

# **JOINT OVERVIEW AND SCRUTINY COMMITTEE – 29<sup>th</sup> NOVEMBER 2018**

## **MINUTES**

**Present:** Solihull: Cllrs K Hawkins (Chair of the Scrutiny Board), A Mackenzie, A Hodgson, J Butler  
Birmingham: Cllrs R Pocock and S Webb

**Witnesses:** Phil Johns, Chief Finance Officer and Deputy Chief Executive  
Neil Walker, Associate Director, Right Care and Planned Care, BSol CCG  
Dr Geoff Naylor, GP-lead, Planned Care, BSol CCG  
Kathryn Drysdale, Senior IRF Nurse, Arden and GEM CSU  
Andrea Clark, Head of Communication, Engagement and Marketing, Arden and GEM CSU  
Howard Thompson, Supplier Manager, Dental, NHS England (West Midlands)  
Nuala Woodman, Deputy Head of Commissioning, Dental, NHS England, (West Midlands)

### **1. APOLOGIES**

Apologies were received from Cllrs M McCarthy, C Rashid, Z Islam, P Fowler and M Brown (Birmingham)

### **2. DECLARATIONS OF PECUNIARY / CONFLICTS OF INTEREST**

There were no declarations of pecuniary / conflicts of interest.

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

The Scrutiny Officer advised that there were no questions or deputations received in accordance with Solihull MBC's Standing Orders.

### **4. MINUTES**

The Committee considered the minutes of the last meeting that was held on 18<sup>th</sup> July 2018

A Member made reference to the request for more detailed user information which had still not been received in respect of usage of Urgent Treatment Centres (page 8 of the minutes). The Chief Finance Officer and the Deputy Chief Executive undertook to follow this up and ensure that information requested was made available to the Scrutiny Committee.

#### **RESOLVED**

That the minutes of the Joint Scrutiny Committee meeting held on 18<sup>th</sup> July are approved as an accurate record of the meeting

(ii). The Chief Finance Officer and Deputy Chief Executive agreed to ensure that the Committee got the information requested at the previous meeting.

### **6. BIRMINGHAM AND SOLIHULL CCG FINANCIAL PLAN 2018/19**

In introducing the report, the Chair of the Scrutiny Board outlined that it was important for the Scrutiny Committee to have strong oversight of financial controls at the BSol

CCG in view of previous financial challenges.

The Chief Financial Officer and Deputy Chief Executive presented the Scrutiny Committee with an overview of the financial position to-date. The key messages from his presentation were as follows;

- In the financial delivery plans to date there was an in-year deficit of £3.6m which is allowed by NHS England on the basis on a cumulative surplus that had been built up from previous years.
- It was anticipated that at the end of the year, the projection was a cumulative surplus of £34m.
- Assurance was given that BSol CCG were on target to meet their QUIPP savings targets.
- The biggest areas of overspend was the contract with the acute sector and the increased pressures over non-elective admissions. Learning Disability Services were also forecast to be overspent due to more Continuing Healthcare (CHC) funding having to be made available from the health service that has impacted an NHS England target being missed.
- The adverse variances in the Plan have been mitigated by a £8.2million budgeted contingency reserve. It was indicated that further CCG investment may be needed to in children and wheelchair services in order to drastically reduce waiting lists.
- There was recognition on the pressure on both health and adult social care budgets in view of continuing healthcare pressures and there were some proposals to explore pooling budgets to better manage these costly and complex cases.

The Scrutiny Committee was asked to comment on this report. Members made a range of points and raised questions in a number of areas including;

- Whether BSol CCG had made adequate arrangements for winter
- Clarification of the data on the risks and mitigation table and the nature of the cumulative surplus.
- How the pooling of budgets would work in practice
- How the impact of the increased overspend in learning disability services was likely to impact areas of overspend.
- Inquired about the release of contingency reserves and what the long term plan was for building up and using reserve monies.

In response, the Head of Finance and Deputy Chief Executive answered the issues raised by Members of the Committee.

- It was highlighted that plans for winter were in place but it was acknowledged if there was significant unanticipated pressure on the service and then elective admissions was likely to be affected.
- It was acknowledged that mitigation of risk could be continuously shifting and there was a need not to be too complacent and lulled into a false sense of security as the mitigating action needed to be realised for the risk no longer exist. In terms of cumulative surplus, it was indicated that this had been built up over a number of years and that there was a better way of representing this information which he undertook to provide to the Scrutiny Board.
- In terms of pooling budgets. It was acknowledged that if these did exist, there would have to be pooled separately with the two different local authorities, Birmingham City Council and Solihull MBC in recognition of their divergent demographics. At the moment there were no real timelines for spearheading this work as it was acknowledged that discussions needed to take place on how it could work in practice through developing a clearer plan.

- It was highlighted that there was a spike in learning disability admissions at the start of the year and there was a need to better manage the increased demand and also look at options for pooling health and social care budgets to better manage the growing challenges.
- It was acknowledged that it wasn't good form to make use of contingency reserves as these would have to be built up again. However, there was a long-standing need to slowly but surely address Solihull's historical deficit challenges and develop a long term financial solution that encouraged income generation and investment.

### **RESOLVED**

- (i). The Scrutiny Committee noted the financial update and requested the information in relation of financial surplus / deficit position could be clarified so that it could be better understood in layman terms.

## **6 CLINICAL TREATMENT POLICIES – EVIDENCE-BASED HARMONISATION**

The Scrutiny Committee considered a PowerPoint presentation that provided them with an update on the evidence-based harmonisation project for the next suite of clinical treatment policies. The Associate Director of Right and Planned Care, Birmingham and Solihull CCG highlighted that in phase 2, following a lengthy consultation with clinicians and with the public, 44 revised policies that had been presented and approved by the Birmingham and Solihull Governing Board subject to consideration by this Joint Committee.

As part of the presentation, an overview of the consultation and engagement methodology with clinicians and with the public was provided. When consulting with clinicians, emphasis was on reducing variation to better pick up on national policy and good practice. When consulting and engaging with the public, a range of methods were used including social media, information on the website, online survey and specific face-to-face engagement. As a result there were 189 responses from the public to the consultation. The Communication and Engagement Manager at Arden and Gem CSU highlighted that a real emphasis was placed on presenting information in a clear and accessible way through short information leaflets, talking and listening to public and how they accessed services. Now that the policies have been broadly approved, '**you said, we did**' leaflets have been produced to communicate to the public the key outcomes of the consultation. Furthermore, following consideration by the Scrutiny Committee this evening the suite of treatment policies will be officially launched and local primary care provider and acute providers will be notified with all the revised policy / procedure information being placed on the website.

The Scrutiny Committee was asked to consider this item.

The Chair of the Scrutiny Board inquired how the Scrutiny Board had previously been involved and also what the barriers were to this area of work. In response, the Associate Director, Right Care and Planned Care advised that the Scrutiny Board had oversight of the first suite of harmonization policies and it was acknowledged that they had provided some helpful advice and guidance with communicating with the public that had been taken on board. In terms of barriers, it was highlighted that this area of work was complex and making adequate time to review policies, procedures, timescales and thresholds was extremely time-consuming. It was felt that this policy review work should be done on a national level rather than being left up to individual regions to unravel discrepancies and develop a more coherent approach,

In response to a further question about whether the response from patients/public was adequate feedback to order to inform proposed changes, the Head of Communications,

Engagement and Marketing, Arden and GEM CSU felt that that 189 response rate was reasonable due to complicated nature of the subject matter. She further emphasized the work that had been done to consult with and engage public / service users through focus groups and plain English guides and that on the whole, this had been successful.

Members inquired about how different provider establishments would be informed about the revised policies and practices particularly in respect of sensitive areas such as assisted conception and how the overall phase 2 suite of policies be disseminated and policed. In response, the Associate Director of Right and Planned indicated that there had been significant engagement with Midlands Fertility Unit for the need for single policy across the region and this would enable fairness and for gender discrimination issues to be better identified and dealt with. He also highlighted that now the policies had been formally considered by both the Birmingham and Solihull CCG Governance Group and the Joint Scrutiny Committee, the revised policies will be formally launched to primary and secondary care clinicians and information will be placed on the website. Policy implementation will be managed and monitored through regularly analysing data on a monthly basis and carrying out regular clinical audits.

Members agreed on first sight, this area did not appear interesting area for scrutiny but having considered the presentation and the implications for patients and the public, particularly in respect of thresholds of access, it was felt to be an area that could have a significant impact. Furthermore Members felt that they needed more information about how these policies and procedures would impact patients/public and what had changed as a result of the consultation as this was not clearly evident from the material presented. The Scrutiny Committee felt that no response/judgement could be made about phase 2 policies/procedures as they had not had chance to consider detailed feedback from the consultation and consider the detailed implications of any proposed changes in practice. In response, the Associate Director, Right Care and Planned Care drew the Committee advised that all key documents and detail could be made available to the Scrutiny Committee and less information had been made available following feedback from the Scrutiny Committee during phase 1. The Chair of the Scrutiny Board advised that patient expectations and choices needed to be clearly set out.

The Chair of the Scrutiny Board summarised the discussion and indicated as the composition of the Scrutiny Committee had now changed, it was important for the re-constituted committee with new personnel to have a clear watching brief of dissemination and implementation of these policies and also to understand what will happen next in terms of this programme of work.

#### **RESOLVED**

- (I). For the Scrutiny Committee to receive more detailed information about phase 2 including the full engagement report and what has changed as a result of consultation and engagement activity. *'you said, we did'* briefing papers.
- (ii). The Scrutiny Committee **RECOMMEND** that the Bsol CCG do more to manage patient expectations and communicate the changes for all of the phase 2 policies and procedures.
- (iii). That the Scrutiny Committee are engaged at an early stage of any further changes in policy/procedure.

(Post-minute note: following the receipt of information requested, the Chairs of both Birmingham and Solihull Health Scrutiny Boards agreed that the phase 2 clinical treatment policies could be implemented).

## **7. COMMUNITY DENTAL REVIEW – UPDATE**

The Scrutiny Board considered a PowerPoint presentation by representatives from NHS West Midlands on the progress being made on taking forward the Community Dental

Review. As part of the presentation, the Supplier Manager, NHS West Midlands outlined the nature of the community dental services that were currently being provided across Birmingham and Solihull and the rationale for the review to better deal with divergences. He emphasized that currently the project was at phase 3: identifying options for change – consultation and engagement March 2018 – March 2019 on a number of key questions including how many community dental services should there be in the West Midlands, what should be the 'core' offer of the community dental service and how should be the CDS be paid for, staffed, led and managed. He encouraged the Scrutiny Committee to be involved in this consultation process.

The Deputy Head of Commissioning advocated some of the real challenges in continuing to operate the current model particularly in view of the lack of capacity in having specialist dentists to support the work of the community dental service and long waiting times. She also drew the Scrutiny Committee attention to the severe lack of theatre space and the fact that Birmingham Community Healthcare Care were operating out of a modular car park as part of a short-term solution and that further consolidation of services was needed across the region.

The Scrutiny Committee was asked to comment on this report.

The Chair of the Scrutiny Board highlighted that the draft consultation document as part of formal community dental review should be shared with the Scrutiny Committee early on in the new year as part of having oversight of the consultation and how it has been conducted. The Scrutiny Committee would aim also provide a formal response to the consultation and the timescales would be discussed with partners and the joint Chair.

In response to a question from a Member about the options being forward, particularly in respect of accessing community dental services in close proximity to where patient/public may reside, the Supplier Manager indicated that currently appointments were allocated based on the specific needs of children and young people and the site offering the most specialist service that was likely to lead to better outcomes would normally be proposed. He also drew the Committee's attention to the fact that a electronic management system was being rolled out that would better improve patient choice and waiting times.

The Chair of the Scrutiny Board summarised the report and emphasized that the Scrutiny Committee were keen to have a role / oversight of the community dental review and the implications for patients/service users.

#### **RESOLVED**

- (i). Scrutiny Committee consider the outcomes of the consultation of the Community Dental Review at a future meeting.

The meeting finished at 8.25pm.