

BIRMINGHAM CITY COUNCIL AND SOLIHULL MBC

**JOINT HEALTH SCRUTINY COMMITTEE
(BIRMINGHAM CITY COUNCIL AND
SOLIHULL METROPOLITAN BOROUGH
COUNCIL) 8 MARCH 2017**

MINUTES OF A MEETING OF THE JOINT HEALTH SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SOLIHULL METROPOLITAN BOROUGH COUNCIL) HELD ON WEDNESDAY 8 MARCH 2017 AT 1700 HOURS IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor John Cotton (Chairperson); Councillors Mick Brown, Jo Fairburn, Jean Hamilton, Simon Jevon, Robert Pocock, Alan Rebeiro and Gail Sleigh.

IN ATTENDANCE:-

Judith Davis, Programme Director, Birmingham Better Care
Andrew McKirgan, Interim Strategic Director BSol STP and Director of Partnerships, University Hospitals Birmingham NHS Foundation Trust

Dr Patrick Brooke, Accountable Officer, Solihull Clinical Commissioning Group
Dr Barbara King, Accountable Officer, Birmingham CrossCity Clinical Commissioning Group

Dr Jane Upton, Healthwatch Birmingham

Mala Mistry, Scrutiny Officer, Solihull Metropolitan Borough Council;
Gail Sadler, Research and Policy Officer and Paul Holden, Committee Manager, Birmingham City Council

NOTICE OF RECORDING

- 1 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

APOLOGIES

- 2 Apologies were submitted on behalf of Councillors Andrew Hardie, Mohammed Idrees, Annette Mackenzie, Martin McCarthy and Flo Nash for their inability to attend the meeting.
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DECLARATIONS OF INTERESTS

- 3 No interests were declared.
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MINUTES OF PREVIOUS MEETING

- 4 The Minutes of the meeting held on 3 October, 2016 were confirmed.
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PROGRESS UPDATE: BIRMINGHAM AND SOLIHULL SUSTAINABILITY AND TRANSFORMATION PLAN (BSOL STP)

- 5 The following report was submitted:-

(See document No. 1)

Judith Davis, Programme Director, Birmingham Better Care and Andrew McKirgan, Interim Strategic Director BSol STP and Director of Partnerships, University Hospitals Birmingham NHS Foundation Trust were in attendance.

During the discussion that ensued the following were amongst the issues raised and comments made in response to questions:-

- a) Members were advised that it had not yet been decided how the Advisory Board would operate but that there would be a STP Board meeting in early April 2017 when it was hoped to address this issue. It was also highlighted that the engagement forums would provide an opportunity to take views on how the Advisory Board should function.
- b) The reason why matters had not moved on since October 2016 was because they had been working on what changes should be made following the feedback received and what communication and engagement arrangements should be put in place. It was now hoped to start moving forward again.
- c) Members were advised there was significant engagement at individual programme level but that as yet nothing at a higher level had been identified that needed to be consulted upon. As work would take place on developing implementation plans over the next few months there was still every opportunity to engage with the public.
- d) Further to the information contained in Section 6 of the report it was highlighted that sessions would be offered to members of both Local Authorities in whatever forums were felt appropriate and that consideration would also be given to how the media was used e.g. social media, newspapers.
- e) In relation to stabilizing systems, the meeting was advised that significant improvements had been made at the Heart of England NHS Foundation Trust and that work was continuing on the proposed merger with the University Hospitals Birmingham NHS Foundation Trust. The Interim Strategic Director BSol STP also referred to the importance of health organisations and social care services working effectively together. Members were advised that an increasing amount of work was taking place on improving systems and pathways.

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- f) It was indicated that funding issues would be addressed as part of the STP work that would be taking place over the next few months.
- g) A Member referred to involving local people in the STP decision-making process so that the individuals taking the decisions were aware of what the public wanted from their hospitals.
- h) Further to g) above, the Programme Director felt that involving local people in their commissioning intentions was what Clinical Commissioning Groups (CCGs) considered that they did on an annual basis. However, she underlined that in relation to the STP work the health service was not yet at the point of putting forward any proposals with regard to the hospital services etc.
- i) A Member indicated that from talking to hospital staff the impression gained was that they did not know very much about what was happening in respect of the STP. Furthermore, she considered that there was very limited knowledge of the subject amongst the wider public.
- j) In acknowledging that there was a need to bring about a greater understanding of the STP work, the Interim Strategic Director BSol STP nevertheless felt that there had been feedback through the CCGs and other forums. He concurred that those mechanisms would need to be enhanced when there was information available on the potential clinical models and services.
- k) The Programme Director indicated that she would welcome being able to engage with the public at meetings that Local Authorities held in their communities.
- l) Members were advised that the idea behind an Accountable Care Organisation model was to have a single commissioner which entered into a contract with a group of providers as a collective (rather than having a number of separate contracts with different organisations). The Interim Strategic Director BSol STP indicated that the concept was similar to the approach used in respect Birmingham City Council's sexual health services contract where one organisation received a fixed sum of money to deliver outcomes and sub-contracted with other providers as appropriate to achieve them and deliver an improved service.
- m) The Joint Health Scrutiny Committee was informed that the conversations and issues raised at the workshop held on 7 March 2017 would be discussed at the April STP Board meeting. Members were also advised that Dame Julie Moore had been appointed as the Interim System Leader but that this would need to be formally ratified at the April Board meeting.
- n) The Programme Director briefly commented on the likely areas of work that would be covered by the new Improving Health and Wellbeing programme and indicated that the Directors of Public Health for Birmingham and Solihull would be able to provide more information in this regard.
- o) In responding to a question concerning the different needs that existed across local areas within the BSol STP footprint, the Programme Director indicated that she assumed that where cooperation and a common approach was going to achieve the best outcomes that would happen but that if a more targeted approach was needed that work should continue.
- p) The Interim Strategic Director BSol STP confirmed that there was support from NHS England and the Sandwell and West Birmingham CCG over the need for discussions to address the West Birmingham issue but indicated that that work had still to take place.

The Chair and Members advised the representatives that the following were amongst matters that they would wish to return to in the future: the ongoing issue of the importance of there being a strong emphasis on public engagement and involvement; the multispecialty provider model and the need for health and social care services to be equal partners; and the governance and leadership arrangements, including confirmation of the position concerning the System Leader and how Members would be able to address the post holder's responsibilities.

The Programme Director highlighted that guidance was expected to be received from NHS England before the end of the month which would inform everyone around the potential next steps.

The Chair thanked the representatives for attending the meeting and responding to questions.

**BIRMINGHAM AND SOLIHULL CLINICAL COMMISSIONING GROUPS:
PROPOSED MERGER**

- 6 Dr Patrick Brooke, Accountable Officer, Solihull Clinical Commissioning Group (CCG) and Dr Barbara King, Accountable Officer, Birmingham CrossCity CCG were in attendance.

The following PowerPoint slides were presented to the Joint Health Overview and Scrutiny Committee:-

(See document No. 2)

During the discussion that ensued the following were amongst the issues raised and comments made in response to questions:-

- a) It was indicated that amongst the reasons for the proposed CCG merger was that all three organisations commissioned their services from the same providers; these providers were now working towards operating in a more coherent way; and that some of the differences in the CCGs' commissioning requirements did lead to confusion amongst providers.
- b) In responding to comments made, the Solihull CCG Accountable Officer acknowledged the importance of service arrangements not losing touch with local areas. However, he highlighted that the proposed merger would enable some commissioning to be carried out at a more strategic level.
- c) Further to b) above, the Birmingham CrossCity CCG Accountable Officer highlighted that there would also be scope to scale-up further and commission at a West Midlands Combined Authority level (e.g. in respect of specialised services currently commissioned by NHS England).
- d) In relation to West Birmingham, the Birmingham CrossCity CCG Accountable Officer indicated that she considered that the creation of a BSol Healthcare Commissioning Board would help facilitate engagement with the Sandwell and West Birmingham CCG on issues that affected the whole of Birmingham and in terms of reaching wider agreements. It was highlighted that more commissioning was likely to be seen at a STP level or higher across the country.

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- e) The meeting was advised that Paul Sherriff at the Birmingham CrossCity CCG was the executive lead for communications and engagement and that the intention, subject to receiving NHS England approval to the CCG merger, was to formally consult on the proposals over an 8 week period.
- f) Members were advised that the 2017/18 Quality, Innovation, Productivity and Prevention (QIPP) target for Birmingham was about 2.5 per cent of the current financial allocation where as in Solihull the savings target was in the region of 7.3 per cent. Furthermore, the Solihull CCG Accountable Officer reported that the outturn deficit in Solihull for the current financial year was about £2m although there was a more significant recurrent budget deficit.
- g) The Joint Health Scrutiny Committee was informed that the CCGs' finances would be kept separate in 2017/18 but that a risk sharing arrangement was being explored whereby Birmingham may take on some of Solihull's QIPP responsibilities. However, at the point the three CCGs merged there would be one CCG budget for the whole of Birmingham and Solihull.
- h) A brief overview was given by the Birmingham CrossCity CCG Accountable Officer of CCGs areas of expenditure and the different financial allocation systems used.
- i) The Solihull CCG Accountable Officer reported that around two-thirds of their CCG expenditure went into the acute sector. However, he pointed out that the Solihull CCG could not afford the current level of spend based on national tariff rates and that this matter would have to be addressed this year. He indicated that in places like Solihull, where the percentage of elderly residents amongst the population was higher than average, national funding allocations geared more to deprivation levels and younger populations were not sufficient to meet local healthcare needs.
- j) It was reported that STP proposals would be funded from the combined financial allocations of the three CCGs: there was no new funding, except for relatively small sums of money for bespoke transformation projects.
- k) The Solihull CCG Accountable Officer indicated that the concept behind the Accountable Care Organisation model was to take the total NHS budget for an area and then assess how to achieve the best value for money. He highlighted that at present acute trusts with funding issues sought to drive-up activity and that this resulted in CCGs having to take money from other areas (e.g. mental health, primary care and community services) that could lessen the demand for acute services in the first place. The new model therefore changed conversations around how to design healthcare. The representative supported moving away from the commissioner / provider split and believed that continuing with the existing competitive model was not the way to proceed.
- l) The Solihull CCG Accountable Officer reported that he considered that the Third Sector provided some of the most effective and efficient care. He therefore felt that there would be a poor return on investment if attempts were made to try to reduce their costs much further.
- m) In response to a question, the Solihull CCG Accountable Officer confirmed that he and colleagues were committed to working with NHS England and others to address the forecast financial deficit next year of £5.5m in Solihull but that given the level of funding involved there was a high level of risk.

- n) The Solihull CCG Accountable Officer indicated that the difficult conversations that the organisation would need to have with the Heart of England NHS Foundation Trust were around how to deliver the outcomes that they wished to achieve at a lower cost - and preferably better. However, he indicated that he was not aware of any proposals to significantly reduce the number of beds at Solihull Hospital. Nonetheless, he considered that whether the future was to continue with the current bed-based acute service was a matter that should be examined as many patients required rapid access to acute care but did not necessarily need to stay in hospital overnight.
- o) The Healthwatch Birmingham representative referred to feedback they'd received that the public were finding it difficult to access the CCGs' complaints systems and undertook to arrange for a report that she was preparing on this issue to be sent to the Accountable Officers.

The Chair underlined to the representatives that Members would wish to keep a very close watch on the proposed CCG merger and Councillor Gail Sleight (Joint Chair of the Joint Health Scrutiny Committee) referred to the need for conversations to take place aimed at the issues also being considered by the Solihull Health and Adult Social Care Scrutiny Board.

At this juncture, a Member enquired whether it would also be possible to have the risks of the proposed merger identified so that Members could see how the CCGs were working through them. The Birmingham CrossCity CCG Accountable Officer advised that there was a risk register that the representatives could talk through at a future meeting. The Chair confirmed that this was information the Joint Health Scrutiny Committee would wish to see and pointed out that there was also the ongoing issue of the need for transparency around the budget and what this meant for models of care and the two Birmingham CCGs e.g. whether the CCGs were being asked to rectify an NHS funding shortfall not of their making. Furthermore, there was the issue of how developments would affect NHS discretionary and non-discretionary expenditure. He highlighted that Local Authority budget cuts had impacted on discretionary service provision with the inevitable consequences for the level of prevention and early intervention activity.

The Chair thanked the representatives for attending the meeting and responding to questions.

DATE AND TIME OF NEXT MEETING

7

The Chair advised the meeting that a date would be set through the usual channels in due course.

The meeting ended at 1828 hours.