

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SOLIHULL)

MONDAY, 13 MARCH 2023 AT 14:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via <http://bit.ly/3WtGQnN>. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

3 - 12

4 **MINUTES**

To approve the minutes of the last meeting held on 15th February 2023.

13 - 16

5 **INDEPENDENT REVIEWS AT UNIVERSITY HOSPITALS BIRMINGHAM
NHS FOUNDATION TRUST (UHB)**

David Melbourne, Chief Executive, Birmingham and Solihull Integrated Care Board.
(1405-1445hrs)

17 - 34

6 **WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS
FOUNDATION TRUST UPDATE**

Vivek Khashu, Strategy and Engagement Director, West Midlands Ambulance Service.
(1445-1520hrs)

35 - 52

7 **BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM UPDATE
AGAINST FINANCE AND RECOVERY PLANS**

Alan Butler, Associate Director of Delivery and Development, Birmingham and Solihull Integrated Care Board.
(1520-1600hrs)

8 **DATE AND TIME OF NEXT MEETING**

The next meeting will be hosted by Solihull MBC at a date and time to be agreed.

9 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

MINUTES

Present: Councillors: R Long, A Mackenzie, M McCarthy, Mrs G Sleight, 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 19th January 2023 were submitted.

RESOLVED

That the minutes of the meeting held on 19th 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.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

- 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 9th 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

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

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 9th 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 21st 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 13th 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:

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

- 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.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

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.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

- 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

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

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

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

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

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 15 February 2023

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

Birmingham City Council

Birmingham/Solihull Health Scrutiny Committee

13/03/2023



Subject: Update to the Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Independent reviews at University Hospitals Birmingham NHS Foundation Trust (UHB)

Report of: David Melbourne, ICB Chief Executive
NHS Birmingham and Solihull

Report author: David Melbourne, ICB Chief Executive
NHS Birmingham and Solihull

1 Purpose

To update the Committee on progress being made on the Governance, well-led and Culture Reviews into University Hospitals Birmingham.

2 Recommendations

2.1 None. Update for information.

3 Any Finance Implications

3.1 None

4 Any Legal Implications

4.1 None

5 Any Equalities Implications

5.1 None

6 Appendices

6.1 Presentation attached.

UPDATE ON THE BEWICK REVIEW

- **The Governance Review is now complete** – Professor Bewick and his review team have concluded their work on the initial Governance Review;
- **Given the findings of that Review we have had to put additional processes in place** – that we couldn't have predicted at the beginning of the Review – to enable appropriate time for various organisations and individuals to respond to the review;
- Without those processes we may have encountered legal issues that could delay the publication of the report significantly – this is something we are very keen to avoid given that the report will be crucial to creating the backdrop for UHB to improve;
- **As it stands today, any delay should not be significant** – we are currently looking at days or weeks and while we don't predict that changing, in the unlikely event that it did we would communicate that clearly to all stakeholders;
- While it is not possible to share specific or detailed content from the review at this stage, in broad terms it is possible to share that:
 - There review team are clear that there are no fundamental safety issues at the Trust;
 - That said, there are substantial issues around culture, behaviour, leadership and governance that will need to be addressed (and indeed are beginning to be addressed by the Interim Chair and Interim Chief Executive);
 - There are some areas the Review Team have looked at that will require further work to be undertaken, which the ICB is supportive of.
- The report will be published on the ICB website – <https://www.birminghamsolihull.icb.nhs.uk/>
- The work of the other two Reviews – the Culture and Well-led Review – continues at pace

UPDATE ON THE WELL-LED AND CULTURE REVIEWS

- The well-led review – led by NHS England – is well underway and a whole range of actions have already been undertaken;
- An independent chair – Roger Kline – has been appointed to chair the selection panel for the organisation that will oversee the Culture Review;
- Roger is the co-author of *Being Fair* (2019) on disciplinary action in the context of patient safety and human factors and co-author with Prof Duncan Lewis of *The Price of Fear* (2018) on bullying in the NHS;
- Final selection for the organisation to lead the Culture Review is imminent, enabling work to commence on that Review;
- We remain on track for all the reviews to be completed by June 30th.

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 13 March 2023



Subject: West Midlands Ambulance Service Report

Report of: Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service, Mark Docherty: Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service

Report author: Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service

1 Purpose

- 1.1 To consider the West Midlands Ambulance Service activity and conveyance to hospitals, lost hours to handover delays, response time by call category, profile of Serious Incidents, actions taken by WMAS, high impact actions to make a difference, outcomes from a WMAS perspective in Appendix 1 and 2.

2 Recommendations

- 2.1 The Committee considers the West Midlands Ambulance Service report and agrees any comments / recommendations.

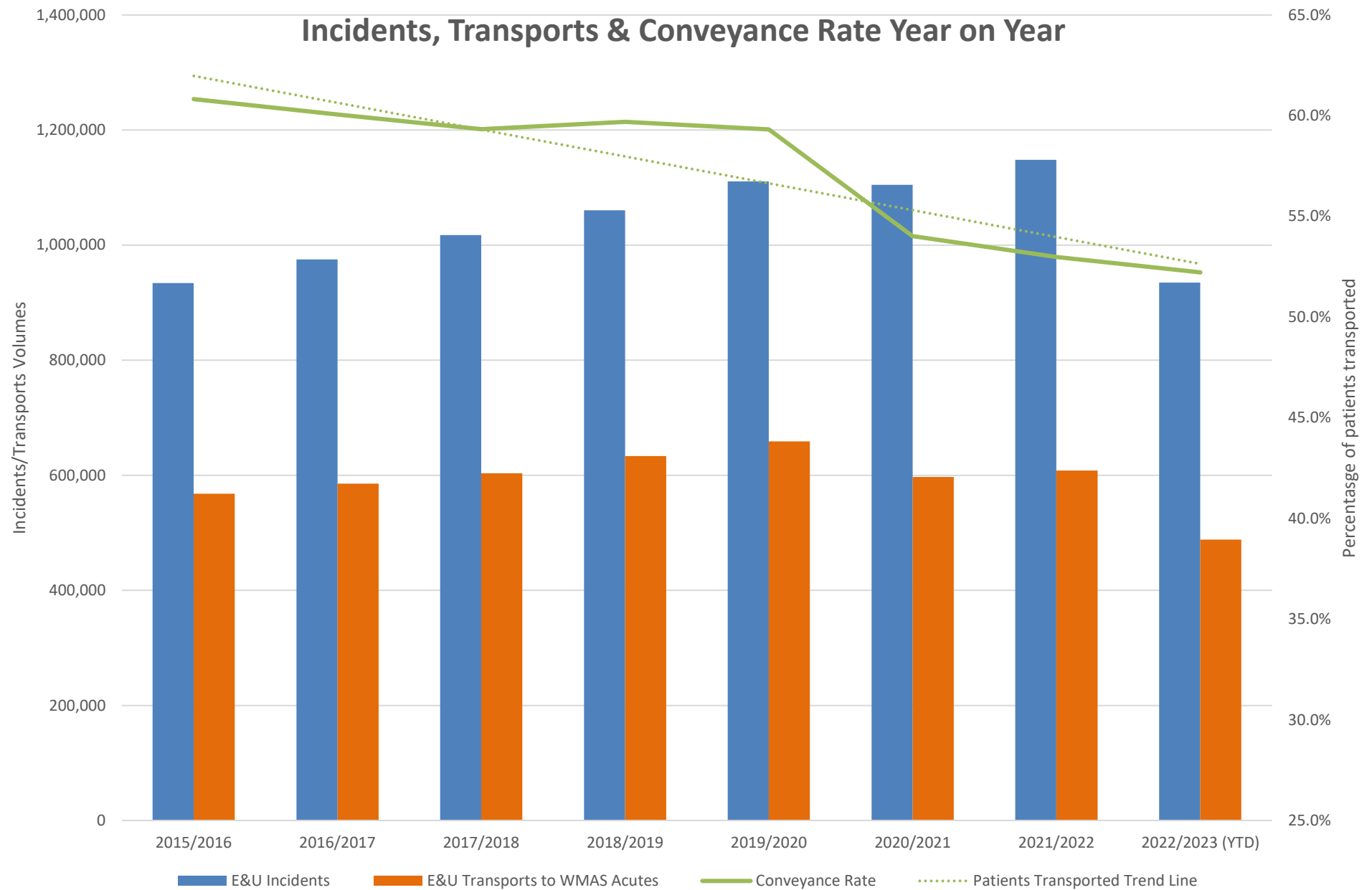
3 Appendices

- 3.1 Appendix 1: WMAS Demand Hospital Delays and Performance – February 2023.
- 3.2 Appendix 2: Birmingham and Solihull Integrated Care System Demand Hospital Delays and Performance – February 2023.

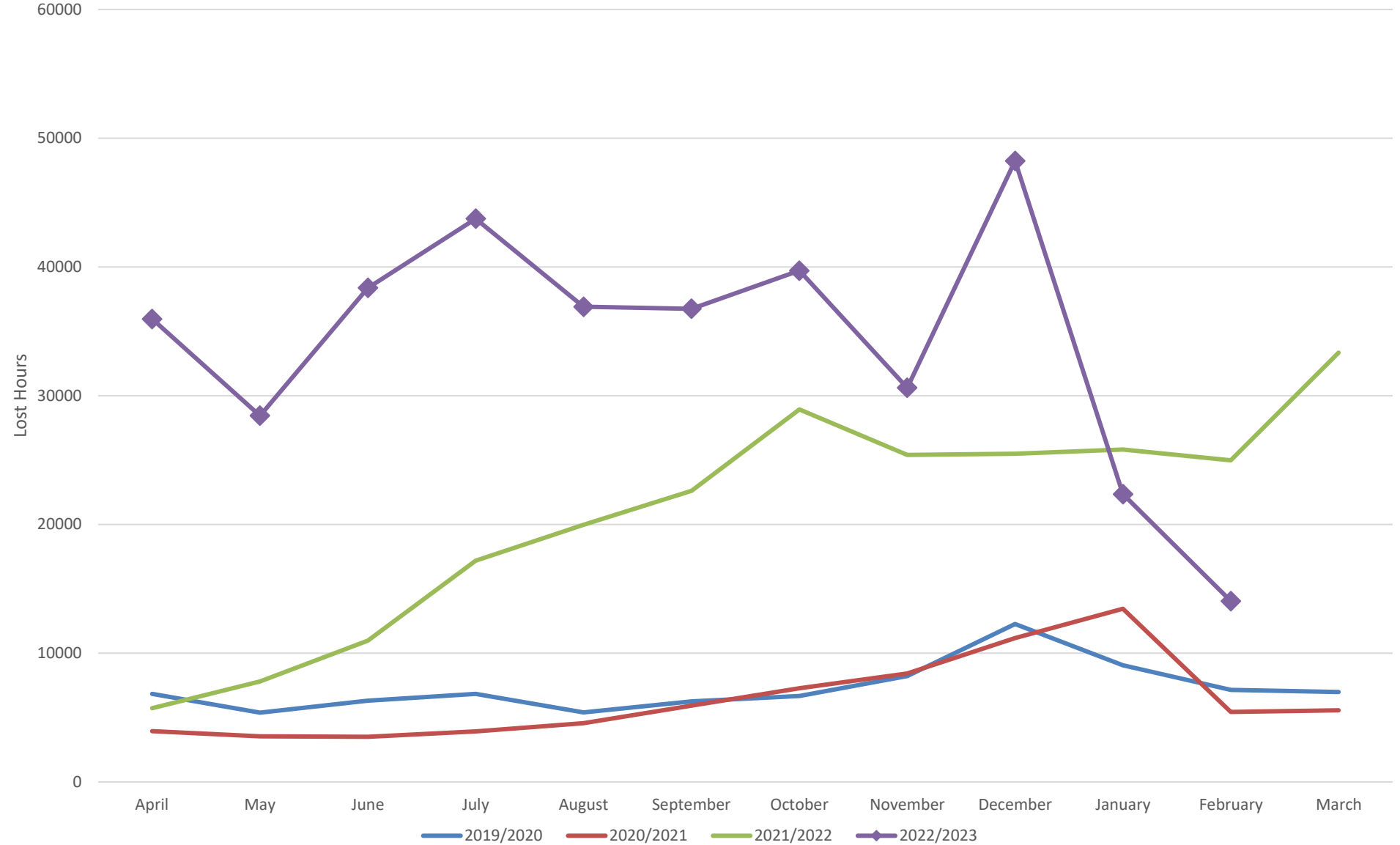


WMAS Regional Demand, Hospital Delays & Performance

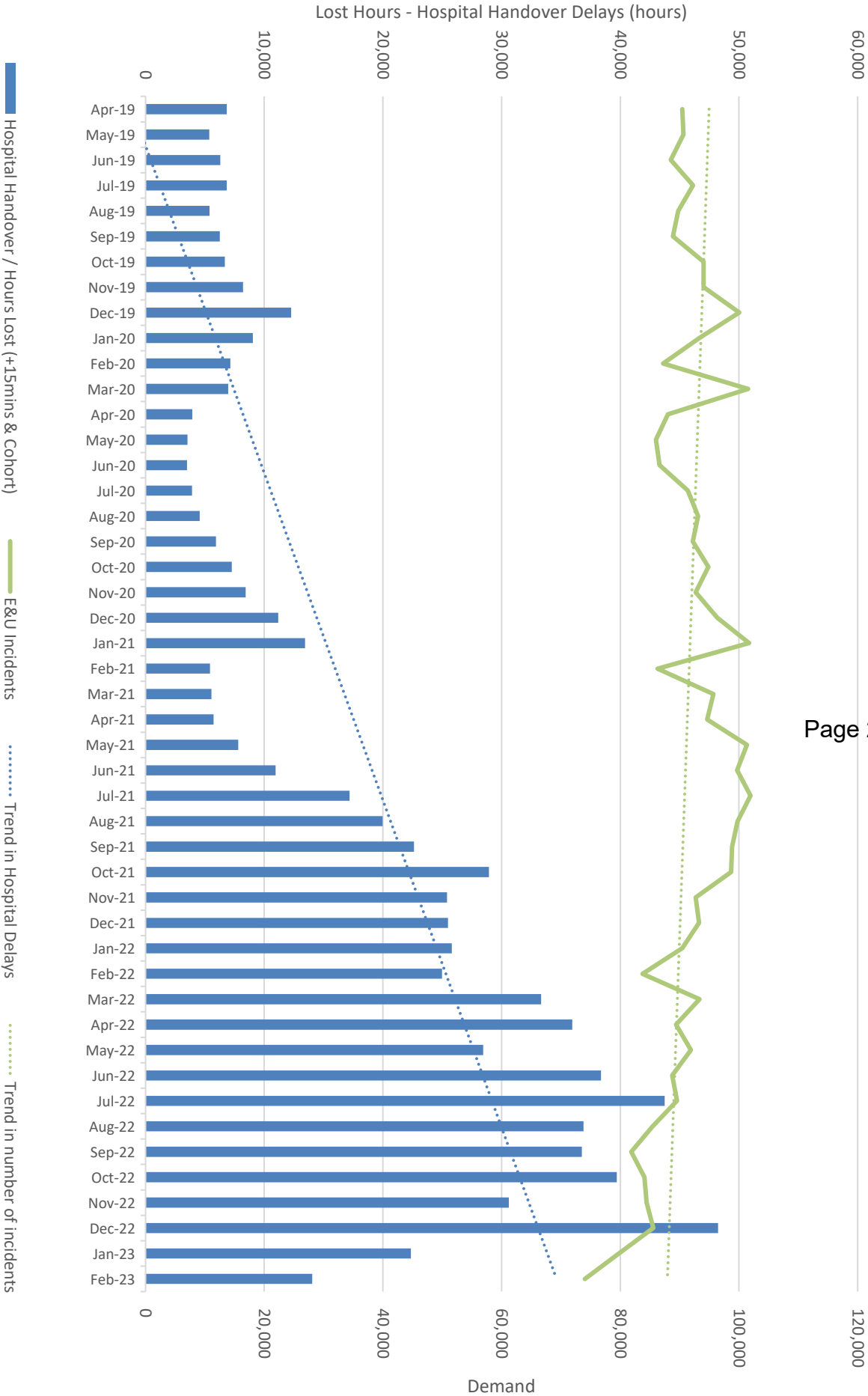
February 2023

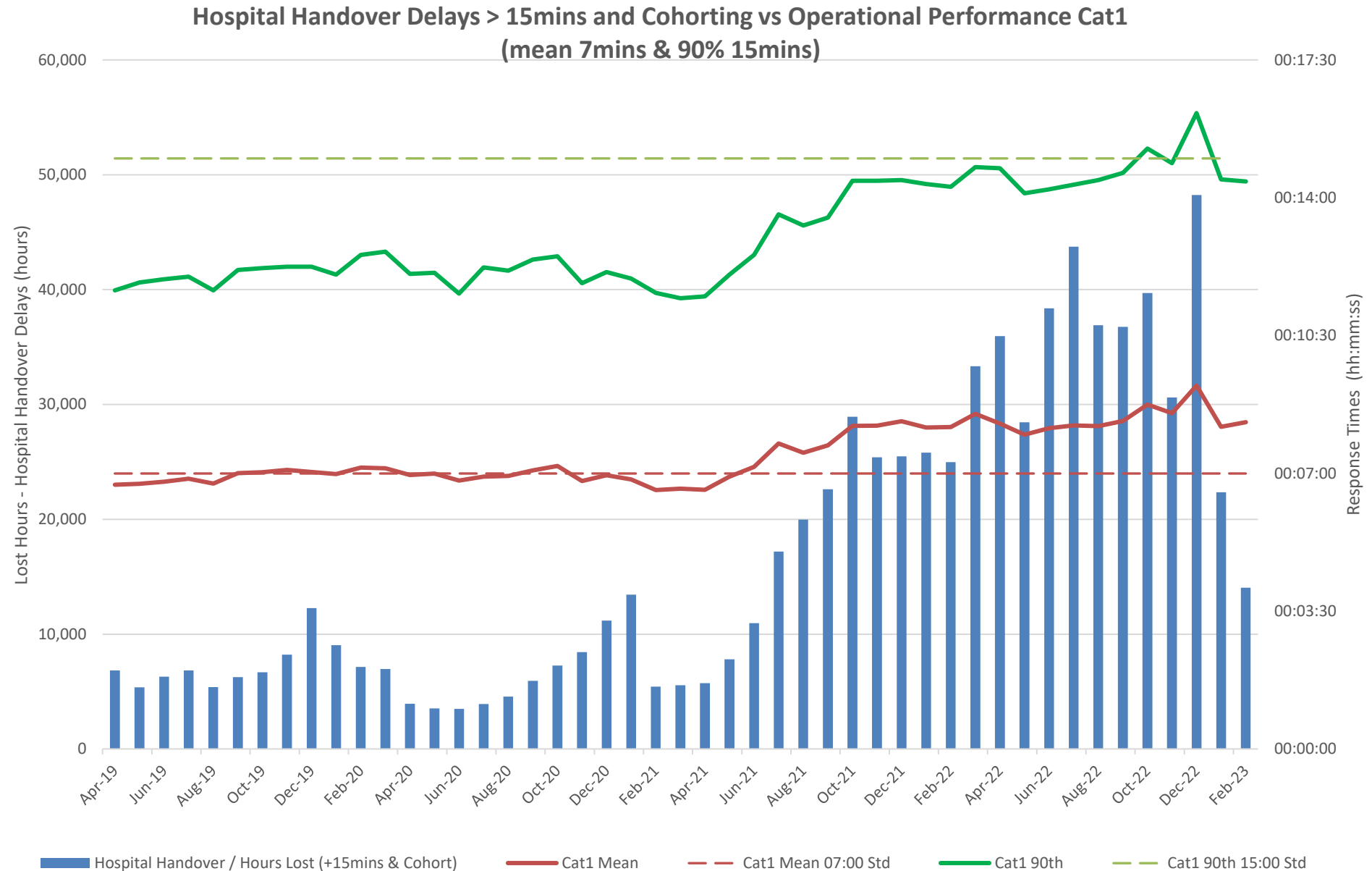


Regional Hospitals Handover Delays > 15mins (inc cohorting) - Total Hours by Month

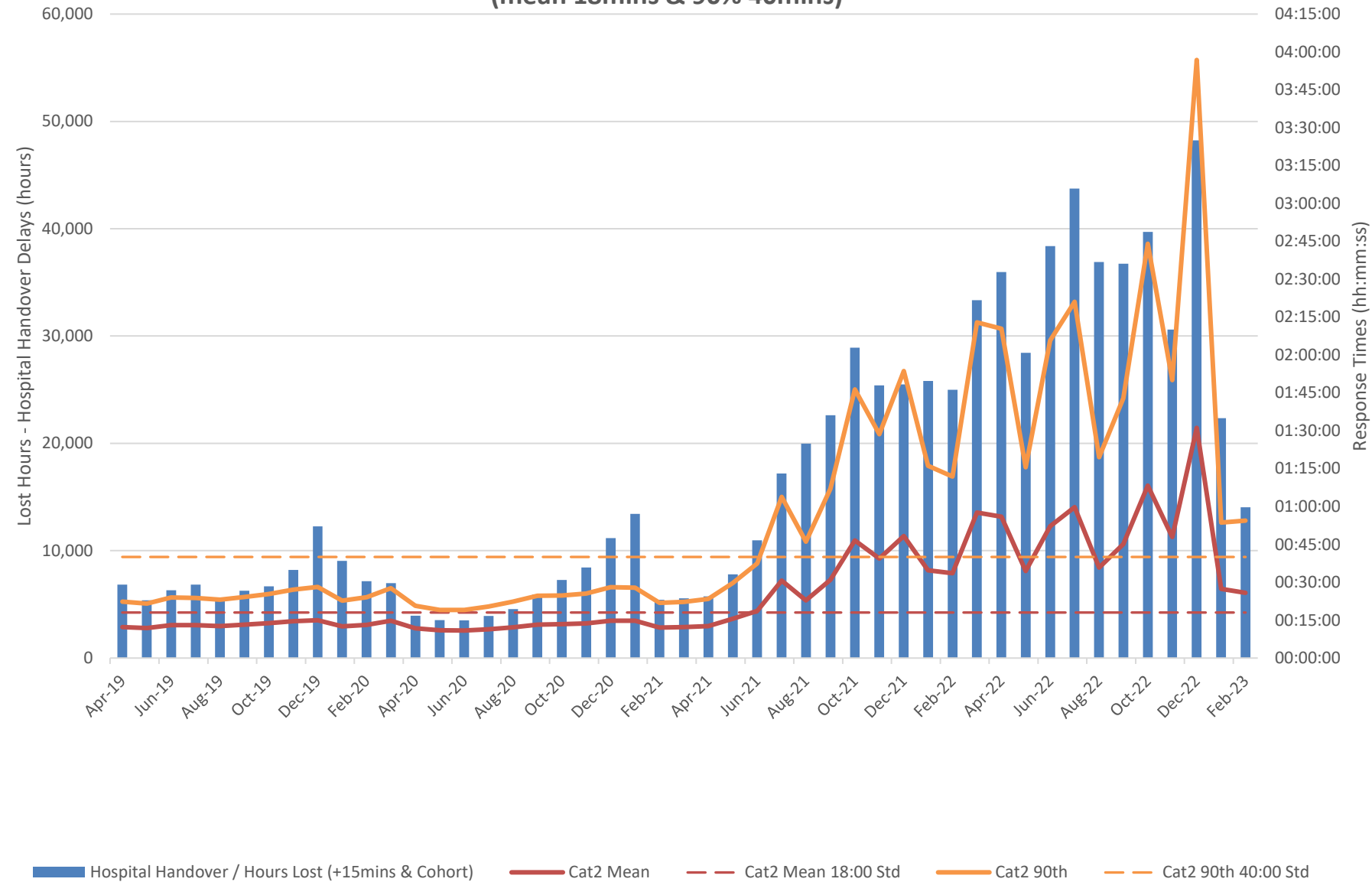


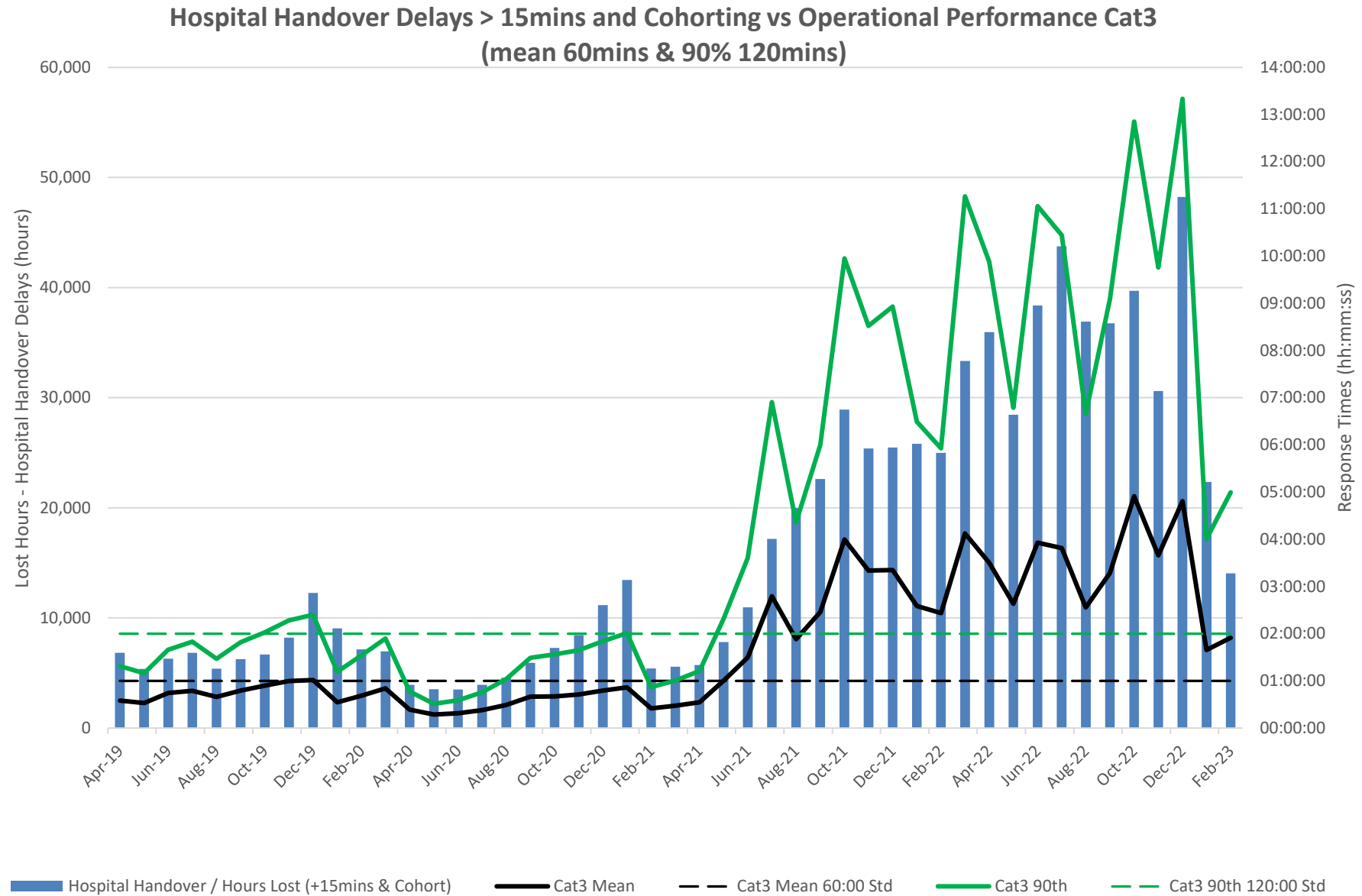
Operational Demand & Handover Delays





Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat2
(mean 18mins & 90% 40mins)



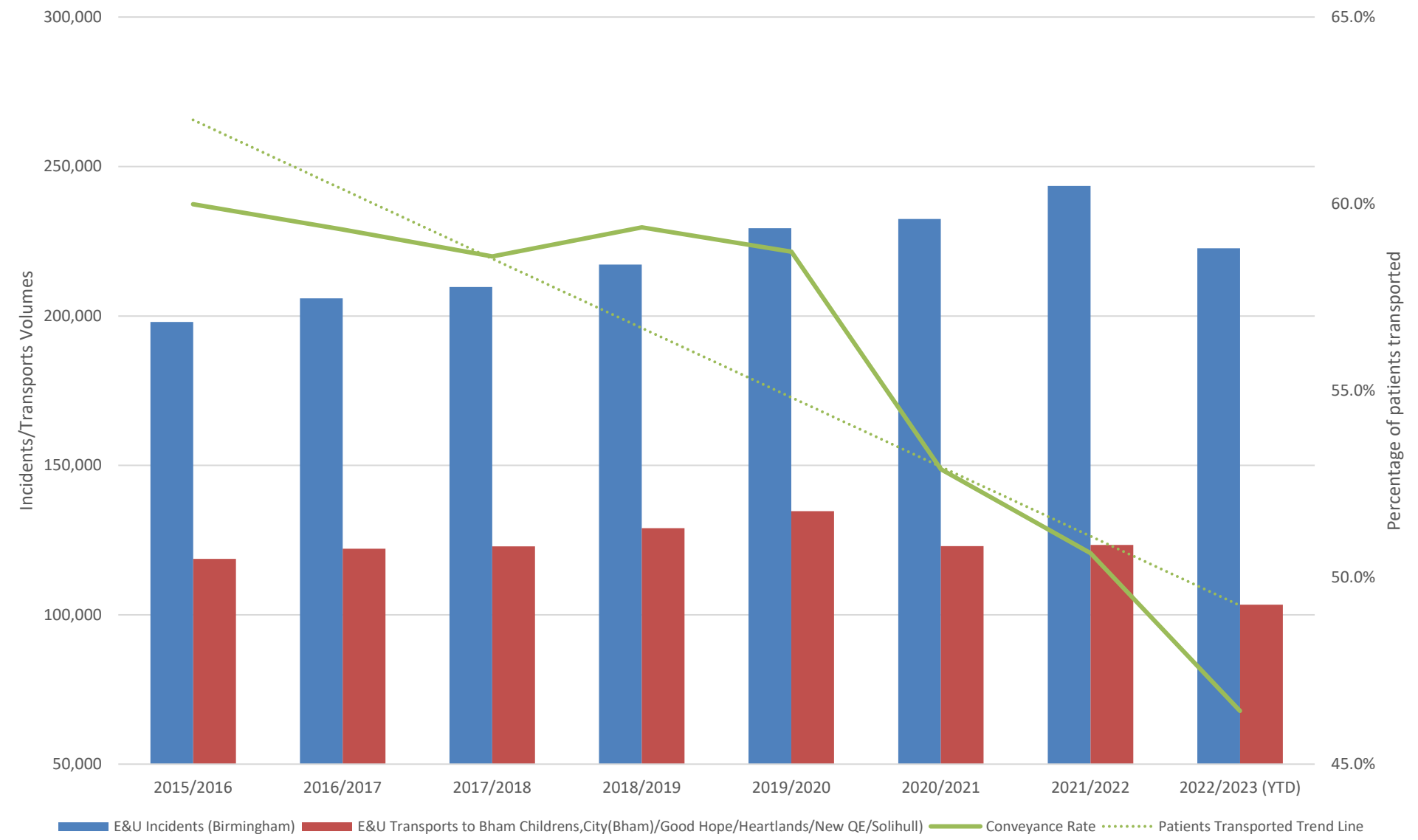




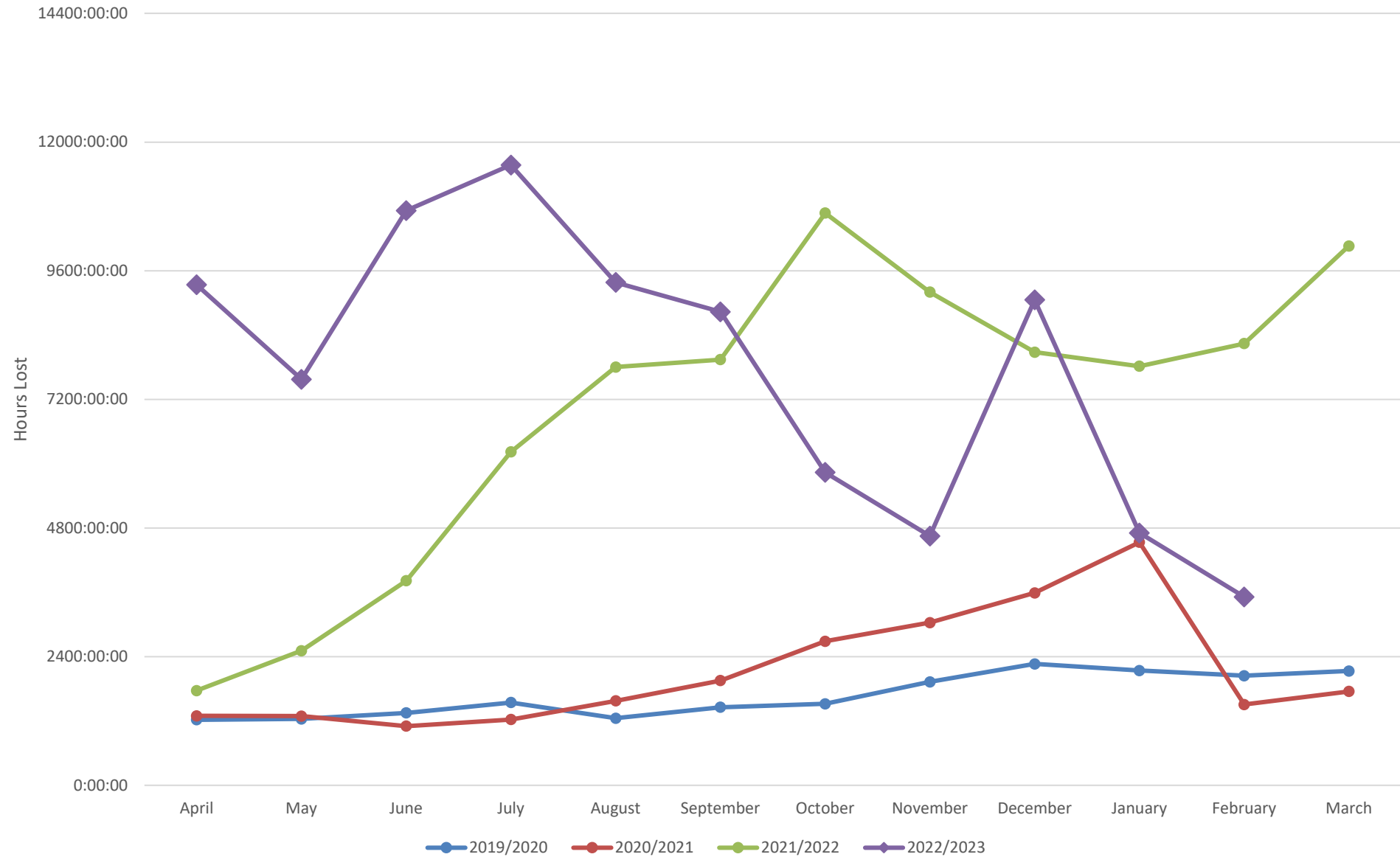
Birmingham & Solihull ICS Demand, Hospital Delays & Performance

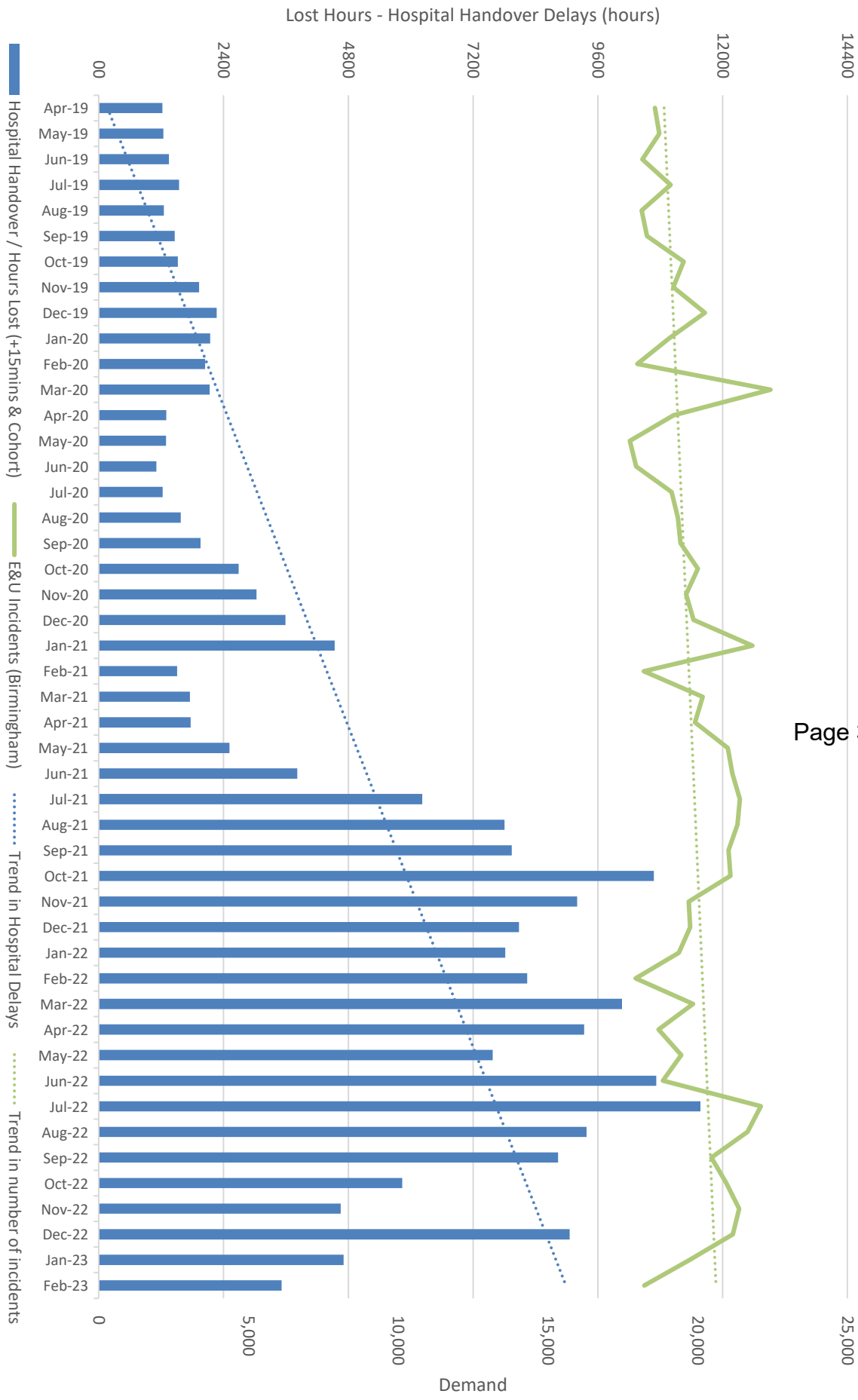
February 2023

Incidents, Transports & Conveyance Rate Year on Year

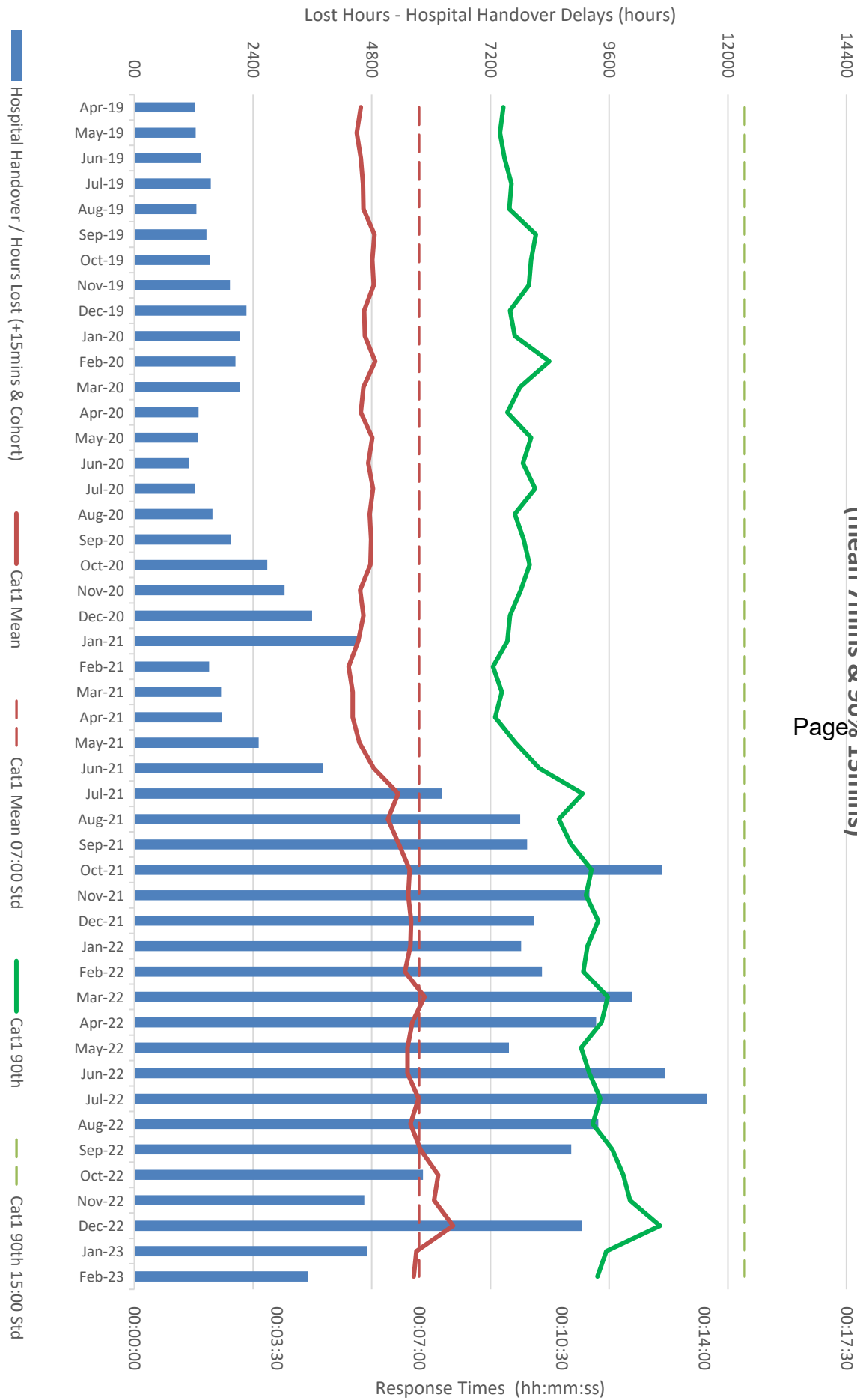


Birmingham Hospitals Handover Delays >15mins (inc cohorting) - Total Hours by Month

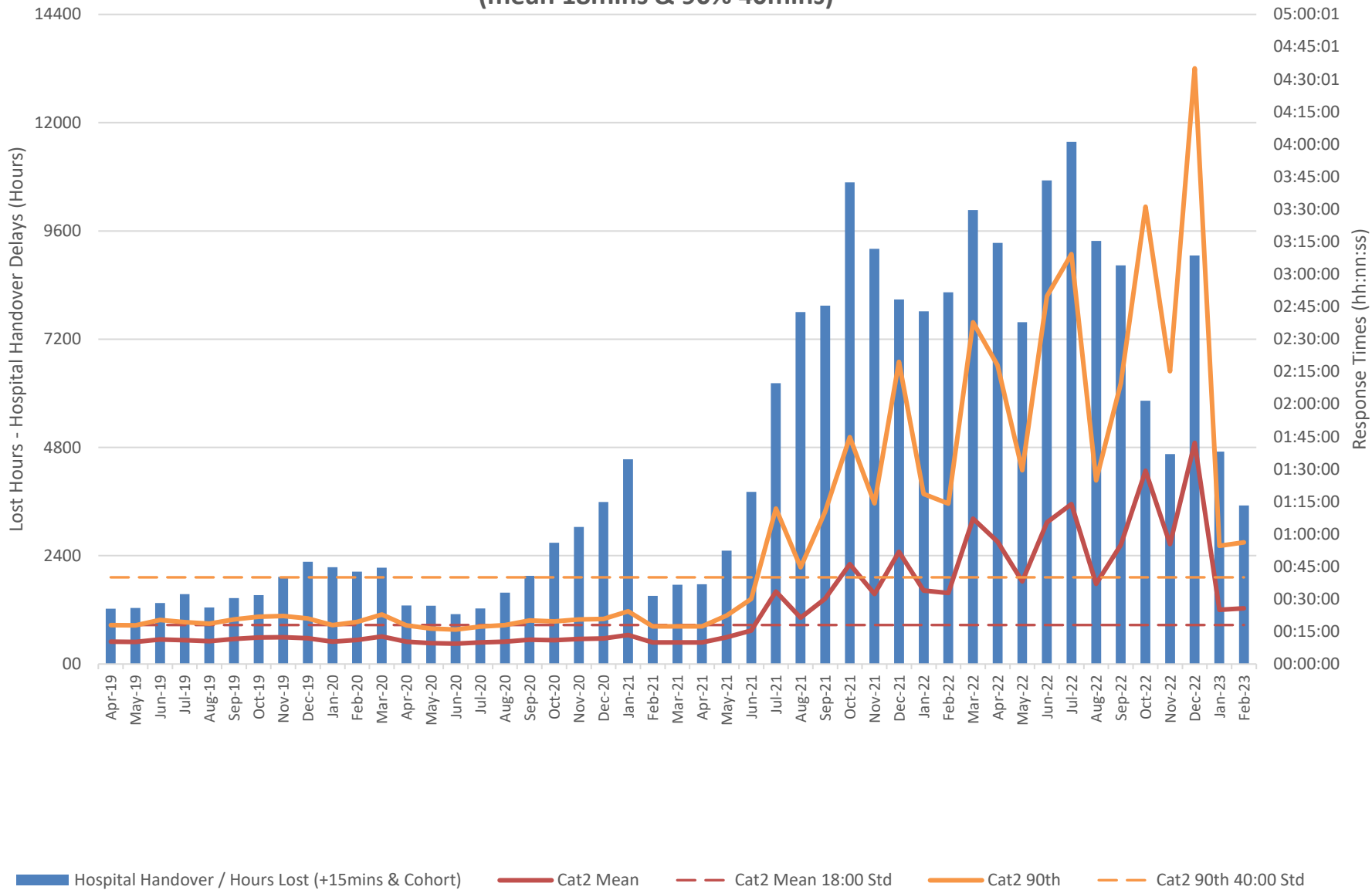




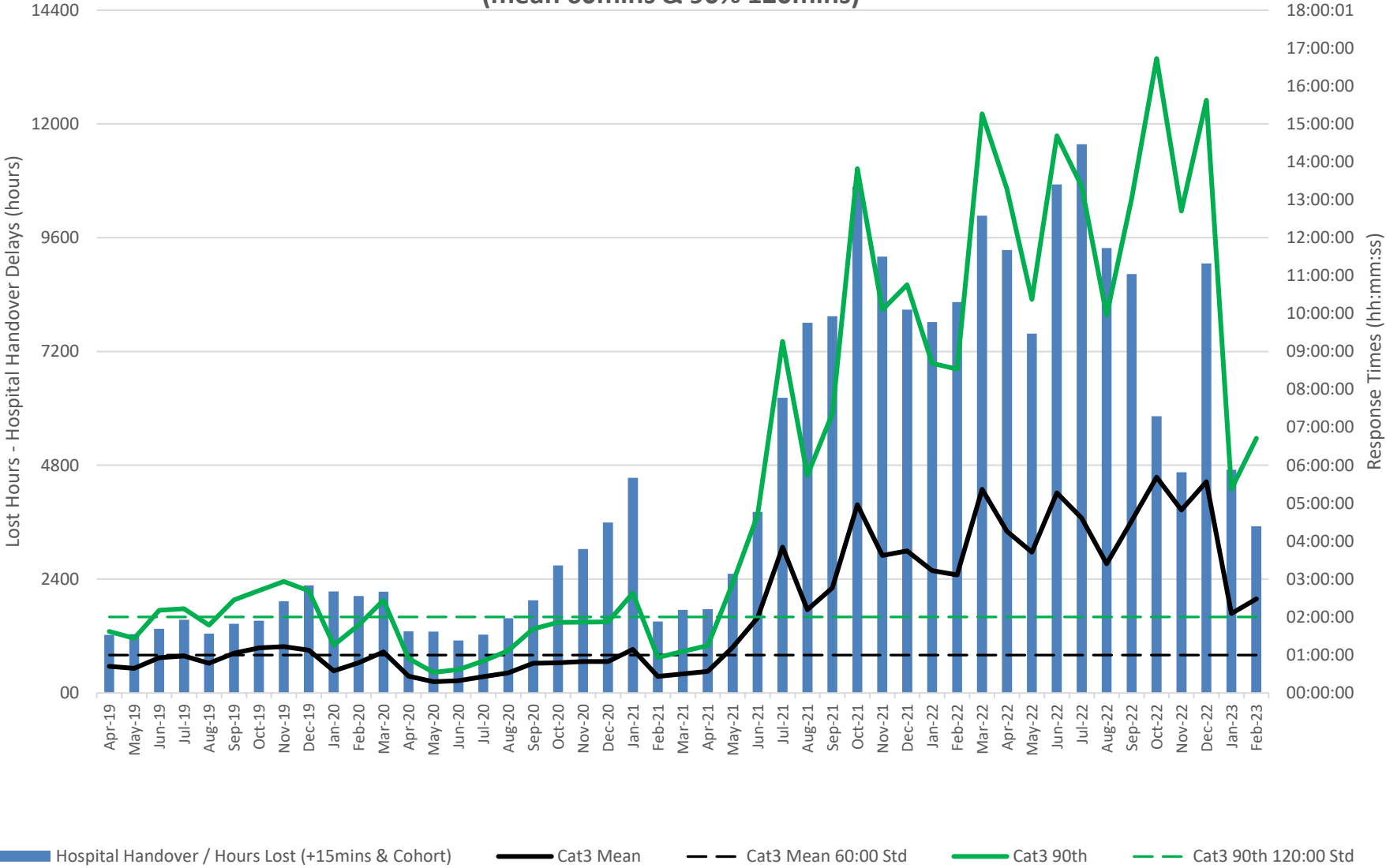
Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat1
(mean 7mins & 90% 15mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat2
(mean 18mins & 90% 40mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat 3
(mean 60mins & 90% 120mins)



Birmingham City Council

Birmingham/Solihull Health Scrutiny Committee

Date: 13th March 2023



Subject: BSOL ICS Update on performance against finance and recovery plans

Report of: David Melbourne, Chief Executive Officer, NHS BSOL ICB
Alan Butler, Associate Director of Delivery and Development, NHS BSOL ICB

Report author: Paul Athey, Chief Finance Officer, NHS BSOL ICB

1 Purpose

- 1.1 The purpose of this report is to update members of the committee on the progress of the Birmingham and Solihull Integrated Care System (ICS) on the following areas of focus:
 - 1.1.1 Performance against the 2022/23 financial plan target of a breakeven financial position
 - 1.1.2 Recovery of healthcare services following the impact of the Covid pandemic

2 Recommendations

- 2.1 The committee is asked to note performance to date and provide appropriate scrutiny and challenge to financial and operational delivery within the Birmingham and Solihull ICS

3 Any Finance Implications

- 3.1 All NHS organisations within the Birmingham and Solihull ICS have a collective duty not to exceed the revenue resource limit set by NHS England. For 2022/23, this limit equates to a breakeven financial position.

4 Any Legal Implications

- 4.1 No specific implications to note

5 Any Equalities Implications

- 5.1 All ICS partners have collective responsibility for ensure due consideration is given to equality of care and access as part of their recovery plans

6 Appendices

- 6.1 Birmingham and Solihull Integrated Care System – Headline Finance and Performance Report – Month 10.



Item 7

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Birmingham and Solihull ICS Headline Finance & Performance Report

Month 10

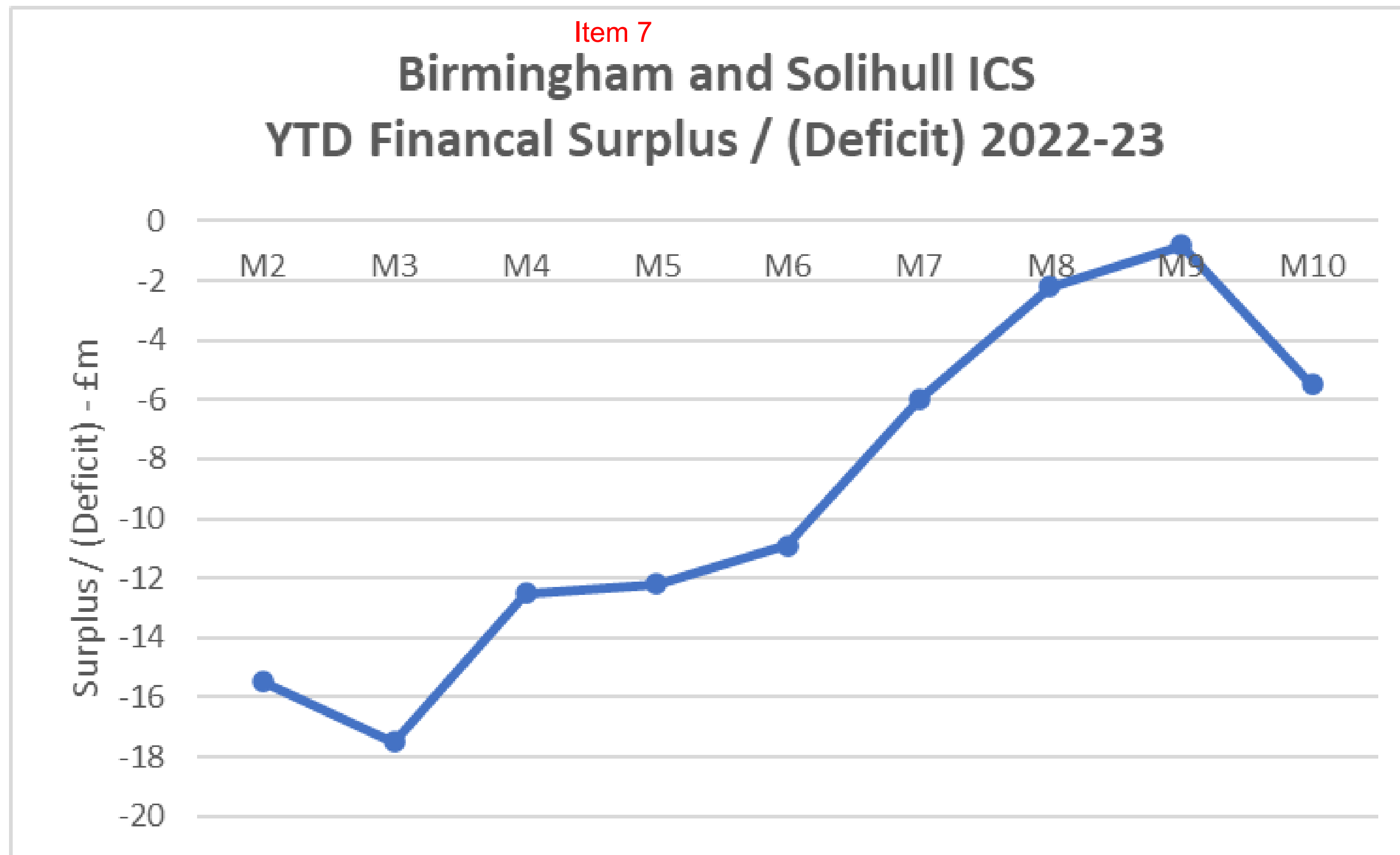


Item 7

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Finance

Month 10 Financial Performance



The ICS has seen consistent improvements in our financial position over the course of the 22/23 financial year, up until Month 9, before a deterioration of performance in Month 10. At the end of January 2023, the system deficit was £5.5m, however the ICS continues to forecast a breakeven position by year end.

The deterioration in Month 10 was as a result of increased winter pay rates introduced for a fixed period of time to address service pressures in early January, when the NHS was acknowledged to be under unprecedented pressure. In part, these increased rates enabled the service to stabilise and recovery throughout the month. The ICS has since reverted to standard pay rates in the majority of situations, and is confident that the non-recurrent costs incurred in Month 10 can be managed by savings and slippage to be released in Month 11 and 12.

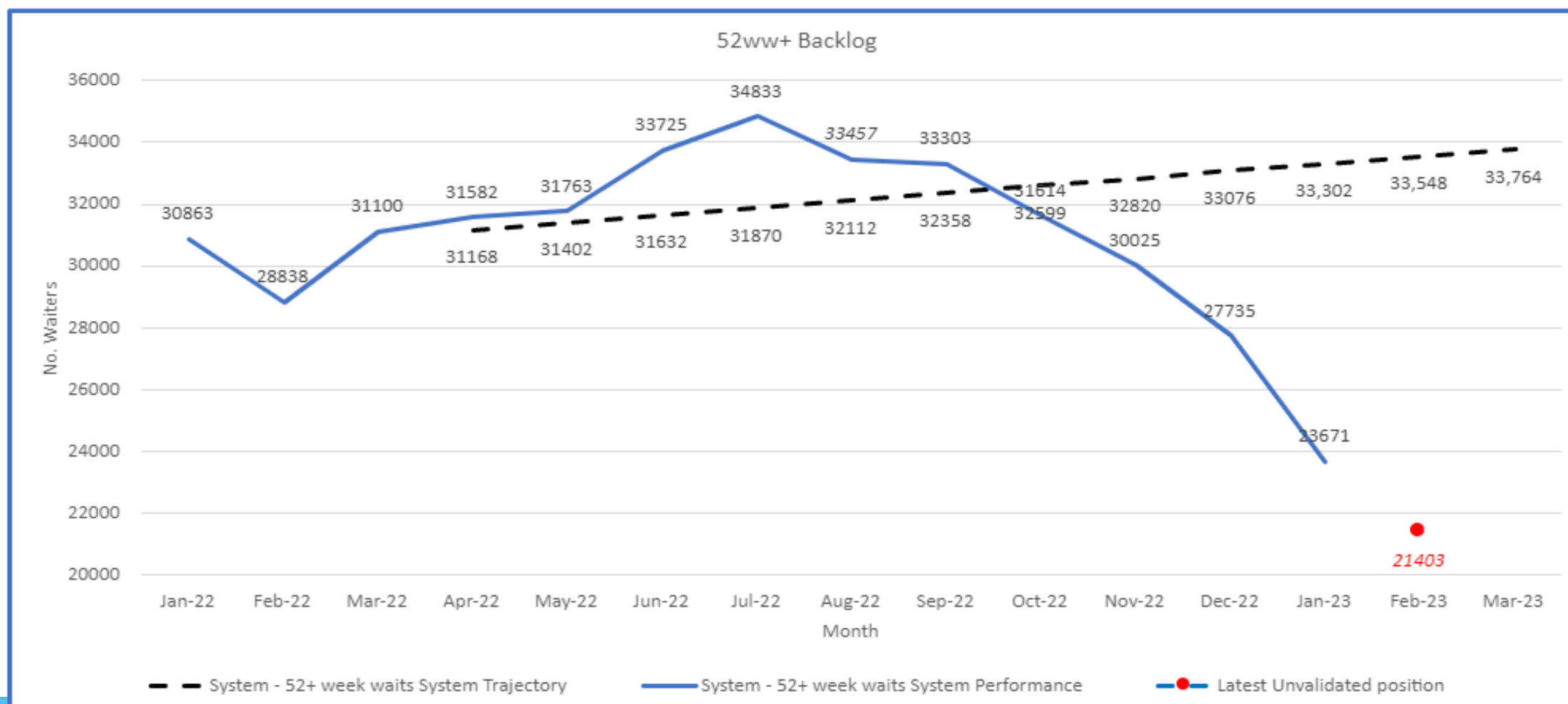
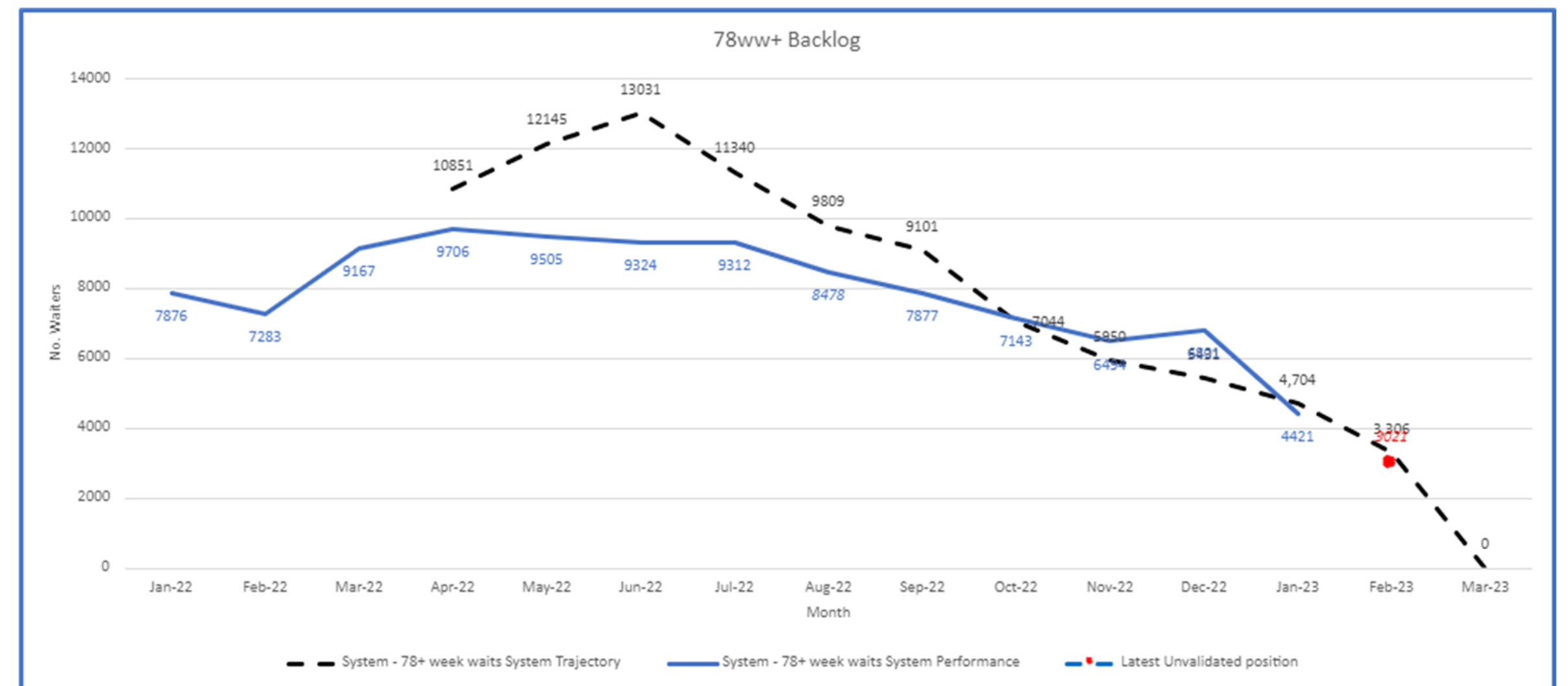
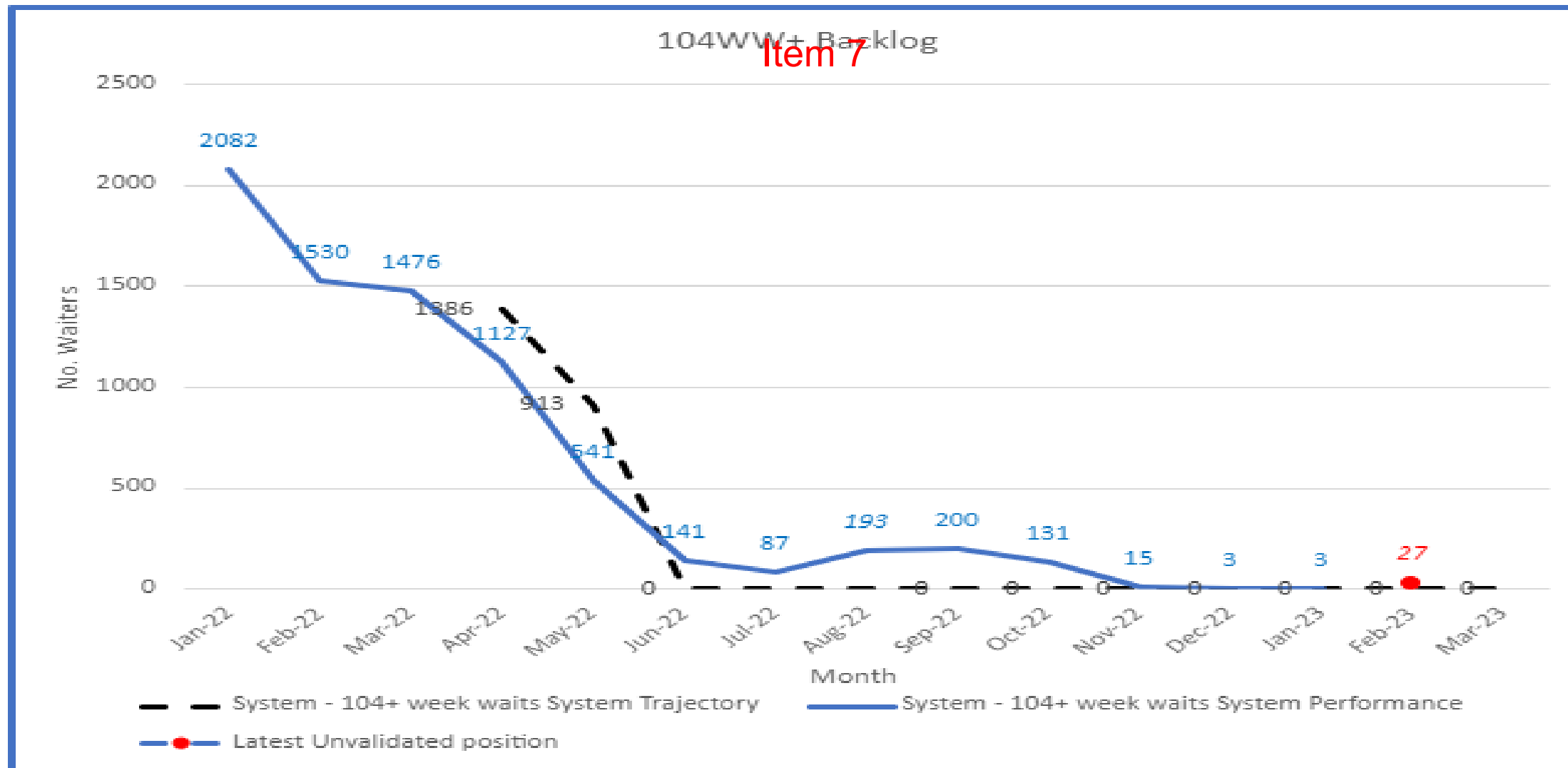


Item 7

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Elective recovery

System Waiting Time Backlogs



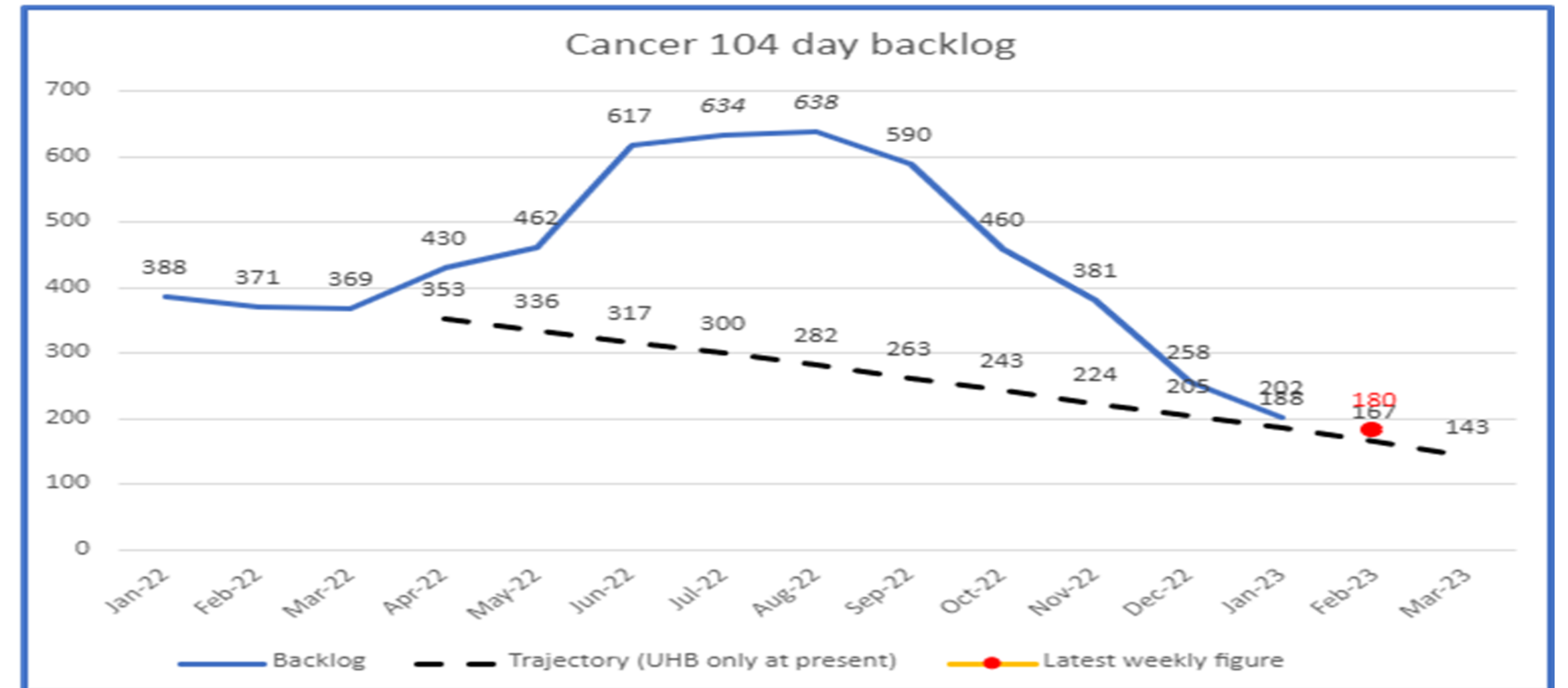
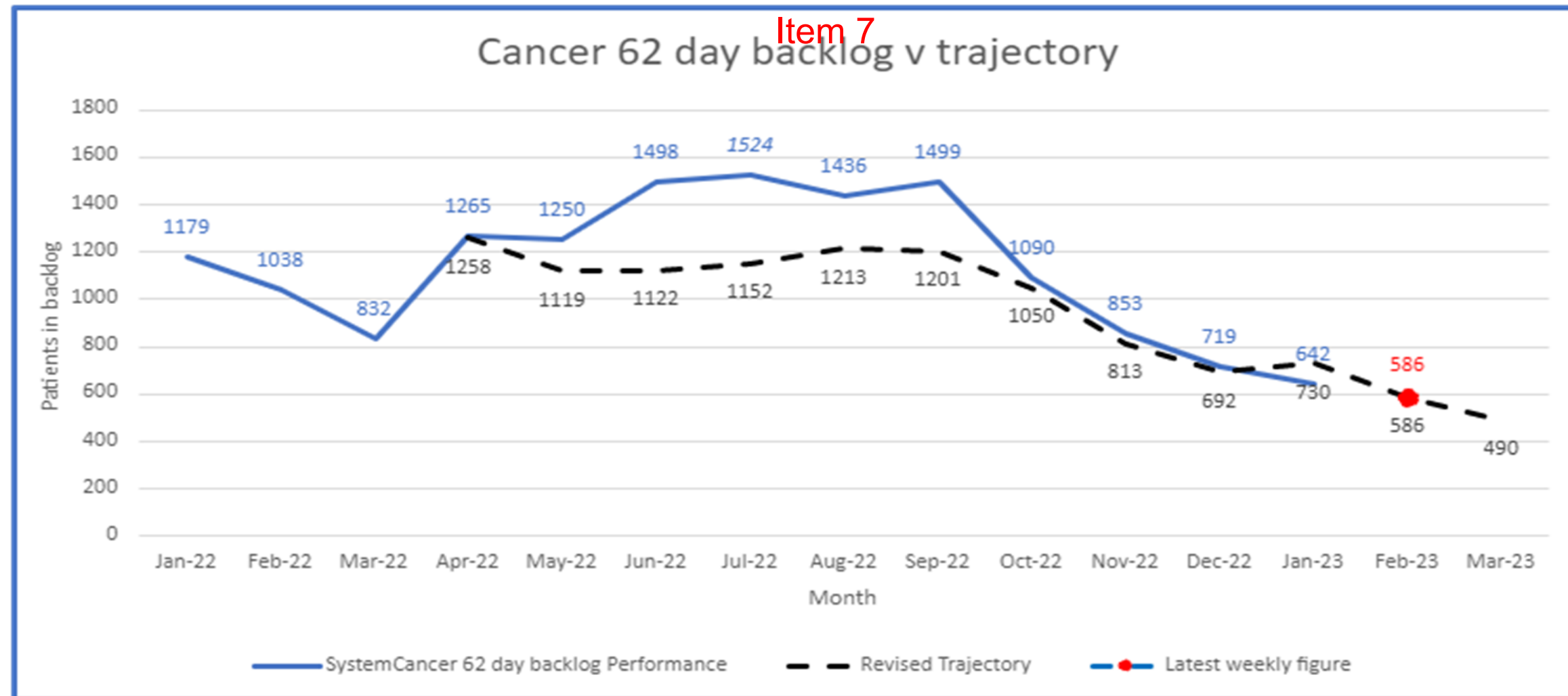
- Figures to the end of January 2023 show major reductions in the number of patients waiting 52, 78 and 104 weeks for treatment.
- Unvalidated data for February is only up until the 12th of the month. Further improvement would be expected throughout the final 2 weeks. The expectation is that the 104 week wait trajectory of 0 will be achieved by the end of March 23.
- The system remains on track to achieve 0 patients waiting over 78 weeks for treatment by the end of March.



**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Cancer

Cancer treatment backlogs



- There continues to be significant progress in the reduction of the 62 day backlog. This has now reduced to 586 across the system week ending 12th February.
- BSol ICS in top tier for improvement nationally and outside the top 20 (of 42 systems) on benchmarking of those in the backlog as a proportion of the total cancer PTL.
- The 104 week backlog is a subset of the 62 day cohort, and this continues to reduce from a peak of over 640. There are now 180 patients over 104 days in the backlog as of 12th February.

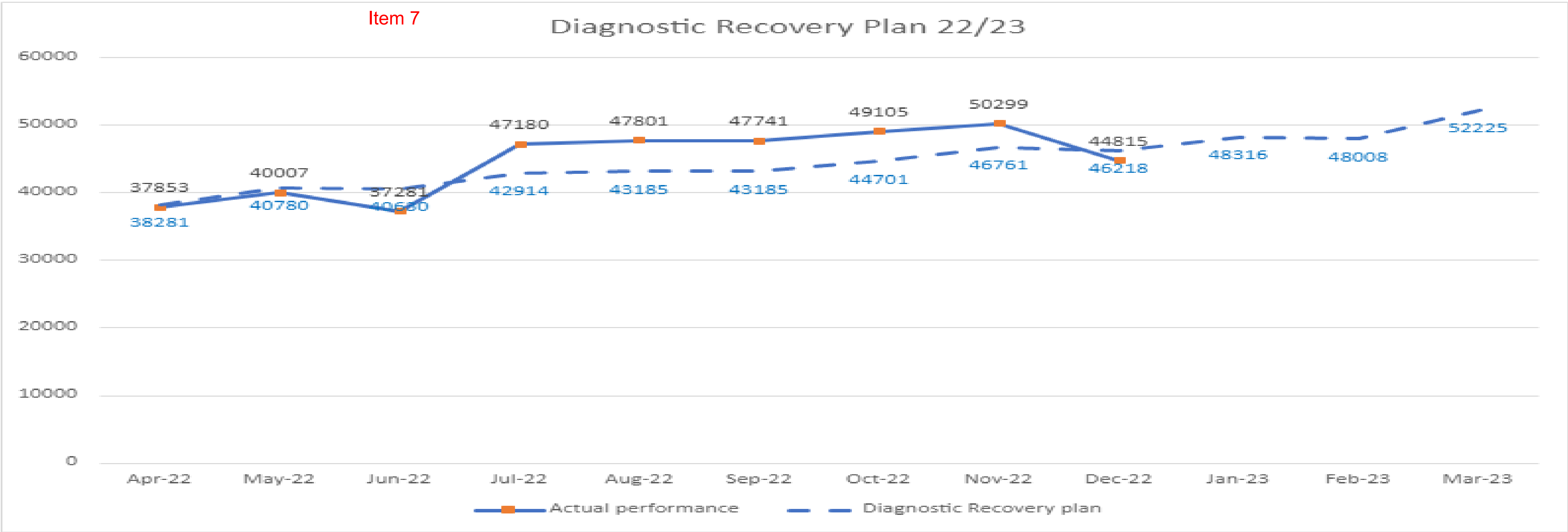


Item 7

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Diagnostics

Recovery 120% of Activity against 19/20 baseline



- Diagnostic activity dropped below the system 22/23 recovery plan for the first time in 6 months. There are suggestions this relates to a data quality challenge
- Weekly tracking of key issues is underway and additional mitigations are being investigated, including options to access short term additional capacity from the independent sector

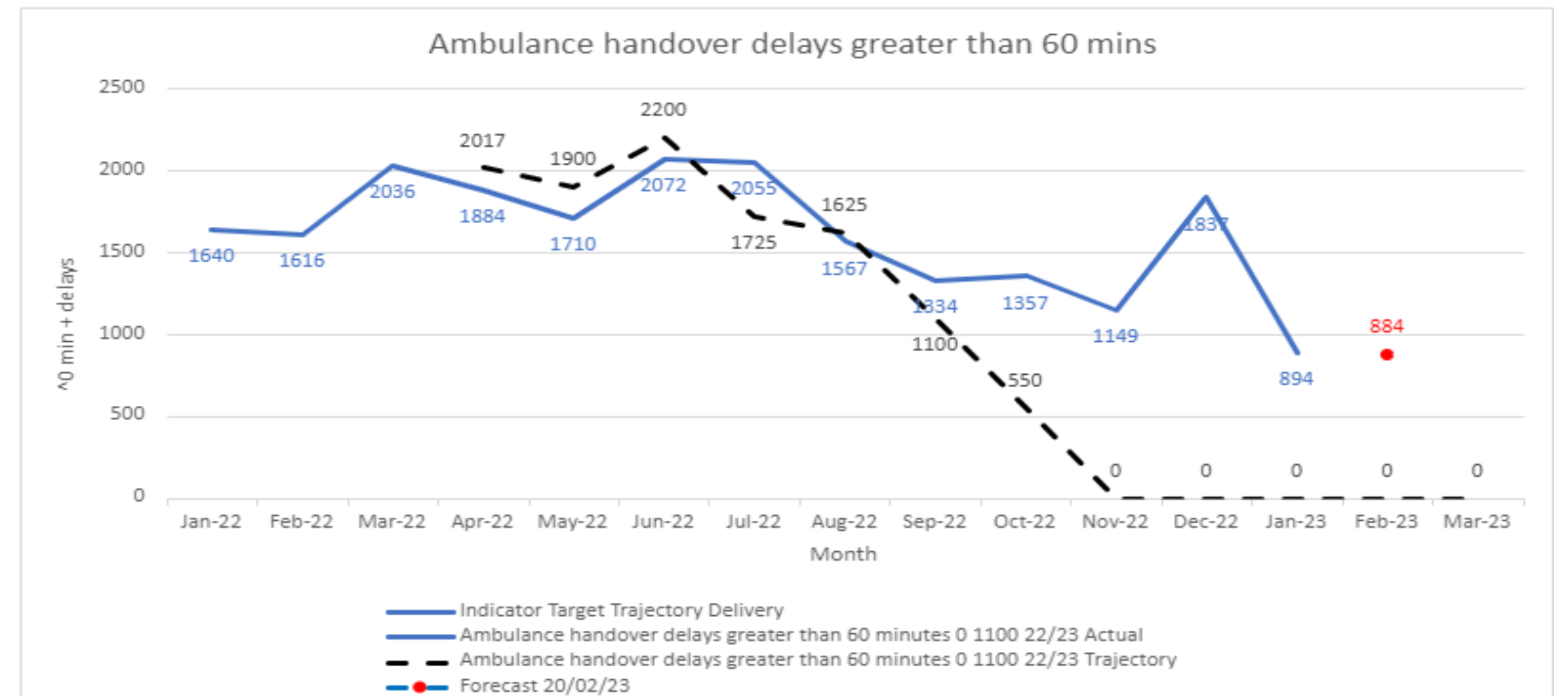
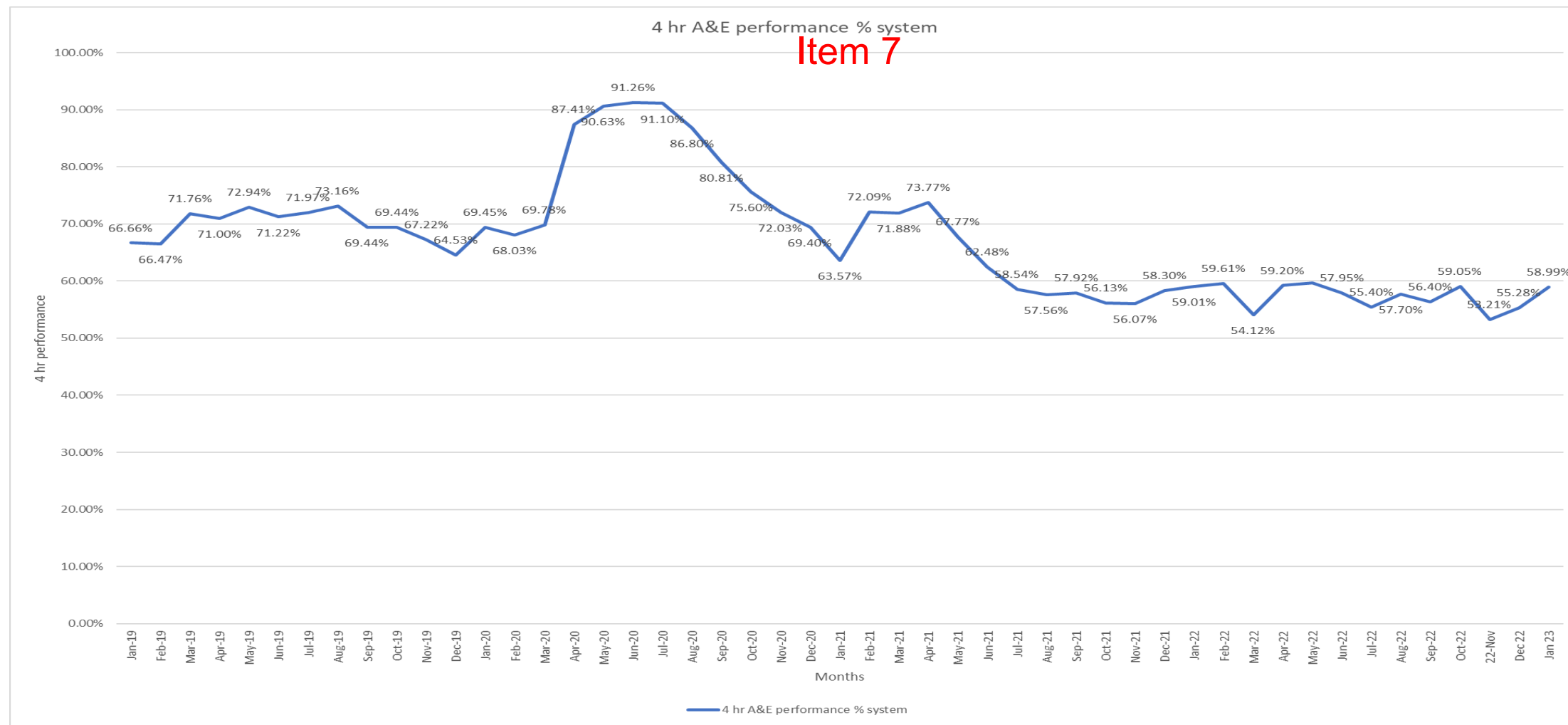


Item 7

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Urgent and emergency care

Accident & Emergency



- Performance against the 4 hour A&E performance target has remained stable at just under 60% for the majority of 2022-23. Plans are in place to improve this performance to meet the national target of 76% by March 2024.
- Following significant pressures on urgent and emergency care pathways in December 2022, the previous trend of reduced ambulance handover delays has been re-established in January 2023, where there were 894 delays above 1 hour vs a peak in June of 2,072.



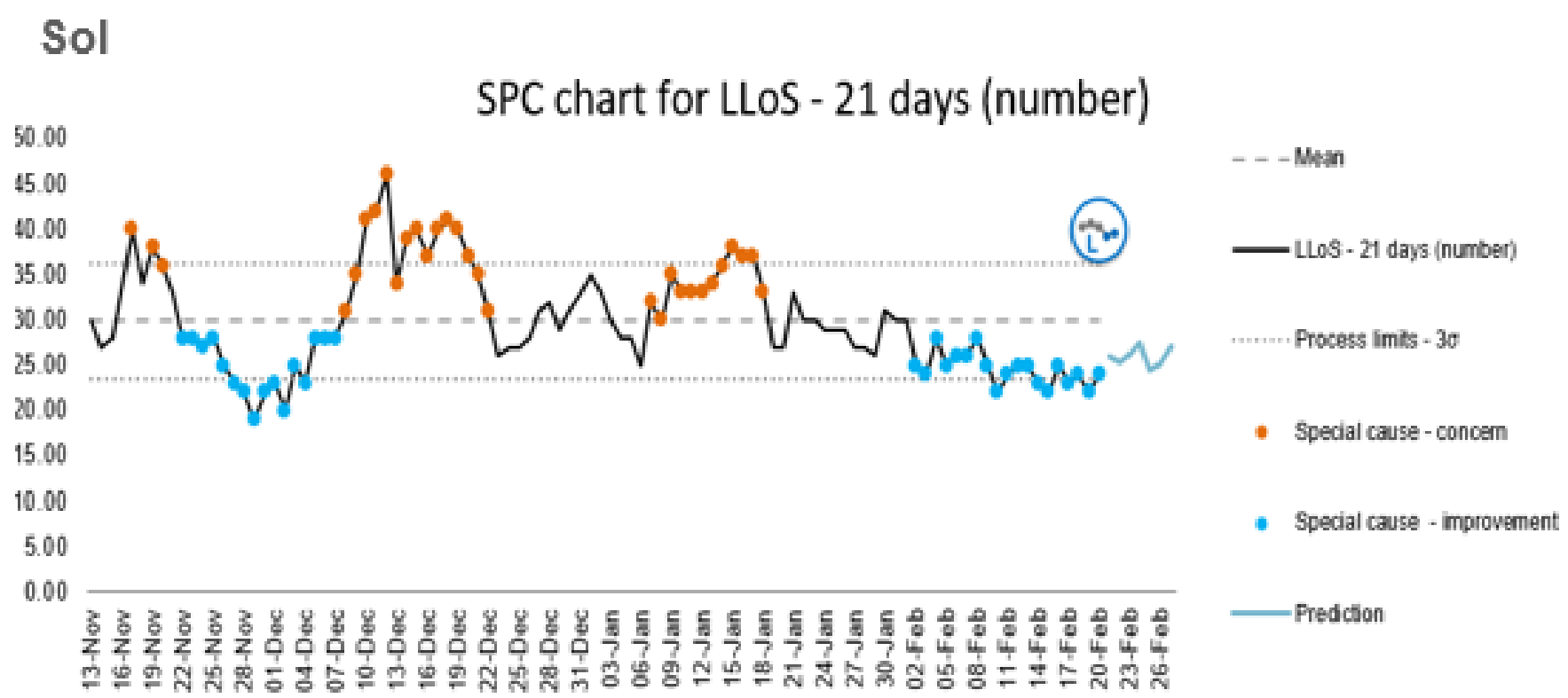
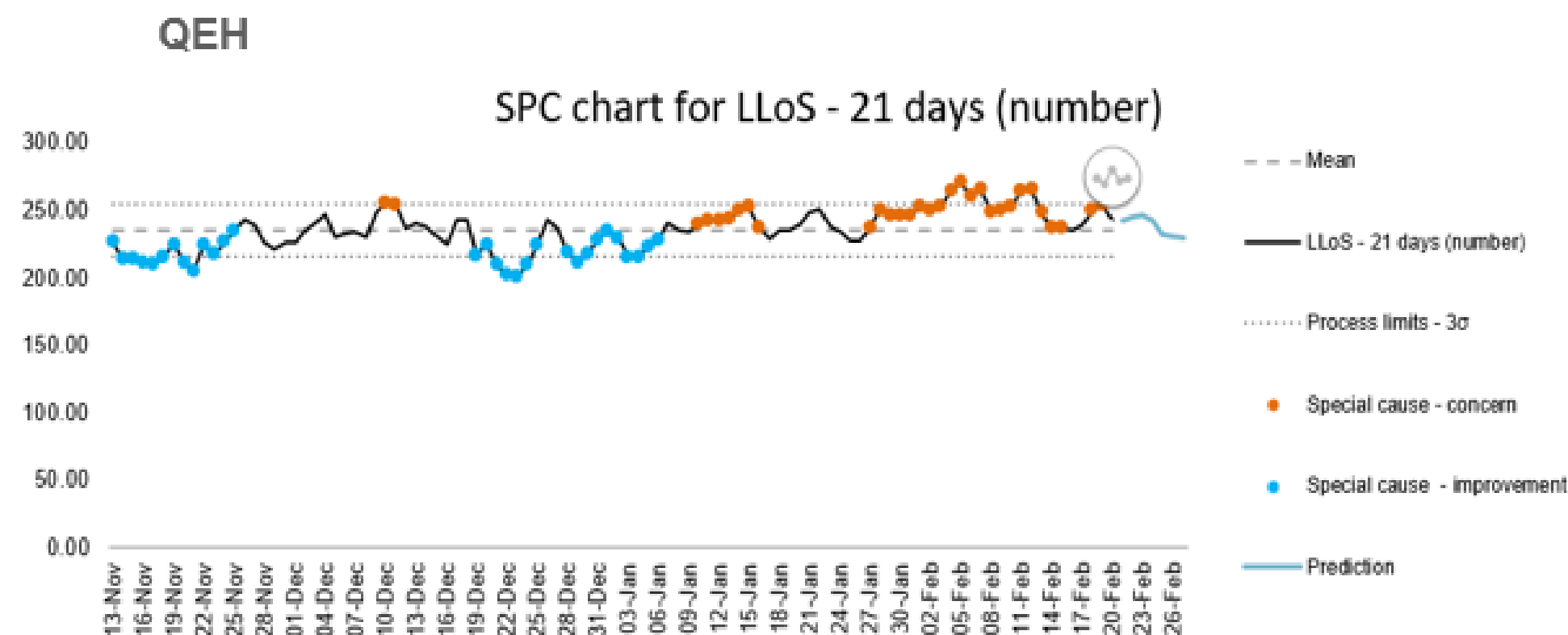
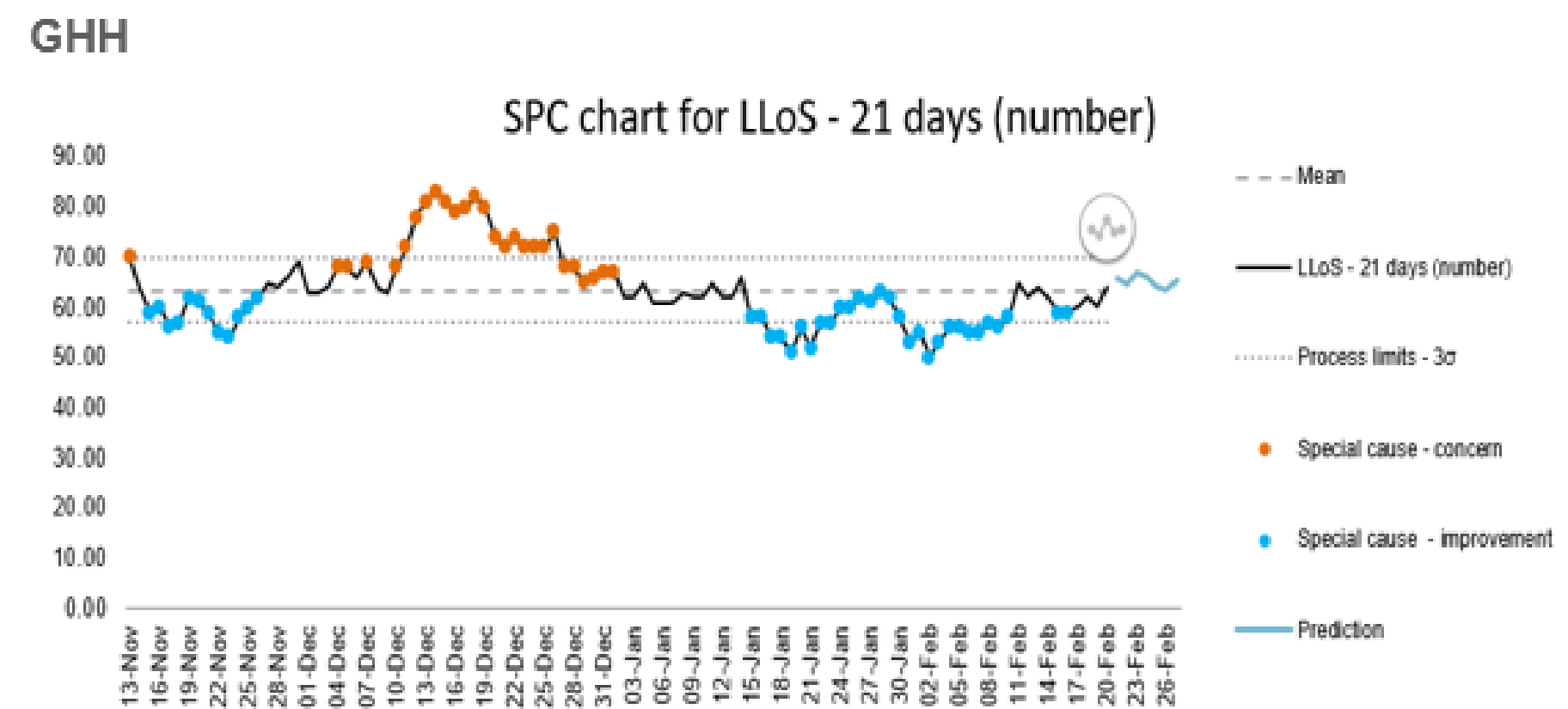
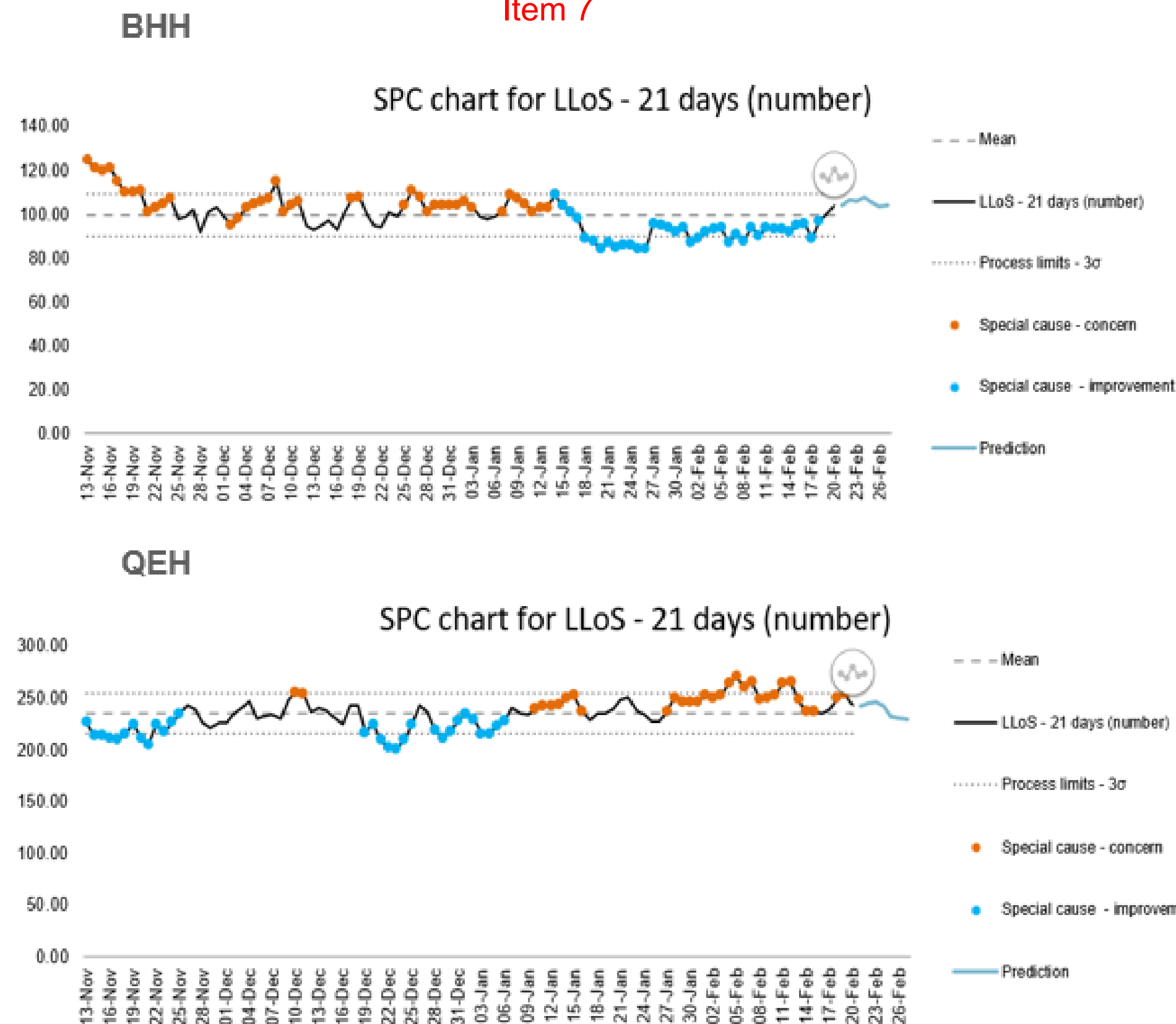
Item 7

**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Discharges

Length of Stay

Item 7



- Length of Stay charts show a focused improvement in reducing the number of long stay patients in 3 of the 4 main adult acute sites in Birmingham



**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Mental Health

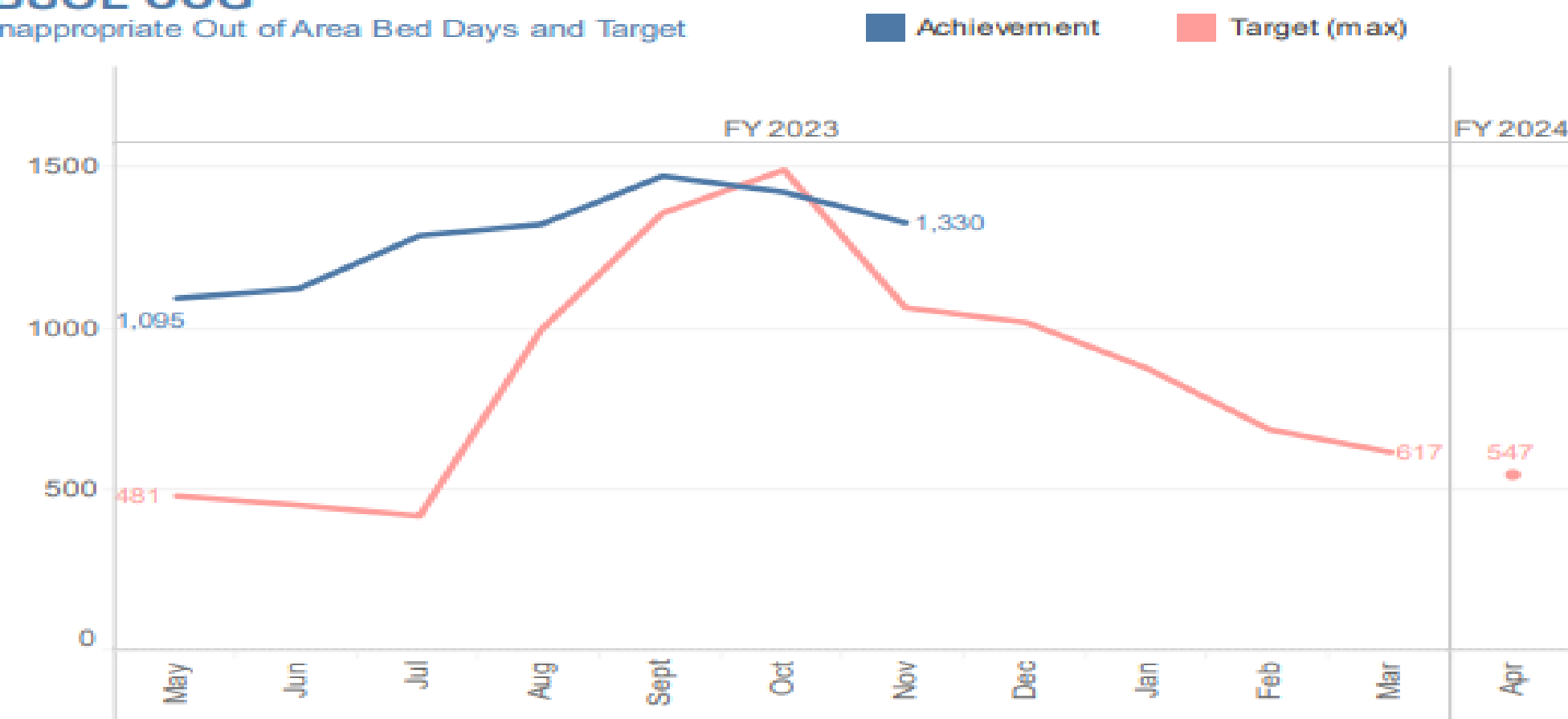
Mental Health – Out of Area Placements

Out of Area Placements in Mental Health

		Current Achievement	Current Target
Birmingham and Solihull CCG	November, 2022	1,330	1,066

BSOL CCG

Inappropriate Out of Area Bed Days and Target

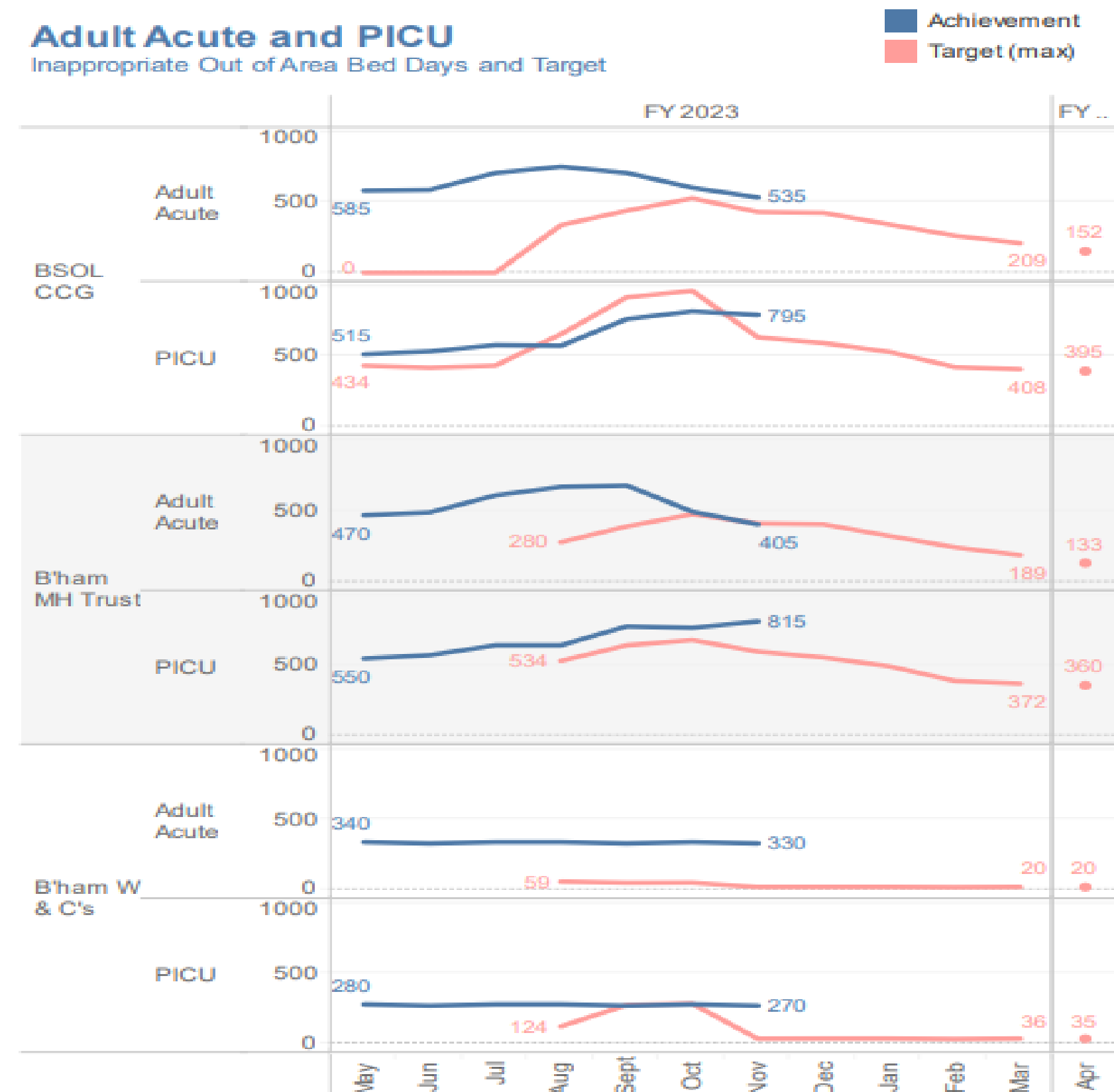


Source: NHS Digital via MLCSU Analyst Global

- Elimination of out of area placements is desired.
- Targets re-profiled from Aug 2022 onwards.
- Figures for sending providers include both BSOL and non-BSOL patients. Figures for BSOL are restricted to BSOL patients.

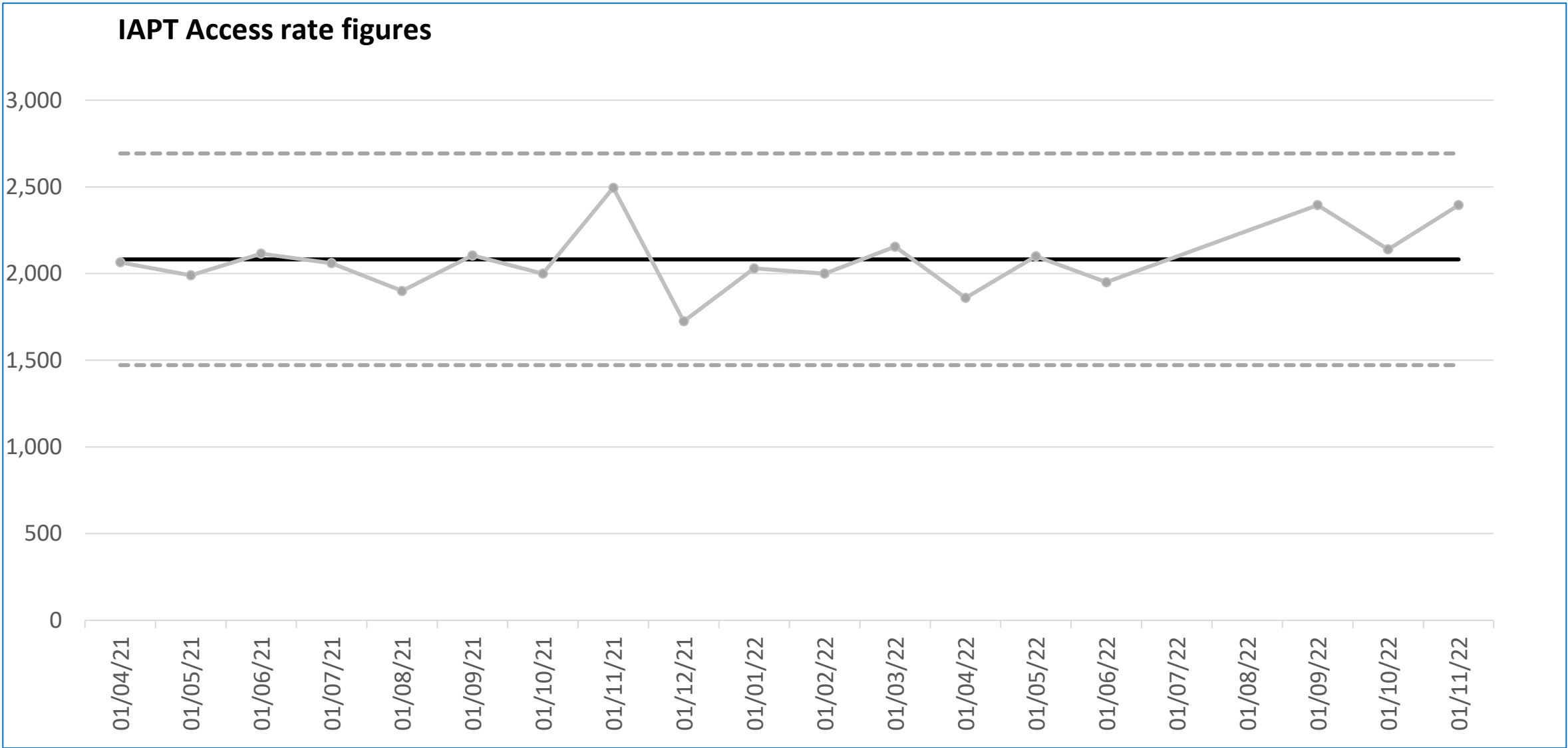
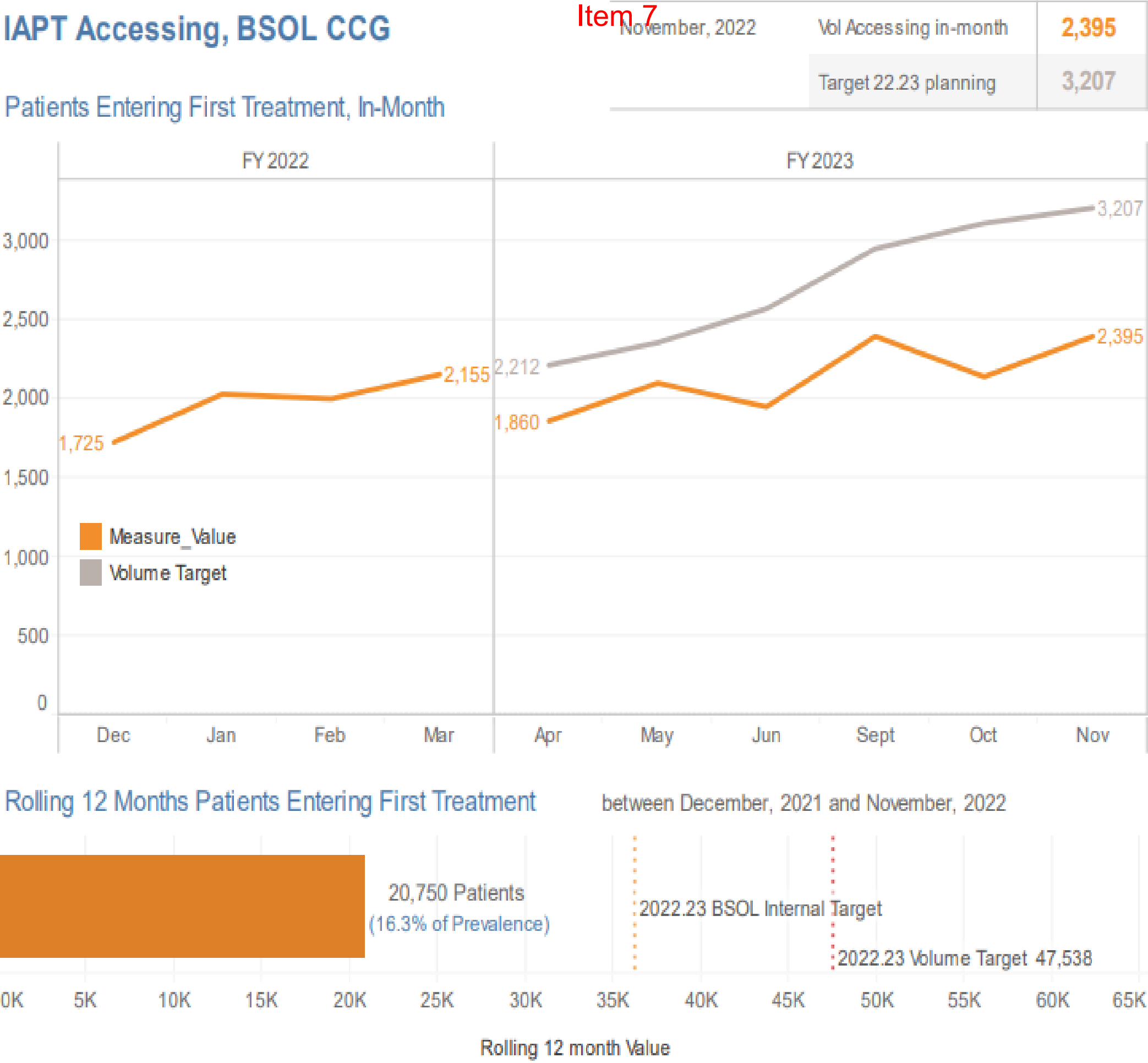
Adult Acute and PICU

Inappropriate Out of Area Bed Days and Target



- Validated data shows out of area bed days for mental health placements reducing between the period of September to November 2022. Unvalidated data for December (1,433) suggests this number is rising as a result of increased mental health demand across the country and the lack of sufficient bedded capacity in Birmingham and Solihull.

IAPT Access



- 2,395 patients entered NHS funded treatment with IAPT services in November 2022. The cumulative figure of 20,750 to date is an estimate as a result of July and August figures not being available at this time.
- BSol are targeting to see 36,334 patients across the year, this will be below the national target to see 47,459.