

# HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD – 22 September 2022

## MINUTES

Present: Councillors: M Brain, A Burrow, S Gethen, R Long, A Mackenzie M McCarthy (Chairman), Dr R Sexton, Mrs G Sleigh.

Officers: David Melbourne – Chief Executive, BSOL ICS  
Paul Sherriff – Chief Officer for Partnerships and Integration, BSOL ICS  
Jonathan Brotherton – Chief Operating Officer, University Hospitals Birmingham  
Fiona Alexander – Chief Communications Officer, UHB  
Suzanne Cleary – Chief Officer for Strategy and Partnerships, BSOL ICS  
Joseph Bright – Democratic Services Officer

### 1. APOLOGIES

Councillor A Wilson joined the meeting remotely.

### 2. DECLARATION OF INTERESTS

There were no declarations of interest.

### 3. QUESTIONS AND DEPUTATIONS

There were no questions or deputations.

### 4. MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD MEETING

The minutes of the Health and Adult Social Care Scrutiny Board meeting held on 22<sup>nd</sup> September were submitted. It was requested for the minutes to be amended, to show that Councillor A Wilson had joined the meeting

#### RESOLVED

That the minutes of the meeting held on 22<sup>nd</sup> September be approved as a correct record, subject to the amendment to show that Councillor A Wilson had joined the meeting.

### 5. UPDATE ON ACCESS TO PRIMARY CARE AND THE REPROVISION OF SERVICES AT SOLIHULL HOSPITAL

The Chief Officer for Partnerships and Integration, BSOL ICS, took Members through the initial report, updating them on access to Primary Care services.

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

- Members expressed their thanks for the report and to all staff in Primary Care, recognising the significant challenges.
- A Member raised the following points:
  - They noted the update on demand and activity – they questioned how many people may have stopped attempting to arrange an appointment, due to difficulties in accessing services.

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- The latest average call waiting time in Solihull was 24 minutes – they queried what further measures could be undertaken to help reduce this down further.
- They questioned whether a call-back service could be used to help reduce call waiting times.
- The Chief Officer for Partnerships and Integration explained how, across Birmingham and Solihull, 95 per cent of practices had Cloud-based telephony. This enabled greater functionality to provide additional services, such as a call-back option. Work was being undertaken at a BSOL-level, to support practices to make further use of this technology. The Cloud-based telephony also provided opportunities for further data collection, to help assess services and monitor trends. The Chief Officer for Partnerships and Integration detailed the work being undertaken on this with the GP teams.
- The Chief Officer for Partnerships detailed how phone calls could take 4-5 minutes, due to the triage process. This was to determine the order of treatment of patients, to ensure those in most need were seen first and refer people to the appropriate support.
- In response to a Member query, the Chief Officer for Partnerships and Integration confirmed the GP sites advised the triage system added value. The Member queried whether any local Universities had undertaken research on the efficacy of the triage system - the Chief Officer for Partnerships and Integration explained national research had been undertaken and it was confirmed this request could be looked into.
- A Member detailed the challenges they faced recently when attempting to get a family member a triage appointment.
- The Chief Officer for Partnerships and Integration confirmed they would be happy to have a further conversation with the Councillor, to gain further understanding of their experience and learning. It was explained how GP sites were a multi-disciplinary environment and all staff were trained and supervised to support the triage system.
- A Member expressed concern at non-GP staff determining whether people should receive an appointment, as part of the triage system. They also raised their concerns that, during the pandemic, systems had been rapidly put in place. The Member queried what assessments were being undertaken to ensure these systems were robust.
- The Chief Officer for Partnerships and Integration agreed it was correct that, in a number of instances, systems had been rapidly put in place to initially offset the impact of the pandemic. However, he explained that, prior to Covid, there had been national initiatives to expand digital services in Primary Care. It was noted that a significant proportion of Primary Care appointments were now face-to-face. He also highlighted the explanation previously provided, on working with the GP teams to maximise data collection, to help assess the effectiveness of services.
- A Member requested further details on the winter plans in place for GP teams across the Borough.
- The Chief Officer for Partnerships and Integration detailed how there were 2 elements to the winter plans. The first part was a national NHS initiative to help boost GP services for the winter. As part of this, all local GP teams had submitted their plans, which would generate approximately 6000 additional appointments over this period. For the second part, BSOL ICS had asked all GP teams to work in collaboration, alongside other partners, to provide additional capacity – to help relieve pressures on Primary Care, as well as other providers, such as Emergency Services.

### UPDATE ON THE RE-PROVISION OF A MINOR INJURIES UNIT (MIU) AT SOLIHULL HOSPITAL

The Chief Operating Officer, University Hospitals Birmingham (UHB) presented the report, which updated Members on the measures that were proposed to support the recovery of hospital services across Birmingham and Solihull, specifically the re-provision of a Minor Injuries Unit (MIU) at Solihull Hospital.

Members raised the following queries and observations:

- Members welcomed the re-provision of a MIU at Solihull Hospital and expressed their thanks to all staff at UHB in supporting this. Members also welcomed the re-provision of the MIU as soon as possible, in accordance with statutory requirements and good practice.
- The Chief Communications Officer for UHB confirmed there wasn't a statutory requirement to undertake a consultation, as it was the re-provision of a service. The focus was upon communicating to patients and the public on the recovery and improvement of services and this wouldn't impact on timescales.
- Members noted UHB was collaborating with the ICB regarding the reinstatement of an urgent treatment centre (UTC) for patients with urgent primary care concerns. Members requested further information on this.
- The Chief Operating Officer for UHB outlined how he was now the lead officer on the Urgent Care Strategy for the BSOL system, where there was focus upon future provision arrangements.
- A Member noted MIUs were nationally classified as type three departments, led by emergency nurse practitioners, supported by other clinical and non-clinical staff. They queried how this would work for complex cases, including where patients may have a background of ill health.
- The Chief Operating Officer for UHB confirmed the emergency nurse practitioners would be trained and working according to the scope of a type three MIU. As part of the governance arrangements, they would be working under the broader Emergency Medicine Team, which included a range of senior staff and healthcare professionals.
- A Member highlighted how it was proposed the MIU would operate between 08:00 and 22:00 hours, seven days per week. They queried whether 24 hour provision had been considered over the weekend period, including to help reduce pressures on other services.
- The Chief Operating Officer for UHB detailed how they had reviewed overnight attendance levels at the MIU pre-pandemic, which showed a very low number of patients had been presenting. This would be kept under review, taking into account demand levels going forward.
- A Member queried whether a pharmacy would be on site at Solihull Hospital. It was confirmed a written update would be provided on this. It was also emphasised Solihull had a high level of pharmaceutical provision across the Borough.
- It was confirmed future updates on the re-provision of the MIU could be provided to Members, as required.

### RESOLVED

The Health and Adult Social Care Scrutiny Board:

- (i) Noted the update on access to GP Services for Solihull residents and agreed that a response to the report be recorded as part of agenda item 9 – Motion from Council.
- (ii) Noted the update on the re-provision of services at Solihull Hospital and endorsed the option, as set out in the report, to re-provide a Minor Injuries

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- Unit on the Solihull Hospital site, in line with the national service specification.
- (iii) Agreed to receive a future report on the re-provision of an Urgent Treatment Centre at the Solihull Hospital site.
  - (iv) Endorsed the Communications and engagement plan for the Recovery and Proposed Configuration of services across University Hospitals Birmingham NHS Foundation Trust.

### 6. MOTION FROM COUNCIL

The Chairman proposed the following response to the referred motion from Council, on access to GP Services for Solihull residents, as well as the re-provision of a Minor Injuries Unit at Solihull Hospital:

'The motion was originally considered by the Board at the meeting on 8<sup>th</sup> June 2022. It was noted Members would be provided with a further update at their meeting on 9 November 2022, on GP Access and Urgent Care and the Board agreed to defer consideration of the motion until then.

#### **Access to GP Services for Solihull Residents:**

The Health and Adult Social Care Scrutiny Board welcomes the update on how Solihull General Practice (GP) teams are responding to ongoing operational pressures. It is recognised the NHS and GP teams continue to experience severe pressures, with significant increases in demand levels.

Demand and Activity - the Scrutiny Board endorses the increased volume of appointments offered by GP teams in Solihull.

Recruitment, Retention and the Additional Workforce – the Scrutiny Board recognises recruitment and retention in general practice have been challenging both nationally and locally. Members welcome that, in response, there has been a focus on recruiting additional health professional roles to support staffing levels, with Solihull identified to benefit from 68 Full Time Equivalent Primary Care Network roles.

Solihull Healthcare Partnership – Members note an Intensive Support Plan has been developed and agreed between NHS England Primary Care Transformation Team and Solihull Healthcare Partnership, with the aim of improving services to SHP patients. Members endorse the actions undertaken by SHP and the ICB, as outlined in the report.

Proposed next steps – the Scrutiny Board endorses that the ICB is engaging with GPs, community teams and University Hospitals Birmingham to design an Integrated Neighbourhood Team exemplar in Solihull, to support improved access to primary care and same day urgent care. Members also recognise the ICB support for the PCNs and GP teams through additional managerial and clinical leadership resources.

The Scrutiny Board welcomes the actions undertaken locally to increase the volume of appointments and support offered via GP teams and Primary Care services in Solihull. It is also recognised that complaint numbers are reducing. Members express their thanks to all staff involved for their continued commitment.

Overall, it is also important to take into account that many local residents continue to contact their Councillors raising concerns on access to GP services. It is recognised

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that the Health and Wellbeing Board will continue to monitor the delivery of these services. In addition, there will continue to be future reporting on access to GP services at the Birmingham and Solihull Joint Health Overview and Scrutiny Committee.

### **Update on the re-provision of services at Solihull Hospital:**

The Health and Adult Social Care Scrutiny Board endorses the option, as set out in the report, to re-provide a Minor Injuries Unit on the Solihull Hospital site, in line with the national service specification.

The Scrutiny Board agrees to receive a future report on the re-provision of an Urgent Treatment Centre on the Solihull Hospital site.

Members endorse the Communications and engagement plan for the Recovery and Proposed Configuration of services across University Hospitals Birmingham NHS Foundation Trust.'

### **RESOLVED**

The Health and Adult Social Care Scrutiny Board endorsed the proposed response to the referred motion from Council

## **7. DEVELOPING THE BIRMINGHAM AND SOLIHULL INTEGRATED CARE STRATEGY**

The Chief Executive of BSOL ICS and Chief Officer for Strategy and Partnerships, BSOL ICS presented the Integrated Care Partnerships ten year strategy.

Members raised the following queries and observations:

- A Member questioned how the delivery of the Strategy would take into account patient experiences. As examples, they raised patients' experiences of knowing how to access different services, arranging appointments, as well as travelling to different sites to receive the service.
- The Chief Officer for Strategy and Partnerships explained how the metrics identified in the report were largely outcome measures. She detailed the role of the ICB on focusing on input measures, such as patient experience and access to services. The Chief Executive of BSOL ICS detailed how the ICS Strategy was an overarching Master plan for local NHS services for the next 10 years. The ICB would be required, in response, to produce a plan setting out how they would deliver their functions and this would take into account the points raised by the Councillor.
- A Member responded to a key question outlined in the report on making the strategy real for people – they stated the importance of residents receiving a quality service, when they needed it, with proactive ongoing support. They welcomed the metrics outlined in the report. They emphasised how the key outcomes for residents in Solihull were around living longer, living without ill health, alongside a major focus on reducing health inequalities across the Borough.

### **RESOLVED**

The Health and Adult Social Care Scrutiny Board:

- (i) Endorsed the proposed vision, ambitions, objectives and principles for the ICS ten year strategy.

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- (ii) Requested that the points raised by Councillors be considered as part of the development and delivery of the ICS ten year strategy
- (iii) Agreed to take into account the priorities of the ICS ten year strategy as part of its future work planning.

### **8. HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD WORK PROGRAMME**

The latest Health and Adult Social Care Scrutiny Board Work Programme was presented to the Board.

#### **RESOLVED**

That the latest version of the Boards Work Programme be noted.

End time of meeting: 21:45