BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

THURSDAY, 24 FEBRUARY 2022 AT 14:00 HOURS
IN BMI MAIN HALL, 9 MARGARET STREET, BIRMINGHAM, B3 3BS

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 meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) 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.

3 - 12

4 **MINUTES FROM 4TH NOVEMBER 2021 2.30PM, SANDWELL COUNCIL HOUSE**

To approve the minutes of the meeting held on 4th November 2021 in Sandwell as a correct record

13 - 26

5 **MIDLAND METROPOLITAN UNIVERSITY HOSPITAL UPDATE**

Rachel Barlow, Director of System Transformation, Sandwell and West Birmingham NHS Trust

27 - 30

6 **BLACK COUNTRY AND WEST BIRMINGHAM PROVIDER COLLABORATION BOARD UPDATE**

Danielle Joseph, Programme Director, Black Country & West Birmingham Provider Collaboration

31 - 34

7 **SOLID TUMOUR ONCOLOGY SERVICES BRIEFING**

This written report is for information only and provides a brief update on plans for the Solid Tumour Oncology service for Sandwell patients. It follows previous reports to the Joint Overview and Scrutiny Committee.
Report authored by Kieren Caldwell, Head of Acute Specialised Commissioning, NHS England and Improvement,
Jonathan Brotherton, Chief Operating Officer, University Hospitals Birmingham, and
Liam Kennedy, Chief Operating Officer, Sandwell and West Birmingham Hospitals

8 **DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting. .

9 **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).

10 **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.

11 **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'.

Minutes of
Joint Health Overview and Scrutiny Committee

Thursday 4 November 2021 at 2.30pm
at the Council Chamber, Sandwell Council House

Present: Councillors E M Giles (Chair) and Davies (Sandwell).
Councillors Brown and Islam (Birmingham).

Officers: Rachel Barlow (Director of System Transformation, Sandwell and West Birmingham Hospitals NHS Trust);
Kieren Caldwell (Head of Specialised Commissioning – NHS England and NHS Improvement);
Andrew Clements (Director of Operations, University Hospitals Birmingham NHS Foundation Trust);
Dr Qamar Ghafoor (Consultant Clinical Oncologist, University Hospitals Birmingham NHS Foundation Trust);
Louise Herd (Commissioning Lead, NHS England);
Liam Kennedy (Chief Operating Officer, Sandwell and West Birmingham Hospitals NHS Trust);
Dr Ian Sykes (GP and Chair of Sandwell Locality Commissioning Board, part of Black Country and West Birmingham CCG).

12/21 **Apologies for Absence**

Apologies for absence were received from Councillors Akhtar, Bhullar, Clancy, Costigan, Fisher and Tilsley.

13/21 **Declarations of Interest**

There were no declarations of interest.

14/21 **Minutes**

Resolved that the minutes of the meeting held on 15 April 2021 are approved as a correct record.

15/21 **Additional Items of Business**

There were no additional items of business to consider.

16/21 **Committee Terms of Reference**

Resolved that the Committee Terms of Reference for 2021/22 are approved.

17/21 **Delivering Solid Tumour Oncology Services for Sandwell and West Birmingham Update**

Further to its meeting on 15 April 2021, the Board noted a further update on the delivery of solid tumour oncology services for Sandwell and West Birmingham.

Due to the workforce constraints brought about by covid-19, there were concerns about the ability to repatriate the service to Sandwell Hospital site at the present time. To ensure that all available options for the service had been considered, a working group had been re-established comprising executive level clinical and operational leads.

Initial work by the working group had concluded that the move to Sandwell Hospital from the University Hospitals Birmingham (UHB) would cause a significant risk to patient safety and experience, due to the ongoing workforce issues. It would take over 12 months to safely move the service, so focus had now shifted to ensuring that the provision of care was as close to hone as possible over the next six to nine months. An evolutionary approach would now be taken to the transfer of the service, rather than a lift and shift approach.

The national shortage of oncologists had been recognised by Health Education England and was ongoing. Experts from NHS England, NHS Improvement, and Public Health England were looking at different workforce models and international expertise was also being drawn upon.

The following was noted in response to questions and comments:-

- There was a shortage of oncologists, chemotherapy trained nurses, and diagnostics staff. Health Education England had established a number of training posts targeted towards Birmingham, however, those staff would not be in post at the hospital for around three years.
- The planning of services was assuming a continued shortage of oncologists and so consideration was being given to models where consultants would lead on care plans with lesser qualified staff delivering that care. Some pharmacists would be oncology trained to create capacity within the system.
- Some patients would be able to receive treatment at home and be reviewed remotely. Others, with more complex cases, would need to continue to attend the Queen Elizabeth site for treatment.
- Chemotherapy was co-ordinated by UHB and either delivered at home or the QE site. Surgery was still delivered at Sandwell Hospital. Radiotherapy was still provided at Queen Elizabeth Hospital and New Cross Hospital (Wolverhampton) sites.
- The evolution of treatments meant that people were living longer with cancer, and this required more clinicians.
- Patients received the same treatment and standard of care, no matter which hospital site delivered it.
- Recent reports from the Care Quality Commission confirmed that patients were receiving good and safe care.
- Where patients struggled to attend the Queen Elizabeth Hospital, virtual consultations were taking place.
- Many of the visits to the Queen Elizabeth site were for clinics, however, covid-19 meant that 50% of these had taken pace remotely.

- There had been no objections to the methods used for consultations (e.g. phone and virtual), and they were tailored to the patient's preference. Where required, translation services were provided, and patients were able to have relatives present - which was no different to face to face consultations.
- Patients had also found additional support, such as prescriptions being delivered to their home beneficial.
- Every patient was provided with a key worker and an emergency contact, available 24/7.

Members expressed concern that the matter had been ongoing for many years now and had still not been resolved.

The Head of Specialised Commissioning – NHS England and NHS Improvement undertook to provide members with data on current waiting times.

Resolved that a further update on the review of the delivery of solid tumour oncology services is submitted to the Board's next meeting.

18/21 **Primary Care Networks – Impact of West Birmingham Locality Move to Birmingham and Solihull Integrated Care System (ICS)**

The Board noted a report on the changes to local health service structures and the potential impacts of these changes.

From 1 April 2022, Integrated Care Systems (ICS) would become statutory, replacing existing sustainability and transformation partnerships. Following a government review of boundaries, West Birmingham would become part of Birmingham and Solihull ICS.

Four Primary Care Networks (PCNs) in West Birmingham would move to join the Birmingham and Solihull ICS. Eight GP practices would also form a fifth PCN in West Birmingham.

These changes were expected to have only minimal practical impacts on general practices in both the Sandwell and Birmingham

Primary Care Networks (PCNs). There would be no practical change felt by patients to the delivery of various GP services including community and mental health services.

Three practices on the border of Birmingham and Sandwell had been asked to determine which ICS they wished to join: -

- Cape Hill Medical Centre was within the Sandwell boundary and was already a part of the Sandwell PCN, so there was no impact on patients.
- Sherwood House Medical Centre was within the Birmingham boundary and would remain within the Birmingham Integrated Care System, so there was no impact on patients.
- Smethwick Medical Centre, was within the Sandwell boundary and currently part of the West Birmingham Modality PCN. The Centre would be asked to join a Sandwell PCN to support joint working with other nearby practices. It was not anticipated that this would impact on patients.

The integration of West Birmingham into the Birmingham and Solihull ICS created some challenges in that patients in West Birmingham who currently routinely attended City Hospital would now be referred to the Midland Metropolitan Hospital under the changes, which could create an additional 220,000 patient demand on the new hospital. However, the funding allocated to West Birmingham area would now be allocated into the Birmingham and Solihull ICS.

The following was noted in response to questions and comments:-

- Around 2,000 patients would be affected by the boundary changes in West Birmingham.
- Current patient numbers at the affected practices was around:
    - Cape Hill Medical Centre – 12,000;
    - Smethwick Medical Centre – 10,000-15,000;
    - Shanklin House – 10,000-15,000.
- One PCN would grow by around 12,000 patients.
- Once ICSs were formally established, plans would be looked at to determine the best way to manage the changes and impact.

19/21 **Black Country Provider Trust Collaboration Update**

The Board received a report on progress with the establishment of an acute provider collaboration programme.

There were four acute providers in the Black Country. The purpose of the collaboration programme was to look at standardising those services that were low risk or highly resilient.

Sandwell and West Birmingham Hospitals NHS Trust had been accepted as part of a national 'deep dive test site', which would look at how acute provider collaboratives were working to inform best practice and provide access to NHS England and Improvement expertise.

A third clinical summit had taken place on 24 September, attended by clinical leads from 16 specialities to discuss issues within services and identify key themes. It had been agreed that a robotics strategy should be developed as part of the programme. Royal Wolverhampton NHS Trust was in the process of commissioning a second robot for robotic gynaecology surgery and other trusts would pause any further investment until a strategy had been agreed.

Back office processes were being reviewed to identify where there were synergies. Standardised pay rates were being considered to reduce staff movement to Trusts paying higher. A Memorandum of Understanding to enable staff to work across the four organisations - staff "passporting" - had been agreed in June 2021. This would build resilience across systems; however, a number of issues were still being worked though, including use of NHS mail; shared IT helpdesk; estates issues; mandatory training.

The following was noted in response to questions and comments: -

- Dudley Group of Hospitals NHS Foundation Trust had not previously engaged as well with collaborative working and had therefore been flagged as a risk to the success of the

project. This would not impact on the success of the staff passporting plans however.

- Standardisation of pay rates across each Trust would help with resilience. However, it was acknowledged that this was a difficult time for the NHS as staff were tired after working through the pandemic. There was now a big focus on staff wellbeing across the whole of the NHS.
- There was a heavy reliance on bank staff at present due to a number of staff retiring. Around 40 full time staff from Intensive Care Units had retired across the four trusts in the last 18 months.
- Whilst Black Country Healthcare NHS Foundation Trust was not part of the collaboration programme, consultation was taking place on a quarterly basis as mental health featured in most workstreams.

[Councillor Islam left the meeting.]

[The Board was inquorate for the remainder of the meeting].

20/21 **Status Report on Waiting Times for Elective Treatment**

The Board noted a report on waiting times for elective and planned care.

At the beginning of the Covid-19 pandemic and during lockdown periods, urgent treatment (treatment essential within 24 hours) had been prioritised. As other services had reopened, those patients with the highest clinical need had been prioritised.

At August 2021 73% of patients had received their care on time, whilst the remainder had been waiting for 18 weeks or more. This placed the Trust within the top 25% performers nationally, but it was acknowledged that there was much to improve.

Performance data for all specialities was noted. The top five specialities with the highest number of patients waiting in excess of 18 weeks were ophthalmology, trauma and orthopaedics, urology, otorhinolaryngology and oral and dermatology surgeries.

Recently orthopaedics inpatient activity had been stood down for two weeks to support the Trust's Covid-19 surge plan. Weekly reviews were in place to ensure timely re-instating of the service when appropriate.

Gynae-Oncology remained a key area for the Trust as the complexity of cases meant that a high number of intensive therapy unit beds were required to operate the service.

A Trust-wide Harm Review template had been created to record Harm Reviews in respect of those patients waiting beyond 18 weeks for treatment. Harm reviews had been carried out and no harms had been identified to date.

It was hoped that all cancer services would be back on track by December.

21/21 **Midland Metropolitan University Hospital Update**

The Board received an update on the development of Midland Metropolitan University Hospital (MMUH).

The impact on the construction industry on the available workforce and required materials were well known and represented a live risk, which was being actively managed. This had not caused any significant delays, however, there had been an impact on costs, which it was anticipated would be met by the government. The availability of constructions workers had also presented challenges that impacted on timescales. It was therefore not possible to announce an opening date; however, opening was now likely to be in 2023 as post-construction assessments would take around nine months to complete. The emphasis was on a high-quality build, not time.

The clinical model was 90% complete and had been considered through internal clinical gateway reviews and peer review. Over 80% of the workforce plans had been through a similar gateway review process. The model was to be finalised by the end of December, which would inform revised activity forecasts and assurance including total hospital flow simulation and testing.

Work had taken place with local commissioners to transform services. Frailty was the most significant innovation in the care model. A holistic approach to community-based care, same day emergency assessment and community-based care pathways, along with early and appropriate recognition for end of life care for those who needed it, aimed to avoid around 2785 unnecessary admissions.

Mental health providers were looking at pathways and working to improve the gross inequity and under-resourcing of services. GPs were also looking at a multi-disciplinary approach for patients with chronic mental health issues, many of whom had multiple co-morbidities.

The Board also received a report outlining the proposed allocation of day case surgical activity at the Sandwell and West Birmingham Hospitals NHS Trust (SWBHT) Treatment Centres once the Midland Metropolitan University Hospital (MMUH) was opened.

SWBHT would operate from two treatment centres for planned day case surgery - Birmingham Treatment Centre and the Sandwell Treatment Centre (currently Sandwell General Hospital). Acute care and elective surgery would be delivered from MMUH.

As part of the Acute Care Model Programme the Trust had developed clinical pathways including a new theatre model which allocated surgical specialities to a single treatment centre. The new theatre model meant that trauma and orthopaedic day case surgery would be delivered by the Sandwell Hospital site and general day case surgery would be delivered by the City Hospital site.

An analysis of patients that received day case surgery in 2019 had been undertaken to understand the impact to patients and potential catchment loss. Approximately 600 patients would be potentially affected by moving general day case surgery case surgery to City Hospital, and around 486 patients would be affected by the move of trauma and orthopaedic surgery to the Sandwell Hospital site.

Some staff and public engagement had been done, however further consultation was necessary, as these plans had not been

part of the original business case for the new hospital. Consultation would be undertaken initially through patient engagement groups to develop the proposals, followed by consultation with GPs, pharmacies and community leaders. Local media would be utilised in order to widen the reach of the consultation. The consultation would be launched as soon as possible and take place for six months.

Resolved:-

(1) that arrangements be made for members of the Board to visit the Midland Metropolitan University Hospital, as soon as it was safe to do so, taking into account the ongoing covid-19 pandemic;

(2) that a briefing session is arranged for all members on the proposals to relocate orthopaedic day case surgery to the Sandwell Hospital site and general day case to the City Hospital site.

Meeting ended at 4.35pm.

Contact: democratic_services@sandwell.gov.uk



Midland Metropolitan University Hospital

Building our future together

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

NHS
Sandwell and West Birmingham
NHS Trust

Useful information about Midland Met

Midland Metropolitan University Hospital will be our acute centre for care and includes:

- A purpose-built emergency department with linked X-ray and scanners
- A dedicated children's emergency department and assessment unit
- Adult and children's wards with 50 per cent en-suite single rooms
- Operating theatres for both emergency and major planned surgery
- A midwife led birth unit next to a delivery suite, two maternity wards and an antenatal clinic
- A neonatal unit
- Same day emergency care for adults, including the sickle cell and thalassemia centre.

You can expect to receive all of this as a standard part of our care model:

- A full seven-day service
- Dedicated acute care consultant led teams
- Protected diagnostic facilities for urgent care
- A clinical model focused on keeping patients mobile
- Our Winter Garden and outdoor spaces are designed to help patients stay active.

The benefits of our new hospital

- Midland Met will help to regenerate the immediate local area and create jobs. Regeneration opportunities exist to invest in the local area. Examples include community gardens, outdoor spaces and an arts programme, all accessible to residents.

- Patients who need to stay in hospital will be transferred around the new hospital via separate corridors and lifts to those used by visitors. It means patients will have privacy while moving around the hospital.

- The wards and rooms centre on patient wellbeing. All bedrooms have an external view onto one of the courtyards or surrounding areas of the hospital. The design also includes 50 per cent single rooms with en-suite shower rooms in the main ward areas which will reduce the risk of spreading infections.

- The hospital will house state-of-the-art equipment to support faster diagnosis and improve patient outcomes. It will be home to 11 emergency, trauma and elective inpatient operating theatres, 2 maternity theatres and 15 birthing rooms for maternity services.

- The hospital provides a dementia friendly environment. Colours and clear bed numbers will help patients identify where they are. Layouts of wards will be the same, with each group of four beds within a ward having a different colour theme. Non-patient rooms will have different doors (which will blend with corridor walls).

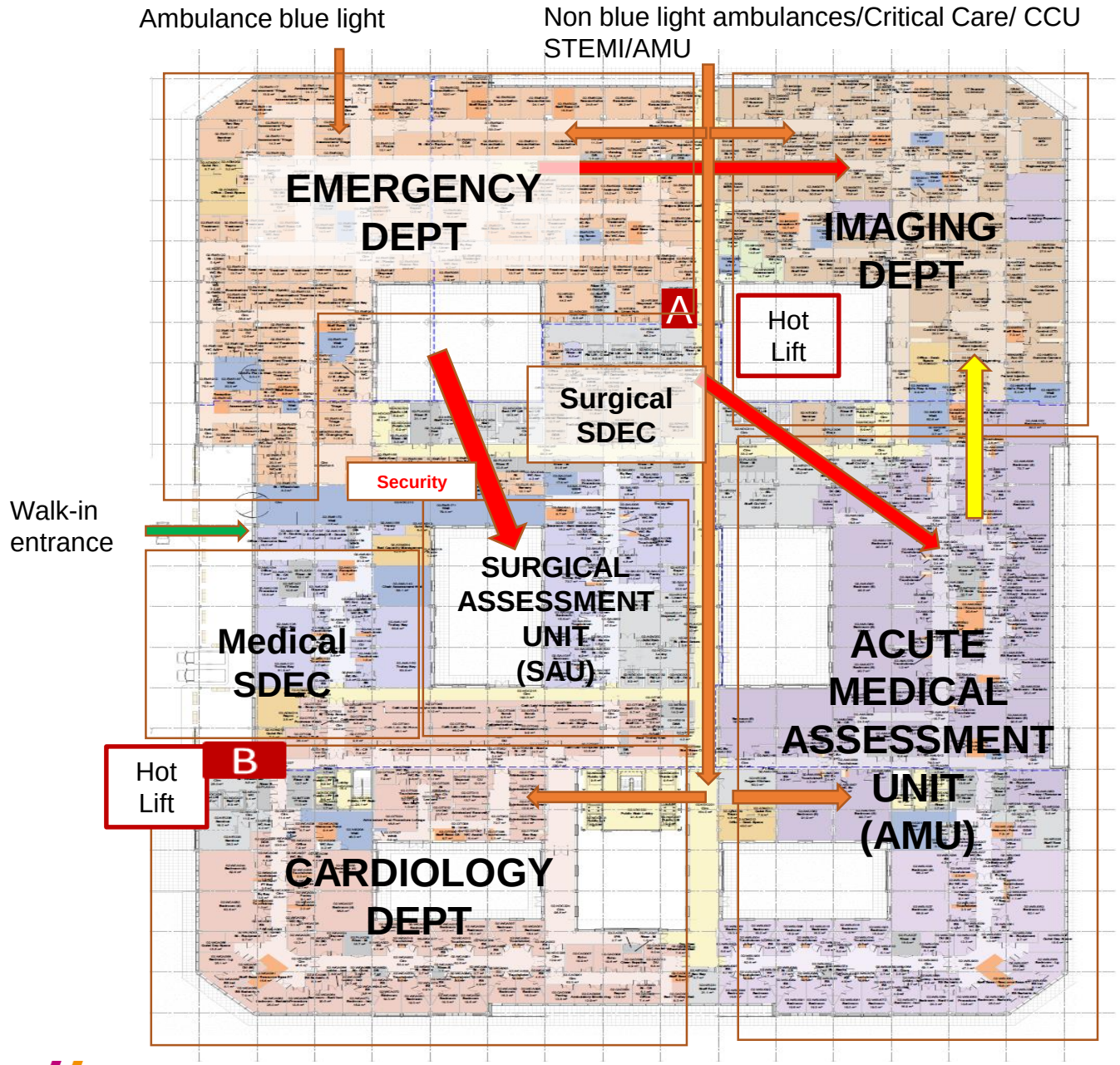
MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

What's in MMUH?

Level 0 : car park, main entrance, facilities hub
Level 1: staff car park
Level 2: ED, AMU, Medical SDEC, Imaging, Cardiology
Level 3: Medical Day Unit, Maternity, Operating Theatres, Critical Care, Respiratory ward
Level 4: Children's services , Maternity wards
Level 5: Winter Garden with welcome centre, retail , restaurant, multi-faith centre & education
Levels 6-8: Three adult inpatient wards on each level
Level 9: Two adult inpatient wards and space for future expansion
Level 10: Engineering infrastructure

Public & elective patients will arrive at Level 0 & take a shuttle lift or stairs to Level 5 which will serve as the main way finding floor.

Emergency patients will arrive at Level 2 via ED, an Assessment Unit or Delivery Suite (dedicated lift to Level 3)



Services on Level 2

Emergency Dept with zones for majors (inc. mental health rooms), minors, resus, ambulance Assessment, X ray rooms, children.
Separate ambulance and walk in entrances and receptions including dedicated children's entrance to children's ED zone.
Co-located Urgent Care.
Adjacent to external decontamination area,
mental health assessment suite & hot lift (A) to Operating theatre dept & Intensive Care Unit

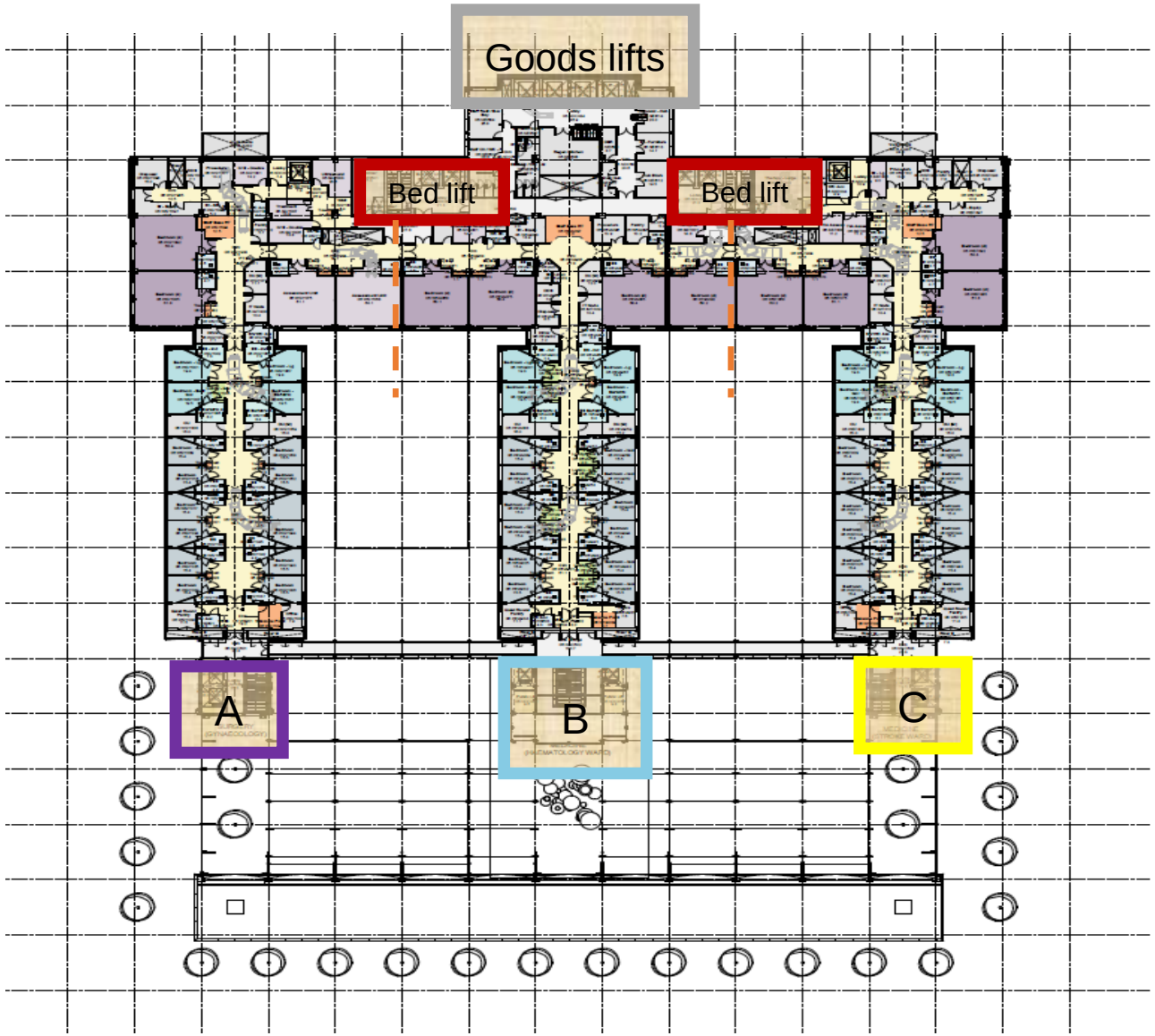
Security suite – adjacent to ED walk in entrance & wait
SAU X 23 trollies
Surgical Same Day Emergency Care (SDEC)

FM hubs - supplies management (goods delivery and waste removal)
Imaging
CT - adjacent to resus and ambulance entrance. MRI with adjacent expansion space. Plain Film, USS, Nuclear Med.
External mobile docking area

AMU x 108 assessment beds
Medical SDEC x 24 trollies

CARDIOLOGY – A2 Cardiology ward x 32 bed Coronary care + post CCU beds. Direct access for STEMI patients.
Cardiology Day Unit (Cath labs), Cardiology diagnostics rooms

Maternity hot lift (B) to Birthing Units



Services on Levels 6-9

3x 32 bed wards on levels 6-8 and 2 x 32 bed wards on level 9.

Generic Ward Layout includes:

- 16 single rooms with ensuites (incl. 2 bariatric rooms, 2 independent wheelchair user);
- 2 – 8 of the single rooms have isolation lobbies (depending on speciality);
- 4 bays of 4 beds – each bay with a shower room
- Procedure room
- Interview room
- Quiet/pt sitting room

Separation of patient, public and goods flows throughout the building including separate public entrance to clinical & goods entrance.

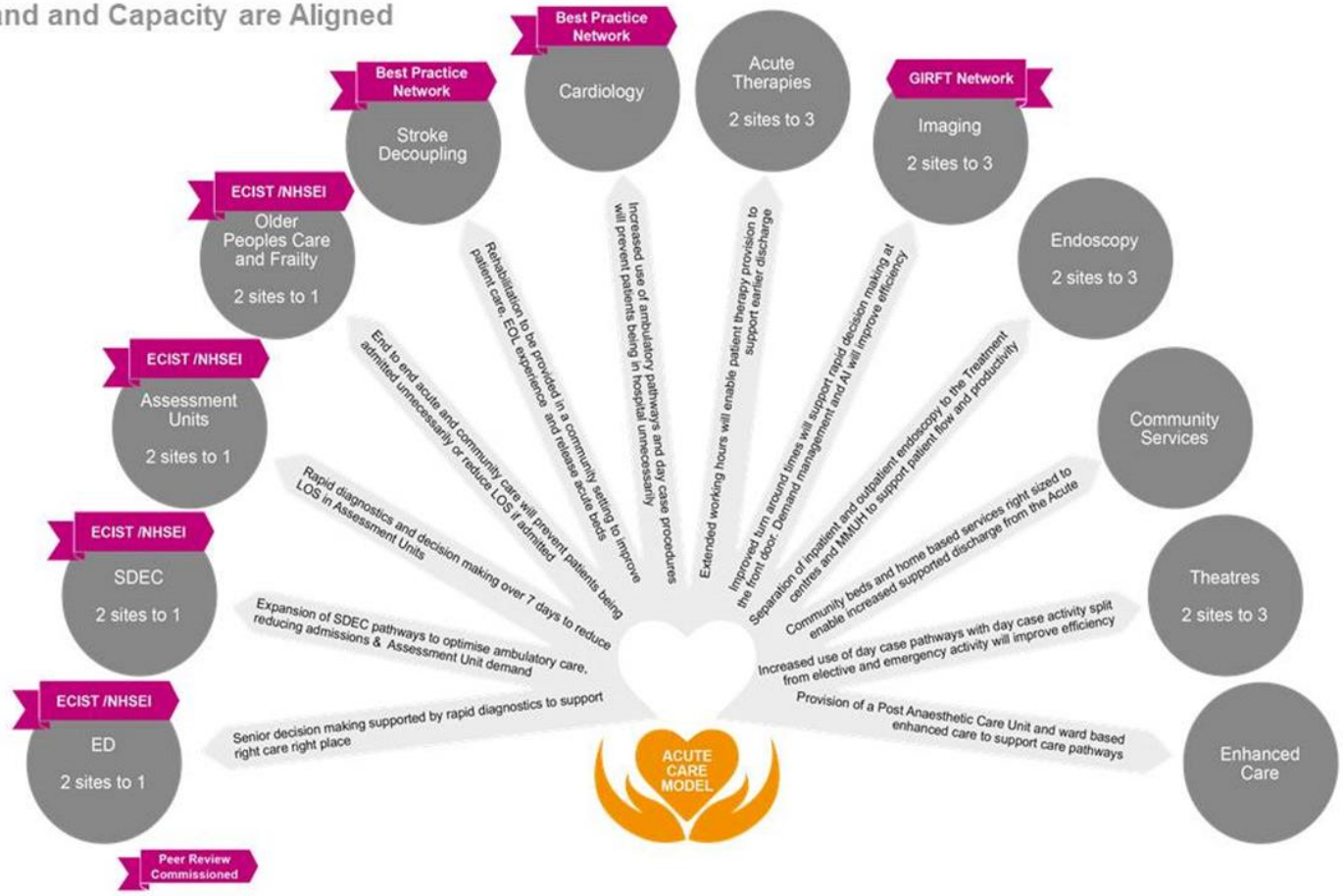
Staff can access departments via all lift cores.

Visitors restricted to public lift cores only and no access to clinical or goods corridors and lift cores.

Acute care models

Significant Transformation of Key Services will Improve Quality standards, Patient Outcomes, Patient Flow and Ensure Demand and Capacity are Aligned

Spotlight on pathways transformation




Our road to Midland Met
Welcome to the Future
1
TRANSFORMATION PLANNING
A period of controlled change and planning
2
TESTING AND GETTING READY
Putting our plans into action
3
ALL ABOARD
Colleague orientation and induction
4
READY TO MOVE CHECKPOINT
5
OUR FIRST 100 DAYS
6
OPTIMISING FOR CONTINUED SUCCESS
MIDLAND METROPOLITAN
UNIVERSITY HOSPITAL
Want to know more about our move to Midland Met?
• Visit our Midland Met pages on Connect - connect2.swbh.nhs.uk/mmuh
• Email any questions to swbh.mmuh@nhs.net
• Contact your clinical/operational leads for more information.

Key Milestones

December 2019	• Contract signed with Balfour Beatty as replacement construction partner in December
February 2020	• Start up work commenced with on site construction stepped up
July – February 2022	• Engagement with clinical teams on clinical models, workforce, and equipment
Spring 2022	• Begin changing services and getting ready
2023 and beyond	• Service transformation continues and matures • MMUH Opens • City main spine transfer to Homes England • Complete Sandwell Treatment Centre development

Our arts programme

- The Midland Metropolitan University Hospital will deliver a unique model of care to improve health in the local area, with 700,000 patients and their families from the Sandwell and West Birmingham area set to benefit.

- We are investing in high quality arts, education, and heritage programmes to help enhance the experience of our patients. Your Trust Charity is helping our organisation play a major role in new community regeneration initiatives within our local communities.

- We’re devising an exciting arts and culture programme with lots of great cultural partners for our opening festival. The hospital has the most amazing gallery space, one of the longest in the region.

- We have several programmes in development that imagines the hospital as a site for socially engaged art, a place for children beyond the classroom and a civic and community hub and garden.

- Our arts programme will provide opportunities for mutual learning, celebrating our creativity and resilience and co-designing our shared recovery as we look towards the future.

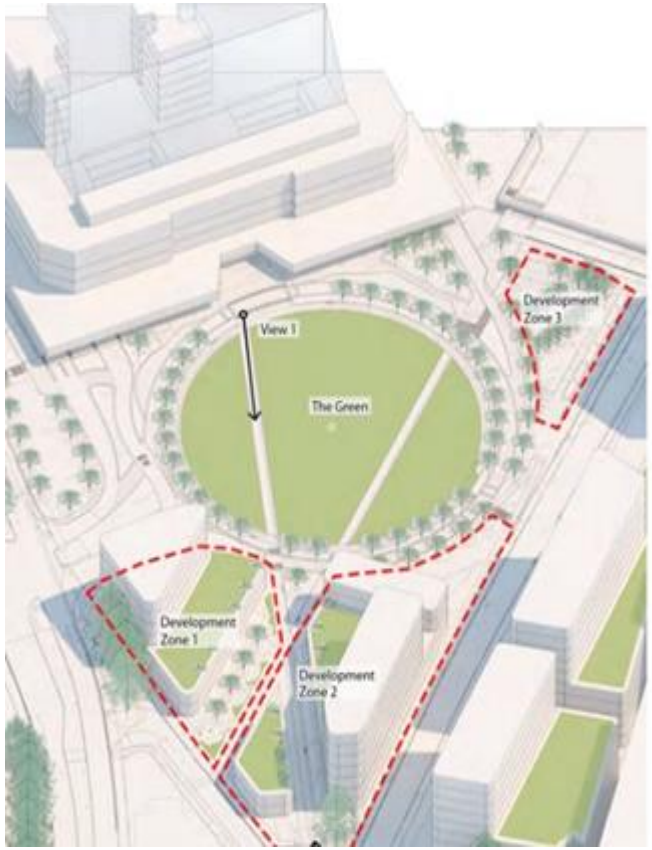
Regeneration investment: the current project impact & the catalyst for the future

- MMUH sits within a designated **regeneration zone**
- Trust using its position to influence what happens around the **anchor institution** which is a new hospital to maximise the benefits to the community
- **Town Fund bids** submitted by Trust in collaboration with other partners & approved for adjacent Learning Campus
- **Active Travel and Connectivity** is key – canal, walking and cycling, public transport
- Opportunities to promote **community facilities, education, employment, residential and hotel projects** across the wider masterplan area.
- Part of wider **Greater Icknield and Smethwick masterplan** – being developed in conjunction with WMCA, BCC, SMBC, C&RT and HE
- Focused on **wealth & health**

Aerial view of MMH Masterplan Proposal

Midland Met Learning Campus

- The Midland Met Learning Campus is a collaboration between the Trust, Aston University, Sandwell College and University of Wolverhampton. Includes the Learning Works – a Trust organisation focused on helping the community and hard to reach groups access education and employment within the NHS.
- Will provide further and higher education for medical and allied health professionals and bring University level education to Smethwick
- Focus on areas of known skills shortages across Additional Clinical Services, Allied Health Professionals and Nursing and Midwifery. It will provide pathways into long term employment for residents and accelerate the delivery of transformational regeneration in an area which suffers from extensive deprivation and heavily impacted by the Covid-19.
- Circa 1280 Learners Assisted per annum across a range of short and longer term courses in 4000sqm of new purpose built education space.
- Gateway location at MMUH.
- Outline Planning application submitted Dec'21
- Circa £16m, majority expected to be funded by Towns Fund – planned to be operational late 2024.



Supporting We Are Metropolitan

- Your Trust Charity is the registered charity of Sandwell and West Birmingham NHS Trust. We are passionate about making a difference in people's lives and working hard to deliver a fundraising campaign that encapsulates everything our new flagship hospital, the Midland Metropolitan University Hospital, has to offer.

- Building a world-class healthcare facility is no easy feat. Hospitals need to meet the healthcare needs of the communities they serve. Plus, they need to stand up to all the challenges of modern life and offer patients, colleagues, and visitors the facilities they deserve as standard and so much more.

- Working hand in hand with our communities, our fundraising campaign, We Are Metropolitan, strives to enhance the experience of all people using our services.

- Our fundraising campaign will support these three key areas at Midland Met:

1. The development of community spaces
2. Creating a healing environment
3. Enhanced research and development.

BLACK COUNTRY AND WEST BIRMINGHAM

PROVIDER COLLABORATION BOARD UPDATE

Briefing Paper to Birmingham and Sandwell Joint Overview and Scrutiny Committee

1.1 The purpose of this briefing paper is to provide an overview of Provider Collaboratives, detailing the structure of the Black Country Acute Provider Collaborative Programme and timescales.

1.2 In August 2021, Interim guidance on the functions and governance of the integrated care board was published by NHSEI. In this document, The core aims of the Integrated care system are defined as

I. improve outcomes in population health and healthcare
II. tackle inequalities in outcomes, experience and access
III. enhance productivity and value for money
IV. help the NHS support broader social and economic development.

1.3 The guidance document refers to Providers and provider collaboratives and sets out the expectation that from April 2022, all trusts providing acute and or mental health services are to be part of one or more provider collaboratives.

1.4 A further document titled 'working together at scale: guidance on provider collaboratives' was also published. This specified that provider collaboratives are partnership arrangements involving at least two trusts working at scale across multiple places with shared purpose and decision making arrangements to

I. reduce unwarranted variation and inequality in health outcomes, access to services and experience
II. improve resilience by, for example, providing mutual aid
III. ensure that specialisation and consolidation occur where this will provide better outcomes and value.

1.5 A core driver for implementation of provider collaboratives is due to the ways providers have successfully worked together during the pandemic and demonstrated the types of benefits working at scale can have. This may be in reducing unwarranted variation in outcomes and access to services, or in creating greater resilience across systems by providing mutual aid and supporting where there may be workforce issues.

1.6 Development of a provider collaborative between the four acute hospital trusts in the Black Country and West Birmingham commenced in December 2020. Since then, a programme of work has developed centring on clinical services and back office as improvement programmes, with a range of enabling work streams covering IT, workforce, governance, intelligence and communications (appendix one).

1.7 During 2021 the programme went through an intelligence and data gathering phase where trusts highlighted the sustainability of a range of services on the basis of the following domains:

I. Quality and Safety
II. Performance

III. Demand and Capacity
IV. Workforce
V. Financial Viability
VI. Strategic Fit
VII. Partnerships

1.8 A self-assessment process produced a range of outcomes between the four trusts. It identified fifteen clinical specialities, which would form the basis of the clinical service work stream going forward. From these specialities, the programme has appointed system wide clinical leads to drive forward a programme of change, improvement and collaboration. In some cases these networks are well established, such as urology however for many others this is a new way of working.

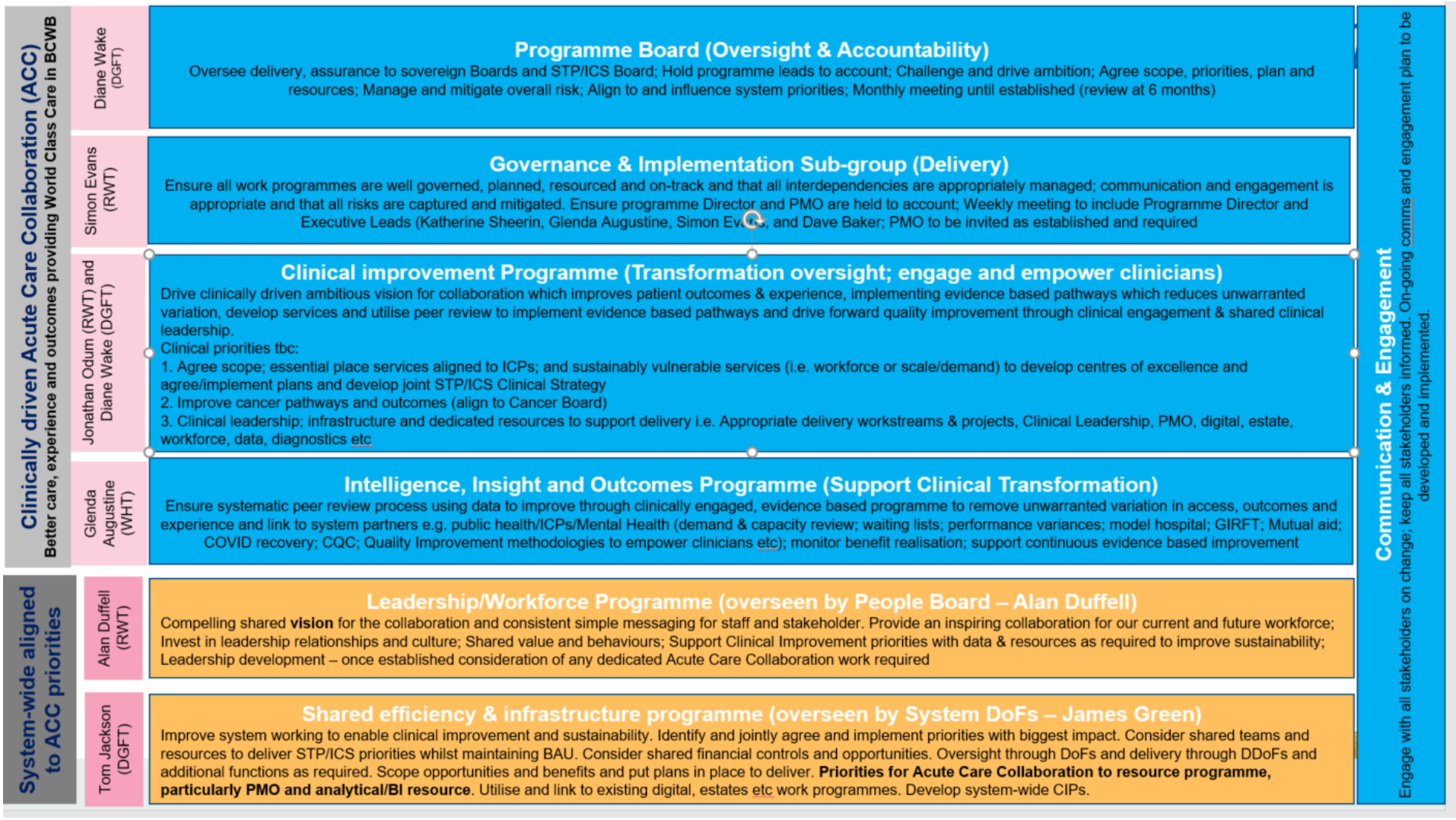
1.9 Engagement with clinicians within these specialities has been positive and the next stage of the programme is to identify areas where teams can make improvements through more detailed data analysis and trust GIRFT (Get It Right First Time) reports. It is envisaged that this will develop over the next six months into a clinical case for change in some specialities; in many others, it will simply focus on supporting clinical teams to produce more local improvements and changes.

1.10 Each Clinical Network has had their initial meetings and have started to develop their priority areas. One key theme is around stabilisation of workforce through advanced practice, workforce modelling, joint recruitment or local training programmes. There is clinical interest in ensuring services which are typically provided out of region are developed and supported within the Black Country so patients do not have to travel as far. There is also a strong focus on how teams can use surgical hubs or other models of delivery to reduce waiting times, which have risen since COVID was identified in 2020.

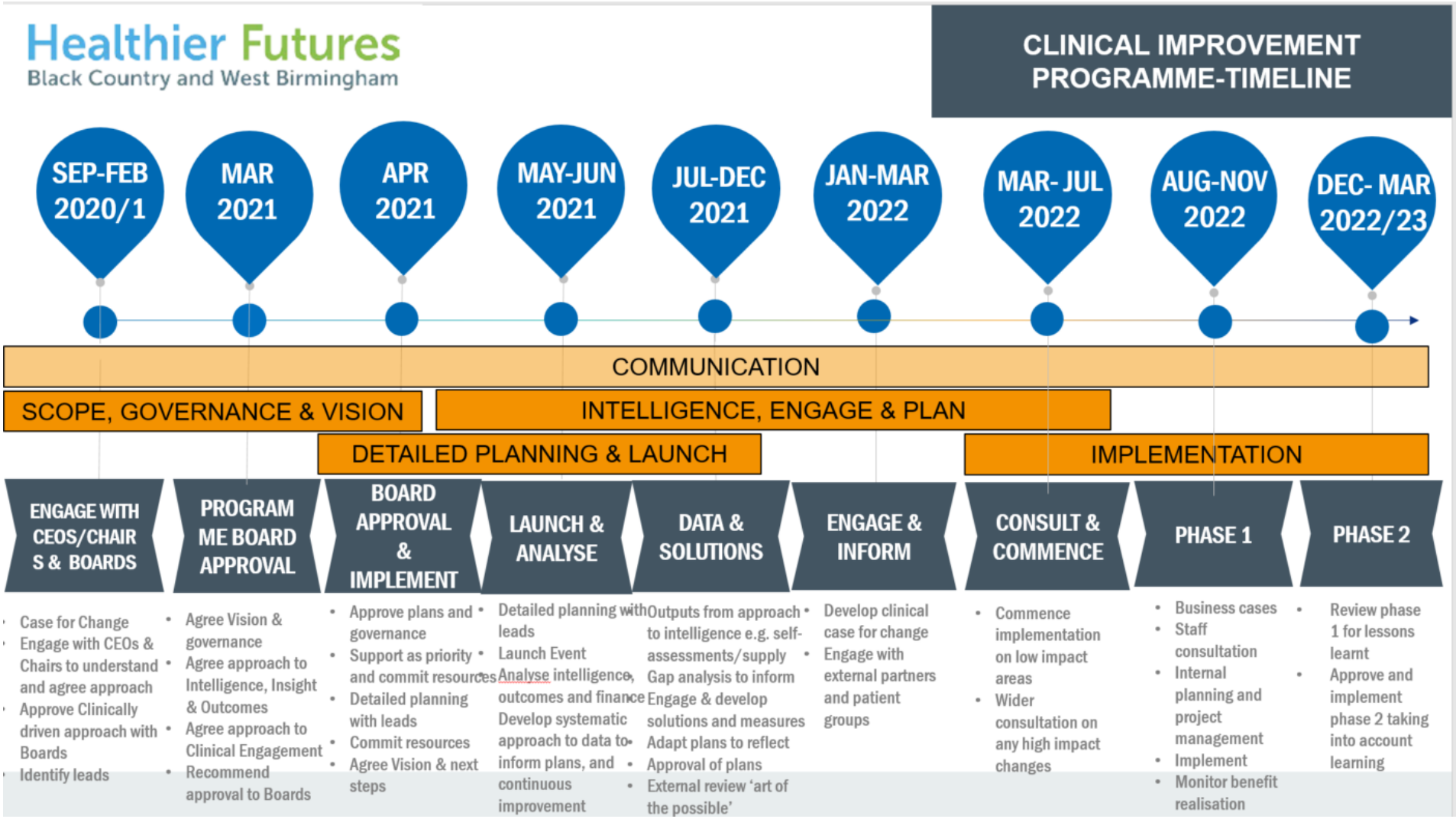
1.11 Over the next six months the focus will be to shape these priorities into a deliverable programme of improvement that is sustainable and grows services in the long term as well as identifying changes which could be implemented quickly and have an immediate impact.

1.12 Once the programme details have become more established, stakeholder and patient engagement will be a key element of the next phase of development.

Appendix 1- Programme Overview and Workstreams



Appendix 2: Clinical Improvement Programme Timeline



Sandwell and Birmingham Joint Health Overview and Scrutiny Committee

Sandwell and West Birmingham Solid Tumour Oncology Services

Report Sponsors: **Kieren Caldwell, Head of Acute Specialised Commissioning, NHS England and Improvement**
Jonathan Brotherton, Chief Operating Officer, University Hospitals Birmingham
Liam Kennedy, Chief Operating Officer, Sandwell and West Birmingham Hospitals

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This report provides a brief update on plans for the Solid Tumour Oncology service for Sandwell patients. It follows previous reports to the Joint Overview and Scrutiny Committee.

Key context and background

JHOSC were updated in December 2021 around the impact that the COVID-19 pandemic and ongoing medical workforce shortages were having on returning solid tumour oncology services to within Sandwell. This paper describes the current position of the service and actions to be taken in order to provide an alternative model of care for specific cohorts of patients currently accessing services at QEHB.

Current Position:

Solid Tumour Cancer services transferred to the QEHB site in 2018. The intention of all parties was to return services back to the City and Sandwell hospital sites when quality concerns had been addressed and it was appropriate to do so. Work halted on the project in 2019 due to the COVID-19 pandemic and the option to return Cancer services back to Sandwell using UHB Consultants is no longer feasible in the short or medium term. This is also mirrored by SWBH's ability to house the service due to the ongoing pressures driven by the pandemic and capacity pressures during winter across the NHS and social care, SWBH's assessment is that the physical estate required to transfer services back to Sandwell General would not be available to commence works on until Spring/Summer 22.

Services at QEHB continue to be good quality and patient experience remains more than satisfactory as per patient survey and feedback.

Workforce shortages are ongoing and are unlikely to materially change for the foreseeable. This has affected both nursing and Consultant Oncologist availability. Please note that a paper has previously been submitted to JHOSC members on 5th August which describes the regional action plan, from Health Education England, to support increases in Oncology workforce in and around Birmingham and the Black Country, however this depends upon availability and uptake of posts.

Conclusion: The 3 parties in the NHS are in agreement that the service at QEHB will need to remain in place for both the short term and medium term, resulting in more innovative models of care for patients needing to be explored, such as care, treatment and follow up for low-risk patients in the community.

Future state

At this point, given the sustained nature of shortages in Oncologist workforce across the NHS it is not possible to predict, with confidence, when UHB's oncology workforce will sufficiently grow to allow a return to previous levels of activity on the Sandwell General site. In fact, some of the innovations around treatment and out of hospital care developed before and during COVID, may mean that the NHS and the patients it serves does not want to return to previous ways of working.

We expect that, by reshaping how part of the service is delivered, a return of solid tumour services to Sandwell can be delivered significantly quicker than if we were to revert to the historic model of provision. Work has commenced to consider the following which patients can have their treatment in a different setting to the current hospital based

model and which patients can benefit from less frequent attendance for hospital-based care. Consideration is being given to national and international practice around:

- What type of Systemic Anti Cancer Therapies can be administered by patients or by 'non-chemotherapy' nurses or other healthcare professionals – it has been deemed necessary for SACT to be delivered by Chemotherapy trained staff.
- Which types of patients – considering comorbidities and complexity of treatment – can benefit from out of hospital care.
- Which patient groups, considering geography, are the highest priority to return services closer to home
- Which patients, off treatment, can be followed up via local non oncology services (such as primary care) and virtually to free up oncologist time to focus on other patients and save on patient travel time.

All parties are committed to engaging with patients and carers regarding any proposed changes to how treatment is delivered.

Whilst work has commenced at pace, the changes are potentially significantly different to how services are currently delivered and require careful planning. We have secured analytic input and Public Health Registrar support to review the evidence base and impact on capacity for a suite of potential changes to try and get more patients back to the Sandwell area sooner. All parties remain committed to delivering services closer to home for patients in Sandwell, however it has been discussed and suggested that a non-recurrent Project Manager be recruited to within the Trust dedicated input into this project, enabling rapid progression on both the short term and medium term goals. The funding for this post will be directly linked to pre-determined outcomes and KPIs and will ensure key targets are met within rapid timelines. The Trust has submitted a case for funding to NHSEI to be determined during contract negotiations for 2022/23.

Workstreams have commenced to explore the following service options;

Short Term (1-12 months):

- Pre-treatment blood test and COVID tests to return to the SWBH and city site, this would mean less traveling for patients before every treatment cycle. This requires agreement from SWBH colleagues, with transport of tests to the QEHB labs within 2/3 days before treatment commencement date.
- Stratification of patients by risk, meaning patients requiring less intensive follow-up care are offered care closer to home.

Medium Term (12 months – 24 months)

- SACT at home for a certain cohort of patients (yet to be determined).
- Explore the feasibility of the development of a small sized treatment facility within the Sandwell community in a location closest to those mostly affected by the service move to the QEHB site. This option will need to be worked up in more detail but an example of the intended service model is described below;

  A small sized chemotherapy unit located within a GP surgery/Health centre within Sandwell providing chemotherapy to 'low risk' cancer patients utilising a skill mix of non-medical prescribers, nurses and support staff. As the unit would be described as 'small' the team would be able to operate from mobile technology such as those already used within community delivered care models. Recruitment could be described as a risk, but roles would be advertised as Community roles with a fixed location opening up opportunities for NMP and nursing staff within Sandwell to work closer to home. This aligns with UHB's current recruitment program 'promoting employment and retention of local staff'.

The National and Regional focus on health inequalities, underpinned by the Core20Plus5 approaches and a recent deep dive into inequalities in cancer recovery presented to the West Midlands Cancer Alliance, has allowed us to put inequality front and centre in this project. This has enabled us to focus on changes to improve equity of access and outcome and overall effectiveness of the service, rather than leading with cost savings.

Long Term (up to 10 years+)

- Due to there being a National shortage of Oncologists, there would be a need to develop trainees within Oncology to sufficiently grow the service to return to the SWBH site. This can take up to 10 years after leaving medical school. Note that retention is also an issue, when trained staff are in a position to apply for Consultant posts it is often the case that they look further afield, such as London. Contingency planning for the current Oncology medical team at QEHB also needs to be considered within a growing workforce. It is therefore unlikely for this long term option to materialise unless there is a drastic change within workforce numbers for Oncology.

<u>In Conclusion</u>

All NHS parties are aligned to the same objectives and desired output of the Sandwell Oncology service project. Unfortunately due to the pandemic, progression on developing alternative models of care has taken longer than originally anticipated, however the estimated timelines stated above are believed to be achievable and there is unwavering commitment from key organisations involved in order to improve upon equity of access to Cancer services for the Sandwell population.