

JOINT OVERVIEW AND SCRUTINY COMMITTEE – 29th MARCH 2018

MINUTES

Present: Solihull: Cllrs A Rebeiro (Vice Chairman in the Chair), A Mackenzie, M Hewings, F Nash
Birmingham: Cllrs J Cotton, R Pocock and M Brown

Witnesses: Paul Jennings, Interim Chief Executive, NHS Birmingham and Solihull CCGs
Gemma Coldicott, Senior Communication and Engagement Manager, NHS Birmingham and Solihull CCGs
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 Mrs G Sleight, M McCarthy and K Macnaughton (Solihull) and Cllrs A Hardie (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 – 10th JANUARY 2018

The Committee considered the minutes of the last meeting that was held on 10th January 2018

RESOLVED

That the minutes of the Joint Scrutiny Committee meeting held on 10th January are approved as an accurate record of the meeting.

5. BIRMINGHAM AND SOLIHULL CLINICAL COMMISSIONING GROUP – UPDATE

The Chairman introduced the report and indicated that the purpose of this item was to have oversight of process as NHS Birmingham and Solihull CCG was due to become a legal entity from 1st April 2018.

The Chief Executive thanked the Committee for inviting him to their meeting and for their continued support and advice over the past few months that has been found very constructive. He highlighted that a lot of hard work has been going on in the background to make things happen and the shadow Board has met twice to determine its priorities. Tackling health inequalities, strengthening the interface between health and social care and retaining the core values of the NHS were seen as key priorities that the CCG had decided to focus on. Other key messages as part of his presentation included;

- Work has been undertaken to develop a constitution, with strategic vision that was clear and straight forward which placed an emphasis on people feeling connected to

- their localities/place and the advantages of being an organisation of size and scale.
- Solihull CCG's legal direction of Solihull CCG had been lifted by NHS England, as the CCG had met all of the requirements, within a short space of time.
- The management of change process was nearly completed with 30 staff still to be placed within the new organisational structure. As expected, amalgamating three organisations had reduced running costs by 23%.
- A closer working relationship would be formed with the Sustainability and Transformation Partnership (STP) and becoming a strategic commissioner that focused on developing sound pathways of care and consolidating quality of care right from the onset.
- There was going to be a single executive team, a single plan and notional budgets based on localities, but there was a scope to further develop this, so that there could be greater flexibility in localities in determining their own priorities. It was proposed that the asset-based approach would be promoted where individuals, GPs and community networks would be asked to reflect about how they could contribute to shaping and developing services and providing solutions to challenges in the system.
- It was indicated that recruitment would be undertaken for a locality director for each area (some locality directors would cover more than one area). This would enable strong links with the localities to be consolidated. In order to work effectively with Sandwell and West Birmingham CCG, to commission for the west Birmingham population, a memorandum of understanding had been agreed and that they would have a place on the joint commissioning committee.
- Birmingham and Solihull CCG have received greater allocation than anticipated. However, there was still a significant deficit to be dealt with but they were confident that the QIPP targets would be reached.

The Scrutiny Committee was asked to comment on this report.

The Chairman inquired on whether there would be an easy-to-read handbook and how the regional JSNA would work in practice. In response, the Chief Executive, Birmingham and Solihull CCG advised that an operational handbook was in the process of being produced. The regional JSNA would enable better access to population health data and help develop a better picture of trends and health related issues across the region. In response to a question about what would be distinctively different about the new organisation vis-à-vis what currently exists, the Chief Executive, Birmingham and Solihull CCG advised that the larger organisation would have substantially more influence, but there was scope to retain a local outlook and spread areas of good practice developed in one area to other areas in a coordinated way.

A Member commented on the fact that the Birmingham and Solihull CCG aimed to connect with local communities and neighborhoods; and asked how local citizens could be engaged with the CCG. In response, the Chief Executive made reference that there was scope to develop the connectivity between GP Patient Participation Groups (PPGs) and CCG, particularly with forthcoming roll out of urgent treatment centre and primary care developments. There was also scope to link in with the engagement activities of existing groups, such as Solihull Together and strengthening the use of asset-based approaches to consultation and engagement. There was a strong emphasis on establishing a comprehensive communication and engagement infrastructure with key personnel in place to support and engage with localities. Reference was made to the review of engagement structures carried out by Healthwatch Birmingham and Healthwatch Solihull and how this would be used to inform the emerging communications and engagement strategy, which is due for completion at the end of June. In response to question about ordinary people's awareness of the CCG and what it does, the Senior Communications and Engagement Manager advised that lots of work had been done to raise the profile of the CCG amongst the public, particularly through social media platforms. A Member asked if any other CCG's best practice or frameworks could be

used to inform ways of working. The Senior Communications and Engagement Manager responded by explaining that the CCGs already had many best practice approaches in place and would look to further strengthen these. The Senior Communications and Engagement Manager stated that she was keen to continue to build on the strong working relationships the CCG had developed with the respective committees.

Members indicated that the terminology and explanation of the finances within the financial position statement was not easy to understand and the Chief Executive, Birmingham and Solihull CCG explained the current financial situation. He indicated that in the forthcoming year, there had been a uplift and the carry over of a surplus from the previous year, however, taking into account tariffs, there was £57.4 million spending gap to deal with which would be managed through QUIPP savings initiatives such as the FAST scheme and plans were in place to meet the majority of the savings. The savings are the same as what would have been if there were three separate organisations but have been consolidated in the financial statement.

In response to a question from a Member about maximising the use of a larger organisation to centralise specialties and improve pathways, the Chief Executive, Birmingham and Solihull CCG felt that there was work to be done to further improve pathways for strokes, orthopedics and diabetes as well as tackling ongoing issues such as falls and frailty.

A Member asked about how realistic was it to make savings in light of rising demand. In response, the Chief Executive, Birmingham and Solihull CCG acknowledged that this was challenging and they did not want to stop any services but may need to standardise the criteria, so that the people who really needed access to the health services could have access to them.

The Chairman summarised the discussion and wished for the Scrutiny Committee to form a constructive working relationship with the Birmingham and Solihull CCG.

RESOLVED

(I). The Scrutiny noted the progress update and wished at its next meeting to look in more detail at the communications and engagement plan and the financial / savings plan in the next Municipal Year.

6. COMMUNITY DENTAL SERVICES REVIEW

The Scrutiny Committee heard from colleagues in the West Midlands branch of NHS England on the nature of the Community Dentistry Service (CDS) and the proposed review. The Supplier Manager highlighted that CDS was mainly available for children with complexities and adults with additional needs (including people with disabilities or with learning difficulties) who may struggle to access high street dentists. This Service operated in 10 local authority areas with seven different providers and was seen as quite a specialist service supporting those with complex needs. Often the CDS operated out of community venues to make it easier for vulnerable groups to access it.

The Supplier Manager explained the rationale for the review and the key timescales associated with the review. He indicated that variance in the scale and nature of provision and inconsistent eligibility criteria across the region had prompted the review. He provided the Committee with feedback on the development of the review so far and the fact that 1-1 interviews had taken place with existing service-users. Service users had been extremely positive about the service they had received. . He indicated phase 2 was now complete and that a number of public consultation and engagement events were planned and briefing information had been sent to Overview and Scrutiny

Committee to keep them abreast of developments.

The Scrutiny Committee was asked to comment on this report.

Members probed further on the nature of the CDS and exact attendance, treatment figures, how this service was being used and the current levels of demand on the Service. In response, the Supplier Manager highlighted that the exact numbers were difficult to determine as sometimes it could take a number of attempts to get a patient to even visit the dentist. The CDS did have regular links with primary care and primarily saw patients whose additional needs meant that it was not appropriate for them to access dental services from a 'High Street' NHS dentist.

A Member inquired about the timing, rationale for the review and whether it was tied into an overarching national review of dentistry in order to raise the profile of the issue. In response, the Supplier Manager advised that this review was prompted by the publication of a series of dental commissioning guides and aimed to reduce inconsistencies and variations across the region, look at trigger points and improve patient pathways across the region.

Members felt that there was a role for this Scrutiny Committee to have an overview of the review taking place and consider options and proposals being put forward to reshape the Service when these had been developed.

The Deputy Head of Commissioning drew the Committee's attention to the challenges for the provision of General Anesthetic Services for the West Midlands. This service was currently being provided by Birmingham Dental Hospital (BDH) for patients across Birmingham and Solihull. She advised that the current service operates out of a modular theatre in the car park and that the planning permission for this Service expires in July 2018. A temporary extension to planning permission has now been granted until 17 Mar 2019 but it is linked to a proposed Calthorpe development that includes plans for replacement theatres. There are also long waiting times across the West Midlands due to reduced availability of theatres. A number of options are currently being considered to resolve this issue but it was indicated that currently there would be no direct impact on Birmingham and Solihull but there may be a future adverse impact if Birmingham Community Healthcare's plans to replace the existing theatres are not approved and implemented.

The Scrutiny Committee was asked to comment on this element of the report.

Member inquired about the availability of anesthetists. In response, it was advised that they were bought from Birmingham Children's Hospital and this is a benefit of the current arrangements locally as services elsewhere may not currently be provided by specialist pediatric anesthetists. It was hoped that the issue could be resolved through the expansion of the dental hospital being granted and would enable them to offer a greater variety of services to patients across the region.

RESOLVED

(I) That the Scrutiny Committee would like to oversee the consultation process and proposed options on the ongoing forthcoming Community Dental Service (CDS) and be updated on the access to General Anesthetic (GA) Services.

The meeting finished at 8.00pm.