

Meeting of the Health and Adult Social Care Scrutiny Committee – 10th January 2023

Report of the Dudley Integrated Health and Care NHS Trust (DIHC)

Update – High Oak Surgery Public Conversation

Purpose

1. The report will update the committee as to the current position regarding High Oak Surgery and the public conversation.

Recommendations

2.
 - That the Scrutiny Committee recognises the involvement to date and makes any comments or recommendations to the DIHC which will be taken into consideration as part of the public conversation;
 - That the Scrutiny Committee understands that DIHC will work at pace to fully consider any new and viable options pending the outcome of further information. This may include an expansion to the range of services that were within the original consideration, resources permitting;
 - That the Scrutiny Committee note, that the operational decisions in relation to High Oak Surgery are with the DIHC and the Black Country Integrated Care Board (BCICB). The DIHC having fully considered all options, will decide whether to submit an application to the Black Country Integrated Care Board (BCICB)

Background

3. Key messages
 - Dudley Integrated Health and Care NHS Trust (DIHC) needs to seek clarity from Dudley Council's Planning Department and the Council's Corporate Landlords to understand the potential for the portacabin site and any alternative options that can be legitimately considered.

- DIHC will need to reconsider whether the service at Pensnett is a viable option following the analysis of the feedback from the public conversation, and after considering any new information received.
- Once any further potential options have been clarified, DIHC may have to consider any costs associated with them.
- DIHC's Board will consider any new information along with the report from the public conversation and decide whether a further conversation with the public is needed before deciding on the future of the surgery.
- DIHC plans to discuss High Oak Surgery at their February Board meeting, however, this may be delayed, pending new information.
- DIHC is still keen to operate a hub and spoke model as originally discussed and has the view that Brierley Hill Health and Social Care Centre (BHHSCC) offers the best environment for modern medicine.
- A change in the options is unlikely to alter the opinions expressed during the public conversation – we know there is a strong preference for General Practitioner (GP) presence in the Pensnett area.
- We understand that the area has a high number of health inequalities and needs interventions and support to help reduce the inequalities in this area.
- DIHC has already instigated a conversation with Public Health colleagues to understand how we might start to tackle health inequalities.

Background

4. High Oak Surgery moved from the existing portacabin site in Pensnett to Brierley Hill Health and Social Care Centre (BHHSCC) in 2020 at the start of the Covid pandemic, to create space for a COVID-19 assessment centre.
5. All health and care partners in the local area made this decision because the Pensnett site was the most suitable for seeing patients who needed a face-to-face assessment and were suspected of having Covid. It was also chosen for its proximity to Russells Hall Hospital. It allowed patients to be

seen safely in an environment where no other patients were, and where clinicians were protected by wearing personal protective equipment (PPE).

6. Whilst operating out of BHHSCC, High Oak Surgery has expanded the services above what was available at the portacabin, to include, for example, physiotherapy, health coaching, and mental health provisions.
7. The BHHSCC site is a state-of-the-art building, modern, spacious, and fit for purpose.

The Public Conversation

8. DIHC needed to explore the future location of High Oak Surgery and conclude whether it was to remain at BHHSCC, go back to the portacabin site in Pensnett, or whether there were other options available.
9. There was an options appraisal with the BCICB, DIHC and local stakeholders to explore the options in detail. Stakeholders included local ward councillors, Public Health, Healthwatch, and Health and Adult Social Care Scrutiny Committee (HASC) members.
10. At the time of the options appraisal and the start of the public conversation, Dudley Council had confirmed the planning permission for the portacabin and its site as, “the existing building and extension hereby permitted shall be removed on or before 1st May 2025.” The reason given was that “the permanent retention of the building would be inappropriate as the site should be redeveloped by the erection of suitable permanent buildings in accordance with Core Strategy Policies CSP4 and ENV3.”
11. The information provided by Dudley Council helped to shape what was possible, and therefore not possible, at the start of the conversation and in the planning of the conversation.

The Public Meetings

12. We heard the views of local people and stakeholders at public sessions, a summary of some of the feedback we heard is below:
 - Pensnett residents feel left behind and forgotten.
 - They would like a GP Surgery back in Pensnett.
 - They feel let down and disappointed and not supported.
 - They don't feel listened to.
 - They felt the public conversation was a tick-box exercise.

- It's difficult to get through on the phone to the surgery.
- It's difficult for people to get to BHHSCC if they have no public transport.
- They would like the local area regenerated.

The Current Situation

13. This Public Conversation concluded on 5th December 2022. All feedback is now being analysed and a report is being developed. The report is scheduled to go to DIHC's Board Meeting in February 2023 for consideration, and for any applications around High Oak Surgery's future location to be made.
14. However, since the Public Conversation began, new information has been made available from the Planning Department at Dudley Council and the Corporate Landlord, which could potentially change the options available to DIHC regarding the future location of High Oak Surgery.
15. Dudley Council's Planning Department has since confirmed that the site has not been identified in the Council's Strategic Housing Land Allocation Assessment (SHLAA) or as a housing allocation site in any local development plan. The site is approximately 0.14ha in size and would be too small to be identified as a housing allocation or included in the SHLAA. If this site were to come forward for housing redevelopment at any stage, it would be classed as a windfall site.
16. Subsequently Dudley Council's Corporate Landlord services advise the portacabin site is leased to the NHS by Dudley Council and the lease is due for renewal. They also advise the Council is not seeking to remove the Surgery from the site and would be open to discussion for an extension of the term, dependent on our service needs. They have suggested a further discussion with planning colleagues to clarify their view on the potential for planning consent being granted.
17. Important Facts to Consider
 - We will fully consider all of the points raised with the consultation/conversation and we will give them due consideration
 - The portacabin is very old and is not sustainable long term – it was only a temporary building
 - There has been a recent water leak at the portacabin (December 2022) which has caused considerable damage, until this is rectified,

the premises are unusable. The cost to rectify this is unknown at the time of writing the paper.

- It is unlikely there are the funds to build a new Surgery on the existing site and this would be the responsibility of BCICB and DIHC - this needs to be confirmed.
- If the lease were to be extended, then it is highly likely that the rent would be reassessed as it was due for renewal just before the pandemic and remains at the 2009 rate.
- If we were to consider moving all services back to the portacabin due to a change in lease circumstances, the Surgery would lose some of its services, as the portacabin is not big enough to host them all.
- DIHC does not hold a General Medical Services (GMS) contract, and neither would the pharmacy (see paragraphs 19 and 20), which means we have limited flexibility to enter into a long agreement with the local pharmacy. Therefore, any development is unlikely to receive funds through the premises cost directions which is the funding mechanism for Primary Care.
- High Oak Surgery has an Alternative Provider Medical Services (APMS) contract. The APMS framework allows contracts with organisations (such as private companies or third-sector providers) other than general practitioners/partnerships of GPs to provide primary care services. APMS contracts can also be used to commission other types of primary care service, beyond that of 'core' general practice.

18. A Summary of the APMS Contract

- Start date: 1 October 2020.
- Expiry Date: 30 September 2030 (approx. 8 years).
- Option to extend after the expiry date for a maximum of 5 years i.e. to 30 September 2035.
- Commissioner may terminate the Contract at any time on 9 months' written notice.

Impact: Limited flexibility to invest in a long-term estate solution due to the nature of the contract. Limited ability for the provider to find capital investment to source permanent estates solution.

The Local Pharmacy

19. DIHC met with a representative from the local pharmacy (The Pharmacy Galleria) in December 2021 to understand the offer of premises. Whilst we

have seen drawings of outline plans, we have not received any further communication. DIHC is meeting with the local pharmacist/representative on 30th December 2022 to explore this further. This information is not available at the time of writing this paper.

20. Note: DIHC has limited flexibility to enter into a long agreement with the local pharmacy (See paragraph 18 - A Summary of the APMS Contract). Neither party is a GMS contract holder and therefore any development is unlikely to receive funds through the premises cost directions which is the funding mechanism for Primary Care.

Finance

21. There will be financial implications for DIHC and BCICB to consider.
22. It is unlikely there are the funds to build a new Surgery on the existing site and this would be the responsibility of BCICB and DIHC - this needs to be confirmed.
23. If the lease were to be extended, then it is highly likely that the rent would be reassessed as it was due for renewal just before the pandemic and remains at the 2009 rate.

Law

24. NHS Trusts are under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services (s.242 NHS Act 2006).

Risk Management

25. DIHC has undertaken a Quality Impact Assessment which suggests a reduction in risks by moving to BHHSCC.

Equality Impact

26. A health needs analysis and equality impact assessment were carried out before the public conversation commenced.

Human Resources/Organisational Development

27. The premises at BHHSCC helps with attracting and retaining the workforce as it offers a better working environment and the ability to deliver a wide range of services to the registered population.

Commercial/Procurement

28. No implications at present

Environment/Climate Change

29. BHHSCC offers a modern environment which is state of the art. In comparison the portacabin would need financial input to bring it up to modern standards. It should also be noted that offering a hub and spoke model and a hybrid model of some appointments face to face and some over the phone will help reduce the carbon footprint.

Council Priorities and Projects

30. DIHC is actively helping the Council with Pharmaceutical Needs Assessment, Population Health Management, and in addressing health inequalities. DIHC wants to empower communities to improve health in collaboration with other sectors, in particular children's services and education.



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Appendices

Appendix 1 – High Oak Surgery Public Conversation Document