

**Birmingham City Council and Sandwell Metropolitan Borough
Council**

Minutes of the Joint Health Overview and Scrutiny Committee

11th February, 2016 at 2.00 pm
at the Sandwell Council House, Oldbury

Present: Councillor Paul Sandars (Chair);
Councillors David Hosell, Ann Jarvis, Bob Lloyd
and Bob Piper (Sandwell Metropolitan Borough
Council).

Councillors Sue Anderson, Andrew Hardie and
Majid Mahmood (Birmingham City Council).

Apology: Councillor Mohammed Aikhlaq (Birmingham City
Council).

In Attendance: Toby Lewis and Dr Roger Stedman (Sandwell and
West Birmingham Hospitals NHS Trust);
Dr A Ahmed, Rebecca Buswell, Jon Dicken, Jayne
Salter-Scott, Sally Sandel, Dr D Webb (Sandwell
and West Birmingham Clinical Commissioning
Group);
David Stevens (Director – Adult Social Care,
Health and Wellbeing – Sandwell Metropolitan
Borough Council);
Rosemary Jones (Democratic Lead - Sandwell
Metropolitan Borough Council);
Gail Sadler (Research & Policy Officer –
Birmingham City Council);
Jane Upton (Healthwatch Birmingham);
William Hodgetts (Healthwatch Sandwell).

Observer: Councillor Shirley Hosell.

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1/16 **Declaration of Interests**

- (i) Councillor Hardie declared that he was a locum GP who worked at surgeries within Birmingham;

- (ii) Councillor Lloyd declared that he was the Chair of the Murray Hall Community Trust which had tendered for the End of Life Care contract as reported in Minute No. 4/16 below.

2/16 **Minutes**

Resolved that the minutes of the meeting held on 15th December, 2016 be confirmed as a correct record.

3/16 **Oncology Services**

The Committee received Toby Lewis, Chief Executive, and Dr Roger Stedman, Medical Director, of the Sandwell and West Birmingham Hospitals NHS Trust. The Chairs had asked that they report to the Joint Committee on changes which were proposed for the operation of oncology services provided by the Trust and in particular on any proposals for the alternative provision of radiotherapy services.

The Chief Executive reported that, despite the rumours in the local community, the Trust was not proposing any change to the service. Dr Stedman re-iterated the following information which had been made available to oncology patients:-

- All oncology services from Sandwell and West Birmingham - chemotherapy at Sandwell and the Treatment Centre at Birmingham and clinics - would continue, in fact the number and size of clinics were to increase
- The Trust would not and was unlikely to provide these services through sub-contractors. Currently University Hospital Birmingham was the provider
- 40% of patients lived closer to other centres. As part of its expansion discussion the Trust was talking to The Royal at Wolverhampton to increase capacity

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- It was envisaged that the Trust would provide its own oncology team with a clinical lead

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

- Patients would only have to travel to Walsgrave in Coventry in exceptional and rare cases. Discussions were taking place with The Royal in Wolverhampton as it was also upgrading its equipment to take more patients;
- The Queen Elizabeth Hospital was not being de-commissioned. Patients who wished to remain with their current oncologist could do so. There would be a 60% growth of service and there would now be a choice, where previously there had been none;
- The Trust provided its own patient transport; if another, better method became apparent then it would be tried;
- While there were currently two A & E departments, most of the service was delivered through the Birmingham site; consequently some patients would need ambulance transfer and others would not. The Trust needed to improve its booking of clinics by postcode; this was an on-going matter particularly for follow-up appointments. The future model for in-patient visitors would have better bus transport. The team did a good job and there were few patient transport problems;
- There would be no change in appointments for April or May;
- The Trust had been successful in recruiting oncologists in the past few months – 3 were in post, one would begin in April and another in May, 2 interim locum posts were filled and a joint appointments panel with The Royal was soon to interview for a further three posts. The number of clinic sessions would increase from 33 to 55 and thereby waiting times would be reduced;
- Patients who wished to receive oncology treatment at Wolverhampton would not be disadvantaged by parking charges;
- There would be a Strategic Partnership Agreement drawn up for the posts which would work jointly between the Trust and Wolverhampton. There might be issues relating to services and outcomes but these would be worked through. If it became commercially viable to set up a radiotherapy unit in Sandwell and West Birmingham then this would be considered;

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- There had been regular patient forums since October last year; the initial ones of these had been well attended. A further forum was to be held next week. The forum hosted by Healthwatch Sandwell was also well attended. All patients affected had also been written to. Patients wanted certainty and had attachments to the people who were treating them – communication needed to be as one NHS. Some patients did not want to see change, however, others who had not had continuity were discontent with the current arrangements – it was wished to design a service around patients;
- Work would continue with University Hospital Birmingham following April;
- It was noted that the Trust's unit had the lowest mortality rate in the UK for gynaecology cases;
- The conception of a new smaller, acute hospital might seem as inappropriate if the service was increasing but the type of care would be different – most cancer care was ambulatory;
- Additional resources had led to the proposals for increased services to meet demand;
- Currently the two centres operated differently – at the Birmingham Treatment Centre patients saw their own oncologist which often meant a long wait, whilst at Sandwell patients made two visits – one an assessment and the second to receive chemo treatment. Patients' preferences for future services tended to be based on what they currently experienced;
- The medical changes needs to be explained as best as possible to patients – a dialogue was required to move in a proactive way.

The Chair, on behalf of the Scrutiny Committee, thanked the Chief Executive and the Medical Director of the Sandwell and West Birmingham Hospitals NHS Trust for their report to the meeting.

4/16

End of Life Care Update

Further to Minute No. 17/15 (End of life Care Update - Sandwell and West Birmingham Clinical Commissioning Group (CCG)) (15th December, 2015), it was confirmed to members that the winning bidder for the End of Life Care contract had been Sandwell and West Birmingham Hospitals NHS Trust. Due to a challenge from another provider and resulting delays it was now proposed that the Service would commence from 1 April, 2016.

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Members received a presentation on the proposals for the new Service whose overall aim was to improve patient experience and quality of care for local people at the End of Life.

The presentation gave details of the Co-ordination Hub of the Service which was located at the Sandwell Hospital; at the Hub there was a triage team and an end of life facilitator would be available at any time. Details of the development and operation of an End of Life Care Register were also reported.

An Urgent Response Team, to be available 24/7, was to be established and would work alongside District Nurses to provide enhanced support. John Taylor Hospice and Birmingham St Mary's Hospice were two of the four sub-contractors for the Service; however, if patients expressed a wish to go to another hospice this wish would be respected and a bed there would be spot purchased.

Age Concern Birmingham and Sandwell Crossroads would work collaboratively across the CCG area to ensure equity of access to support services. The Hub would also hold a Directory of Services which would include contact details for a wide range of support agencies across the area and signpost patients, families and carers where appropriate.

The Service would be undertaken on a five year contract drafted by the CCG and sub-contracts would be drafted by the Sandwell and West Birmingham Hospitals NHS Trust. The Service would be governed by a new End of Life Care Board and have a CCG Implementation Group. The contract would be monitored monthly and the data would be collected by the Trust to inform service improvement.

The timelines for communication and engagement for the launch of the Service were also reported.

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

- A letter was being drafted to consult current users but had not yet been mailed.

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- The services from Age Concern Birmingham would involve home support from 11 locally based providers. Sandwell Crossroads would work with Birmingham. Services would not be static in one particular area and there would be a separate travelling budget.
- There would be a flexibility of arrangements. This would give an added social value of local care from local carers. Most people would prefer not to travel far.
- The other two sub-contractors were made up from other hospices, e.g. Compton, Mary Stevens and they also would have key performance indicators (KPIs) to achieve.
- Patients with special or particular needs would be referred to a hospice.
- A communication route would be opened with the West Midlands Ambulance Service; close working would be pertinent to the new model.
- Although the process had been a little stop-start, Steering Groups on the proposals had been in operation from 2013 to date but had been more about engagement than consultation. Patient and Healthwatch representation had been included.
- The proposals would accommodate an earlier referral to hospice provision should the need arise.
- The proposals would be better than what was currently provided as it should know what the patient/individual required. It would also give less rise to bed blocking.
- The Trust needed to ensure that patients' needs were met earlier than was currently the case. It would take on the risk of organising the Service and would need to ensure that KPIs were being met.
- As mentioned at the last meeting, the services of Bradbury Day Hospice would be utilised if that is what patients had asked for – the Trust would be committed to working with service providers on any level they wished.
- It was hoped that a vigorous consultation process would now be engaged on with the public and user groups.
- An improved and co-ordinated Service was the aim of the proposals. The Hub would assess patients' requirements holistically and respect their wishes as to location wherever possible.

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- It was felt that it was important that the use of the Hub as a sign posting tool was communicated as effectively and widely as possible.
- The main lesson from the process for the CCG was how it should effectively communicate with people in the market place.
- Healthwatch Birmingham's website would be updated with feedback on the proposals as soon as possible.

The Scrutiny Committee requested that an update on the operation of the Service be provided in June, 2016.

(Meeting ended at 4.17 pm)

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