

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

Minutes of the Joint Health Overview and Scrutiny Committee

**18th October 2018 at 2.15 pm
at the Sandwell Council House, Oldbury**

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

Councillor R Pocock (Birmingham City Council).

Apologies: Councillors Akhter and Downing (Sandwell
Metropolitan Borough Council) and Brown, Rashid
and Webb (Birmingham City Council).

In Attendance: Simon Collings, Kieran Caldwell, J Kinghorn,
Angela Young and Mark Smith – NHS England
(Specialised Commissioning);
Toby Lewis – Sandwell and West Birmingham
Hospitals NHS Trust;
Scott Hancock – University Hospitals Birmingham
NHS Trust.

(The recommendations contained in these minutes are not those of
the full Committee due to the meeting being inquorate.)

24/18 **Minutes**

Resolved that the minutes of the meeting held on 1st
August 2018 be approved as a correct record.

25/18 **Sandwell and West Birmingham Solid Tumour Oncology and
Specialised Gynaecology Cancer Services**

Further to Minute No. 20/18 (of 1st August 2018) the Committee
noted an update, contributed to by NHS England, University
Hospitals Birmingham (UHB) and Sandwell and West Birmingham

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Hospitals NHS Foundation Trust (SWBH), following the review of oncology services in Sandwell and West Birmingham.

NHS England reported that it had received a proposal for the delivery of a comprehensive oncology service from UHB, with tertiary centres at Sandwell and City hospitals. Implementation would be on a two-phased approach, beginning with City Hospital, followed by Sandwell, to enable issues around facilities, estates, recruitment and IT to be resolved. Existing patients would be able to choose to continue their care at the Queen Elizabeth (Birmingham) or New Cross (Wolverhampton) hospitals sites and detail of outpatient clinics, day case treatment and pharmacy arrangements would be finalised with providers within the next few weeks. It was anticipated that the detail of the new service model would be finalised by December 2018 with mobilisation in March 2019.

Representatives of SWBH and UHB present assured the Committee that collaboration between the two trusts on the proposed model was good, however, it was felt that the timescales reported by NHS England colleagues were very optimistic, given that building works would be required at the City Hospital site. Discussions were also currently taking place with UHB on the location of the various services. It was felt that a late 2019/early 2020 timescale was more realistic.

NHS England responded that the safe transfer of patients was more important than the timescales and they would be guided by the two trusts. Both Trusts assured the Committee that patients were currently receiving a safe service.

In relation to gynae-oncology services, NHS England reported that engagement was currently focussing on a longlist of potential options. This work would look at the best clinical model, as well as what may be required to facilitate a new service given there was not an existing provider that instantly met the requirements.

The next level of engagement would be focussing on what was important to the service and assessing this against potential models against this criteria with a view to informing a commissioning decision by January 2019. It was anticipated that mobilisation of the new service would commence in April 2020.

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Members highlighted the unique position of Sandwell in relation to Birmingham and Black Country cancer networks. NHS England advised that it did not adhere to Clinical Commissioning Group configurations and focussed more on the placement of primary and tertiary centres to meet the needs of the whole population.

Given the specialist nature of the gynae-oncology service, the options for the new service were limited and it was therefore anticipated that the only credible option would be for the service to be provided from a UHB site with tertiary services alongside, although work was continuing to define this proposal. It was therefore not felt to be in the best interests of patients and the public to carry out a full public consultation exercise as it would cause delay in mobilising the new service. Engagement continued to take place via a variety of methods, including discussions with patients individually and through patient reference groups, discussions with a number of gynae-cancer charities via their established communication networks and discussions with clinicians and managers. NHS England agreed to share the final engagement plan with members of the Committee. The Committee was content with this proposal, subject to it being advised of any changes and a further update would be submitted in January 2019, by which time it was hoped that the provider and locations would be confirmed.

In the meantime, Sandwell and West Birmingham Hospitals NHS Trust (SWBH) had agreed to host the service at City Hospital for the current and following financial years. However, the Chief Executive of SWBH reported that theatre space at the new Midland Metropolitan Hospital had now been de-commissioned so there would be no option to extend the service beyond its opening. However, consideration would be given to a further extension before this, subject to guarantees being in place about the future delivery of the service.

Resolved that a further update on the proposed service model for the delivery of a gynae-oncology service for Sandwell and West Birmingham be submitted to the Joint Health Overview and Scrutiny Committee in January 2019.

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26/18 Update on Development of the Midland Metropolitan Hospital

Further to Minute No. 21/18 (1 August 2018) the Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust reported that Balfour Beatty had now taken control of the site. Following the Government's announcement that it would provide public funds to complete the project, an outline business case would be submitted to the Government on 22 October, which would give permission to procure a contractor to complete the hospital. Whilst further detail on funding was awaited, it was still proposed that the hospital would be open in 2022.

It was reported that the Trust had not had to bear any of the cost of Carillion's collapse. Under the new public final model, the Trust would have to pay a public dividend fee, estimated at around 3.5% of the funding allocation.

The Trust was currently working through risk apportionment with the contractor and its Board was considering what level of risk was appropriate for the Trust to retain. The Committee was assured that the building remained of a high quality, despite the weather damage, and therefore the risk profile was reducing.

The Committee welcomed the update and requested a further update, along with detail on the proposed future service configurations upon the opening of the new hospital and any interim reconfigurations as a result of the delay, at its meeting in January 2019.

Resolved that a further update on the development of the Midland Metropolitan Hospital, along with a re-statement of the future service configurations upon its opening, and any interim reconfigurations as a result of the well documented delay, be submitted to the Joint Health Overview and Scrutiny Committee in January 2019.

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27/18 Measures to Address Waiting Times at Sandwell and West Birmingham Hospitals

The Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust (SWBH) addressed the Committee following recent press reports on increased waiting times at Sandwell and West Birmingham Hospitals' accident and emergency (A&E) departments.

He reported that there had not been a significant increase in patient footfall, however, there had been a moderate rise in patients being brought in by ambulance. It was felt that this was partly as a result of SWBH's reputation for responding to ambulance attendances very quickly, enabling the ambulance to get back out on the road. Work was therefore taking place with West Midlands Ambulance Service to ensure that patients were being taken to the right place. It was not strictly the case that patients had to be taken to their nearest hospital and patient destinations were determined by systems so work was being undertaken to ensure that boundaries were adhered to.

In order to deal with the increase in waiting times, three new measures had been introduced in October 2018:-

1. "Hot Clinics" within A&E, designed to attend to patients for whom an A&E visit was not necessary and avoid sending them away.
2. A telephone triage service to support patients referred by their GP, but who may not need to attend A&E.

These measures were intended to reduce the number of people attending A&E that did not need to be there. Resources had also been put into imaging and portering to reduce waiting times. SWBH was also working with Sandwell Council to reduce the number of residents attending A&E from care homes. The ten care homes with the highest number of residents visiting A&E had been identified to work with.

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The third change involved a re-organisation of staff to provide more senior clinicians within A&E to enable decisions on patient admissions to be made sooner.

Data was published on patients seeing triage within 15 minutes, a senior clinician within one hour with an overall waiting time of no more than four hours. Regulators were holding the Trust to account on these targets.

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 January 2019.

(Meeting ended at 3.33 pm)

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