

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

THURSDAY, 15 APRIL 2021 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chair 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.

4 **MINUTES**

To confirm the minutes of the meeting held on 19th November 2020.

5 **DELIVERING SOLID TUMOUR ONCOLOGY CANCER SERVICES FOR SANDWELL AND WEST BIRMINGHAM UPDATE**

Kieren Caldwell, West Midlands Commissioning Unit, NHS England.

6 **BLACK COUNTRY CHRONIC KIDNEY DISEASE AND BIRMINGHAM FAST TRACK (I.E. BLOOD BORNE VIRUSES)**

Kieren Caldwell, West Midlands Commissioning Unit, NHS England.

1 - 6

7 **MIDLAND METROPOLITAN UNIVERSITY HOSPITAL UPDATE**

Richard Beeken, Interim Chief Executive Officer, Sandwell and West Birmingham Hospitals NHS Trust.

8 **PROVIDER TRUST COLLABORATION UPDATE**

Richard Beeken, Interim Chief Executive Officer, Sandwell and West Birmingham Hospitals NHS Trust.

7 - 8

9 **DIABETIC EYE SCREENING PROCUREMENT - BIRMINGHAM, SOLIHULL AND BLACK COUNTRY**

David Brown, Senior Commissioning Manager - Public Health, NHSE&I Midlands.

10 **DATE AND TIME OF NEXT MEETING**

To agree a date and time.

11 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for call in/councillor call for action/petitions (if received).

12 **OTHER URGENT BUSINESS**

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

13 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

'In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

Joint Health Overview and Scrutiny Committee

Birmingham City Council and Sandwell Metropolitan Borough Council

19 November 2020 at 2.00pm

Present: Councillor Elaine Giles (Chair)
Councillors Carmichael, Costigan, Piper
(Sandwell Metropolitan Borough Council)

Councillors Clancy, Islam, R Pocock and Tilsley
(Birmingham City Council)

Officers: Carly Evans, Sandwell and West Birmingham Clinical Commissioning Group; Dr. David Carruthers Sandwell and West Birmingham Hospital NHS Trust; John Taylor and Alexia Farmer, Healthwatch Sandwell; Andy Cave, Healthwatch Birmingham; Brian Carr, Birmingham Voluntary Services Council; Amy Bahat University Hospital Birmingham NHS Foundation Trust; Mark Garrick University Hospital Birmingham NHS Foundation Trust; Gail Sadler, Scrutiny Officer, Birmingham City Council; Stephnie Hancock, Senior Democratic Services Officer, Sandwell MBC; Shane Parkes, Democratic Services Officer, Sandwell MBC.

13/20 Apologies for Absence

Apologies for absence were received from Councillors Brown and Philips.

14/20 Declarations of Interest

There were no declarations of interest.

15/20 Minutes

The minutes of the meeting held on 13 February 2020 were agreed as a correct record.



Midlands Metropolitan University Hospital update

The Committee received an update in respect of the development of the Midland Metropolitan University Hospital.

The hospital had now been named the Midland Metropolitan University Hospital which acknowledged the importance of University partnerships and practice on the site in terms of learning and research.

Construction was on track for the hospital to be opening in 2022. There had been 23 days slippage in the construction programme during the pandemic. Numbers of staff working on the site had increased to 550 in the reporting period.

Over the summer the project had re engaged internally with clinical teams to document the acute care model.

In terms of the onsite development pilots at Midland Metropolitan University Hospital and associated regeneration programme, Sandwell and West Birmingham Hospital Trust had submitted a bid for a learning campus on site in partnership with Learning Works, Sandwell College, and Aston and Wolverhampton universities.

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

- Members were encouraged to hear that progress was being made on the construction despite, the current pandemic.
- Members asked if the finances were on track and it was confirmed that finances were being closely monitored to stay within the financial model. The overall aim was to remain within the budget agreed with the government.
- In respect of staffing it was planned that acute service staff would move from the current site and maintain routine services staff at City and Sandwell hospitals.
- An extended hospital day from 8am – 8pm with senior decision makers being available during this time 7 days a week.
- A query was raised about the reduction in acute beds and if there would be sufficient capacity. It was confirmed that there would be an increase in community beds and better pathways to ensure that patients could be managed within the community in the first instance. There would be more side ward provision with better infection control.

- Members asked if there would be a definite pathway from Rowley Regis Hospital to the Midland Metropolitan University Hospital as currently patients were transferred to Russell's Hall Hospital when needed. Dr Carruthers was aware of the issues and if this had not been considered within pathways planning he would ensure that this was included.

Agreed that a progress update in respect of the Midland Metropolitan University Hospital be brought to the next meeting of the Joint Health Overview and Scrutiny Committee on 11 February 2021.

17/20 Update

Primary Care Networks in Sandwell and West Birmingham -

The Committee received an update on Primary Care Networks (PCNs) in Sandwell and West Birmingham.

Since the last report brought to this committee, in February 2020, there had been a number of changes to the configuration of Primary Care Networks across Sandwell and West Birmingham. The requirements placed upon them under the nationally commissioned Primary Care Networks Direct Enhanced Services (DES) had also changed.

Following the dissolution of three Primary Care Networks earlier in the year there were now 12 Primary Care Networks established across Sandwell and West Birmingham with eight Primary Care Networks in Sandwell and four in West Birmingham.

The amended Direct Enhanced Services introduced three substantive changes to the 2020/21 Network Contract DES.

1. Flexibility for the clinical lead under the Enhanced Health in Care Homes Service requirements to be a non- GP.
2. The introduction of two new reimbursable roles under the Additional Roles Reimbursement Scheme.
3. The introduction of an investment and impact Fund which had six indicators with associated thresholds. They represent key clinical priorities for Primary Care Networks in support of the recovery from the COVID-19 pandemic.

From 1 October 2020 Primary Care Networks were contractually required to provide the following services;

- structured medication reviews and medicines optimisation;
- enhanced health in care homes;
- early cancer diagnosis;
- social prescribing services;

PCNs had demonstrated their value in the response to the COVID-19 pandemic, including through the delivery of support to care homes and through the resilience they had offered to practices that had experienced staffing challenges. PCNs would continue to play a critical role in the NHS recovery from the pandemic, including tackling the health inequalities within society that COVID-19 had highlighted.

It had been confirmed that Primary Care Networks had been commissioned to deliver the COVID-19 vaccine with plans now underway to mobilise a service once the vaccine was ready.

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

- When Primary Care Networks had been formed the guidance was a population of between 30,000 – 50,000 was an ideal size. It was considered that the minimum population was 30,000. The main reasons being economy of scale and working collaboratively to achieve better services.
- The amalgamation of Primary Care Networks was subject to Clinical Commissioning Group approval and ultimately NHS England approval.
- The vaccine priority list would be determined nationally.
- In respect of 8am – 8pm provision, Primary Care Networks provided extended access Monday to Friday and some provision at weekends (not 8am – 8pm) based on local need.
- There were no plans to prioritise vaccines to those who had previously contracted COVID-19.
- In the first year of Primary Care Networks, patients may not have noticed any difference in how services had been delivered. The second year had been diverted due to the pandemic therefore many changes had been forced into the system – from this year on it was being asked to recruit to a broader range of roles and specific services.
- There was a requirement to provide a social prescribing service, however not all had successfully recruited a social prescriber.

Agreed that an update in respect of Primary Care Networks be presented to the next meeting of the Joint Health Overview and Scrutiny Committee on 11 February 2021.

18/20 Merger of Provider Trust - Update

The Committee noted the following statement from Sandwell and West Birmingham Clinical Commissioning Group:-

Acute Collaboration

'There have been enquires from other MPs about proposals or plans, in hand or in development to re-organise hospital trust services in Black Country and West Birmingham. As is normal in a system, we continually review the clinical sustainability of the services provided, seeking to manage any risk that staffing, or resource issues may present over the coming years. The system is clear on which services present the greatest area of concern and has established clinically led arrangements to develop a joint response across the four hospital trusts.

We can confirm there are no immediate service change proposals and any changes would be subject to stakeholder and public involvement before decisions are made.

We welcome this joint working between the hospital trusts and expect it to increase with the potential for more formalised arrangements as the system develops into an Integrated Care System (ICS). This move is in line with the national direction to ensure that there are 'clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.' Members of the Committee considered that the statement had been helpful, however a number of questions remained unanswered. Members asked for clarity on the areas of concern and was it the Providers or the Clinical Commissioning Group that were driving this review and the motive.

Agreed that an Officer from the Sandwell and West Birmingham Clinical Commissioning Group be requested to attend and present a report to the Joint Health Overview and Scrutiny Committee on 11 February 2021.

The next Meeting of the Joint Health Overview and Scrutiny Committee had been scheduled for 11 February 2021.

Meeting ended at 3.57 pm

[To Watch the Meeting click here.](#)

Democratic_Services@sandwell.gov.uk

Birmingham/Sandwell Joint Health Scrutiny Committee

Date: 15th April 2021

Paper Title: **Diabetic Eye Screening Procurement – Birmingham, Solihull and Black Country**

Report by: David Brown – Senior Commissioning Manager – Public Health

Confidential: Yes

Purpose:

For decision

For discussion

For information

1. Introduction & purpose of the paper

- 1.1 The current provider contract for the provision of Diabetic Eye Screening for Birmingham, Solihull and Black Country expires in June 2021.
- 1.2 Under the 2015 Procurement Contract Regulations – It is necessary to re procure for this service.
- 1.3 An invitation to Tender was published in January 2021. Three bidders, including the current provider have submitted proposals for consideration.
- 1.4 It is possible that the service model could change, either as a result of a different provider winning the contact award, or due to the impact of Covid-19 Infection prevention and control measures.
- 1.5 The current procurement process has been paused to allow time for NHSE/I to assess the impact on access for patients of these changes.
- 1.6 The purpose of this paper is to update the Committee on the procurement for DESP in Birmingham Solihull and Black Country

2 Context/Background

2.1 The current provider for DESP in BSBC is University Hospital Birmingham. Their contract commenced July 2014 for 5 years and was subsequently extended by a further 2 years as per contract to end June 2021. There is no further scope within the contract for further extensions.

2.2 In order to gauge market interest a Prior Information Notice (PIN) was issued in November 2020 and showed significant market interest in providing the service. This included the current provider and others already providing services in Midlands Region.

2.3 An Invitation to Tender was issued on 14th December and closed on 13th January.

2.4 A Task and Finish Group involving NHSE/I contract managers working with colleagues from PHE Screening and Immunisation Teams has been convened to undertake the procurement and is supported by expertise from Arden and GEM CSU.

2.5 The Senior Responsible Officer for this procurement is Trish Thompson – Director of Primary Care and Public Health Commissioning.

2.6 As it is likely that the current service model will change, either due to the impact of Covid19 IPC measures, or a change of provider, further work is required to assess the impact on accessibility for patient.

2.7 Our proposal is to work with Diabetes UK to ensure both service users and the wider diabetic community have the opportunity to input into the procurement process. In addition to sending out a questionnaire via the existing provider.

2.8 The outcome of the user and patient engagement exercise will be used to inform the procurement process going forward.

3 Next Steps

3.1 The Committee should note the contents of this report

3.2 The Committee should indicate whether they wish to be directly involved in the patient engagement exercise

3.3. The Committee should note that further updates will be provided regarding the procurement process.

Recommendations

4.1 The group is asked to:

- Note the update provided in this paper
- Confirm whether members wish to be directly involved in patient engagement exercise.

David Brown

April 2021