BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 19 JANUARY 2016

MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 19 JANUARY 2016 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4 COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Majid Mahmood in the Chair; Councillors Mohammed Aikhlaq, Sue Anderson, Andrew Hardie, Mohammed Idrees, Karen McCarthy, Robert Pocock, Sharon Thompson and Margaret Waddington.

IN ATTENDANCE:-

Brian Carr (Acting Chair) and Candy Perry (Chief Executive Officer), Healthwatch Birmingham

Kalvinder Kohli, Head of Service, Prevention and Complex, Commissioning Centre of Excellence, Directorate for People, BCC

Dr Adrian Phillips, Director of Public Health, BCC

Rose Kiely (Group Overview and Scrutiny Manager), Gail Sadler (Research and Policy Officer) and Paul Holden (Committee Manager), BCC

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NOTICE OF RECORDING

289 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The meeting would be filmed except where there were confidential or exempt items.

APOLOGIES / CHANGES TO MEMBERSHIP OF THE COMMITTEE

290 Apologies were submitted on behalf of Councillors Sir Albert Bore, Maureen Cornish and Eva Phillips for their inability to attend the meeting. Members were also advised that Councillor Mohammed Aikhlaq would be late attending the meeting.

At this juncture, the Chair reported that there had been two changes to the membership of the Committee with Councillor Eva Phillips having been appointed in place of Councillor Brett O'Reilly and Councillor Sir Albert Bore replacing Councillor Mick Brown. He placed on record his thanks to the former Members of the Committee for their valuable contributions during the Municipal Year and welcomed the new Members.

APPOINTMENT OF MEMBER TO SERVE ON THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SOLIHULL)

291 **RESOLVED**:-

That Councillor Sir Albert Bore be appointed to serve on the Joint Health Overview and Scrutiny Committee (Birmingham and Solihull) in place of Councillor Mick Brown.

MINUTES

292 The Minutes of the meeting held on 15 December, 2015 were confirmed and signed by the Chairperson.

In referring to Minute No.285, paragraph j) the Chair highlighted that the written reply received by Members in response to the request for public toilets to be provided in the City's parks was not what had been hoped for and indicated that the issue would be picked-up as part of the Committee's forthcoming diabetes inquiry. In relation to paragraph n) on the same page of the Minutes he also highlighted that it was intended that an update on tuberculosis be submitted to a future meeting.

DECLARATIONS OF INTERESTS

293 Councillor Andrew Hardie declared that he worked as a GP at surgeries within Birmingham and Councillor Karen McCarthy that she served as a governor on the Birmingham Women's Hospital.

HEALTHWATCH BIRMINGHAM UPDATE

The following report was received:-

(See document No. 1)

Brian Carr, Acting Chair, Healthwatch Birmingham introduced the item and Candy Perry, the Chief Executive Officer of the organisation presented the information contained in the report.

During the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) Members were informed that it was intended that by March 2016 Healthwatch Birmingham's team of specialist volunteers would be handling the calls to the Enquiry Line.
b) Data accumulated from callers was shared with partners / organisations to which the callers were referred. Healthwatch Birmingham viewed itself as being part of and not outside the system.
c) The Chair welcomed that Healthwatch Birmingham's Twitter account was now more active.
d) Members were informed that Healthwatch Birmingham's survey of young people had shown that it was better to go to places where people were

queuing when carrying out surveys which might, as was piloted in that instance, involve general guided listening as well as targeting a specific sector of the population. In relation to seeking to raise the organisation's profile in all the Districts it was reported that work would be taking place with local Councillors to see at what times and where might be the best places to visit to listen for evidence of avoidable health inequity.

e) The Chief Executive Officer advised the meeting that the report on the survey of young people was hoped to be available by the end of the month and undertook to arrange for Members of the Committee to receive a copy.

f) A Member highlighted that there were a lot of other organisations that dealt with feedback, comments and complaints. She indicated that she was not clear from the information received in July 2015 and at this meeting what added-value Healthwatch Birmingham's work had been making since 2014 and what difference it was making now.

g) Further to f) above, Members were advised of an example of an Enquiry Line case where as a result of an intervention by Healthwatch Birmingham a CQC visit to a regulated care setting scheduled for 8 months' time had been brought forward to the end of the same week. She highlighted the difference this had made to the lives of the family members who'd raised the concerns and to other service users. Another example cited involving the Enquiry Line was where, following the identification of gaps in service provision, work was taking place with the Directorate for People. Mention was also made of actions that would be coming out of the survey of young people and an instance where information received via the Feedback Centre had resulted in all the staff in a regulated care setting undergoing safeguarding training.

h) In response to concerns expressed by a Member regarding potential conflicts of interest of the current Acting Chair of Healthwatch Birmingham the meeting was advised that their Board would fairly soon be at full complement and that discussions would then take place on the issue of appointing a new Chair of the organisation.

i) The representatives of Healthwatch Birmingham were advised by the Chair that they would be invited to attend all the Health and Social Care Overview and Scrutiny Committee and Joint Health Overview and Scrutiny Committee meetings in the current Municipal Year. In addition, they would be sent the Committee's Work Programme.

j) A Member referred to a whole series of decisions set against timelines that various health agencies across the City would be taking during the year. He indicated that he would have expected these to be present in Healthwatch Birmingham's Work Programme with issues that were particularly contentious or potentially affecting health inequalities to be highlighted and Healthwatch Birmingham having an awareness of how it could help make a contribution to the commissioning process and subsequent implementation arrangements. He indicated that he would welcome Healthwatch Birmingham when the organisation next reported to the Committee providing a list of all the big decisions that might affect health inequalities in the City over the next 12-18 months and details of what the organisation intended to do to ensure the health interests of the City were protected and the health inequality issues addressed. The Chief Executive Officer confirmed that this could be done.

k) Members were advised that it was intended that Healthwatch Birmingham's quality standard would be in place by March 2016 and that the organisation's approach (involving logic modelling / theory of constraints work) to defining the role of a local Healthwatch was receiving interest from

NHS England, Healthwatch England and other local Healthwatch organisations.

l) The Committee was informed that Healthwatch Birmingham had volunteers sitting on the Heart of England NHS Foundation Trust Surgery Reconfiguration Boards and that the issue of the disbandment of the patient involvement group was being looked into. In relation to Non-Emergency Patient Transport it was reported that Healthwatch Birmingham had challenged aspects of the patient and public involvement that was taking place and, though she'd need to check, believed that reassurance had been received that their concerns would be addressed.

m) A Member referred to the considerable amount of money the Local Authority had invested in Healthwatch Birmingham and questioned whether if the organisation did not exist it would really be noticed by the Council and members of the public; did not feel that the level of investment in Healthwatch Birmingham could be shown to have been justified; was not convinced that the right outcomes for that investment had been achieved; and was still not clear from the information provided regarding what work the organisation was doing. Furthermore, in drawing attention to paragraph 2.1.3 in the report the Member asked what work would be taking place in the Districts.

n) The Chief Executive Officer commented that she did not know whether the absence of Healthwatch Birmingham would be missed or not as the organisation was still in the very early days of implementing its strategy. It was commented that Local Healthwatch organisations were new bodies and only in their third year of existence. Furthermore, it was reported that 6 months ago Healthwatch Birmingham comprised only 4 people where as now there were 9. In referring to the internal changes that had had to be made she advised Members that efforts were being made to build a very robust organisation and highlighted that it was through the recruitment of more volunteers that it would become more visible.

o) Further to comments made, the Acting Chair of Healthwatch Birmingham indicated that he considered that the broader underlying question was whether there was a role for an independent organisation where patient and public voices could be heard. In taking their strategy forward he referred to the need to examine how the organisation could be useful; work with Members and the Districts; and make the best use of its available funding.

p) In stressing that a 3 year old organisation could not be classified as young and in acknowledging Healthwatch Birmingham had experienced internal problems a Member nevertheless pointed out that the Council was now looking for results from the organisation. She enquired whether there was another model Healthwatch Birmingham could adapt or whether the whole of the Healthwatch system across the country was in the same state.

q) A Member considered that a report should be submitted to the Committee that set out a strategic plan for the next 3-5 years that homed-in on the big health inequality issues where it was felt Healthwatch Birmingham could make a difference and how it would do so.

r) The Acting Chair in sharing views expressed regarding the lack of effectiveness of Healthwatch Birmingham over the last 3 years nevertheless highlighted that owing to the internal changes the organisation in its present form was a little under a year old. Furthermore, he informed Members that Healthwatch Birmingham had been set up very quickly at the outset and, he considered, unwisely in terms of the way that it was commissioned by the Local Authority some aspects of which were done against Birmingham Voluntary Service Council's original advice. He requested that the

organisation be judged on the basis of its track record from January last year onwards. The Acting Chair felt that considerable progress had been made and suggested that an away-day be arranged involving representatives from the health economy, Council and others to help formulate a practical strategy to take the organisation forward.

The Chair considered that there did not seem to be any tangible evidence in respect of what Healthwatch Birmingham had achieved and that Local Authority funding had been wasted at a time when the Council was having to make budget cuts. However, he was of the view that the organisation did seem to have a more focused approach than it had 6 months ago. The Chair proposed and it was agreed that the organisation report again to the Committee in July 2016 with detailed information on its strategic approach and how it would reduce avoidable health inequity across the City. He also reiterated that the representatives would be sent the Committee's Work Programme and dates of future meetings.

In response to other comments made, the Acting Chair of Healthwatch Birmingham highlighted that they had been looking at what other Healthwatch organisations were doing to learn from them and would welcome meeting with Members and officers to identify the best way to move forward.

The Chair thanked the representatives for reporting to the meeting.

294 **RESOLVED**:-

That a further report be submitted to the Committee in July 2016.

ADULTS WITH LEARNING DISABILITIES – HOUSING AND EMPLOYMENT SUPPORT

295 The following report was received:-

(See document No. 2)

Kalvinder Kohli, Head of Service, Prevention and Complex, Commissioning Centre of Excellence, Directorate for People, BCC introduced the information contained in the report.

In the course of the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Head of Service reported that she had been advised that where individuals had vulnerabilities / disabilities which disadvantaged them in respect of the social housing application process they would be provided case management support and also referred to the assistance that would be provided by housing support workers as part of transitioning people through the Supporting People Programme.
b) In drawing attention to the employment case studies outlined in the report a Member indicated that she hoped that the learning was being taken on board on a wider basis and also that standard templates covering such matters as health and safety related issues were being produced to assist employers.

c) A Member queried how it would be ensured that The Bromford Supported Living accommodation did not become institutional given that it was proposed to provide accommodation for about 60 people.

d) Further to c) above, the Chair, in indicating that he was comfortable with what was planned, considered that when the Bromford was built it would be useful to extend an invitation to all Members of the Council to visit the Supported Living accommodation with a view to alleviating any concerns. The Head of Service reported that the intention was that The Bromford would be an outward facing facility and engage local communities as well as provide employment and retail opportunities. She also highlighted the need for work to take place in terms of the implementation and mobilisation of the contract to ensure that this happened.

e) The Head of Service made the suggestion that if the Youth Employment Initiative submission to the European Social Fund was successful a report be submitted to the Committee covering the roll-out of the project. She advised Members that preparatory work had already begun to take place with partner organisations involved in the bid and that they were very skilled in carrying out specialist risk assessments for the most vulnerable. Furthermore, in highlighting that risk assessments could be exclusionary, the Head of Service referred to the inclusive, outcome focused nature of risk assessments that were used by the commissioning services. A report was programmed to go to Cabinet on 16 February 2016 to seek permission as part of the proposed delivery model to commission the dedicated intervention workers (to support young people with learning disabilities / mental health conditions) with a view to them being in post by June or July 2016.

f) A Member welcomed that the report was now putting principles that had been around for a long time into practice. However, she enquired how it would be ensured that the partner organisations (e.g. housing, police, employers) all understood their roles so that the barriers faced in the past could start to be removed.

g) Further to f) above, the Head of Service at this juncture referred to feedback that had been received from Cabinet Members. In highlighting that the Comprehensive Housing Offer with partners in the City would be launched on 22 January 2016 she advised the Members that it had been suggested that the report now before the Committee form one of the workstreams. In addition, the Head of Service reported that it had also been suggested that the report be discussed at the Learning Disabilities Partnership Board. However, Members were advised that there was work that still needed to be done in terms of understanding what support partner organisations required in order to respond to issues more effectively.

h) In referring to the Birmingham Business Charter for Social Responsibility, a Member enquired what options there were to build into the expectations of the Council's big partner agencies (e.g. Carillion, Amey, Capita / Service Birmingham) that part of their job was to proactively provide work for people who had disabilities or faced challenges so that this became part of mainstream activity over a period of time.

i) Further to h) above, the Head of Service considered that organisations were quite willing to offer initiatives and resources to the Local Authority but felt that the Council had not maximised its opportunities as well as it could have done.

j) The Head of Service indicated that ensuring that Shared Lives placements were working as expected and that the service users were being supported appropriately formed part of the contract management and was all about

working closely with the service provider and engaging with the service users.

k) In considering that there would always be unmet need, the Head of Service considered that part of the solution was about promoting what services were available so that they could be as inclusive as possible. However, she highlighted that in view of the reducing budget they were looking at developing peer support arrangements especially for people with learning disabilities and individuals with mental health issues.

The Chair considered that the general consensus was that the way in which matters were being taken forward was positive and thanked the Head of Service for reporting to the meeting.

CHANGES IN TOBACCO SMOKING AND IMPLICATIONS FOR BIRMINGHAM

The following report was received:-

(See document No. 3)

Dr Adrian Phillips, Director of Public Health, BCC introduced the information contained in the report.

In the course of the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Director of Public Health surmised that nicotine replacement patches obtained on prescription rather than direct over the counter were more successful in helping people to quit smoking because it was more like a contract and the individuals had someone checking-up on them.
b) In terms of aligning the 'quit service' much more closely with GPs the Director of Public Health considered that this could probably best be done through the health check system.
c) The Committee was informed that where tobacco was used as a product in shisha lounges the Council had a regulatory role but that increasingly there was more and more e-shisha being used. He highlighted that owing to shared-use of the equipment there were issues around infection but the level of risk in this regard was unclear at present.
d) Further to c) above, the Chair considered that it would appropriate for a report to be submitted to this Committee on the issue and what the health affects were on users of shisha and people in their company.
e) Following comments made by the Chair and Director of Public Health it was agreed that an appropriately worded recommendation be sent to the Cabinet Member for Health and Social Care requesting that smoking in public view outside the Council's buildings be stopped.
f) In referring to the first paragraph on the fifth page of the report, a Member asked if the Director of Public Health would instead be prepared to make the statement that it was unacceptable that the public sees smoking outside many of its high profile buildings. The Director indicated that he would be happy to do so if this was also the position of the Committee on the issue and the Chair confirmed that this was the case.
g) The Director of Public Health underlined that it was tobacco smoke that killed where as e-cigarettes were at least 20 times safer although their

absolute effects were not known. He considered that individual tobacco smokers who moved to using e-cigarettes minimised their risk dramatically; commented that it helped them to stop smoking; and highlighted that it saved them money as e-cigarettes were probably about half the cost.

h) Further to comments made by a Member, the Chair highlighted that if the Council showed leadership and set an example by stopping smoking outside its public buildings then the hospitals and everyone else would hopefully do the same.

i) The Director of Public Health advised the Committee that aligning the 'quit service' much more closely with GPs was the right thing to do and not about saving the Council money in the light of forthcoming cuts to the Public Health budget. However, in highlighting that unfortunately just under one in five people smoked he considered that the 'quit service' alone would not bring the numbers down enough and that this would only be achieved when everyone regarded smoking as not being acceptable.

j) It was agreed that an appropriately worded recommendation be sent to the Cabinet Member for Commissioning, Contracting and Improvement on including a clause in the Birmingham Business Charter for Social Responsibility that any signatories to the charter have to ensure that there are no smoking shelters in full gaze of the public.

k) The Director of Public Health highlighted that the Birmingham Children's Hospital and a number of primary schools had asked how no smoking zones could be put in place. He advised Members that there was scope under the Localism Act but it had to follow attempts to use voluntary codes and organisations had to ask the Council to do this.

l) A Member advised the meeting that smokers who used e-cigarettes could adjust and therefore reduce their nicotine intake over time or eliminate the intake completely.

At this juncture, the Chair advised the meeting that further to e) and j) above, recommendations would be drawn-up and sent to the Cabinet Members. He also highlighted to the Director of Public Health the need for a report to be presented to the Committee on the potential health affects of using shisha.

296 **RESOLVED**:-

That a report be submitted to the Committee on the potential health affects of using shisha.

INFANT MORTALITY

The following report was received:-

(See document No. 4)

Dr Adrian Phillips, Director of Public Health, BCC introduced the information contained in the report.

In the course of the introduction and discussion the following were amongst the comments made and responses further to questions:-

a) The Director of Public Health pointed out that infant mortality accounted for about 40 per cent of Birmingham's life expectancy gap with England.

However, at least 20 per cent of the City's infant mortality related to babies of less than 22 weeks gestation where there was no international evidence that they would survive. As a consequence, work was taking place with the hospitals aimed at ensuring that the right steps were taken, which included certifying these as deaths.

b) Members were advised that the local infant mortality rates and figures contained in the report related to infant deaths in respect of mothers who lived in Birmingham, not those who used the health service facilities in the City.

c) The Director of Public Health confirmed that the infant mortality rates in Birmingham had not fallen since the years to which the information outlined in the report related; advised Members that the Council was working with the Clinical Commissioning Groups, which purchased the services, to improve the coding for both gestation and ethnicity although this had not been happening especially in respect of Heart of England NHS Foundation Trust; and indicated that once the coding was right it would then be possible to meaningfully analyse the data with the objective of bringing down the infant mortality rate in Birmingham.

d) The Committee was informed that consanguinity was more an issue in respect of those babies who were born and survived but in terms of infant mortality in Birmingham, though consanguinity was an issue, it was not the biggest one. He indicated that the link between women smoking when pregnant and poor outcomes for babies was probably as important an issue.

e) At this juncture, the Chair, in referring to the previous report on tobacco smoking, declared that through his ISA he had unit trusts in CF Woodford Equity Fund.

f) A Member voiced deep concern that ethnicity was not recorded in respect of many infant deaths despite there being a duty under the Equality Act to do so. He stressed the need for this to be addressed as a matter of urgency. In this regard attention was also drawn by another Member to the high proportion of births in Table 1 on page 7 of the report where infant mortality by maternal ethnicity was not known.

g) Further to f) above, the Director of Public Health reported that more up to date outturn data would soon be received. He suggested that he then provide the Committee with an update and if the position had not improved it might then be appropriate for the Committee to be more active in this area.

h) In also referring to Table 1 in the report, the Chair considered that there was a need for Asian ethnicity to be broken down into the various countries of origin in order to provide more meaningful data for analysis.

The Chair proposed that the Director of Public Health provide the Committee with a further update in March 2016 and Members concurred with this approach.

297 **RESOLVED**:-

That the Committee be provided with a further update in March 2016.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 5)

298 **RESOLVED**:-

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

299 **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 1222 hours.

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CHAIRPERSON