

**MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY
24 NOVEMBER 2015 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4
COUNCIL HOUSE, BIRMINGHAM**

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

IN ATTENDANCE:-

Charles Ashton-Gray, Strategic Performance and Engagement Manager, BCC
Judith Davis, Better Care Fund Programme Director, BCC
John Denley, Assistant Director, People Directorate, BCC
Emma Fitzgibbons, Commissioning Manager, People Directorate, BCC
Melanie Gray, Performance Management Officer, Customer Care and Citizen Involvement Team, BCC
Paul Holden, Committee Manager, BCC
Rose Kiely, Group Overview and Scrutiny Manager, BCC
Martin Keating, Disability Officer and Hate Crime 'Bronze' Lead, Equality and Diversity, West Midlands Police
Mary Latter, Joint Commissioning Mental Health Manager (Dementia), BCC
Alan Lotinga, Service Director, Health and Wellbeing, BCC
Gail Sadler, Research and Policy Officer, BCC

NOTICE OF RECORDING

267 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

268 Apologies were received on behalf of Councillors Maureen Cornish, Brett O'Reilly and Sharon Thompson for their inability to attend the meeting.

MINUTES

269 The Minutes of the meeting held on 20 October, 2015 were, subject to the amendment of the Member's surname in paragraph d) of Minute No. 263 to read "Aikhlaq", confirmed and signed by the Chairperson.

DECLARATIONS OF INTERESTS

- 270 Councillor Karen McCarthy declared that she served as a governor on the Birmingham Women's Hospital and Councillor Mohammed Aikhlaq clarified that he was a governor of the Heart of England NHS Foundation Trust, not a director on the Board.
-

BIRMINGHAM BETTER CARE FUND UPDATE

- 271 Alan Lotinga, (Service Director, Health and Wellbeing) and Judith Davis (Better Care Fund Programme Director), BCC were in attendance.

At this juncture, the Service Director advised the meeting that at the National Health Service Journal Awards the previous week the Sandwell and West Birmingham Clinical Commissioning Group (CCG) had been voted CCG of the year and the Birmingham Children's Hospital NHS Foundation Trust was voted provider Trust of the year. The Chair asked that the Service Director pass on the Committee's congratulations to the relevant parties.

The following PowerPoint slides were presented to the Committee:-

(See document No. 1)

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

- a) The Service Director confirmed that unless the 3.5% reduction in emergency admissions was achieved the payment for performance monies would remain with the CCG. Adult Social Care would find it more difficult to keep in budget and there'd be a need to look at other ways of bringing the budget back into line. In referring to half-year information, he highlighted that there was already a projected £6 million overspend
- b) A Member referred to language barriers that existed and constituents who'd had issues with home care workers. He queried how carers' performance was monitored and what help was available to help people transfer to other providers.
- c) Further to b) above, the Service Director considered that the challenge was to make specialists in different languages more accessible to a wider range of health and social care workers, not just front-line social workers. He indicated that it was quite a task to ensure that support provided by domiciliary / home care workers was consistent and felt that in the longer term there was a need to secure more help from communities and people around the service users. He also highlighted that the private sector provided the vast majority of domiciliary / home care support and in indicating that the workers received low pay referred to the need for the right cost / quality balance to be achieved.
- d) In drawing attention to Scheme 3 (Place Based Integration and Accountable Community Professional) a Member commented that no information had been provided regarding how the approach would be customised to the different communities within Birmingham. In querying whether there was a Ward or District based model he also enquired how it was proposed to involve the elected Members.

- e) Further to d) above, the Better Care Fund Programme Director reported that the debate on what the geographical model should be had yet to take place and acknowledged that there was a lot of public health information available at District and Ward level. However, this bore no resemblance to the way that GP Practices were currently organised and in which it looked like they would be structured in the future. In relation to building bridges between the statutory services and voluntary sector she advised the meeting that the model emerging was to have Wellbeing Co-ordinators who would work with General Practice to identify people that were isolated or vulnerable; link them with existing voluntary organisations; and also support the individuals until they were properly embedded. Members were advised that there would not be a single provider of this service - an area approach was being taken and it was anticipated that the most appropriate local voluntary sector providers would be found. A pilot procurement exercise was about to be launched.
- f) Reference was made to the new Vanguard care models and it was indicated that as far as possible processes were being put in place to facilitate joint health and social care assessments - unlike a year ago the means were now available. It was highlighted that Torbay had successfully carried out joint assessments for a decade.
- g) In relation to reablement services, the Service Director considered that there was a need to improve the use of the top floors of the 4 Care Centres and that if they could be made to mirror the Kenrick Centre it would go a long way to achieving success across the board. He also stated that there should be an absolute maximum 6 weeks' stay in respect of the use of reablement / enhanced assessment beds.
- h) Further to g) above, Members were advised that the Care Centres were largely full and that work was taking place to smooth out the admission, review and discharge arrangements. All hospitals / units and adult social care would soon be using the same city-wide policy. However, it was highlighted that there was reluctance to take people who had challenging behaviour and that discussions were taking place with the Birmingham Community Health Care NHS Trust, which provided much of the service, on the issue of taking people with dementia.
- i) A Member considered that more conversations needed to take place between groups at a local level on the integration of services. Furthermore, he was of the view that having social workers in GP practices should be pursued and, in highlighting that not all patients needed to see a GP, enquired how many practices had Community Matrons. He also referred to involving the public more in helping their neighbours and supporting vulnerable people.
- j) The Better Care Fund Programme Director considered that it was increasingly being recognised that supportive communities was the way forward in terms of delivering a sustainable system and that this would form a significant part of the conversations next year. She stated that she welcomed the changes taking place in respect of GP practices where there would be fewer organisations to engage with, rather than talking to hundreds of individual practices. The Programme Director indicated that she did not have details of how many surgeries had access to Community Matrons but considered that they all should through one route or another. In relation to community services, she referred to how much GPs valued their District Nurses and Health Visitors and felt that there was a need to reach a point where they could be re-integrated back into General Practice.

However, it was underlined that the only real way to channel new funds into community services was by reducing activity in the acute sector.

The Chair thanked the representatives for reporting to the meeting.

BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15

272 Alan Lotinga (Service Director, Health and Wellbeing), BCC presented the following PowerPoint slides to the Committee:-

(See document No. 2)

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

- a) The Service Director undertook to arrange for a report on the evaluation of the 2014/15 Eyes and Ears campaign to be e-mailed to Members of the Committee.
- b) Members were advised that the BSAB previously had about 40 members which given the size of the board made decision-making difficult. It now only comprised representatives of the three Birmingham Clinical Commissioning Groups (CCGs), Local Authority, West Midlands Police and also the Chief Officer of the local Healthwatch organisation. However, there was also a wider group of stakeholders to challenge, support and help drive through initiatives. The Service Director informed the meeting that he'd chaired the BSAB for 4 years and that the plan was to have the board independently chaired (as was the case in respect of the Birmingham Safeguarding Children Board) by the spring of 2016.
- c) A Member asked how well trained staff who undertook investigations of abuse were and voiced concern for the safety and care of vulnerable individuals who did not fall within the 80 per cent performance target. He highlighted that as the target was being exceeded there was no alert to failings in supporting some vulnerable people. Furthermore, he considered that the target should be set at a more challenging level.
- d) The Service Director was of the view that there was a good training regime for front-line professionals and considered that it was particularly important that they were up-to-date and knew who to turn to for advice in respect of service user mental capacity issues. He also advised the meeting that limited funding had been provided to appoint some additional adult safeguarding officers. In relation to time limit targets, he indicated that they could be set at a more challenging level but felt that the crucial issue was whether the threshold for what was regarded as abuse was set at the right level. He also referred to the need to involve people who'd already been through the system more in order to understand their experiences, whether they had been properly communicated with throughout the process and if they viewed their outcomes to be the right ones. He considered that the main focus should be on targets around the quality of the safeguarding process.
- e) It was highlighted that a detailed breakdown of information on such issues as the types of abuse and places where it occurred was available in the annual report which had been e-mailed to Members and in respect of which there were some colour copies available at the meeting.

- f) Further to the safeguarding performance information shown on the sixth slide, the Service Director undertook to provide Members with the actual figure for how many days, on average, it was taking to carry out assessments.
- g) In relation to self-neglect, the Service Director highlighted that hoarding was more and more becoming an issue and in referring to work that was taking place indicated that he could provide Members with further information in this regard.

The Chair thanked the Service Director, Health and Wellbeing for reporting to the meeting.

PROGRESS REPORT – ‘ADULTS WITH AUTISM AND THE CRIMINAL JUSTICE SYSTEM’ INQUIRY

273 The following report and accompanying West Midlands Police in-house training package on autism awareness were received:-

(See document Nos. 3 and 4)

Martin Keating (Disability Officer and Hate Crime ‘Bronze’ Lead), Equality and Diversity, West Midlands Police introduced the item. John Denley (Assistant Director) and Emma Fitzgibbons (Commissioning Manager), People Directorate, BCC were also in attendance.

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

- a) The Disability Officer indicated that he did consider that they had come a long way in making the word autism part of everyday vocabulary in the West Midlands Police and keeping people with autism and mental health issues away from the criminal justice system or being charged with offences.
- b) Members were advised by the Disability Officer that he could make sure that the package information available was rolled out to the courts in the West Midlands area.
- c) The Disability Officer reported that autism awareness training was not mandatory in the West Midlands Police owing to other priorities / budget pressures. However, he pointed out that package information was scheduled to be rolled out to all their neighbourhood teams and that there would be information available on the Police’s internal website.
- d) It was indicated that in general there was a lower level of engagement with BME communities on the issue of autism as there could be a cloud of secrecy, with some citizens being less inclined to come forward and seek support.
- e) In referring to not just the criminal justice system but the wider picture, the Assistant Director advised the Committee that the 2012 Joint Strategic Needs Assessment on Autism was being reviewed. He highlighted the need for a whole systems approach in terms of putting people with autism in a better position in Birmingham and made reference to looking at how support could be provided across all public sector agencies.

- f) Members were advised that owing to work that had been undertaken, particularly by Autism West Midlands, there was now much more awareness of Autism Awareness Cards and their significance compared to a few years ago.

Members indicated that they concurred with the view of the Chair that the spirit of the Inquiry's recommendations, which largely fell within the remit of the West Midlands Police, were being followed through and that the matter could be discharged from the Work Programme, subject to the proviso that if any specific issues arose they could be brought back to the Committee.

The Chair thanked the representatives for reporting to the meeting and their work in implementing the recommendations.

**CUSTOMER CARE AND CITIZEN INVOLVEMENT TEAM COMMENTS,
COMPLIMENTS AND COMPLAINTS ANNUAL REPORT 2014-2015**

274 The following information briefing and accompanying annual report were received:-

(See document Nos. 5 and 6)

Charles Ashton-Gray (Strategic Performance and Engagement Manager) and Melanie Gray (Performance Management Officer), Customer Care and Citizen Involvement Team, BCC were in attendance.

The Strategic Performance and Engagement Manager introduced the item. During the discussion that ensued the following were amongst the issues raised and responses further to questions:-

- a) In particularly referring to domiciliary care, the Strategic Performance and Engagement Manager indicated that there had been discussions with a service-user led board for commissioning in terms of trying to make people feel more empowered to make calls if they had a concern. In addition, he advised Members that he could ensure that leaflets which service users could complete and return were more widely available.
- b) Further to paragraphs 4.1.2 and 4.1.3 contained in the report, a Member enquired whether there was trend data over a number of years for the number of complaints received (217 in 2014/15) and the total pieces of complaint information / requests for service (511 in 2014/15).
- c) It was highlighted that there were a disproportionately high percentage of complaints from the Mental Health and the Pakistani / Indian client bases listed in figures 6.2.3 and 6.3.3. Furthermore, the Member considered that a more "forensic" approach was needed in terms of addressing issues and homing-in on what the problems were so that services could be improved.
- d) In responding to queries from the Chair who drew attention to paragraph 4.5.8 contained in the report, the Strategic Performance and Engagement Manager undertook to make enquiries regarding what the response time performance indicators were in respect of the Core Cities.

The Chair thanked the representatives for reporting and asked that the information requested be made available to the Members.

PROGRESS REPORT ON IMPLEMENTATION: ‘LIVING LIFE TO THE FULL WITH DEMENTIA’

The following report was submitted:-

(See document No. 7)

Alan Lotinga (Service Director, Health and Wellbeing) and Mary Latter (Joint Commissioning Mental Health Manager (Dementia)), BCC were in attendance. The Service Director, Health and Wellbeing introduced the report.

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

- a) In relation to recommendation R01, a suggestion was made that Councillor Mick Brown (who was the Lead Member for Mental Health) also be appointed as Lead on Dementia. However, the Member indicated that he felt that consideration should also be given to appointing a District Lead for Dementia so that the work did not become isolated and was more fully owned across the City.
- b) Further to a) above, Councillor Karen McCarthy undertook to raise the issue of appointing an overall District Lead plus leads for each of the areas at a meeting of the District Chairs to be held on 26 November 2015 and to respond to the Member direct. In addition, in responding to other comments made, she undertook to seek to ensure that dementia was included in all the Committees' District Plans and raise the matter of receiving training to become a dementia friend.
- c) In relation to R03, the Chair reported that he'd contacted the Cabinet Member for Children's Services the previous day and had received confirmation by e-mail that the request outlined in the recommendation had been communicated to all the schools. Further to other comments made, he confirmed that a letter could be sent to the Cabinet Member requesting that she also ask the Birmingham Education Partnership to encourage schools to include dementia awareness as part of the PSHE curriculum for Year 9 students.
- d) The Chair, in referring to R04, highlighted that he'd not received any dementia awareness information and questioned whether all the other Members of the City Council had been sent any. It was agreed that the Cabinet Member's Assessment be changed to "3 - Not Achieved (Progress Made)" with an anticipated completion date of April 2016.
- e) A Member commented that she'd been interested to hear during the presentation of the report that a conference was held on dementia the previous week but did not believe that all the District Chairs were invited. The representatives undertake to arrange for the information / materials associated with the conference to be made available for circulation.
- f) The Committee agreed that R13 be changed to "3 - Not Achieved (Progress Made)" with an anticipated completion date of April 2016 given that the Dementia Information and Support for Carers model was not currently available across the City and the outcome of the bid submitted by the Lead Commissioner to the Integrated Commissioning Board was not yet known.

The Chair thanked the representatives for reporting to the meeting.

275 **RESOLVED:-**

That, subject to the amendment of R01 to “2 (Achieved (Late))” and both R04 and R13 to “3 - Not Achieved (Progress Made)” with anticipated completion dates of April 2016, the Cabinet Member’s Assessments be accepted.

The Chair thanked the representatives for reporting to the meeting.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 8)

276 **RESOLVED:-**

That the Work Programme be noted.

PETITION – AIR POLLUTION MONITORING

277 Councillor Andrew Hardie submitted a petition containing 190 signatories received from Ecosutton relating to the need for air pollution monitoring to take place in the City and considered that the petition needed to be seen by Public Health.

OTHER URGENT BUSINESS

Multi-Agency Safeguarding Hub (MASH) - Child Protection Teams

278 At this juncture, Councillor Andrew Hardie indicated that he had concerns regarding the movement of Child Protection Teams from the MASH to create short-term Assessment and Intervention Teams. The Chair highlighted that discussions would need to take place with the relevant Cabinet Member and Scrutiny Chair on this issue.

AUTHORITY TO CHAIR AND OFFICERS

279 **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 1216 hours.

.....
CHAIRPERSON