

BIRMINGHAM CITY COUNCIL AND SANDWELL MBC

MINUTES OF A MEETING OF MEMBERS OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM CITY COUNCIL AND SANDWELL METROPOLITAN BOROUGH COUNCIL) HELD ON WEDNESDAY 18 JANUARY 2017 AT 1500 HOURS IN COMMITTEE ROOM 6, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor John Cotton (Chairperson); Councillors Deirdre Alden and Yvonne Davies.

IN ATTENDANCE:-

John Clothier, Healthwatch Sandwell
Stephnie Hancock, Scrutiny Lead, Sandwell Metropolitan Borough Council
Dr Gwyn Harris, GP Prescribing Lead, Sandwell and West Birmingham Clinical Commissioning Group (CCG)
Paul Holden, Committee Manager, BCC
Jenna Phillips - PMO Manager / New Care Models Senior Implementation Manager, Sandwell and West Birmingham CCG
Angela Poulton, Programme Director, Sandwell and West Birmingham CCG
Gail Sadler, Research and Policy Officer, BCC
Jayne Salter-Scott, Head of Engagement, Sandwell and West Birmingham CCG
Dr Jane Upton, Healthwatch Birmingham
Elizabeth Walker, Head of Medicines Quality, Sandwell and West Birmingham CCG
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG

NOTICE OF RECORDING

1/18012017 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 meeting would be filmed except where there were confidential or exempt items.

The Chair highlighted that the meeting was not at present quorate but that as the items were primarily for discussion he proposed to continue and consider the agenda items except for the Minutes of the last meeting which would be re-submitted to the next meeting of the Joint Health Scrutiny Committee.

APOLOGIES

2/18012017 Apologies were submitted on behalf of Councillors Sue Anderson, Joy Edis, Carole Griffiths, Kath Hartley and Bob Lloyd for their inability to attend the meeting.

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DECLARATIONS OF INTERESTS

3/18012017 No interests were declared.

MINUTES OF PREVIOUS MEETING

4/18012017 Further to earlier comments it was agreed the Minutes of the meeting held on 23 November, 2016 be submitted to the next meeting of the Joint Health Scrutiny Committee for confirmation.

(The order of business was varied from that set out on the agenda)

PRESCRIBING FOR CLINICAL NEED POLICY

5/18012017 Dr Gwyn Harris (GP Prescribing Lead), Jayne Salter-Scott (Head of Engagement) and Elizabeth Walker (Head of Medicines Quality), Sandwell and West Birmingham Clinical Commissioning Group (CCG) were in attendance.

The following PowerPoint slides were presented:-

(See document No. 1)

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

- a) The prescribing of medicines / drugs such as antibiotics by pharmacists was something that the public could expect to see happen in future. However, there was a need for more extensive training. Frontline community pharmacists had been targeted for a full roll out and the initiative was being included in the undergraduate programme.
- b) No decision had yet been taken on how engagement / consultation should be conducted on the prescribing for clinical need policy e.g. whether there should be engagement and informal consultation or a formal 16-week consultation exercise.
- c) Members were advised that there was an area prescribing committee and close cooperation throughout Sandwell, Birmingham and Solihull aimed at ensuring that there was consistency. The other CCGs were looking to follow Sandwell and West Birmingham's lead if it could be shown that there was public support for a proposed new policy.
- d) It was indicated that policy exceptions could be made in certain circumstances e.g. where families were suffering hardship / finding it difficult to cope.
- e) Education and awareness would form part of the engagement / consultation process. Furthermore, the CCG when engaging with the public would encourage people to go to their pharmacists for advice and use their minor ailments scheme, where appropriate. It was pointed out that pharmacists would identify any over usage of medicines / drugs and refer those individuals back to their GPs.

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- f) Members were informed that the Department of Health set the price of prescription medicine and it was indicated that the cost of medications such as paracetamol was very similar to supermarket brands.
- g) It was confirmed that financial savings made by not prescribing medicines / treatments due to insufficient evidence of any clinical benefit would be reinvested; the National Institute for Health and Care Excellence had a range of new drugs that it wished to introduce.

The Head of Engagement suggested that the CCG prepare and send a draft formal consultation document to the Joint Health Scrutiny Committee seeking views on the draft document. Members concurred with this approach and the Chair thanked the representatives for reporting to the meeting.

COMMISSIONING NEW MODELS OF CARE

6/18012017 Jenna Phillips (PMO Manager/New Care Models Senior Implementation Manager), Angela Poulton (Programme Director) and Jayne Salter-Scott (Head of Engagement), Sandwell and West Birmingham Clinical Commissioning Group (CCG) were in attendance.

The following PowerPoint slides were presented:-

(See document No. 2)

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

- a) Members were informed that when the new Midland Metropolitan Hospital opened there would be fewer in-patient acute beds but only a small reduction in the overall amount of beds due to the availability of intermediate care beds at Rowley Regis and Sandwell General Hospitals that would fall outside the acute service.
- b) It was highlighted that some acute admissions could be prevented by providing better community services and supporting people through a range of services in their own homes where it was safe to do so.
- c) The CCG was at an early stage and had not yet confirmed whether it would proceed with a new care model.
- d) Members considered that similar problems would be faced to those experienced at the Queen Elizabeth Hospital Birmingham where there were not enough acute beds. In relation to developing new models of care, deep concerns were also expressed that the Local Authorities' social care services had not yet been brought on board. It was stressed that those services needed to be at the heart of the work taking place from the outset.
- e) The meeting was advised that there was an upper floor at the new Midland Metropolitan Hospital that could be brought into use if the scale and pace of a new care model was not having the necessary impact.
- f) It was confirmed that developing community support and social groups / networks was at the core of the Modality vanguard project.
- g) The CCG viewed social care services as being integral to any new care model but they had not yet received details of who they should engage with at the Local Authorities. The Members were therefore asked if they could raise this issue within their organisations.

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- h) Further to (g) above, the Chair in referring to the Sustainability and Transformation Plans indicated that he was surprised that the CCG was not already engaging in a more systematic way with the Local Authorities.
- i) In response to a request from the Chair, the Programme Manager confirmed that she would be happy to provide information on the evaluation of the Modality vanguard project in due course. The Chair also raised the issue of what form future procurement processes would take as he highlighted that there would be concerns if the work turned out effectively to be outsourcing.
- j) The Head of Engagement informed the meeting that the CCG would be embarking on engagement as part of the process as they wished to take patients, carers, members of the public and partners / stakeholders along with them. She highlighted that the outcome of this engagement would inform the subsequent consultation and therefore suggested that an appropriate time for the CCG to report back to the Joint Health Scrutiny Committee might be when more was known about the type of care model that patients wished to see commissioned.

The Chair confirmed that a report needed to come to a future meeting of the Joint Health Scrutiny Committee so that a watch could be kept on the work that was taking place. He also felt that Members should raise within their respective Local Authorities the need for the Councils' social care services to be fully linked-in to the work taking place on new models of care. The Chair thanked the representatives for reporting to the meeting.

BETTER HEALTH AND CARE (BLACK COUNTRY STP)

7/18012017

Andy Williams (Accountable Officer) and Jayne Salter-Scott (Head of Engagement), Sandwell and West Birmingham Clinical Commissioning Group (CCG) were in attendance.

The following PowerPoint slides were presented:-

(See document No. 3)

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

- a) The Accountable Officer advised Members that he did not personally believe that transforming Sustainability and Transformation Plans (STPs) into Delivery Boards would be the right thing to do. The mechanism for delivery of the Black Country STP would be through a series of specific workstreams / processes all of which had their own existing independent governance arrangements.
- b) In relation to addressing the high level of infant mortality in the CCG's area, the Accountable Officer reported that the approach that they were taking was to identify those who were most likely to be at risk during early pregnancy or even potentially prior to pregnancy by picking out socio-economic and individual characteristics that would enable services to target those particular women. He indicated that this represented probably around 85-90 per cent of the infant mortality risk. It was believed after consulting with partners that the most effective intervention that could be put in place was to have a maternal equivalent of the family and nurse partnership work

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that they'd used as an extension of health visiting to tackle issues around teenage pregnancy and conception.

- c) Further to b) above, the Accountable Officer indicated that, in view of rising demand levels and the funding available in the NHS, for the plan to have a chance of success there would be a need to modify demand more successfully than in the past and achieve even greater levels of efficiency.
- d) In relation to providing in-patient beds locally for people with eating disorders, the Accountable Officer reported that this was one of those areas where there needed to be a large enough catchment area to generate a sufficient flow of patients to be able to provide the service and expertise. He indicated the view within the Mental Health Alliance for Excellence, Resilience, Innovation and Training (MERIT) vanguard was that an area similar to the West Midlands Combined Authority was the size of footprint that offered a realistic chance of providing a comprehensive range of mental health services and that these services should be organised and delivered at scale. The Accountable Officer indicated that they wished to see this happen and was quite optimistic as there was a lot of energy behind the workstream. Nonetheless, he pointed that in some highly specialist service areas the very best service might still be somewhere else in the country and there would therefore be occasions when people would wish to use them.
- e) The Accountable Officer was advised by the Sandwell Member that her concern was how he ensured that everything worked properly underneath the top management level and that there was not parallel working / duplication in the provision of services. It was highlighted, for example, that the NHS was commissioning nursing home beds at a much higher cost than the Local Authority. Furthermore, there was a perception that the work taking place was about budget cuts and privatisation. Consequently there was a need for reassurance to be given that the work was about providing the best services for people; using resources efficiently; and joining-up NHS and Local Authorities services from the outset and then spreading outwards rather than the Council services being added on to what the NHS was doing.
- f) Further to e) above, the Accountable Officer indicated that he considered that it had been a massive mistake to veil the STP work in secrecy because it had understandably made people suspicious of the process from the very beginning. Furthermore, he highlighted that up to that time conversations had largely been played out in the public domain in Sandwell and West Birmingham, underpinned often by some extremely good engagement work.
- g) The Chair underlined that the approach that had been taken in veiling the STP process in secrecy was exactly the way not to begin a conversation about joining-up and integrating health and social care services; considered that there was an issue of how it could be ensured that there was proper transparency and accountability in the future; referred to the need to address the issue of the serious lack of equity between the health and social care elements; highlighted that Birmingham City Council needed a clearer picture regarding the proposed way forward in respect of that part of Birmingham that fell within the Black Country STP; and in relation to developing new models of care pointed out that having an understanding of how Local Authorities would be engaged with going forward was fundamental.
- h) The Accountable Officer reported that he strongly believed that healthcare should be organised for places and communities that were recognised as such by the people who lived in them. Consequently, adding a part of West

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Birmingham onto the Black Country did not work. However, he highlighted that West Birmingham did have an identity as a place. Furthermore, he also pointed out that the CCG had always operated across different systems e.g. Safeguarding, Birmingham Better Care Fund, Health and Wellbeing Boards. He underlined that their organisation was a Birmingham CCG as well as one that covered part of the Black Country. However, at a strategic level the Accountable Officer considered that there should be a larger footprint that included Birmingham, Solihull and the Black Country i.e. linking closer to the West Midlands Combined Authority.

- i) The Head of Engagement reported that there was a Community and Engagement Group for the Black Country that had met earlier in the day and which was starting to look at place-based engagement across workstreams e.g. those focusing on mental health, learning disabilities etc. Consequently, plans were being developed to engage in the place / locality on better health outcomes and specific services.

The Chair highlighted to the representatives that Members would wish to input further into the work that was taking place at a future Joint Health Scrutiny Committee meeting and also through the work of the main Committees where there were issues that were specific to their particular Local Authority. He also thanked the representatives for reporting to the meeting.

DATE OF NEXT MEETING

8/18012017 The Chair advised the meeting that a date would be set through the usual channels in due course.

The meeting ended at 1648 hours.

CHAIRPERSON