BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE MEETING

Minutes of the Meeting held on 4th December 2024 at 1400 hours in Committee Room 3 and 4, Council House, Victoria Square, Birmingham

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Present:

Councillor Fred Grindrod (Chair)

Councillors Saima Ahmed, Jack Deakin, Kath Hartley, Gareth Moore, Julian Pritchard and Paul Tilsley

Also Present:

Councillor Rob Pocock, Acting Cabinet Member, Health and Social Care, Birmingham City Council (BCC)
Councillor Kath Scott joined the meeting virtually on MS Teams
Faith Button, Chief Delivery Officer, Integrated Care Board (ICB)
Andy Cave, Chief Executive Officer, Healthwatch Birmingham
Louise Collett, Acting Strategic Director, Adult Social Care
Maria Gavin, AD, Quality & Improvement, Adult Social Care (ASC)
Julia Lynch, Assistant Director, Legal Services
Daniel Webster, Deputy Chief Operating Officer, ICB
Fiona Bottrill, Senior Overview and Scrutiny Manager
Ade Fashade, Interim Scrutiny Officer (Minutes)

NOTICE OF RECORDING/WEBCAST

38. 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.

APOLOGIES

39. Apologies were received on behalf of Councillor Kath Scott, who joined virtually.

DECLARATIONS OF INTERESTS

40. Members were reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting, and none were declared.

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

MINUTES

41. **RESOLVED:**

i) That the minutes for the Health and Adult Social Care Overview and Scrutiny Committee meeting held on 16th October 2024 be confirmed as a correct record and signed by the Chair.

ACTION TRACKER

42. Actions from previous Health and Adult Social Care Overview and Scrutiny Committee meeting were reviewed and discussed by the committee.

On inviting organisations to all future Health and Adult Social Care Committee considerations of delivery of savings and budget, the City Solicitor will check how other councils have included external organisations in Scrutiny meetings. A further update on this was still expected from the City Solicitor.

On the Kings Counsel Advice, the committee received a response from the Assistant Director (AD), Legal Services, offering a briefing session to committee members. Some members of the committee expressed concerns regarding the lack of detail provided. It was agreed that this action should still be shown as 'amber' until it was resolved.

On timeliness of reports from Finance teams regarding delivery of savings, it was agreed that officers would be allowed to provide latest updates verbally at meetings as relevant.

In relation to learning from the Day Centre consultation, the Senior Overview and Scrutiny Officer reported that the Cabinet Member had highlighted the discussion at the Health and Wellbeing Board to ensure that the views of voluntary and community sector organisations were included in the future consultation processes.

On improvement to Princess of Wales Maternity Unit in the context of capital investment, an update would be provided as part of the Heartlands Capital Programme and Finance and Performance report, at the next Birmingham & Solihull (B/Sol) Joint Health and Social Care (JHOSC) meeting in January.

RESOLVED: -

i) That the actions from the previous Health and Adult Social Care Overview and Scrutiny Committee meetings were reviewed and noted subject to changing the Action regarding KC advice to amber.

INTEGRATED CARE BOARD (ICB) REPORT ON HEALTH AND SOCIAL CARE IN BIRMINGHAM

43. Faith Button, Chief Delivery Officer, ICB was in attendance for this item and provided an overview on the joint NHS and Health and Social Care policy, governance arrangements, and joint funding. Also in attendance with her was Daniel Webster, Deputy Chief Operating Officer for ICB.

Key highlights presented to the committee included:

Joined-up approach to working better together: The establishment of the 4 key structures (CEO Leadership Group; System Oversight Group; System Quality Group and Place Committees) governing performance improvement and ensuring a more joined-up approach to improving partnerships and commissioning. The focus was to ensure the NHS, and Social and Primary Care were linked together. The Systems Groups work together on achieving set government targets, with particular focus on working through elective backlogs such as cancer. A key focus was on quality of care and patient safety.

Neighbourhood Health Services: The Place Committees were focused on building community health services and driving efficient delivery. Place Committees were linked to the BCC Health & Wellbeing Board (HWB). Work had now begun on developing Neighbourhood Health Services to tackle health inequalities. There was a focus on delivery of collaborative programmes and improving shared services - mental health services, community diagnostics hubs and Urgent Treatment Centres (UTCs). For the year 2025/26, key commitments were to focus on keeping people out of hospital, prioritising patient care and safety, reducing elective backlogs and building effective neighbourhood health services. BSol ICB/NHS Trust Budgets will be challenging for 2025/26, which means more reform would be needed before implementation of change across the Trust.

Fairer Future Fund and Better Care Fund: The Fairer Future Fund was established and has £30.6m set aside to tackle health inequalities across B/Sol NHS area. Monitoring work was underway to ensure it was making a difference. The Better Care Fund was focused on ensuring people are staying safe at home (discharge) and aims to integrate the experience of NHS and social care services for older adults and those with more complex needs. The key work around commissioning was to ensure effective joined-up working on service contract delivery, and Value for Money (VFM). Regular meetings were held with BCC Adult Social Care team, working together to meet objectives.

10-Year Plan and Darzi report and relevance to B/Sol ICB: ICB recognised the 10-Year Plan, and Darzi report was a clear message for delivery on quality and Value for Money (VFM). The Secretary of State for Health and Social Care made clear to NHS providers that tighter fiscal constraints would mean more reform would be required before effective change can happen. ICB would focus on developing new Neighbourhood Health Services, improving Mental Health service provision, fixing the Reinforced autoclaved aerated concrete RAACs issue in NHS buildings. The national conversation on health will help the Trust's conversation with communities and staff as well as improving leadership conversations to aid joint commissioning priorities.

In response to questions arising from the discussion on the report from Committee Members, the following points were highlighted:

On the issue of the current financial situation of BCC, and its impact on the work of the Trust, this remains a concern. However, there continues to be open and honest conversations with BCC colleagues to identify potential impact, for example, through Equality Impact Assessments (EIA) and prioritising care packages for patients, ensuring these were appropriate for their needs. The Trust and Council continue to work through the best way of using a collection of resources more effectively to deliver objectives.

On the Better Care Fund, the ICB has a key focus on prevention so that people do not end up in hospital. The ICB is working to improve UTC service provision and ensuring responses from UTCs meets patient needs. UTCs would be part of Neighbourhood Health Service provision.

In terms of budget costs, B/Sol NHS were currently running over budget. The Trust would have to find a way of efficiently moving money across the system. The Trust was committed to establishing a financial recovery plan that supports health and emergency urgent care strategies.

In relation to GP appointments, the Trust was achieving target percentage of same-day appointments. GPs were doing extra hours all the time due to increased demand. UTCs would play a role in delivery set targets. Also, the locality hubs and the integrated neighbourhood teams would also play key roles in relieving pressures on GPs.

In relation to what was being done to fix the current problems in the Hospital Trust, the ICB was working on developing a clear set of plans focused on delivery. The Chief Delivery Officer offered to come to a future committee meeting to present ICB's transformation plans on fixing the problems and how this would make a difference.

ICB was committed to improving standards on digital strategy such as GP telephone service. Currently, there is a Winter Communication programme in place to help patients using NHS 111 and getting people through to the appropriate setting. The Trust is working on a single point of access in the city to improve accessibility and reduce delays. In terms of staff retention, the System Workplace Group was working on how best to improve this.

Andy Cave, Chief Executive Officer, Healthwatch provided a service user/patient perspective on this agenda item, pointing out that patients were experiencing challenging times dealing with change around them. There was the need for culture shift for service users and NHS in communicating plans for reform and change. Also, it was important to recognise community pharmacy within a much wider Primary Care sector in the city.

In terms of the overlapping agenda of Place Committee and Health & Wellbeing Board (HWB), ICB would be happy to come back with information on flow of accountability and to provide further clarity on perceived overlaps of agenda.

On locality partnerships, the ICB is working on developing locality partnership roles which would come under the integrated neighbourhood teams. These would help form part of the proposed Neighbourhood Health Services. In terms of keeping HASC OSC involved and regularly updated, this was something ICB would need to work on with relevant teams within BSol ICB/NHS.

In relation to the NHS risk register and taking BCC's current situation into consideration with its risk register, The Chief Delivery Officer responded that ICB was carrying out an Equality Impact Assessment to identify risks and implications. Members asked that the Council and ICB shared risk registers, the Chief Delivery Officer responded the ICB would be open to having conversations with partners and related stakeholders on this and looking to connect EIAs and working jointly through these to identify risks.

With regards to the status of spaces in the community providing advocacy, information provision and engagement/communication, Faith Button said she will take this back to the relevant team in ICB and find out the current situation.

On whether there had been conversations between ICB and BCC Commissioners, the Chief Delivery Officer said they were in early dialogue stage with BCC Commissioners on things such as social work and housing provision at operational level.

RESOLVED:

That:

i) The Committee noted the existing governance arrangements and areas where further working together between BSol ICB and BCC across health and social care can maximise health and wellbeing outcomes for citizens and patients.

RELOCATION OF ERDINGTON HIGH STREET (NORTH BIRMINGHAM) URGENT TREATMENT CENTRE.

44. Faith Button, Chief Delivery Officer provided an update on the emergency temporary relocation of the North Birmingham Urgent Treatment Centre (NB UTC) to Good Hope Hospital. Key highlights were:

Reinforced autoclaved aerated concrete (RAAC) was still present at Warren Farm, and relocation to North Birmingham earlier this year was successful. However, there have been problems with Anti-Social Behaviour (ASB) at the temporary location, creating a risk to patients and staff safety. As a result, ICB was looking to relocate to Good Hope Hospital. Legal advice had been taken on this proposal. The report presented today sets out the options appraisal and reasons for deciding on Good Hope as an appropriate location.

At this point in the meeting, the Committee Chair read out an email from Paulette Hamilton MP (Birmingham Erdington) where she expressed her concerns about the proposals to relocate to Good Hope Hospital and objecting to the planned move.

During the discussion on this agenda item, the key highlights included:

Communication was inadequate: Members expressed concerns about the lack of effective communication and engagement prior to announcing proposed plans to relocate to Good Hope Hospital, with some hearing about it from constituents who first found out about it on Birmingham Live. In response, the Chief Delivery Officer said that the ICB Comms team regularly engaged at every stage of planning with communities. However, ICB will take on board perceived problems with communication and the need

to be better, for example with the use of media and learn lessons. There was a request for ICB to provide information about the viability of the decision to move to Good Hope Hospital and communicate to members as soon as possible. This would include the full and detailed options appraisal.

Anti-Social Behaviour problems: Members felt that the NHS should do more to be involved in conversations with West Midlands Police in dealing with Anti-Social behaviour in Erdington. In response, Faith Button, Chief Delivery Officer said that meetings were being held regularly with the police and that £2,000 a day had been spent on security. However, concerns raised will be taken back to the relevant team in ICB

Accessibility/Parking issues: Some members highlighted continuing problems with parking and other accessibility issues at Good Hope and that the hospital car park was usually overcrowded. The Chief Delivery Officer said this would be noted and taken back to the relevant team.

Consultation and engagement process: The Chief Delivery Officer assured the committee that emergency and legal reasons for relocation were not used as a way of bypassing the consultation and engagement process. Also, due to identified risk involved in patient and staff safety, the move needed to happen soon and not to wait for the report on the overall UTC review.

Andy Cave, Healthwatch CEO pointed out that there would be a need to be better understanding of the pressing needs and challenges faced by communities to be able to better engage with them in a more meaningful way. Also, there was the need to again look at accessibility issues and review of consultation and engagement for the re-location not to be perceived as a 'pre-emptive' one. The Chief Delivery Officer replied to say this was not a pre-emptive move and the ICB continue to work to ensure everyone had access to UTC within a suitable distance.

The Chief Delivery Officer stated that ICB would want to continue working together with HASC OSC on the temporary UTC relocation and to ensure that access to UTCs improves for patients.

RESOLVED:

That:

i) The Committee noted the contents of the report and acknowledged the decision of BSol ICB to implement an emergency temporary relocation of North Birmingham UTC from Erdington Health and Well-Being Centre to Good Hope Hospital while noting concerns raised by members.

ii) The Committee receive further updates on concerns raised around accessibility and ongoing consultation and engagement process.

CARE CENTRE CONSULTATION

45. Councillor Rob Pocock, Acting Cabinet Member, Health and Social Care introduced this item and provided context, rationale and approach, in relation to the current public consultation on the Council's internally operated Adult Social Care's Care Centres. Also present were Maria Gavin, Assistant Director (AD) Quality and Improvement, Adult

Social Care, Louise Collett, Acting Strategic Director, Adult Social Care, and Julia Lynch, AD, Legal Services, to update the committee on the current position in relation to the consultation and engagement process and overview of responses received to date.

It was clarified at the meeting that in considering this report this does not constitute pre-decision scrutiny but allowed the Committee at this meeting to consider the consultation process and options and respond to the consultation. Councillor Pocock welcomed the importance of scrutiny and reiterated that officers were keen to engage with the committee and would not want the circumstances around the decision on 'call-in' for Day Centres to discourage the committee from carrying out its pre-decision role where required.

Key points highlighted in the report were:

- There are 3 remaining Care Centres currently in use.
- Consultation is underway for 12 options which comes under 3 categories; that the council retain all care centre beds; council retain some and council does not retain any. These options are in the context of making efficiency savings. The proposed option as recommended in the cabinet paper was option 3c shown to be viable in that it delivered the level of savings required
- Members were concerned that not all viable possibilities have been explored to enable meaningful engagement and consultation regarding the future of the Care Centres and that this could be seen as pre-determination regarding the decision
- In terms of lessons learned from the Day Centre consultation exercise; one thing learnt was the need to put in place an effective wrap-around support for residents and carers/families, staff and citizens. Another lesson was to be proactive about concerns among health partners and better engage with them in the consultation process in order to gain more understanding of these concerns.
- Maria Gavin, AD, Quality and Improvement, Adult Social Care informed the meeting that the Care Centre consultation process would be a combination of online and face to face engagement with service users/residents, carers and citizens. Public Consultation packs are available with questions and easy-read versions, and also available on the website, with hard copies also available in care centres. There are 4 online events and 2 online stakeholder meetings. Face-to-Face meetings within care homes will be held with support for participants to be able engage with the process. There will also be small group sessions for people to share views as well as receive reassurance.

Andy Cave, Healthwatch CEO provided comment from a service user perspective. Key points he highlighted for consideration were:

- The Equality Impact Assessment on option 3 does not seem to capture some key implications for service users given the huge impact it can have on individuals.
- Committee may need to scrutinise the risk assessments involved in relocation of residents from the care centres.
- The current financial situation of the NHS may impact on ability to manage bedspace availability.
- All stakeholders need to be more involved in the health impact assessments.

- The impact of this consultation process on service users and carers is a concern, especially around mental health and increased anxiety, and the wrap-around support in place may not be sufficient enough to minimise impact. Also, the timing of the consultation process was a concern (e.g. during the Festive season).
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In response to member discussion on options outlined in the report and proposed option 3c, as well as concerns about the empty bedspaces in the care centres, Councillor Pocock reassured the committee that all options laid out were always with the intention of seeking the best possible outcome for residents. The consultation process would also focus on identifying health impact through Health Impact Assessment (HIA), ensuring that health partners were suitably engaged in the process.

In relation to sector/market appetite for bed spaces and current low occupancy, Louise Collett, Acting Strategic Director, Adult Social Care (ASC) informed the committee that there was a statutory duty on the Council to support external market interests. The Council is expecting confirmation imminently of the Market Sustainability and Improvement Fund specifically set aside for local authorities to assist external care sector partners in meeting challenges they may face.

Maria Gavin informed the committee about availability of wraparound support for citizens through independent advocacy and also via carers hubs for carers. Also, there were plans for social work support to be available for residents after the consultation process should this be required.

The Committee agreed the following points in response to the consultation:

- The Committee noted that the consultation included 12 options – however only one option was shown to be viable in that it delivered the level of savings required. Members were concerned that not all viable possibilities have been explored to enable meaningful engagement and consultation regarding the future of the Care Centres and that this could be seen as pre-determination regarding the decision.
- The Committee noted that the Cabinet Member explained that other options that are put forward during the consultation will be considered and that there is no predetermination regarding the decision. However, if another option is pursued that delivers the savings through changes to Care Centres or additional savings within Adult Social Care, the Committee was concerned that residents, family, carers, staff and the public will not have had an opportunity to consider and comment on this option before a decision is made.
- The Committee questioned why the value of the savings that would be delivered through each option had not been provided as part of the information available in the consultation. Members commented that the difference between the value of the savings and the savings target is an important factor in the viability of the options. The Committee recommend that the value of the savings made under each proposal is published so it is clear how close each proposal is to making the required saving, and therefore how viable it is as an option.

- The Committee recommend that serious consideration is given to the impact that closing the Care Centres will have on the health and wellbeing of residents. It was noted that the reasons for the proposal to close the Care Centres is not based on the quality of the care provided but, on the need, to make financial savings. If the decision is made to close the Care Centres, there must be robust planning to minimise the risk for residents. The Committee noted that 'wrap around care' is in place including advocacy and support from other organisations for residents and family. It was also noted that the consultation ends just before Christmas which is a difficult time for residents and their families to be in a period of uncertainty about the future of the care homes.
- The Committee recommend further consideration is given to option 3A which could provide an opportunity for residents to continue to live at the Care Centres and staff to transfer to the new provider. It was noted that the number of empty beds (25 beds vacant, approx. 80% occupancy) in the Care Centres will have an impact on the perceived viability of the service and the option for the Care Centres to be taken over by another provider. Members asked what work had been undertaken to increase occupancy both for residents funded by the Local Authority and people who self-fund.
- The Committee recommended that consideration is given to the longer term sustainability of the adult social care sector market so that the impact of closing beds now would not result in problem with capacity in the future. It was noted that the Council's Adult Social Care Services have a statutory duty regarding the quality and sustainability of the provision of adult social care for residents.
- The Committee recommended that consideration is given to the impact the proposed closure of the Care Centres would have on the NHS and that the outcome of the consultation is to the benefit of the wider health and social care system in the city.

RESOLVED:

That:

i) The Committee noted the context, rationale and approach of the current consultations, subject to further input from members which would require response from the Cabinet Member and officers.

ii) The Committee agreed that a draft response would be prepared by the Scrutiny Team on the care centre consultation and members were to send comments to the Chair and officers to agree a final response to be submitted by 20 December.

WORK PROGRAMME 24/25 DECEMBER UPDATE

46. The Chair informed the committee on the items on the work programme that would be discussed at the next Health and Adult Social Care (HASC) Overview and Scrutiny Committee meeting on 15th January 2025 – items proposed are:

- Delivery of 24/25 savings.

- BLACHIR update – focus on engagement activities and outcomes/achievements, as well as challenges and mitigations to overcome these.
- Birmingham Safeguarding Adults Board Annual report – outcomes from objectives from the year; challenges and mitigations, as well as any identified risks going forward.

There was discussion on pre-decision scrutiny and whether the Committee would undertake pre-decision scrutiny on the Cabinet decision following the Care Centre Consultation. The Chair referred to a letter he received from the City Solicitor in response to the rejection of the Request for Call-in on the Cabinet decision on the Day Centres which highlighted the present wide-ranging powers of the commissioners and that these override all the Council's statutory powers and Constitution arrangements. Members expressed concerns about how this current situation impacts on the key role of pre-decision scrutiny of Cabinet decisions. After much discussion about the importance and viability of pre-decision scrutiny, members agreed it should still retain this role, and it should be applied to challenge and scrutinise.

In response, Julia Lynch, AD, Legal Services, said that officers would welcome input from the committee at pre-decision stage in order to help formulate the final report to present to Cabinet for decision.

The Senior Overview and Scrutiny Manager informed the committee that the Commissioners Support Unit had been contacted to request clarification from Commissioners regarding pre-decision scrutiny and any future request for the Executive Decision to be Called-In. No response has been received as yet. The Committee was advised that, based on the Constitution, any Request for Call In would be considered on a case-by-case basis.

Members concluded that it needed further clarity from the Commissioners to reassure the committee that its pre-decision role still has value and importance in the current governance arrangements, and that commissioners would be adequately engaged with this scrutiny role. Julia Lynch, AD, Legal Services said she would take this away and get back to the committee.

RESOLVED:

That:

i). The Committee noted the work programme, set out in Appendix A, and identified any amendments required.

ii). The Committee agreed, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme would be submitted to Corporate and Finance O&S Committee to enable work to be planned and co-ordinated throughout the year.

iii) The Chair will contact members of the Committee, following feedback from Commissioners, to consider whether to undertake pre-decision scrutiny of the Cabinet decision on Care Centres

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

47. None.

OTHER URGENT BUSINESS

48. None.

DATE OF THE NEXT MEETING

49. **RESOLVED:-**

i) That the next meeting was scheduled for Wednesday, 15th January 2025 at 1400 hours in Committee Room 6.

The meeting ended at 16.35 hours

Chair's signature: