BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 20 OCTOBER 2015

MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 20 OCTOBER 2015 AT 1000 HOURS IN COMMITTEE ROOM 6, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Majid Mahmood in the Chair; Councillors Mohammed Aikhlaq, Sue Anderson, Mick Brown, Maureen Cornish, Andrew Hardie, Mohammed Idrees, Robert Pocock and Margaret Waddington.

IN ATTENDANCE:-

Nic Adamson (Director, Crime Reduction Initiatives) and John Denley (Assistant Director, Directorate for People, BCC)

John Hardy, Policy and Development Officer, BCC

Michael Kay, Senior Strategic Commissioning Manager, BCC

Rose Kiely (Group Overview and Scrutiny Manager), Gail Sadler (Research and Policy Officer) and Paul Holden (Committee Manager), BCC

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NOTICE OF RECORDING

258 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.

APOLOGIES

259 Apologies for their inability to attend the meeting were submitted on behalf of Councillors Karen McCarthy and Brett O'Reilly. The meeting was also advised that Councillor Mohammed Aikhlaq would be late arriving; the member attended the meeting during consideration of the first business item (i.e. Minute No 262).

MINUTES

260 At this juncture, in relation to declarations of interests, the Chair highlighted that when present Councillor Mohammed Aikhlaq also declares an interest as serving on the board of the Heart of England NHS Foundation Trust.

The Minutes of the meeting held on 29 September, 2015 were confirmed and signed by the Chairperson.

DECLARATIONS OF INTERESTS

261 Councillor Andrew Hardie declared that he had retired as a GP but carried out work in surgeries in a locum capacity. Councillor Mick Brown declared that he worked part time for Stonham and was a mental health stakeholder governor.

BIRMINGHAM SUBSTANCE MISUSE RECOVERY SYSTEM, CRI (CRIME REDUCTION INITIATIVES) – 6 MONTHS INTO NEW CONTRACT

262 The following information briefing was received:-

(See document No. 1)

Nic Adamson, Director, CRI introduced the paper and John Denley, Assistant Director, Directorate for People, BCC also attended the meeting.

During the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Director undertook to arrange for a breakdown to be provided of the wide variety of places from where referrals had been received over the last six months.
b) It was indicated that CRI mostly worked through the young people's provider managed by Aquarius to address concerns where substance misuse by adults in homes was impacting on their children. The Committee was also informed that efforts were being made to place Reach Out Recovery symbols (identifying places where individuals could freely talk about drugs and alcohol issues) in a range of community locations and that schools were amongst venues being targeted.
c) Members were informed that there was a robust target to carry out a visit within 5 days to the homes of all new clients requiring clinical intervention (i.e. where there was an opiate or alcohol dependency) who had a child under 5 years of age. The next priority was to undertake home visits in respect of new service users with children between 5 and 16 years of age. In relation to the client group that had passed to CRI it was reported that so far about 40 per cent had received home visits.
d) The Director undertook to check and provide confirmation regarding whether CRI was represented at local Team Around the Family meetings.
e) Members were advised that CRI's delivery infrastructure was separated into 5 phases and that the first two were around being proactive and seeking to prevent problems from escalating. CRI worked closely with a range of service providers in this regard.
f) CRI's Alcohol Referral Team provided support to hospital staff. Substance misusers who were resistant to receiving treatment were particularly focused upon.
g) Members were informed that CRI was keen on an approach that involved families / carers; that there was a family night at the central Hub on Wednesdays between 5.00pm and 8.00pm; and that mapping work was taking place aimed at arranging similar events in the 5 localities.
h) It was highlighted by the Assistant Director that not only CRI but also those in the wider system had a role and responsibilities in tackling the issue of substance misuse. He pointed out, for example, that social care services

and GPs were equipped to provide advice and signpost individuals to support that was available. The way of thinking adopted was "Every Contract Counts".

i) In response to a question relating to people who'd left and were no longer receiving direct assistance it was reported that the delivery infrastructure included providing recovery support (Phase 5) for at least three months, followed by a physical and psychological health check. Furthermore, efforts were made to encourage as many people as possible to use the employment centre, Recovery Central.

j) A Member had concerns regarding whether CRI (a national corporate Third Sector organisation) was sufficiently pursuing a partnership as against a hierarchical top down approach. He requested that details of its business model / structure be provided including details of the local organisations retained and what proportion of the budget they were apportioned. Furthermore, he considered that supplementary information needed to be provided regarding how the Birmingham Business Charter for Social Responsibility had been taken on board in order to reassure Members that the principles were being applied by CRI and its delivery partners.

k) In the course of responding to j) above, the Assistant Director reported that he considered that changing from 28 contracts to one main contract had been a bold move but necessary so that there was more focus on the best interests of service users and less on managing organisations. Furthermore, he advised the Committee that there was a Strategic Commissioning Group with key stakeholders to provide oversight. He considered that though there was a need for a structure, and therefore a supply chain centred on contracts, CRI was working in partnership with local organisations.

l) Further to j) and k) above, the Director highlighted that CRI as lead provider was responsible for the overall contract but this did not mean that the organisation and its local partners did not work alongside each other. Furthermore, she referred to the infrastructure, clarity and support that CRI provided which enabled small organisations to be more client-facing, rather than them worrying about legal frameworks, governance etc. Reference was made to a Management Board that was in place and also a Partnership Board where all those local organisations that had formal contracts or were connected via the small grants scheme were represented. It was reported that CRI worked with or supported a number of such organisations including KIKIT, a drug and alcohol support service that was very supportive of the lead provider, Change UK, DATUS (Drug and Treatment User Service) and Sifa Fireside. Furthermore, the supply chain / delivery infrastructure was continually reviewed. The Director advised the Committee that she would need to come back with details around the business model / structure etc but indicated that the proportion of the available budget that funded non-CRI employees was about 15%, though this was not fixed. It was commented that it could be argued that there were around 300 contracts in place if the supply chain was viewed to include GPs and pharmacies. Members were also informed that £350,000 in new investment had been brought to Birmingham i.e. the Regional Business Unit had moved to the City with about 11 employees funded from central resources, not the contract with the Local Authority.

m) The Assistant Director advised the meeting that the following criteria had been used when awarding the contract: 50% price / 40% quality / 10% social value. CRI had picked-up the Birmingham Business Charter for Social Responsibility elements and had delivered against its commitments - this had been documented and the information was available.

n) In referring to the experience that KIKIT had in engaging with the local people the Chair considered that it was imperative that local organisations continued to work in conjunction with CRI. He pointed out, for example, that alcohol was a taboo subject in Muslim culture and therefore any individuals who had an alcohol problem would not receive much support from their families.

o) Members were advised that CRI was pursuing a broad approach in terms of employment opportunities for the client population e.g. construction, food retail, mechanics, hairdressing, beauty etc. However, individuals were being taught not to have too high expectations and to see entry level jobs as them having made progress. Furthermore, the meeting was informed that a Recovery Charter was being developed that would be circulated to a wide range of businesses in the City and that, through CRI's involvement in a review of welfare for people with drug, alcohol or obesity problems being led by Dame Carol Black, there was an opportunity for Birmingham to influence national policy.

p) The Director undertook to check whether the job centre in Washwood Heath was one where CRI had a presence. The Chair asked that if this was not the case the Director meet with Councillor Mohammed Idrees with a view to this being arranged.

q) Members were informed by the Director that a new form was being introduced for completion in respect of each service user seeking employment which after they'd been sent to work programme providers / job centres could be used to challenge recipients where appropriate by asking them what they were doing to improve the experience of the individuals concerned.

r) A Member indicated that he was pleased with how matters were progressing and to hear of the connections with GPs and Public Health. He therefore did not wish to see any wider political interference with the current arrangements.

s) In referring to the previous fragmented contract system, the Assistant Director advised Members that the new single system ensured that there was a high and more consistent quality of service across areas. Furthermore, the Director pointed out that newly referred individuals were all seen within CRI's three week waiting target, unless there were other barriers.

t) Further to comments made, the Director reported that CRI was concerned to hear there might be changes made to the Multi-Agency Safeguarding Hub (MASH) and would wish to be a part of any new developments in this regard. In relation to excessive alcohol consumption, she considered that this was simple to screen for and referred to the damage it caused to the liver in the long term and also the financial expense.

u) In response questions relating to the Think Family agenda, confidentiality and the sharing of information, the Director reported that the evidence base clearly showed that the outcomes for individuals were better if family members were involved in treatment programmes, though the consent of service users first needed to be obtained. CRI had a target of 100% in terms of involving a family member in care packages in some way. In relation to information sharing, she reported that risk overrode consent as there was a duty to inform but mutual aid was a completely anonymous service. It was highlighted that there was a whole range of different circumstances that needed to be considered from consent and confidentiality aspects according to substance users' level of engagement with the service.

However, the child came first and if CRI had concerns in this regard social care services would be contacted.

v) Members were advised that CRI used their Integrated Governance Framework to retain stability while at the same time being able to make changes where considered necessary to meet service users' needs.

w) The Director referred to the importance of CRI working to ensure that those working in the health and social care system had the right skills and confidence to manage people who misused substances when they came into contact with them.

x) In relation to information provided in paragraph 3.1 of the report, the Director advised the meeting that the error rate in respect of the transfer of scripts from previous providers was less than 5%. Furthermore, although there had been about 7,000 prescriptions no one had been left without medication. The period had been stressful for CRI and the pharmacies but within a fortnight the system was running smoothly.

y) Further to n) above, confidentiality issues and the reluctance of some individuals to seek help it was enquired how many people from BME communities were receiving a service and where they lived in the City.

z) The Director considered that though not where it wished to be CRI was well on the way in terms of reaching out to BME communities. Members were informed that KIKIT which was based in Sparkbrook had been critical to the work taking place and had provided interpreting services; that a BME Strategic Group that had been developed; that there were targeted recruitment campaigns aimed at creating a more ethnic diversity amongst the CRI workforce, peer mentors and recovery coaches; and that KIKIT had developed a twelve step Islamic mutual aid programme which there was interest in rolling out nationally. In addition, the meeting was advised that KIKIT was required to provide outreach surgeries across the City and that work was taking place on the Prevent Agenda linked to a Home Office campaign where they were looking to run a pilot scheme.

The Chair thanked the representatives for attending and reporting to the meeting and indicated that they would be invited back after the introduction of Payment By Results (PBR) in 18 months to 2 years' time to report on achievements against outcomes / key performance indicators.

PROGRESS REPORT ON IMPLEMENTATION: HOMELESS HEALTH

The following report was received:-

(See document No. 2)

John Hardy, Policy and Development Officer, BCC advised Members that the average life expectancy for men and women who were homeless was 47 years and 43 years respectively. He thanked the Committee for producing the Inquiry report which he considered was excellent and was helping him deliver better services for the homeless. In highlighting that the report was beginning to be recognised nationally he also referred to considering how the document could be shared on a wider basis.

The Policy and Development Officer introduced the information outlined in the report and during the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Chair suggested that roving advice surgeries be considered and, although he welcomed the establishment of an accreditation scheme for outreach work / food distribution, queried whether this would deter the ad-hoc distribution of good quality food (e.g. where surplus food from Muslim weddings involving a lot of people was available) at a suitable location in the City. He advised the meeting that he'd been surprised to hear of some of the type of people who had become homeless and considered that it could happen to practically anyone - they deserved to be provided with help.
b) Reference was also made by a Member to excellent work that people he knew were doing in providing food for the homeless every weekend and in supporting the accreditation scheme nevertheless indicated that there was a need to be careful how it was managed and implemented.
c) The less traditional and newer ways in which the Police and Fire Services were working to achieve better outcomes for the homeless was welcomed and a Member also referred to the really significant impact that was being made by the Homeless Outreach Street Triage (HOST) service.
d) Further to a) above, the Chair referred to the need for an e-mail to be sent on behalf of the Committee to all elected Members seeking volunteers (Councillor Mohammed Aiklaq put his name forward) for roving advice surgeries and any information on appropriate locations to visit. He also stated that a letter needed to be sent to Midland Heart on the Committee's behalf thanking the organisation for providing the HOST vehicle.
e) The Policy and Development Officer considered that there was no reason why the HOST vehicle could not be used to undertake roving advice surgeries and welcomed this idea if a sufficient number of Members could be identified. In relation to the accreditation scheme mentioned, he indicated that the idea was that this would be very "light touch" and help in co-ordinating support and distribution of food so there was coverage across the City but not an excess of visits by different groups to homeless individuals at similar times thereby infringing on their personal space. He indicated that there would be the opportunity for groups or individuals who wished to become involved to do so and highlighted that there was always the need for food to be distributed. However, he pointed out that there was the danger of perpetuating a homeless way of life.
f) Members were informed by the Policy and Development Officer that it had been made clear to the Clinical Commissioning Groups (CCGs) and other parties by when they needed to respond and that details of their progress would be provided when he next reported to the Committee.
g) The Policy and Development Officer reported that there were some linkages with prisons outside Birmingham. However, work was first focusing on the prison population in the City as the pathways were not considered to be effective enough not just at the point of exit but also within the prison community. He commented that there was a need to line-up people with accommodation as far as possible before they were released from prison and reported that there was some female-only access provision. Members were also informed that over the last 12 months there had been an increase in the number of homeless women and that some were now forming relationships with men resulting in the need for accommodation for couples. The Policy and Development Officer reported that they would be looking at how support could be provided particularly for women coming out of prison and also highlighted that there was some specialist accommodation for offenders available through the Supporting People programme.

The Committee thanked and congratulated the authors and all those involved for their excellent work in producing the Homeless Health Inquiry report. The Chair also thanked the Policy and Development Officer for reporting to the meeting and indicated that he would be invited back in few months' time, once the CCGs had provided a progress update.

263 **RESOLVED**:-

That the Cabinet Member's Assessments be accepted.

PROGRESS REPORT ON IMPLEMENTATION: MENTAL HEALTH – WORKING IN PARTNERSHIP WITH CRIMINAL JUSTICE AGENCIES

The following report was submitted:-

(See document No. 3)

Michael Kay, Senior Strategic Commissioning Manager, BCC apologised that no representative had attended the last meeting and introduced the information contained in the report.

During the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) Further to the evidence of progress in respect of R03, a Member highlighted that the Homeless Outreach Street Triage (HOST) service had not yet been made permanent and queried whether it was appropriate to close the recommendation at this stage. However, the Chair considered that the spirit of the recommendation had been met and concerns were also expressed over ring-fencing of monies moving forward given budget pressures and the need to review areas of spending. The Cabinet Member's assessment was therefore accepted but with a review of what progress had been made being provided at a later date.
b) The Senior Strategic Commissioning Manager, in responding to a question from the Chair, indicated that New Dawn was about refocusing how secondary mental health services were delivered and included facilitating easy access to Birmingham and Solihull Mental Health NHS Trust, through a single point of access; looking at signs and symptoms of individuals' mental health and putting them into clusters that defined the categories of service and treatment that would be required; giving people who provided mental health services a more active part in treatment and seeking to ensure that service users who were discharged and came under their GPs had a quick route back into secondary services if they were needed again; and improving messaging about Third Sector help and support that was available to individuals after they'd been discharged from the Trust.
c) In relation to R05, R08 and R11, the Chair pointed out that the timetable specified had expired and therefore the Committee changed the assessments to "3 - Not Achieved (Progress Made)" and set 6 months' time as the anticipated completion dates.
d) Members considered that given the information provided recommendation R10 as stated could not be achieved and changed the assessment to "4 - Not Achieved (Obstacle)".

The Chair thanked the representative for attending and advised him that he would be invited to report further in 6 months' time.

264 **RESOLVED**:-

That, subject to the amendments outlined in a), c) and d) above, the Cabinet Member's Assessments be accepted.

At this juncture, a Member indicated that he considered that not all those who should be were being involved in respect of the provision of mental health services for 0-25 year olds. In addition, he referred to an Afro-Caribbean group he'd spoken to that was working to reduce gang violence and highlighted that this resulted in outcomes that meant that less people required health care. The Member felt that there was a need look at how small groups / projects in communities could be involved more in mainstream work taking place. The Chair advised him that the comments would be taken on board.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 4)

The Chair reported that he had sought the advice of Dr Adrian Phillips, Director of Public Health and that it was scheduled to hold the next Inquiry on the issue of diabetes as there were gaps that a report could help to address.

In relation to visits, the Chair referred to the Heart of England NHS Foundation Trust surgery reconfiguration proposals and reported that visits would be arranged to the Trust's three hospital sites in the New Year. Furthermore, he reported that representatives of the West Midlands Ambulance Service NHS Trust had indicated they'd welcome a visit to their Hub and it was therefore scheduled to arrange one for next year for Members.

265 **RESOLVED**:-

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

266 **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 1240 hours.

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CHAIRPERSON