JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 24th MARCH 2016

MINUTES

Present: Solihull: Cllrs Mrs G Sleigh, (Chairman), A Mackenzie, Mrs F Nash, Mrs K Wild, M Hewings,
Birmingham: Cllr M Mahmood, M Idrees, R Pocock, M Hardie.

Jane Upton, Head of Evidence, Healthwatch Birmingham was also in attendance.

Witnesses: Neil Walker, Chief Contract and Performance Officer, Solihull CCG
Dr Geoff Naylor, Clinical Contracting Lead, Solihull CCG
Elaine Thompson, Chief Nurse, Birmingham Cross City CCG
Dave Rowson, Communications Lead, Lancashire and West Midlands Commissioning Support Unit
Harinder Kaur, Individual Funding Team
Fiona McGruer, Associate Director of Operations, Birmingham and Solihull Mental Health Trust (BSMHT)

1. WELCOME / INTRODUCTIONS

The Chairman welcomed all Members of Solihull and Birmingham to the Joint Health Overview and Scrutiny Committee. She also extended a warm welcome to representatives from Solihull CCG, Cross City CCG and Birmingham and Solihull Mental Health Trust and asked them to introduce themselves in advance of presenting their items.

She indicated that the Committee were considering two key items of business that were as follows;

- Procedures of Lower Clinical Value proposals
- How Birmingham and Solihull Mental Health Trust were supporting service users across Birmingham and Solihull.

2. APOLOGIES

Apologies were received from Cllr A Rebeiro, Mrs F Nash and D Evans (Solihull MBC)

Apologies from Cllr S Anderson, Cllr Sir A Bore and M Waddington (Birmingham City Council)

3. DECLARATIONS OF PRECUNIARY / CONFLICTS OF INTEREST

Cllr Mrs K Wild declared an interest in agenda item 7 in so far as she was a non-executive governor on the Birmingham and Solihull Mental Health Trust.

Cllr Dr A Hardie declared an interest in the agenda for the whole meeting in so far that he was a General Practitioner working in the Birmingham area.

4. QUESTIONS AND DEPUTATIONS

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

5. MINUTES – 10th FEBRUARY 2016

The Committee considered the minutes of the meeting held on 10th February

RESOLVED
That the minutes of the Joint Scrutiny Committee meeting held on 10th February were approved as an accurate record of the meeting.

6. PROCEDURES OF LOWER CLINICAL VALUE PROPOSALS

The Scrutiny Board received a presentation from the Chief Performance and Contracts Officer, Solihull CCG on the background and context of PLCV, the rationale for the changes being proposed, what this would mean for patients, and what consultation and engagement activities had taken place with patients/ service users around this change. Key messages from the presentation were as follows:-

- It was acknowledged that the term PLCV was confusing for patients. It covered a range of procedures such as cosmetic surgery, with a low evidence of clinical necessity and effectiveness whilst also covering hip and knee replacement, and cataract surgery, where the clinical necessity was more obvious.
- There were a number of policies on PLCV procedures but with variances across the region. A project group comprising of all CCG across the Black Country was set up in 2013 to review the policies, although later Dudley CCG withdrew from the process. The aim was to review each policy and move towards harmonization of all PLCV procedures which would in turn lead to patients having equall access and being treated fairly across the region. For each PLCV procedure, the policy had been reviewed, feedback received and an Equality Impact Assessment undertaken. It was highlighted that it was normal practice for these policies to be reviewed every two / three years.
- Some small changes were being proposed to policies on PLCV procedures. For 47 PLCV procedures, 16 policies had their clinical access changed and three new policies have been developed. There may be some procedures where patients don't meet the threshold for access and further support and advice would be given to them from their GP.
- Engagement events had taken place in Birmingham and Solihull, with information detailed on the websites. Some of the feedback received highlighted that changes proposed significantly affect the elderly, and the need for the implications to be explained in simple terms. It was advised that the full report, feeding back from the consultation and engagement process, would be shared with the Scrutiny Committee as soon as possible.
- Following consultation with the Scrutiny Board, a paper would be prepared for all CCG Governing Boards to adopt the policies in July 2016, and be factored in as part of future contract negotiations. This would in turn lead to fair and consistent health outcomes.

The Scrutiny Committee expressed concern about the length of time this project had been underway for; the nature and extent of consultation and engagement activities, and whether sufficient impact analysis had been undertaken for patients. They felt that case study information would help make the messages about PLCV be clearly understood by the public. Members also wished to place on record, following information they read in the presentation, the need for their views as a Scrutiny Committee to be seriously taken into consideration following a misrepresentation in the presentation

Members also asked questions on the following areas:-

- Why it had taken so long for the policy review to take place and why Dudley CCG had decided to opt out, and what the new PLCV policies were
- How consultation and engagement events had been advertised and signposted and what were the key options within the consultation that patients were being asked to provide a view on, and what was done to reach out to '*hard to reach'* groups such as the BME community.
- More detail about how the changes proposed would impact on the service user/patient.
- Whether an economic analysis and National Institute of Clinical Excellence (NICE) guidance was taken into consideration and impacts arising from this.
- Whether GPs, Health and Wellbeing Board had sufficient overview of the project
- The nature of Equality Impact Assessments
- Whether an appeals process would exist

In response, the following information was provided by representatives of Solihull CCG, Cross-City CCG, Public Health England (PHE) and Commissioning Support Unit (CSU)

- The policy review process had taken a long time as there were numerous policies on the suite of PLCV procedures to work through. It was also quite uncommon for CCGs to take a collaborative approach and work in this way and time was needed to ensure that all the CCGs committed to working in a collaborative way to review their differing policies on various procedures. It was advised that Dudley CCG opted out was not a surprise as they had opted out on a number of occasions on other regional wide projects. The new policies had been developed on the following PLCV procedures – hip operations, knee operations and cataract operations.

- It was highlighted that a significant amount of effort was made to engage with the Public and stakeholders, with hundreds of community and voluntary sector organisations contacted in a bid to draw the proposed changes to their attention. Communication experts also made use of social media to get the message across and a consistent message had been put on each of the participating CCG's websites. Representatives from the CCGs and CSU had been going to events and meetings to explain exactly what PLCV changes would mean in practice and how service users might be affected. It was considered that the consultation events, 37 people attended at Solihull and 7 people attended at Birmingham, promoted robust and lively discussions. In addition, there were 75 responses to the online survey. It was felt that that they had done all they could to engage with hard to reach groups including

BME communities over a very complicated issue. They were aware that that the policies were only a small sub-set of procedures that needed to be reviewed and there was likely to be more consultation and engagement needed in the future.

- It was felt that more case study information about the proposed changes would be useful and agreed that there was a need to produce patient information in a clear and accessible way with links to NHS Choices.

- It was highlighted that the detail of the impact of each procedure was embedded in a detailed larger policy document, but it was felt that NICE guidance had been adhered to. Furthermore, good practice and latest clinical thinking, had also been taken into consideration. Based on this research and guidance, each policy procedure has its own threshold for access and, in many cases, access levels had been improved. For example, in cataract surgery the thresholds for access had been extended. It was acknowledged that more information about how these changes would have a direct impact on patients and service users should be put in the public domain.

- It was acknowledged that GPs had been engaged in the consultation but there was more work to do so that a smooth patient pathway could be developed. Similarly, it was agreed that Health and Wellbeing Boards should have a strengthened overview of this.

- The Equality Impact Assessment involved looking at each of the policies and seeing how they would affect different groups in terms of different categories such as age, sex, ethnicity, etc. The process was undertaken to identify gaps, highlight issues, and ensure that impact on patients arising from the proposed changes was fully considered.

- As part of this process, there would be an appeals process.

The Chairman summarised the discussions and reiterated that Scrutiny Board's comments needed to be taken seriously. She further highlighted the need to for the CCG to strengthen their interaction with GPs and the Health and Wellbeing Board to ensure that there was strategic and clinical leadership of what was being proposed. She also highlighted that the Scrutiny Board wanted to look at this again early in the new Municipal Year.

RESOLVED

(i). The Scrutiny Committee noted the proposals being developed by CCG about PLCV and requests the comments they have made (highlighted above) are taken seriously and that concerns are addressed.

(ii). The Scrutiny Committee madethe following **RECOMMENDATIONS** in respect of taking forward PLCV

a). Commissioners need to strengthen engagement and communication with the public around PLCV so that there is a clearer understanding of what this means in practice and demonstrates more clearly what the implications are likely to be.

b). GP/Primary Care need to be engaged as part development of new polices to enable the development of referral pathways

c). Health and Wellbeing Board need to be involved in leading and having

overview of these proposals.

d). That case study information and information in Plain English is more widely disseminated to the public about PLCV

(iii). That the Scrutiny Committee receives a final copy of the Consultation report.

(iv). That the Scrutiny Committee consider proposals for implementing PLCV at a future meeting (suggested date June 2016) with a focus on considering implications for service users.

7 BIRMINGHAM AND SOLIHULL MENTAL HEALTH TRUST – OVERVIEW OF ISSUES ACROSS BIRMINGHAM AND SOLIHULL

The Scrutiny Committee considered a presentation delivered by the Associate Director of Operations, BSMHT who gave an overview of key quality goals for 2016/17, and updated the Committee on how mental health and emotional wellbeing services were being provided across Birmingham and Solihull, and what progress had been made since the Care Quality Commission inspection in 2014. . The key messages from the presentation were:_

- Some of the key challenges that the Trust currently face include; assaults on staff at in-patient wards, reducing absconsions from in-patient wards, and use of temporary and agency staffing.
- The Trust also took into consideration national priorities as part of their forward planning, including the national policy directive to reduce the number of in-patient deaths, results of the national audit of schizophrenia, and screening for cardio-vascular and metabolic diseases.
- Key services that were working well included the IAPT Talking therapy service and improving crisis care processes. The Trust had also moved towards seven day working which was being implemented ahead of the policy directive. An active service users group was helping to ensure that care plans were written in a language that could be easily understood and that there was a focus on shaping delivery.
- The key quality priorities that they would be working on in 2016/17 included;
  - Reducing mortality which encompassed preventing deaths and suicide and managing crisis care
  - Least restrictive practice
  - Improving physical health
  - Reducing absconsions
  - Working together with partners and external agencies.
- It was highlighted that there had been 41 inspections undertaken by CQC, on their premises in the past year, and these had not thrown up any major incidents or concerns. The actions arising from the Trust-wide inspection had been progressed.
- Monies would be made available through Vanguard Project work to develop partnership working and look at what could be done to relieve the pressures on beds. They advised that whilst waiting times for neuro-psychiatry were improving but there was still a long way to go to reach the ideal waiting times.

The Scrutiny Committee was asked to comment on this item. A representative from Healthwatch Birmingham advised that they had received information about the trust Patient Advice and Liaison Service (PALS) and commented that issues and queries were not always followed up or addressed in a timely way. In

response, it was highlighted that this matter would be investigated if the issue was discussed outside the meeting.

A Member also emphasised the need for GPs to find time to talk to patients and understand their issues. Members asked a range of questions which were as follows:-

- Inquired about levels of absconsions and how this was being dealt with
- How the Trust used Experts by Experience to shape policies and working practices
- More information about trends on how mental health affected different nationality groups.
- Lessons learnt following the double murder incident and whether this information was publicly available.
- How the Trust were working in partnership with GP surgeries and the prison service
- What were the biggest challenges the Trust was likely to face.

In response, the following information was provided by the Associate Director, Operations, BSMHT

- It was acknowledged that absconsions had been an issue over the past 12 months. This is something that the Trust wanted to avoid and would be placing emphasis on ensuring that there was more security around their premises to avoid this and that safe staffing levels are maintained.
- Experts by Experience had been helpful in shaping the care and treatment programmes, and received training in order to better understand how this is currently managed and monitored so that they can provide a holistic picture on how to shape improvements. It was acknowledged that patients may be inspired by Experts by Experience who may have been on a similar journey to them. Work was now being undertaken with Experts by Experience to better understand Personality Disorders and they were being asked for their input on how the Trust could help tackle thestigma associated with this illness.
- The Trust are could not answer the question regarding mental illness in differet nationalities. Further information and existing research could be provided on this issue.
- A member asked ifthe Trust could comment on a double murder case that had occurred in Solihull. The trust advised they were aware that a review had taken place and this was available in the public domain.
- There was a view expressed by members that GPs had differing levels of understanding and interest in mental health issues, and some may not be fully aware of the thresholds for referring into the Mental Health Service.
- One of the biggest challenges was the safe and effective transfer of young patients' services in Birmingham to the new mental health provider, Forward Thinking Birmingham. The transfer had been beset with challenges and they were hopeful that all the issue had now been resolved.
- There were still continuing challenges and pressures associated with getting people into in-patient beds in Birmingham and Solihull due to pressures on the system.

RESOLVED

(i). The Scrutiny Committee noted the update and the work being undertaken, and requested that the Trust come back to the Committee with feedback on how effectively the quality outcomes are being implemented.
(ii). The Scrutiny Committee requested written feedback on any existing material in respect of how different nationalities are affected by Mental Health; and.
(iii). The Scrutiny Committee **RECOMMENDS** to the CCGs that GPs receive enhanced training and development in respect of making referrals on mental health thresholds, and that support from the Mental Health Trust is fully utilized.

(Cllr M Mahmood left at 7.45pm

Jane Upton, Head of Evidence, Healthwatch Birmingham left at 8.00pm)

The meeting finished at 8.10pm.