BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 21 JULY 2015

MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 21 JULY 2015 AT 1300 HOURS IN COMMITTEE ROOMS 3 AND 4 COUNCIL HOUSE, BIRMINGHAM

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

IN ATTENDANCE:-

Lucy Beare (Lead Petitioner, Birmingham City Council Budget Cuts to Mental Health / Disabilities Floating Support Services), Councillor John Cotton (Cabinet Member for Neighbourhood Management and Homes), Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Kalvinder Kohli, Senior Service Manager, Policy and Commissioning

Barbara Skinner, Inspection Manager, Adult Social Care, Care Quality Commission (CQC)

Candy Perry (Interim Chief Executive) and Jacqueline Latty (Children and Young People Engagement Officer), Healthwatch Birmingham

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

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NOTICE OF RECORDING

239 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

240 Apologies were submitted on behalf of Councillors Mohammed Idrees and Brett O'Reilly for their inability to attend the meeting.

MINUTES

241 The Minutes of the meeting held on 23 June, 2015 were confirmed and signed by the Chairperson.

DECLARATIONS OF INTERESTS

242 Councillor Andrew Hardie declared that although he had retired as a GP he still worked (in a locum capacity) for a surgery. Councillor Mick Brown declared that he worked for a Third Sector organisation dealing with mental health issues.

PETITION – BUDGET CUTS TO SUPPORTING PEOPLE MENTAL HEALTH AND DISABILITIES SERVICES

The following documents were received:-

(See document No. 1)

Lucy Beare (Lead Petitioner, Birmingham City Council Budget Cuts to Mental Health / Disabilities Floating Support Services), Councillor John Cotton (Cabinet Member for Neighbourhood Management and Homes), Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Kalvinder Kohli, Senior Service Manager, Policy and Commissioning were in attendance.

Following initial introductions from the Chair and the Lead Petitioner, the Cabinet Member for Neighbourhood Management and Homes in the course of reporting on the issue referred to the importance of continuing to put resources into prevention and early intervention services. He pointed out that otherwise more pressures would be created further down the line and people would end up in a position where they needed more intensive support and help from statutory services which could have been avoided. He highlighted that after having listened to public opinion, scope had been found earlier in the year not to proceed with the £400,000 in cuts that had been planned for 2015/16. Furthermore, he highlighted that moving forward with the Citizens' Panel / service users there was a need to focus on maximising the "Birmingham pound" as the Council's budget only constituted about ten percent of the total expenditure on mental health services.

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

a) Members were informed by the Cabinet Member for Health and Social Care that service users were increasingly being involved in the co-design / production of services.
b) Further to a) above, the Senior Service Manager reported that this did not just take place at tendering stage. She highlighted that in respect of the Supporting People Programme the services had been co-designed with service users / providers since 2005 and also made reference to work undertaken in 2009/10 when the Council had been faced with budget cuts.
c) The Senior Service Manager referred to the need to identify the most effective customer journey within the context of the much reduced budget for the Supporting People Mental Health and Disabilities Services. It was reported that as a result of discussions that had been taking place the Third Sector Team was talking to the Clinical Commissioning Groups about co-commissioning to bring in more money for the client group. Furthermore, it

was highlighted that there was a wish to influence the way that other monies (e.g. Better Ageing funds) were used so that common outcomes could be delivered. An A4 sheet showing an example customer pathway that had been made available to Members was also drawn to their attention.

d) The Cabinet Member for Neighbourhood Management and Homes considered that the powerful petition with 6,641 signatures demonstrated the real passionate interest of people in this area of service. He indicated that he understood that the signatories comprised service users, concerned local residents etc.

e) It was highlighted that in moving forward there would be a need to reflect on the outcome of the Council's Comprehensive Spending Review.

f) A Member pointed out that the petition had still been received despite work having taken place with service users for some time and considered that there seemed to be a gap in terms of convincing them that the principles and practices being adopted were the right ones for the future. Nonetheless, the Member supported reviews and redesign of services to assess what worked, what didn't etc. It was stressed that it was also important to scrutinise the outcomes of changes made to assess whether service users were happy with them.

g) The Cabinet Member for Health and Social Care in responding to comments made stated that she could not promise that another petition would not be received in the future. However, she considered that part of the issue was winning over hearts and minds and that it was important that people were brought along when savings were made and different ways of working adopted. In replying to a question the Cabinet Member indicated that she considered that the Council's partners, who delivered the bulk of the service, were being brought along.

h) Members were advised that the West Midlands Combined Authority was looking at the more specific issue of people who were living with mental health issues gaining employment.

i) The Senior Service Manager informed the Committee that one of the biggest fears was that people who needed a service might be left without one and she highlighted that this was at the forefront of her and colleagues minds when considering how services should be commissioned. In terms of what might be done really differently in the future it was reported that when talking to service users and providers one of the issues that was continually raised related to how vulnerable people could be empowered to be more resilient, do more for themselves, and support one another in the community. In this context reference was made to work taking place in terms of designing models around peer arrangements that would be low cost to the Local Authority but provide the capacity for early intervention should it be assessed that the needs of a service user were about to escalate.

j) Further to comments made by a Member, the Cabinet Member for Health and Social Care highlighted that she did not consider that service user groups alone were able to speak for everyone who had a mental health condition or were autistic. Nonetheless, she highlighted that she'd spoken to a very great many people at different events to ascertain views and indicated that by and large similar comments were made but expressed in different ways. She indicated that great efforts were being made to obtain as many views as possible and in referring to the powerful petition received underlined that the message had been heard.

k) The Senior Service Manager in responding to comments made by a Member concurred with the importance of individual service users being provided with peer support arrangements at the optimal / most appropriate time for them; agreed that returning to work could be frightening and potentially counter-productive for people with mental health conditions unless done in the right way and where support would continue to be provided when required - as their level of need may reduce but would not disappear; and also highlighted that there were many other avenues in terms of building the confidence of individuals e.g. serving as a volunteer, becoming involved in a Citizens' Panel, being a mystery shopper.

l) In responding to issues raised by a Member, the Senior Service Manager referred to co-design work taking place and scheduled aimed at making services better. Further to the petition received she also advised Members that providers had been asked to bring service users and support workers together to identify what the most important outcomes were that needed to be retained, as part of commissioning arrangements, within the context of a reduced budget. She highlighted that there was time over the summer.

m) It was reported that there was the potential through match-funding to drawdown £30m-£50m of European funding to enhance the City's activity around employment, training and support for young people which was a key outcome that commissioners hoped to achieve for vulnerable people. She understood that an expression of interest had been submitted to the Government and if successful the Council would be invited to submit a Full Business Case.

n) Reference was made to £6.4m in additional savings that would have to be made in 2015/16 as a result of mid-year Government funding cuts which the Council had not known about at the start of the year. In response to comments made by a Member on this issue the Cabinet Member for Health and Social Care reported that, although she hoped it would not be the case, she could not give a definite assurance that there would not be any reduction to the Supporting People Mental Health and Disabilities Services budget. Further to comments made by the Chair who understood that a report was scheduled to be submitted to Cabinet in September 2015 it was considered that prior to the report being finalised the Chair should accompany the Cabinet Member at a briefing session on the issue and a briefing note be circulated to the Members.

o) A Member in thanking the Lead Petitioner for attending the meeting indicated that he considered that there could be a lot more conversations with vulnerable people at an early stage. The Cabinet Member for Health and Social Care concurred that early intervention was so important and also advised the meeting that she believed that service users were being listened to. The Cabinet Member felt that when service users had sight of what was being planned they would be positive about it.

p) In response to a question from the Chair relating to the petition, the Lead Petitioner advised the meeting that in terms of seeking signatories a multi-method approach had been adopted which including explaining the impact of any budget cuts to a Third Sector mental health organisation that she was involved in; talking to fellow university students and also to lecturers in the field of health and social care; and going out into the community to explain how reductions in services might impact on citizens either now or at some point in the future if they were required.

q) Further to comments made by a Member, the Cabinet Member for Health and Social Care advised the meeting that the Health and Wellbeing Board was the way in which partners and funding were being brought together and also informed the Committee that mental health services had been identified by the Board as a key priority area.

r) In supporting greater partnership working a Member nevertheless considered that there was a need to preserve choice for vulnerable individuals so that they could use another service if one did not suit them.

s) Further to a proposal put forward by the Chair, it was agreed that a legal opinion should be obtained with a view to seeking reassurance that the Council was fulfilling its obligations under the Care Act 2014 and was not absent in its duty of care particularly as otherwise the Local Authority could potentially be faced with a huge bill.

t) A Member considered that providing a single point of access to services would not be the right approach and, in supporting the earlier comments, stressed the need for there to continue to be a choice of services available. Reference was also made to the importance of ensuring that co-design work did take place and in a proper way.

u) Following some discussion, Members of the Committee in reflecting the prioritisation given to the budget decisions in the last financial year endorsed the view that the Supporting People Mental Health and Disabilities Services were a priority area.

v) It was pointed out by the Lead Petitioner that if any cuts were made to the Supporting People Mental Health and Disabilities Services budget the people in need of services would still remain and then probably need to use different and more expensive services.

w) Following concluding remarks by the Cabinet Member for Health and Social Care, the Lead Petitioner was thanked by the Cabinet Member for Neighbourhood Management and Homes for coming to the meeting and underpinning the logic of preventative services and why they needed to be protected as much as possible so that there were not pressures in other areas at someone else's expense.

The Chair provided a resume of matters that had been agreed as outlined in n), s) and u) above and thanked all the representatives for attending the meeting.

243 **RESOLVED**:-

(i) That in reflecting the prioritisation given to the budget decisions in the last financial year this Committee endorses the view that the Supporting People Mental Health and Disabilities Services are a priority area;

(ii) that a legal opinion be obtained with a view to seeking reassurance that the Council was fulfilling its obligations under the Care Act 2014 and was not absent in its duty of care;

(iii) that, further to n) above, support be given to the Chair accompanying the Cabinet Member for Health and Social Case at a briefing session on the £6.4 million additional budget savings to be made this year and a briefing note being circulated to Members of this Committee.

CARE QUALITY COMMISSION: QUALITY RATINGS REGIME

244 Barbara Skinner, Inspection Manager, Adult Social Care, Care Quality Commission (CQC) presented the following PowerPoint slides:-

(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 Inspection Manager reported that recruitment had been very successful and that the CQC had enough resources to deliver on their commitments. Furthermore, she considered that the significant changes being made, involving Key Lines of Inquiry, would lead to more accurate judgements and ratings.
b) Members were advised that if a service provider was rated as inadequate it would be signposted to an improvement agency (e.g. Skills for Care, Social Care Institute for Excellence) as the CQC did not provide improvement services direct.
c) It was indicated that if there were concerns regarding a service provider but relatives of the people in care did not wish the premises to close the CQC would need to balance their views with how the shortcomings were being addressed and whether anyone was unsafe.
d) The Inspection Manager reported that she did not know at this stage what the impact of introducing a living wage would have on the viability of some care homes. However, she also highlighted that ensuring that people were safe and there were caring relationships did not cost.
e) Members were informed that the CQC did not have a mandate to investigate complaints made but that partner agencies were alerted. Furthermore, it was reported that there were really good partner information sharing arrangements in the City and that meetings were held regularly.
f) Reference was made to there having been a setback in terms of holding regular meetings with Healthwatch Birmingham as a result of personnel changes in that organisation. Nonetheless, Members were informed that through, for example, its Enter and View activity the organisation would alert the CQC to any concerns identified in respect of a service provider.
g) The CQC had no remit in respect of people's own homes but health and social care professionals had a duty of care to report any safeguarding issues.
h) Members were informed that the vast majority of CQC visits were unannounced; that experts by experience who were chosen by partner providers remained independent of the CQC; and it was indicated that if issues arose that were DNAR form related these would be raised with Clinical Commissioning Group colleagues.
i) In terms of service improvement, the Inspection Manager highlighted that through seeking to apply the regulatory framework in the best way possible this helped agencies know where there were deficits in service provision. Furthermore, it was reported that there was a lot of discussion with agencies both nationally and regionally to help improve services.
j) The meeting was advised that where a service was poor or inadequate or the leadership required improvement it was likely that staff turnover would be more of an issue. The Inspection Manager considered that good service providers engaged staff by actively listening to their opinions and where

those in charge did not go along with those opinions, informing their workers why something different was being tried. It was also highlighted that changes in management could be unsettling for staff and reference made to the need for there to be succession planning.

k) Members were advised that often service providers did not wish to pay the high costs of using agency workers if there was a staff shortage. It was considered that if their engagement was managed well by, for example, new agency staff being introduced to service users there need not be a negative impact on people in care but all too frequently this was the case.

l) The Inspection Manager indicated that she was aware that colleagues covering primary care services did bear in mind the impact that not being able to secure an appointment with a GP had on service users and other NHS provision and also highlighted that there was engagement with Patient Partnership Groups that were linked to GP surgeries.

The Chair thanked the representative for attending the meeting and referred to the likelihood of a further session being held later in the Municipal Year.

HEALTHWATCH BIRMINGHAM ANNUAL REPORT

245 The following Annual Report was received:-

(See document No. 3)

Candy Perry (Interim Chief Executive) and Jacqueline Latty (Children and Young People Engagement Officer), Healthwatch Birmingham were in attendance. In referring to the Annual Report, the Interim Chief Executive provided an outline of their new emerging strategy moving forward and highlighted to Members that it was not yet completed.

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

a) The meeting was informed that Healthwatch Birmingham was commissioned by the Local Authority and that the Health and Wellbeing Board (upon which Healthwatch Birmingham had a representative) existed to bring health and social care partners together. The Board was chaired by Councillor Paulette Hamilton with the Vice-Chair being a Clinical Commissioning Group representative.

b) Members were advised that Healthwatch Birmingham had received a thirty per cent reduction in funding this year. In response to a question, the Interim Chief Executive indicated that she was not aware of the precise criteria that had been used to determine the level of funding when the organisation was first established. However, she reported that Healthwatch England was looking at how much it should cost to run an effective Healthwatch.

c) A Member asked from where the organisation's volunteers originated and whether Healthwatch Birmingham had links with Patient Participation Groups.

d) The Chair highlighted that none of the fourteen volunteers mentioned in the Annual Report had names of Asian origin and also drew attention to the need to engage with hard to reach groups. He considered that it seemed there was a gap in engaging with some parts of the community.

e) Further to d) above, Jacqueline Latty (Children and Young People Engagement Officer), Healthwatch Birmingham advised the meeting that they linked-in with many community groups including Birmingham Settlement in Aston and a group, based in the same building as their organisation, which worked very predominantly with the South Asian community. Furthermore, she reported that one of their volunteers was of Asian origin and she acknowledged the importance of working to reach seldom heard / hard to reach groups, which was an issue that they always had in mind. The Interim Chief Executive informed Members that in addition to the Enter and View volunteers listed in the Annual Report there were about thirty community champions and that Healthwatch Birmingham were addressing the issue that had been raised in d) above.

f) The Chair highlighted that Melas held within the City attracted great numbers of people and he reiterated his concerns over the extent of the level of engagement with Asian communities. Furthermore, he referred to what appeared to be an absence of appropriate engagement by Healthwatch Birmingham through GP surgeries, local libraries, universities, colleges etc and also mentioned providing Ward Healthwatch Champions and making use of Twitter which he and many Members used.

g) The Interim Chief Executive advised the meeting that Healthwatch Birmingham did not have the resources available to engage with every GP surgery, care home etc. However it was proposed to make the organisation's Feedback Centre / Patient Experience Platform ("Widget") freely available for adoption by health and care commissioners and providers. The Interim Chief Executive highlighted that as she had been requested to report back to the Health and Wellbeing Board with specific proposals / a business case in this regard there was therefore the potential for its use to be promoted more widely in GP surgeries, care homes etc. It was also highlighted that capacity issues and recent management / organisational changes had precluded Healthwatch Birmingham from engaging more with GP surgeries, making use of Twitter etc.

h) It was stressed by the Children and Young People Engagement Officer that Healthwatch Birmingham did aim to reach out to communities and could target specific groups. Furthermore, it was reported that there had been engagement with residents of Polish descent; that a lot of work had been carried out in GP surgeries; and that she had attended Special Educational Needs conferences. The representative informed Members that they would welcome suggestions regarding additional places to visit.

i) A Member considered that there was a need for more detailed financial information to gain an understanding of what was happening in Healthwatch Birmingham and, in referring to page 21 of the Annual Report, said that she had been unable to find a list of current and past trustees on their website. In referring to minutes of the Board that she'd read the Member queried why a relatively new organisation had recently needed such a wholesale transformation and enquired whether other Healthwatch organisations had experienced similar problems and this was due to the way that they were originally set-up.

j) In referring to Muslim and Jewish faiths, the Chair made reference to the issue in the City of relatives not being able to arrange for burials to take place soon after the death of a family member as their faiths required. The Chair indicated that he could put the Interim Chief Executive in contact with some organisations on this issue. Further to i) above, he also considered that there was a need for more financial information to reassure Members

that Council funding was being used to good effect and would continue to be in the future. He also enquired whether the organisation worked with other local Healthwatch organisations.

k) The Interim Chief Executive informed the meeting that there was a West Midlands Healthwatch network and also a supportive national network. Furthermore, she undertook to arrange for financial and trustee information to be provided and advised Members that the organisation's Human Resources strategy was due to be signed-off by its Board the following week.

l) Further to i) above, in referring to work that had been carried out by The Kings Fund, the Interim Chief Executive indicated that she considered that Healthwatch Birmingham was not alone and that in Year 3 of their operation the majority of them were still looking to become more fully established.

m) In response to a question concerning the GP Survey referred to in the Annual Report, the Interim Chief Executive indicated that she did not have information to hand on what percentage the 187 GP practices visited by Healthwatch Birmingham constituted of the total number in the area covered by the organisation but could provide details, if required. In relation to Key Performance Indicators, she referred to negotiations that were taking place with the Council aimed at making these more impact focused rather than solely quantity based (e.g. number of community events held) and also reported that Healthwatch England had recently launched some quality standards that could be adopted locally with the Council's support.

n) In referring to predecessor organisations to Healthwatch Birmingham a Member considered that the community connection and ability to engage with local services on the ground had been lost and that a city-wide database sounded too detached. He believed that there was a design flaw and that activity needed to be re-mapped at a more local level.

o) The Interim Chief Executive in the course of responding to n) above advised the Committee of outreach work in Coventry where there were locally based community connectors.

p) A Member considered that it would be helpful if there was a Healthwatch Champion for each Ward that could be a point of contact.

q) Further to p) above, the meeting was informed that the Districts were looking at appropriate Healthwatch partnership models.

r) In response to a question, it was reported that moving forward Enter and View visits to GP practices might be arranged based on the collection of aggregated data or due to a one-off 'red flag'. Discussions would take place with the GP practice in the first instance where there were issues of concern and it would be looked to see if there might be a problem at a wider system level that needed to be addressed. Furthermore, it was indicated that in the future, through a new post, Healthwatch Birmingham would also have the capacity to undertake a randomised sampling approach if required.

s) Members were informed that many of their volunteers were employed or retired professionals. Reference was also made to a CQC national tender that Healthwatch Birmingham was involved in through Healthwatch Staffordshire aimed at increasing the number of experts by experience and these would be engaged in a paid capacity. However, the Interim Chief Executive reported that at the moment Healthwatch Birmingham's volunteers were not paid. The representative indicated that she considered that this was the only way that the organisation would achieve the kind of impact required in a City the size of Birmingham.

t) In relation to Healthwatch partnership models at a more local level the Interim Chief Executive highlighted that she would welcome the opportunity of being able to speak to Chairs of the District Committees.

In the course of summing-up the Chair referred to the need for something like a leaflet or boarding in GP surgeries in all areas of the City inviting people to put in a review of their visit; considered that the issue of identifying Ward Healthwatch Champions should be pursued through work in the Districts; felt that it would be useful if all elected Members could be contacted inviting them to suggest community events where they felt that the presence of Healthwatch Birmingham would be beneficial; considered that it should be left to District Committees to decide whether the organisation should be invited as a guest to talk about their work; underlined the need for detailed information around expenditure (including job titles, roles and remuneration of people under Healthwatch Birmingham) and a breakdown of former and current trustees, together with the criteria used to invite people onto their Board; asked for some further feedback on Key Performance Indicators with a view to work taking place with the Cabinet Member to improve them; and, further to comments made by another Member, also referred to the need once they were available for financial details showing how the organisation's required budget savings would be made.

The Chair thanked the representatives for attending the meeting.

WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 4)

A Member asked that the Chair consider requesting a joint report from Licensing and Public Health on the issue of Smoking Cessation (including e-cigarettes and shisha lounges). In addition she suggested holding the first inquiry session on prostate cancer and health inequalities. The Chair advised Members that he had been looking to hold an inquiry on infant mortality as the City had one of the highest rates in the country and indicated that it might be appropriate to hold one major inquiry and the other as a short inquiry.

In referring to the petition discussed earlier in the meeting, a Member considered that from amongst the suggested items in the Work Programme, Adult Social Care: Performance, Budget and Progress on Savings needed to be scheduled as an item of business and also felt that People with Learning Disabilities: Support with Employment and Housing was a particularly important issue that should be programmed.

The Chair indicated that as there were more potential items than time available additional meetings could also be convened subject to Members' agreement and the necessary resources being available.

246 **RESOLVED**:-

That the Work Programme be noted.

AUTHORITY TO ACT BETWEEN MEETINGS

247 **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 1625 hours

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CHAIRPERSON