

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

Tuesday 24 January 2023. Committee Rooms 3 & 4, Council House, Victoria Square

Action Notes

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Fiona Bottrill, Senior Overview and Scrutiny Manager (joined the meeting online)

Joanne Lowe, Head of Service, (Operations and Partnerships) Mental Health

Andrew Marsh, Head of Service, (Operations and Partnerships) Strategic Lead for Hospitals, Discharge to Assess Pathways and Integrated Hub

Gail Sadler, Scrutiny Officer

John Williams, Director – Adult Social Care (Operational and Community Services)

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

Councillors Gareth Moore and Jane Jones.

3. DECLARATIONS OF INTEREST

None.

4. ACTION NOTES/MATTERS ARISING

Actions from 19 July informal meeting

Q4 Adult Social Care Performance Monitoring Report

A further informal briefing session regarding 'Discharge to Assess Pathways' and 'Failed Discharges' with Andrew Marsh and Andrew McKirgan, Chief Officer for Out of Hospital Services, University Hospitals Birmingham NHS Foundation Trust, has been arranged for Friday 27th January 2023.

Actions from 22 November meeting:

Birmingham and Solihull Integrated Care System Ten-Year Strategy:

- 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.

The information was circulated to members on 12 January 2023.

Substance Use: Birmingham's Adult Treatment Services

- To provide information on the association between people living in Houses of Multiple Occupation (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.

Scrutiny Officer(s) have been advised that the information will be available by the end of January 2023. The Chairman requested that Scrutiny Officer(s) follow up the request.

Actions from 20th December meeting:

Adult Social Care Performance Monitoring

Members were told that the information requested in relation to the adult social care precept had been circulated via email on 5th January 2023.

5. ADULT SOCIAL CARE REFORMS

The committee received a presentation from John Williams, Director – Adult Social Care (Operational and Community Services) and Andrew Marsh, Head of Service, (Operations and Partnerships) Strategic Lead for Hospitals, Discharge to Assess Pathways and Integrated Hub, on the Government's plans to introduce Adult Social Care Reforms which were expected to be implemented in October 2023 but have now been delayed until 2025. The committee was updated on actions taken to date and key next steps for implementing the Fair Cost of Care. The following key points were highlighted:-

- The background to the Government plans to reform adult social care in England and the funding that would be used to fund the reforms.

- Key features of the Reforms include:-
 - Introducing a care cap of £86,000 on the amount anyone in England will have to spend on their personal care over their lifetime.
 - Fair Cost of Care Reforms.
- The Fair Cost of Care exercise for Birmingham is based on provider submitted data between 6 June and 4 August 2022.
 - Summary results of the Fair Cost of Care Exercise for the 65+ Care Home Market.
 - Summary results of the Fair Cost of Care Exercise for the 18+ Domiciliary Care Market.
- Progress on fair cost of care actions for the City Council and the key next steps.

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

- One challenge is that, for all local authorities, the fair cost of care needs to be funded by Government and we can only pass on those funds to our care providers. The Local Government Association and Association of Directors of Adult Social Services are working closely with Government to let them understand the impact of the fair cost of care on local authorities' budget but also on providers.
- The local authority has contracts with 236 care homes. Those that are eligible under the fair cost of care is 130 because they are providing care to the 65+ age group.
- The Hospital Social Work Discharge Team work very closely with health colleagues to maximise the number of citizens that they can help and support to leave hospital. Some of those leave without needing care and support others leave with a short-term placement and/or residential and nursing care.
- There is a very high threshold to meet for Continuing Health Care funding. Most people start with social care and then potentially move into health care funding as their physical or mental health declines.
- From a system viewpoint the number of beds is not always the issue it is having the right beds i.e., ensuring the placement is right for the person leaving hospital. An inappropriate placement could mean that person returns to hospital.
- As a system, along with University Hospitals Birmingham (UHB) and Birmingham Community Health Care (BCHC,) jointly commission a 'pathway to bed stock'. Some of this is within BCHC and some is privately commissioned. Therefore, providing jointly commissioned capacity between health and social care to enable a person to be discharged from an acute setting.
- Not aware of all self-funders as care homes do not have a requirement to notify the local authority of self-funders but commissioning colleagues are

engaging with care homes to better understand how many people are self-funded.

- At present, not in a position to know whether the Government funding is going to be enough to ensure providers can operate without cross-subsidy.
- The reported cost of 18+ domiciliary care travel time is significantly lower than national benchmarks because of the benefits of urbanisation. It costs more in rural areas.
- The BCC Director of Commissioning and Head of Service regularly meet with as many care providers as possible and do monitoring and visits to build up an operational relationship with them. From a standards point of view, 75% of providers are rated gold or silver.
- A survey based on government guidelines was sent to providers for the fair cost of care exercise.
- Worked closely with providers to understand the true costs for them. There are significant variables and data that has been used to produce the figures and how they benchmark against other local authorities.
- Regarding medium- and long-term financial planning, BCC can only pass on to providers the funding received from Government for the fair cost of care. Currently, profiling financial risk of this and financial burdens on local authorities. Also, working closely with care home providers to better understand their financial liabilities.

RESOLVED:

- The Fair Cost of Care report submitted on 14th October is circulated to the committee.
- That the committee receives a further report on the financial position regarding Fair Cost of Care early in the new municipal year.

6. APPROVED MENTAL HEALTH PROFESSIONAL

John Williams, Director – Adult Social Care (Operational and Community Services) and Joanne Lowe Joanne Lowe, Head of Service, (Operations and Partnerships) Mental Health, introduced the report which outline the role of the Approved Mental Health Professional i.e., those authorised to make certain legal decisions and applications under the Mental Health Act 1983 and highlighted the following:-

- The role of the Approved Mental Health Professional (AMHP).
- The number of Mental Health Act assessment being carried by BCC each month.
- The average time from the request for a mental health assessment to completion.
- Mental health assessment data for under 18 and over 18-year-olds over a 3-year period.

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

- AMHPs across the local authority are social workers, and they are fulfilling a dual role. Every other week they will work with the Mental Health Act HUB and they will just undertake Mental Health Act assessment work. They do undertake casework as well, so they are social workers and AMHPs.
- AMHPs are trained and skilled in working with people of all ages because there's no age limit to the Mental Health Act and work closely as social workers within Forward Thinking Birmingham as well. When assessing young people always try to get a doctor from Forward Thinking Birmingham to undertake the assessment as well.
- It is the AMHPs who ultimately decide either to detain someone or not but that's done in consultation with doctors and with the nearest relative and family members. There's a legal duty to consult with that person's nearest relative as defined under the Mental Health Act.
- It's the responsibility of the AMHP to make decisions in terms of risk. If a person is in a police cell, it may not be the most ideal place for them, but they are safe. The police will often use alternative power such as section 136, which enables them to move people out of a custody setting into the designated place of safety in Birmingham where they will be assessed with a 24-hour timeframe.
- The Mental Health Act requires the doctor to be responsible for identifying the bed and that's a function they delegate in Birmingham to bed managers. At the place of safety, which is based at the Oleaster Hospital over at the QE, they have a number of bed managers and have a bed management function and are responsible for determining who should be brought into hospital.
- Work is underway to improve AMHP workforce succession planning. Looking to approve 7 new AMHPs every year. Training takes 6 months at Wolverhampton University compared to 2 years at Birmingham University. Also encouraging BCC social workers to become AMHPs and recently set up a specialist mental health team to try and strengthen that in Birmingham.
- Concern was raised about the use of out of area placements for young people due to a lack of beds in Birmingham. Community services are not able to support younger people at an earlier stage which is impacting on the number of younger people who are presenting significantly unwell and requiring hospital admission.
- The bed management system is not managed locally. It is managed nationally by NHS England. It's not a case of allocating a bed geographically but where a bed is available, and this can be outside of the West Midlands region.
- If an individual who's been assessed, not detained, and then commits a serious assault, there will be a partner case review, that is independently done. Specialist Consultants look at what the near misses were and what could have been done to prevent that.

- Of the 4,000 annual assessments about 75-80% of those people will be detained. In Birmingham, this is a disproportionate amount of section 136s. Those are police powers where they bring people off the streets to a place of safety, and they have to be assessed within 24 hours. A high proportion of those that come in via the police won't result in detention.
- There have been instances when people, including children, have been allocated a bed with a private provider but on arrival at the hospital have been refused admission. Because they are a private provider, they have the right to refuse.
- In terms of qualitative data, it is difficult to know how many assessments were with new patients with no mental health record because there are people that have no legal right to stay, no recourse to public funds that come through requiring a Mental Health Act assessments etc. People who are picked up by the police on a section 136 and brought into custody and require a Mental Health Act assessment. They have no previous history but might be under the influence of drink and drugs and not have a mental illness.
- HR colleagues are looking at workforce planning of the service including the age profile and equality and diversity of the workforce. BCC contributes to an annual AMHP survey so has accurate data in terms of the ethnicity and age group of BCCC AMHPs.

RESOLVED:

- To provide information on how many occasions people have been refused admission to hospital from a private provider.
- To provide a report on AMHP Workforce Planning to a future meeting.
- 'Out of area bed placements' to be included in the work programme for next year in order to highlight this issue for national debate.

7. WORK PROGRAMME – JANUARY 2023

- The Senior Overview and Scrutiny Officer set out the agenda items for the next meeting on 21st February:-
 - Birmingham Sexual Health Services – Umbrella (UHB)
 - Immunisation
- Following a request for the report on Immunisation to be deferred, it was agreed that a strategic oversight paper would be requested for the 21st February meeting with a more detailed report to be presented to the 18th April meeting.
- A Task and Finish Group meeting for the Children and Young People's Mental Health Inquiry are scheduled for 31st January, 14th February and 21st February. Also, the written call for evidence has been sent to those organisations that have not been invited, at this stage, to attend a meeting. There will also be a public call for evidence that will be published on the BCC website. In addition,

trying to set up a meeting with young people on 8th February and will be linking with Healthwatch to see if they have young people who may want to join that session.

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 21st February 2023 at 10.00am.

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

None

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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 1205 hours.