

BIRMINGHAM CITY COUNCIL

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

PUBLIC MEETING

Tuesday 21st November 2023. Committee Rooms 3&4,

Council House, Victoria Square

Minutes.

Present

Councillors Mick Brown (Chair), Rob Pocock (Deputy Chair), Gareth Moore, Julian Pritchard, Shabina Bano, Kath Hartley, Amar Khan and Paul Tilsley.

Also Present:

Samantha Bloomfield, Finance Business Partner, Adult & Social Care.

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

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

Alan Butler, Associate Director of Delivery, Improvement and UEC.

Emma McKinney, Stakeholder and Community Engagement Lead, B/Sol ICB

Lisa Stalley-Green, Deputy CEO, B/Sol ICB & Chief Nursing Officer.

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

None

3. DECLARATIONS OF INTEREST

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

4. MINUTES – 17TH OCTOBER 2023.

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

5. COMMISSIONER'S REVIEW AND COMMENTS ON AGENDA

The committee to noted that the Commissioner had reviewed the reports for this meeting and was content not to comment on them.

6. SCRUTINY AND DELIVERY OF 2023/24 BUDGET SAVINGS AND UPDATE ON COUNCIL'S RESPONSE TO SECTION 114 NOTICE AND FINANCIAL RECOVERY PLANS.

Samantha Bloomfield, Finance Business Partner, Adult & Social Care (ASC) introduced the report with appendices previously circulated to members. Below were key points highlighted:

- New savings of £1.6m were due to be published after Corporate Leadership Team (CLT) Meeting the following day. This would have been published before the HASC meeting, but the Corporate Leaderships Team meeting called to look at this before publication was postponed from last week. Total savings currently is £9.7m
- The officer went through the 3.7m savings from the Adult Transformation Programme. She stated that some areas of savings over-delivering, and some were under-delivering (Page 21 of report). Many of those over-delivering were mitigating those that are under-delivering. Some were cost avoidance savings.
- Total in red (high risk) was £1.7m but there was still expectation to deliver on this as some that were anticipated to deliver would offset this cost by year-end.

The following were among the main points made in response to Members' questions:

- Members pointed out that it would be good to consider HASC and its current role in scrutinising finance recovery and savings, as part of future reporting to ensure it gets the very latest data.
- Caseload package review was linked around supported living accommodation to ensure assessed care needs were still being met.
- The latest savings figure came about, the £1.6m savings was highlighted at the Corporate Leadership Team (CLT). Some of this related to 'stretch' savings, and some were reserves and agency costs.
- In reference to the Neighbourhood Network Scheme, this was a cost avoidance and cashable savings. Demand was built at a percentage rate based on historical trends. This was being effectively managed with planned intervention as appropriate. The team was monitoring the Preparation to Adulthood budget, and there was expectation that this would be delivered.
- The table for £3.7m, the exact figure would be added to indicate the full achievement of the savings. This would be continually reviewed and should

provide the Committee with the understanding of build-up of savings and risks to be able to fully scrutinise effectively.

- In response to availability of nursing home beds, the Finance Business Partner for Adults and Social Care confirmed availability of variety of services available to support this service to help stay independent at home. There was also a Fair Costs of Care Scheme funding from government allocated towards this service. The committee was informed of a percentage uplift of 8.66% towards residential care costs. The residential and Nursing Care home services in Birmingham continues to be in a healthy state with sufficient beds available.
- Committee was informed that the Finance & Resources Overview & Scrutiny Committee had set up Task and Finish Groups to look at various aspects of budgetary and savings. The Chair would be involved in this and feedback to Committee accordingly.
- In response to clarity around costs savings in Neighbourhood Network, there needed to be more understanding of how this works in the community and the pressures involved. The specific figures being delivered would be included in future reports.
- The Finance Business Partner, Adult and Social Care highlighted the need to monitor turnover regularly on the recruitment savings. Currently remains amber until there was confidence that it has been delivered. However, it is anticipated that this would be delivered.

RESOLVED

That:

- The Committee noted the Quarter 2 agreed savings for 2023/24 savings set out in Appendix 1 and list of savings under the Adult Transformation Programme on Appendix 2.
- The Committee requested that the latest savings costs and data to be published on 22nd November be sent by Finance Team to Scrutiny Officers for circulation to the HASC Committee members. This should include the latest Specialist Complex Review figures.

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

The Interim Scrutiny Officer updated members that all actions from the Action Tracker from the last meeting was for noting.

CQC pilot inspection update: The Assistant Director, Adult and Social Care confirmed CQC pilot inspection was rated 'Good'. Update and overview to be shared with CQC in due course.

RESOLVED

That:

The Committee noted updates on actions from the previous Health and Social Care Overview and Scrutiny Committee meeting.

8. URGENT TREATMENT CENTRES (UTC) IN BIRMINGHAM.

Mande Nagra, Chief Delivery Lead for Birmingham & Solihull (BSol) Integrated Care Board (ICB) and Alan Butler Associate Director of Delivery, Improvement of Urgent Emergency Care (UEC) at the ICB were in attendance and presented the report on the state of UTCs, with reference to Warren Farm UTC. Key points highlighted were:

- There were no plans to close any UTC in the city.
- The report highlighted options for consideration due to Reinforced Autoclave Aerated Concrete (RAAC) issues identified at Warren Farm UTC.
- There was ongoing work towards improved accessibility and improved safety measures across all UTC, and in the event of relocation due to RAAC. The option of staying at Warren Farm was ruled out due to risk to patient and staff safety.
- Cost of repairs was estimated to be between £1.5m and £2m. This was not seen as best value for money based on number of patients physically attending the centre.
- Option 4 in the report (Page 32) was highlighted as the proposed one for consideration.
- Stakeholder engagement programme would be in place to gather views from the wider community in time for commencement of relocation of service by February 2024.

The following are among the main points made in response to Members' questions:

- In response to concerns raised by members on timelines for consultation and engagements on options proposed, as well as relocation plans in report, responded that the ICB was fully committed to a series of engagement starting with attendance at the HASC meeting. It was important to move at a fast pace. The options were proposals, and no decisions have been made.
- The engagement and consultation programme would start immediately after attendance at the HASC meeting and scheduled to run for a total of 20 weeks. This would fulfil the NHS statutory requirements on consultation. It was however pointed out that engagement period may end early if emergency safety measures must be implemented without delay.
- Engagement would start with the first 4 weeks spent on identifying and understanding who ICB should be engaging with in the community and how it would communicate with them. This will be followed by 12 weeks of open and transparent engagement and consultation, having conversations, listening, and gathering views from the community. A further 4 weeks would be earmarked for analysing data, views and information gathered.
- In response to risks of RAAC on other UTCs, ICB confirmed the commencement of wider work on Urgent & Emergency Care agenda across the city. This was a

large piece of strategic work by ICB and the committee would be updated on this in the coming months. The immediate concern was to ensure safety and accessibility and develop proposals to mitigate identified risks. Also, a full review of buildings had been carried out.

- In terms of deadline of February 2024, there was flexibility around this date if consultation should need to continue beyond that. However, this will depend on mitigating circumstances such as urgent safety issues that may arise particularly during the winter period.
- The models of service delivery in UTCs are changing and models are evolving to offer flexibility in terms of access for citizens, including virtual appointments. Service user needs will be at the forefront of the consultation and engagement programme and is considered high priority. Feedback from community will be fed into options appraisal.
- In terms of clarity around the role and functions of UTCs across the city as well as assurance on patient safety, there had been a full review of UTCs, with assurance that they were safe and accessible (apart from Warren Farm now due to RAAC issues). The ICB could bring full review currently being conducted across UTCs to the Committee in the coming months. Clarity of roles and functions of UTCs would form part of the consultation in understanding service user expectations and demands.

RESOLVED:

That:

- The Committee noted the report, with consideration for concerns raised by members.
- The Committee asked ICB to consider the committee's concerns about the proposals to address issues at Warren Farm UTC and to report back to the HASC Overview & Scrutiny Committee as part of the statutory consultation process early next year.
- For ICB to provide outline of consultation and engagement plan for circulation to committee members before HASC January 2024 meeting.

9. QUALITY REPORT FROM INTEGRATED CARE BOARD (ICB).

Lisa Stalley-Green, Deputy CEO at the Integrated Care Board (ICB) was present to report on the Quality Oversight and Assurance for Birmingham and Solihull (B/Sol) Integrated Care System (ICS). The aim was to enable the Committee to prioritise system focussed quality reports to future meetings. She provided an overview of key messages from the report:

- The report provided an overall framework on improvement in health and social care across the Trust. ICB is accountable for quality and improvement to bodies such as Health and Wellbeing Board (HWB) and the Health & Adult Social Care (HASC) Overview & Scrutiny Committee as well as Regional Quality Group, with oversight from NHS England.

- The purpose of the Quality Framework was to ensure individual providers and partners were accountable to ICB in delivering agreed outcomes. This was part of strengthening ICB governance arrangements.
- Emphasis would be on understanding the impact of health and care delivery services to citizens and ensuring openness and transparency around processes governing service delivery in health and care.
- The Quality Framework would encompass public health service delivery outcomes and fully consider the wider determinants of health. Also, joint working with Healthwatch
- The Quality Committee, Systems Quality Group and ICB Quality Improvement and Assurance Group formed part of the B/Sol Quality Framework. Quality and Risk Groups have been set up to form part of the Quality Committee.
- There was a focus on being proactive and moving with pace to pick up things quickly in ensuring prompt action in the interest of patients.
- The Framework includes RAG rating and would look to involve a wider group of partners to develop plans to set actions for improvement on achieving better outcomes. Red ratings are reviewed every two weeks, amber and green reviewed monthly.
- Areas of key quality concerns identified to enable the HASC Overview & Scrutiny Committee to prioritise system focussed quality report to future meetings include Maternity services; Leadership & Cultural issues, staffing pressures across midwifery services, Maternity & Neo-natal improvement plans, Mental Health Crisis pathways and Children with special educational needs and disabilities (SEND) waiting lists (Page 49 of agenda pack).
- Some hotspots of concerns such as elderly care at Good Hope Hospital, Emergency Care at Heartlands community team staffing issues around mental health and school nursing where recruitment was ongoing as well as work on retention. Also concerns around endoscopy/bowel cancer treatment and care. Improvements in these services are currently being implemented.
- Going forward, the Committee would need to decide how often it would like to receive quality reports on service providers and have 'deep-dives' into areas of concerns in terms of understanding progress on improvement plans.

The following main points were made in response to Members' questions:

- In response to a question about ensuring consistent accountability and responsibility for improvements does not get lost, it was reported that clear lines of accountability are in place. ICB has overall accountability for the whole system, and with shared accountability across the system with the NHS Trust and all partner providers. The System Quality Group in place would help to steer the accountability process. There were monthly meetings between CQC and senior ICB staff to ensure consistency in ensuring communication and feedback across our services.

- To ensure equity, all demographic data was collected and monitored across, for example, waiting lists, to ensure understanding of impact on communities and barriers affecting them. ICB was aligned with the City Observatory and its datasets to ensure it was regularly informed of trends and changes, and community impacts. There was also engagement with communities through the 'People Power' initiative which feeds community voice into ICB improvement plans.
- In terms of greater transparency in management and governance, there was more focus on top-down customer and quality improvement where local and regional team would be more accountable. There were monthly systems review meetings in place to monitor delivery of outcomes with the aim of improving outcomes for citizens. All levels of leadership are accountable for this under the Quality Systems Framework.
- The Place and Health & Wellbeing Boards bring into focus what ICB should be doing in understanding patient needs and what it should be doing better, including in terms of our collaboration with care systems. The ICB is looking to develop further on representing patients' voice. Patient involvement such as West Birmingham 'Flourish' where provided the opportunity for the ICB to listen to Maternity service users and insight into lived experience.
- Quality improvement covers Mental health across all ages, from conception to end-of-life. Particularly focus is on those transitioning to adulthood.
- On the neo-natal work, there are more complexities and risk for mothers in terms of new births. There were surgical interventions that could now deal with these. The ICB was working to increase capacity to do this consistently.
- Complaints tended to relate more to access to GPs. The Primary Care complaints function now come to ICB to resolve early before reaching formal complaints at regional level. Also, there were maternity support link workers working alongside mothers and families, addressing a whole range of issues such as cost of living concerns and housing arrangements. Issues around packages of care needs have been raised, and the ICB worked closely with BCC Adult & Social Care to deal with these and feedback to patients.

RESOLVED

- The report was noted by the Committee.
- For scrutiny officers to look into whether key issues such as Maternity and Neonatal Improvement Plans Neo-natal and Urgent & Emergency care could be dealt with at Joint Health and Social Care (JHOSC) Overview and Scrutiny (Solihull or Sandwell) level or at HASC and fed into work programme as appropriate.

10. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME UPDATE (2023/24).

The Overview and Scrutiny Manager provided an update report on the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24. Key updates and proposals were:

- For the December meeting, the Assistant Director, Adult & Social Care (ASC) would present a report on Quarter 2 of the ASC performance service delivery as well as provide update on the CQC pilot inspection where the service recently received a 'Good' rating.
- Day Opportunities Review item is scheduled for December. However, Scrutiny officers will confirm if December was still the right time for the report to come to committee.
- The BLACHIR report deferred from this month would come to Committee in January 2024. Also, the Birmingham Safeguarding Adult Board (BSAB) 2022/23 Annual Report is expected to come to committee in January 2024
- Mental Health Inquiry report due to report to Council at the January 2024 to consider and endorse recommendations, and then come back to February HASC meeting for final approval. By the time it comes to the February meeting, it would be for members to approve report as Scrutiny Committee have statutory decision powers to do this. However, committee members indicated that they were happy for the report to come to the January meeting for an informal discussion before it goes to Council.
- Task and Finish Finance & Resources Group held its first meeting last week and have two more scheduled meetings in December. Feedback from these could be fed back via the HASC O&S Chair who is part of the Group.
- Regarding a HASC members' site visit to Good Hope and Heartlands, this would be followed up with NHS/ICB colleagues. It could be possible to arrange instead of a committee meeting sometime next year.

RESOLVED:

The Committee:

- Noted the updates and changes to the Work Programme for December 2023 – January 2024.
- Agreed, subject to further input from the Chair and Deputy Chair, the issues that the Committee would consider in December 2023 - January 2024, the proposed aims and objectives and the preferred method of scrutiny.
- Noted, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme update be submitted to Co-ordinating O&S Committee, to enable work to be planned and co-ordinated throughout the year.

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

None.

12. OTHER URGENT BUSINESS.

None.

13. 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 12.11 hours.