

## BIRMINGHAM CITY COUNCIL

### HEALTH AND SOCIAL CARE O&S COMMITTEE

#### 1000 hours on 18<sup>th</sup> February 2020, Committee Rooms 3 & 4 – Actions

**Present:**

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

**Also Present:**

Karl Beese, Commissioning Manager, Adult Public Health Commissioning.

Councillor Matt Bennett.

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.

Professor Graeme Betts, Director Adult Social Care.

Elizabeth Griffiths, Assistant Director, Public Health.

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office.

Sandra Orton, Divisional Director of Operations, Division 6, University Hospitals Birmingham NHS Foundation Trust.

Gail Sadler, Scrutiny Officer.

Natalie Slayman-Broom, Umbrella General Manager – Sexual Health Service.

Max Vaughan, Head of Service, Adult Public Health Commissioning.

John Williams, Assistant Director, Adult Social Care.

Councillor Alex Yip.

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#### 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](http://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. REQUEST FOR CALL IN: ADULT SOCIAL CARE – DRAFT DAY OPPORTUNITIES STRATEGY**

Councillors Matt Bennett and Alex Yip had requested the call in as they felt it met the following criteria: -

- 4 – the Executive appears to have failed to consult relevant stakeholders or other interested persons before arriving at its decision.
- 5 – the Executive appears to have overlooked some relevant consideration in arriving at its decision.
- 6 – the decision has already generated particular controversy amongst those likely to be affected by it or, in the opinion of the Overview and Scrutiny Committee, it is likely to do so.
- 8 – there is a substantial lack of clarity, material inaccuracy or insufficient information provided in the report to allow the Overview and Scrutiny Committee to hold the Executive to account and/or add value to the work of the Council.
- 9 – the decision appears to give rise to significant legal, financial or property issues.

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

- It was acknowledged that some responses to the consultation exercise had been omitted from the pack that was available to the Executive.
- It was suggested that responses to the consultation had had no impact on the proposals put forward and it appeared the document was unchanged.
- The consultation process is not clear about the future of Day Care Centres which is at the very heart of the issue for service users and carers.
- The Cabinet Member said 960 completed consultation questionnaires had been received; over 700 questions submitted; over 3000 comments made; and 2476 people attended over 248 consultation meetings. The Council was listening to the voice of the public and working in a co-production way would produce a strategy that the majority of citizens would agree with.
- Greater community involvement through the transfer of community assets to the voluntary sector to support day opportunities was being considered. To date a mapping exercise had taken place and the next stage would be co-production.
- It was clarified that only one consultation had taken place. In response to a legal challenge the period of consultation was extended and because the period of consultation ended in early August a further extension for written submissions was given until the end of August.
- There were some communication issues with people with disabilities and those whose first language wasn't English. To address these issues an easy read version of the documentation was produced; engaged closely with Centre staff who knew how best to communicate with their service users and

family members were encouraged to attend events to support individuals so their views could be heard.

- Feedback from the consultation had raised concerns about the use of personal budgets and direct payments. Service users and their carers need reassurance that if using direct payments does not work for them, they do not have to continue to use them. It's about choice and what is best for an individual.
- The Cabinet Member: -
  - Apologised for the omission of the responses but confirmed they would be presented to Cabinet at the March meeting. She also confirmed that the Executive had made the decision of 11<sup>th</sup> February 2020 in the full knowledge of that information.
  - Assured members that the decision taken by Cabinet on 11<sup>th</sup> February had not predetermined the future of Day Centres.
  - The decision regarding the Day Centres would not be made until the implementation plan was presented to the Executive in January 2021 and then would need to go through a further consultation.
- There appeared to be miscommunication between senior officers and frontline staff on the interpretation of the policy for referrals into Day Centres. Social workers outline a range of options available and Day Centre provision is only one of them.
- Going forward, the recommendation being proposed by senior officers is that, for transparency, the co-production work is led by an independent, nationally recognised organisation. Officers will support that organisation. The City Council will be a stakeholder along with citizens, carers and providers in the decision-making process.

**RESOLVED:**

That the decision made by Cabinet on 11<sup>th</sup> February 2020 was not 'called-in' (by 6 votes to 1 i.e. Councillors Islam, Idrees, Donaldson, Brown, Tilsley and Pocock rejected the call-in; Councillor Fowler voted for the call-in). However, upon the chair's suggestion, a letter would be sent to the Cabinet Member highlighting the following issues that had been discussed, and asking that these be considered by the Executive in the course of the next Implementation Plan stage: -

- This Scrutiny Committee should be involved in the next stage of the co-production design process.
- Reassurance was sought from the Cabinet Member that people who choose Day Care Centre provision will continue to be entitled to do so.
- That there should be no direct or implicit coercion to pressure service users to opt out of Day Centre care.
- That Day Care Centres should be closely integrated into wider day opportunities within the community.

- There was concern that direct payments may not always be appropriate for an individual as a way of funding the mechanism for day opportunities or day centre support and should only be used when appropriate to do so.
- This Scrutiny Committee would want to contribute to an early working draft of the implementation plan.
- Concern was raised that messages from senior officers are not being accurately communicated to service users and carers by frontline staff.
- Concern about the ability of the third sector to effectively deliver day opportunities in the community.

Councillor Fowler expressed his disappointment that only one carer had been allowed to speak to members before the call-in meeting commenced and would have welcomed the opportunity for other service users/carers to do so.

Councillor Brown asked that the committee be provided with a copy of the timeline and protocol staff were given in terms of discussions with families regarding future Day Care provision.

## **5. ACTION NOTES/ISSUES ARISING**

The action notes for the meeting held on 11<sup>th</sup> February 2020 will be available at the 17<sup>th</sup> March 2020 meeting.

## **6. PUBLIC HEALTH PROFILE DATA – SEXUAL AND REPRODUCTIVE HEALTH CONTEXTUAL DATA**

Elizabeth Griffiths (Assistant Director, Public Health) provided a contextual report on sexual and reproductive health in the city by drawing on publicly available data on the Public Health England fingertips website. The information provided data on sexually transmitted infections, HIV, reproductive health and teenage pregnancies and supporting documents explained what each of the indicators mean, how they have been calculated and what should be considered when reflecting on them. The information was useful in identifying which areas of the city and which populations may need specific interventions.

### **RESOLVED:**

The report was noted.

## **7. SEXUAL HEALTH: TESTING AND TREATMENT SERVICE IN BIRMINGHAM – UMBRELLA**

Max Vaughan (Head of Service, Adult Public Health Commissioning); Natalie Slayman-Broom (Umbrella General Manager – Sexual Health Service); Sandra Orton (Divisional Director of Operations, Division 6, University Hospitals Birmingham NHS Foundation Trust) and Karl Beese (Commissioning Manager, Adult Public Health Commissioning) attended to give a presentation from the commissioners and providers perspective. Max provided a brief overview of the commissioning arrangements with Umbrella, which has been led by UHB NHS Foundation Trust

since August 2015. Natalie gave a summary of the service highlighting areas which the service is doing well and where improvement is needed.

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

- The non-return of online STI kits was highlighted as an issue but the return rate of 59-60% is much higher than the national average of around 40%. Work is being undertaken to try and address this.
- The instructions in the kit are pictorial to make it easy for everyone to understand. Foreign language interpreting services are available upon request at clinics.
- The Freshers campaign was very successful. It was carried out in September and the results for October were the highest the service had ever had.
- Any person residing in Birmingham or Solihull can access the service and order an online kit. If under 16 years of age attendance at a clinic is required.
- Plans for 2020 include upgrading T1 pharmacies to T2 which will be carried out through a procurement process. If a T1 pharmacy does not want to become a T2 pharmacy, they will not be commissioned going forwards.
- Used local outcomes data to identify potential gaps in provision and identified pharmacies in those areas, which are currently part of the Umbrella network, and invited them to tender.
- If someone attends clinic who is not a resident from Birmingham or Solihull the service is legally obliged to see them as it is an open access service. Cross charging another authority is generally accepted but some local authorities are asking for additional information which be difficult to get and if not provided won't pay. The out of area caseload is approximately 20%.
- Birmingham's funding for the service is slightly above average per population compared to other core cities.
- There is a Research and Development Team at Whittall Street and the service is part of an impact study which is a national project. The service is involved in clinical trials.
- One of the weakness of the service is the chlamydia diagnostic rate but the national target is very high which is why there is also a national average.

**RESOLVED:**

Natalie to provide further information on the clinical trials that Umbrella are involved with.

The next update report to include Chlamydia geographical data across the wards in Birmingham. Councillors would be interested in the data for their own ward and may be able to play an active part in promoting screening.

The chair conveyed the thanks of the committee to Natalie for her inputs to the Committee over recent years and wished her well in her future career.

## **8. ADULT SOCIAL CARE PERFORMANCE MONITORING – MONTH 8**

Maria Gavin (Assistant Director, Quality & Improvement, Adult Social Care) presented the quarterly update on the performance of adult social care highlighting the 5 key indicators that are reported to HOSC in detail but also including performance monitoring of all key indicators.

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

- There is a lot of proactive work to promote Shared Lives. Recruiting carers and providing training to support people with learning difficulties takes time and there is a lag between a successful advertising campaign and carers being matched with clients.
- Clarification about how the figure for delayed transfers of care was sought which tends to be described as bed days. The figure for November was 11.09 per 100,000 population 18+.
- The PURE Project which assists people with learning disabilities to access employment is a multi-million-pound European funded joint initiative for 3 years. It will not be affected by Brexit and, therefore, funding will be maintained for that period.

### **RESOLVED:**

Maria to provide clarification on the number of beds inappropriately occupied across the whole of the estate i.e. each hospital.

Councillor Pocock suggested that a more detailed consideration of the factors affecting Delayed Transfers of Care and where it is more prevalent across the system e.g. early intervention, hospital by hospital, intermediate care should be added to the 2020/21 work programme.

## **9. WORK PROGRAMME – FEBRUARY 2020**

The work programme was noted.

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

None.

## **11. OTHER URGENT BUSINESS**

None.

## 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.

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The meeting ended at 1226 hours.