

**MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY
15 DECEMBER 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, Robert Pocock, Sharon Thompson and Margaret Waddington.

IN ATTENDANCE:-

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care

Alan Lotinga, Service Director, Health and Wellbeing, BCC

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

NOTICE OF RECORDING

280 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The meeting would be filmed except where there were confidential or exempt items.

APOLOGIES

281 Apologies for their inability to attend the meeting were submitted on behalf of Councillors Mick Brown and Brett O'Reilly.

MINUTES

In referring to Minute No. 270, Councillor Andrew Hardie commented that he had declared later in the meeting that he worked in the health service as a locum GP.

Councillor Robert Pocock drew attention to paragraph (c) of Minute No.274 and referred to it also having been agreed that an analysis be provided of how the data would be used to improve services. In concurring with the comments made, the Chair advised the Member that the matter would be followed-up.

282 The Minutes of the meeting held on 24 November, 2015 were, subject to the above amendments, confirmed and signed by the Chairperson.

DECLARATIONS OF INTERESTS

- 283 Councillor Andrew Hardie declared that he worked in the health service as a locum GP. Councillor Mohammed Aikhlaq declared that he was a governor of the Heart of England NHS Foundation Trust and Councillor Karen McCarthy that she served as a governor on the Birmingham Women's Hospital.
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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM)

284 **RESOLVED:-**

That Councillor Mohammed Aikhlaq be appointed to serve on the Joint Health Overview and Scrutiny Committee (Birmingham and Sandwell) in place of Councillor Karen McCarthy.

REPORT OF CABINET MEMBER FOR HEALTH AND SOCIAL CARE

- 285 The following report was received:-

(See document No. 1)

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care introduced the report. Alan Lotinga, Service Director, Health and Wellbeing, BCC was also attendance.

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

- a) The Cabinet Member reported that no joint working had yet taken place with the health service on the issue of personal individual budgets but indicated that negotiations were about to start.
- b) In referring to some small scale pilots that had been undertaken a few years ago, the Service Director considered that the first wave of health service personal individual budgets would be around continuing health care.
- c) Members were informed that Viscount House was full to capacity. It was highlighted that the idea behind the facility was that people with learning disabilities received help and guidance for a period of up to 6 months so that they could then live in society as independently as possible.
- d) In concurring that there was a need to work with the health service on the commissioning of learning disability services, the Service Director referred to the need to particularly focus on improving the quality of provision. He also considered that there was a need for something similar to the Mental Health System Strategy Board that was in place.
- e) The Service Director referred to main areas of in-house activity: home care enablement; day care for older adults: day care for people with learning disabilities, in respect of which there was limited choice available; and residential care for people with dementia, where he highlighted that more provision was required and using Care Centres needed to be pursued.
- f) In relation to working with Executive Members for Districts on the Healthy Communities agenda, the Cabinet Member indicated that the Districts had been given an overall direction of travel within which they could then set

their own parameters and seek support. Reference was made to progress that had been made on the issue of mental health and considerable engagement which it was considered needed to take place with the Districts in the coming year.

- g) Further to information on page 6 of the report relating to the Health and Wellbeing Board (HWB), the Service Director referred to a board meeting held earlier in the year where discussions had taken place around working collectively to bring down the level of domestic violence in the City. In also mentioning the Better Care Fund, he considered that as joint working developed there might be a need for the HWB to be reconstituted and become more a decision-making body rather than an influencing one.
- h) In relation to public health cuts, the Service Director indicated that he considered that to address this there was a need to be more specific in commissioning services / robustly challenging costs and, in relation to preventative activity, ensuring that funding was used to best effect and not where it was not having the required impact.
- i) The Cabinet Member informed the meeting that she considered that if the Government continued to squeeze funding then the level of preventative work would unfortunately have to reduce.
- j) A Member highlighted that a preventative approach to improving the health of citizens was not only better for communities but also less costly overall. In pointing out, for example, that people with diabetes were recommended to drink plenty of fluid and take regular walks he asked that public toilets be provided in the City's parks. The Chair also highlighted that this request had been raised at a previous meeting (29 September 2015 - Minute No. 253 refers). The Cabinet Member undertook to pursue the issue and provide a written response.
- k) A Member considered that the financial challenges across health and social care provided a huge impetus and opportunity for joined-up working - something which he considered should have begun on a greater scale many years ago. The Cabinet Member fully agreed that the amount of joined-up working had to increase but considered that being faced with budget cuts at the same time meant that the required remodelling work was that much more challenging. Nonetheless, she pointed out that the health service already commissioned all the mental health services across the City (Council funds were transferred) and that this was having a beneficial impact.
- l) In relation to paid carers, the Service Director considered that recruitment and retention issues would be easier if they received a 'living wage' and the posts were made more attractive relative to other similarly paid occupations. However, he stressed that he in no way condoned any poor practice.
- m) Members were informed that a further Eyes and Ears campaign was likely to commence in March 2016.
- n) A Member queried why a few years ago the prevalence of tuberculosis had increased in the City and whether it was now under control. The Chair informed the meeting that arrangements would be made for the Committee to be provided with an update.
- o) The Cabinet Member advised members that the introduction of payment cards / reducing bureaucracy, setting-up a team of specialist social workers to carry out assessments and ensuring that there were clear pathways to services were amongst measures being taken to encourage service users to opt for direct payments (only about 1,000 of the 7,000 approx. individuals who were eligible had done so) and take ownership of their care. However, she underlined that the Council could not compel individuals to do so.

The Chair thanked the Cabinet Member for attending and reporting to the meeting.

“HOW ARE WE DOING?” – LOCAL PERFORMANCE ACCOUNT 2014/15

286 The following information briefing and accompanying Local Performance Account (LPA) were received:-

(See document Nos. 2 and 3)

Alan Lotinga, Service Director, Health and Wellbeing introduced the information contained in the papers.

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

- a) Further to Appendix 1 appended to the LPA, the Service Director undertook to provide details of the comparator group changes that had been made in 2014/15.
- b) In concurring that the high level indicators told a mixed story in terms of satisfaction with care and support services, the Service Director indicated that he felt that the best way forward with a view to making service improvements was to examine anonymised individual cases with colleagues from the Citizen-led Quality Boards. In relation to adult safeguarding, he also referred to the importance of listening to those people who had been through the process. He felt that the overall statistics were helpful but to some extent only an avenue through which to ask further questions and focus on issues in more the detail.
- c) The Service Director advised the meeting that figures suggested that about 25 percent of the people aged 65 and over that entered hospital did not need to do so. Furthermore, he considered that more could still be done (e.g. falls prevention work, better nutrition) to prevent older people from requiring hospital care and indicated that there were to plans to do so. He highlighted that a crucial part of the Better Care Fund (BCF) was to reduce non-elective (unplanned) hospital admissions, particularly of older people.
- d) Members were advised that the number of delayed transfers of care attributable to social care were around half of what they were at the end of the 2014/15 financial year. He reported that there had been huge success working with the University Hospitals Birmingham NHS Foundation Trust in carrying out joint assessments and highlighted that this was currently being rolled out to other hospitals.
- e) The Committee was informed that lessons learned from the shortcomings in respect of the Community Navigator Service project were being taken on board as part of the BCF work and that the aim was that Health and Wellbeing Coordinators would be available city-wide. He highlighted that what he and colleagues were told, and the evidence suggested, was that service users needed someone to help them and which they could trust in navigating what was to many a daunting health and social care system.
- f) In relation to seeking to reduce hospital admissions, a Member stressed the importance of simple measures e.g. individuals wearing good footwear and taking regular exercise to improve their balance.

- g) The Service Director concurred with comments made that improving communication between professionals across health and social care was an especially important factor in seeking to reduce hospital admissions and the number of delayed transfers of care. Furthermore, he stressed the need for common language / terminology to be used. In relation to social workers, community matrons etc clustering around different GP practices the Service Director indicated that he would favour one model of operation. He also highlighted the need for there to be information (e.g. a resource directory) on what support and facilities were available locally for service users.
- h) Members were advised that bringing together of children's social workers, adults' social workers and family support workers to support young people with disabilities was well advanced and that a joint team had been established. He indicated that the ambition was to extend below the current 14-25 years age range.
- i) The Committee was informed that increasing the percentage of safeguarding files rated as good during audits was a top priority and had been included in the Council Plan / high level targets. In addition, he highlighted that improvement had been made in the current financial year. At this juncture, he also referred to a national Making Safeguarding Personal initiative aimed at involving those who'd been through the safeguarding process in the shaping of services.
- j) A Member questioned how much the data on levels of satisfaction with services reflected the Council's performance as against that of other care providers. He considered that service users did not on the whole differentiate between the two and that the current indicator was not therefore helpful. He therefore suggested that a whole service experience indicator be set in conjunction with partners. The Service Director undertook to give consideration to the issue raised.
- k) In referring to published website information, the Chair queried to what extent service users views contributed to the care home providers quality ratings scores. The Service Director indicated that he did not have this information with him at the meeting. However, he highlighted that a Patient Experience Platform ("Widget") was being developed by Healthwatch Birmingham for use by health and social care providers which would provide people who used services with the opportunity to provide feedback.

The Service Director and adult social care staff were thanked for all their work and achievements particularly given the severe budget cuts being faced.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 4)

The Chair referred to various visits that were being organised and informed Members that they would receive e-mails on the arrangements. Further to Minute No. 285 he also highlighted that the need for an update on tuberculosis would be added to the Work Programme.

At this juncture, a Member referred to a contract award for the School Health Advisory Service scheduled to be considered by Cabinet on 26 January 2016 and asked if Members could receive a report on the outcome and arrangements

that were being put in place, perhaps at the Committee's next available meeting after that date. The Chair indicated that this would be looked into with a view to the matter being brought to Committee at some point in the New Year.

287 **RESOLVED:-**

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

288 **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 Chair wished everyone a Merry Christmas and Happy New Year.

The meeting ended at 1133 hours.

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CHAIRPERSON