

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

**Tuesday 19th September 2023. Committee Rooms 3 & 4,
Council House, Victoria Square
Minutes.**

Present

Councillor Mick Brown (Chair)

Councillors Gareth Moore, Julian Pritchard, Kath Hartley, Shabina Bano, Rob Pocock, Amar Khan and Paul Tilsley

Also Present:

Anna Hammond, Director of GP Provider Support, NHS Birmingham/Solihull

Dr Sunando Ghosh, Primary Care Medical Services Board Partner Member, Midlands Medical Partnership

Professor Graeme Betts CBE, Director, Adult and Social Care Directorate

Dr Justin Varney, Director of Public Health.

Janie Berry, City Solicitor

Samantha Bloomfield, Finance Business Partner, Adult & Social Care.

Mohammed Sajid, Interim Head of Financial Strategy.

Harjinder Dool, AD, Financial Performance & Insight.

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Adewale Fashade, Interim Scrutiny Officer.

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the council's Public-I microsite. Members of the press/public may record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Apologies received from Councillor Miriam Khan and Andy Cave (HealthWatch)

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared a non-pecuniary interest as trustee of Birmingham LGBT and Citizens Advice.

4. MINUTES – 4TH JULY 2023.

The minutes of the last Health & Adult Social Care Overview and Scrutiny Committee were approved by members to be correct record of the meeting.

5. FINANCIAL CHALLENGES – SCRUTINY CONTRIBUTIONS TO BUDGET SAVINGS AND RECOVERY PLANS.

Mohammed Sajid, Interim Head of Financial Strategy gave an overview of why the Section 114 and plans to meet the Council's financial liabilities relating to Equal Pay. Below are key points highlighted:

- The section 114 notice was issued on 5th September due to insufficient resources to meet Equal Pay liabilities by the Section 151 Officer
- The Council's Auditors informed the council on 1st September that on looking at the local authority's financial situation, it is in a negative general financial position. In addition, the Council was not able to agree a solution for funding or financing its liabilities. For these reasons the Section 151 Officer was required, in line with their statutory responsibilities, to issue the Section 114 notice.
- In addition to the £760m Equal Pay liabilities, there is a projected overspend of £87m on the 23/24 budget, for which the Council does not have sufficient reserves based on the Equal Pay liability above, which is forecast to grow in the 2024/25 financial year. As a result, urgent action needed to be taken. There are also concerns over the pace and effectiveness of mitigation being put in place to mitigate this negative position.
- All non-essential spending has ceased. Spending Board is now in place which is headed up by the Section 151 officer. All Financial Controls will be exercised by a S151 Spend Control Board. There is a guide to be followed on any spend being proposed to the Board, and it will be deemed unlawful if criteria is not followed.
- A Robust Budget Savings and Recovery Plan has been developed, which is a multi-workstream plan to address both in-year financial challenges and the longer-term transformational changes required to reduce the cost base for delivery of services across the Council.

The following are among the main points made in response to Members' questions:

- It was important to reassure Birmingham citizens that existing commitments to deliver services, all existing spending agreements and supplier contracts will not cease. Section 114 serves as a warning sign to ensure urgent action is taken to mitigate liabilities.
- In response to what should have been happening over the summer to foresee the possibility of a section 114 notice, the Senior Finance Officer said that progress over the summer was to understand and assess pressures on finances and identify new burdens on council and what mitigations steps to take. Inflation was also still high. Savings highlighted were at risk and out under review with a view of how these will be delivered in the context of Equal Pay liabilities. It was then decided that the plans to mitigate negative financial conditions were not sufficiently robust enough hence the issuing of Section 114.
- On the question of whether savings are going to be delivered or not, and whether they are on track, the Senior Finance Officer said that over the next few weeks, the Finance team will be monitoring savings and what can be achieved and delivered. This presents the opportunity for Scrutiny to have a deep dive into savings with the Finance team and identify how these will be delivered. This will also serve as a learning process for all involved on how savings can be better set and planned for delivery.
- From the Adult and Social Care (ASC) Team perspective, Prof. Graeme Betts stated that the ASC is still on course to deliver on planned savings.
- Communication with partners is ongoing. Partners are being briefed and are being made aware of implications pertaining to specific services. Care services and packages of care will continue to be delivered and continuous flows in and out of hospitals will continue to be monitored and managed.
- Savings for ASC for this year were savings that were one-off savings for the previous year which has come back into this year's Q2 savings. This shouldn't have been in there. The team apologise for this.
- The medium-risks savings highlighted is checked monthly on payroll to see what is being achieved. The ASC figures are complex and challenging to forecast. However, this is expected to be delivered over the year.
- The ICB fund is linked to Better Care fund and is expected to be delivered. Although savings against this is showing amber, ASC team expects to deliver on this.
- In terms of income collection, it is acknowledged that Oracle has some reporting issues and there are delays in matching cash book to accounts. Citizens will be receiving letters to inform and reassure them that the situation is been managed in a structured.
- The ASC is reassuring citizens that they will continue to receive services while ensuring we collect monies appropriately.

- In terms of recruitment and staffing, we are reassuring providers that we will continue to pay them so that they can pay their staff and maintain staffing levels.
- On the setting of the RAG ratings, these are discussed when they are planned and are based on a specific cohorts of service users and on historical data and future trend data on what can be achieved. These fluctuates as some overachieve or underachieve. The RAG ratings are looked at monthly to monitor with service teams, with Finance challenging the data sufficiently to ensure reliable forecasts. Ultimately, it's the ASC that determines savings.
- Public health grant is ringfenced. The PH team continue to meet statutory requirements and follow due process. Contracts commitments are continuing to be met.
- On the issue of Oracle, the committee was informed that the Finance & Resources O&S Committee are looking closely at the stabilisation of Oracle. Committee members requested that the F&R Overview & Scrutiny Committee seek assurance that focus is being maintained on ASC payments.
- Members emphasised the need to receive regular updates on ASC savings and details on actions being taken to deliver against these, especially in the context of current financial situation. The Chair confirmed that this Finance will be a regular agenda item for the Committee. Prof Betts confirmed these are just the headlines being presented and that the Team can come back to the Committee with more details as required.

RESOLVED

That the Committee note the verbal report update (attached at Appendix 4) of the Section 151 Officer (the Chief Finance Officer) made under section 114 (3) of the Local Government Act 1988 on 5th September 2023, and for the Committee to consider the implications for the scrutiny work programme.

That the Committee note the Medium-Term Financial Plan, agreed by Cabinet in July, and a list of savings agreed as part of the 2023/24 budget setting process with RAG ratings.

That the Committee note the financial issues that are relevant to the Committee's terms of reference (outlined in the Council's Constitution, Part B, section 11.5) and what this means for the scrutiny work programme.

6. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER.

The Senior Overview and Scrutiny Manager informed members that all actions from the Action Tracker from the last meeting is for noting.

RESOLVED

That the Committee note completion of actions from the previous Health and Social Care Overview and Scrutiny Committee.

7. APPOINTMENT OF MEMBERS OF THE JOINT HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEES (JHOSC) FOR BIRMINGHAM & SANDWELL.

Members noted there are 2 Labour councillor vacancies that has arisen on both the Joint Sandwell Health and Social Care Overview and Scrutiny Committee. The following appointment for the Birmingham and Sandwell JHOSC was agreed:

- **Birmingham and Sandwell Joint HOSC:** - Councillor Kath Hartley (Labour). The other vacancy will be confirmed in due course.
- Meeting date for the Birmingham and Sandwell Joint HOSC is scheduled Wednesday 27th September 2023 at Sandwell Council Offices.

RESOLVED:

- That the Committee note and agree the appointment of above-named Birmingham City Council member for the Birmingham and Sandwell Joint HOSC.

8. NHS BIRMINGHAM & SOLIHULL DRAFT ENABLING PRIMARY CARE STRATEGY

Dr. Sunando Ghosh, Chair, General Practice Partnership Board and Anna Hammond, Director, GP Provider Support presented the NHS B/Sol draft Enabling Primary Care Strategy, setting out the shared vision of the sector. Key highlights are:

- The draft strategy is set in the context of the policy drivers such and the Fuller Stockdale Report which establishes a new vision for Primary Care and the Hewitt Report which highlights the need for a focus on more system-wide enablement.
- A key aspiration is to establish a single operating model going forward.
- There were engagement events with General Practice which resulted in primary care wishing to work as a coherent sector with one voice.
- General practice will work more closely at locality level to deal with emerging challenges and tackling health inequalities and establish a single voice for General Practice .
- Commitment to develop the Trust's Right Access First Time (RAFT) primary care transformation programme and ensuring a system-wide focus and response to improve patient satisfaction and address workload issues for primary care
- 4 key enablers were identified to help improve access to Primary Care; Digital, Estate, Funding and Workforce.
- Nursing capacity has dwindled and is affecting overall position. Numbers of trained GPs have gone up but not translating to extra capacity on the ground

- Community Integrators are being linked with Primary Care and together we are communicating with and involving citizens to be part of the solutions.
- Working towards creating capacity with increased digitalisation
- The new GP Provider support unit has been created , working on behalf of practices in Birmingham and Solihull. Digital transformation, Workforce support, innovation and Clinical Support are all included in the unit. The unit is undertaking development to better meet the needs of general practice and the population they are supporting.
- Access is a significant issue at local levels as set out by citizens and GPs. There is a 2 to 5 year programme in place and actions will be at practice, locality based as well as some initiatives across Birmingham and Solihull

The following are among the main points made in response to Members' questions:

- The GP Provider support unit is looking to build resilience and be proactive in dealing with emerging issues impacting on General Practice. Working with support services providers to ensure services are accessible and targeted appropriately to citizens and patients. Community Integrator models will help identify issues and needs on the ground.
- Improved care navigation will help to ensure appropriate signposting of people to services most appropriate to their needs, and to ensure they see the right people in General Practice.
- The General Practice Partnership Board is in discussion with UHB and ICB to streamline pathways in removing blockages for patients. These include improving direct access to diagnostics
- Recognition of the need to improve digitisation and communication with patients as far as General Practice websites are concerned. Considerations regarding Artificial Intelligence (AI) and how it can help improve information for GPs and patients.
- Working towards better management of people who see GPs when they don't really need to and improvements such as introducing a more improved digitised call-back system.
- The Provider Support Unit are keen to support practices to get more feedback from patients. They are working with organisations such as Healthwatch to help define anonymous text surveys queries for patients who have engaged with the system in the last three to four months, to help check on how the sector is making changes and making a difference.
- There is a pilot looking at real-time data within the GP provider support unit to provide information on how many patients have called GPs and how many were given appointments.
- The transformation programme is exploring ways of flagging up patients who need to see the same GPs.

- In terms of linking with community pharmacies, the Partnership Board and Provider Services in Primary Care are looking closely at improving linkages. This is an area we can expand on in the final draft of the strategy and feedback to the Committee soon.
- There is recognition of the value of wider council member involvement in engaging with the system and process across the 5 localities in the city, in improving communications with communities.
- Health Visitors' role can be part of the system-wide model, working with GPs to help improve early childcare. However, BCHT (Birmingham Community Healthcare Trust) will be in a better position to comment on how the role can be better utilised within the strategy and system. The Chair noted that this can be taken up with Birmingham City Council, who commission the service, as an action.

RESOLVED

That the Committee note the draft NHS Enabling Primary Care strategy.

9. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME FOR YEAR 2023/24

The Overview and Scrutiny Manager presented an update report on the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24, based on discussion at the Committee's meeting in July. Key updates and proposals made are:

- For the October meeting, agenda items proposed in work programme is to consider the report on development of the Inclusive Sports and Active City Strategy (as part of the Commonwealth Games Legacy) and Access to Dental Care report from B/Sol NHS. Birmingham Healthcare Community Trust (BHCT) is identified by Committee to help feedback on Access to Dental Care report. Scrutiny officers will follow up.
- It was agreed at the last Coordinating O&S Committee that there will be a standing item on all O&S Committee agenda to look at in year budget savings.
- The Children & Young People Mental health enquiry; to consider draft report at October's meeting before submission at November's full Council meeting.
- Quality Accounts Reports will be more system-based rather than focusing separately on individual organisations. ICB will bring report to the November meeting, from this, Committee may identify organisations working in priority areas and may wish to invite them to future meetings to report on performances in these areas.
- Continuous review of progress of ICB/ICS work in more detail throughout the year will need to be considered.
- Day Opportunities Review update scheduled for November.

- Work Programme to be reviewed for December to check other items that Committee may want to consider at that meeting.

The Committee agreed that it is imperative that officers attending and presenting at meetings are fully aware of the need to be on time at the meeting, and that not been on time is not acceptable. It was also noted that officers shouldn't be reading verbatim from reports as members would have already seen the reports prior to meeting. This allows members more time for questions.

RESOLVED:

That the Committee:

- Notes the information set out in Appendix 1 and identifies if any further topics need to be added to the menu of topics for the Committee to explore over the coming year.
- Agrees, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider during October – November 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Agrees the approach to scrutiny of quality across NHS systems as set out in Sections 4.7 – 4.9.
- Identifies, subject to further input from the Chair and Deputy Chair, the issues that the Committee will consider in December 2023, the proposed aims and objectives and the preferred method of scrutiny.
- Notes, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme will be submitted to Co-ordinating O&S to enable work to be planned and co-ordinated throughout the year.

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

None.

11. OTHER URGENT BUSINESS.

None.

12. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

That in an urgent situation between Committee meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 11.45 hours.