

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

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

IN ATTENDANCE:-

Dr Aqil Chaudary (Mental Health GP Lead for Birmingham, Birmingham CrossCity Clinical Commissioning Group), Joanne Carney (Senior Strategic Commissioning Manager) and Dr Rod MacRorie (Chair of the Birmingham Mental Health Clinical Forum)

Dr Andrew Coward (Chair of the Birmingham South Central Clinical Commissioning Group and Lead on Childhood Obesity); Dr Adrian Phillips (Director of Public Health) and Charlene Mulhern (Childhood Obesity Co-ordinator), BCC

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

NOTICE OF RECORDING

248 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.

APOLOGY

249 An apology was submitted on behalf of Councillor Mick Brown for his inability to attend the meeting.

MINUTES

250 The Minutes of the meeting held on 21 July, 2015 were confirmed and signed by the Chair.

DECLARATIONS OF INTERESTS

251 Councillor Andrew Hardie declared that he had retired as a GP but carried out work in a locum capacity.

PRIMARY CARE AND COMMUNITY MENTAL HEALTH TRANSFORMATION

252 The following information briefing was received:-

(See document No. 1)

Dr Aqil Chaudary (Mental Health GP Lead for Birmingham, Birmingham CrossCity Clinical Commissioning Group (CCG), Joanne Carney (Senior Strategic Commissioning Manager) and Dr Rod MacRorie (Chair of the Birmingham Mental Health Clinical Forum) were in attendance.

The report and following PowerPoint slides were presented to the Committee:-

(See document No. 2)

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

- a) The Committee was informed that providing support to people with dementia, which was covered by the Better Care Fund, though not specifically referred to in the presentation was a crucial part of the work.
- b) Members voiced very deep concern that there had been no recognition of the need for therapies to be customised around the needs of the diverse communities in Birmingham and that only reference to different languages acting as a barrier to accessing services had been mentioned. Furthermore, a Member expressed disappointment that cultural sensitivity had not been included as one of the shared objectives and he was keen to see the issue being developed as a major feature going forward.
- c) Further to b) above, the Senior Strategic Commissioning Manager apologised that it had not been made clear from the information provided but assured the Committee that the need for cultural sensitivity in providing services was an integral part of the work being undertaken.
- d) A Member enquired how it was proposed to involve other projects that might help identify and alleviate problems before medical intervention was required. The Senior Strategic Commissioning Manager indicated that they were looking to Wellbeing Hubs to provide the framework in this regard.
- e) The representatives were asked how individual GP Surgery projects were assessed and whether they had the freedom and financial support to continue if they were successful. The Senior Strategic Commissioning Manager highlighted that this would fall within the remit of the Local Commissioning Networks / CCG Operational Plans and that over time projects would be evaluated to see whether they should continue to receive support.
- f) A Member enquired how far forward Joint Commissioning arrangements had progressed in terms of seeking to provide some stability to the Third Sector. The Senior Strategic Manager indicated that more could be done and that discussions were taking place in terms of identifying the areas

where stakeholders should come together and pool resources to undertake integrated procurements.

- g) The Chair advised the meeting that the former Partnership, Contract Performance and Third Sector Overview and Scrutiny Committee had recommended a mapping exercise of Third Sector and “below the radar” groups which he understood remained work in progress. He cited overcoming language barriers in new and emerging communities within Birmingham as an issue that particularly needed to be addressed.
- h) In response to a question from a Member, the Senior Strategic Manager undertook to arrange for information to be provided via the Group Overview and Scrutiny Manager regarding how long a person had to wait for a referral to Talking Therapies, compared to this time last year.
- i) Members were advised that the major way for an individual to access Improving Access to Psychological Therapies (IAPT) was through their GP but efforts had been made to expand the entry points and people could also self-refer. Similarly, reference was made to efforts being made to ensure that Talking Therapies were not services that individuals in need of support found it difficult to access.
- j) The Mental Health GP Lead for Birmingham confirmed that as a result of feedback received during the consultation period more training around mental health issues would be provided for GPs.
- k) A Member referred to the considerable population increases in inner city wards and highlighted that many GPs who had begun their careers in the 1960’s and 1970’s had or were on the verge of retirement. He enquired what was being done to replace them.
- l) Further to k) above, the Mental Health GP Lead advised the meeting that the CCG was aware of the capacity challenge in the City with regard to GP services and referred to the need to make sure that transformation programmes made it more appealing to work in the locations mentioned.
- m) The Mental Health GP Lead informed the Committee that the Local Authority worked very closely with the CCG and that nothing happened in isolation. In representing the Joint Commissioning Team, the Senior Strategic Manager reinforced the comments made and felt that there was a really good platform for moving forward.
- n) Members were advised that access to information about mental health services that were available could be found online although it was acknowledged that this missed out huge pockets of the population.
- o) A Member considered that it was now a fascinating time to begin a career as a GP. He also advised the meeting that the Mental Health Partnership Board had an extensive list of Third Sector organisations .
- p) The Mental Health GP Lead informed the Committee that IAPT services were nationally mandated and that there were parameters limiting the scope of the work. However, there was the capacity to explore and develop other approaches in respect of Counselling Services which were designed to help people experiencing low level anxiety or depression.
- q) It was highlighted by the Senior Strategic Manager that Information Technology programmes such as Your Care Connected provided a means to share information about patients. Furthermore, the Mental Health GP Lead underlined that the whole Primary Care and Community Mental Health Transformation programme was very much dependent on there being good relationships between organisations at a grass roots level and services being focused around patients’ needs.

- r) A Member referred to there being a correlation between poverty and poor mental health and the importance of helping people who were recovering from depression, anxiety etc. to secure employment and gain financial security.
- s) Further to r) above, the Senior Strategic Manager reported that Third Sector organisations provided training and vocational packages to help people with ongoing mental health issues find employment or work in the voluntary sector.

The Chair thanked the representatives for reporting to the meeting and highlighted that they would be invited back to provide a further update in due course.

At this juncture, further to k) and l) above, the Chair also referred to considering including the issue of access by citizens to GP services especially in inner city areas in the Committee's Work Programme.

FALLS PREVENTION UPDATE

253 The following update was received:-

(See document No. 3)

Dr Adrian Phillips, Director of Public Health introduced the information contained in the paper.

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

- a) It was queried whether any progress had been made in terms of making arrangements to clear snow and ice from around elderly people's homes during wintry conditions.
- b) Further to a) above, Members were informed that most incidents involved elderly people falling, not within the public realm, but immediately outside their home "on the doorstep".
- c) The Chair enquired whether any of the £390,000 allocation referred to in the paper could be used to make grit bins available in areas where many elderly people lived. However he acknowledged that it would be dependent on neighbours using the facilities to make the walking routes in the locations safer.
- d) In referring to ways in which the Council was making efforts to stop litter being dropped, the Director of Public Health considered that the same type of approaches could be explored with a view to looking to neighbours and other people to clear snow and ice. In this regard reference was also made by the Chair to giving consideration to perhaps having a "Stand-Up for Neighbours" programme that also covered other aspects where residents required help and support.
- e) A Member felt that an issue that really needed to be addressed was that too many older citizens (e.g. over 50 years of age) were reluctant to report or tell anyone that they had had a fall and therefore did not receive help or advice.

- f) The Chair considered that a popular activity that had been overlooked in the paper was walking in local parks. However, he highlighted people needed to drink plenty of water when taking exercise and consequently asked that the Director of Public Health give consideration to arranging for temporary toilet facilities to be provided in parks during the summer months. In addition, he highlighted that when people became more fit and healthier it helped guard against the development of serious illnesses.
- g) The Director of Public Health in referring to the health benefits of walking considered it to be an extremely beneficial activity and advised the meeting that he was a big advocate of citizens moving away from “bricks and mortar” and using green spaces more.
- h) A Member highlighted that many of the vulnerable people at risk were tenants of social housing providers and he suggested that the landlords be engaged to convey messages aimed at preventing people from experiencing a fall.
- i) In responding to comments made, the Director of Public Health considered that in relation to falls prevention work there was a need to assess not only how public money could best be spent but also look to see where members of the public could provide added-value.
- j) The Director of Public Health informed the meeting of research undertaken at Aston University which showed a marked decrease in the number of hospital admissions (including falls) amongst those elderly people who had taken-up residence in ExtraCare Villages. He considered that with the right approach and ethos the number of falls in Birmingham could be reduced.
- k) In response to a question from a Member, the Director of Public Health indicated that he did not consider that the Council was up to full capacity in terms of publicising activities that were available for people over 50 years of age at Wellbeing Centres.
- l) Further to f) above, the Chair considered that the Council should bring on board voluntary organisations (e.g. Friends of Parks groups) around encouraging more activities, managing amenities and ensuring that there was no vandalism to new facilities provided.
- m) The Director of Public Health considered that people who used or wished to use green spaces should be asked what they would like to be provided at the locations and what the barriers were preventing their greater use.
- n) In response to a question from a Member, the Director of Public Health undertook to check and respond on whether the availability of swimming for people over 50 years of age was specific to Council facilities.
- o) A Member stressed the importance of continuing to press on with the message that physical activity and even basic exercise was really important in reducing the likelihood of a person having a fall.
- p) The Director of Public Health referred to low cost footwear that could be purchased which prevented people from falling over while running when there was snow or ice on the ground and also made reference to the need to promote the fun side of exercise more.
- q) It was highlighted by the Chair that as the proposed Postural Stability programme areas were not specifically ward based it was difficult for local Members to engage with their residents on the initiative.
- r) Further to comments made by the Chair relating to recommendation R05, the Director of Public Health indicated that he could provide more information on CLARCH research. In addition, the Chair also confirmed that he would like more information to be provided on the new risk stratification pilot.

- s) In referring to previous initiatives, a Member considered that efforts should be made to encourage new walking groups to start-up in parks. The Chair highlighted that there were often free facilities that could be used and indicated that it might be appropriate to write to the Cabinet Member for Health and Social Care encouraging her to ask all the elected Members to provide information on what was available in their wards that could then be publicised and made available online.
- t) The Director of Public Health undertook to investigate whether there was GP data available on how many GP Practices offered a self-referral route for people who'd had a fall.
- u) In mentioning warden assisted accommodation a Member advised the meeting that there was a problem with very frail elderly people when they did fall rather than tripping over something simply falling backwards at times when there was nothing to hold onto.
- v) The Director of Public Health highlighted that hip protectors could be used with a view to negating the effects of a fall though these were usually provided to individuals with very limited movement. He also referred to de-cluttering areas so that there were no trip hazards. However, he indicated that retaining and improving muscle strength was the best way to reduce the likelihood of having a fall and also referred to the importance of vitamin D for good bone density.

The Chair thanked the Director of Public Health for reporting to the meeting.

PROGRESS REPORT ON IMPLEMENTATION: TACKLING CHILDHOOD OBESITY IN BIRMINGHAM INQUIRY

The following report was submitted:-

(See document No. 4)

Dr Andrew Coward (Chair of the Birmingham South Central Clinical Commissioning Group and Lead on Childhood Obesity), Dr Adrian Phillips (Director of Public Health, BCC) and Charlene Mulhern (Childhood Obesity Co-ordinator, BCC) were in attendance.

In the course of the representatives reporting on progress made against the recommendations the following were amongst the comments made and responses further to questions:-

- a) The Director of Public Health in responding to a question relating to R02 advised the meeting that although it was optional regarding whether a school / academy became a part of the Birmingham Education Partnership (BEP) there were nonetheless other mechanisms that could be used to engage with schools in the City.
- b) A Member indicated that he hoped that progress could be made quickly through the BEP and suggested perhaps having a Birmingham Gold Standard for Healthy Eating that schools could aspire to and publish alongside their Ofsted grades. In addition, he enquired what big idea could be pursued to ensure that Birmingham and not another City became the healthy eating capital of the country.

- c) Further to b) above, the Chair of the Birmingham South Central Clinical CCG in referencing Buckminster Fuller, an American architect and systems theorist, highlighted that change could not be achieved through fighting the existing reality and that there was therefore a need to create a new model that made the existing one obsolete. In referring to discussions that had taken place at the Smart City Alliance, he also commented that children tended to follow the example of their parents many of whom were obese themselves. He highlighted that many parents worked in health and social care and that there was an initiative actively being explored with large employers regarding how health and wellbeing might be promoted in the workplace in a way that it would also cascade down to children.
- d) The Director of Public Health considered that greater focus should be given to promoting the fun side of exercise as against conveying the adverse health consequences of being obese. Furthermore, a Member stressed the need for a multi-method approach in tackling the issue.
- e) In referring to work that had been carried out along a section of canal to facilitate walking and cycling, a Member nevertheless highlighted that there was a need to find ways to reach out to those specific individuals who were obese so that they engaged in activities.
- f) Further to comments made, the Chair of the Birmingham South Central Clinical CCG indicated that Karen Creavin, Head of Community Sport and Physical Activity and Dr Ewan Hamnett in his championing role were looking at the best way of collecting data in respect of physical activities that were available in the City.
- g) The Director of Public Health highlighted how difficult it could be to arrange for the closure of a road for an event to take place and referred to how many “no ball games” signs there were in Birmingham. He questioned whether the City was making it as easy to engage in physical activity as it could be.
- h) Members agreed that an anticipated completion date of June, 2016 should be set for R02, R04 and R05.
- i) Further to R04, the Chair of the Birmingham South Central Clinical CCG made reference to work in the United States where it had been discovered that a significant number of women who had dropped out of a weight loss clinic had been sexually abused. The Committee was informed that there were currently discussions in the City around how a more sophisticated approach to tackling Adverse Childhood Experiences (ACEs) might be developed.
- j) Members considered that the evidence provided in respect of R06 did not demonstrate that the best way to develop stronger strategic links between GPs and the Third Sector had been fully explored and agreed that the assessment should be 3 - Not Achieved (Progress Made) with an anticipated completion date of June, 2016. The Director of Public Health asked that this be viewed as a provisional date.
- k) In relation to R08, Members indicated that the extent of the progress made so far was not sufficient to reassure them that the recommendation should be closed and it was also highlighted that the Chair of the Planning Committee had not been able to attend this meeting to report on the issues because he was unwell. It was agreed that the assessment should be 3 - Not Achieved (Progress Made) with an anticipated completion date of June, 2016.
- l) The Director of Public Health advised the meeting that he considered that it would be a tragedy if free schools meals ceased to be provided in infant schools. The Chair indicated that he shared his view and felt sure that other Members did so too.

254 **RESOLVED:-**

That, subject to the amendment of R06 and R08 to “3 - Not Achieved (Progress Made)” and the addition of a June 2016 anticipated completion date for the uncompleted recommendations, the Cabinet Member’s Assessments be accepted.

The Chair thanked the representatives for all their work.

**PROGRESS REPORT ON IMPLEMENTATION: MENTAL HEALTH –
WORKING IN PARTNERSHIP WITH CRIMINAL JUSTICE AGENCIES**

The following report was submitted:-

(See document No. 5)

The Chair advised the meeting that concern over there being no one in attendance to present the report would be conveyed to relevant officers.

255 **RESOLVED:-**

That consideration of the report be deferred.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 6)

256 **RESOLVED:-**

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

257 **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 1217 hours.

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CHAIRPERSON