

**BIRMINGHAM CITY COUNCIL**

**HEALTH AND SOCIAL CARE O&S COMMITTEE**

**INFORMAL MEETING**

**1000 hours on Tuesday, 19 July 2022, online meeting**

**Action Notes**

**Present:**

Councillor Mick Brown (Chair)

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

**Also Present:**

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Andy Cave, CEO, Healthwatch Birmingham.

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

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

Gail Sadler, Scrutiny Officer.

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**1. NOTICE OF RECORDING/WEBCAST**

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "[www.civico.net/birmingham](http://www.civico.net/birmingham)") and members of the press/public may record and take photographs.

The whole of the meeting would be filmed except where there were confidential or exempt items.

**2. APPOINTMENT OF COMMITTEE AND CHAIR**

The resolution of City Council appointing the Committee was noted.

**3. ELECTION OF DEPUTY CHAIR**

To be appointed at the next formal meeting on 20<sup>th</sup> September 2022.

**4. APOLOGIES**

Apologies were submitted on behalf of Councillor Paul Tilsley.

## 5. DECLARATIONS OF INTEREST.

None.

## 6. TERMS OF REFERENCE

Noted.

## 7. JOINT HEALTH SCRUTINY COMMITTEES WITH SANDWELL AND SOLIHULL

### SANDWELL

Councillors: Mick Brown  
Kath Hartley  
Mumtaz Hussain  
Jane Jones  
Gareth Moore

### SOLIHULL

Councillors: Mick Brown  
Deborah Harries  
Kirsten Kurt-Elli  
Gareth Moore  
Rob Pocock

As this meeting is informal, membership of the Joint HOSCs can be agreed by the Chair under Chair's authority to act with relevant Chief Officer, as agreed at the Committee meeting on the 29<sup>th</sup> March 2022, to ensure that arrangements for the autumn Joint HOSC meetings can be made.

## 8. ACTION NOTES/MATTERS ARISING

Approval of the action notes from the meeting held on 29<sup>th</sup> March 2022 is deferred to the next formal meeting on 20<sup>th</sup> September 2022.

### Outstanding action from 21 December meeting:

#### BSol Integrated Care System: Update on Place and West Birmingham:

- Maps are circulated to the committee to show the alignment between PCNs, clusters of GPs and localities.

Concern was raised about the length of time being taken to receive this information. Scrutiny Officer(s) were asked to request that the information is circulated to members before the 20<sup>th</sup> September meeting or, if unavailable, to ask for an explanation as to why it is proving so problematic.

### Actions from 29<sup>th</sup> March meeting:

#### Cabinet Member Update

- Progress against actions in the Birmingham and Lewisham African Health Inequalities Review (BLACHIR) will be reported at the 20<sup>th</sup> December meeting.
- Dr Varney be requested to forward copies of the Public Health Faith Setting Toolkits to the Committee. This information was emailed to members on 7/7/22.

### Neighbourhood Network Schemes

Members were sent the following items on 21/4/22:-

- A copy of the NNS video presentation.

- A briefing on the Community Network Support Officers (CNSO). Scrutiny Officer(s) were asked to re-send the information for the benefit of new members on the committee.

## **9. Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING 2021-2022**

Maria Gavin (Assistant Director, Quality & Improvement, Adult Social Care) and Andrew Marsh (Head of Service, Operations and Partnerships, Strategic Lead for Hospitals, Discharge to Assess Pathways and Integrated Hub, Adult Social Care) attended for this item. Andrew Marsh presented an update on the new model of Early Intervention and the Discharge to Assess pathways. Maria Gavin reported on the red rated performance indicators; the 5 performance indicators chosen by this committee for more in-depth examination and the complete set of Adult Social Care performance indicators for 2021-2022.

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

- The Hospital Discharge Service Requirements which was introduced nationally in March 2020 does not override the Care Act 2012 because they are discharge to assess pathways. Therefore, the Care Act legislation still applies because the patient has not been discharged from those pathways.
- The pathway 0 target of 50% of discharges home with now new or additional support is a national target.
- Now the Delayed Transfer of Care measure has been paused there needs to be a 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.
- If more than the maximum 1% target of discharges required pathway 3 this would be provided.
- In determining which pathway someone would be discharged into, it is by the home first principle. The principles of home first is that everyone should be able to return home with support if needed and only those citizens that require a bedded unit would go down that route and there are clinical criteria that are taken into consideration to determine that. But it is not a Care Act assessment at that stage.
- Before discharge to assess was introduced a person would have had a Care Act assessment in hospital and a care package commissioned before being discharged. The entire process could take anywhere between 8-2 days. Now a person can be discharged home the same day and receive care from the Early Intervention Community Team (EICT).
- When a person no longer meets the criteria to reside in hospital a referral would be made to the EICT. They would receive confirmation that the person is ready to be discharged, the time the discharge would take place and care and support would be put in place. EICT is a multi-disciplinary team across Birmingham Community Healthcare NHS Foundation Trust and BCC.

- There is sufficient capacity currently within the EICT service. Work jointly with partners as a system to deliver the service.
- In response to concern raised about the lack of information regarding safeguarding, Members were assured that detailed information is collected and reported to the Service Lead and Directorate Management Team.
- Commissioned care providers are allocated a named Commissioner who reviews their performance and quality. Should there be a concern about performance a comprehensive improvement plan would be put in place to address those concerns. If the provider does not meet the required standard within a given period, there is provision in the contract to give clients the option to move to a higher quality provider.
- The number of clients reviewed within 12 months has been an issue of concern for an extended period. This was an area that was de-prioritised during repeated waves of Covid-19 as it was felt that this was an area where there was least risk to clients. Targeted as an area for improvement. Currently, running a recruitment campaign.
- The 140 target for shared lives, at the moment, is an unachievable target.
- Annually the committee should be presented with a detailed breakdown of performance data at a local level.

**RESOLVED: -**

- 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.
- Maria Gavin to confirm when a detailed report containing constituency level data could be presented to the committee on an annual basis.
- Maria Gavin to invite a Safeguarding Lead to attend the 20<sup>th</sup> September meeting.

**10. HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2021-2022**

Andy Cave (Chief Executive Officer, Healthwatch Birmingham) attended the meeting to give a presentation which summarised the key highlights of the annual report and focussed on two investigations that had been undertaken on 'Access to GPs' and 'Day Services'. The findings of the latter investigation would be used to shape and develop the new proposed 'Day Opportunities Strategy' which is due to be presented to Cabinet on 6<sup>th</sup> September 2022.

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

- The Day Opportunities report will provide crucial evidence when discussing the proposed new strategy at a forthcoming informal briefing.
- Independent dental practitioners may be reluctant to deliver NHS care because the NHS dentistry contract is very outdated and under-resourced and has not been improved or received increased funding for a long term.

Healthwatch England have called upon NHS England the Department of Health and Social Care to change the dentistry contract.

- In April 2023 commissioning of dental services will be passed to the Birmingham and Solihull Integrated Care System. Currently, there are 11 ICSs nationally that are piloting having that commissioning duty for dentistry to see how it can be improved.
- When commissioning dentistry services passes to the ICS, there will be a national contract, but there will be opportunities to put in 'add-ons' to that contract to meet local needs.
- There is a perception from the public that NHS dentists are no longer available. Challenging those perceptions is an issue. There is a lack of awareness that there are dentists accepting NHS patients, but it may take several telephone calls to practices to find a dentist which may not be local.
- Healthwatch Birmingham have information on their website about how to find a local dentist.
- In terms of the Covid Booster Programme there was a huge variation about where people preferred to be vaccinated. Whether it was a GP, pharmacy, mass vaccination centre or mobile van people chose the easiest option for them.
- During the early stages of the pandemic carers who normally access day centre services felt communication from BCC was poor. This was raised as an issue and thereafter increased telephone communication took place with carers to make sure their needs were being met as well as the service user. During the pandemic alternative solutions were put in place to day services.

**RESOLVED: -**

- The Day Opportunities report which is due to be published by end of July be forwarded to members before the informal briefing on 16<sup>th</sup> August.
- Circulate the Healthwatch England report dentistry.

**11. WORK PROGRAMME – JULY 2022**

A consultation on the proposed Dementia Strategy 2022-2027 is taking place. As it was too late to include on this agenda, it was circulated to members for comment with responses needed by Monday 25<sup>th</sup> July. This committee may want to request a report to a future meeting on the outcome of the consultation and the final strategy and action plan.

**Task and Finish Inquiries**

Of the 3 proposed inquiries put forward by this committee, the Coordinating O&S Committee have agreed that 2 should be taken forward:-

Children and Young Peoples Mental Health will be led by this committee and carried out jointly with members from the Education and Children's Social Care O&S Committee.

Commonwealth Games Health and Wellbeing Legacy will be led by the Commonwealth Games, Cultural and Physical Activity O&S Committee but members of this committee will have the opportunity to be involved with that work.

Expressions of interest are sought to be a member of either/both Task and Finish Groups and should be submitted to the Chair and Scrutiny Officers by 5pm on Thursday 21<sup>st</sup> July.

In principle it was agreed that the Task and Finish Groups could be politically proportionate, but the underlying principle is that they will be inclusive, and no political group will be excluded.

The work programme was noted.

**RESOLVED: -**

A copy of the 'Living life to the full with dementia' scrutiny report which was presented to City Council in November 2014 be circulated to Members to see if concerns raised at that time are reflected in the strategy.

**12. PROPOSED DATES OF MEETINGS 2022-2023**

Agreed.

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

None.

**14. OTHER URGENT BUSINESS**

None.

**15. AUTHORITY TO CHAIR 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.

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The meeting ended at 1150 hours.