

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 16th April 2019, Committee Room 6 – Actions

Present:

Councillor Rob Pocock (Chair)

Councillors: Nicky Brennan, Mick Brown, Peter Fowler, Chauhdry Rashid and Paul Tilsley.

Also Present:

Andy Cave, Chief Executive Officer, Healthwatch Birmingham

Mark Docherty, Director of Clinical Commissioning and Strategic Development/Executive Nurse

Nathan Hudson, Emergency Services Operations Delivery Director

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG

Gail Sadler, Scrutiny Officer, Scrutiny Office

Dennis Wilkes, Assistant Director of Public Health

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

Members were reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at the meeting. If a pecuniary interest is declared a Member must not speak to take part in that agenda item. Any declarations will be recorded in the action notes of the meeting.

No declarations were received.

3. APOLOGIES

Apologies were received from Councillors Ziaul Islam and Suzanne Webb.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 19th March 2019 were agreed.

The following matters have arisen since the committee last met:

- Enablement Call-In Report

Councillor Pocock confirmed that the Enablement report, along with the Call-In Report, has been rescheduled to be presented to the next Cabinet meeting on 14th May 2019.

- Item 5 – Public Health Green Paper – Consultation Update

It has been agreed that Dr Varney will report back to the committee in September on the outcomes of the consultation and a position statement on the Public Health Grant.

- Item 8 – Adult Social Care Performance Scorecard Monitoring

In response to a request from Councillor Webb that the Committee holds a session to discuss performance indicators/measures, an informal workshop has been arranged for Tuesday 4th June 2019 1000-1200hrs.

- Item 12 – Other Urgent Business

- Arrangements have been put in place for members to visit the Umbrella – Whittall Street Clinic on Tuesday 14th May at 2.00pm. Members and officers will be leaving the Council House at 1.45pm.
- The Chair read out an email he had received regarding further details of the interim statement of costs for the Judicial Reviews.

5. CONSULTATION ON NHS SANDWELL AND WEST BIRMINGHAM CCG COMMISSIONING BOUNDARY

Dennis Wilkes (Assistant Director of Public Health) attended the meeting to present the consultation document and summarised the background, developments and direction of travel towards place based commissioning and provision which have taken place leading to the current position. He explained the three options and asked members for their comments and the committee's preference of option in the order of first second and third choice.

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

- The Chair stated that options 2 and 3 both meet the requirements of the previous decision of the committee which was to keep the whole of Birmingham as a single commissioning operation.
- From a practical point of view Sandwell would fit more comfortably in the Black Country CCG.
- Would Sandwell residents prefer to be with the Black Country rather than Birmingham?

- Concern was raised about commissioning with the new Midland Metropolitan Hospital i.e. would not want to create more administrative burdens for the hospital regarding dealing with Birmingham patients and Sandwell patients.
- A population of 1.3-1.4 million appears to be the right size for CCGs to have sufficient purchasing power and driving economies of scale.

RESOLVED:

- The committee agreed to the following preferences:-
 - First choice: 3
 - Second choice: 2
 - Third choice: 1 – not supportive of this option.

6. WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

Mark Docherty (Director of Clinical Commissioning and Strategic Development/Executive Nurse) and Nathan Hudson (Emergency Services Operations Delivery Director) presented an overview of the Trusts progress and performance against other ambulance services across the country as well as detailing local activity and demand data. Also highlighted were their achievements including being the only CQC outstanding rated Ambulance Trust in the country and winning a BAFTA award for the BBC production 'Ambulance'.

Mark Docherty also referred to the Trusts draft Quality Accounts that had recently been circulated to stakeholders and asked for comments to be sent to him by Friday 3rd May.

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

- When ambulances are 'made ready' at the Hubs they are put into circulation to attend calls and do not have 'stand down' time i.e. waiting by the roadside.
- The ambulance service no longer has cars or motorbikes. They have the newest fleet of ambulances in the country i.e. no vehicle more than 5 years old.
- There is a paramedic on every ambulance which is essential in delivering the operating model.
- Other ambulance services from around the country visit to learn from best practice and vice versa.
- In order to address the workforce challenge and plan for 2-3 years ahead they take in approximately 300 local students every year at their National Paramedic Training Academy in Dudley.
- In response to the question 'What could you do better?'-
 - Mark referred to an incident with a frail/elderly person who was coming towards the end of life and not knowing of that person's wishes. He would like to see everyone have documented via a

‘Respect Form’ what they would want to happen if found in a life-threatening situation, and the Ambulance service better integrated with wider care organisations

- Nathan said they are the only ambulance service that is a university and developing clinicians going forward is essential for integrated care and the whole health economy to meet the needs of patients.

RESOLVED:

- Scrutiny Officers to circulate the draft WMAS Quality Accounts for comment and coordinate a response.
- The Chair, on behalf of the committee, expressed his thanks and appreciation of the vital work that the Ambulance Service performs.

7. HEALTHWATCH BIRMINGHAM: WAITING ROOM STUDY

Andy Cave (Chief Executive Officer) took the opportunity to update the committee on the work that Healthwatch had undertaken on ‘Direct Payments’ and said the final report had now been published on their website and copies would be forwarded to all committee members.

Members were also given the good news that Healthwatch Birmingham had been successful in the National Patient Experience awards as Runner Up in the category of ‘Local health and care champion’s work to empower seldom heard groups’ and achieved ‘Best in Class’ awarded the Healthwatch Organisation of the Year.

Andy went on to present a report on work that had been conducted into the quality of service in waiting rooms in 9 hospitals across Birmingham. He set out the 5 key priorities for the study and a summary of findings. Reports for each of the hospitals will be published mid-May with a follow-up impact report produced late-Autumn 2019.

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

- Trusts need to be aware and take into consideration cultural norms. For example, a full out-patient list would not be scheduled on Christmas Day but that does not apply on Vaisakhi or Eid.
- Hospitals should take into account signage and facilities from a patient perspective in order to meet the needs of their client group.
- Currently there are no action plans/timescales in place with the Trusts but in some of the responses from the Trusts there is detail of when changes will be made. Some Trusts have made immediate changes and others taken the reports to their Patient Experience Groups as well to produce an action plan. Continuous discussions will take place with the Trusts to identify when timescales for change will be available.

RESOLVED:

- When available, each of the reports should be circulated to members for information.
- The impact report to be presented to the committee in late-Autumn.
- The Chair congratulated Healthwatch on the national awards that it had received.

8. BIRMINGHAM PUBLIC HEALTH GREEN PAPER – CONSULTATION RESPONSE

Dennis Wilkes (Assistant Director of Public Health) explained that the inequities and inequalities within the City are clearly identified within the consultation paper. It identifies the health and wellbeing challenges for communities within the City. The priorities have been developed as conversation starters. Three priorities are set around the life course of residents and the challenges that are emerging as important ones which, collectively as a set of partners, need to be addressed. The fourth priority is around a healthy environment. In addition to receiving feedback from the committee he also encouraged all members to respond individually to the consultation process on Be Heard.

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

- The selected priority themes on the 'plan on a page' were supported; except that in Priority 4 – Healthy Environment – there is a lot of emphasis around the physical environment. However, the social and economic environment is also an equally predominant determinant of how healthy residents' life chances are. A comprehensive public health approach towards reducing health inequalities in Birmingham needs to address those social and economic dimensions of the environment as well as the physical environment.
- Public health issues are not restricted to those who have the toughest living environment. It is an issue for everybody. Everybody can benefit from public health improvements. Public health inequalities should be addressed using the approach of proportionate universalism or a Marmot City type of approach where public health is a matter for everyone.
- Disappointed that there is only one mention of domestic abuse throughout the priorities and think it could be woven in to a lot of the other priorities.
- Public health is an issue for every Directorate in the City. It is not just an issue for the public health specialists. Every Directorate and services that sit within those directorates should work to benefit public health in the City and that extends beyond to partners, businesses, police, fire etc. In response to the consultation, members would like to see all Directorates adopting a public health approach to their work, and not have a Public Health Strategy limited to the public health specialists.

- Priorities will vary across the localities within the City and maybe should consider a public health strand within the Ward Plans i.e. a local public health priority element within Ward Plans as well as there being an overarching City-wide approach.
- It was suggested that, over a period of time, the scope of public engagement needs to be widened beyond the mechanisms of the current green paper consultation, to get more members of the public involved long term in helping to shape better public health City-wide and in the localities.

RESOLVED:

- That the above comments/suggestions are submitted in response to the consultation process.

9. WORK PROGRAMME – APRIL 2019

The work programme was noted.

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

None.

11. OTHER URGENT BUSINESS

The Chair agreed to take the following report under this agenda item:-

‘Living Life to the Full with Dementia’ Tracking Report

Zoeta Manning, (Senior Integration Manager – Frailty, Birmingham and Solihull CCG) attended to present the report which had two outstanding recommendations to be tracked.

Both recommendations 10 and 12 had a Cabinet Member category of 4 i.e. Not Achieved (Obstacle).

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

- The comments within the tracking report suggested that the 2 remaining outstanding recommendations are concluded as the Dementia Strategy is undergoing a review/refresh and will be delivered by the STP Living Well and Later Life Programme.
- Concern was noted about not fulfilling the recommendations to the report in a timely manner.

RESOLVED:

- Tracking of the report was concluded.
- The new Dementia Strategy will be brought back to HOSC in October 2019.

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 1204 hours.