

BIRMINGHAM CITY COUNCIL

**JOINT HEALTH
OVERVIEW & SCRUTINY
COMMITTEE
BIRMINGHAM &
SANDWELL
29 NOVEMBER 2022**

**MINUTES OF A MEETING OF THE JOINT
HEALTH OVERVIEW AND SCRUTINY
COMMITTEE BIRMINGHAM AND SANDWELL
HELD ON TUESDAY 29 NOVEMBER 2022 AT
1400 HOURS IN COMMITTEE ROOM 6,
COUNCIL HOUSE, BIRMINGHAM**

PRESENT: - Councillor Mick Brown in the Chair;

Birmingham: Councillors Kath Hartley, Jane Jones, Gareth Moore and Paul Tilsley,

Sandwell: Councillors Elaine Giles and Elizabeth Giles.

Attendees:-

Liam Kennedy, Midland Metropolitan University Hospital Delivery Director
Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell
and West Birmingham NHS Trust

Ruth Wilkin, Director of Communications, Sandwell and West Birmingham
NHS Trust

Fiona Bottrill, Senior Overview & Scrutiny Manager, BCC

Stephnie Hancock, Deputy Democratic Services Manager, Sandwell MBC

Mandeep Marwaha, Committee Services, BCC

Gail Sadler, Scrutiny Services, BCC

NOTICE OF RECORDING/WEBCAST

01/29112022

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.

Joint Health Overview & Scrutiny Committee (Birmingham & Sandwell)
29 November 2022

02/29112022

APOLOGIES

Apologies were received from Councillors David Fisher, Sukhbir Singh Gill and Vicki Smith.

DECLARATIONS OF INTERESTS

03/29112022

There were no declarations of interests.

The business of the meeting and all discussions in relation to individual reports are available for public inspection via the web-stream.

MINUTES

04/29112022

The Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 04 November, 2021 were approved as a correct record of the meeting.

MATTERS ARISING

The Chair referred to Solid Tumour Services for Sandwell and West Birmingham. A briefing note was shared at the informal meeting of the Committee on 24 February 2022, which had been resent to Committee Members.

Scrutiny Officers have requested a written update indicating when further details/information would be made available. This information would be circulated to the Committee.

COMMITTEE TERMS OF REFERENCE

The following report of the Senior Overview and Scrutiny Manager was submitted: -

(See document No.1)

An overview to the report was provided by the Senior Overview and Scrutiny Manager, Fiona Bottrill. It was noted the Terms of Reference of the Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council had been updated to reflect the changes in NHS organisations following the establishment of Integrated Care Systems. This was reflected in appendix 1 (section 1.1 and 3.1) of the report.

Upon consideration, it was:

05/29112022

RESOLVED:-

That the Committee agreed to the amendments to the terms of reference attached as Appendix 1 (section 1.1 and 3.1) of the report which reflected the

changes in NHS organisations following the establishment of the Integrated Care Systems.

ACUTE CARE MODEL

The following report and presentation of the Director of Midland Metropolitan University Hospital, Liam Kennedy was submitted: -

(See document No.2)

The Director of Midland Metropolitan University Hospital shared the presentation via his screen. It was noted this was a significant opportunity for Sandwell and Birmingham as this was the largest hospital currently being built in the country. This supported transformation within Community Services, Primary Care and regeneration work around the hospital to help the economy and work on a wider scale..

The presentation gave an overview to what the new hospital will look like with regards to the Wards, Operating Theatres etc; benefits of the new hospital; future service model; clinical care when the Midland Metropolitan Hospital opens; future service model by site; aims of clinical services transformation; the roadmap for the Midland Metropolitan Hospital over the next 2 years for opening in Spring 2024 and the service transformation roadmap.

It was noted there were 12 Transformations taking place within Clinical Services. These were noted as;

- 1) Emergency Day care – 2 sites to 1
- 2) Same Day Emergency Care - 2 sites to 1
- 3) Assessment Units – 2 sites to 1
- 4) Older Peoples Care and Frailty – 2 sites to 1
- 5) Stroke Decoupling
- 6) Cardiology
- 7) Acute Therapies – 2 sites to 3
- 8) Imaging – 2 sites to 3
- 9) Endoscopy – 2 sites to 3
- 10) Place Partnership
- 11) Theatres – 2 sites to 3
- 12) Enhanced Care

Furthermore, a summary of how to prevent unnecessary attendance, re-submissions and to reduce unnecessary stays in hospitals was shared with members and the model of care for frailty patients was summarised.

The next steps for the transformation consisted of;

- Continuous and extensive GP, public and patient engagement as detailed pathways develop across the transformational programmes;
- Further development of EQIAs and QIAs as transformation work progresses;
- Collaborative working with commissioners and key stakeholders;

Joint Health Overview & Scrutiny Committee (Birmingham & Sandwell)
29 November 2022

- Ongoing work with peer clinical reviewers during service refinements; and
- Delivery of the key transformational changes - Monitoring and sharing of the benefit realisation.

In response to questions from Members the following points were made:-

- It was queried if there was a multidisciplinary team around the intervention taking place for frailty patients. Members were informed the priority action element involves different compartments; integrated front door which includes wider partners such as third parties; social care etc where the package of care element is arranged. The clinical wrap around liaise with the social workers.
- Members noted the transformation sounded promising however, questioned what lessons had been learnt from the Queen Elizabeth (QE) Hospital was built and what lessons had been learnt from that experience given that there were capacity issues and not able to meet future demand.

In response, the following was noted;

- i) Lessons Learnt – Kevin Bolger (Chief Operating Officer) when the QE moved, was a Strategic Advisor on the Board. He was providing advice on areas that had gone wrong and lessons learnt to avoid the same mistakes. In addition, there was a New Hospital Programme Team (National Team) who would be providing guidance.
- ii) Demand & Capacity – A series of simulation modelling had taken place which looked at different levels of activity and demand. This is refreshed monthly. It was noted, the work within the Sandwell area was having a major impact on admissions and length of stay in hospitals for Sandwell patients. However, the impact on Birmingham and West Birmingham was not visible at present. At present, this was reflected upon what Sandwell was doing only and it was important to work with partners in Birmingham and West Birmingham. The Director of Midland Metropolitan University Hospital assured members the model looked good however, recognised there were areas of risks that would need to be addressed.
- iii) Concerns were raised around staffing to support the transformation. Members were informed there were 484 more staff required (based on models of care). A quarter of the recruitment had taken place and was working well. It was recognised recruitment was one of the biggest challenges in the NHS e.g. posts such as Radiographers and Acute Medical Teams will be difficult to recruit. There was confidence to recruit to all other posts.

Joint Health Overview & Scrutiny Committee (Birmingham & Sandwell)
29 November 2022

- The Chair was impressed with the set up of the hospital which would allow moving patients around the hospital out of the public eye and that there was a specific Dementia Team looking at the design specifications needed for dementia patients
- Building handover in October 2023 and the hospital will be fully operational by 2024.
- Recruitment – there were mitigations in place i.e. locums, however, recognised this would be an expensive option. International recruitment company is providing support both in the UK and overseas. Doing a headhunting approach as this was the largest flagship hospital nationally, at the moment, with a lot more on offer than other hospitals. It was noted the recruitment levels were not great, however, with joint efforts with the Strategic Partnerships this would improve. It may be different ways of working would need to be explored. For example, had worked with two outsourced partner to assist with imaging. Concerns were raised around parking arrangements and impact on surrounding residential areas. Other new hospitals that had been opened in the last 5 years had been looked at. There was a 30% increase in activity added through the front door during the opening period. All areas had been factored into the modelling within the first 6 months. There was confidence the parking etc would be managed effectively during the transition period. It was noted there was a multistorey car park underneath the hospital. A mathematical model had been applied by using Queen Elizabeth Hospital as an example. A 15% window had been applied for staff, patients.
- The car park would consist of a section for electric vehicles and bicycles.
- It was important to ensure the concerns of neighbours within the surrounding areas was factored in and the relationship with the local authority has been very important.
- A friends and neighbourhoods' group were being set up to allow any concerns to be raised. A meeting with local councillors will also be taking place.
- Travel Plans – There were concerns around staff parking and their ability to have options available. It was noted there could be potential issues with the bus services therefore important staff were supported to attend and deliver services.
- Reference was made to parking issues that had been experienced with City Hospital and University Hospital Birmingham as well as parking on private roads. It was suggested staff members should car share if they are travelling from the same direction. Staff would also receive discount towards parking.
- A Transport Study was taking place in Sandwell and West Birmingham which also focuses on canals and possible routes to consider. It was important to provide citizens and staff a range of options.

Upon consideration, it was:

06/29112022

RESOLVED:-

That the Committee;

- (i) Noted the contents of Appendix 1 of the report detailing work to date
- (ii) Acknowledged ongoing work on:
 - Continuous and extensive GP, public and patient engagement as detailed pathways develop across the transformational programmes
 - Further development of EQIAs and QIAs as transformation work progresses
 - Collaborative working with commissioners and key stakeholders
 - Ongoing work with peer clinical reviewers during service refinements
 - Delivery of the key transformational changes
 - Monitoring and sharing of the benefit realisation

PROPOSED CHANGES TO DAY CARE SURGERY

The following report of the Director of Midland Metropolitan University Hospital, Liam Kennedy was submitted: -

(See document No.3)

Introductory comments to the report was provided by the Director of Midland Metropolitan University Hospital. It was noted, members had requested an update on feedback received during the public conversation on proposed changes to Day Case Surgery delivery following the opening of the Midland Metropolitan Hospital.

- (i) General surgical would be located at the Birmingham Treatment Centre; and
- (ii) Trauma and orthopaedics would be located at the Sandwell Treatment Centre.

In response to questions from Members the following points were made:-

- Costs involved and staffing were factored into this decision. In addition, consultation took place with patients. Engagement took place via postal surveys; in person meetings; online meetings; working closely with voluntary and faith sectors where targeted work took place.
- 50% of the citizens understood why there was a change to the day care surgery. There were concerns around travel access and inflated costs around taxi fares. This was being reviewed through a governance process. Further work was taking place to build on the Miss Daisy Scheme (Companion Based Service – collecting people from hospitals and dropping them home) and various solutions were being explored.
- It was highlighted clear communications of changes should be cascaded to the public to avoid any issues.
- Free parking was not expected to be provided. Car parks were managed by external providers and deal with the charges.

Joint Health Overview & Scrutiny Committee (Birmingham & Sandwell)
29 November 2022

- Signage – Ongoing conversations were taking place around the colour, background etc to the signage set out on the sites.
- The recommendation in the report referring to the implementation plan being drawn up along with the decision and the report findings will be shared formerly with the new Black Country and West Birmingham Integrated Care Board, the Joint Health Overview and Scrutiny Committee and shared widely with all key stakeholders and participants would be shared in due course.
- Over 35% of the local community would be employed which will assist with the regeneration.

Upon consideration, it was:

07/29112022

RESOLVED:-

That the Committee;

- (i) Noted the contents of the report in Appendix 1. This report presented the findings from the formal public conversation on the proposed changes to day case surgery across Sandwell and West Birmingham Hospitals between 7th March and the 15th of April, ahead of the opening on the Midland Metropolitan University Hospital.
- (ii) Acknowledged the proposed next steps:
 - The insight from the public conversation would be considered by the MMUH Surgical Programme Board and the Clinical Executive Group as well as the MMUH Steering Group as much of the insight and comments refers to generally to the new hospital development.
 - The MMUH Surgical Programme Board would consider the feedback relevant to their specialty area and explore how to mitigate any associated risks or potential negative impact on our patients caused by the proposed changes; and
 - Noted an implementation plan would be drawn up. The report findings would be shared formally with the new Black Country and West Birmingham Integrated Care Board, the Joint Health Overview and Scrutiny Committee and shared widely with all key stakeholders and participants.

DATE AND TIME OF NEXT MEETING

08/29112022

It was noted the Committee routinely meet quarterly however proposed to meet six monthly (unless there was a requirement to call for a meeting earlier).

Members agreed with this proposal.

**REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/
PETITIONS RECEIVED (IF ANY)**

09/29112022 There were no requests for call in.

10/29112022 **OTHER URGENT BUSINESS**

Strike Action - Direct impact on the Trust – It was noted that this was a challenging time for the NHS. Awaiting conversations to take place with RCM, Unison, and GMB. Contingency plans have been drawn together to explore the impact of the strike action.

AUTHORITY TO CHAIRMAN AND OFFICERS

11/29112022 **RESOLVED:-**

That, in an urgent situation between meetings, the Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee.

It was moved and seconded that the Chairman be thanked for Chairing the meeting for the year.

Meeting ended at 15:12 hours.