

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 25 APRIL 2017 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will be 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 except where there are confidential or exempt items.

2 **APOLOGIES**

3 **ACTION NOTES**

3 - 6

To confirm the action notes of the meeting held on 28 March 2017.

4 **DECLARATIONS OF INTERESTS**

5 **REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE**

7 - 14

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

6 **THE HILL URGENT CARE CENTRE SERVICES**

15 - 20

Diane Reeves, Chief Accountable Officer, Birmingham South Central Clinical Commissioning Group; Jemima Shurvinton, My Healthcare Sustainability/Urgent Care Commissioning Manager.

7 **REPORT FROM THE WASTE STRATEGY TASK AND FINISH GROUP**

Verbal Report from Councillor Robert Pocock (Chair).

21 - 30

8 **WORK PROGRAMME - APRIL 2017**

For discussion.

9 **REQUEST(S) FOR "CALL IN"/COUNCILLOR CALLS FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for "call in"/Councillor calls for action/petitions (if received).

10 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

11 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT O&S

COMMITTEE

1000 hours on 28th March 2017, Committee Room 3 & 4 – Actions

Present:

Councillor John Cotton (Chair)

Councillors Deirdre Alden, Sue Anderson, Mick Brown, Andrew Hardie, Kath Hartley, Mohammed Idrees, Simon Jevon and Robert Pocock

Also Present:

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Research & Policy Officer, Scrutiny Office

Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence

Carl Griffiths, Assistant Director, Social Care

Kevin Blacktop, Senior Research and Development Specialist, Network Rail

Patrick Power, Station Manager, Birmingham New Street, Network Rail

Kris Jeffrey, Occupational Health, Network Rail

1. NOTICE OF RECORDING

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The whole of the meeting would be filmed except where there were confidential or exempt items.

2. APOLOGIES

Councillors Uzma Ahmed, Carole Griffiths and Karen McCarthy.

3. ACTION NOTES/ISSUES ARISING

The action notes of the meetings held on 21st February 2017 were noted.

4. DECLARATIONS OF INTEREST

None

5. 2015-16 LOCAL PERFORMANCE ACCOUNT

Mike Walsh (Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence) and Carl Griffiths (Assistant Director, Social Care) introduced the report which provides a summary of progress against a set of measures for adults who receive social care support. In particular, examples were highlighted of measures that had improved and fallen compared with the previous year. Members were advised of specific measures in need of improvement which they might wish to monitor more closely going forward.

RESOLVED:-

- Concern was raised about the timeliness of the report and it was agreed that the report would be presented much earlier in the next municipal year.
- Performance data would be presented to the committee in the form of a dashboard. The data would also include trends regarding complaints.
- The committee should also receive reports on the progress with savings and the impact on service delivery.
- Both performance data and savings reports to be presented to committee on a regular basis.

6. IMPACT OF POOR AIR QUALITY ON HEALTH IN BIRMINGHAM INQUIRY – EVIDENCE FROM NETWORK RAIL

Kevin Blacktop (Senior Research and Development Specialist), Patrick Power (Station Manager, Birmingham New Street) and Kris Jeffrey (Occupational Health) introduced a presentation on the current research project they are carrying out, in conjunction with the University of Birmingham, to assess the air quality at Birmingham New Street Station. This included the instruments/methods used to measure Carbon Dioxide, Nitrogen Dioxide and particulate matter both inside and outside the station and the timetable for analysing the results and reporting findings.

RESOLVED:-

- Kevin Blacktop agreed to provide information on planned electrification schemes.
- It was suggested that the final report produced by the University of Birmingham should be a multi-agency report which includes Local Authority data.

7. HEALTH, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016-17

The work programme was submitted. The Chair reminded members about the visits to Summer Hill House and the West Midlands Ambulance Service Hub on 13th and 20th April respectively and the need to inform Scrutiny Officers if they wish to attend.

RESOLVED:-

That the work programme be noted.

8. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS

None

9. OTHER URGENT BUSINESS

None

10. AUTHORITY TO CHAIRMAN AND OFFICERS

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 1056 hours.

**HEALTH, WELLBEING AND THE ENVIRONMENT
OVERVIEW AND SCRUTINY COMMITTEE
25 APRIL 2017**

**REPORT OF CABINET MEMBER FOR HEALTH & SOCIAL CARE
COUNCILLOR PAULETTE HAMILTON**

1. PURPOSE OF REPORT

This report sets out my portfolio priorities for 2017/18, and provides an overview of progress over the last year and sets out key challenges for the forthcoming year and emerging future issues.

2. ACCOUNTABILITY

I have accountability for:

Adult Social Care and Health	Development of the Health and Wellbeing Board and relationships with the NHS and private providers. Strategic leadership of social care services and safeguarding for adults. Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the STP.
Public Health	Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
Healthy Communities	Healthy living through sport and leisure services.
Domestic Violence	All council activity relating to domestic violence and developing a city-wide domestic violence strategy with partners including advice to the Cabinet Member for Housing and Homes on the provision of accommodation.

3. SUMMARY OF KEY PRIORITIES AND OTHER KEY PROGRAMMES

My key focus is to help people become healthier and more independent with measurable improvement in physical activity and mental wellbeing. The key priorities for this portfolio include:

- Promoting independence for all our citizens.
- Leading a real change in individual and community mental wellbeing.
- Driving forward the joining up of health and social care services so that citizens have the best possible experience of seamless care.
- Preventing, reducing and delaying dependency and maximising the resilience and independence of citizens, their families and the community.
- Creating a healthier environment for Birmingham and reducing health inequalities.
- Promoting healthier lifestyles and physical activity and encourage an increase in people walking, cycling and using our public spaces.

- Managing the delivery of services within the budget envelope allocated to the directorate.

4. PARTNERSHIP WORKING

4.1 Birmingham and Solihull Sustainability and Transformation Plan

Our main local STP footprint is Birmingham and Solihull (BSoL). As West Birmingham currently falls under Sandwell and West Birmingham CCG, 200,000 of Birmingham residents are in the Black Country STP footprint.

The Committee has had regular progress updates on the development of the Birmingham and Solihull STP. The focus remains on the delivery of three key objectives;

- Creating efficient organisations and infrastructure
- Transformed Primary, Social and Community care (Community Care First)
- Fit for Future Secondary and Tertiary services

There have recently been a few changes in governance and Dame Julie Moore is now the System Lead. The Leader, Cllr John Clancy and Stella Manzie the Interim Chief Executive are both on the board with voting rights. In my capacity of Chair of Health and Wellbeing Board I attend but I do not have voting rights. However I am fully involved in discussions to shape the direction of travel. The Council remains a full partner within the STP governance arrangements and council and NHS staff have been and will continue to work together to try to find sustainable solutions to the challenges faced by the whole system.

4.2 Health and Wellbeing Board

Over the last year, I have led the Health and Wellbeing Board (HWBB) into new directions including:

- Mental Health as well as the wider determinants of health, for example the effects of Housing and Air Quality.
- Supporting the Housing Board in working towards eradicating the plight of families with children, being placed in inappropriate temporary accommodation.
- Supporting the council in efforts to improve air quality as it is the second biggest factor in causing early deaths in the city after tobacco.
- Some of these areas overlap deliberately with work streams in the Combined Authority. The Board is also examining “Adverse Childhood Experiences” and how it can promote appropriate work to reduce the effects of them.

4.3 Birmingham Domestic Abuse Prevention Strategy

The new Birmingham Domestic Abuse Prevention Strategy is being developed across the Council, Health, Criminal Justice and the Voluntary Sector.

Cabinet approved consultation on the draft Strategy on 18 October 2016 with a public consultation open from 31 October 2016 to 6 January 2017. It focused on the proposal of three priority areas with associated approaches to preventing domestic abuse in Birmingham:

- Changing Attitudes;
- Early Identification and Early Help, and
- Safety and Support.

The Domestic Abuse Prevention Strategy will be proposed for approval at Cabinet in June this year.

4.4 Learning Disability Partnership working

The Transforming Care Partnership working for People with Learning Disabilities is an incredibly important issue that arose out of Winterbourne. Both social care and health systems are allied in taking this this important programme of work forward (the resettlement of people placed out of city and in hospital services). It is equally of prime importance that the developments and initiatives are applied to the whole of the learning disability population. I am committed to the provision of high quality care for not simply those people placed out of the city, but those also that are at risk leaving our great city that should be providing their care.

5 PROGRESS ON DELIVERING PRIORITIES

PRIORITY	PROGRESS
Promoting independence	<p>Over the past year, there has been a real push to increase efforts in promoting the uptake of the number for our service users accessing direct payments. Direct payments allow our citizens with eligible assessed need greater choice, control and flexibility over their care.</p> <p>Over recent months, I have heard directly from social workers and some of our citizens a number of fantastic case studies on how through direct payments we have enhanced the lives of some of vulnerable citizens and improved their quality of life.</p>
Individual and community mental wellbeing	<p>Supporting People</p> <p>During the budget consultation in January it was evident from the responses received that a significant concern was reducing the funding on this budget line. As a result the amount of savings proposed was reduced.</p> <p>A report will be presented to Cabinet at the end of June which will set out how the reductions will be achieved across the SP contracts and Third Sector Grants Programme.</p>
Preventing, reducing and delaying dependency and maximising the resilience and independence of citizens, their families and the community	<p>We are changing our approach to commissioned social care services, through the Adult Social Care Framework. We want to work with partners to create a great city to grow old in and to help people become healthier. The draft Commissioning Strategy which outlines our approach is currently out for consultation.</p> <p>This approach will support people to continue to live independently and in their own home for as long as possible, help all residents access high quality and affordable social care and ensure that service users have choice and control over their own lives.</p> <p>Shared Lives</p> <p>I have been keen to increase the number of service users who benefit from a Shared Lives service. The focus is to provide long term placements and short term respite placements to those who are already within the scheme and to outside referrals made by social workers.</p>
Creating a	I attend the Member Steering Group on Air Quality, chaired by Cllr

healthier environment for Birmingham and reducing health inequalities	Trickett. The key focus of this work is to reduce the Public Health impact of poor air quality which claims nearly 900 lives per year I have supported alternative approaches to improving nutrition and food quality including the experimentation with novel approaches such as crowdfunding.
Promoting healthier lifestyles and physical activity and encourage an increase in people walking, cycling and using our public spaces	I have led on the development of “A Healthy City”, a key priority for the Council. Everyone I talked to had a very positive ambition for health, using the “five steps to wellbeing” as a reference point (being active, connecting, learning, giving, and observing). The Wellbeing Service has worked closely targeting some of our more deprived communities and groups to take up physical activity through Birmingham Bikes; Walks; Volunteering to Active parks and Active streets.
Budget Challenge	It has been very evident over recent years that we face a real challenge in meeting adult social care need with the drastic cuts to the budget available. This brings about real significant challenges as demand for care continues to increase. The government earlier this year announced additional funding for adult social care which is welcome but this funding does not address the shortfall in the funding needed to appropriately fund adults’ social care. We will need to be innovative and target system redesign and strategically link services going forward in the future.

6. UPDATE ON SOCIAL CARE AND HEALTH PERFORMANCE/SERVICE IMPROVEMENTS

6.1 There are five Council Business Plan measures within my portfolio. I am pleased to report that all are on track:

- The percentage of people who receive Adult Social Care in their own home.
- Uptake of Direct Payments.
- The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good.
- Percentage of births that receive a face to face New Born Visits (NBV) from a health visitor within 14 days.
- Birmingham Promise: Process Blue Badge applications within 40 working days.

I am pleased to report that the proportion of people receiving Adult social Care in their home continues to increase, as does the uptake of direct payments. Over 90% of births receive a New Born Visit in 14 days well above the target of 85%. In addition 99.3% of Blue Badge applications are processed with 40 days.

However, there has been a decrease in the percentage of client's residential, nursing or home care from a provider that is rated as Good. This is something that I am keen to address and officers are working with providers to see how together we can drive up quality and improve the lives of the most vulnerable citizens. As part of this drive one of the proposals being consulted on will be that we will not allow a provider who is currently rated by the Care Quality Commission (CQC) as Inadequate to enter the framework of recognised providers. All providers will have to meet an agreed standard set up by either the CQC, NHS or the city council's proposed ratings system.

6.2 Adult Social Care Peer Challenge

In November 2016 the ADASS network undertook a peer challenge of Adult Social Care. The Peer Challenge team made a number of positive observations such as:

- Sustained strong performance and process in adult safeguarding;
- Positive joint working with Health and Social Care, good frontline working relationships and growing joint working on pathways and shared protocols between Health and Social Care;
- Staff were positive, enthusiastic, knowledgeable in their field and open to scrutiny and challenge.

The panel made 6 recommendations and an action plan has been developed to drive forward on these recommendations.

7 UPDATE ON KEY BUDGET ISSUES/KEY FUTURE BUDGET ISSUES

7.1 2016/17

The total budget in 2016/17 for the portfolio is £295.2m. Within this allocation we have to deliver a substantial amount of savings; benefits and efficiencies internally as well as through corporate initiatives.

- 54% of the net total budget is allocated to external packages of care.
- 13% is spent on specialist care services.
- 12% is spent on Assessment and Support Planning (Social Work).
- 8% of the budget is spent on Supporting People.
- 13% is spent on Commissioning and other services.

The estimated outturn position is an overspend of £51m, £28m of which is savings relating to anticipated integration with Health. Most of the rest of the overspend relates to continued pressure on packages of care, growth in the number and size of packages, shortfall in delivery of savings estimated to arise from changes from residential to other care settings.

7.2 2017/18

The Council Budget for 2017/18 has provided additional funding for Adult Social Care, as set out in the Financial Plan. However, like other local authorities nationally we are facing a real pressure in the increasing number of people requiring care and support.

The new Interim Corporate Director for Adult Social Care and Health, Graeme Betts will be working very closely with managers to review plans and to deliver savings proposals going forward.

7.3 Additional Social Care Funding

Following pressure from across the country, it was announced in the Spring Budget that there would be an additional £2bn funding nationally for Adult Social Care for three years commencing in 2017/18. Birmingham's allocation of this funding is £50m over five years, £27.064m for this year, £16,059m for 2018/19 tapering to £7,932m in 2019/20. It is important to note this is a tapering fund it is not cumulative.

This extra adult social care funding is being directed through the better care fund. There has been some clear criteria on how this funding needs to be spent and used specifically for the purposes of meeting adult social care needs, reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and stabilising the social care provider market. The funding needs to be spent with agreement of NHS and the Birmingham Health and Wellbeing Board.

7.4 Better Care Fund

The Guidance regarding the operation of the fund for the period 2017/19 was published on the 31st March 2017 and we are still awaiting the BCF detailed information for our BCF area including minimum contributions for all parties.

Improved Better Care Grant (iBCF), the government has provided £1.5bn nationally to local authorities to spend on Adult Social Care by 2019/20. For Birmingham, the funding starts in 2017/18 at £6.7m, rising to £31.3m in 2018/19 and £52.4m in 2019/20. In Birmingham City Council's budget that has been approved for 2017/18, subsequent years funding has been identified in the Long Term financial Plan (LTFP). The additional funding of £6.7m in 2017/18 will be used to help address the demographic growth in Adult Care which was £14.5m for 2017/18 and has been added to care budgets.

8 KEY ACHIEVEMENTS

8.1 Despite the significant challenges over the last 12 months, officers have worked hard to look at delivering services in far more innovative ways and put in place processes that improve efficiency and productivity.

There are lots which I am proud of including:

- Partnership working with Health Colleagues both the Acute trusts and Clinical Commissioning Groups;
- Reducing the endemic rise in DoLs assessments; through improving processes and redirecting resources to protect some of our most vulnerable citizens;
- Work with agencies we have commissioned to deliver services on our behalf; ensuring they improve outcomes in a more joined up way; the Drug and Alcohol project; Sexual Health Services; the work that we have done on the Domestic Abuse Prevention Strategy;
- Moving some of our clients out of outdated centres and providing better outcomes through direct payments or providing care out of more modern centres;
- The achievements of our Adult Social Workers in the National Social Worker of the Year Awards.

9. Challenges and Closing Summary

The key challenge facing the portfolio is the delivering of the savings and meeting social care need. The population of Birmingham is not ageing significantly; however the number of assessments which require on-going BCC support is increasing. Over the last five years the number of hospital referrals has increased by more than 300% from 4,971 to 15,857.

The City Council's traditional role as a provider of services is changing in many respects to that of more of a commissioner and market shaper of services. In adult social care the priority needs to be shifting the focus from short term expenditure to improving outcomes and a long term financial strategy. I am clear that the approach is more about helping people help themselves through a person and asset centred approach. This will require the service to work more closely with community and other groups to develop better, more cost effective ways of providing support.

We have significantly challenging times ahead and there has been a great deal of management change over recent months which required re-balancing. I am confident in the recent senior leadership appointments, albeit interim and that the structure for this portfolio will be strengthened to become a corporate shared responsibility with a more outward facing role.

However, I am fundamentally clear that the City Council is here to safeguard and protect our most vulnerable citizens which is the City's statutory duty.

To end on a positive note, we have great social workers in Birmingham and from adults we had another great entry into the Social Worker of the Year Awards. Overall 78 social workers and social work teams from across England have been selected as finalists across 15 different categories, celebrating the achievements of practitioners.

This year, almost 10 per cent of the finalists, across seven of the 15 categories, were from Birmingham Adult Social Care Services, which is a fantastic achievement. The shortlist of Birmingham City Council finalists was as follows:

Mental Health Social Worker of the Year: Dee Belford

Student Social Worker of the Year: Annabelle Stock, University of Birmingham

Creative & Innovative Social Work Practice: Preparing for Adulthood Team

Team Leader of the Year, Adult Services: Natalie McFall

Newly Qualified Adult Social Worker of the Year: Jamie McEwan

Adult Social Worker of the Year: Joanne Finnegan and Keron Ford

The competition for Social Worker of the Year Awards is always very strong and the standard of entries high. All of our finalists should be extremely proud, I know I certainly am. A special mention is worthy of both Jamie McEwan and Dee Belford who were both successful in winning their categories.

Councillor Paulette Hamilton
Cabinet Member for Health and Social Care



The Hill Urgent Care Centre Services

Executive summary

The current provider for The Hill, nurse led urgent care centre has given notice that they will not seek renewal of their contract which terminates on 31st March 2017. The CCGs have used a validated prioritisation tool to demonstrate the service is of low priority in terms of health gain to the local population. Patient access to urgent primary care has been improved substantially through the re-procurement of an improved NHS 111 and GP Out of Hours service in 2016 and the development of local GP extended access 7 day services. The decision has, therefore, been taken, after an equality impact assessment not to re-procure this urgent care centre. The GP practice, run by the same provider on the same site, will be re-procured with extended opening hours. The GP practice is currently out to tender.

1. Introduction

In September 2016 Care UK, the current service provider for The Hill Urgent Care Centre, gave formal notice that they did not intend to continue to provide nurse-led urgent care services operating between 8am and 8pm at this location when their current contract terminated on 31st March 2017.

Following this notice Birmingham South Central CCG in discussion with partner CCGs, (Birmingham CrossCity and Sandwell CCGs), made the decision not to re-procure the urgent care service at this site. This decision was made with regard to the CCGs' intention to review all urgent care provision across the city, the intention being to work towards standardisation of services, improving effectiveness of outcomes and focusing on improvement of primary care services particularly at scale.

In making this decision the CCG undertook a data / clinical review of the patients attending the centre, a quality and safety impact assessment and an equality impact assessment. The service was also subject to scrutiny using the CCG's prioritisation scorecard. The following sections detail the findings from these and include the mitigating actions needed where identified.

2. Data Review

As part of the review of the service the CCG undertook an exercise to understand the demographics of the patient population and the reasons for attending the centre.

Key findings

- 99% of attendances were related to single, self-limiting illnesses which were managed and resolved at the time of attendance. All of the presenting conditions were simple primary care issues which could be effectively managed by other primary care providers or via self-care.

- Referral rates to secondary care and A&E comprised <0.4% even at peak time over the winter period (October – December 2016).
- 74% of patients attending the service were registered with a GP practice within 1.5 mile of the centre. There are currently 31 GP practices within a radius of 1.5 miles of the centre.

It is also worth noting that The Hill Urgent Care Centre has historically had the lowest number of attendances amongst all of the urgent care services in the city. In 2015/16 they saw approximately 29,000 attendances, this figure has consistently fallen from a peak of 34,000 in 2009/10. The other urgent care centres across the city saw approximately 32,000 to 37,000 patients in 2015/16 and one particular centre saw 65,000 patients. Coupled with this, the service is also the most expensive of all current services having a contract value of approximately £1,010,035 per annum.

3. Prioritisation review

In reviewing the effectiveness of and the evidence for the continuation of services the CCG has adopted the use of a prioritisation scorecard and policy which will be utilised across the Birmingham and Solihull area. This scorecard and associated policy has been formally approved by the CCG as a validated tool for making decision on priority for commissioning and investment. This service was reviewed using these tools and an extract from the process and the outcomes from this are outlined below.

Factor	Scale	Reasoning
1 Strength and quality of evidence Is the evidence base robust (as appropriate for the condition), and does it translate into significant benefit for the patient?	10 – Low	The service originally commissioned in line with Darzi <i>Next stage Review (Oct 2007)</i> which compelled PCT to commission centres. The service potentially supports patients’ ability to access to primary care, particularly where there are problems with access to local GP practices; and it may offer opportunity to reach particular groups of people who find it difficult to engage with the traditional model of GP services or whose uptake and interaction with primary care has traditionally been poor. No historical evidence available on commissioning business case, intentions of service delivery & reason for siting of centre. Variations in models commissioned make comparison difficult.
2 Magnitude of Health Improvement benefit To what extent does this intervention improve the health gain for the patient?	2 – Very Low	No measures in place in terms of improvement in functionality or quality of life. The service intention is to provide alleviation of single episode illness without onward referral or on-going treatment. Therefore, service would have limited ability to offer improvement in functionality & acute pain only. No co-location with complementary services to support longer-term or chronic illness.
3 Prevention of future illness Does this intervention support 1 ^o or 2 ^o prevention of future health	2 – Very low	As above & service specification does not contain provision of, or direct referral to health & wellbeing interventions / preventative healthcare or education.

conditions?		Would expect signposting to services only Similarly management of acute presentations of existing illness only. Follow up for indicated conditions would be return to GP.
4 Supports people with existing health problems	2 – Very low	Management of diagnosed conditions & potential for deterioration via referral back to GP. Similar to above no onward-referral pathways or provision for on-going treatment, management or review.
Does this intervention improve the quality of life for the patient with the condition in question?		
5 Cost effectiveness ratio	10 – Low	No published QALY or SROI so default score of 10
What is the cost per QALY of this intervention? If no information, default score =10		
6 Opportunity costs	30 – High	Annual expected spend 2016/17 = £1,010,119/26,000 = £37.93 per head of population using the service This is less than £1k per head of population
What is the cost per head for the population that potentially might benefit from this service development? State whether one-off or recurrent.		
7 Addresses health inequality or health inequity	15 - High	Evidence from review that walk-in centres improve patient access to primary care services & particularly for those not otherwise engaged by services. However, equality / quality impact review by CCG shows that alternative services are available & are easily accessed by patient population.
Does this service reduce or narrow identified inequalities or inequities in the local population?		
8 Delivers national and/or local requirements/targets	10 – Low	Does not meet national requirements or targets. Service model does not dovetail with either GP forward view model of extended access to primary care or the CCG's urgent care strategy aligning extended access, improved diagnostic & health & wellbeing services.
Does this intervention support the CCG in delivering identified national or local requirements or targets?		

The prioritisation review highlighted that there was very little evidence to support the intended benefits to patients, improvement in health outcomes or delivery of local targets and requirements.

Subsequently, the total score of 81 out of a potential maximum score of 270 was deemed to be below the required level to support continuation of this service.

4. Quality, Safety and Equality Impact assessments

The CCG utilised a quality impact assessment tool to determine the impact of the changes proposed on the patient population. The assessment focuses on three key areas for consideration; the impact of safety, effectiveness and experience of care for patients. It also includes sections related to other areas of impact namely; publicity / reputation, financial and corporate level performance.

The CCG also completed an equality impact assessment in order to determine the potential adverse effect for any disadvantaged groups or groups with protected characteristics.

The following is a summary of the impacts recorded and level of risk identified.

Safety

There were two issues identified in relation to this element namely; patients may delay seeking clinical advice for urgent presentations and potential exacerbation of minor illness into major illness.

On reflection the risk of these two issues was deemed to be negligible. This was due to a number of factors; that the presentation of patient conditions in the data review demonstrated that this was at a low, non-acute level of illness and that there were a number of alternative services available to patients locally which were easily accessible and of a comparative standard.

Effectiveness

One issue only was identified in relation to this element; the potential that there may be an increase in patients attending A&E which is less effective than primary care/UCC for primary care conditions.

Again the risk identified was categorised as negligible. This was based on the understanding that there are equally competent services available and accessible from other centres with the same or similar operational hours. There is no evidence that attending an urgent care centre is more effective than GP practice in terms of A&E diversion and NHS 111 and GP Out of Hours services have recently been re-procured with an improved specification. Engagement with secondary care Acute Trusts will form part of the communications and engagement plan.

Experience

Issues identified by the review of this element include; that there is no evidence the current service offers a poor experience and patients report that the service is efficient and meets their needs and expectations. In terms of patient experience it was noted that the withdrawal of an urgent care service from this site might impact on the percentage of the population able to access this particular part of the service easily via private or public transport. However the premises will remain the same for the new extended access GP practice service, and is on major bus routes.

The category of risk for this element was calculated as negligible. Supporting evidence for this includes; the alternative is GP services which is a more appropriate service, patient experience review has shown dissatisfaction with current service model and the limitations of nurse only service and modelling for the urgent care centre redesign programme has shown that 100% of the population would be able to access alternative sites within 20min private transport drive time and 89% within 30 min public transport travel time.

Other

A number of other issues were identified in this component of the review particularly relating to reputational, perceived reduction in service and impacts on wider health system factors.

The risk element was gauged to be minor in relation to this part of the review. Potential mitigation to this includes; a robust communication and engagement plan in place to manage interest from media and other parties, engagement activities with local forum including local authority meetings, population events and drop in meetings at the site and a programme of media release and management, signposting and support being made available from a number of channels including social and digital means. The CCG will also engage with other service providers and support them in managing and monitoring any potential increase in demand relating to the closure of this service.

Equality

The CCG's equality impact assessment review did not highlight any issues relating to the discrimination against particular patient groups nor in relation to any negative impacts of the proposal against each of the 9 protected characteristics.

The review did emphasise that there could be potential for patients with mobility difficulties to be slightly impacted in the withdrawal of a local service. However, as before there are open access services available from other sites which are located within reasonable travel distance and time from the current site. Enhanced access to weekday evening appointments (6:30 to 8:00 pm) and weekend appointments, (Saturday 10:00 am to 4:00 pm and Sunday 10:00 am to 2:00pm) is available to patients registered with 13 practices within a 1.5 mile radius of the centre via the MyHealthcare Hub. Alternative urgent care services are also available to all patients at either Birmingham city centre walk in centre or Washwood Heath walk in centre which are located 3 miles from The Hill site.

One other key finding from the assessment was that there needs to be consideration given to the development of communication methods which will include easy read and key local language content, with due regard to the accessible information standard as part of the engagement and communication plan.

5. Mitigating actions

Whilst all the elements of the reviews undertaken by the CCG indicate there is negligible or minor impact on the patient population from closure of this service we are aware that public and stakeholder perception about this decision might be different and a clear message about alternative services will have to be communicated.

The key actions and messages which form this are detailed in the list below.

- Communication and engagement plan, incorporating; attendance and representation at local forum, multi-media messaging and support to other local providers
- Re-procurement of a new GP practice on site which will offer extended weekday access 8am to 8pm and weekend access 9am - 1pm
- CCG investment in local primary care extended access, enabling patients at local practices to access GP evening and weekend appointments .
- Effective signposting to other alternative services including FAQ and guide to local services to be prepared and made available

- Use and promotion of the re-procured of NHS 111 service and Out of Hours service from November 2016, improved clinical input into service and advice available to patients via freephone telephone number
- Extension to contract until 31st July 2017, to align contract end date with new GP practice provider start date, allow for mobilisation of enhanced local primary care access scheme and full engagement activity with all stakeholders, ensuring no gaps in service provision as a result of the decommissioning of one model and mobilisation of the new GP practice.

6. Conclusion

The CCG believes that the issues raised by the review of the service and the decision to not continue urgent care services at this site through an urgent care centre, but through a new GP practice, can be managed effectively using the actions outlined above. There is little risk that the decision will adversely affect health outcomes or deny access to comparable services for the patient population, indeed the CCG believes it will enhance primary care and urgent access services for the local population.



Health, Wellbeing and the Environment Overview & Scrutiny Committee 2016/17 Work Programme

Committee Members:

Cllr Uzma Ahmed
Cllr Deirdre Alden
Cllr Sue Anderson
Cllr Mick Brown

Chair: Cllr John Cotton

Cllr Carole Griffiths
Cllr Andrew Hardie
Cllr Kath Hartley
Cllr Mohammed Idrees

Cllr Simon Jevon
Cllr Karen McCarthy
Cllr Robert Pocock

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)

Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
21 June 2016	<p>Formal Session – Appointments to Deputy Chair and Joint HOSCs</p> <p>Informal Session – Briefings and Background Documents</p>	<p>Dr Louise Lumley, Clinical Lead for Urgent Care. Karen Richards, Head of Urgent Care, Gemma Caldecott, Senior External Comms & Eng. Manager</p> <p>Alan Lotinga, Service Director, Health & Wellbeing / Judith Davis, Programme Director, Better Care Fund/John Wilderspin, Strategic Programme Director Sustainability & Transformation Plan</p> <p>Adrian Phillips, Director of Public Health</p> <p>Alan Bowley, Reduce, Reuse, Recycle Programme Manager</p>



<p>19 July 2016 @ 10.00AM</p> <p>19 July 2016 @ 1.00PM</p>	<p>Use of Enhanced Assessment Beds including capacity in Care Centres</p> <p>Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry</p> <p>From Waste to Resource Workshop</p>	<p>Diana Morgan, AD Specialist Care Services</p> <p>Joanne Carney, Associate Director, Joint Mental Health Commissioning Team, CrossCity CCG, Robert Devlin, Senior Strategic Commissioning Manager, Peter Wilson, Stephen Jenkins, BSMHFT</p> <p>Alan Bowley, Reduce, Reuse, Recycle Programme Manager</p>
<p>9 August 2016</p>	<p>Urgent Care in Birmingham (including the re-procurement of NHS 111 Service)</p>	<p>Karen Richards, Associate Director of Urgent Care / Carol Herity, Associate Director of Partnerships, CrossCity CCG</p>
<p>27 September 2016 @ 10.00AM</p> <p>27 September 2016 @ 2.00PM</p>	<p>Cabinet Member for Health and Social Care Birmingham & Solihull Sustainability & Transformation Plan - progress update</p> <p>Cabinet Member for Clean Streets, Recycling & Environment - DEFERRED</p> <p>Healthwatch – Update</p> <p>Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry</p> <p>Tracking of the 'Living Life to the Full with Dementia' Inquiry</p>	<p>Cllr Paulette Hamilton/ Peter Hay, Strategic Director, People Directorate</p> <p>Cllr Lisa Trickett / Jon Lawton</p> <p>Andy Cave, CEO, Healthwatch Birmingham</p> <p>Charlene Mulhern, Senior Officer – Collaboration, Birmingham Public Health</p> <p>Mary Latter, Joint Commissioning Manager Dementia</p>



<p>25 October 2016</p>	<p>Sustainability and Transformation Plan</p> <ul style="list-style-type: none"> • Mark Rogers (System Lead) • Dame Julie Moore • Sarah-Jane Marsh • John Short • Les Williams <p>Mental Health Day Services</p>	<p>Carol Herity, Associate Director of Partnerships, CrossCity CCG</p>
<p>22 November 2016</p>	<p>Update on Umbrella – the Sexual Health Services in Birmingham and Solihull Contract</p> <p>Birmingham Substance Misuse Recovery System– Review of first 12 months</p> <p>Update on Care Centres and Enhanced Assessment Beds</p> <p>Terms of Reference – Impact of poor air quality on health in Birmingham Inquiry</p>	<p>John Denley, AD People Directorate, Nic Adamson, Director CRI</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Alan Lotinga, Service Director for Adult Care, Louise Collett, Service Director, Commissioning, Alison Malik, Head of Service, Complex & Statutory Services, Commissioning Centre of Excellence, Maria B Gavin, Assistant Director, Commissioning Centre of Excellence</p>
<p>13 December 2016</p>	<p>Budget</p> <p>Forward Thinking Birmingham – Mental Health Care for 0-25s (Update 6 months into new contract)</p>	<p>TBC</p> <p>Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham</p>
<p>17 January 2017</p> <p>1000-1300</p> <p>1400-1600</p>	<p>Impact of poor air quality on health in Birmingham Inquiry</p>	



<p>21 February 2017 2.00pm</p>	<p>Update on the Birmingham and Solihull Sustainability and Transformation Plan</p> <p>West Midlands ADASS Peer Challenge of Birmingham Adult Social Care Services & Action Plan</p> <p>Tracking of the 'Homeless Health' Inquiry</p>	<p>Councillor Paulette Hamilton, Cabinet Member for Health and Social Care; Mark Rogers, System Lead.</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p> <p>John Hardy, Policy & Development Officer</p>
<p>14 March 2017 (Informal meeting)</p>	<p>Consultation on the Future of Acute Hospital Services in Worcestershire</p>	<p>Lucy Noon, Director of Corporate and Organisational Development (across the 3 Worcestershire CCGs); Claire Austin, Communications & Engagement Lead, Future of Acute Hospital Services in Worcestershire Programme</p>
<p>28 March 2017</p>	<p>15/16 Local Performance Account Report</p> <p>Impact of Poor Air Quality on Health in Birmingham Inquiry – Evidence from Network Rail</p>	<p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p> <p>Patrick Power, Station Manager, Birmingham New Street; Kevin Blacktop, Research & Development Specialist; Rhodri Davies, Environmental Strategy Manager</p>
<p>25 April 2017</p>	<p>Cabinet Member for Health and Social Care</p> <p>Urgent Care</p> <p>Report from the Waste Strategy Task and Finish Group</p>	<p>CLr Paulette Hamilton / Suman McCartney</p> <p>Diane Reeves, Chief Accountable Officer, South Central CCG</p>



Items to be scheduled in Work Programme

- Outcome of the Mental Health Recovery, Learning and Work Services Consultation (Baljit Bahi/Rob Devlin)
- Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry (October 2017)
- Tracking of the 'Living Life to the Full with Dementia' Inquiry (October 2017)
- Proposed Changes to NHS Specialist Services for People with Congenital Heart Disease
- Informal Briefing – Healthwatch Birmingham Quality Standard Tool
- Outcome of the Older Adults Day Services Consultation and Norman Power and Perry Tree Care Centre Consultation
- Forward Thinking Birmingham Update Report – June 2017
- Maximising Independence in Adults Programme
- Framework Agreement with Domiciliary Care Providers
- Birmingham Adult Safeguarding Annual Report 2015-17 (Tapshum Pattni/Cherry Dale) (September 2017)
- Update Report on the Birmingham and Solihull Sustainability and Transformation Plan (Councillor John Clancy and Stella Manzie)
- Delayed Transfers of Care
- Progress report against the West Midlands ADASS Peer Challenge Action Plan (Mike Walsh/John Denley)
- Performance Monitoring and the Impact of Budget Savings Report (Mike Walsh/John Denley)
- Tracking of the 'Homeless Health' Inquiry (September 2017)
- Birmingham Substance Misuse Recovery System (CGL) – Update (September 2017)
- Youth Promise Plus – Young People with Learning Disabilities
- Birmingham Business Charter for Social Responsibility – Employment/training offered to people with learning/physical disabilities



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Carole Griffiths, Kath Hartley, Deirdre Alden, Sue Anderson	
Meeting Date	Key Topics	Contacts
5 July 2016 at 2.00pm in Birmingham	<ul style="list-style-type: none"> • Right Care Right Here – Its Evolution (transition to the Black Country Sustainability & Transformation Plan) • Update on Sandwell and West Birmingham End of Life Care Service 	<p>Jayne Salter-Scott, Head of Engagement, SWBCCG</p> <p>Jon Dickens, Chief Operating Officer – Operations, SWBCCG, Sally Sandal, Senior Commissioning Officer</p>
23 November 2016 at 3.30pm in Sandwell	<ul style="list-style-type: none"> • Findings of Improving Day Hospice Service Consultation – Sandwell and West Birmingham CCG 	
18 January 2017 At 3.00pm in Birmingham	<ul style="list-style-type: none"> • Better Health & Care (Black Country STP) • Commissioning New Models of Care • Prescribing for Clinical Need Policy 	<p>Andy Williams, SWBCCG</p> <p>Angela Poulton, Programme Director, SWBCCG</p> <p>Dr Gwyn Harris, Clinical Lead for Medicines Quality; Liz Walker, Head of Medicines Quality, SWBCCG</p>
TBA	<ul style="list-style-type: none"> • Prescriptions and Medicines Consultation 	
TBA	<ul style="list-style-type: none"> • Commissioning New Models of Care <ul style="list-style-type: none"> ○ Evaluation of the outcomes analysis on modality work ○ Outcome of the Engagement Process 	<p>Angela Poulton, Programme Director, SWBCCG</p> <p>Jayne Salter-Scott, Head of Engagement, SWBCCG</p>



Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Rob Pocock, Mohammed Idrees, Mick Brown, Uzma Ahmed, Andrew Hardie, Simon Jevon.	
Meeting Date	Key Topics	Contacts
27 July 2016 at 5.00pm in Birmingham	<ul style="list-style-type: none"> • NHS Procedures of Lower Clinical Value – Solihull and Birmingham 	Gemma Caldecott, Senior External Communications & Engagement Manager, CROSSCITY CCG Neil Walker, Chief Contract & Performance Officer, Solihull CCG, Rhona Woosey, Network & Commissioning Manager, B'ham South Central CCG, Clinical Lead TBC
3 October 2016 at 6.00pm in Solihull	<ul style="list-style-type: none"> • HoEFT <ul style="list-style-type: none"> ○ Update on the performance/finance position ○ Report on progress made on implementing plans ○ Planned changes as a result of need to make savings to address deficit issues. 	Dame Julie Moore, Interim Chief Executive / Jacqui Smith, Interim Chair / Rachel Cashman, Project Director, Integration Programmes / Kevin Bolger, Interim Deputy Chief Executive, Improvement
8 th March 2017 at 5.00pm in Birmingham	<ul style="list-style-type: none"> • Birmingham & Solihull Sustainability & Transformation Plan • Birmingham and Solihull CCGs: Proposed Merger 	Andrew McKirgan, Director BSol STP and Director of Partnerships, UHBFT; Judith Davis, Programme Director, Birmingham Better Care Carol Herity, Associate Director of Partnerships, B'ham CrossCity CCG
26 th April 2017 At 6.00pm In Solihull	<ul style="list-style-type: none"> • Heart of England NHS Foundation Trust (HoEFT) Quality Account 2016/17 	
TBA	<ul style="list-style-type: none"> • University Hospital Birmingham/HoEFT Merger • Birmingham & Solihull Mental Health Trust performance and planned service changes • NHS Procedures of Lower Clinical Value – The next round • Sustainability & Transformation Plan Update:- <ul style="list-style-type: none"> ○ Public engagement and involvement ○ Multi-Speciality Providers ○ Governance and leadership • Birmingham and Solihull CCGs: Proposed Merger Update:- <ul style="list-style-type: none"> ○ Risk Register for the merger ○ Transparency and clarity around the budget implications for Birmingham and Solihull 	



West Midlands Regional Health Scrutiny Chairs Network		
Meeting Date	Key Topics	Contacts
15 June 2016 10.00am	The Work of the West Midlands Mental Health Commission Mental Health Service Provision – from a provider perspective	Steve Appleton Managing Director – Contact Consulting West Midlands Mental Health Commission Secretariat and Project Manager Sue Harris, Director of Strategy and Business Development Stephen Colman, Director of Operations
5 October 2016	Sustainability and Transformation Plans (STPs) Scrutiny and STPs Single Commissioning - The 3 Birmingham CCGs	Brenda Cook, CfPS

CHAIR & COMMITTEE VISITS		
Date	Organisation	Contact
TBA	Modality Partnership – GP led NHS vanguard site developing a new Multi-speciality Community Provider (MCP) model of care.	Dr Naresh Rati, Executive Director, Modality
20 th April 2017 @ 10.30am	West Midlands Ambulance Service – Visit to Hollymoor Ambulance Hub.	Dax Morris, Area Manager
13 th April 2017 @ 10.30am	Reach Out Recovery – Visit to Summer Hill House, Ladywood.	Russell Booth, Marketing Manager
7 December 2016 @ 2.00pm	West Midlands Ambulance Service – Visit to an Ambulance HQ.	Diane Scott, Deputy CEO
2 November 2016 @ 10.30am	Birmingham Substance Misuse Recovery System:- Visit to CRI premises, Scala House, Birmingham.	John Denley, AD Commissioning Centre of Excellence / Nic Adamson, Director CRI



INQUIRY:	
<i>Key Question:</i>	Is there an evidential link between poor air quality and poor health, what are the main controllable sources of this in Birmingham, and what can be done to improve air quality with a view to improving health outcomes in Birmingham?
Lead Member:	Councillors John Cotton and Zafar Iqbal
Lead Officer:	Rose Kiely
Inquiry Members:	CLLrs Uzma Ahmed, Mick Brown, Carole Griffiths, Kath Hartley, Mohammed Idrees, Karen McCarthy, Robert Pocock, Deirdre Alden, Andrew Hardie, Simon Jevon, Sue Anderson, Phil Davis, Diane Donaldson, Ziaul Islam, Josh Jones, John O'Shea, Eva Phillips, Sharon Thompson, David Barrie, Timothy Huxtable, Ken Wood, Zaker Choudhry.
Evidence Gathering:	17 th January 2017
Drafting of Report:	January/February 2017
Report to Council:	4 th April 2017
Councillor Call for Action requests	

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee			
Item no.	Item Name	Portfolio	Proposed date
002820/2016	Personal Budget Allocation System	Health and Social Care	27 June 17
003259/2017	Birmingham Domestic Abuse Prevention Strategy 2017-2020	Health and Social Care	16 May 17
003467/2017	MIA – Internal Care Reviews – Care Centres	Health and Social Care	16 May 17

