)

The Government had approved £358million of funding for the completion of the hospital. Approval was still awaited from the Treasury to sign the contract

with Balfour Beatty and this was expected by the end of July/early August. However, if the contract was not signed by October, it would not be possible to keep within the £358million, or open in time for the Commonwealth Games in 2022.

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

It was noted that there had been an increase over the past months of admissions to hospital and West Midlands Ambulance Service used mainly Sandwell and West Birmingham Hospitals, as it was the best Trust in the Midlands for ambulance turnaround times. As this was not the main contributory factor, they were still continuing to try and establish the reason for the increased levels.

It was highlighted that if admissions continued at this level, this would mean that the Sandwell site would no longer have the capacity to sustain winter provision 2019-20, unless there was an adjustment of beds with the movement of one ward.

It was highlighted that the Australian flu this year seemed particularly virulent and although Sandwell and West Birmingham was the highest vaccinating trust in England, there was the expectation that there would be a significant impact on winter provision this year.

Given already the increase in admissions over the past months, and if this continued, together with the added concern that there could be a slightly higher rise than normal for winter provision, due to the nature of the flu, Toby emphasised the need to address the situation sooner rather than later by making the move in October rather than January when it could be too late.

Toby confirmed that they were addressing the issue by progressing through their internal governance and safety process. They had submitted their proposals to the CCG committee which had since been approved earlier this week, and therefore they were now required to be presented to the CCG governing body.

He added that it would be for the CCG to discuss with the Joint Health Overview and Scrutiny Committee with regard to the emergency reconfiguration. He highlighted that he would be appealing to the committee with regard to public engagement and the need to work together in how this was orchestrated given the serious time constraints. He further highlighted that they were working with the CCG to get the correct documentation to the committee in order to expedite matters as soon as possible.

Toby confirmed that the move from Sandwell Hospital to City Hospital would be temporary and so effectively as with the cardiac move, they had already communicated to the residents of Tipton and West Bromwich that there inpatient care would be located on the other side of the M5. He emphasised that the vast majority of respiratory patients could still attend A&E and still be

admitted at Sandwell highlighting that it was entirely possible to run a safe A&E department at Sandwell without the provision of on-site chest medicine.

Toby reported on the idea of “postcode-blind” community nursing, social care provision and liaison psychiatry and confirmed that discussions had taken place across England and Wales with patients and both STP’s in progressing to this position by 2022.

He subsequently explained the expectation of how the service would work and highlighted, that if a patient was referred for district nursing in Sandwell or Birmingham that the service they receive is as similar as possible wherever they were and that there was the similar level of interaction between the services.

He referred to the number of people that lived either side of the Sandwell and Birmingham border that was registered with a GP but lived on the other side. He subsequently explained how the social care and health care pounds were organised differently confirming that social care followed the GP domicile whereby health care followed the resident domicile.

He referred to the community nursing aspect, and confirmed that they were engaging with Birmingham Community Healthcare NHS Trust and would then move on to liaison with psychiatry and the 2 mental health trusts and work with both councils because of the financial differences. He added that there were different issues for social care compared to the other 2 areas which were fundamentally related to paper work and bureaucracy.

He highlighted that the goal was not to end up with delayed transfers of care in Sandwell (2<sup>nd</sup> best in the country) and this also applied to Birmingham who were, albeit not that good, and, therefore, needed to find a way in order to achieve the required result.

In response to the Chair’s enquiry regarding West Birmingham boundary and associated issues and timelines in addressing this, Toby suggested that it could be possible by spring 2020, adding that it was about making it simple as possible for clinicians working with the 2 systems.

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

10/19

Toby Lewis, Chief Executive - Sandwell & West Birmingham Hospitals NHS Trust reported on the up to date position.

He specifically highlighted the 2 areas they were focusing on in order to increase the level of percentage from 78% to 85%, ensuring that anyone attending minor injuries was seen within 4 hours and do whatever could be done to improve that, and also to improve the 40 patients a day waiting time. He stated that if improvements could be made at attending to those patients within their first hour of admission, then decisions could be taken to expedite their care.

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

Toby confirmed that weekends were slightly worse and alluded to the differences between the poorer times and stronger times, as well as the bed state was less effective either side of the weekend, as it was sometimes difficult discharging patients at the weekend which was partly down to the hospital, and also the care homes and other practices, that did not receive people on Sundays.

He confirmed that they were addressing this issue and were making progress with their staffing arrangements, and that the next step was getting the staff organised in order to cope with the volume of people that arrived. He added that although they were not as organised as they could be on every shift, they were working towards that achievement.

He referred to patient harm and confirmed that up until now, there had been no patient harm however stated that at some point, there could be an admission that is significant. He highlighted that at the new hospital there would be a greater number of cubicles for patients to be seen, adding that 80% people attending A&E would not require a bed.

Toby confirmed that there was a rise in the older generation attending hospital and subsequently explained how the frailty pathway fast track in A&E had worked with the older person's assessment unit, and although, it had not worked fully, they were working over 3 months to reinvigorate the service.

Toby concluded by confirming that they were aware of what was required in order to make the necessary improvements, and was confident, that after the summer period they would achieve their targets.

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

Scott Hancock, Head of Pathway Redesign and Oncology Project Lead, University Hospital Birmingham NHS Foundation Trust reported on the up to date position.

He confirmed that they were working closely between the 2 trusts and developing the plans and while endeavouring to work through the outstanding issues, subsequently detailed the 3 key areas of challenge:-

He referred to 'IT' and confirmed that while discussions were ongoing between the 2 trusts, work could be undertaken in the short term and that they were still looking to push ahead for the April 2020 commencement.

He referred to the staffing issues with regard to recruitment and at present they were agreeing the operating working model for nurses and especially the

chemotherapy nurses, adding that there was a great determination from both teams to resolve issues.

He referred to the estates issue and confirmed that the service would be at Sandwell to start with and then move to City site at some point in the future. He stated that the entire service was not likely to move back, highlighting that from day one there would be some patients who will be based at Queen Elizabeth Hospital (QE) and may continue to remain there.

In practical service terms, it meant that not all of the clinics that departed from Sandwell and City sites would be able to return back straight away due to the fact that there would not be the patient demand to support the clinics.

Whilst they would try and minimise any disruption, it may mean that some patients if they do not return to Sandwell that they be asked to continue to receive care at QE and may be asked to change the consultant that they were under. He confirmed that many of those patients were already familiar with this way of working.

He reported that the level of engagement with patients would increase as the detail of the plan built up, and particularly, those receiving treatment now in order to assist in providing the best service design.

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

Toby reported on the direct route for both clinical and chemotherapy space at Sandwell by April 2020 suggesting that there may be a possibility of some outpatient space at City, with the longer view of getting to a chemotherapy space at City.

He stated that they were going to work through tumour group by tumour group highlighting that one of the challenging areas now was the breast cancer service, whereby the demands for breast cancer services across the UK had risen sharply over the last year, and that this was the only Trust in the Midlands, that was currently meeting the breast cancer waiting time targets, adding that they needed to find a way to stretch a little more in this regard.

Toby referred to oncology and gynae-cancer surgery and referred to the financial issues when dealing with specialised services. He stated that if specialised commissioning does not have the capital for either purpose, then this needed to be confirmed and addressed and explained the way in which he would have approached this, was by raising revenue in the market.

He referred to the changes in the NHS regarding capital regime and whereby funding had been set aside for specific areas that had now been moved to other areas of the health system, which made it even more difficult to make decisions without knowing whether they would be losing further funding.

**UPDATE ON RECOMMISSIONING OF GYNAE ONCOLOGY SERVICES**

Scott raised concerns around capital funding for gynae-oncology development and was of the opinion that this had now been resolved in the last few days, and that they were able to move forward with discussions regarding capital and the financing of any gynae development.

He subsequently detailed the challenges that they were now encountering with developing the gynaecology from the QE site with regard to growth, and additional pressures on the service, whereby they was having to reconfigure services in order to accommodate the gynaecological oncology surgery on to the site.

It was highlighted that gynaecological oncology surgery requires 10 sessions of full theatre space, and, at the moment, do not have any spare theatres on site. The capital funding originally requested was regarding the redevelopment of some theatres on old estates and moving services across and around on the site, as the capital issue had still not been resolved they were unable to move forward.

Toby referred to the 3 options available to NHS England and while could not understand why they were unable to choose an option, stated that the intention was to be awkward about this in the interest of trying to gain a resolution.

Toby stated, from his point of view, the 3 options were:-

1. Release the Capital.
2. Let the organisations pay for it through revenue, or;
3. NHS England to tell the public it cannot be done.

Due to the fact that the service could continue on at Dudley Road, the issue was not being resolved and subsequently highlighted the impact this would have when the relocation to the new hospital took place. He therefore stressed that any assistance the committee could provide to encourage NHS England to choose one of the three options would be extremely welcome as especially as it was in the interest of the public.

The Chair concluded by referring to (3a) the capital required for the service change to happen should have been secured and funded, and committed at the last JHOSC and the information should have been shared to this committee in July – this had not taken place.

He referred to the following paragraph and the position of risk if clarity was not secured between parties before autumn and stressed the importance of scheduling a meeting date before 31 October 2019, and the need for clarity of this matter as soon as possible.

He reported that NHS England had been unable to attend the meeting due to staff reorganisation however he stated that on behalf of the committee it was imperative that a decision was reached as a matter of urgency.

At this juncture, the committee was unanimous in its determination to proceed with some urgency.

11/19      **RESOLVED:-**

That a meeting be scheduled as swiftly as possible after the summer break and NHS England be invited to report at the meeting.

That provision be made if the meeting requires to enter into 'private session' in order for the committee to be fully briefed of the up to date position, the options available and the intended route to be taken in order that a decision is made within the recognised timescale.

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The Chair thanked Toby Lewis for his presentation.

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**OTHER URGENT BUSINESS**

12/19      There was no other urgent business raised.

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The meeting concluded at 1445 hours.