

**BIRMINGHAM AND SOLIHULL JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (JHOSC)**

26th JUNE 2019

MINUTES

Present: Solihull: Cllr Mrs Diana Holl-Allen MBE, (Chairman), K Blunt, D Howell, J Fairburn, C Buxton-Sait (Solihull)

Birmingham: Cllr R Pocock, Z Khan, P Fowler, P Tilsley

Witnesses: Phil Johns, Chief Finance Officer and Deputy Chief Executive
Jonathan Brotherton, Chief Operating Officer, UHB
Harvir Lawrance, Director of Planning, Performance, BSol CCG
Mr Panayiotis Mackrides, Lead Consultant for Trauma and Orthopedics
Ms Pratima Gupta, Lead consultant for Gynaecology
Fiona Alexander, Director of Communications, UHB

Support Mala Mistry, Scrutiny Officer (Solihull Metropolitan Borough Council)
Officers: Gall Sadler, Scrutiny Officer (Birmingham City Council)

1. APOLOGIES

Apologies were received from Cllr D Donaldson (Birmingham City Council).

2. DECLARATION OF PECUNIARY / CONFLICTS OF INTEREST

There were no declarations of pecuniary / conflicts of interest.

3. QUESTIONS AND DEPUTATIONS

Councillor Buxton-Sait declared a pecuniary interest in agenda item 6 in so far she was worked as a theatre specialist for University Hospital Birmingham (UHB).

4. MINUTES

The Committee considered the minutes of the last meeting held on 21st February 2019.

The Scrutiny Officer advised that information requested at the previous JHOSC meeting would be followed up and provided in due course.

RESOLVED:

- (i) That the minutes of the Joint Scrutiny Committee meeting held on 21st February is approved as an accurate record of the meeting.

5. BSOL CCG - FINANCIAL SAVINGS PLAN 2019/20

The Scrutiny Committee considered a PowerPoint Presentation provided by the Deputy Chief Executive and Chief Finance Officer. It was highlighted that the plan was being brought back for consideration following the financial allocation from NHS England (NHSE). Key messages from the presentation were:

- As expected, BSol CCG received £1.9bn of funding from NHSE but was being asked to make £64.4m worth of savings as part of the QIPP (Quality, Innovation, Productivity and Performance) Plans. Plans were in place to address this as far as possible. Work was ongoing with local authorities to determine the provision of support for people with learning disabilities / mental health needs.
- The savings were mainly focused on acute service and making changes to urgent care pathways and developing early intervention initiatives. There would be a planned scaling up of the work being undertaken by Newton Europe consultants on improving patient flow in Birmingham and this work would be shared with interested parties in Solihull.
- Work was also being undertaken to work with the providers to share savings on the purchasing of high-cost drugs, developing revised pathways and phase 3 of the procedures of lower clinical value.

The Scrutiny Board was asked to comment on the report.

A Member raised a concern about the disproportionate savings targets for mental health as they had been asked to save £2.5million. In response, the Deputy Chief Executive, BSol CCG reassured the Committee that there would continue to be the same level of investment in the Birmingham and Solihull Mental Health Foundation Trust. He indicated that these savings would be primarily focused on pulling patients out of costly out of area placements and moving them back into the area.

The Chairman and Members expressed concern about the unidentified 4.6% to be saved and explored whether this could be borrowed or a project be deferred, particularly if the understanding was that this saving be returned to BSol CCG in 2020 by NHSE. In response, the Deputy Chief Executive highlighted that this was an area of concern and possibilities and options were currently being explored, which included a project deferral and local authority colleagues were being kept informed. In response to a further question from Members about when was BSol CCG informed about the extra savings to be made, it was reported that this was May 2019. Reassurance was given that this was identified as a risk and all options were being explored to ensure that a plan was put in place to deliver the savings. Once the savings plan was agreed / confirmed, it could be shared with the JHOSC. Some areas being explored included prescribing and MSK pathways.

A Member inquired further on how QIPP would impact CHC funding and whether efficiencies would be born out of the forthcoming procurement of the Commissioning Support Unit CSU to better manage staffing and efficiencies. In response, the Deputy Chief Executive advised that the CCG was not tightening criteria around CHC, which were nationally set, and that they would continue to

work more closely with the local authority to use their procurement processes. The CCG would also look to improve patient pathways and try not to pass cost pressures on to the Local Authority.

Members asked a range of further questions including:

- How emphasis on early intervention would work in practice
- Was there scope for getting better value drugs
- The impact of a no-deal Brexit

In response the Deputy Chief Executive provided the committee with the following information

- There was a clear commitment to embed early intervention in provider contracts and monitor the impact and effectiveness of this.
- The prices of drugs were nationally set but there was scope for commissioners to work with a range of providers when purchasing drugs.
- The full impact and effect of a no-deal Brexit was not yet known, although the Committee was informed there may be an impact on drugs, but that the BSol CCG retained the same value in the plan as was incurred last year.

The Chairman summarised the discussion highlighting that the Committee were concerned about whether the BSol CCG had sufficient plans in place for the unidentified £4.6M that needed to be saved and requested that a further update be provided as to how the saving was going to be met. In response, the Deputy Chief Executive highlighted that there was currently a very tight financial position and that the net risk had to be emphasised.

RESOLVED:

- (i) The Scrutiny Board noted the report, but highlighted its concern regarding BSol CCG delivering the 4.6% unidentified savings; and,
- (ii) To receive a further report on the position of the finances in six months time and for any information regarding the unidentified savings proposals to be supplied to the Scrutiny Board as soon as they are known.

6. UPDATE ON MERGER AND PROPOSALS FOR RECONFIGURATIONS OF SERVICES

The Scrutiny Committee considered a PowerPoint presentation provided by the Chief Operating Officer (UHB) that provided an update on the rationale, context and development since the merger by acquisition of the former Heart of England Foundation Trust. As a result Heartlands Hospital, Good Hope Hospital and Solihull Hospital joined Queen Elizabeth Hospital to form one of the largest hospital trusts in country, collectively known as University Hospital

Birmingham (UHB). The aim of the merger was to improve efficiency and productivity and a commitment was given not to close any of the four sites or reduce the amount of hospital beds in the system. Other key messages from his presentation were as follows;

UHB is now the largest acute trust with 2.2 million patients that visit annually, 20,000 staff, 10,000 babies born each year and a turnover of £1.6bn. Soon after the merger there was a Care Quality Commission (CQC) inspection. The Trust was rated 'Good', with a rating of 'Outstanding' in Leadership. Since the merger, there has been a restructuring of clinical management and integration of functions to provide the best possible service. Performance on the staff, friends and family test continues to be high and much improved. The ethos of the Trust is to work in partnership and address issues as a whole health economy.

Members were impressed with the way that the Trust had been able to improve staff satisfaction figures across all four sites and inquired further on how this had been achieved. They also asked for more information about the response rate to the recent staff survey and placed on record the need for more comparative and benchmarking information in the future to support proper analysis. A Member also inquired about current vacancy rates.

In response, the Chief Operating Officer advised that it was likely that the higher levels of satisfaction were linked to a national pay rise in April 2019. However, contributing factors such as investment in under-resourced areas, clinical areas and estates further helped staff appreciate the work led by leadership and management in addressing key issues. In respect of the response rate for the survey, Members were advised that this was 46% and work would continue to improve this. More detailed comparative information would be provided for the JHOSC at a future meeting. The staff vacancy rate was reported to be 11%.

Proposals for service reconfiguration: Orthopedics, Trauma and Gynecology:

The Chief Operating Officer outlined the proposed reconfiguration of services and the rationale for the proposals, which focused on a number of areas:

- Complicated trauma/bone injuries would be undertaken at Heartlands Hospital whilst less complicated trauma/bone injuries would be dealt with at Good Hope
- Planned orthopedic surgery, hip, knee, replacement were to be conducted at Solihull Hospital.
- Gynecology service would to be moved to Good Hope Hospital

It was emphasised that the rationale for the changes were clinically focused on reducing waiting times and creating Centres of Excellence for particular specialties. The JHOSC was reassured that there would be no reduction in services. Members were further advised that all pre-op and post-op consultations would be undertaken at the local hospital and there would be a focus on reducing bed days/length of stay.

The JHOSC was advised of the six week engagement process and that there would be a focus on wide reaching staff engagement and maximising online consultation mechanisms. It was anticipated that if approved, the changes would be implemented by early December 2019 before the significant winter pressure period.

The JHOSC was asked to comment on the report.

Members indicated that they saw the rationale for the proposed changes, but raised a number of questions, queries and concerns about the proposed reconfiguration of services including;

- Reassurance that there would be capacity to undertake emergency gynaecology at Heartlands Hospital.
- Whether the transport timings were realistic, whether impact analysis had been undertaken on the use of extra transport and whether more information could be provided on the numbers impacted.
- Whether modeling had been undertaken in respect of how well ambulatory pathways had worked in other parts of the country.
- How GP services were involved and whether they could play a strengthened role in the planning.
- What was in place if there was no bed capacity at the local hospital following operations.
- Concern about the short timeframe over the summer period to undertake the consultation.
- Clarification on who would be making the final decision about the proposals.

In response, representatives from UHB provided the following information.

- The JHOSC was advised that pathways for emergency gynecology services were not going to change and would continue to take place at Heartlands Hospital.
- Discussions had already taken place with the ambulance service and the non-emergency patient transport service on the nature of what was being proposed. It was anticipated that extra resources may be needed but as yet detailed modeling about capacity had not been undertaken. As it was a proposal at this stage, detailed funding discussions had not yet taken place with the providers.
- It was highlighted that patients would be clinically stabilised before a decision was taken to send them home. Patients would also be given an appointment within a 24 hour period to see a specialist about their specific issue.

- The majority of staff had worked at all 3 hospital sites. 5 out of 8 Orthopedic Surgeons already operated out of Solihull Hospital. There was likely to be more movement in staffing with the transfer of the trauma ward, but it was advised that flexible working arrangements would continue to be in place.
- It was highlighted that GP's had not been directly involved in the preliminary discussions on the proposals, but it was felt that it would be useful to involve them particularly as they may be dealing with patients who were had ongoing planned elective surgery.
- One of the reasons why a number of proposals had been put forward simultaneously was because they would have to take place in tandem so that there was no adverse impact on bed/theatre space. Modeling would take place over whether there would be sufficient beds for the patient to recover following post-op at their local hospital. Reassurance was provided that if a bed could not be found in the local hospital then patients would remain in hospital. They would also continue to see consultants for the pre-op/post-op consultations.
- It was acknowledged that the consultation was taking place over the summer period, but the six-week consultation window was seen as sufficient to allow consultation with a board range of patient groups, community groups and stakeholders (including those not currently using the service but may do so in the future).
- Following the 6 week consultation, feedback would be brought back to the JHOSC and the final decision on whether the proposal should be implemented would be made by BSol CCG as the commissioner of the service

The Chairman summarised the report and placed on record the need to involve GP's as part of the process and that the JHOSC wished to provide a formal response as part of the consultation process.

RESOLVED:

- (i) To note the progress achieved since the merger and retain a strong oversight of the proposed service reconfiguration of services;
- (ii) To RECOMMEND that GP's be consulted directly as part of the consultation process; and,
- (ii) That the JHOSC considers the outcomes of the six-week consultation and proposed next steps at a future meeting of the JHOSC.

The Birmingham and Solihull Joint Health Overview and Scrutiny Committee meeting finished at 8.30pm.