

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

INFORMAL MEETING

1000 hours on Tuesday 21 December 2021 Informal Online Meeting

Action Notes

Present:

Councillor Mick Brown (Chair)

Councillors: Safia Akhtar, Debbie Clancy, Peter Fowler, Mohammed Idrees, Ziaul Islam, Rob Pocock and Paul Tilsley

Also Present:

Professor Graeme Betts, Director of Adult Social Care.

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.

Maria Gavin, Assistant Director, Adult Social Care.

Helen Kelly, Director of Acute and Community Integration, Birmingham and Solihull CCG.

Asif Manzoor, Business Manager, Birmingham Safeguarding Adults Board.

Dr Richard Mendelsohn, Chief Medical Officer, Birmingham and Solihull CCG.

Gail Sadler, Scrutiny Officer.

Ceri Saunders, Acting Group O&S Manager.

Mike Walsh, Head of Service – Commissioning, Adult Social Care.

1. NOTICE OF RECORDING

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") 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. APOLOGIES

None.

3. DECLARATIONS OF INTEREST

None.

4. ACTION NOTES/ISSUES ARISING

Page 4 – The Winter Vaccine Programme Birmingham Update: COVID and Flu

(19th October meeting)

The committee was informed that 80 members of staff at Birmingham and Solihull CCG (BSol CCG) had been redeployed to help with the vaccination programme. Therefore, the further information requested is unavailable at present.

The Scrutiny Officer to liaise with BSol CCG to get an indication of when the information will be available.

Page 4 – Primary Care Access

A response to the letter sent to Paul Sherriff, Birmingham and Solihull CCG, requesting further information was circulated to committee members on 30th November 2021.

RESOLVED:

The action notes for the meeting held on 16th November 2021 were agreed.

5. BIRMINGHAM 'BOOTS' URGENT TREATMENT CENTRE

Helen Kelly (Director of Acute and Community Integration, BSol CCG) and Dr Richard Mendelsohn (Chief Medical Officer, BSol CCG) attended for this item.

Key points:

- There are no Walk-In Centres they are called Urgent Treatment Centres (UTCs) and access is via NHS111. The face-to-face model has shifted from a walk-in approach to a telephone consultation and then a booked appointment if required.
- NHS England is using UTCs as an alternative to presenting at an Emergency Department. 'Boots' does not meet the service specification due to location, facilities and opening hours as it is a department store.
- There is a very low level of activity at 'Boots'. 80% of patients who are allocated to this UTC are managed with a telephone consultation and never physically attend the building.
- The proposal is that 'Boots' funding and, possibly, staff are reinvested into additional capacity at other UTCs and some clinical resource into the Emergency Departments to meet the demand that is presenting there.
- A full suite of communications activity, both physical and digital, will be used to make local people aware of any change in the service and signpost them to alternative services.

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

- Although 'Boots' UTC does provide a service for the city centre, the current model would mean that an alternative premise/location in the city centre is not being sought.
- It was acknowledged that the way primary care is being offered to the public is changing. On the other hand, Covid-19 had highlighted the value of a facility which allowed people to walk-in and talk to a health professional and to take up services they may not otherwise have done e.g. testing, vaccinations.
- When 'Boots' was a walk-in facility it was used mainly by working age women aged 20s-30s for minor conditions. Accessing digital appointments rather than physically attending a GP appointment suits that demographic more.
- The 20% of people who cannot be dealt with a telephone conversation are booked to attend an Emergency Department or into primary care.

RESOLVED:

- The committee noted the decision that had been made but also recognised the need for further discussion to take place whereby, as the new primary care model evolves, the need for a walk-in facility is a feature that is considered as part of that dialogue. Furthermore, this topic to be scheduled on the work programme for the new municipal year.
- Dr Richard Mendelsohn to raise access/location of pharmacies with NHS England.

6. BSOL INTEGRATED CARE SYSTEM: UPDATE ON PLACE AND WEST BIRMINGHAM

Professor Graeme Betts (Director Adult Social Care) and Mike Walsh (Head of Service – Commissioning, Adult Social Care) were in attendance for this item.

The main points of the presentation included:

- The purpose of the Integrated Care System is about the new statutory partnerships between health and care organisations across Birmingham and Solihull. It is driven by the recognition that the health care system has been disjointed for a number of years. It is about ending the commissioner/provider split within the NHS and building collaboration between the NHS and its partners.
- It is about improving the health of the population and addressing inequalities.
- The idea behind 'Place' is to improve outcomes for local citizens creating thriving places with an ambition to deliver better housing, community, leisure, employment etc. Professionals serving those communities will have a deeper understanding and build better relationships at a local level which will benefit local communities.

- To take forward the development of the ICS in Birmingham and Solihull have set up a Design at Place Group to look at what 'Place' will look like and what it will do to improve and achieve better outcomes for citizens.
- The Design at Place Group is reviewing governance arrangements and support that will be necessary so local groups can deliver activities to address inequalities and improve the health of the local population.
- Running a series of workshops with partners across the entire system to look at what working arrangements will look like at a local level.
- In April 2022, West Birmingham (Ladywood and Perry Barr wards) will become part of the Birmingham and Solihull system. There is a West Birmingham Transition Group which includes all stakeholders to look at financial and clinical pathways and the need to consider the transfer of staff.

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

- Concern was raised with regards to ensuring all resources/funding originally allocated to the old West Birmingham and Black Country CCG would be migrated into the BSol system and the process for doing this.
- It was acknowledged that neighbourhoods being defined as Primary Care Networks (PCNs) was not ideal as PCNs were not geographical units but clusters of GPs. Therefore, a map showing PCNs marked against neighbourhoods in terms of wards would be welcomed.
- The real strength of the 'place' model is it gives the opportunity for NHS colleagues to develop health services which meet the needs of those diverse communities in Birmingham.
- Introducing systematic changes at the same time as dealing with the pandemic is going to be extremely challenging and there is a risk that instead of developing as planned, it will develop as far as possible given other pressures on the system. Therefore, engaging with the broader partnership across Birmingham and Solihull to mitigate some of the risks of not having enough capacity in the system to develop effectively.

RESOLVED:

- A report is presented to the committee on the ICS: West Birmingham Financial Position.
- Maps are circulated to the committee to show the alignment between PCNs, clusters of GPs and localities.

7. BIRMINGHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020-21 AND STRATEGIC PLAN 2021-2024

Cherry Dale (Independent Chair of the Birmingham Safeguarding Adults Board) and Asif Manzoor (Business Manager, Birmingham Safeguarding Adults Board) presented the 2020/21 annual report. They set out the 3 strategic duties of the Board – to produce a Strategic Plan; carry out safeguarding adult reviews and produce an

annual report. The purpose of the board being one of prevention and early intervention and reacting to safeguarding adult reviews. Measuring the impact of the board's work was achieved through partner feedback assurance statements.

During 2020-21 extra assurance and general activity was undertaken by the safeguarding community and the Board. Quarterly meetings were increased to four weekly meetings to make sure that safeguarding adults with carer support remained at the top agenda. Created an Operational Safeguarding Leads Forum which met fortnightly and, if necessary, weekly to troubleshoot issues. Put together easy read leaflets for volunteers. An E learning framework was made available with easy read leaflets for citizens to provide information and what to do and where to go to seek help. Increased assurance on behalf of adults with learning disabilities, victims of domestic abuse, unregulated accommodation, and rough sleepers. This year the Board learnt about the additional steps that were taken to ensure safe discharge from hospital during the pandemic.

Members were told that during the first quarter of 2020-21 the number of safeguarding referrals raised with the City Council had dipped slightly. The reason for this was investigated by the Adult Social Care Safeguarding Team who found no reason other than organisations had shifted the focus of their work because of the pandemic but referrals were now back to pre-pandemic levels.

The strategic plan covers the period 2021-2024 was produced through collaboration and coproduction albeit through virtual meetings with various groups. The plan on a page highlights the key actions to be taken under each priority which will be monitored quarterly through the governance structure which, in turn, will inform the Board of progress. There will be an annual check of the plan to identify any changes that may need to be made.

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

- The Board had been assured that, as far as possible, health and social care organisations are well prepared in their planning and assumptions to deal with increased pressure on the system resulting from the ongoing pandemic and that was as a result of partnership working and sharing of information.
- In terms of supporting people who live alone but do not meet the eligibility criteria but could potentially be at risk of abuse or fraud, try and connect them to someone they can trust who can support and advise them.
- Social media plays an increasing role in communicating with citizens and organisations. Ensure that the website is up to date. Send out regular newsletters through social media and use Twitter. Recently had 110 organisations take part in a 4-hour virtual safeguarding partnership event.

RESOLVED:

The report was noted.

8. ADULT SOCIAL CARE PERFORMANCE MONITORING Q2

Maria Gavin (Assistant Director, Adult Social Care) attended for this item to report 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. The main points of the presentation included:-

Red Rated PIs

Proportion of clients reviewed, reassessed, or assessed within 12 months – A lot of focus and work plans have been put in place to increase the number of people who get an annual social care assessment. Performance is improving but it is still short of the target that was set for the year.

The number of people who have shared lives – Although still short of the 140 shared lives placements by the end of April. Working hard to support existing carers and recruit new carers but this has been slightly more difficult due to the COVID restrictions that were in place up until the start of summer.

Parents/Carers satisfied with transition plan (number) – The number of parents/carers satisfied with the transition plan fell this quarter. The number of people being supported reduced which means those young people have got settled plans and clear arrangements in place. The proportion who were satisfied was 91.2% so this was positive impact of that support for young people. Reviewing how this indicator is reported next year.

Young people who feel they can achieve their outcomes – The number of young people who felt that could achieve their outcomes fell from quarter one but so did the overall population of young people being supported. The actual satisfaction with the service remains high at 90%.

5 Chosen PIs

Long term admissions into residential and nursing care – The number of people placed in care homes has continued to reduce this quarter. Ongoing work with health colleagues, social workers, and occupational therapists to promote home first as the main option for support.

Proportion of clients reviewed, reassessed, or assessed within 12 months – as above.

Direct Payments – In the top quartile nationally for this indication. Currently stands at 38.2% against a target of 39%.

Shared Lives – as above.

Early Intervention – Still not being reported nationally.

All Adult Social Care PIs

This report contains a detailed commentary for each measure. It also includes the measures with a comparable national quartile.

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

- Next year looking to review the transitions indicator to the percentage measure in terms of the number of young people who have been supported whose outcomes were met. But will also include actual figures in the narrative. As it is a new service there is no established baseline or target.
- Where possible outcome measures are incorporated as a key component in performance monitoring, but a lot of the measures required to report on nationally are numerical.

RESOLVED:

Maria Gavin to:-

- Work further with the committee to identify how outcome-based measures are captured in monitoring reports.
- Check with colleagues what the current position is with reporting on the 'Early Intervention' performance measure.

The report was noted.

9. WORK PROGRAMME – DECEMBER 2021

Noted.

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

None.

11. OTHER URGENT BUSINESS

An informal briefing on the Review of Day Opportunity Services has been arranged to take place at 1.00pm on 1st March 2022.

12. 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 1206 hours.