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)

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