

# JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13 October 2022

## MINUTES

Present: Councillors: A Mackenzie, M McCarthy, Mrs G Sleigh, R Sexton, Pocock, Harries and Moore

Officers:

Apologies: Councillors: Brown

### 1. APOLOGIES

Councillor: M Brown

### 2. DECLARATIONS OF INTEREST

Councillor G Moore made a declaration of interest as a Trustee of Birmingham LGBT.

### 3. QUESTIONS AND DEPUTATIONS

A deputation was read out on behalf of Mr Tolman, a local resident. The deputation raised a number of points, including whether the Committee had previously received reporting on the scope and scale of use of the private sector, due to the volume of demand faced by NHS services. Points were also raised in regards to the frequency of these meetings and it was requested for them to be held on up to a monthly basis. It was also requested for this Committee to receive reporting on a range of issues, which included waiting lists, including for cancer treatments, ambulance response times and handover delays at hospital, as well as timescales for hospital discharges. A question was also raised in regards to Birmingham and Solihull residents using Warwick Hospital.

The Chairman responded to the deputation, explaining that, over the previous 12 months, the Committee had not received a specific report on the scale of use of private health services and confirmed the request would be taken into account as part of the Committee's future work programme. He also detailed how, following the establishment of the ICS on a statutory basis on 1<sup>st</sup> July 2022, it was recognised this Committee would continue to have a critical role in scrutinising any service developments and substantial variations taking place across the Birmingham and Solihull area. It was confirmed that going forward, the frequency of meetings would be subject to review, as appropriate.

The Chairman emphasised that individual Birmingham and Solihull Health Scrutiny Boards had held and would continue to hold regular public meetings and he outlined a range of topics considered. He also explained how, as part of the agenda for that evenings meeting, the Committee was due to receive updates on a number of issues raised in the deputation, including on Elective

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performance and waiting list backlogs, ambulance handover delays and cancer performance. Again, it was confirmed the requests raised by Mr Tolman for future reporting would be taken into account as part of the Committee's future work programme.

It was also agreed for BSOL ICS to provide a written response to the points raised in regards to Birmingham and Solihull patients using Warwick Hospital.

### **4. MINUTES**

The minutes of the previous meeting held on 2 December 2021 were presented.

#### **RESOLVED**

That the minutes of the meeting held on 2<sup>nd</sup> December 2021 be approved as a correct record.

### **5. UPDATE ON THE RECOVERY AND PROPOSED CONFIGURATION OF SURGICAL SERVICES ACROSS UNIVERSITY HOSPITALS BIRMINGHAM**

The Chief Operating Officer for UHB introduced the report, which provided high-level information to support a discussion around the current situation facing UHB and the BSOL ICB, with regards to the measures that are proposed to support the recovery of hospital services across Birmingham and Solihull. Members received updates on the proposed configuration of surgical services across UHB; the development of a proposal around building work at Solihull Hospital to create six new theatres; and the re-provision of a Minor Injuries Unit and Urgent Treatment Centre at Solihull Hospital.

Members raised a number of queries, which in summary included the following:

- Members queried the arrangements to ensure the recruitment and retention of staff to support the recovery and configuration of services, as set out in the report.
- The Chief Operating Officer confirmed staffing was an area of major focus at UHB. He detailed how there was local recruitment, through collaboration with local employers and Universities for a range of medical and non-medical staff. There were also a number of international recruitment programmes. Progress had also been made on alternative workforce models, including nursing associates, midwifery and therapy support workers. There was also emphasis upon ensuring professional development opportunities for employees, to support the retention of staff.
- A Member raised the following questions:
  - They welcomed the capital investment, as set out in the report and requested for UHB to provide a figure for capital investment for the last 2-3 years.
  - It was noted the capacity expansion and recruitment should help reduce the backlog – Members requested the latest figures for Birmingham and Solihull.

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- The Chief Operating Officer outlined how, for all of the proposals set out in the report, they had secured both capital and revenue funding. Also, it was explained that, for UHB, the annual capital programme was approximately £40m and a notable proportion of this was for new capacity. Further to this, £97m had been secured from the Department of Health and Social Care (DoHSC) for the Heartlands Treatment Centre. For the proposed extra capacity at Solihull Hospital, the outline business case for £43m of capital investment had been submitted to NHS England and the DoHSC.
- The Chief Operating Officer confirmed there were currently 160,000 people awaiting treatment – this had been reduced by 10,000 over the last 4 months. Prior to the pandemic, there had been 90,000 awaiting treatment. Members requested for the latest figures on the volume of people awaiting treatment to be presented at future JHOSC meetings.
- Members requested further information on the planned communication and engagement for the proposals set out in the report.
- The Chief Communications Officer explained a draft communications and engagement plan had been developed for the proposals in the report and confirmation this would be shared with the Members. Communications would be shared with all ICS partners. Engagement would be undertaken with key stakeholders, including the Primary Care Networks, Healthwatch, the third sector, as well as patient carer and community groups. Extensive communications would be shared via social media, whilst posters and leaflets would be shared in health and community settings.
- Members queried how it was ensured patient received timely pain relief, following admission to hospital.
- The Medical Director for UHB detailed how a quality improvement programme was being led by the medical and nursing teams in the Trust. Pain relief at admission and during admission was a key quality improvement project. The delivery of the quality improvement programme was reported to the Trust Board.
- A Member detailed their own experiences, following a recent admission to hospital and queried whether further measures could be undertaken to support the discharge process.
- The Medical Director for UHB also explained that, as part of the overall quality improvement programme, there was considerable focus upon length of stay in hospital and ensuring an efficient discharge process. This included for patients with complex needs who may be being accessing local care settings. It was explained how the delivery of this programme was overseen by the Chief Operating Officer and Chief Medical Officer.

The Chairman thanked officers for presenting the report, welcoming the update on the recovery and proposed configuration of surgical services across University Hospitals Birmingham.

### **RESOLVED**

The Joint Health Overview and Scrutiny Committee:

- (i) Endorsed the proposed future configuration of surgical services across UHB sites, subject to the planned communications and engagement with the public and key stakeholders.

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- (ii) Endorsed the proposed developments for extra capacity at Solihull Hospital, subject to the planned communications and engagement with the public and key stakeholders;
- (iii) Agreed for the communications plan to be shared with Members' following this meeting
- (iv) Noted that a report on the re-provision of a Minor Injuries Unit (MIU) and Urgent Treatment Centre (UTC) at Solihull Hospital will be presented at the Solihull Health and Adult Social Care Scrutiny Board meeting on 9<sup>th</sup> November.

### 6. BSOL INTEGRATED CARE SYSTEM - UPDATES ON PERFORMANCE AGAINST FINANCE AND RECOVERY PLANS

The Chief Finance Officer for BSOL ICS presented the report, detailing how the establishment of the ICS on a statutory basis in July meant it was possible to provide a full system financial position. The following points were highlighted:

- BSOL ICS had submitted a breakeven plan for 2022/23 and each of the 5 NHS Providers and the CCG/ICB each individually submitted breakeven plans.
- In regards to performance to Month 5, the system was currently showing a deficit of £12.2m at the end of August 2022, but was still anticipating achieving a breakeven position at year end.
- For efficiency delivery, the system had a total efficiency targets of £97.1m. The Committee was updated on the delivery of a number of system efficiency programmes.
- BSOL ICS had secured additional funding for a number of service areas, including Elective Recovery, Urgent and Emergency Care, as well as Discharge Schemes.
- The Committee received an update on the delivery of Recovery Plans, including in regards to Urgent and Emergency Care, Elective performance and waiting list backlogs. There were also updates on other Operational Performance, including ambulance handover delays, Cancer performance, as well as Primary Care access.

Members raised a number of questions, which in summary included the following:

- Members noted how the update detailed how additional funding had been announced in May 2022 to support increases in inflation, particularly around energy costs and requested a further update on this.
- The Chief Finance Officer for BSOL ICS detailed how the additional £1.5bn funding announced nationally related to additional inflationary funding – this had enabled BSOL ICS to cover inflationary pressures up to approximately 5.5 per cent. Linked to this, it was explained how the majority of the BSOL ICS energy contracts had been set 12 months in advance.
- Members noted how the presentation provided an update on ambulance handover delays greater than 60 minutes. They queried whether data on ambulance waiting times was available. Members also questioned whether evidence was available on people travelling to hospital sites directly, due to the waiting times for ambulance services.

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- Members highlighted the increase in demand for GP appointments and queried whether any information or data had been collated on what might be causing this.
- The Chief Finance Officer for BSOL ICS detailed how they were working with GP teams to review the data available. He explained how BSOL ICS was working with GP pilot sites to support more robust recording of appointment activity, to help understand trends and the reasons for demand.
- Members detailed challenges residents faced in accessing Primary Care. They queried whether any evidence was available which indicated residents were accessing appointments at a later stage than intended, which meant they required further treatment and support.
- The Chief Finance Officer for BSOL ICS explained how it was recognised that the operational pressures faced across the whole NHS system was likely to be resulting in increased demand for GP appointments. This included people seeking advice on the timescales for receiving different treatments to patients whose condition may be getting more acute due to waiting times. The Chief Finance Officer for BSOL ICS detailed the work being undertaken on this across Primary and Secondary Care. This included providing more administrative capacity in Primary Care settings, to provide additional information and advice to patients,
- Members queried the work being undertaken with any specific GP teams that may be facing challenges in responding to residents and offering timely appointments. Members also raised the data provided on GP appointments for 22/23 vs. 19/20 and queried why there appeared to be a spike in October 2019.
- The Chief Finance Officer for BSOL ICS detailed how a range of support was offered to the GP teams, which included targeted interventions and peer support. Going forward, the annual patients' survey for General Practice was being reviewed, to help determine any GP teams that may benefit from further support. In regards to the spike in GP appointments in October 2019, the Chief Finance Officer for BSOL ICS explained this was likely to relate to national vaccination programmes and would look to provide Members an update on this.
- Members explained they recognised that an increased volume of appointments was being offered in Primary Care; however they emphasised how many residents contacted them with concerns about accessing services. They queried whether any data or evidence could be provided on the waiting times for residents using phone lines to book Primary Care appointments, including unsuccessful contacts. Members also requested for data to be shared on the volume of Primary Care appointments completed, as well as those offered. They also asked for the range of Primary Care appointments offered to be provided as well, including for GP's, vaccinations, Nursing teams and Pharmaceutical advisors, in recognition of residents needing to access a range of services. It was confirmed this further information could be provided at future JHOSC meetings.
- Members welcomed the additional funding secured for Mental Health Urgent and Emergency Care, as well as the approval of Wellbeing and

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crisis hubs. They queried what metrics were recorded for Mental Health services, in order to monitor performance against targets.

- The Chief Finance Officer for BSOL ICS explained how a wide range of metrics were recorded and monitored for the delivery of Mental Health services and confirmed an update on this could be shared following the meeting.

### **RESOLVED**

The Joint Health Overview and Scrutiny Committee:

- (i) Noted the BSOL ICS update on performance against Finance and Recovery Plans.
- (ii) Agreed for the additional information requested, as detailed above, to be shared with the Committee and reported to future meetings.

## **7. BSOL INTEGRATED CARE SYSTEM - LEARNING DISABILITY AND AUTISM STRATEGIC VISIONS**

The Deputy Chief Executive and Chief Nurse for BSOL ICS presented the BSOL ICS Learning Disability and Autism Strategic Visions. They outlined why and how the Visions had been developed. This included how they had worked closely with people with lived experience and system colleagues to develop these draft visions, to make sure they reflected the lives and aspirations of local people. For both Strategic Visions, Birmingham and Solihull Delivery Plans would be developed, where again, there would be close work with key stakeholders and experts by experience.

Members raised a number of questions, which in summary included the following:

- Members welcomed the development of the Strategic Visions. They emphasised the challenges young people faced when making the transition to adulthood, including in regards to accessing further education and employment opportunities. Members queried how this could be reflected in the Visions.
- The Deputy Chief Executive and Chief Nurse for BSOL ICS agreed this was important – they outlined how, as part of the development of the Delivery Plan, there would be focus on the whole life course and the support available at different key transitional points.
- Members highlighted how the Strategic Visions acknowledged there were some limitations on what was currently known about the local population – in particular, for residents with a learning disability, the current estimates did not include those before school age. They queried how the needs of this age group could be taken into account, especially due to the length of time it could take to obtain diagnosis and support.
- The Deputy Chief Executive and Chief Nurse for BSOL ICS confirmed school readiness was recognised as a key transitional point for children and their families. Going forward, there would be continued focus on the services and capacity available for families to receive diagnosis and support, including via commissioned partners such as Healios.

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- Members queried how the Strategic Visions and Delivery Plans could reflect the needs of home educated children. The Deputy Chief Executive and Chief Nurse for BSOL ICS confirmed the needs of this group could be included as a specific area of focus.
- A Member emphasised how it could be extremely challenging for autistic people to raise their condition and ask for reasonable adjustments in different settings, including healthcare. They queried how this could be reflected in the Strategic Vision and Delivery Plan. The Member also emphasised that, whilst autism was not a mental health condition, an autistic person may be more likely to experience a mental health problem. Again, they questioned how this could be taken into account.
- The Deputy Chief Executive and Chief Nurse for BSOL ICS detailed how, as part of the Delivery Plan, there would focus upon ensuring opportunities, in different settings, for people to raise their conditions and receive the necessary support. There would also be emphasis upon continually feeding in peoples' lived experiences, as part of the Strategic Vision and Delivery Plan.

### **RESOLVED**

The Joint Health Overview and Scrutiny Committee:

- (i) Endorsed the BSOL ICS Learning Disability and Autism Strategic Visions;
- (ii) Endorsed the further engagement to be undertaken for the Strategic Visions, especially the proactive engagement with people who have a learning disability, autistic people, as well as carers; and
- (iii) Endorsed the development of the draft Visions into easy to read versions, to ensure all can engage in reviewing and feeding back.

8.30 pm