

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE (HASC) OVERVIEW & SCRUTINY COMMITTEE

PUBLIC MEETING

Tuesday 23rd January 2023. Committee Rooms 3&4,

Council House, Victoria Square

Minutes.

Present

Councillors Mick Brown (Chair), Gareth Moore, Julian Pritchard, Kath Hartley and Paul Tilsley.

Also Present:

Mandy Nagra, Chief Delivery Officer, Birmingham & Solihull, Integrated Care Board (ICB).

Alan Butler, Associate Director, Delivery, Improvement & Urgent Emergency Care (UEC)

Emma McKinney, Stakeholder and Community Engagement Lead, ICB.

Asif Manzoor, Business Manager, Birmingham Safeguarding Adults Board (BSAB)

Dr Carolyn Kus, Chair, BSAB.

Helen Harrison, AD, Healthy Behaviours and Communities Birmingham City Council (BCC).

Ricky Bhandal, Service Lead Communities, BCC.

Dr Onyi Okonkwo, GP Rep, B/Sol ICB and Clinical Lead, GP Staff & Allies EDI Network.

Andy Cave, CEO, Birmingham Healthwatch

Maria B Gavin, Assistant Director, Adult and Social Care Directorate.

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Adewale Fashade, Interim Scrutiny Officer.

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the council's Public-I microsite and that Members of the press/public may record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Apologies received by the Chair from Cllr. Kath Scott.

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared a non-pecuniary interest as trustee of Birmingham LGBT and Citizens Advice.

4. MINUTES – 19TH DECEMBER 2023.

The minutes of the last Health & Adult Social Care (HASC) Overview and Scrutiny Committee meeting were approved by members to be accurate record of the meeting.

5. COMMISSIONER'S REVIEW AND COMMENTS ON AGENDA

The Commissioner had agreed that reports be published without comments.

6. APPOINTMENT OF BCC MEMBERS TO BIRMINGHAM/SOLIHULL, AND BIRMINGHAM/SANDWELL JOINT HEALTH AND SOCIAL CARE (JHOSC) OVERVIEW AND SCRUTINY.

This section was deferred to the next HASC meeting.

7. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER.

The Interim Scrutiny Officer updated members on the HASC Action Tracker from the last meeting. The only action outstanding was the circulation of the ICB briefing note in relation to Sickle Cell Thalassaemia service update. This would be circulated before the next meeting. The committee agreed that ICB be asked to report further on this at the April HASC meeting.

The Chair noted recently that there had been publicity in the national media on measles outbreak in the West Midlands. Members agreed that B/Sol ICB would come to the April meeting to provide verbal update on measles infection and take-up of MMR vaccine.

RESOLVED

- That the Committee noted updates on actions from the previous Health and Social Care Overview and Scrutiny Committee meeting.
- That ICB be asked to report further on the Sickle Cell and Thalassaemia service update at the April HASC meeting.
- That B/Sol ICB attend the next meeting in April to provide a verbal update on measles outbreak and MMR vaccine take-up rate.

8. WARREN FARM URGENT TREATMENT CENTRE UPDATE:

Prior to consideration of this item, Cllr. Dring was invited by the Chair to make a 4-minute presentation to the Committee of her petition to the council on Warren Farm

Urgent Treatment Centre (UTC). After the presentation by Cllr. Dring, the Chair thanked Cllr. Dring for her presentation.

The Chief Delivery Officer B/Sol ICB and Associate Director of Delivery were in attendance (via MS Teams) and they presented update on the situation at Warren Farm UTC and on engagement programme with communities. Key points highlighted were:

- The ICB expressed thanks and appreciation of the value of the feedback received at the last HASC meeting in November on its engagement programme. Consideration was given to these which have now been acted upon. There was also expression of thanks for the recent visit to Warren Farm UTC by HASC Committee members.
- It was emphasised that the key aim of the Trust was to protect and safeguard patients and staff at Warren Farm. As a result, it had become mandatory to move the UTC away from its current location to a temporary one as soon as possible. The move would be a temporary move and not a long-term one.
- There were no plans to shut down UTCs. Rather there was recognition that UTCs were fundamental to the Urgent Emergency Care plans for the Trust. Over the next couple of weeks, work would begin on the long-term review of UTCs across the city in ensuring the right access of care for citizens.
- The current RAAC situation was causing damage to structure and risk to patient and staff safety is high. All legal obligations including equality impact assessment was considered in reaching this decision of temporary relocation.
- Warren Farm UTC would temporarily relocate to Erdington for a period of 12 months to allow for essential repairs to be carried out, and to ensure safeguarding of patients and staff. This move would need to happen 'at pace'.
- There would be wider engagement on all UTCs within the Trust over the next few weeks.

The following were the main points made by the ICB representatives in response to Committee Members' questions:

- Arrangements would be in place for refurbishment once temporary move was completed. Considerable capital allocation was still to be negotiated at national level.
- On members concerns about the 12-month duration it would take to carry out repairs at Warren Farm, it was highlighted that capital allocation negotiation and other arrangements would begin in the coming weeks, but the Trust envisaged it would not take the whole of the 12 months for the process to complete.
- On the communication plans being very social media focus, engagement would be as wider as possible in various forms to ensure the ICB reached everybody, wider than just social media. The immediate focus for now would be to make the Warren Farm UTC safe. Engagement on relocation is not currently the

priority as it had now been legally mandated that the relocation must take place.

- It was important to stress that there would be no reduction in UTCs' and the long-term plan is to ensure improved access to Emergency care across the city. The long-term plan in driving forward change for UTCs will include the views of communities gathered from our engagement programme.
- Work had already started in gathering and using data to inform change and ensure access to emergency care for all. B/Sol NHS/ICB would be happy to share data with HASC. The national agenda was about having sufficient UTCs that would meet the needs of communities, and the local agenda would fit into that.
- Though the long-term review would be up to 12 months, it would be less than this as a picture would begin to emerge after 3 or 4 months.
- The Trust would look to hold public meetings in order to widen opportunities for community engagement. The communities that use the Warren Farm facility the most would be engaged with as widely as possible.

RESOLVED

- That the update report on Warren Farm UTC relocation plans and engagement be noted.
- That B/Sol ICB would come back to a future meeting to provide update on planned review of all UTCs across Birmingham and Solihull.

9. BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT.

The Independent Chair of BSAB, introduced the BSAB annual report. The Board consists of representatives from agencies such as the BCC Public Health department as well as Social Care, housing, voluntary sector and the Police. Key highlights of the report were:

- The report focused on areas relating to safeguarding in health, ambulance, police institutions in ensuring that its citizens of the city are protected and safe.
- BSAB have begun the process of setting new priorities for the coming working year which included Prevention and Early Intervention and Learning through Development and Assurance. An annual report was presented every year under the Care Act 2014.
- A key challenge identified had been the increase in self-neglect, particularly at home. There is a Task and Finish Group looking at this.
- Partners meet with BSAB and provide annual statements on their services around safeguarding. The Board worked with them in getting data through to inform its work, as well as ensuring citizens voice feed into safeguarding strategies. BASB also work with its partners on carrying out audits of cases in order to identify issues coming through these.

- Going forward, the Board would review data collection and governance & membership and seeking assurances on safeguarding adults.

The following points were made in response to members questions.

- On increase in self-neglect, publicity around incidents at national level would usually raises awareness at local level and generates increased reporting of cases.
- In terms of increase in enquiries, this was more as a result of the recording processes being inconsistent and not accurately recorded initially as enquiries. When this problem was resolved, it created an increase.
- On comparing Birmingham with other core cities, this can be provided in future reports. On how priorities are reviewed, these were set under key actions developed with partners from information and data provided. The new plan is currently being put together and not yet completed.
- BSAB have good links and work well with the Ambulance service even though they are not statutory partners like the Police, Local Authority and Health.

RESOLVED:

The Committee:

- Noted the Birmingham Safeguarding Adults Board Annual Report 22/23.

10. BIRMINGHAM AND LEWISHAM AFRICAN & CARIBBEAN HEALTH INEQUALITIES (BLACHIR) REVIEW UPDATE

The Assistant Director, Healthy Behaviours and Communities in BCC and the GP Rep, Birmingham & Solihull ICB & Clinical Lead, GP staff and Allies EDI Network, were in attendance to present an update on the progress of the implementation of the BLACHIR opportunities of action and key priority areas across the health and care system in Birmingham. Main points highlighted were:

- Since the last update presented to the Committee, the governance structure of the team had changed and was now embedded with a new implementation board and 2 independent co-chairs. There is also the ICS task force chaired by Dr Okonkwo, working with the team.
- There are 7 key priority areas, represent key enablers to support system-wide change and action on racial inequalities. So far, three have been of immediate focus for the project; Trust and Transparency; Better data and Health checks and campaigns.
- A couple of key pieces of work carried out were building cultural competence resulting in the Birmingham Cultural Intelligence Framework and the Birmingham Cultural Humility and Safety (CHS) quality improvement framework, to help build competence of staff and providers working with communities. The other work is about collection of better data and help collection of granular information on communities.

- The project embarked on a range of culturally diverse campaigns to help increase participation in community-based NHS health checks.
- ICS Task Force's key focus was on ensuring communities were engaged on issues around maternity service needs, Prostate Cancer awareness, Cardio-vascular and Mental Health improvement programme.
- All ICS providers were engaged with to discuss delivery of two or three tangible and measurable actions which they would be held accountable for.

In response to committee members' questions, the following points were made:

- BLACHIR's key role still focused on looking at health inequalities across identified communities, including groups newly identified within African and Caribbean communities through the community profiles necessitating wider public engagement. A senior officer role has been created to develop the work on this.
- Birmingham has the highest infant mortality rates among African women in the country. ICS initiated 'Listening Exercises' to hear from the women, and feedback had now been collated to develop solutions and programmes, such as encouraging GP registration early and to ensure the system picked up people more efficiently.
- BLACHIR recognised the point about cost of co-chairs being high. These were interim agency costs and will be reviewed in September.
- There was focus on men's health, wider than just on Prostate Cancer, due to wider concern about health and well-being awareness among men and seeking help early. A football event to help raise awareness of men's health was being organised for 3rd February to promote wider awareness of various health matters.

RESOLVED:

- The Committee noted the update report.
- The Committee requested the BLACHIR team attend a future meeting to provide feedback on community engagement programme.

11. SCRUTINY REPORT INTO CHILDREN AND YOUNG PEOPLE MENTAL HEALTH

- The Chair of the Think4Brum Mental Health Advisory Group attended the meeting and highlighted the challenges of accessing services at crisis point as indicated in the Scrutiny report, and the importance of raising awareness on the need for improved early intervention, which was mentioned in the report.
- The need for a 'Trusted Adult' for children and young people to feel empowered and validated was vital and it was good to see this mentioned in the report. Confidentiality was also important for children and young people so that information can be shared within a safe space.
- Also in attendance was the Participation and Team Leader for Forward Thinking Birmingham within the Birmingham Women's Hospital (Mental Health Services) and he echoed the need for early support within mental health services and also early diagnoses.
- It was good to see that the report reflected the different lived experiences of children and young people, providing valuable insights.

- Committee members in response acknowledged the valuable engagement of the children and young people in the report and in sharing their experiences.
- The Committee acknowledged the participants' desire to continue to be involved in ongoing solutions to improving mental health services and for their voice to continue to be represented in developing these.

RESOLUTION

- Following consideration at City Council on 9 January, recommendations R01 to R05, set out in Appendix 1, be noted.
- Recommendations R06 to R24, set out in Appendix 1, were approved and the Integrated Care Board requested (ICB) to co-ordinate the NHS response to these recommendations.
- Recommendation R25, as set out in Appendix 1, was approved.

12. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 23/24

The Overview and Scrutiny Manager confirmed that next month's meeting would be an informal session to review the current HASC Work programme in the context of the council's recent improvement and recovery plans. Policy and performance colleagues in the council would be in attendance. Other issues to be considered for future meetings were:

- Sickle Cell and Thalassemia service change update – a briefing note was due to be circulated to members as proposed by the ICS. Committee may then want to consider inviting ICS to the April HASC meeting to present a full report on this.
- UTC plans and review update – Committee may want to decide at next meeting on when B/Sol ICB colleagues should attend the April HASC meeting to provide further update and feedback on current engagement programme and plans.
- Update on Measles vaccination update – To invite ICS to attend a meeting before the end of the Municipal year to provide further information and update.

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

None.

14. OTHER URGENT BUSINESS.

None.

15. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 11.49 hours.