

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 01 SEPTEMBER 2020 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

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.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 - 10

4 ACTION NOTES/ISSUES ARISING

To confirm the action notes of the meeting held on 21st July 2020.
(1400-1405hrs)

11 - 16

5 BLACK COUNTRY AND WEST BIRMINGHAM CLINICAL
COMMISSIONING GROUPS FUTURE COMMISSIONING INTENTIONS

Dr Manir Aslam, West Birmingham Governing Body GP Lead; Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs.
(1405-1435hrs)

6 **PUBLIC HEALTH UPDATE**

Dr Justin Varney, Director of Public Health.
(1435-1505hrs)

17 - 30

7 **HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2019-20**

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.
(1505-1530hrs)

8 **HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE MEETING DATES FOR 2020/21**

To note that the Health and Social Care Overview and Scrutiny Committee meeting dates for 2020/21 are as follows:

2020	2021
6 October	26 January
17 November	16 February
8 December	23 March
	27 April

All meetings will be held on Tuesdays at 1000 hours, or if conducted by Microsoft Teams 1400, hours.

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

To consider any request for call in/councillor call 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 Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL**HEALTH AND SOCIAL CARE O&S COMMITTEE****1400 hours on 21st July 2020, via Microsoft Teams – Actions****Present:**

Councillor Rob Pocock (Chair), Mick Brown, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam, Zaheer Khan and Paul Tilsley.

Also Present:

Mark Astbury, Finance Business Partner, Adult Social Care.

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.

Councillor Debbie Clancy

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.

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

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office.

Gail Sadler, Scrutiny Officer.

Dr Justin Varney, Director of Public Health.

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. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

None.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 16th June 2020 were agreed.

17th March meeting – Outstanding Actions

Permission to consult on the Birmingham Drug and Alcohol Strategy (Triple Zero City Strategy)

Dr Marion Gibbon to ask the Public Health Evidence Team if geographical data on substance misuse on a ward-by-ward basis city-wide can be provided.

Scoping of the Infant Mortality Review

Dr Marion Gibbon to provide geographical data on infant mortality city-wide, and if possible also mapped against air pollution emissions.

The evidence relating to both outstanding actions was circulated prior to the meeting and members were asked to identify gaps in the evidence presented in the draft reports. It was agreed that, due to the lateness of the reports, that they should be noted and that:-

- The Drug and Alcohol Strategy data is discussed at the next meeting.
- The Infant Mortality data to be taken into consideration when gathering evidence for the review.
 - As further evidence to the infant mortality data, the Chair asked for a map of the deprivation/housing/living conditions and health inequalities mapped against infant mortality across the city.

16th June meeting – Outstanding Action

COVID-19 Update – West Midlands Care Association

Questions that had arisen from the presentation had been sent to Debbie Le Quesne (WMCA) and Alison Malik (BCC) and a response would be circulated to members upon receipt.

5. FINANCIAL OUTTURN 2019/20 – ADULT SOCIAL CARE

The Resources O&S Committee had received the Financial Outturn figures for the City Council at their 18th June 2020 meeting which contained a number of underspends in the Adult Social Care budget. Therefore, this committee was invited by Resources O&S Committee to look into the detail behind those figures.

Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Mark Astbury (Finance Business Partner, Adult Social Care) presented a paper which set out the figures and areas of activity within the Directorate which had resulted in underspends. This was to assure members that the underspends were not a result of displacement activity i.e. not deliberately underspending on service users care provision in order to offset an overspend elsewhere.

The underspend on packages of care were primarily related to older people's services and there were several factors that led to that underspend:-

- Reduced the amount set aside for bad debt.
- Underspent against the rollout of framework pricing.
- Implementation of the 3 Conversations Model.

There were also underspends in the following service areas:-

- Learning Disabilities.
- Mental Health.
- Physical Disabilities.

This was largely due to an increase in the number of direct payments and a reduction in the number of residential placements and service users receiving a purchased home support package.

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

- The shift from purchasing packages of care to direct payments allows the service user more freedom to choose the services and package of care that they want. It is not the intention to lower the standard/quality of care. The efficiency is in the flexibility not in a reduction in the quality of care that an individual receives.
- Clarification was sought on how the bad debt figure was calculated.
- The underspend on Framework Pricing was a one-off in-year saving. It had been assumed that it would be rolled-out on 1st April, but it took several months and was rolled-out throughout the year.
- Concern was raised about whether there was too much of a shift towards 3 Conversations Model and whether it was appropriate for the upper age range of the older people client group.
- There are strict controls in place to continually monitor the use of a direct payment which is also subject to an annual financial review. There is an agreed support plan in terms of what an individual will use their funding for and how they will ensure their care needs are met. Any financial issues which arise from the monitoring process would be addressed by the social worker. The service user also has the right to withdraw from direct payments and request an assessed package of care.

RESOLVED:

- The committee is reassured that there did not appear to have been a shortfall in services as a result of the underspend.
- The topic of Direct Payments is added to the work programme. There is a corporate objective to increase direct payments. The committee would like a report setting out both the benefits and also risks associated with the move from purchased care packages to direct payments.
- The topic of the 3 Conversations Model is discussed at another meeting in order for the committee to gain a detailed description of the process.

6. COVID-19 UPDATE

Cabinet Member for Health and Social Care

Councillor Paulette Hamilton thanked the committee for the support she had received during the Covid-19 outbreak.

Councillor Hamilton explained the work that had been undertaken to develop a Local Outbreak Engagement Plan which sets out a framework for coordinating and collaborating across local partnerships in the event of a second wave or any outbreaks. The plan was being overseen by the Covid Outbreak Engagement Board, which has cross-party representation and Chaired by the Leader, and is a sub-group of the Health and Wellbeing Board.

The Cabinet Member also referred to the impact of Covid-19 on mental health and wellbeing and how the effects of lockdown are yet to be fully realised in society. She referred to partnership working between Birmingham and Solihull CCG and the city council and online resources promoting help and support for mental health in the city e.g. organisations like MIND.

Update from Public Health

Dr Justin Varney gave an overview of the current Covid-19 situation across the city. He said numbers had risen slightly during the last week spread out across the city and, predominantly, in working age adults i.e. 20-40-year-old age group. In the areas that have more than 5 cases there were links to where 3 or 4 households, from the same family, have socialised with each other. Dr Varney also praised business owners for acting responsibly and reporting cases of employees testing positive in order to get the right advice for staff and customers.

Referring to the situations in Leicester and Blackburn i.e. those areas that have moved into a local lockdown or a local pre-lockdown, Dr Varney said he had agreed a framework with the Chief Executive and Gold Command which was RAG (red, amber and green) rated based on thresholds of where Birmingham would need to be to move from the current green stage to amber and red.

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

- The local authority is empowered to take the decision to go into local lockdown. Therefore, in the current emergency situation that would be a Gold Command decision taken in conversation with the Leader and Councillor Hamilton as the Cabinet Member. A weekly meeting has been set up between the Leader, Chief Executive, Councillor Hamilton and Dr Varney to establish the current situation in Birmingham and prepare should lockdown become a reality.
- Concern was expressed about the forthcoming Eid Festival and getting the message across about taking precautions to avoid catching or spreading the infection. Dr Varney said a lot of work was being done to reduce the risk of people catching Covid-19 e.g. focussing on people who have long term conditions like diabetes and launching a new public health campaign called

‘Be Healthy’ to encourage people to get healthier before the second wave which is predicted around October/November.

- Councillor Hamilton has asked for a report on details relating to hospital patients being discharged into care homes and outbreaks of Covid-19.
- Responding to a query regarding any further update on black, Asian and minority ethnic (BAME) communities who have disproportionately suffered from Covid-19, Councillor Hamilton said evidence appeared to show that this was partly due to health inequalities, multi-generational households, underlying health conditions and people presenting late at hospitals because had tried home remedies in the first place.
- In response to a query about how decisions taken by the Outbreak Engagement Board would be communicated, Dr Varney shared a Governance Map of how the various Boards/Sub-Groups that have been established relate to each other.
- Testing Sites in Birmingham – There is a walk-through pilot testing site on Villa Street, Newtown. There are three mobile testing sites in the car parks at Brewery Street Coach Station, Moseley Rugby Football Club and Birmingham City Football Clubs. There are no authorised testing sites located inside buildings.

RESOLVED:

Dr Varney to circulate:-

- Slide set on ‘Test and Trace’ to Councillor Debbie Clancy.
- Information on location of testing sites.

Healthwatch Birmingham

Andy Cave presented an overview of what had been learned from an online survey conducted during Covid-19 and activities undertaken by Healthwatch Birmingham during the pandemic.

The survey was shared across health and social care through providers and commissioners and partners in the third sector. In addition to the survey, Healthwatch continued to hear feedback around health and social care services via their Feedback Centre and through the Information and Signposting Services. All of the information received was combined and the data analysed. Key issues that came to light during the survey were immediately raised with providers and commissioners to ensure that any gaps in provision were addressed.

Resulting from information received, three further areas of work have been identified:-

- BAME inequalities and looking at specific population groups within the BAME communities;
- To hear from people in residential care, and
- To hear from people with learning disabilities.

Moving forward working with health and social care to ensure the citizens voice is heard and Healthwatch can influence the level of involvement through restoration and recovery of services and in the redesign of services.

The data Healthwatch has collected, in addition to data from the Public Health survey and the CCGs, provides a more comprehensive account of what has happened in the city especially around the BAME communities and this information will be fed into the Health and Wellbeing Board.

RESOLVED:

Any members who have questions on the presentation should email them to Scrutiny Officers to forward to Andy Cave for a response.

7. 2019/20 END OF YEAR ADULT SOCIAL CARE PERFORMANCE MONITORING REPORT

Maria Gavin (Assistant Director, Quality and Improvement, Adult Social Care) Maria presented the end of year update on the performance of adult social care highlighting the 5 key indicators that are reported to HOSC in detail but also including performance monitoring of all key indicators.

The information on the 5 key indicators related to March 2020 apart from Delayed Transfers of Care (DTOC) which has a different reporting cycle and relates to February 2020.

DTOC – Showed a slight improvement on the January data. During Covid-19 the data has not been collected. Central Government instructed health and social care to implement a Covid-19 Discharge Service from hospital - 'Discharge to Assess'. The impact of this saw delays drop between 40-60% in March.

Reviews completed in last 12 months – Performance dropped for several reasons including Covid-19 and the introduction of easements. Review plans are also linked to the introduction of Customer Journey and that was put on hold but has now recommenced.

Direct Payments – Has continued to increase and now the city council is in the top quartile nationally mainly due to the implementation of the 3 Conversations Model.

Shared Lives – Has improved by 25% this year.

Learning Disability and Employment – Temporarily suspended during Covid-19 as it was not possible to put people in work placements and higher education. The service has been adapted to run as an online support service and work is underway to see how the service will continue to support people into employment post-Covid.

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

- Members commented positively on the achievement of having a key indicator in the top quartile nationally and also the improvement in the shared lives indicator but concern over the lower level of reviews carried out.
- Concern was also shown over the data that was being presented from March i.e. 3-4 months out of date. Members were told that due to the governance procedure there is a delay before the data is presented to Scrutiny.

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

None.

9. OTHER URGENT BUSINESS

The Chair informed members that Rose Kiely (O&S Manager) would be leaving the council at the end of August. On behalf of the HOSC, he thanked Rose for her guidance and support and wished her well for the future.

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.

11. DATE AND TIME OF NEXT MEETING

The Chairman confirmed that the next meeting would take place on 1st September 2020.

The meeting ended at 1620 hours.

BIRMINGHAM HEALTH & SOCIAL CARE O&S COMMITTEE

1ST SEPTEMBER 2020

BLACK COUNTRY AND WEST BIRMINGHAM CCGs FUTURE COMMISSIONING INTENTIONS

Contact Details

Dr Manir Aslam – West Birmingham Governing Body GP Lead

Pip Mayo – Managing Director West Birmingham

Purpose of Report

This report seeks to provide Members of the Birmingham Health and Care Overview and Scrutiny with:

- Information about the proposed merger of the 4 CCGs across the Black Country and West Birmingham to form a single large CCG.
- Implications to consider for West Birmingham
- Set out a forward approach to commissioning and delivering services to meet the needs of the West Birmingham population

Introduction.

West Birmingham is an area within the Birmingham Local Authority area, made up of two parliamentary constituencies, Ladywood and Perry Barr. The area is home to c 260,000 people. It is the youngest area in Birmingham with 41% of residents being aged below 25 and the most diverse with 67% of the population coming from a BAME community. The area contains some areas of significant deprivation alongside longstanding health inequalities.

West Birmingham sits at a critical intersection in terms of health service planning, with the border between two STPs and two CCGs running through it. 80% of the West Birmingham Locality falls within Sandwell and West Birmingham CCG, the remainder is within Birmingham and Solihull CCG.

The CCG boundaries were set in 2013 when Sandwell and West Birmingham CCG was created from the merger of Sandwell and Heart of Birmingham PCTs, with primary reference to patient flows through the health system. 90% of the residents in West Birmingham attend either City Hospital or Sandwell Hospital to have their secondary and urgent/emergency health needs met.

The lack of alignment between the health planning boundaries and the local authority boundaries has the potential to complicate partnership working with Birmingham City Council and could, consequently, result in an inconsistent health and social care offer to local people.

CCGs are clinically led organisations with local GPs as voting members. An option to reposition the border to make it co-terminus with Birmingham City Council was considered by West Birmingham GPs in 2019. This realignment option was rejected with GPs, who believed that a continued alignment with Sandwell would represent the best option for patients given the high proportion of work undertaken in partnership with Sandwell and West Birmingham Trust, particularly in view of the development of the Midland Metropolitan University Hospital.

Local people also recognise Sandwell and West Birmingham Hospital Trust as their access point to secondary and acute service provision.

Implementing the NHS Long Term Plan

The NHS Long Term Plan contains clear guidance on how health and social care services should be organised in the future. The plan highlights three important levels for decision making:

System (population circa 1 million to 3 million people) - The highest level of planning in which an area's health and care partners come together to set strategic direction and develop economies of scale. The guidance builds upon the partnerships created through STPs and further strengthens these through the formation of Integrated Care Systems.

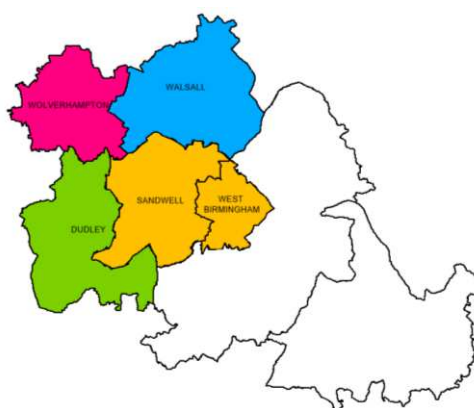
Place (population circa 250,000 to 500,000) - Draw health and care providers together into an integrated care partnership. The Place is the level at which relationships with local councils, community hospitals and the voluntary and community sector are developed and maintained.

Neighbourhood (population circa 30,000 – 50,000) - Served by groups of GP practices working with NHS community services, social care, and others to deliver more co-ordinated services through primary care networks.

At a system level, West Birmingham is part of the Black Country and West Birmingham STP. Currently 4 CCGs work in collaboration as part of this CCG: Dudley, Sandwell & West Birmingham, Walsall, and Wolverhampton. In line with national policy direction a merger of these 4 CCGs is currently being considered to create an Integrated Care System covering a population of 1.5 million people.

At the Place level it is proposed that 5 Places be established: Dudley, Sandwell, Walsall, West Birmingham, and Wolverhampton. Each Place is connected to its respective local council.

At the Neighbourhood level 34 primary care networks have been formed across the Black Country and West Birmingham area, and local partnerships with community service providers and social work teams are being formed.



The proposal to merge the 4 CCGs into a single CCG is a significant change in terms of formal governance and constitution and as such it is the subject of a formal approval process by NHSE/I.

The views of stakeholders, to include Birmingham City Council, Birmingham Healthwatch and health and social care providers are being sought ahead of a vote by GP members in October 2020.

A positive vote from the GP members will result in an application being made to NHSE for a merger from April 2021.

Implications for West Birmingham.

The emerging arrangements set out above provide a significant opportunity to continue to build relationships to address the needs of the West Birmingham population.

a) Health and Care Planning

System Level

Whilst West Birmingham falls within a different STP to the rest of Birmingham, and no mandate currently exists to change this, measures are in place to mitigate the impact. Representatives from West Birmingham are Associate Members of Birmingham and Solihull STP.

The system level planning priorities for both the Black Country and West Birmingham and for Birmingham and Solihull show very high level of alignment; both having been formed to deliver on the requirements of the NHS Long Term Plan. This alignment will continue to grow as systems transition from STPs to ICSs.

Additionally, the two areas increasingly come together to secure the required economies of scale to deliver on policy priorities. Current examples include the current review of Adult Critical Care capacity across the region and the planning of urgent and emergency care.

Place Level

The West Birmingham Place is already recognised as a key unit for the planning and delivery of health and care services within the Black Country and West Birmingham STP, Birmingham and Solihull STP and within Birmingham City Council.

Key service providers like Birmingham Community Health Care NHS Trust and Birmingham and Solihull Mental Health Foundation Trust also recognise West Birmingham as one of the 5 localities within Birmingham and have redesigned their teams accordingly.

This high level of alignment between stakeholders and partners is reflected into the membership for the Ladywood and Perry Barr Integrated Care Partnership which has been formed to drive outcomes through integrated service delivery for the local West Birmingham population.

To sit alongside the ICP Board a West Birmingham Citizen Engagement Forum has been established to provide a mechanism for securing the citizen voice.

Neighbourhood Level

5 PCNs fall within the West Birmingham Place, 4 hold contracts with The Black Country and West Birmingham CCG and 1 with Birmingham and Solihull CCG. The contract that sets out the requirements of each is nationally mandated by NHSE and the requirements are therefore the same for all 5.

Agreement has been secured between the two CCGs to bring the PCNs together to form a single response to local issues like the delivery of flu vaccinations in a way which creates maximum uptake amongst the local population.

b) Implications for Commissioning

The purpose of commissioning is to achieve outcomes for citizens, communities, and populations. As such it is critical that commissioners are not only informed by national objectives and policy priorities but also by the local context within which they work.

It is therefore critical that the commissioning approach taken in West Birmingham is coherent with the rest of the City and supports delivery of the Health and Wellbeing Strategy. To enable this public health data has been used to create an outcomes framework to guide the priorities of the Ladywood and Perry Barr Integrated Care Partnership.

For some areas of a more formal joint commissioning arrangement is required. The Black Country and West Birmingham CCG already have formal arrangements with Birmingham and Solihull CCG for the commissioning of single city-wide service offers for mental health and learning disabilities. These arrangements are further consolidated via Section 75 agreements with Birmingham City Council. All parties are committed to continuing to work together to continuously drive improvement.

Similarly, The Black Country and West Birmingham CCG are key stakeholders in the delivery of pan-Birmingham programmes like the Birmingham Older People's Programme which has workstream priorities around key issues relating to intermediate care (Early Intervention), care homes and integrated working within neighbourhoods. Joint commissioning of Section 75 budgets in respect of these programmes will be through the Better Care Fund arrangements – principally the Better Care Fund Commissioning Executive - with a line of accountability to the Birmingham Health and Well-being Board. The West Birmingham Managing Director will have place on the BCF Commissioning Executive.

In other instances where Sandwell and West Birmingham NHS Trust are the key stakeholder, such as elective care and maternity services, commissioning will be undertaken to maximise the outcomes achieved through the current pathways.

Over the coming period the West Birmingham Managing Director will lead a review of current arrangements, alongside stakeholders and partners, to ensure that they are comprehensive and formed to drive the best possible outcomes for the West Birmingham population.

An early review has identified an opportunity to strengthen joint commissioning arrangements for children and young people and to form stronger links with the Birmingham Children's Trust to meet the needs of the many children, young people and families living in West Birmingham.

Implications for Governance and Leadership

Contained within the Black Country and West Birmingham's plans for merger is a proposal to create a single Governing Body for system supported by 5 Place based Commissioning Boards.

The terms of reference and delegated responsibilities for the West Birmingham Commissioning Board are still being considered to take account of the views of GP Members and other stakeholders.

The West Birmingham Commissioning Board will hold responsibility for developing and implementing the West Birmingham Commissioning Strategy and Delivery Plan. JSNA

information will be used to inform the plan which will be developed in full consultation with the Birmingham Health and Wellbeing Board.

Work is currently underway to confirm which budgets will be delegated to the Board, however these are anticipated to be those associated with primary and community services, to include the voluntary and community sector.

A Clinical Chair will be appointed to lead the work of the Board supported by GP Board Members, Lay Members, and officers from the CCG.

To acknowledge the role of key strategic stakeholders Birmingham and Solihull CCG, Birmingham Public Health and Birmingham Adult Social Care will also have seats on the Board.

To add to this infrastructure the Black Country and West Birmingham CCGs have invested in a West Birmingham Managing Director and are in the process of creating a team to focus specifically on meeting the needs of the West Birmingham population.

Agreement has been reached to co-locate the West Birmingham team with Birmingham and Solihull CCG. Options to have some drop down space at Woodcock Street will also be explored to further consolidate joint working with Birmingham City Council.

Conclusion and Next Steps

The health and social care system is complex. No one organisation can meet the needs of people, places, or populations on their own.

West Birmingham is an area of high deprivation and need, with significant health inequalities. For some services like secondary and acute care the population faces West towards Sandwell, for others like mental health the population faces towards Birmingham.

This complexity cannot be resolved by realigning the boundary. To respond well a flexible collaborative approach to commissioning is required, which recognises and respects clinical pathways and supports a positive customer journey.

This paper sets out proposals for how this can be achieved working alongside Birmingham City Council, Birmingham and Solihull CCG, health and social care delivery partners and local people. The approach set out in this paper is supported by Birmingham and Solihull CCG and key officers at Birmingham City Council.

Some of the arrangements like the wider merger of the Black Country and West Birmingham CCGs are still being considered, whilst others like the detail of the place-based arrangements are still in development working alongside local stakeholders.

The view of Health Overview and Scrutiny Members are welcomed at this point.

Report Copied to:

- Councillor Paulette Hamilton – Cabinet Member Health and Social Care
- Paul Maubach – Accountable Officer – Black Country and West Birmingham CCGs
- Dr Ian Sykes – Chair – Sandwell and West Birmingham CCG
- Paul Jennings – Chief Executive – Birmingham and Solihull CCG
- Graeme Betts – Director Adult Social Care, Birmingham City Council
- Louise Collett – Assistant Director of Commissioning – Birmingham City Council
- Dr Justin Varney – Director of Public Health – Birmingham City Council
- Andy Cave – Chief Executive – Birmingham Healthwatch



Annual report 2019-20

Guided by you

healthwatch
Birmingham

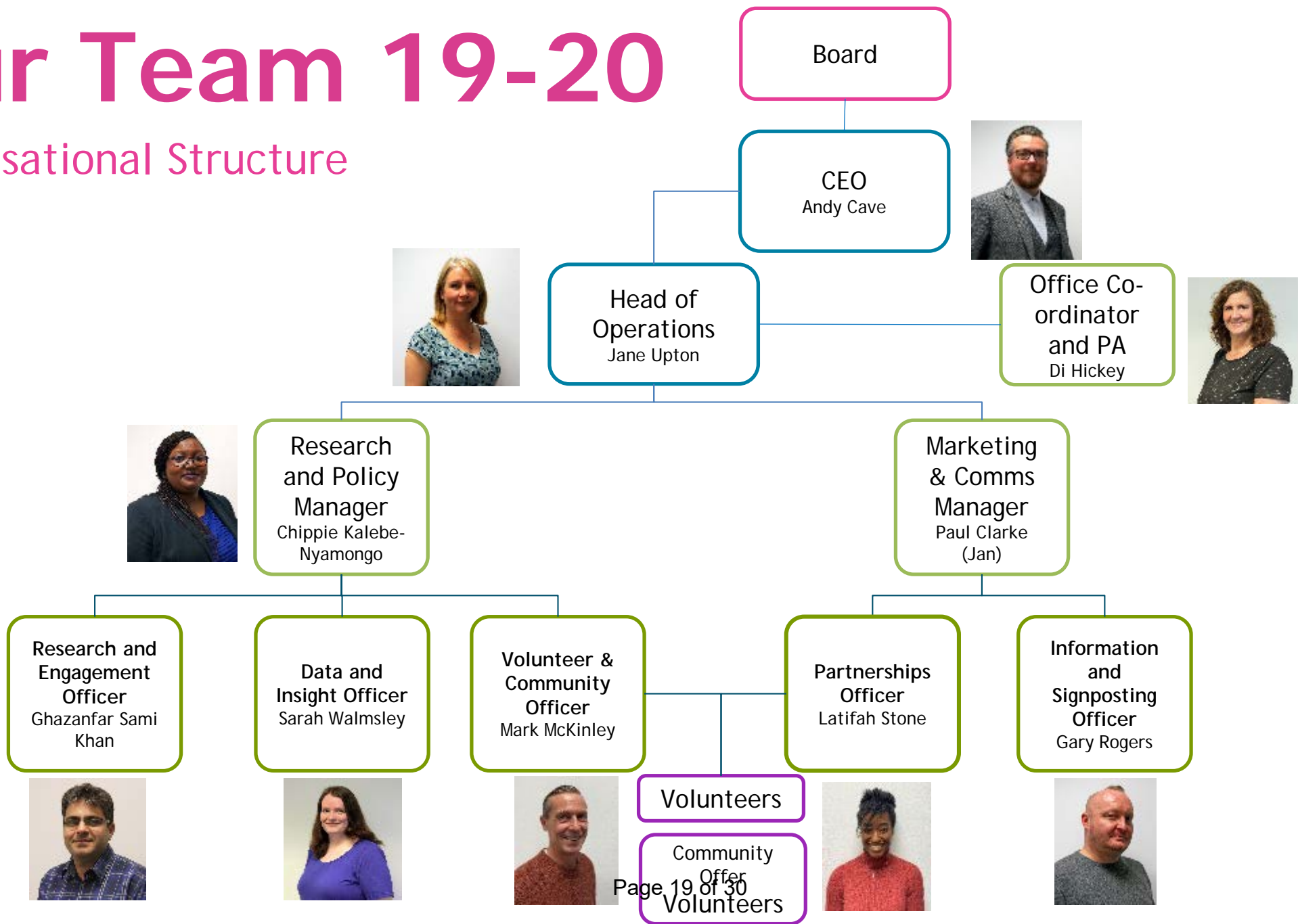
Key moments of 2019-2020

- Overall we performed well in 2019-20 in comparison to previous years with continuous to growth across all areas.
- Between April 19 – July 2020 we had a contract extension as a result of an extended tender process.
- We won the contract which started in August 2019 at a contract value of £407,207



Our Team 19-20

Organisational Structure



Highlights from our year

Health and care that works for you



15 volunteers

helped to carry out our work. In total, they attended 65 events, meetings or training sessions and gave 162 hours to help improve health and social care services.

10 staff

9.17 of whom are full time equivalent.

Providing support



1,884 people

shared their health and social care story with us, 30% more than last year.

474 people

accessed Healthwatch Birmingham advice and information online or contacted us with questions about local support, 25% more than last year.

Making a difference to care



We published

3 investigation reports

about the improvements people would like to see with their health and social care.

Reaching out



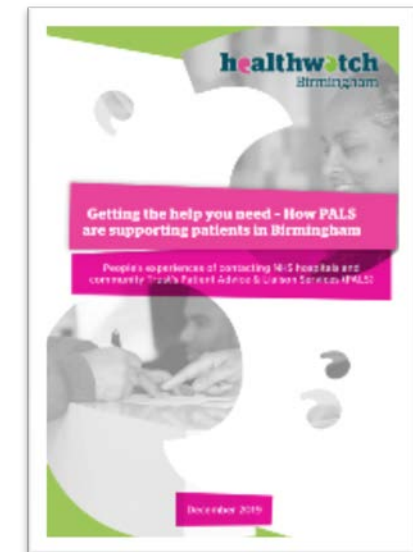
60,836 visits

to our website, 5,986 people engaged with us through social media, and 2,502 people engaged with us at community events.

How we've made a difference

Improving support for hospital patients who have problems with care

- Service users will benefit from improvements to NHS trusts' Patient Advice and Liaison Services (PALS), following our report into their experiences. Examples of recommendations include:
 - every enquirer to Birmingham Community Healthcare Trust PALS receiving a named contact,
 - more feedback from PALS users at Birmingham Women's and Children's NHS Foundation Trust being used to continuously improve the service.
 - Lead PALS officers are sharing best practice across NHS Trusts to tackle inconsistency.
- We worked with seven NHS trusts across Birmingham and 19 community organisations and registered charities.
- 87 people told us about their experience of PALS. Their experiences were inconsistent between NHS trusts. When PALS worked well people's needs were met, they felt understood and that their voices were heard. However, when PALS did not work well people felt powerless, afraid their treatment had been compromised by contacting PALS, and believed PALS was not acting in patients' best interests.
- This will help to ensure a more standardised service between NHS trusts. The full report, ['Getting the help you need – How PALS are supporting patients in Birmingham'](#), can be found on our website.



How we've made a difference

Assessing the impact of changes to primary care services on vulnerable people

- We responded to 14 consultations, reviews or listening exercises. One example is a response to a primary care consultation by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). This highlighted the importance of the CCG fully assessing the impact of service changes on vulnerable people.
- The CCG consulted patients of Five Ways Health Centre after the Care Quality Commission (CQC) placed the centre into 'special measures'. The health centre was in an area ranked amongst the 10% most deprived in the country.
- The area includes people on low incomes, the elderly, people living in poverty, and those with caring responsibilities; 59% of the practice population are from black and minority ethnic (BAME) groups.
- Healthwatch Birmingham recommended the CCG assess the impact of such proposed service changes on vulnerable patients. As a result, the CCG committed to implement impact assessments for future consultations and engagement for primary care services. These will help ensure that the needs of vulnerable patients are more fully understood, and negative effects of service change minimised, in the future design and delivery of primary care services in West Birmingham.



How we've made a difference

Hospital Waiting rooms improved for patients with sensory disabilities

Our report [“What is it like being in a hospital waiting room?”](#) examined the experiences of people in waiting rooms in eight NHS hospitals. We heard the views of patients and conducted focus groups to hear from people with sensory impairments.

Our [follow-up impact report](#) shows that our recommendations led to many improvements for patients and carers.

- City Hospital has introduced patient held call systems allowing people to leave waiting areas without the anxiety of missing their appointment.
- Birmingham and Midland Eye Centre staff now guide visually impaired patients to their appointments.
- Birmingham Dental Hospital now makes announcements in clinics to ensure patients with hearing impairments or sight loss know when it is their turn.
- At the Royal Orthopaedic Hospital details of clinics that regularly over-run are shared with operational managers to identify causes and increase efficiency.
- At University Hospitals Birmingham a patient, who is an architect by profession with expertise in signage, is assisting work to help patients find the correct waiting room.
- Birmingham Children's Hospital and Birmingham Women's Hospital reception staff now have bold, visible sensory awareness badges stating 'I am here to help with sensory awareness'.



Long Term Plan

Giving people a say in the NHS Long Term Plan

Following a commitment from the Government to increase investment, the NHS published the 'Long Term Plan' in January 2019, setting out its key ambitions over the next 10 years. Local Healthwatch across the country were asked to find out what people want from health and support services for the next decade. Working with Healthwatch Solihull, more than 690 people shared their views with us.

The public's priorities included:

- access to the help and treatment I need when I want it (44%)
- jointly choosing the right treatment with the relevant health and care professional (38%)
- being able to stay in my own home for as long as it is safe to do so (48%)

Our recommendations to the NHS:

- clearly lay out how the health and social care system will improve communication pathways with patients.
- address individual and community skill gaps for self-care.
- eliminate local gaps in meeting the Accessible Information Standard.
- reflect on the availability of services to support individuals, with improvements made to referral pathways, waiting lists/times and the distribution of services.
- implement actions, where waiting times are unavoidable, to support individuals to self-care.
- detail how assets within communities will be supported and developed, identifying and addressing any gaps across Birmingham and Solihull.
- address how local NHS services will work across all partners to reduce the stigma of mental health, disability and other conditions, support individuals and build self-efficacy for self-care.

By addressing these in the development of the plan, the NHS will better enable local communities to look after their own health.



690 people shared their
views with us



Healthwatch Birmingham was 'Highly Commended' at the national Healthwatch conference for our NHS Long Term Plan report.

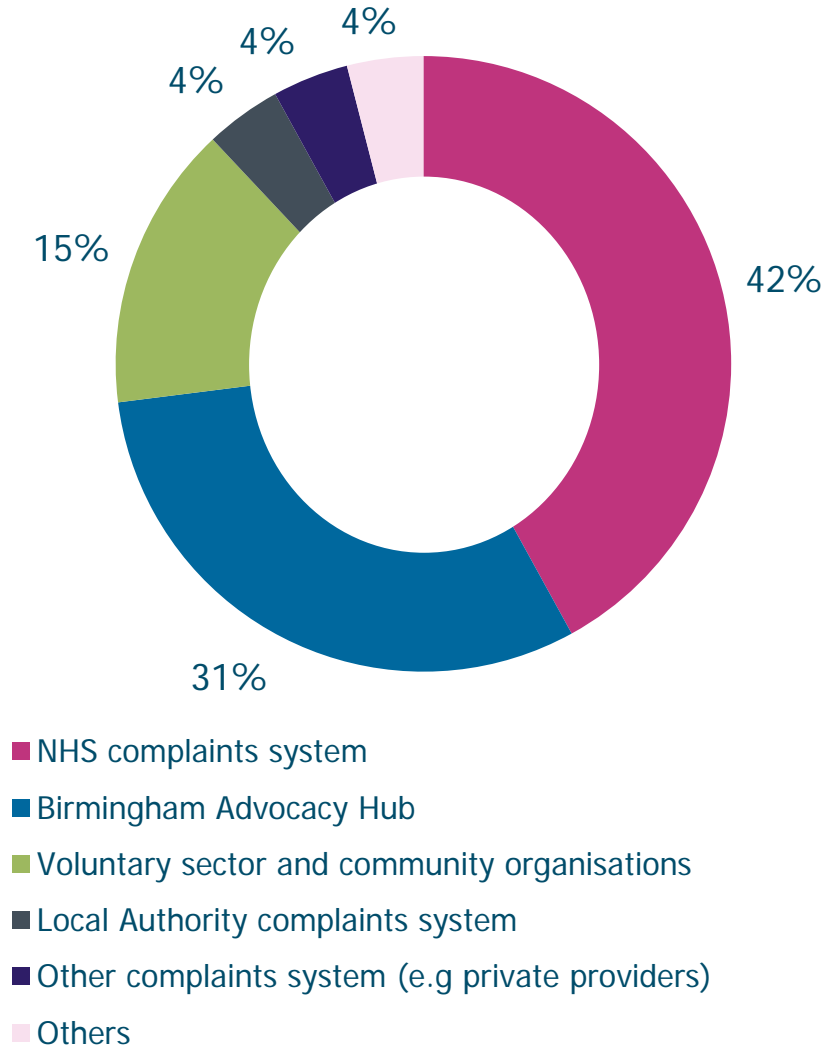
This gave recognition to our impact in ensuring people's views were heard and considered by the NHS. The report can be found on our website.

Helping you find the answers

Our information and signposting service

This year we helped 474 people get the advice and information they need by:

- providing advice and information articles on our website.
- answering people's queries about services over the phone, by email, or online.
- talking to people at community events.
- promoting services and information that can help people on our social media.



Helping you find the answers

Case Study: Support with a complaint about a GP and complex personal issues

Mrs C contacted us about her father. We listened to her and signposted her to organisations that could support Mrs C and her father at a difficult time in their lives.

Mrs C's father needed home visits from a GP. Over Christmas, her father required an ambulance visit, which the GP refused to attend. Mrs C complained to the surgery and received an apology. However, she was then contacted by the Practice Manager who removed Mrs C and her father from their list of patients. Mrs C did not want to move GPs and wished to make a complaint.

We signposted her to the regulator responsible for the GP surgery and referred her to an advocate to help her navigate the NHS complaints system.

During the call Mrs C shared with us that she is a full time carer and suffers PTSD following a serious sexual assault. We therefore also gave her details for The Rape and Sexual Violence Project which deals in counselling survivors of sexual abuse.

Mrs C told us that Healthwatch Birmingham was the first service to listen to her and make her feel that she wasn't in the wrong.

Our Volunteers

We could not do what we do without the support of our amazing volunteers.



Christine Spooner

I really enjoyed working on the PALS project and being part of something that has made a difference to services in Birmingham. I also helped with the Long Term Plan, introducing Healthwatch staff to another organisation I volunteer for, CASBA, that provides advocacy support for vulnerable people. It was a privilege to help people with learning disabilities have their say to improve services.



Mustak Mirza

It was great being involved with the PALS project, I felt valued and part of something that made a real difference. I also helped Healthwatch Birmingham staff at an engagement event at Birmingham Central Mosque, I helped break down language barriers enabling us to get more feedback to improve services and raise awareness of Healthwatch.



Tim Phillips

I helped with the design of the PALS project. I also helped Healthwatch Birmingham staff to build links with the Disability Resource Centre, who I'm a trustee with. This enabled Healthwatch Birmingham to reach some of the service users that use the DRC, and get more feedback for the survey.

I am also the Volunteer representative on the Healthwatch Birmingham Board making sure the voice of volunteers is heard at governance level.

What next?

Our focus and work for 2020-2021

In the next year Healthwatch Birmingham will:

1. Highlight inequality and drive improvement by engaging more and more with communities that were disproportionately impacted by Covid-19.
2. Grow our partnerships with organisations in the VCSE sector that supported vulnerable populations during the Covid-19 outbreak.
3. Support health and social care in the restoration and recovery of services, while holding providers and commissioners to account for implementing positive changes for the public who we proudly serve.

- Provided information and signposting support during lockdown
- Covid-19 report – Experiences of citizens during lockdown
- Investigation – What challenges do people with sight loss experience accessing vision rehabilitation services?
- Inequalities investigation
- African-Caribbean Workshop with SWBCCG
- Development of virtual and innovative engagement activity
- Increased links with Voluntary and community sector
- Increased engagement through our Community Partnership
- Digital Access – National Research
- Responding to local and national consultations
- Supporting and challenging the levels of involvement as part of restoration and recovery



Thank you for listening

Any Questions?

Our full Annual Report 2019 – 2020 can be found at
<https://healthwatchbirmingham.co.uk/wp-content/uploads/2020/07/Healthwatch-Birmingham-Annual-Report-2019-2020.pdf>



