

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

**Tuesday 22 November 2022. Committee Rooms 3 & 4, Council House,
Victoria Square**

Action Notes

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Jane Jones, Gareth Moore, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Chris Baggott, Service Lead, Partnerships, Insight and Prevention, Public Health.

Karl Beese, Commissioning Manager, Adults Public Health.

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Suzanne Cleary, Chief Officer – Strategy & Partnerships, Birmingham Community Healthcare NHSFT (seconded as Senior Responsible Officer for the Ten-Year Strategy Engagement Programme).

David Lewis, Director, CGL.

Sue Longden, Deputy Director, Public Health (joined the meeting online)

Victoria Loveridge, Head of Services, CGL Birmingham.

David Melbourne, Chief Executive, Birmingham and Solihull Integrated Care Board.

Gail Sadler, Scrutiny Officer (joined the meeting online)

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

None

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared is a Trustee of Birmingham LGBT which provides health services.

4. ACTION NOTES/MATTERS ARISING

Actions from 19 July informal meeting

Q4 Adult Social Care Performance Monitoring Report

Andrew Marsh agreed to try to obtain the information for a suggested new indicator which measures the length of time from when someone is discharged to assess from hospital and the wait before a care package is in place and would let Scrutiny Officer(s) know how this was being progressed.

Members were informed that an informal briefing session with Andrew Marsh had taken place on 15th November to discuss the matter. A further informal briefing session will be organised with Andrew and a representative from University Hospitals Birmingham NHS Foundation Trust.

Actions from 20 September meeting:

Tackling Period Poverty and Raising Period Awareness Tracking Report:

- In response to the issue of girls being absent from school during menstruation, the Education and Children's Social Care O&S Committee have agreed to include this in the work programme and the focus of the report will be on the learning/good practice that has been identified and how this is being shared with schools across the city.
- Monika Rozanski to provide a breakdown of male and female staff who attended the event at George Dixon Academy. This information was circulated to members of the committee on 9th November 2022.

A response and further information were circulated to committee members on 9th November 2022.

Actions from 18 October meeting:

Forward Thinking Birmingham

Further information on the age/distance of young people being placed out of area and the trajectory for reducing that and the number of weeks a patient waits before treatment was circulated to members on 25th October. As a consequence, more detailed information was requested on 8th November 2022.

Members agreed that this agenda item needed further consideration and it was suggested that this should be taken forward by the Children and Young People's Mental Health Task and Finish Group.

An Update on Futures Arrangements for Adult Social Care Performance Monitoring

Merryn Tate to provide a table that depicts the alleged type of abuse/neglect to the location where it has taken place.

This information was circulated to members of the committee on 21st November 2022.

The action notes of the meeting held on 18th October 2022 were agreed.

5. BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM TEN-YEAR STRATEGY

The committee received a presentation on the Birmingham and Solihull Integrated Care System Ten-Year Strategy from David Melbourne (Chief Executive Officer, Birmingham and Solihull Integrated Care Board), Suzanne Cleary (Chief Officer – Strategy and Partnerships, Birmingham Community Healthcare NHSFT (seconded as Senior Responsible Officer for the Ten-Year Strategy Engagement Programme)) and Sue Longden (Deputy Director, Public Health) and highlighted the following key points:-

- What an Integrated Care System (ICS) is; the organisations included in the ICS and its purpose.
- The different levels within the ICS e.g. one system; two places (Birmingham and Solihull); 5 localities in Birmingham and 1 in Solihull and many neighbourhoods with a population of 30-50,000.
- How the Strategy was developed i.e. building on information that was already known through previous consultation and engagement.
- The vision, objectives, principles and developing new ways of working.
- Metrics on a 5- and 10-year trajectory to evaluate how the Strategy is making a difference to the population of Birmingham and Solihull.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Members felt that the definition of the word 'subsidiarity' needed clarification that, where possible, decisions would be made at a local level first. Also, if decisions are to be made at a local level there would need to be resources delegated to that level.
- It is the intention of the ICP to open the democratic accountability, influence, and engagement at a local level. Professor Graeme Betts chairs the Place Board to make sure that below the structure of the Place Board there is a structure that best meets the City Council and the citizens of Birmingham. The Place Board has the ability to determine where to invest at a local level.
- That the role of the ICS is as a contributor towards the wider determinants of adopting a public health approach to tackling health inequalities.
- Public Health carried out a lot of work on the Joint Strategic Needs Assessment and Community Profiles to inform the Strategy.
- The role of scrutiny is crucial for holding the ICP to account. More work needs to be done to work out what will work best for both HOSCs in Birmingham and Solihull to ensure accountability to scrutiny runs through the whole system. David Melbourne, and members of his Executive Board, would prefer to be accountable to the two individual HOSCs, rather than the

Joint HOSC, as it is at that level where a more focussed discussion can take place.

- Making sure health professionals are aware of wider support that is available to tackle fuel poverty in order to signpost the service users they meet to access all the benefits advice and groups who are able to provide support.
- There is a workforce crisis in the NHS which will be exacerbated in December with the planned industrial strikes. Need to look at future workforce planning because currently reliant on international recruitment.
- Long Covid is not currently identified as a priority but needs to be considered in terms of the Strategy. The Chief Executive of the Royal Orthopaedic Hospital is the lead for developing long Covid services for Birmingham.

RESOLVED:

- That a note is provided on what long-Covid services are available in Birmingham.
- Provide a note on the membership of the ICS Partnership, ICS Board and Place Board.
- A further update to be scheduled on the work programme early in the new year.

6. SUBSTANCE USE: BIRMINGHAM'S ADULT TREATMENT SERVICES

Karl Beese (Commissioning Manager, Adults Public Health); Chris Baggott (Service Lead, Partnerships, Insight and Prevention – Public Health); Victoria Loveridge (Head of Services, CGL Birmingham) and David Lewis (Director CGL) introduced the presentation to provide the committee with an annual report on the performance of the Birmingham Adult Substance Misuse Service which is commissioned by Public Health and delivered by Change, Grow, Live (CGL) and highlighted the following:-

- An overview of the adult substance use service.
- The current position regarding drug and alcohol misuse in Birmingham.
- The Triple Zero City Strategy for substance use for the period 2020-2030.
- Data about the number of people accessing the service; in treatment; and a breakdown of the number of people in each drug category.
- Work that has been undertaken to respond to local need and partnership working.
- Workforce development and expansion.
- Feedback from people who have used the service.
- Members were invited to visit one of the 5 community hubs located across the city.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The Homeless Team did a piece of work, with other providers, to target people who were begging at traffic lights. A significant number of people were accommodated and not rough sleepers and were already in treatment. For those who are not in treatment it's about building trust and encouraging them to seek support. The Community Safety Partnership Team also did a piece of work on traffic light begging.
- Also targeted street drinkers in areas across the city but have now received more funding which will enable further outreach work.
- The correlation between people in treatment and living in houses of multiple occupation (HMOs) could well be a factor but is not an area of work that has been undertaken.
- CGL provide training to HMOs and housing providers on drug awareness and have received referrals from them.
- CGL are part of the Rough Sleeper Initiative which has a multi-agency approach who meet daily to share intelligence. Are aware of a gang culture and some service users are very vulnerable and CGL work with them to empower them to move away from that culture.
- The Triple Zero City Strategy will have focus on prevention and education and what is driving people into the substance misuse environment. There is a focus on prevention and engaging with people earlier on in life e.g. children and young people. The Strategy also mentions joint working with colleagues on the mental health agenda to support people with mental health needs to ensure they do not self-medicate with drugs or alcohol at a later point.
- As part of the re-procurement process and commissioning cycle, there will be a lot of co-production with key partners and mental health will be part of that, based on the national quality standards and linked to the 10-year drugs strategy.

RESOLVED:

- To provide information on the association between people living in HMOs and exempt accommodation and in treatment for drug and alcohol abuse by Wards.
- CGL to provide information regarding the training that has been given to housing providers.

7. WORK PROGRAMME – NOVEMBER 2022

- Scrutiny Officer(s) to circulate the Q1 Adult Social Care Performance Monitoring data.
- The Birmingham/Sandwell Joint HOSC is scheduled to take place on 29th November at 2.00pm in Birmingham.

RESOLVED:

That the work programme be noted.

8. DATE AND TIME OF NEXT MEETING

The date of the next meeting is scheduled to take place on Tuesday 20 December 2022 at 10.00am.

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

None.

10. OTHER URGENT BUSINESS

None.

11. 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 1213 hours.