

# **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023**

## **MINUTES**

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

Officers: David Melbourne, BSOL ICS Chief Executive  
Jonathan Brotherton, UHB Chief Executive  
Fiona Alexander, Director of Communications, UHB  
Kathryn Drysdale, Senior Integration Manager: Frailty, BSOL ICS  
Karen Murphy, Assistant Director for Commissioning, Solihull MBC  
Caroline Potter, Strategic Commissioner, Solihull MBC  
Paul Sherriff, Chief Officer for Primary Care and Integration, BSOL ICS  
Joseph Bright, Democratic Services Officers, Solihull MBC

### **1. APOLOGIES**

Councillor D Harries.

### **2. DECLARATIONS OF INTEREST**

Councillor G Moore declared two non-pecuniary interests – as a member of Birmingham LGBT and as a trustee of Birmingham Citizens Advice.

### **3. QUESTIONS AND DEPUTATIONS**

No questions or deputations were received.

### **4. MINUTES**

The minutes of the Joint Health Overview and Scrutiny Committee meeting held on 19<sup>th</sup> January 2023 were submitted.

#### **RESOLVED**

That the minutes of the meeting held on 19<sup>th</sup> January be approved as a correct record.

### **5. INDEPENDENT REVIEWS AT UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST (UHB) - UPDATE**

The BSOL ICS Chief Executive presented the report, which updated Members on the three independent reviews that had been launched, further to Newsnight and other media coverage in December 2022, relating to alleged concerns regarding patient safety, leadership, culture and governance. The following points were raised:

- BSOL ICS had been provided a draft of the Patient Safety Review, which had been completed by the independent clinician Professor Bewick. The Review was now going through a factual accuracy check that BSOL ICS had to undertake, as part of due process.

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- All three of the reviewers were clear that they would be happy for their families to use services at UHB. This had also been shared with the Cross-party Reference Group, which included Cllr K Grinsell, as Cabinet Member for Partnerships and Wellbeing and Chair of the Health and Wellbeing Board.
- The Culture and Well-led reviews were also being undertaken – Professor Bewick had now been commissioned to oversee these reviews as well and to return in June on progress on his first quality report following the initial Newsnight allegations.
- The Rt Hon Preet Gill MP had also agreed to continue chairing the reference group until the conclusion of these reviews in the summer.

Members raised the following queries:

- A Member raised how, in the media, it had been reported the Parliamentary Health Service Ombudsman (PHSO) had issued an 'Emerging Concerns Protocol' to NHS England in regards to UHB and queried this.
- The BSOL Chief Executive explained this related to the management of complaints and confirmed UHB had responded to this protocol appropriately. It was explained that Professor Bewick would take into account this matter, as part of his oversight of the three reviews being undertaken.
- In response to a Member query, the BSOL Chief Executive confirmed Professor Bewick had not identified any red flags in regards to safety.
- A Member requested the estimate timescale on when the full findings of the Patient Safety Review could be shared.
- The BSOL Chief Executive explained timelines had been agreed and it should be possible for this Review to be shared by 9<sup>th</sup> March
- A Member queried the oversight arrangements in regards to the actions arising from the first review, to ensure ongoing delivery.
- The BSOL Chief Executive confirmed the Cross party Reference Group would continue to review this work. Membership of this Group included Healthwatch, Professional representatives, Union representatives, MPs and Health and Wellbeing Board chairs. A Joint BSOL and NHS E Oversight Group had also been established, to review the delivery of actions in detail. Professor Bewick would also return in June to report on progress. The BSOL Chief Executive also emphasised how a range of measures were being delivered now, as the three reviews were being undertaken, including engaging with staff.
- Another Member also raised the media coverage regarding the Parliamentary Health Service Ombudsman (PHSO) and UHB. They expressed concern on the Committee finding out about this via the media.
- The BSOL ICS Chief Executive explained the process, whereby the PHSO could raise issues via the NHS Trust as well as via NHS England. He explained how, during this process, UHB were addressing the issues being raised, which related to the management of and learning from complaints. It was also confirmed the issues had now been addressed. It

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was explained a press statement on this matter had been issued by NHS England and this could be shared with the Committee.

- A Member raised the Cross party Reference Group and queried whether they were satisfied with the Terms of Reference, as well as the independence, of the Patient Safety Review. It was also queried whether the minutes of this Groups meetings could be shared.
- The BSOL Chief Executive explained how the first Review's ToR had been further refined at this Groups initial meeting – it was confirmed the updated ToR could be shared. He also detailed how he would check whether the minutes of these meetings could be shared.
- The Chief Executive Officer of Healthwatch explained how the ToR for the Cross party Reference Group itself had been upgraded following its initial meeting. The Group had also agreed to undertake increase communications, including of its membership, as well as its roles and functions. From an independence point of view, it had been welcomed that Professor Bewick would be overseeing all three reviews.
- The Chief Executive Officer of Healthwatch queried the communications plan that was being developed, to support the publication of the Patient Safety Review.
- The BSOL Chief Executive confirmed this communications plan could be shared. He also explained he would clarify whether an embargoed copy of the Patient Safety Review findings could be shared, the day before planned publication on 9<sup>th</sup> March. It detailed how this would be subject to the completion of the factual accuracy checks and due process.
- Following a query from a Member, the BSOL Chief Executive confirmed that the four ground rules, identified by Healthwatch Birmingham and Healthwatch Solihull, in their letter dated 21<sup>st</sup> December, would be adhered to for all the 3 reviews being undertaken.
- Following requests from Members, the BSOL ICS Chief Executive confirmed he would review how Members could be notified and kept informed of future major media reporting. He emphasised the different issues that had to be taken into account, including maintaining patient confidentiality. It was also recognised this was dependent upon BSOL ICS and UHB being informed of the media reporting in advance.

### **RESOLVED**

The Joint Health Overview and Scrutiny Committee:

- (i) Noted the update on the Independent Reviews at University Hospitals Birmingham NHS Foundation Trust
- (ii) Agreed to receive further reporting on the Independent Reviews at the next JHOSC meeting on 13<sup>th</sup> March 2023.

## **6. PROPOSED CONFIGURATIONS OF SERVICES ACROSS UNIVERSITY HOSPITALS BIRMINGHAM - COMMUNICATIONS AND ENGAGEMENT OUTCOMES**

The UHB Chief Executive introduced the report, regarding the proposed improvement of services and increased capacity across the Trust. This included the following:

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- The re-configuration of the delivery of surgical services.
- The development of the Solihull elective hub, with the introduction of six new theatres, and
- The re-introduction of the Solihull Minor Injuries Unit (MIU).

In regards to the Solihull MIU, the UHB Chief Executive confirmed they remained on track for opening in June 2023. For the new theatres, they had started the enabling works, with the planned opening date scheduled for summer 2024.

The UHB Director of Communications informed Members of the communications and engagement activity undertaken, following the reporting to the Committee in October 2022. The combined digital reach of this activity was over 166000 local people and organisations. Ten public engagement sessions were held, including virtual and face-to-face sessions at all hospital sites.

The UHB Director of Communications outlined the feedback from public engagement sessions at hospital sites. This included how the improvements and investment at Solihull Hospital were really welcomed, whilst people were extremely positive about the re-opening of the MIU.

Member raised the following queries:

- Members welcomed all the engagement activity and the positive feedback received.
- Members queried whether UHB was recruiting from overseas for the re-introduction and expansion of services and whether any challenges were being encountered.
- The UHB Chief Executive explained they did have an international recruitment programme. He confirmed they were not specifically recruiting from overseas to re-open the MIU. There had been a positive local recruitment response for staff to support the running of this Unit, including registered nurses, emergency nurse practitioners, radiographers and porters.
- Members queried the potential for an A and E service being provided at Solihull Hospital.
- The UHB Chief Executive explained he didn't anticipate an A and E service would be delivered via Solihull Hospital, due to the national service specification set by NHS England. He detailed the focus now upon establishing an Urgent Treatment Centre at the Solihull Hospital site.
- Members queried the communications plan in place now, as the services outlined in the report became live.
- The UHB Director of Communications explained how an intensive communication plan was being developed for the re-introduction and expansion of services, including via digital, media and other established channels – it was confirmed this could be shared with the Committee.
- Members reiterated their support for the proposed improvement of services and increased capacity, as set out in the report – they request for site visits to be arranged, when possible.

**RESOLVED**

The Joint Health Overview and Scrutiny Committee

- (i) Noted and welcomed the positive engagement outcomes, as set out in the report, and
- (j) Endorsed the proposed configuration and increased capacity of services across University Hospitals Birmingham and for them to be enacted as soon as possible.

**7. BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM DEMENTIA STRATEGY**

The Senior Integration Manager for Frailty, BSOL ICS presented the report, providing an overview of the proposed Joint Dementia Strategy for Birmingham and Solihull 2023-2028 and the accompanying action plan 2023-25.

Members were informed how the Strategy was developed through the Birmingham and Solihull Dementia Interface System Steering Group. Membership of this Group included ICB, Council, NHS, third sector and lived experience reps. The engagement undertaken with people with dementia and their carers was also outlined, to ensure their views informed the Strategy and its priorities.

Members raised the following observation and questions:

- Members welcomed the strong emphasis in the Strategy upon the needs of different communities across Birmingham and Solihull. A Member queried how the diversity of needs within each communities was taken into account. They also welcomed the focus upon people with learning disabilities in the Strategy and questioned how the needs of autistic people were considered.
- The Senior Integration Manager for Frailty explained that, from a diversity perspective, there was emphasis upon personalised care and support, as well as ensuring everyone was treated as an individual. There was focus on ensuring equity through personalised care.
- The Senior Integration Manager for Frailty explained that the strong emphasis upon people with learning difficulties in the Strategy was because people with Down syndrome faced a significantly greater risk of developing dementia. In addition, when people with learning difficulties developed dementia it often presented differently. It was also recognised how autistic people may present differently when developing dementia and also required their individual needs to be taken into account.
- A Member welcomed how, in the Action Plan, it detailed Councils adopting a simplified application form for Council Tax discounts. They queried whether simplified forms and guidance could be made available for a range of services, in one place.
- The Strategic Commissioner agreed, explaining how this point on ensuring clear information and advice was available was being taken into account. She also detailed the role of Community Wellbeing Hubs, which could support people in navigating and accessing support.

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- A Member emphasised the importance of regular medication reviews and queried how this could be reflected in the Strategy.
- The Senior Integration Manager for Frailty detailed how medication reviews were undertaken by Primary Care. Medicine management colleagues at the ICS had recently undertaken a pilot, looking at care home residents, including those at increased risk of, or with, dementia, to ensure they were receiving the most appropriate medication. This pilot had been extremely successful in identifying the reduction or removal of medication and was being rolled out across Birmingham and Solihull.
- A Member queried how the views of carers would be taken into account as part of the delivery of the Strategy, including in terms of being made aware of and accessing support. They also questioned the psychological support for carers.
- The Senior Integration Manager for Frailty explained that, to support this Strategy, there was focus upon identifying people with dementia and their carers'. She detailed a pilot being undertaken with North Solihull Primary Care Network, where a member of staff from Dementia Connect had reviewed GP records, to identify people who may benefit from dementia services – this had led to a significant increase in people accessing support.
- The Strategic Commissioner detailed how, in addition to the Strategy, they had developed a 2 year Action Plan. This would be reviewed by the Birmingham and Solihull System Dementia Interface Steering Group, which included representatives with lived experience. Engagement activities, such as focus groups with local residents, would also be undertaken. The findings of this would inform the next iteration of the Action Plan.
- The Senior Integration Manager for Frailty detailed how they were working with partners on the pre and post bereavement support available for carers, including via Dementia Connect.
- The Chief Executive Officer of Healthwatch welcomed the positive engagement work undertaken to support the development of this Strategy, which included members of the Healthwatch team. He welcomed the on-going engagement that would support the delivery also.
- A Member raised the emphasis in the Strategy upon access to a timely diagnosis with support before and after and requested further information on this.
- The Senior Integration Manager for Frailty explained how there was focus upon diagnosis at the earliest opportunity, to allow the provision of appropriate treatment to slow the progression of dementia. Part of the rationale of developing a 2 year Action Plan was to enable consideration of the latest treatments available.
- A Member queried the outreach work undertaken for residents with conditions that put them at higher risk of dementia.
- The Senior Integration Manager for Frailty detailed how it would vary, according to the needs of the individual and their interaction with Primary Care. For a range of long-term conditions, people were offered an annual health check, which could include a memory assessment, as

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appropriate. From this, an individual may be referred to the memory assessment service. Here people were also offered support via Dementia Connect, which included expert dementia advisors. There was also focus upon digital solutions, to make assessments more accessible to a greater number of the population.

Members welcomed, when considering the Strategy, the focus upon the person impacted by dementia and their individual needs, as well as carers. The Chairman also welcomed the reference in the Action Plan to potentially inviting Members to become dementia champions for their Wards and encouraged participation in this.

### **RESOLVED**

The Joint Health Overview and Scrutiny Committee:

- (i) Endorsed the Joint Dementia Strategy for Birmingham and Solihull 2023-2028 and the accompanying action plan 2023-25.
- (ii) Requested that the key points raised by Councillors be taken into account as part of the delivery of this strategy, including on support for autistic people, the importance of clear information, support and advice, as well as psychological support for carers.
- (iii) Recommended approval of the Joint Dementia Strategy to Birmingham and Solihull ICB Governing Board.
- (iv) Agreed for future communications on becoming dementia champions to be shared with the Committee.

## **8. PROGRESS REPORT: ENABLING PRIMARY CARE STRATEGY**

The Chief Officer for Primary Care and Integration, BSOL ICS presented the report, outlining the development of the Enabling Strategy for Primary Care.

Members were informed how the report summarised feedback from a series of engagement sessions held with GP teams across Birmingham and Solihull. The themes also reflected those raised by Members and partner organisations over the previous 12 months.

The Chief Officer for Primary Care and Integration took Members through the feedback and themes, as outlined the report, and detailed how these were being incorporated into the Primary Care Strategy. He confirmed that, as part of the next steps for the Strategy, there would be engagement with the public and Healthwatch

Member raised the following observations and queries:

- A Member queried the governance arrangements across Primary Care for benchmarking and sharing best practice.
- The Chief Officer for Primary Care detailed how, as part of the new arrangements going forward, a GP Partnership Board had been established, which consisted of 12 front-line Primary Care professionals, elected by their peers. This Board would closely link with the ICB and

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Place Committee, whilst also providing opportunities to support greater peer support and sharing of best practice.

- A Member raised the role of Integrated Neighbourhood Teams, querying their membership. They also highlighted the co-location of services and queried how this could be achieved with independent practices. The Member also raised the focus upon digital services and queried how this could be delivered alongside the development of Neighbourhood Teams and localised services.
- The Chief Officer for Primary Care detailed how Integrated Neighbourhood Teams were at the heart of the new BSOL ICS arrangements. The membership of these Teams were evolving and included GP's, GP practice staff, community services, council officers, voluntary sector reps, all focusing upon integrating care in local neighbourhoods.
- The Chief Officer for Primary Care explained that the reference in the report to co-location was regarding the co-location of wide range of organisations and services. An example of this could be the potential co-location of services in empty high street spaces.
- The Chief Officer for Primary Care detailed how digital services could be introduced at scale or for a specific location. Feedback on the development of the Strategy and digital services included how one size didn't necessarily fit all. It was recognised people valued continuity of care and access to face-to-face services, as appropriate.
- A Member detailed the issues they encountered when attempting to use GP practice websites, including updating their home address. The Member queried how improving GP practice websites and offering greater digital solutions could be taken into account.
- The Chief Officer for Primary Care detailed how the focus upon improving Primary Care access had demonstrated variation in the digital offer across GP practices and, in some instances, the potential for improvement. BSOL ICS provided a Primary Care website improvement offer. It was confirmed a report on Primary Care improving access works was scheduled for a future Joint Health Overview and Scrutiny Committee and this could include an update on the improvement of the digital offer also.
- A Member welcomed the emphasis in the report upon greater data collection and analysis across Primary Care. They queried how it was ensured the necessary data was collated in the first instance – as an example, they noted the focus upon same day appointments and expressed concern this may impact on residents who required medium term appointments.
- The BSOL ICS Chief Executive detailed the work being undertaken with Birmingham University to obtain the views of Primary Care service users, where over a million texts were being sent out. This would provide a significant volume of data to inform quality improvement works.
- Members highlighted the volume of instances where people had to arrange an appointment with a GP, rather than other professionals, because another individual or organisation instructed them to do so – this included sick notes for work and insurance company referrals. They



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queried the engagement with businesses and organisations, to help their understanding of the new ways Primary Care services were being delivered.

- The Chief Officer for Primary Care detailed the ongoing improvement works being undertaken, whereby Primary Care was engaging with clinicians and professionals from a range of other organisations on the delivery of services. He confirmed these points would be taken into account.

The Chairman welcomed the report and thanked Members for the key points they raised. He explained how the Committee was due to receive future reporting on the ongoing work to improve GP access and noted this could include digital improvement works also.

### **RESOLVED**

The Joint Health Overview and Scrutiny Committee:

- (i) Endorsed the themes identified in the Enabling Primary Care Strategy progress report.
- (ii) Requested that the key points raised by Councillors be taken into account in the development of the Strategy, especially on the importance of effective communication and engagement with the public, to ensure understanding of the on-going changes in Primary Care.

End time: 20:25