

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 15th October 2019, Committee Room 6 – Actions

Present:

Councillor Rob Pocock (Chair), Mick Brown, Diane Donaldson, Peter Fowler, Ziaul Islam and Paul Tilsley.

Also Present:

Dr Majid Ali, Clinical Lead Community Services Transformation, Birmingham and Solihull CCG

Dr Sommiya Aslam, Clinical Lead – Urgent Care, Sandwell and West Birmingham CCG

Simon Doble, Associate Director of Integration, BSol CCG

Elizabeth Griffiths, Acting Assistant Director of Public Health

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG

Gail Sadler, Scrutiny Officer

Hannah Ship, Commissioning Manager, SWB CCG

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.civico.net/birmingham") and 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.

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

Councillor Zaheer Khan.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 17th September 2019 were agreed.

The following matters have arisen since the committee last met:

- It was noted that a response to a query raised during evidence gathering for the Period Poverty Review had been received from the Cabinet Member for

Education, Skills and Culture and the information had been included in the final report.

- A response to the query on how many users of the in-house enablement service also have a medical condition and are also being supported by the health service was still outstanding.
- Still await a detailed explanation on the figure for the current cost per hour for the In-House Enablement Service. Councillor Pocock read out the latest response from Adult Social Care Finance which stated “It looks like the main benchmarking for hourly rates is the Adult Social Care Finance Return (ASC-FR), our latest return for outturn 2018/19 was an “N/A” for the in-house home support function (and that was the case in the previous year’s return). I will look at the tools we have to access earlier years benchmarking data to see what light that sheds on the comparison and let you know the results.” The committee noted with concern that, as yet, it had not received a figure that is calculated on a ‘like for like’ basis which makes it possible to benchmark against other comparator local authorities. In response to Councillor Fowler’s request for a deadline to be set for receipt of the information, Councillor Pocock said that he would seek assurance that the data would be available for consideration before the next Enablement review evidence gathering session.
- Councillor Pocock confirmed that a site visit to the Community Early Intervention Prototype at the Norman Power Centre (Edgbaston) has been arranged to take place on Tuesday 22nd October 2019.
- Report of the Cabinet Member for Health and Social Care
 - In response to a request for an opportunity to have sight of the Day Opportunities Strategy before it goes to Cabinet, members were informed that they had been sent invitations to an informal briefing that has been arranged for 12th November.
 - The Birmingham STP and West Birmingham – Councillor Pocock confirmed that a decision was made by the Sandwell and West Birmingham GPs to retain their existing boundary. However, there is some work about to begin on merging the 4 Black Country CCGs (Dudley; Sandwell and West Birmingham; Walsall and Wolverhampton) into a single CCG and there is a stakeholder event arranged for Thursday 17th October which Councillor Pocock will be attending. This presents another opportunity to review whether the boundary of the Black Country STP should or should not include West Birmingham.

5. BIRMINGHAM DEMENTIA STRATEGY REFRESH

Zoeta Manning (Senior Integration Manager – Frailty, Birmingham and Solihull CCG); Dr Majid Ali (Clinical Lead Community Services Transformation, Birmingham and Solihull CCG) and Simon Doble (Associate Director of Integration, Birmingham and Solihull CCG) presented an overview of work undertaken and progress made under the Birmingham and Solihull Dementia Strategy 2014-17 but also recognised that

more work still needs to be done to provide support to those living with dementia and their families/carers. A Strategy Steering Group has been established to support a refresh of the Birmingham strategy to reflect progress to date and future planning. It was noted that Solihull MBC had developed their own refreshed dementia strategy.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Dementia drug prescribing will be transferring from mental health to primary care over time, but GPs will require adequate knowledge and skills to take on prescribing. It was acknowledged that there is a variation in knowledge and skills across GPs.
- The risk factors associated with dementia are especially prevalent within the BME communities. The barriers to diagnosing dementia within those communities are complex, some of which may lie with healthcare professionals because it can be a challenging conversation to undertake. But barriers may also lie with an individual or families. The situation is improving as people become more familiar with anti-dementia drugs and the opportunity to slow down progression and maintain independence and seek support from their healthcare professional.
- Dementia diagnosis information is now being shared with Primary Care Networks (PCNs) and constituent GP practices.
- An independent evaluation of the Dementia Support Service was carried out in March 2018 which showed that 86% of people accessing the service are white/British.
- The evaluation report identified that there wasn't enough engagement with BME communities that is in keeping with the demographic population of Birmingham. It was suggested that venues frequented by the BME population should be identified to promote dementia awareness.
- The summary of the demographic profile of participants who attended engagement events similarly showed that 89% of the participants were white/British which also does not reflect the demographic profile of Birmingham.
- Interventions are being put in place to diagnose dementia as early as possible with an ambition to avoid diagnosis at the point of crisis.
- Members welcomed the introduction of the annual health check for people with learning disabilities and Down's Syndrome.

RESOLVED:

- Given the demographics of Birmingham, clarification was sought about what the target figures should be from ethnic groups to accessing the Dementia Support Service. It was confirmed that the 2011 Census was used to indicate what would be reflective for the population of Birmingham.

- A further progress report be presented to the committee in 12 months to include: -
 - What is being done to address equality of access to the service?
 - Information/data to be broken down geographically e.g. Ward.
 - What actions are being taken in response to the List of Participants Recommendations?
 - An explanation as to why there were other Regions that systematically report a much higher diagnostic rate – indeed a rate already at the target level we have set.

6. PUBLIC HEALTH GREEN PAPER – CONSULTATION RESPONSE

Elizabeth Griffiths (Acting Assistant Director of Public Health) introduced a report informing the committee of the findings from the Public Health Green Paper consultation and the mechanisms by which the issues raised will be progressed.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The methods of engagement were welcomed and the learning from that needs to be spread more widely across the authority.
- The questionnaire was only produced in English but if a request had been received for it in an alternative language this would have been addressed and this is something that will be looked at in the future.
- The gender breakdown for the adults from faith communities focus groups was mainly female.
- The Creating a Healthy City Framework aims to capture strategies and action plans across the Council and its partners to improve the health and wellbeing of the citizens of Birmingham and using the Framework as a means of holding to account and monitoring progress.

RESOLVED:

- The report was noted.
- Elizabeth Griffiths to report back to the committee on work being undertaken by Public Health around Community Engagement.
- The Creating a Healthy City Framework will be reported to committee when available.

7. BIRMINGHAM SUICIDE PREVENTION STRATEGY

Elizabeth Griffiths (Acting Assistant Director of Public Health) updated the committee on the implementation of the Birmingham multi-agency Suicide Prevention Strategy which sets out the priorities for action and a shared ambition for the city to reduce deaths from suicide.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Undertaking a 4-month deep dive review to identify what the health needs are of that veteran's population and there will be recommendations associated with that. At this stage, the key actions for accessing that community are unknown. The review is being informed by a number of voluntary sector organisations and the health service that are delivering a service to that community.
- UK is one of the highest rates of self-harm. It was suggested that the reason why Birmingham has a low rate may be because people aren't presenting but that is something the Suicide Working Group will be looking at in order that the city can maintain its low rate amongst the core cities.
- Undertaking a review of the Polish community to try and understand why the suicide rate is high amongst working age men in that community.
- In the cohorts of people included in the Strategy there appeared to be nothing related to victims of female genital mutilation (FGM).

RESOLVED:

- Elizabeth to:
 - (referring to the infographic) provide clarification of whether the 1,977 individuals presenting to A&E with self-harm in 2017/18 was over one year i.e. 2017/18 or 2017 and 2018.
 - Feedback to the Suicide Working Party that the FGM cohort has not been included.
 - Take part in discussions with Scrutiny Officers about how future reports from the Health and Wellbeing Board are reported to HOSC.

8. FUTURE COMMISSIONING OF URGENT TREATMENT CENTRES IN SANDWELL AND WEST BIRMINGHAM

Hannah Ship (Commissioning Manager, Sandwell and West Birmingham CCG) and Dr Sommiya Aslam (Clinical Lead – Urgent Care, Sandwell and West Birmingham CCG) attended to talk about the commissioning for the two Urgent Treatment Centres in Sandwell and West Birmingham. The presentation focussed on engagement with local patients and population; work being undertaken to move things forward; preferred options for Sandwell and West Birmingham and the approach taken to engagement/ consultation.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Assurance was given that the Summerfield site will remain a Walk in Centre after March 2021.

RESOLVED:

The committee was happy to endorse the place-based approach to enable the next phase of work to begin.

9. WORK PROGRAMME – OCTOBER 2019

- 29th October – In-House Enablement Service – Evidence Gathering: - It was agreed that in order to allow additional time for further submissions and supplementary information/data to be available to the committee that this meeting may need to be rescheduled to a date in November.
- The work programme was noted.

10. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)

None.

11. OTHER URGENT BUSINESS

RESOLVED:

12. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 1205 hours.