Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 24 NOVEMBER 2015 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING**

The Chair to advise/meeting to note that this meeting will be webcast for live and subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs.

The whole of the meeting will be filmed except where there are confidential or exempt items.

2 **APOLOGIES**

3 - 10

3 **MINUTES**

To confirm and sign the Minutes of the meeting held on 20 October 2015.

4 **DECLARATIONS OF INTERESTS**

11 - 24

5 **BETTER CARE FUND UPDATE : 10.00-10.30AM**

Judith Davis, Birmingham Better Care Project Manager and Alan Lotinga, Service Director, Health and Wellbeing.

25 - 32

6 **2014/15 SAFEGUARDING ADULTS ANNUAL REPORT: 10.30-11.00AM**

Alan Lotinga, Service Director, Health and Wellbeing.

33 - 54

7 **PROGRESS REPORT ON THE 'ADULTS WITH AUTISM AND THE CRIMINAL JUSTICE SYSTEM' INQUIRY: 11.00-11.30AM**

Martin Keating, Equality & Diversity, West Midlands Police, John Denley, Assistant Director, People Directorate, Emma Fitzgibbons, Commissioning Officer, People Directorate.

55 - 78

8 **CUSTOMER CARE AND CITIZEN INVOLVEMENT TEAM COMMENTS, COMPLIMENTS AND COMPLAINTS ANNUAL REPORT 2014/15: 11.30AM-12.00**

Charles Ashton-Gray, Strategic Performance and Engagement Manager, Melanie Gray, Performance Management Officer.

79 - 98

9 **TRACKING OF 'LIVING LIFE TO THE FULL WITH DEMENTIA' INQUIRY: 12.00-12.30PM**

Alan Lotinga, Service Director, Health and Wellbeing, Mary Latter, Joint Commissioning Manager - Dementia.

99 - 104

10 **WORK PROGRAMME 2015/16**

For discussion.

11 **REQUEST(S) FOR "CALL IN"/COUNCILLOR CALLS FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for "call in"/Councillor calls for action/petitions (if received).

12 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

13 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 20 OCTOBER 2015

MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 20 OCTOBER 2015 AT 1000 HOURS IN COMMITTEE ROOM 6, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Majid Mahmood in the Chair; Councillors Mohammed Aikhlaq, Sue Anderson, Mick Brown, Maureen Cornish, Andrew Hardie, Mohammed Idrees, Robert Pocock and Margaret Waddington.

IN ATTENDANCE:-

Nic Adamson (Director, Crime Reduction Initiatives) and John Denley (Assistant Director, Directorate for People, BCC)

John Hardy, Policy and Development Officer, BCC

Michael Kay, Senior Strategic Commissioning Manager, 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

258 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

259 Apologies for their inability to attend the meeting were submitted on behalf of Councillors Karen McCarthy and Brett O'Reilly. The meeting was also advised that Councillor Mohammed Aikhlaq would be late arriving; the member attended the meeting during consideration of the first business item (i.e. Minute No 262).

MINUTES

260 At this juncture, in relation to declarations of interests, the Chair highlighted that when present Councillor Mohammed Aikhlaq also declares an interest as serving on the board of the Heart of England NHS Foundation Trust.

The Minutes of the meeting held on 29 September, 2015 were confirmed and signed by the Chairperson.

DECLARATIONS OF INTERESTS

261 Councillor Andrew Hardie declared that he had retired as a GP but carried out work in surgeries in a locum capacity. Councillor Mick Brown declared that he worked part time for Stonham and was a mental health stakeholder governor.

BIRMINGHAM SUBSTANCE MISUSE RECOVERY SYSTEM, CRI (CRIME REDUCTION INITIATIVES) – 6 MONTHS INTO NEW CONTRACT

262 The following information briefing was received:-

(See document No. 1)

Nic Adamson, Director, CRI introduced the paper and John Denley, Assistant Director, Directorate for People, BCC also attended the meeting.

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

a) The Director undertook to arrange for a breakdown to be provided of the wide variety of places from where referrals had been received over the last six months.
b) It was indicated that CRI mostly worked through the young people's provider managed by Aquarius to address concerns where substance misuse by adults in homes was impacting on their children. The Committee was also informed that efforts were being made to place Reach Out Recovery symbols (identifying places where individuals could freely talk about drugs and alcohol issues) in a range of community locations and that schools were amongst venues being targeted.
c) Members were informed that there was a robust target to carry out a visit within 5 days to the homes of all new clients requiring clinical intervention (i.e. where there was an opiate or alcohol dependency) who had a child under 5 years of age. The next priority was to undertake home visits in respect of new service users with children between 5 and 16 years of age. In relation to the client group that had passed to CRI it was reported that so far about 40 per cent had received home visits.
d) The Director undertook to check and provide confirmation regarding whether CRI was represented at local Team Around the Family meetings.
e) Members were advised that CRI's delivery infrastructure was separated into 5 phases and that the first two were around being proactive and seeking to prevent problems from escalating. CRI worked closely with a range of service providers in this regard.
f) CRI's Alcohol Referral Team provided support to hospital staff. Substance misusers who were resistant to receiving treatment were particularly focused upon.
g) Members were informed that CRI was keen on an approach that involved families / carers; that there was a family night at the central Hub on Wednesdays between 5.00pm and 8.00pm; and that mapping work was taking place aimed at arranging similar events in the 5 localities.
h) It was highlighted by the Assistant Director that not only CRI but also those in the wider system had a role and responsibilities in tackling the issue of substance misuse. He pointed out, for example, that social care services

and GPs were equipped to provide advice and signpost individuals to support that was available. The way of thinking adopted was "Every Contract Counts".

i) In response to a question relating to people who'd left and were no longer receiving direct assistance it was reported that the delivery infrastructure included providing recovery support (Phase 5) for at least three months, followed by a physical and psychological health check. Furthermore, efforts were made to encourage as many people as possible to use the employment centre, Recovery Central.

j) A Member had concerns regarding whether CRI (a national corporate Third Sector organisation) was sufficiently pursuing a partnership as against a hierarchical top down approach. He requested that details of its business model / structure be provided including details of the local organisations retained and what proportion of the budget they were apportioned. Furthermore, he considered that supplementary information needed to be provided regarding how the Birmingham Business Charter for Social Responsibility had been taken on board in order to reassure Members that the principles were being applied by CRI and its delivery partners.

k) In the course of responding to j) above, the Assistant Director reported that he considered that changing from 28 contracts to one main contract had been a bold move but necessary so that there was more focus on the best interests of service users and less on managing organisations. Furthermore, he advised the Committee that there was a Strategic Commissioning Group with key stakeholders to provide oversight. He considered that though there was a need for a structure, and therefore a supply chain centred on contracts, CRI was working in partnership with local organisations.

l) Further to j) and k) above, the Director highlighted that CRI as lead provider was responsible for the overall contract but this did not mean that the organisation and its local partners did not work alongside each other. Furthermore, she referred to the infrastructure, clarity and support that CRI provided which enabled small organisations to be more client-facing, rather than them worrying about legal frameworks, governance etc. Reference was made to a Management Board that was in place and also a Partnership Board where all those local organisations that had formal contracts or were connected via the small grants scheme were represented. It was reported that CRI worked with or supported a number of such organisations including KIKIT, a drug and alcohol support service that was very supportive of the lead provider, Change UK, DATUS (Drug and Treatment User Service) and Sifa Fireside. Furthermore, the supply chain / delivery infrastructure was continually reviewed. The Director advised the Committee that she would need to come back with details around the business model / structure etc but indicated that the proportion of the available budget that funded non-CRI employees was about 15%, though this was not fixed. It was commented that it could be argued that there were around 300 contracts in place if the supply chain was viewed to include GPs and pharmacies. Members were also informed that £350,000 in new investment had been brought to Birmingham i.e. the Regional Business Unit had moved to the City with about 11 employees funded from central resources, not the contract with the Local Authority.

m) The Assistant Director advised the meeting that the following criteria had been used when awarding the contract: 50% price / 40% quality / 10% social value. CRI had picked-up the Birmingham Business Charter for Social Responsibility elements and had delivered against its commitments - this had been documented and the information was available.

n) In referring to the experience that KIKIT had in engaging with the local people the Chair considered that it was imperative that local organisations continued to work in conjunction with CRI. He pointed out, for example, that alcohol was a taboo subject in Muslim culture and therefore any individuals who had an alcohol problem would not receive much support from their families.

o) Members were advised that CRI was pursuing a broad approach in terms of employment opportunities for the client population e.g. construction, food retail, mechanics, hairdressing, beauty etc. However, individuals were being taught not to have too high expectations and to see entry level jobs as them having made progress. Furthermore, the meeting was informed that a Recovery Charter was being developed that would be circulated to a wide range of businesses in the City and that, through CRI's involvement in a review of welfare for people with drug, alcohol or obesity problems being led by Dame Carol Black, there was an opportunity for Birmingham to influence national policy.

p) The Director undertook to check whether the job centre in Washwood Heath was one where CRI had a presence. The Chair asked that if this was not the case the Director meet with Councillor Mohammed Idrees with a view to this being arranged.

q) Members were informed by the Director that a new form was being introduced for completion in respect of each service user seeking employment which after they'd been sent to work programme providers / job centres could be used to challenge recipients where appropriate by asking them what they were doing to improve the experience of the individuals concerned.

r) A Member indicated that he was pleased with how matters were progressing and to hear of the connections with GPs and Public Health. He therefore did not wish to see any wider political interference with the current arrangements.

s) In referring to the previous fragmented contract system, the Assistant Director advised Members that the new single system ensured that there was a high and more consistent quality of service across areas. Furthermore, the Director pointed out that newly referred individuals were all seen within CRI's three week waiting target, unless there were other barriers.

t) Further to comments made, the Director reported that CRI was concerned to hear there might be changes made to the Multi-Agency Safeguarding Hub (MASH) and would wish to be a part of any new developments in this regard. In relation to excessive alcohol consumption, she considered that this was simple to screen for and referred to the damage it caused to the liver in the long term and also the financial expense.

u) In response questions relating to the Think Family agenda, confidentiality and the sharing of information, the Director reported that the evidence base clearly showed that the outcomes for individuals were better if family members were involved in treatment programmes, though the consent of service users first needed to be obtained. CRI had a target of 100% in terms of involving a family member in care packages in some way. In relation to information sharing, she reported that risk overrode consent as there was a duty to inform but mutual aid was a completely anonymous service. It was highlighted that there was a whole range of different circumstances that needed to be considered from consent and confidentiality aspects according to substance users' level of engagement with the service.

However, the child came first and if CRI had concerns in this regard social care services would be contacted.

v) Members were advised that CRI used their Integrated Governance Framework to retain stability while at the same time being able to make changes where considered necessary to meet service users' needs.

w) The Director referred to the importance of CRI working to ensure that those working in the health and social care system had the right skills and confidence to manage people who misused substances when they came into contact with them.

x) In relation to information provided in paragraph 3.1 of the report, the Director advised the meeting that the error rate in respect of the transfer of scripts from previous providers was less than 5%. Furthermore, although there had been about 7,000 prescriptions no one had been left without medication. The period had been stressful for CRI and the pharmacies but within a fortnight the system was running smoothly.

y) Further to n) above, confidentiality issues and the reluctance of some individuals to seek help it was enquired how many people from BME communities were receiving a service and where they lived in the City.

z) The Director considered that though not where it wished to be CRI was well on the way in terms of reaching out to BME communities. Members were informed that KIKIT which was based in Sparkbrook had been critical to the work taking place and had provided interpreting services; that a BME Strategic Group that had been developed; that there were targeted recruitment campaigns aimed at creating a more ethnic diversity amongst the CRI workforce, peer mentors and recovery coaches; and that KIKIT had developed a twelve step Islamic mutual aid programme which there was interest in rolling out nationally. In addition, the meeting was advised that KIKIT was required to provide outreach surgeries across the City and that work was taking place on the Prevent Agenda linked to a Home Office campaign where they were looking to run a pilot scheme.

The Chair thanked the representatives for attending and reporting to the meeting and indicated that they would be invited back after the introduction of Payment By Results (PBR) in 18 months to 2 years' time to report on achievements against outcomes / key performance indicators.

PROGRESS REPORT ON IMPLEMENTATION: HOMELESS HEALTH

The following report was received:-

(See document No. 2)

John Hardy, Policy and Development Officer, BCC advised Members that the average life expectancy for men and women who were homeless was 47 years and 43 years respectively. He thanked the Committee for producing the Inquiry report which he considered was excellent and was helping him deliver better services for the homeless. In highlighting that the report was beginning to be recognised nationally he also referred to considering how the document could be shared on a wider basis.

The Policy and Development Officer introduced the information outlined in the report and during the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Chair suggested that roving advice surgeries be considered and, although he welcomed the establishment of an accreditation scheme for outreach work / food distribution, queried whether this would deter the ad-hoc distribution of good quality food (e.g. where surplus food from Muslim weddings involving a lot of people was available) at a suitable location in the City. He advised the meeting that he'd been surprised to hear of some of the type of people who had become homeless and considered that it could happen to practically anyone - they deserved to be provided with help.
b) Reference was also made by a Member to excellent work that people he knew were doing in providing food for the homeless every weekend and in supporting the accreditation scheme nevertheless indicated that there was a need to be careful how it was managed and implemented.
c) The less traditional and newer ways in which the Police and Fire Services were working to achieve better outcomes for the homeless was welcomed and a Member also referred to the really significant impact that was being made by the Homeless Outreach Street Triage (HOST) service.
d) Further to a) above, the Chair referred to the need for an e-mail to be sent on behalf of the Committee to all elected Members seeking volunteers (Councillor Mohammed Aiklaq put his name forward) for roving advice surgeries and any information on appropriate locations to visit. He also stated that a letter needed to be sent to Midland Heart on the Committee's behalf thanking the organisation for providing the HOST vehicle.
e) The Policy and Development Officer considered that there was no reason why the HOST vehicle could not be used to undertake roving advice surgeries and welcomed this idea if a sufficient number of Members could be identified. In relation to the accreditation scheme mentioned, he indicated that the idea was that this would be very "light touch" and help in co-ordinating support and distribution of food so there was coverage across the City but not an excess of visits by different groups to homeless individuals at similar times thereby infringing on their personal space. He indicated that there would be the opportunity for groups or individuals who wished to become involved to do so and highlighted that there was always the need for food to be distributed. However, he pointed out that there was the danger of perpetuating a homeless way of life.
f) Members were informed by the Policy and Development Officer that it had been made clear to the Clinical Commissioning Groups (CCGs) and other parties by when they needed to respond and that details of their progress would be provided when he next reported to the Committee.
g) The Policy and Development Officer reported that there were some linkages with prisons outside Birmingham. However, work was first focusing on the prison population in the City as the pathways were not considered to be effective enough not just at the point of exit but also within the prison community. He commented that there was a need to line-up people with accommodation as far as possible before they were released from prison and reported that there was some female-only access provision. Members were also informed that over the last 12 months there had been an increase in the number of homeless women and that some were now forming relationships with men resulting in the need for accommodation for couples. The Policy and Development Officer reported that they would be looking at how support could be provided particularly for women coming out of prison and also highlighted that there was some specialist accommodation for offenders available through the Supporting People programme.

The Committee thanked and congratulated the authors and all those involved for their excellent work in producing the Homeless Health Inquiry report. The Chair also thanked the Policy and Development Officer for reporting to the meeting and indicated that he would be invited back in few months' time, once the CCGs had provided a progress update.

263 **RESOLVED**:-

That the Cabinet Member's Assessments be accepted.

PROGRESS REPORT ON IMPLEMENTATION: MENTAL HEALTH – WORKING IN PARTNERSHIP WITH CRIMINAL JUSTICE AGENCIES

The following report was submitted:-

(See document No. 3)

Michael Kay, Senior Strategic Commissioning Manager, BCC apologised that no representative had attended the last meeting and introduced the information contained in the report.

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

a) Further to the evidence of progress in respect of R03, a Member highlighted that the Homeless Outreach Street Triage (HOST) service had not yet been made permanent and queried whether it was appropriate to close the recommendation at this stage. However, the Chair considered that the spirit of the recommendation had been met and concerns were also expressed over ring-fencing of monies moving forward given budget pressures and the need to review areas of spending. The Cabinet Member's assessment was therefore accepted but with a review of what progress had been made being provided at a later date.
b) The Senior Strategic Commissioning Manager, in responding to a question from the Chair, indicated that New Dawn was about refocusing how secondary mental health services were delivered and included facilitating easy access to Birmingham and Solihull Mental Health NHS Trust, through a single point of access; looking at signs and symptoms of individuals' mental health and putting them into clusters that defined the categories of service and treatment that would be required; giving people who provided mental health services a more active part in treatment and seeking to ensure that service users who were discharged and came under their GPs had a quick route back into secondary services if they were needed again; and improving messaging about Third Sector help and support that was available to individuals after they'd been discharged from the Trust.
c) In relation to R05, R08 and R11, the Chair pointed out that the timetable specified had expired and therefore the Committee changed the assessments to "3 - Not Achieved (Progress Made)" and set 6 months' time as the anticipated completion dates.
d) Members considered that given the information provided recommendation R10 as stated could not be achieved and changed the assessment to "4 - Not Achieved (Obstacle)".

The Chair thanked the representative for attending and advised him that he would be invited to report further in 6 months' time.

264 **RESOLVED**:-

That, subject to the amendments outlined in a), c) and d) above, the Cabinet Member's Assessments be accepted.

At this juncture, a Member indicated that he considered that not all those who should be were being involved in respect of the provision of mental health services for 0-25 year olds. In addition, he referred to an Afro-Caribbean group he'd spoken to that was working to reduce gang violence and highlighted that this resulted in outcomes that meant that less people required health care. The Member felt that there was a need look at how small groups / projects in communities could be involved more in mainstream work taking place. The Chair advised him that the comments would be taken on board.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 4)

The Chair reported that he had sought the advice of Dr Adrian Phillips, Director of Public Health and that it was scheduled to hold the next Inquiry on the issue of diabetes as there were gaps that a report could help to address.

In relation to visits, the Chair referred to the Heart of England NHS Foundation Trust surgery reconfiguration proposals and reported that visits would be arranged to the Trust's three hospital sites in the New Year. Furthermore, he reported that representatives of the West Midlands Ambulance Service NHS Trust had indicated they'd welcome a visit to their Hub and it was therefore scheduled to arrange one for next year for Members.

265 **RESOLVED**:-

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

266 **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 1240 hours.

……..…….
CHAIRPERSON

Birmingham Better Care Update

Health and Social Care Overview & Scrutiny Committee

24th November 2015

Alan Lotinga.

Background

- Previously Integration Transformation Fund; renamed Better Care Fund in Nov 2013
- Statutory duty to integrate health and adult social care in Care Act 2014
- Local Health and Wellbeing Boards responsible
- Not new money – pooled budgets (Section 75 of 2006 NHS Act). City Council holds our pool.
- National minimum of £3.8bn; Birmingham £82m. Actually £5.3bn and £90m respectively in 15/16.
- National Conditions eg protecting adult social care, reducing hospital admissions and delayed transfers of care, 7 day services, multi-disciplinary working, data sharing.
- BCF Plan for 15/16 finally approved Feb 2015
- Aiming to save £40m over next 3 years, half of which to be re-invested, the other half to support adult social care services.
- Quarterly report to NHS England via HW Board.
- BCF to continue at least into 16/17.
- Any beyond?
- See website www.birminghambettercare.com for useful information and videos.

Main Aims

- Keeping people well where they live
- Making help easier to get
- Better Care at times of crisis
- Making the right decisions when people can no longer cope

What People Want

- I want to stay at home for as long as possible
- I want help to understand my illness and how to manage it
- I don't need experts all the time
- I worry about having to go into hospital and about when I can't look after myself anymore
- I worry about my carers
- GP surgeries are important points for me but I don't always need to see a doctor
- I need people who can help and advise me, not put barriers in my way to stop me getting what I need
- I want to be understood

Programme Schemes & Themes

- 1. Developing and agreeing case for change
- 2. Creating the impetus for change
- 3. Place based integration and accountable community professional
- 4. Equipment and technology enabled services
- 5. Discharge from acute settings and step up/down
- 6. Instigate 7 day health and social care services
- 7. Establish combined point of access
- 8. Improve data sharing between health and social care
- 9. Dementia.

- OVERALL THEMES – Business and performance; Communications and engagement; Transformation, new models of care (community development, infrastructure and intermediate care).

Governance and Accountability

- NHS England/Secretary of State for Health
- Health and Wellbeing Board and CCG Governing Bodies
- Better Care Programme Board – transformation and delivery
- BC Commissioning Executive – performance, management of pooled budget and Section 75
- Programme Scheme Groups
- Quarterly reporting of “metrics” via HW Board.

Business and Performance

This section measures the performance of overall BCF programme. It focuses on thee main areas:

- National and local Metrics performance against target
- The pooled budget spend

The metrics are analysed by CCG and Acute provider where appropriate and relates to January 2015 to August 2015 (unless otherwise stated). The table below shows the current performance for each metric. The payment for performance metric (Avoidable Emergency Admissions) is not currently achieving the 3.5% reduction. (Definitions are included as Addendum 1)

Metric	Reporting Period	YTD Target	YTD Actual	Variance	Change on last month
Metric 1 - Avoidable Emergency Admissions	August	2,863	- 1,020	- 3,883	↓
Metric 2 - Residential Admissions	2014/15	660	593	- 67	↔
Metric 3 - Reablement	2014/15	86.90%	77.70%	-9.20%	↔
Metric 4 - Delayed Transfers Of Care	August	1,659	1,908	249	↑
Metric 5 - Patient Service/User Metric	2013/14	7.9	7	-0.9	↔
Metric 6 - Maximum Length of Stay of Sick General Emergency Admissions	August	35	32	0	↑

Metric 1: Non Elective Activity Reduction

(Provider and Month)

Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
CITY HOSPITAL	1,791	1,590	1,747	1,801	1,829	1,875	1,948	1,797	14,378
GOOD HOPE HOSPITAL	2,066	1,875	2,140	1,977	1,999	2,249	2,332	2,221	16,859
HEARTLANDS HOSPITAL	3,291	2,944	3,419	3,312	3,417	3,314	3,543	3,446	26,686
QUEEN ELIZABETH HOSPITAL BIRMINGHAM	3,211	2,859	3,145	3,113	3,142	3,051	3,304	3,281	25,106
Total	**10,359**	**9,268**	**10,451**	**10,203**	**10,387**	**10,489**	**11,127**	**10,745**	**83,029**

Cumulative Difference

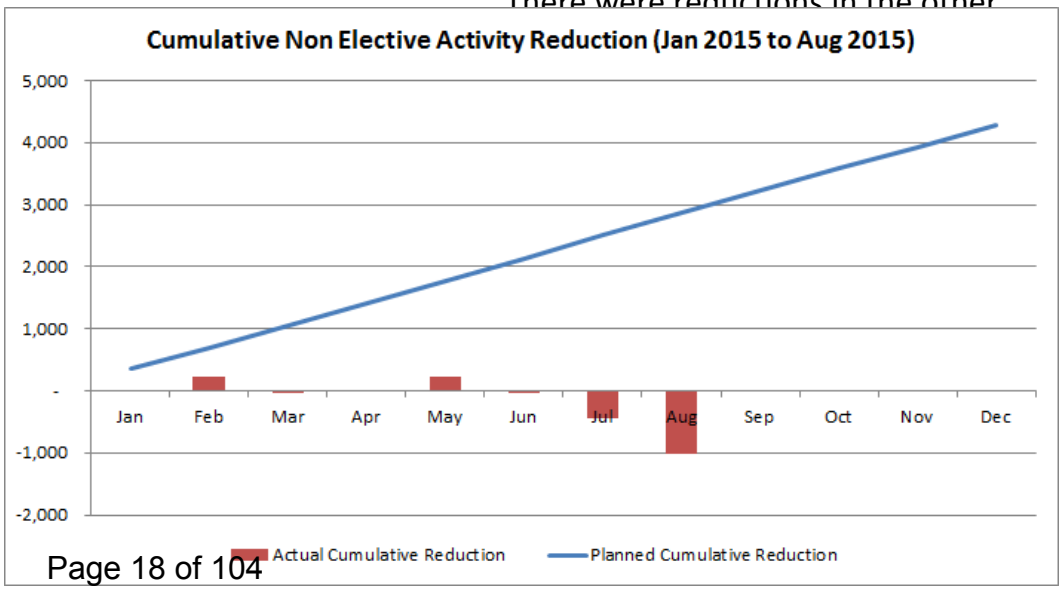
Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
CITY HOSPITAL	- 89	- 121	- 191	- 295	- 355	- 497	- 638	- 777
GOOD HOPE HOSPITAL	- 59	- 57	- 62	185	427	421	458	558
HEARTLANDS HOSPITAL	156	311	276	249	272	139	31	- 121
QUEEN ELIZABETH HOSPITAL BIRMINGHAM	12	91	- 55	- 133	- 120	- 108	- 297	- 680
Actual Cumulative Reduction	**20**	**224**	**- 32**	**6**	**224**	**- 45**	**- 446**	**- 1,020**

There were 83,029 emergency admissions at Birmingham providers between January 2015 and August 2015. This was 1020 (1%) more than the same period last year. The proportion of admissions with a zero length of stay rose from 29% last year to 30% this year. This increase in zero LOS was seen at all sites except Heartlands

The largest increases were in March, June, July and August with growths of 256, 269, 401 and 574 respectively. There were reductions in the other

The planned reduction to August was 2863 admissions. In order to meet the year end target the monthly admissions would need to reduce on average by 1329. (The original plan assumed a monthly reduction of 358)

The finance for this element remains with the CCG; this will only be transferred to the pool when the reduction is achieved. The payment for performance element will only be utilised for re-investment through services that 'sit' as part of the pooled budgets.



Section 75 Pooled Fund Performance

The section 75 is at the point of sign off – BCC making changes to constitution. The pooled fund is now set up and is in operation, regular monitoring against the agreed plans below will take place and be reported to the Board

	Funding within the current BCF programme agreed for 2015/16 £
TOTAL Funding Available to the Pool	**85,391,242**
Planned Application of the Pool	
SYSTEM RESILIENCE SCHEMES	
Enhanced Assessment Beds	
- Romford	651,490
- Ivy House	651,120
Conversion Interim to EAB	250,000
Residential Dementia	
-Bromford	129,000
-Perrywell	129,000
Extra Care Flats	69,192
Total Bed Based additional provision	**1,879,802**
BCF Funds	
Social Worker Capacity (Hospitals)	639,922
7 Day Working -Original	289,781
7 Day Working-New, City	74,346
Home Care Capacity-enablement	480,000
AOT	275,000
Total Social Care Based additional provision	**1,759,049**

BCF Committed Schemes	
Reablement - Kendrick Centre	1,197,000
Carer Act	2,970,000
Carers Strategy	1,799,000
Eligibility Criteria	20,044,000
Acuity Tool procurement	700,000
Management of Programme	1,011,000
Sub Total	**27,721,000**
Other Areas of Spend	
Community Services	42,154,242
Reablement - RAID	1,176,000
NELs (reduction)	6,483,000
Sub Total	**49,813,242**
Approved Plans from Un-Committed BCF Pool	
Additional home based capacity	2,480,000
Wellbeing Co-ordinator	440,000
Route to Wellbeing	53,000
Dementia	126,000
Data, Information Sharing and Risk Stratification	130,000
MDTs in primary care – single assessment and accountable community professional	261,000
Technology and Equipment	120,000
Integrated Care facilitation function – implementation of utilisation tool and new processes	250,000
Contingency Reserve	358,149
Total Expenditure Plans	**85,391,242**

Birmingham City Council NHS

National Conditions

Quarterly submission to Department of Health – Quarter 2

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	01/11/2015	Services are in place over 7 days including list of care homes who will accept admissions over 7 days into recovery beds. Additional capacity is being commissioned in enablement and clinical home based services to increase robustness over weekend periods over winter. work has been undertaken with care home providers to understand the barriers to
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		Also awaiting NHS England guidance and planning joint workshop with NHS England with primary care team.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	30/10/2015	The 5 Year Forward View and subsequent focus on new models of Primary Care has meant that 'direction of travel' needed to be amended. With initial focus on new business arrangements Primary Care wasn't in a position to engage with the BC Programme with the focus that was needed. Birmingham BC has now identified five emerging practices (total List in excess of 480k) that are ready to move forward. We are in the process of negotiating the future work programme with these and other provider organisations.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		

Scheme 3: Place Based Integration & Accountable Community Professional

Describes how care for people with complex needs might be supported by the community and the Primary Care MDT, supporting the national direction for GP as ACP. Joining up the system in relation to the interface with third sector and community based organisations, ensuring they can take an active role in supporting prevention. Delivering an NHS facing commitment to Carers which supports BCC activities Establishing the role of Wellbeing coordinators based on local and national best practice service outcomes.

Project highlights

CURRENT STATUS: ORANGE

Working with new emerging models to develop and implement Wellbeing Coordinators/MDT & third sector portal. Birmingham Better Care represented at Modality Operational Steering Group. East Birmingham Health Organisation has Scheme 3 reflected in ACE initiative.
Project Managers in post and undertaking inducted
BCHC CQUIN updated to reflect the pilot sites
Governance structure for Operational Delivery Group experiencing challenges
Working on risk stratification data to support practices in identification of patient/person cohort that could be supported by and MDT
Project Boards for Wellbeing Coordinators established
Briefing event planning for Wellbeing Coordinators underway as part of procurement phase
Carers Commissioning intentions submitted to BCC CCG and paper to Commissioning executive regarding priorities
Project risks being reassessed

Scheme 5: Care in a Crisis- Intermediate Care

Procure and implement a Utilisation tool across the city, this will be implemented using a staged approach with the acute providers as the first phase, second phase implemented across community and mental health services.

Evaluate and develop outcome based service specifications for provision of any new delivery models required to support transformational change, if applicable, across a city wide intermediate care provision.

Develop integrated primary / secondary / social care interface and care pathways / protocols to support care in a crisis, avoidable hospital admissions and earlier discharge across Birmingham.

Project highlights

CURRENT STATUS: YELLOW

- CUR agreed for Heartlands and Good Hope Hospitals
- Discussions underway with UHB and BCHC
- Discussion underway with BCHC regarding the community support for the virtual beds, (Admission Avoidance) supported by Birmingham South central CCG.
- Meeting HoEFT regarding community geriatric capacity in the community
- On-going discussions with BCHC regarding Dementia beds

Collective Risks

Currently the risks are included on a risk register at a scheme level; a review is currently underway to manage the risk at programme level. The table below provides the Board with an extract of the risk register showing all of the risks that have been assessed as HIGH impact.

ID	Project/Workstream	Title	Description (Risk)	Impact	Likelihood	Next Review Date	Proximity Date	Countermeasures	Residual Impact	Residual Likelihood
487	BCF03 - Place based integration and accountable community professional	Shift of current workforce from current roles to new roles.	There is a risk that the workforce will not wish to transfer to new roles and therefore there will be a shortfall in the required workforce required. Engagement events have been arranged during May 2015.	1. High	High	23/10/2015	31/03/2016	Working closely with the Older Adults Workforce Integration Programme. - transition Programme to be presented to LETB in April 2015 - a review of workforce profile can then take place.	High	High
489	BCF03 - Place based integration and accountable community professional	IT Solution	There is a risk that clinical systems will not be able to interface with each other.	1. High	High	23/10/2015	31/10/2015	Overall plan developed and presented to BCF Board in March 2015 - offering a solution in terms of use of existing data sharing system (Pi) and a risk stratification tool to be funded. Data sharing and risk strategy testing to begin when pilots go live in October 2015.	Medium	Medium
964	BCF03 - Place based integration and accountable community professional	Social Care Engagement	There is a risk that multidisciplinary working may not be as effective as currently there is no reasurance of social care support. This could mean that the objectives of the project might not be achievable.	1. High	High	23/10/2015	22/12/2015	Meetings arranged with senior managers within the Local Authority to develop measures to understand impact of lack of social care support for multi-disciplinary teams. Meetings to be confirmed.	Medium	Medium
485	BCF03 - Place based integration and accountable community professional	Accountable Community Professional	Risk that the role may not be recognised by front line professionals because of professional boundaries and the need for cultural shift across organisational and professional boundaries. The impact will be a delay in delivery of project	2. Significant	Medium	23/10/2015	31/12/2015	Meet with the front line professional through networking events - LCN meetings and link into the Communications team /project Ensure regular communications. Engagement events - 4 across the city have been arranged during May 2015	Low	Low
609	BCF03 - Place based integration and accountable community professional	Engagement of individual CCG's	Project may have limited influence on delevopments at primary care level due to individual CCG programmes.	3. Medium	Low	23/10/2015	31/10/2015	communications team are developing a schedule of dates for Project Managers to engage with member practices. Also to be highlighted at BC board	Low	Low
961	BCF04 Equipment and Technology Enabled Care Services	Reduction of PM support at key time	The PM is booked in to have a surgical procedure in early Nov that will require a period of sick leave to recuperate . This comes at a busy time in project so we need to mitigate during this period	1. High	High	22/10/2015	07/11/2015	Initial discussions with SRO - look at providing additional support to work during this time from both existing team and Business Change	High	High
893	BCF04 Equipment and Technology Enabled Care Services	No suitable staff available for new team	There is a risk that there will be insufficient SME's willing to take on new role.	1. High	Low	22/10/2015	01/06/2016	Knowledge of current workforce, workforce planning to ensure correct people in place	Medium	Low
896	BCF04 Equipment and Technology Enabled Care Services	Insufficiant and inflexible funding	There is a risk that the equipment funds will continue not to be put into the pooled fund thus negating a more flexible approach to transforming service delivery.	1. High	Medium	24/10/2015	01/02/2016	Working with Programme to ensure funds go into Pooled fund and service priority is raised. Provided input into VAT work on pooled funds.	Low	Low
889	BCF04 Equipment and Technology Enabled Care Services	Destabilisation of Health and Social Care economy should significant funding be withdrawn from Equipment Services	There is a risk that if resources do not keep up with demand or ar cut this may effect continuity of care for citizens and patients	1. High	Significant	22/10/2015	01/02/2016	Working with BCF programme to ensure funds go into Pooled fund and service priority is raised. Making sure those who fund the service are aware of the implications of reduced funding	Medium	Medium

BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15

ALAN LOTINGA
Service Director Health and Wellbeing, and Chair of BSAB

Health and Social Care Overview and Scrutiny Committee

24TH November 2015

What is Adult Safeguarding?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

(Care Act 2014 Guidance).

Types of Abuse

- Physical
- Domestic violence
- Sexual
- Psychological
- Financial or material
- Modern slavery
- Discriminatory eg forms of harassment
- Organisational eg in hospitals or care homes
- Neglect and acts of omission eg withholding adequate nutrition
- Self-neglect

Who is Responsible?

- A concern to the whole community.
- Care Act 2014 and Statutory Guidance.
- LAs/Adult Social Care expected to lead, national outcomes framework. Primary agencies are the Local Authority, NHS, Police.
- Birmingham in line with legislation - Annual Reports, annual plans, information protocols, etc.
- NHS moved responsibilities to CCGs + other changes e.g. Mental Capacity Act/Deprivation of Liberty/Supreme Court judgments.

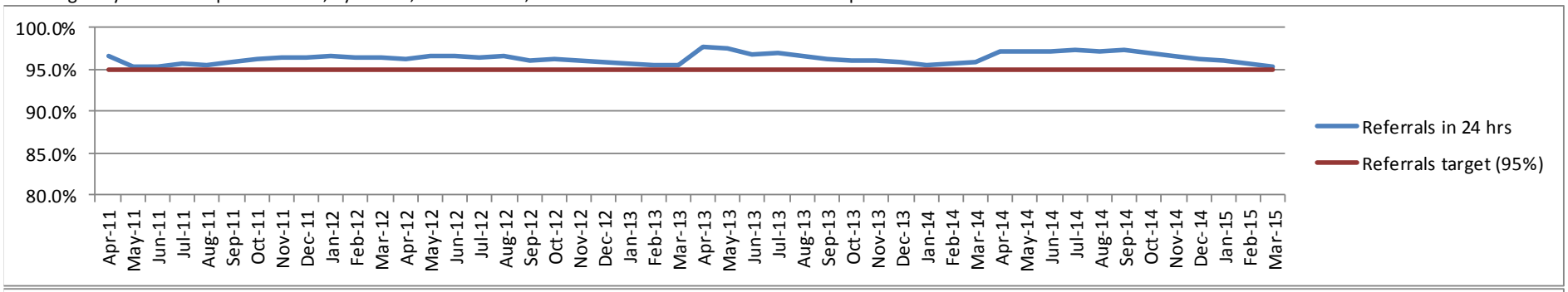
Key Messages/Achievements from 2014/15 Annual Report

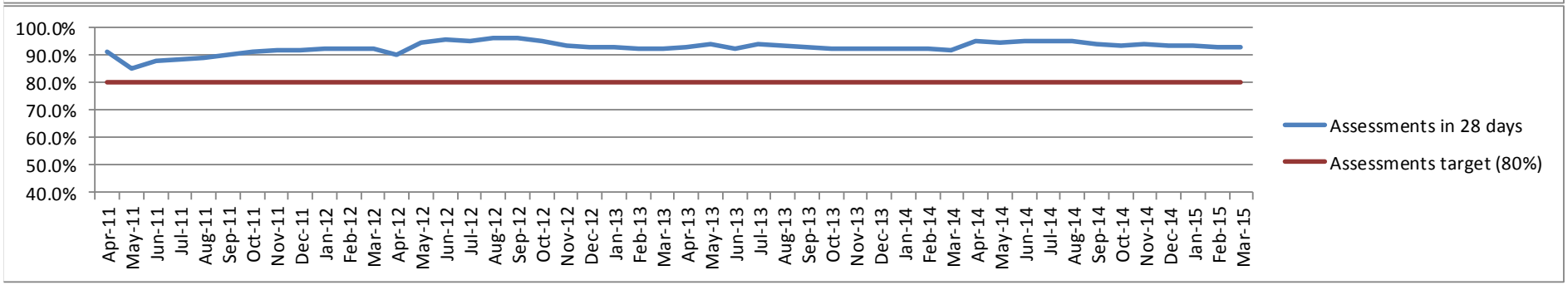
- 2014/15 Eyes and Ears campaign focussed on financial abuse
- Continued to promote Mental Capacity Act and Deprivation of Liberty Safeguards legislation in practice eg learning day inspired a theatre product on issues faced daily with citizens in this area.
- 6,288 safeguarding alerts (13% increase). 37% judged not needing further investigation (36% last year).
- Stronger multi-agency focus on “lessons learnt” from serious case and other reviews and incidents
- Successful conference “risking your dignity” – front line staff from all agencies.
- Survey and actions from service users’ outcomes after going through the safeguarding process
- Introduced our approach to “Making Safeguarding Personal”
- New style business plan and risk register – aligned to the 6 principles of safeguarding – protection, prevention, partnership, proportionality, empowerment and accountability.

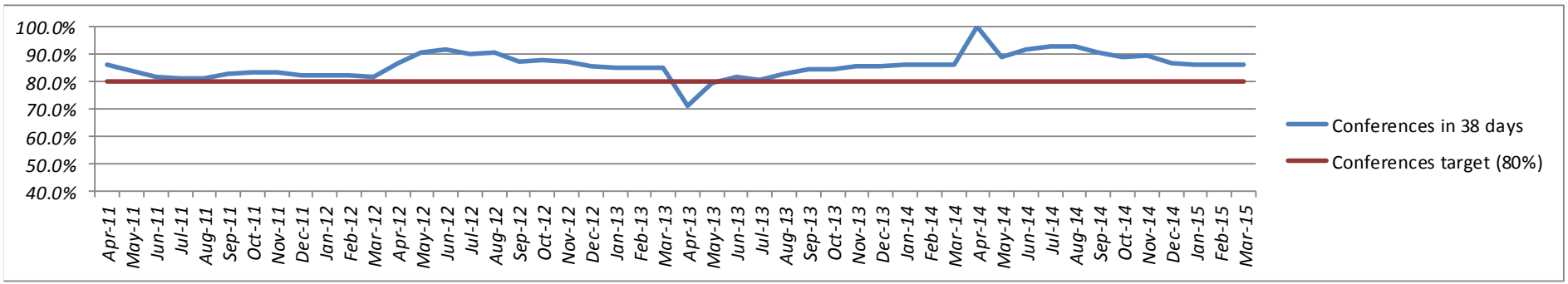
Safeguarding Performance

Safeguarding Performance

Showing the year to date performance, by month, for Referrals, Assessments and Conferences since April 2011







Priorities for 2015/16

- The Care Act 2014 is in force – having a Safeguarding Adults Board is a statutory requirement of each local authority.
- Continue to examine outcomes for people experiencing our safeguarding processes, from case file audits and from independent research. In our new styled plan we are focussing on five strategic areas over the next 3 years , as follows.
- Each strategic ambition has a number of supporting work streams:
- Priority 1 Hearing the voice of the people of Birmingham
- Priority 2 Revise the Board and it's governance to ensure it is fit for purpose
- Priority 3 Safer communities: more effective preventative strategies
- Priority 4 Partnership working: ensuring all citizens experience a personalised and individual response when safeguarding concerns are raised.
- Priority 5 Assurance monitoring the system - effectiveness of safeguarding arrangements across the City

Suggested Reading/Guidance

- Adult Safeguarding Scrutiny Guide April 2010 (Centre for Public Scrutiny/IDeA).
- The Care Act 2014 and Ch 14 of the guidance (52 pages long!)
- NHS England - Arrangements to Secure Children's and Adult Safeguarding in the Future NHS.

- LGA Councillors' Briefing 2015 – Safeguarding Adults. April 2015.

From: Martin Keating - Disability Hate Crime 'bronze' lead for West Midlands Police

To: Health and Social Care Overview and Scrutiny Committee - 24th November 2015

Subject: Adults with Autism and Criminal Justice System Scrutiny -

The following progress report has been prepared at the request of the Health & Social Care Overview and Scrutiny Committee, to set out the efforts made by West Midlands Police (WMP) as to its autism strategy and delivery of awareness training to its officers and staff in support of the autism community to which it serves.

The author of this report, although a long serving member of staff with WMP of 30 years, took up the invite to the Birmingham Autism Partnership Board in January 2014 commensurate with his role as disability officer to the organisation and in addition 'bronze' disability hate crime lead. He has standing passion within the disability arena and has family members on the Autistic Spectrum Disorder (ASD).

1. Introduction.

It has been a long standing concern and agenda item raised by the Cabinet Member for Health and Wellbeing, for West Midlands Police under the direction of the Police and Crime Commissioner Mr David Jamieson, to qualify 'how and by when' the majority of its officers would receive autism awareness training in order to understand the condition and to be able to interact with autistic people. Fundamentally these concerns were raised and evidenced by Autism West Midlands (Nigel Archer – AWM CJS Development Coordinator) and separately by that of Birmingham City Council, although their concerns were not alone to WMP, but to its Criminal Justice Partners i.e. police, courts, probation and CPS.

It was in this report, that Mr Archer gave an overview of the detrimental findings contained within the Birmingham City Council report (2012) against that of the lack of awareness training and strategies by that of WMP and its criminal justice partners. Highlighting the potential benefits of such training etc, Mr Archer gave an overview of the benefits already realised by a number of forces including that of West Mercia police as to their interaction and combined front-line / custody decision making with those on the autistic spectrum disorder including their diversion from the criminal justice arena.

2. Background.

Initial efforts by WMP in accepting the seriousness and risk by supporting autism awareness training with a view to rolling out such programmes had initially gone well. In that by 2013 approximately 18 of its force training officers had undergone autism training by AWM with the view that they in-turn would roll out this very training. These would be delivered within the mandatory held training days across the Local Policing Units (LPUs) and specialist departments i.e. Criminal Justice, Public Protection, and Force Contact etc. Unfortunately due to the impact of austerity on the organisation, the majority of these training officers were either forced to retire or were relocated to other frontline posts to make up the short fall and therefore this programme was never reinvested.

At the request of the board, in March 2014 a supporting business case was submitted to the Command Team – WMP for the approval of AWM to deliver autism training across the West Midlands and for funding to be set aside centrally in order for this to be delivered. With the approval of AWM all costing and delivery dates were included but regrettably this business case was rejected, on the grounds that such an objective was not included in the current force strategic plans. It was however suggested that the LPUs could implement their own programme and invest in any related training from each of their own supporting budgets.

At this time, Coventry LPU in partnership with Coventry City Council implemented their own local autism strategy which included autism awareness training to its front-line police officers and partners within the Coventry and Warwickshire area i.e. mental health practioners, social services and council organisations. This training was delivered to 500 front line police officers within Coventry and paid for locally from their own budget.

However following a strategic review by that of WMP – Learning & Development department as to all organisational training, it was concluded that no LPUs or departments should be organising their own training without its review and only with the express permission of this department as it was impacting on numerous organisational risks, including; force cost cutting measures, non-recognised force strategic data, and the introduction of different training programmes and styles.

3. Current position – West Midlands Police.

It was clear for some time, that autism and its very impact on the community and criminal justice arena had 'no home' and overall strategic direction within WMP which included its link into those victims of disability hate crime who are on the autistic spectrum disorder. However, there are now two interlocking strategies as to how WMP supports the objectives with that of autism, namely:

a) Having noted the tremendous success of the street 'mental health' triage team, it was therefore agreed with command team approval, that any strategic mental health approach would also include that of autism and dementia.

b) The author took the view that autism should also form a key part of the disability hate crime strategy for WMP and it is here that the work will receive its most credible 'buy in' and marketing.

To date the following work has been undertaken in support of autism training and its strategic approach within the organisation, namely:-

- 500 front line officers and staff trained – Coventry police (August 2014).
- Custody Blocks – awareness training from the Education Authority specific to young persons (September/ October 2015)
- In-house autism training developed and trailed with two police neighbourhood teams, delivered by the diversity team and Andrew Bull – the autistic son of a member of police staff. Andrew is in his early 20's, resides in Birmingham, master's degree educated, and hopes that this training input will prove a worthwhile addition to his CV and find full time employment. *To-date the personal input by Andrew (additionally using the below information) and referring to his life experiences has been widely received.*

- In-house training package. This will be available on-line as part of an e-learning package, or used in conjunction with any personal training input, or available as part of a reference and guidance tool (package attached). This training includes references to:

  - What is autism (incl' triads of impairment)
  - Key behavioural signs and characteristics
  - Autism Attention Card
  - National failings of the police
  - Advice for police and criminal justice sector
  - Autism and disability Hate Crime
  - Further advice and information.

- Street 'mental health' triage team across the West Midlands combining that of a crewed response/advice units and made up of police officers, psychiatric nurses and paramedics in dedicated response vehicles, responding to calls involving people believed to be experiencing mental ill health. The team provide on-the-spot assessments with a primary goal to ensure that these individuals are taken to safe health professional facilities rather than police custody, which previously would have been the norm. The team has provided assistance and safe guarding to those with autism on the street and on-going knowledge/awareness of autism to officers on a case by case basis in a potential custody escalation.

- Autism Awareness (Level 2 – Health & Social Care qualification) - online training package delivered by North Warwickshire and Hinckley College in partnership with WMP – *(delivery date January 2016).*

  WMP have already marketed to all its officers/staff the availability of a number of free on-line (level 2) courses including that relating to, mental health awareness, dementia care etc. Since the summer of 2015, well in excess of 500 officers/staff have successfully completed and gained a credible national qualification. These numbers are increasing steadily with the courses only being advertised once the College has sufficient tutors available to provide the on-line assessments and scoring to satisfy all numbers.

- Autism West Midlands – Connect.

  Includes access to a number of FREE E-learning courses (incl' autism awareness / anxiety & autism and sensory issues etc). All users will have to register on an individual basis and it is hoped that that they will use their works e-mail address i.e. west-midlands.pnn.police.uk, as AWM will be able to build a data profile of WMP users, courses completed and timeline.

  http://elearning.autism-connect.org.uk/store

- WMP training marketing.

There are a few minor IT teething problems as to the above WMP e-mail address being used but it is anticipated that by early December 2015, all officers/staff will have access to a dedicated internal Autism web page which will house all of the above related accessible guidance and courses.

4. Conclusion.

As the author of this report on behalf of WMP, I cannot answer as to the engagement and relevance that other local criminal justice partners hold that of autism awareness strategies etc. However, I am satisfied that after a slow start on this journey which includes the challenges of Force budget cuts and a general 'buy-in' to that which is autism. WMP has made steady and credible progress in raising its very profile and providing the related awareness by developing its own packages and/or with the availability of on-line free resources from external partners and community stakeholders.

The training and its risk is not currently seen as mandatory as to that required within each officers (and staff) dedicated training days, and the key is to ensuring that everyone has an awareness (not an expertise) from the basic in that of the acceptance of the autism attention card, to its key behavioural signs. Other police forces have unfortunately experienced both a public backlash and legal actions as a result of their poor handling of persons with autism or its development into a hate crime with devastating circumstances, and as a result have raised their risk and education awareness on the subject.

By ensuring its proactive development as key strategy objectives in both the Mental Health and Hate Crime delivery plans, should ensure that the disability that is autism and its continued awareness to all officers, receives the on-going support which will hopefully be reflected with that of its local Criminal Justice partners.

Martin Keating
Disability Officer and Hate Crime 'bronze' lead

Autism Awareness Training

West Midlands Police - EDHR

What is autism?

> Autism and Asperger syndrome can be grouped under the term Autism Spectrum Disorder (ASD) and is a term used to describe people with a range of developmental disorders.

> It is a life-long condition affecting around 1.1% of the population.

> It is a spectrum condition meaning that it affects people differently and to varying degrees.

‘When you have met one person with autism, you have met one person with autism’.

> It is important to remember that autism is not a learning disability or a mental health difficulty, but a developmental disorder.

> There is no cure for autism but early childhood diagnosis and specialist support has been shown to improve the quality of life of people with autism.

Triad of impairments

Autism is broadly defined as affecting three main areas:

> social communication
> social interaction
> social imagination

Social Communication

People with autism have difficulties with both verbal and non-verbal language. Many have a very literal understanding of language, and think people always mean exactly what they say. They can find it difficult to use or understand:

> facial expressions or tone of voice
> jokes and sarcasm
> common phrases and sayings: example's of which are 'It's cool', 'has the cat got your tongue', or 'come on – hop to it'.

Some people with autism may not speak, or have fairly limited speech. They will usually understand what other people say to them, but prefer to use alternative means of communication themselves, such as sign language

Social Interaction

People with autism often have difficulty recognising or understanding other people's emotions and feelings, and expressing their own, which can make it more difficult for them to fit in socially. They may:

> not understand the unwritten social rules which most of us pick up without thinking: they may stand too close to another person for example, or start an inappropriate subject of conversation.

> avoiding eye contact and appear to be awkward or dismissive.

> appear to be insensitive because they have not recognised how someone else is feeling i.e. ‘ I was dumped probably because he thinks I’m fat……..well, yes you are fat!’

> prefer to spend time alone rather than seeking out the company of other people and not seek comfort from other people

> appear to behave 'strangely' or inappropriately, as it is not always easy for them to express or control their feelings, emotions or needs i.e. funeral and may appear to lack emotion or sympathy, or in other social gatherings are too emotional.

Difficulties with social interaction can mean that people with autism find it hard to form friendships: some may want to interact with other people and make friends, but may be unsure how to go about this.

Social Imagination

Social imagination allows us to understand and predict other people's behaviour, make sense of abstract ideas, and to imagine situations outside our immediate daily routine. Difficulties with social imagination mean that people with autism find it hard to:

> understand and interpret other people's thoughts, feelings and actions

> predict what will happen next, or what could happen next i.e. think outside the box.

> like a set of rules and overreact to peoples infringement or changes in routine i.e. time of eating habits or watching a favourite t.v. programme at a particular day/time.

> understand the concept of danger, for example that running on to a busy road poses a threat to them

> cope in new or unfamiliar situations.

Please Note. *Difficulties with social imagination should not be confused with a lack of imagination. Many people with autism are very creative and may be, for example, accomplished artists, musicians or writers.*

Characteristics of autism

Sensory Stimulation

People with autism may experience some form of sensory sensitivity. This can occur in one or more of the five senses - sight, sound, smell, touch and taste. A person's senses are either intensified (hypersensitive) or under-sensitive (hypo-sensitive). Examples of which are:

> sensitive to loud noise i.e. loud music, shouting, group conversation.

> enjoy the stimulation of bright or colourful lights i.e. lava lamps, to emergency vehicle.

> associate the smell of a person or object with familiarity and 'being safe'…….good memory or bad.

> a need to lick everything they touch and feel its texture or taste……. ranging from a persons hand, a window, to the pavement.

> (hypo – sensitive) may not feel the pain in extreme changes in temperature.

> rocking, flapping motion, tapping of fingers to head/body when under stress or challenged

Key behavioural signs

> avoid eye contact – look down or away when under pressure.

> rocking, flapping motion, tapping of fingers to head/body when under stress or challenged.

> unwillingness to remain seated and a need to pace the room.

> covering of ears.

> humming, singing or talking to self.

> offence to the slightest touch to the point of revulsion e.g. causes pain from 1hr to days.

> not respond to questions or instructions.

> lack of understanding as to what is being asked.

> unable to hold a conversation and use of formal one word questions and answers.

> display of honesty to the point of being blunt or rude.

> switch off and talk about another subject that is of interest to them but totally unrelated.

> mimic what is being asked i.e. repeat the phrase.

> agree to what is being asked and then to show confusion and total disregard and an unwillingness to co-operate.

> sensitivity to the sight and smells of a police officer in uniform and associate this with a bad memory.

Asperger Syndrome

Asperger Syndrome is at what is called the 'higher functioning' end of the spectrum. This means that whilst you are likely to have an average, to above average (higher) intelligence level than the average person, and in some be academically gifted. Learning new skills may not be a problem but there are areas such as social interaction and communication that may prove difficult.

Whilst those with ASD would in general have a 'hidden disability', this is more prominent in those with Asperger's where the traits are not as pronounced. This means that you can't tell that someone has the condition from their outward appearance as there are generally no physical characteristics although they have some similar traits to those on the spectrum.
The traits are broken down into three different areas; communication, social interaction and flexibility of thought. High levels of anxiety and sensory issues are also strongly linked with a diagnosis of AS.

Socially, may prefer to:
> engage socially but may find difficulty in understanding the social rules.
> prefer to be on their own.
> not be in close proximity to others and the slightest touch can cause offence or revulsion.
> avoid eye contact
> engage by e-mail or text as social communication may be difficult as time is required to process the information exchanged.

Asperger Syndrome (continued)

Language and Communication

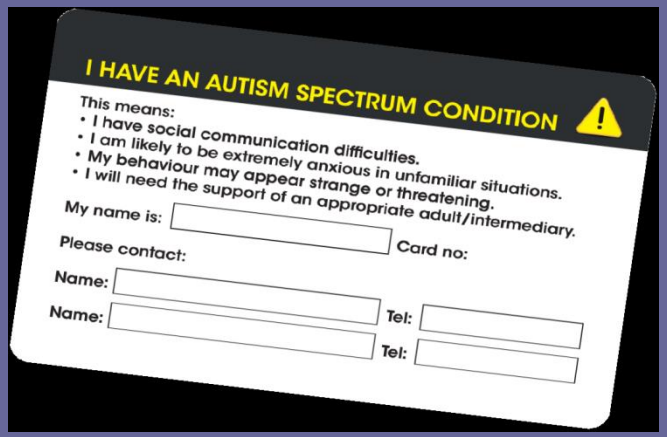
> humour and sarcasm can be difficult.
> take offence to banter and jokes amongst friends and colleagues.
> saying words or phrases in the wrong context and conversation.

Flexibility

> prefer a set routine i.e. eating times, catching public transport, t.v. programmes etc.
> have a special interest or hobby which they are proud to talk about i.e. cars, movie collections etc.
> understanding of other peoples emotions and how they are feeling.
> anything new can be difficult. Different surroundings, places, and people, can cause a great deal of stress and anxiety.

Please Note. *Such episodes of a routine being broken or work pattern change, can lead to extreme anxiety. Where this occurs, this can be too much to handle and comprehend, leading to the person experiencing, what is termed, 'a meltdown'. Such episodes and their consequences are different to all with autism i.e. from someone becoming withdrawn, to another becoming or appearing to be aggressive through being agitated.*

Autism Attention Card



Autism Attention (or Recognition) cards have been developed nationally and will differ from each geographical area in terms of its styling and partnership details including its local police force.

The Autism Spectrum Disorder (ASD) 'Attention Card' for use in encounters with the Emergency Services. More than 2000 people with ASD already carry this card within the West Midlands. They have found it useful in a variety of situations including:

- When dealing with the police
- When they are attended to by Ambulance Staff or at Accident & Emergency Departments
- When having difficulties on public transport
- When having difficulties at Council or Benefits Offices

Autism Attention Card

The attention card displays on the reverse the contact details of a person that the individual trusts and who should be contacted in stressful situations to provide advice and guidance and if required, to attend the local station as a supportive appropriate adult.

These cards can only be issued within the West Midlands by Autism West Midlands (AWM) via an on-line application with all details being verified and recorded on their database.

Once brought to the attention of WMP, the information should be treated as ‘true and valid’ and the individual should be treated with the appropriate due care, professionalism and dignity that their disability respects.

N.B. the Attention Cards are not mandatory and not all persons with ASD will carry one; or there will be those that show all the recognised traits without ever being medically diagnosed. Where this occurs, officers should obtain further advice and guidance, and seek clarification.

Failings of the police

1) Metropolitan Police (Met) officers assaulted a 16-year-old boy with severe autism by forcing him into handcuffs and leg restraints during a school trip, the High Court has ruled.
The judge said the boy, now 19, also had his human rights breached.
The boy, who also has epilepsy, was subjected to disability discrimination and false imprisonment, it was ruled.
He was awarded £28,250 in damages following the incident at a swimming pool in Acton, west London, in 2008.

2) A peer has criticised the "callous, racist attitude" of two police officers to a "vulnerable and disabled man".
Baroness Uddin made the comments in the House of Lords on the case of Faruk Ali, who has autism.
Two officers were found not guilty of misconduct in public office after chasing Mr Ali in a police car.
The pair are currently subject to an Independent Police Complaints Commission (IPCC) investigation.
Labour peer Baroness Uddin described the treatment of 33-year-old Mr Ali, who has a mental age of five, as "outrageous victimisation".

N.B. on both occasions the police were either shown an Autism Recognition Card or informed by family at the time of the individuals Autism and reasons as to their strange behaviour

Advice for police and Criminal Justice Sector

Remember a person with autism will 'in general' not understand the implications of their behaviour or the consequences of their actions even if their actions are aggressive. However, it should also be noted that they too are fully aware of their actions. They may run, failing to respond to an order to stop or drop to the floor or begin to rock back and forth or avoid eye contact. Officers should not misinterpret these actions as a reason for increased use of force as this may cause the autistic person's behaviour to escalate into more violent or aggressive behaviour

<u>The following may be helpful when communicating with someone who has autism</u>:

> Try to calm the situation by speaking clearly, slowly and not shouting

> Do not attempt to stop the person from flapping, rocking or making other repetitive movements as this can sometimes be a self-calming strategy and may subside once explained more clearly.

> People with autism may carry an object for security, such as a piece of string or paper - do not remove this object as this may raise anxiety and cause distress.

> If sirens or flashing lights are being used, turn them off to avoid alarm and distraction.

> If possible, and if the situation is not dangerous or life-threatening, try to avoid touching a person with autism, as they may respond with extreme agitation due to their heightened and acute sensitivity.

Advice for police and Criminal Justice Sector

> People with autism may have an unusual response to pain and not report or be able to communicate injury. Check the person for any injuries in as non-invasive way as possible, looking for unusual limb positions (e.g. limping or hanging arm) or other signs, such as abdominal pain.

Communication and Contact in Custody.

> seek the support of an appropriate adult via the 'Attention Card' or AWM for individual advice and guidance as to behavioural patterns etc., and help prevent unnecessary anguish and distress.
> treat the individual as vulnerable and ensure they are placed on a constant watch.
> ensure all related disability information is recorded and that all custody officers are made aware of patterns of behaviours and their triggers i.e. shouting in the custody block on arrival by other detainees could cause emotional and physical triggers (sensory overload), leading to violent behaviour.
> never interview an individual with autism unless an appropriate adult is present. They will assist in calming down a stressful situation and help support any questions asked for the individual to understand.
> always avoid the prosecution route (where possible) and seek alternative methods should there be a need to charge the individual i.e. restorative justice. Court cases have been dismissed where it was considered that the individuals disability and their learning/development was a key factor.
> the Criminal Justice Arena is a stressful situation for all and the police should attempt to avoid placing further stress on the individual and alienating any further contact with the police uniform.

Advice for police and Criminal Justice Sector

Communication with Witnesses

> seek the support of an appropriate or trusted adult via the Autism Attention Card

> never assume that a refusal to shake your hand is a dismissive attitude. The individual may not like being touched.

> visual support / aids (drawings or photos) may be better understood than the spoken word

> try to explain slowly, clearly, simply and calmly why they are there and calm down any fears

> ensure that you give the individual time to answer EACH question by allowing them to digest what is being asked.

> use their first name by obtaining their trust and that the question is being asked of them.

> avoid using sarcasm or irony as people with ASD may wrongly interpret the question being asked leading to a mistrust of the officer, possible tension, and a confusion in their evidence.

> understand that the individual may have strong behaviour patterns as to the time they eat or be at another appointment. They may want to leave the room without notice and any failings to help support and acknowledge their needs can lead to a ‘meltdown’ with severe consequences.

Autism and Disability Hate Crime

Hate crimes and incidents are any crime or incident which is targeted at a victim because of the offender's hostility or prejudice against an identifiable group of people. So any incident or crime, which is perceived by the victim or any other person to be motivated because of a person's **disability** or perceived disability will be recorded as such. This can be committed against a person or property.
A disability hate crime is:
"Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability or perceived disability."

The Equality Act 2010 (EA) generally defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

> all perceived hate crime against people with ASD seriously should be RECORDED and treated with the utmost importance. Failure to do so will not indicate any possible connection to the individual, their autism, and why they and their disability are a target.

'Bullied' teen Joshua Davies told he will not walk again
Joshua Davies, 18, of Pontypridd, Rhondda Cynon Taf, broke his spine in four places in the fall. His family said police had been contacted 15 times about attacks on the teenager, who has Asperger's syndrome.

Further information and advice

> Autism West Midlands (AWM)
http://www.autismwestmidlands.org.uk
0121 450 7582

> The National Autistic Society
http://www.autism.org.uk/about-autism.aspx

> True Vision – Hate Crime
http://www.report-it.org.uk/disability_hate_crime1

> Martin Keating
Equality and Diversity – WMP
m.p.keating@west-midlands.pnn.police.uk

Birmingham City Council

Information briefing

Report From: **Strategic Director for People**

Report To: **Health and Social Care Overview and Scrutiny Committee**

Date: **24 November 2015**

Title: **Customer Care & Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014 -2015**

Summary:

- 217 complaints were received during this reporting period, a reduction on the previous two years;
- Assessment and Support Planning again received the largest number of complaints (129) compared to (204) for the same service area last financial year;
- 40 complaints were withdrawn during the process;
- The Statutory timeframe for responding to a complaint is six months: 174 were responded to within that timeframe;
- Lack of service was again the highest overall reason for complaints received with 41;
- 29 Local Government Ombudsman Complaints were registered for the reporting period

Background information:

Legislation allows access to the statutory complaints procedure to anyone who is in direct receipt of a service and is likely to want to make representations, including complaints about the actions, decisions or apparent failings of a Social Care & Health Directorate. It also allows any other person to act on behalf of the individual concerned, who can demonstrate a significant interest in the welfare of that individual and that their actions are acceptable and appropriate.

Contact details: Melanie Gray
Manager
Customer Care & Citizen Involvement Team
Tel: 0121 675 7306

Customer Care and

Citizen Involvement Team

Comments, Compliments

and

Complaints

Annual Report

1st April 2014 - 31st March 2015

Published November 2014

Contents

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1. Introduction

1.1 The Customer Care & Citizen Involvement Service's Annual Report focuses on the period 01.04.14 - 31.03.15. It explores the number, nature and trends of Comments, Compliments and Complaints made about the provision of services delivered by the Directorate for People (Adult Social Care).

1.2 Comparisons have been made, for the total number of complaints received using statistical information from the previous Annual Reports for periods 01.04.12 - 31.3.13 and 01.04.13 - 31.03.14, to enable any trends to be observed.

1.3 All data used in this report is for the period 01.04.14 – 31.03.15. Additional movement in the figures reported may have taken place since then due to active cases reaching resolution, or being escalated.

2. Background

2.1 The Statutory Complaints Procedure under the NHS and Community Care Act 1990 first came into effect in July 1992. The Legislation governing the complaints procedures also includes Health and Social Care (Community Health and Standards) Act (2003) and The Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009.

2.2 The purpose of the legislation allows access to the statutory complaints procedure to anyone who is in direct receipt of a service and is likely to want to make representations, including complaints about the actions, decisions or apparent failings of a Social Care & Health Directorate. It also allows any other person to act on behalf of the individual concerned, who can demonstrate a significant interest in the welfare of that individual and that their actions are acceptable and appropriate.

2.3 The legislation changed in April 2009 in line with DoH Guidelines to a single process with Health.

2.4 The Department of Health (DoH) set six key objectives. Each Social Care and Health complaints procedure should:

(i) Provide an effective means of allowing service users or their representatives to complain about the quality or nature of social services;

(ii) Ensure complaints are acted on;

(iii) Aim to resolve complaints quickly and as close to the point of service delivery as is acceptable and appropriate;

(iv) Give those denied a service an accepted means of challenging the decision made;

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(v) Provide in defined circumstances for the independent review of a complaint;

(vi) Give managers and Councillors an additional means of monitoring performance and the extent to which service objectives are being achieved.

3. Customer Care & Citizen Involvement Team Developments

- The Team were able to maintain a quality service to the Citizens of Birmingham with a reduced staffing level due to the need for the Service to contribute to the Councils overall budget savings.

- The Service continued to provide complaints training to directorate staff such as Unit Manager/Senior Practitioner/Team Manager/Newly qualified Social Workers upon request.

- The Service continued to attend monthly Assessment and Support planning management Performance Boards where all active complaints are discussed. The Boards also monitor individual team's performance in responding to complaints within our set timeframe which is 20 working days from the date the complaint is processed to the Lead Officer for investigation.

- The Service has for a third year undertaken an audit of learning from a selection of service area complaints and the outcome of this is highlighted within this report.

- The service developed a revised electronic learning log (CLIP – Customer Learning Improvement Program) towards the end of the reporting period which is required to be completed by the lead officer for each complaint. The form was implemented in June 2015. Alongside this the Learning from Complaint discussion group was implemented in August 2015 and the outcome of both learning initiatives will be reported on fully within the 2015/2016 annual report.

- The team have and continue to build strong working relationships with directorate staff and external partners to ensure a joined up approach when responding to complaints.

- The service has reviewed and updated the following complaints service information:

  - Comments, Compliments and Complaints Easy Read Public Information Leaflet
  - Customer Care Factsheet Complaint Investigations – Information for Complainants
  - Directorate Adult Complaint Procedures

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- ❖ The service has also produced a new Customer Factsheet which gives the citizen an overview of the complaints procedure.

- ❖ The team continue to work in partnership with Corporate Complaint colleagues in the management of corporate complaints and acting as gatekeeper for all corporate complaints alongside the statutory complaints process remit of the service.

- ❖ The Customer Care & Citizen Involvement Team continues to review and update the complaints database 'Respond Centrepoint ' regularly to ensure all required information is captured.

4. Analysis of Complaints

4.1. Total statutory complaints managed

Fig 4.1.1

Complaint Category	2013/2014 Received	*B/Fwd from 2012/2013*	Totals
Formal Includes LGO complaints (29)	**217**	**69**	**286**
Less complaints withdrawn during the process	**40**	**4**	**44**
Total (All)	**177**	**65**	**242**

4.1.2 The above highlights the number of complaints received during the reporting period (217), together with the number of active complaints brought forward from the previous year (69), which together make up the total number of complaints managed during the reporting period (286). This table shows there have been **(**29) Local Government Ombudsman complaints registered for this reporting period. 44 complaints were withdrawn during the process.

4.1.3 The Customer Care & Citizen Involvement Team have also managed 65 'Your Views' Corporate complaints alongside a further 160 pieces of information/complaints that were not competent to be processed under either the statutory or corporate complaints process. This included 63 complaints which to ensure early resolution were referred to the appropriate service area/team as requests for a service and 16 complaints which upon assessment were found to require safeguarding investigation. This giving a total of 511 pieces of complaint information/requests for service managed.

Some examples of those not competent for the statutory complaints process include:

- ❖ Family unhappy with the actions of their aunts solicitor
- ❖ Dissatisfaction of a family with private care agency where care is funded privately
- ❖ Family dissatisfied with service provided solely by the health authority

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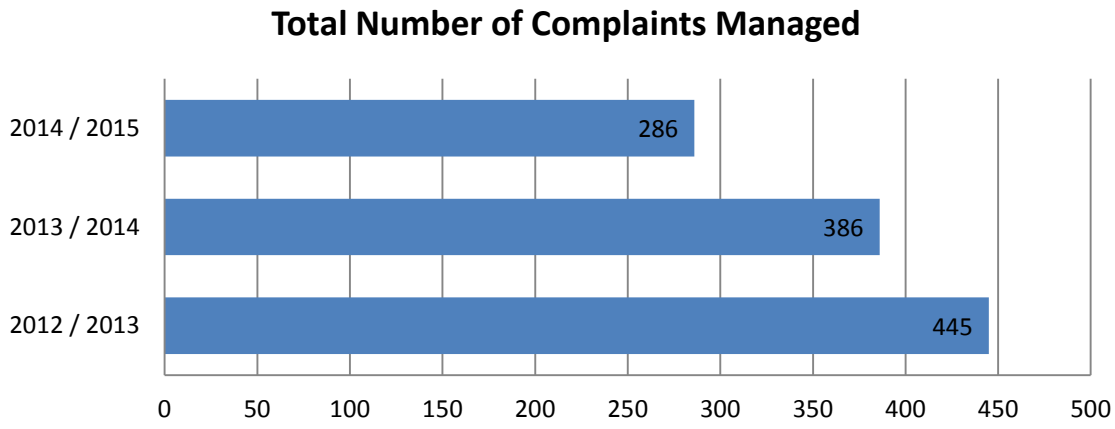
- ❖ Complaint regarding a Benefit payment managed by Department of Work and Pensions
- ❖ Complaints received regarding other Birmingham City Council services such as Children's Services and Independent Living Team.

4.1.4 The examples although not competent for the statutory complaints process are required to be dealt with in a timely manner by the staff at the service which may entail for example signposting the complainant, undertaking primary enquiries, undertaking research activity, direct dialogue with the complainant or putting them into the correct process such as the corporate complaints process.

4.2 Comparison over the last three years

Fig 4.2.1



4.2.2 The graph shows a comparison of the number of statutory complaints managed over the past three years for information purposes. As indicated there has been a decrease from the last financial year of 100 statutory complaints managed.

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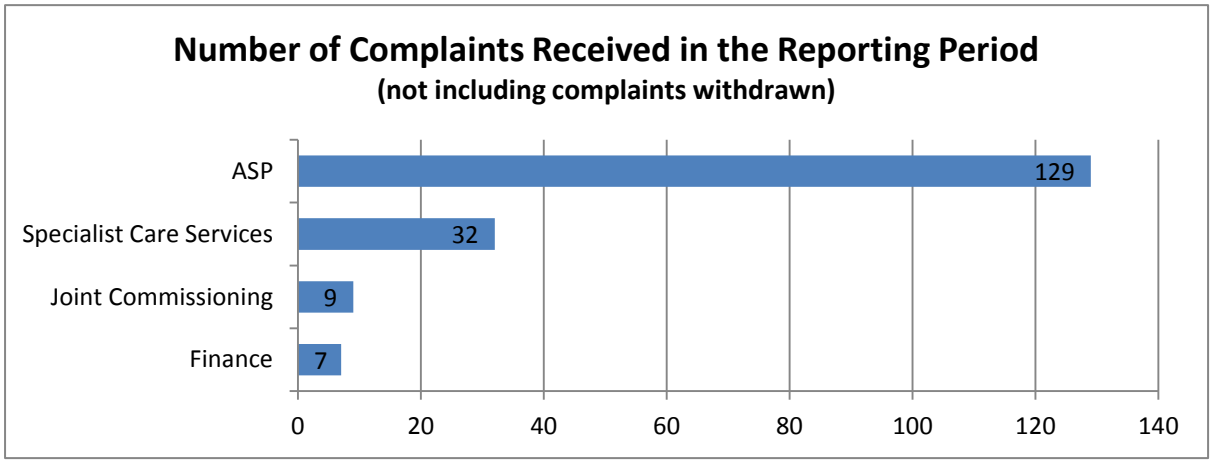
4.3 Complaints Received by Service Area

Fig 4.3.1



4.3.2 The above chart demonstrates the total number of complaints received by 4 main service areas for Adults Services during the 2014/2015 period. The chart shows that 129 complaints received were in respect of Assessment and Support Planning (ASP). Specialist Care Services receiving 32. The remaining services receiving 16 in total. This information mirrors the proportions received within individual service areas as that of last year with Assessment and Support Planning receiving 204, Specialist Care Services receiving 48 and the reminder receiving 33.

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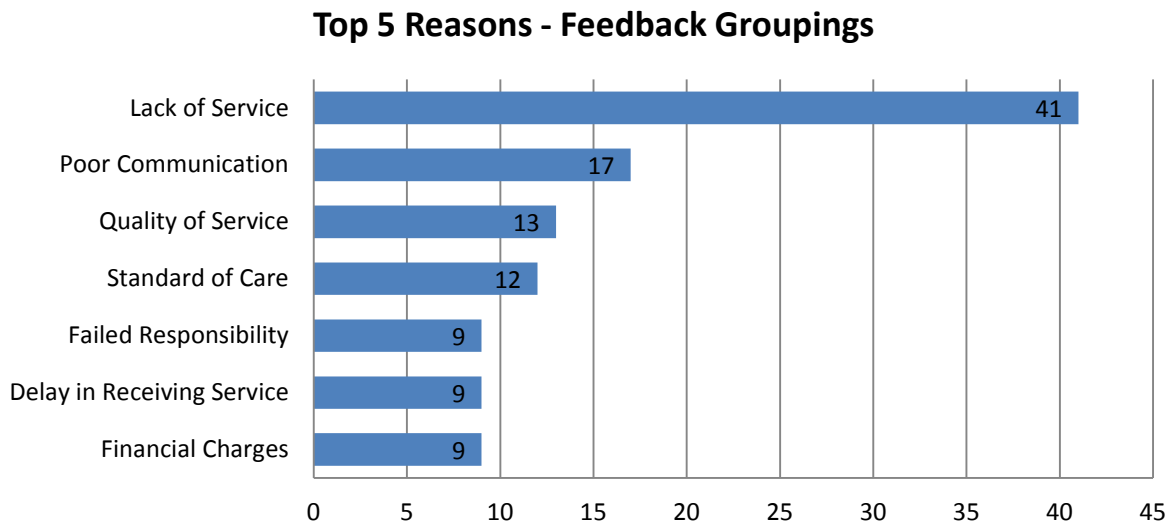
4.4 Complaints by Nature

Fig 4.4.1



4.4.2 This reporting period sees Lack of Service with 41 complaints as the highest reason for complaints; this was followed by Poor Communication with 17 and Quality of Service with 13.

4.4.3. Last reporting year highlighted Lack of Service provision as receiving the largest number of complaints with 42 mirroring this year's figure. However, this was closely followed last year with standard of care with 24 which has reduced by 50% this reporting period.

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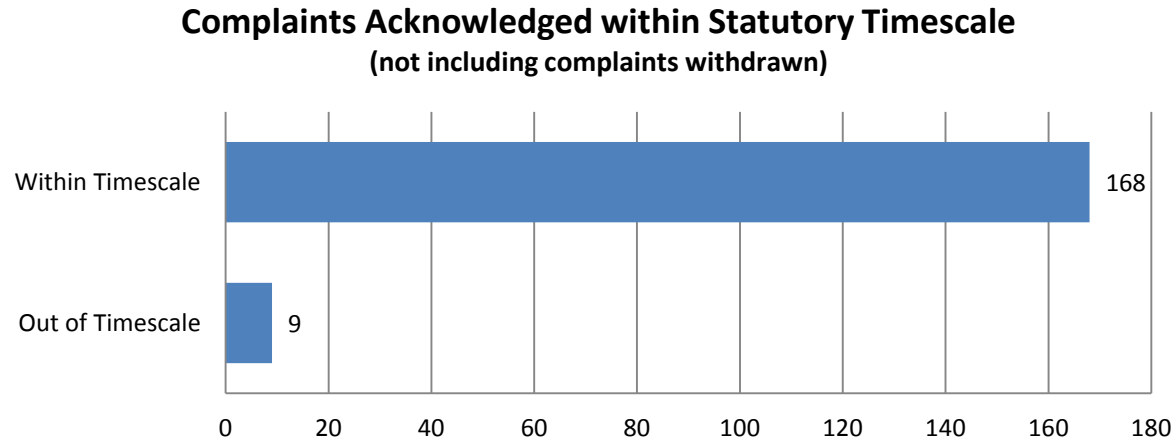
4.5 Complaint Timescales

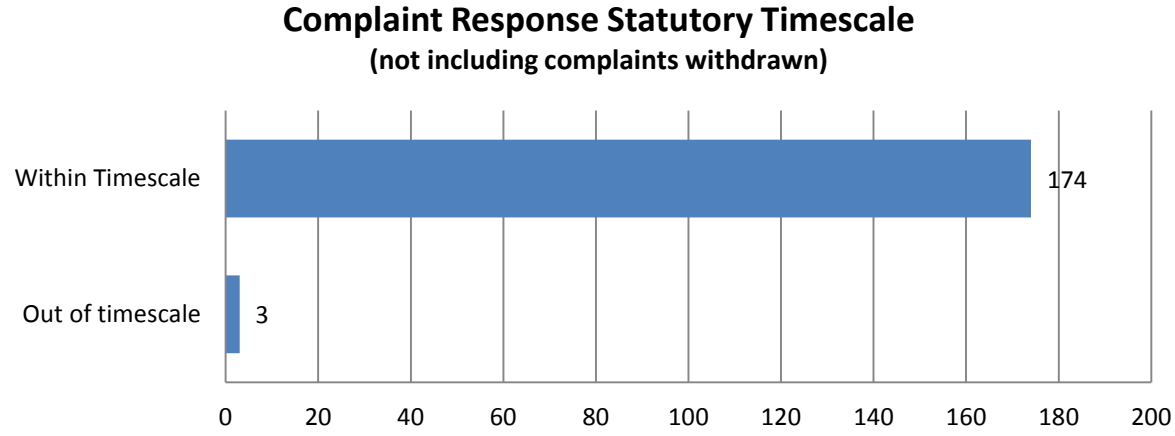
4.5.1 All the figures that are reported on in the following table were in respect of complaints received during the current reporting period 01.04.14 – 31.03.15 and not the total complaints managed throughout the reporting period.

Fig 4.5.2



4.5.3 The above chart illustrates the time taken to acknowledge complaints. In accordance with the guidelines there are only two prescribed timescales to adhere to; these are 3 working days to acknowledge receipt of the complaint and six months to respond to a complaint. For this reporting period the service achieved 95% of acknowledgements within the statutory timeframe, higher than the 87% reported on last year.

Fig 4.5.4



4.5.5 The chart above illustrates the number of complaints responded to within the statutory timeframe. 174 (98%) with 3 (2%) not being responded to within the 6 month period. The Service has improved slightly upon last years performance during which they responded to 97% within timeframe and 3% not responded to within timeframe. Six independent complaint investigations were commissioned during this reporting period due to complexity, of which two are currently ongoing.

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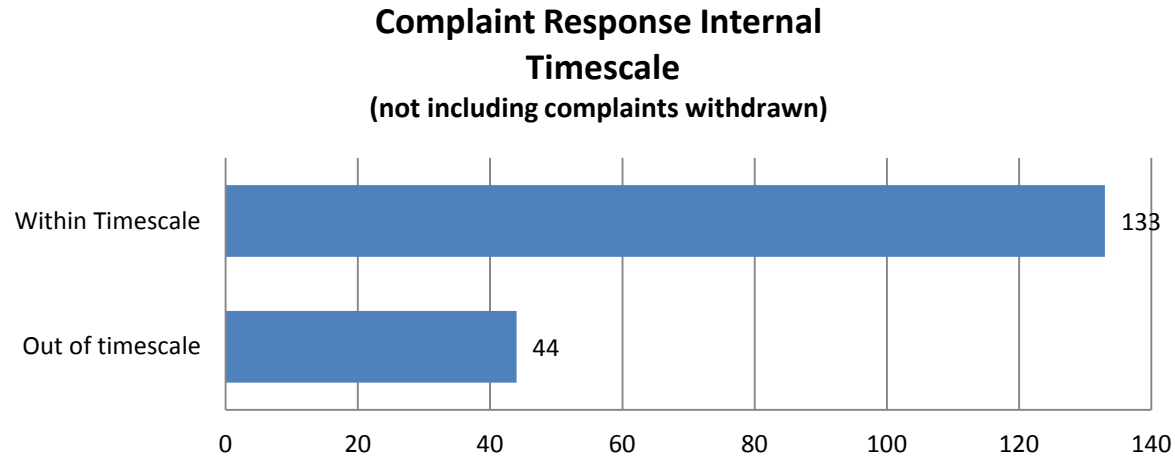
Fig 4.5.6



4.5.7 The service has written clear internal time-frames for the responding to complaints which has been incorporated into the Directorates complaints procedures.

4.5.8 The internal performance indicator set is that 70% of all complaints should be responded to within 20 working days with the exception of those deemed as more complex whereby a response date is agreed with the complainant.

4.5.9 The chart above illustrates the number of complaints responded to within the agreed internal timeframes. 133 (75%) of complaints received a response within the agreed timeframe; however, 44 (25%) of complaints were not responded to within the agreed timeframe. 41 of the complaints that were out of internal timeframe did receive a response within the statutory timeframe of six months. The same percentages were achieved last year.

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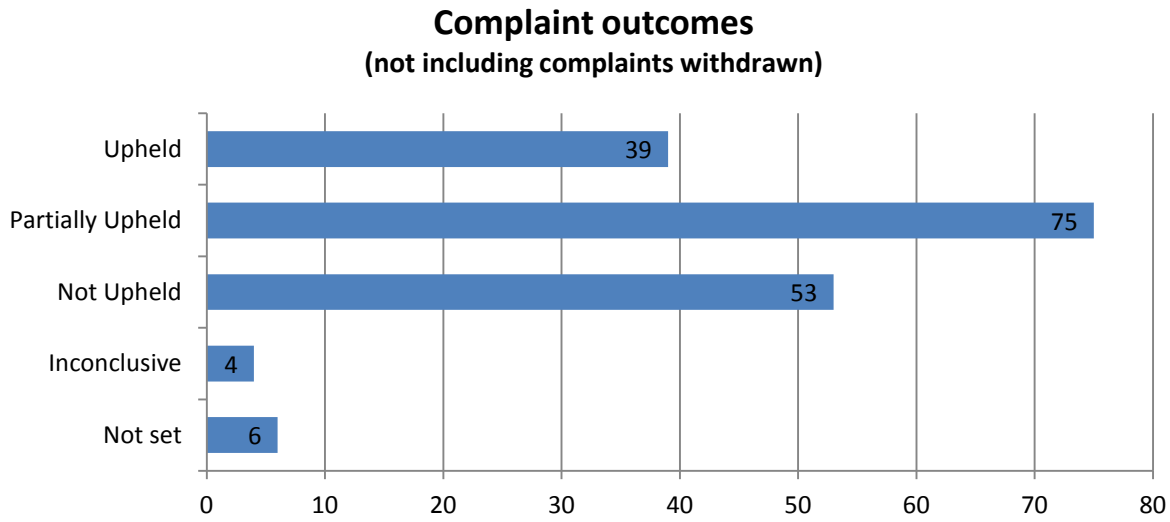
4.6 Complaint Outcomes

Fig: 4.6.1



4.6.2 The chart above indicates the overall outcome for all complaints received this year 2014-2015. This chart indicates that the majority of complaints were recorded as partially upheld 75 followed by not upheld 53 and upheld 39.

4.6.3 This chart indicates that there were 6 investigations ongoing where outcomes had not been set at the time of preparing this report.

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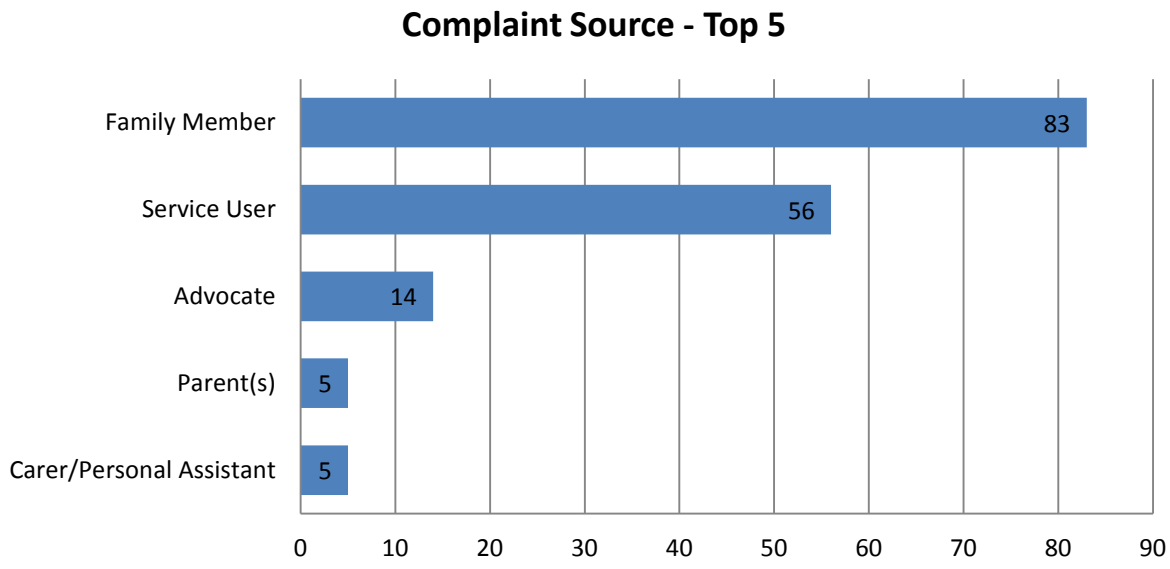
4.7 Complaint Source

Fig 4.7.1

Chart below shows from whom the complaints were received for the financial reporting year 2014-2015.



4.7.2. The above indicates from whom complaints have been received, as it is evident from these statistics that family members have made the highest number of complaints with 83 (47%) which is proportional to last year's figures with 129 being received. Service users themselves made the second highest number of complaints, 56 (32%).

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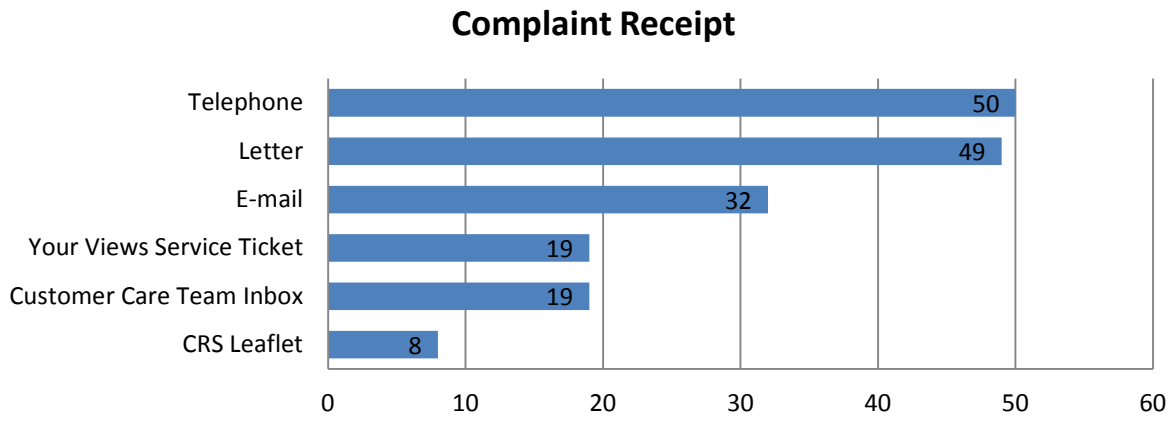
4.8 Method of Complaint Receipt

Fig: 4.8.1



4.8.2 The above chart indicates how complaints were received. There continues to be stability in the use of electronic methods of making a complaint i.e., Email (32), Customer Care Inbox (19) and Birmingham City Council 'Your Views' complaints process (19) which gives a total of 70 showing that complainants remain confident in using electronic access to the service. However, this chart highlights that the telephone is currently still the most popular method of complaining (50) followed by letter (49).

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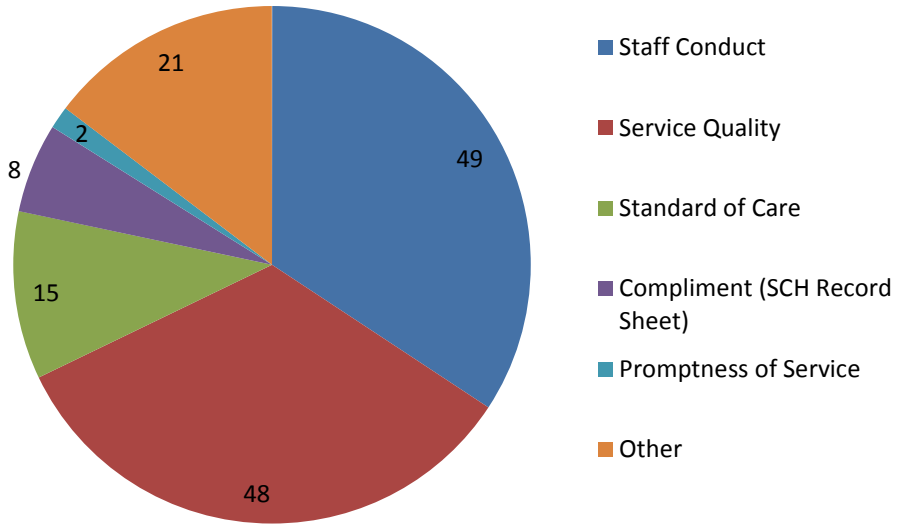
4.9 Analysis of Compliments/Comments

Fig 4.9.1

Total Compliments Processed for this reporting period is 143.



4.9.2 The Customer Care and Citizen Involvement Team receive compliments as well as complaints and enjoy being able to share these with the relevant teams and workers. The team also write directly to the citizen thanking them for taking the time to contact us.

4.9.3 The above chart indicates how many compliments have been received for the period 1st April 2014 to 31st March 2015. In total 143 compliments were received. Staff conduct again received the majority of compliments for this period with 49 followed by Service Quality with 48.

4.9.3 In 2013/2014 the directorate received 229 compliments so there has been an decrease in this reporting period of 86 compliments (38%).

4.9.4 The directorate received only 2 comments this reporting period, 1 of which related to Specialist Care Services, the other relating to Health and Wellbeing.

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5. Costing of Complaints

5.1. Breakdown of Costing for Complaints Investigated for period 1st April 2014 to 31st March 2015

Fig 5.1.2

Costs	Totals
Advocates	**£109.90**
Professional Time (Advocate)	£105.00
Travel Cost (Advocate)	£4.90
Complainant	**£14,863.70**
Compensation	£9,415.70
Reimbursement	£5,448.00
Investigation Officers	**£16,047.01**
Professional Time (Independent Person)	£15,600.40
Travel Cost (Independent Person)	£446.61
Grand Total	**£31,020.61**

5.1.3 The costings for this reporting period are comparable with those reported on last year. The overall spend for last year being £28,235.91 broken down as follows:

- Advocacy - £157.26
- Compensation £19,005.00
- Investigation Officers - £9,073.65

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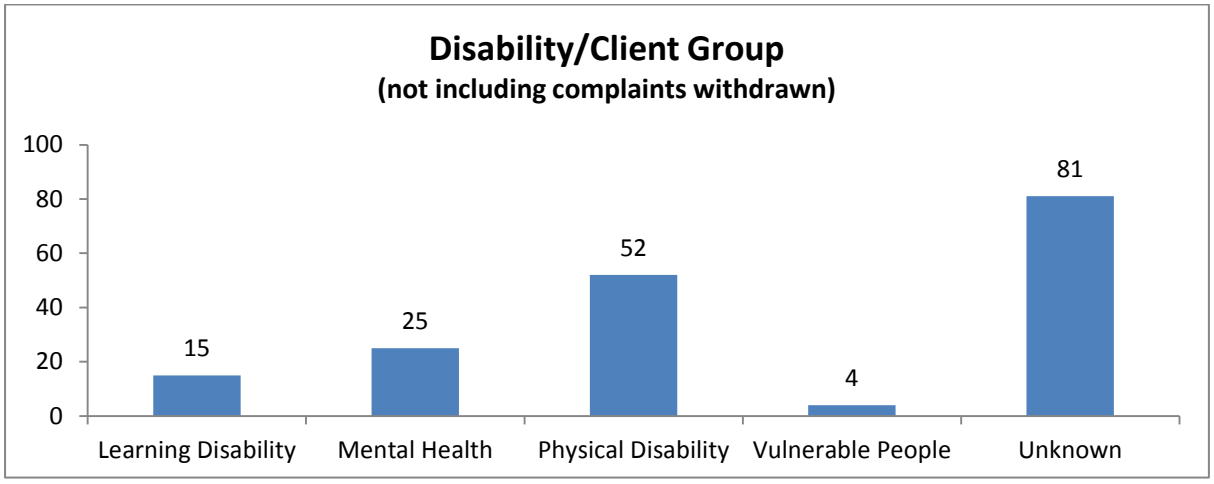
6. Equal Opportunities Monitoring

6.1 This section is applicable to service user information only.

6.1.2 In the following section, data on the sexual orientation of service users is not provided. Some people are not comfortable disclosing their sexual orientation as part of monitoring information; therefore the Customer Care and Citizen Involvement Team does not currently gather this information.

6.2 Disability

Fig 6.2.1



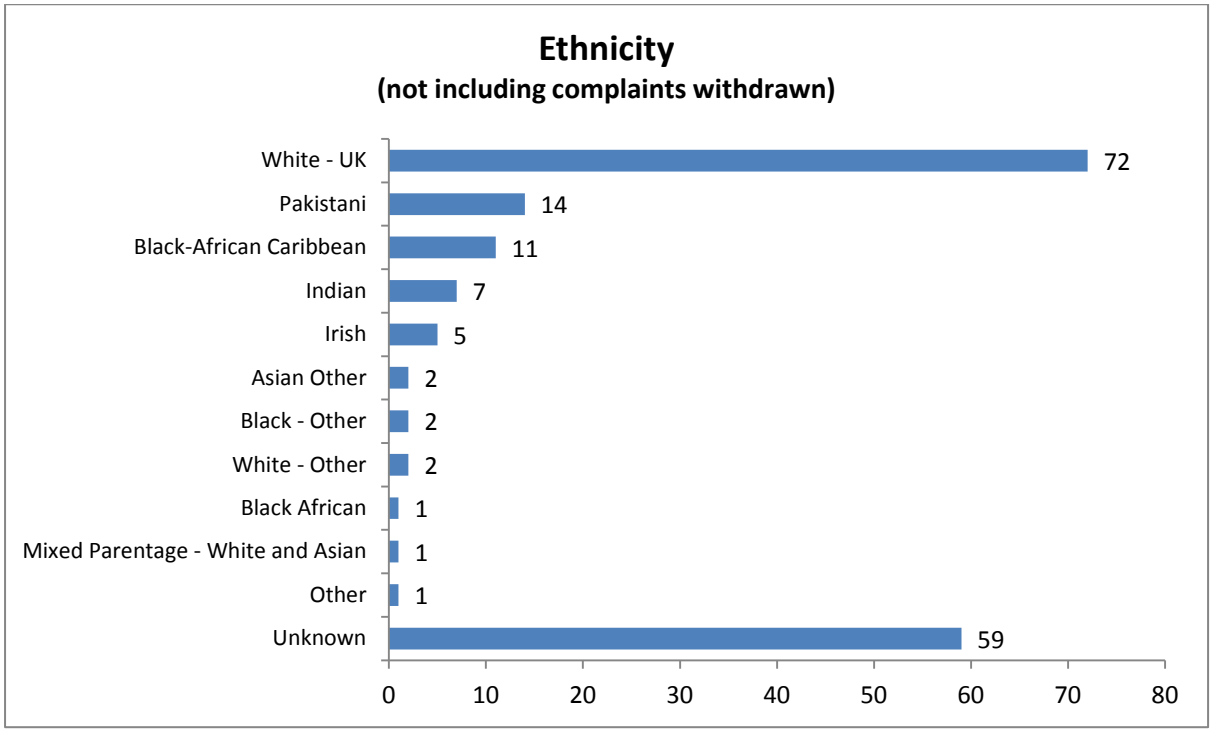
6.2.2 The above chart shows a graphical breakdown of Service User disabilities/client group. It illustrates that there is a decrease in the majority of service users disability/client group information not completed 81 this was 128 last reporting period. The chart also shows the following:- Physical Disability 52, Learning Disability 15, Mental Health 25 and Vulnerable People 4.

Fig 6.2.3

Comparison to client base	Complaints	% of complaints	Clients	% of clients
Mental Health	25	26.0%	2045	16.2%
Vulnerable People	4	4.2%	603	4.8%
Physical Disability	52	54.2%	7472	59.4%
Learning Disability	15	15.6%	2460	19.6%

6.3 Ethnicity

Fig 6.3.1



6.3.2 The above chart demonstrates that a large proportion of service users ethnicity is unknown as this has not been provided to the service; however, this has reduced from last year (101). The majority of services users for which the complaint relates to and choose to describe themselves as white – UK 72 followed by Pakistani 14. The directorate will be working closely with directorate colleagues to ensure all members of the public/service users are aware of the complaints process and how to access this should they need to do so. Social Workers are required to provide a complaint leaflet to all clients when undertaking an assessment.

Fig 6.3.3

Comparison to client base	Complaints	% of complaints	Clients	% of clients
Pakistani	14	12%	786	6%
Indian	7	6%	495	4%
Black - Other	2	2%	71	1%
Irish	5	4%	534	4%
Mixed Parentage - White and Asian	1	1%	7	0%
Asian Other	2	2%	196	2%
Black African	1	1%	102	1%
White - Other	2	2%	237	2%
Other	1	1%	153	1%
Black-African Caribbean	11	9%	1280	10%
White - UK	72	60%	8506	69%

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7. Learning from Complaints

7.1 This is the third year the directorate have been able to provide information captured through the complaint learning log which has now been embedded for three years.

Fig 7.1.2

Learning Identified	Number of Times Learning Identified
Nil Return	41
Amend Work Practice	50
Communication	27
Provide a clear explanation	13
Other Learning	15
Clear Instruction to Staff	24
Staff Training/Performance Management	6
Apologise	9
Provide a Service	3
Review a Policy	1
Sharing of Information	5
Recording of Information	1
Monitor Work Practice and Quality of Service	6
Monitor and Investigate (Commissioning)	1
Consider Reimbursement	1
Total	203

7.1.3 The above table highlights a total of 203 individual learning elements that have been identified for complaints received during this reporting period. There has been a significant reduction in complaints where lead officers identified that there was no learning 41 in comparison to last year where there were 85. Whilst Lead Officers have identified the need to apologise as an identified learning apologies have been provided within the response letters.

Fig 7.1.4

Learning identified	Specialist Care Services	Joint Commissioning	Finance	Assessment and Support Planning
Nil Return	4	3	3	31
Amend Work Practice	10	3	0	37
Communication	6	0	1	20
Provide a clear explanation	2	0	0	11
Other Learning	8	0	0	7
Clear Instruction to Staff	4	0	2	18
Staff Training/Performance Management	1	0	0	5
Apologise	1	0	0	8
Provide a Service	0	0	0	3
Review a Policy	0	0	0	1
Sharing of Information	0	0	1	4
Recording of Information	0	0	0	1
Monitor Work Practice and Quality of Service	2	2	0	2
Monitor and Investigate (Commissioning)	0	1	0	0
Consider Reimbursement	0	0	0	1
Total	**38**	**9**	**7**	**149**

7.1.5 The above table breaks down the learning elements identified over the four main service areas. Assessment and Support Planning with 118 identified areas of learning followed by Specialist Care Services with 34. This is reflective of the last reporting period where Assessment and Support Planning identified 152 areas of learning followed by Specialist Care Services with 47.

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7.1.6 A learning audit was undertaken across six service areas looking at a total of 25 statutory complaints. From these lead officers identified that 12 of these identified the need for directorate learning. The independent auditor evidenced that 10 complaints where learning was identified could be evidenced as being implemented. However, the auditor was advised that regarding one complaint where documented evidence could not be provided that the learning had been addressed verbally with the social worker concerned. On the remaining complaint an apology was provided but no evidence that the required dialogue had taken place with the Senior Practitioner.

Fig 7.1.7

Complaint Learning	Total	%
Number of Statutory Complaints Audited	25	100%
Ongoing Complaints where all learning not identified	2	8%
Total	23	92%
Number of Complaints where learning was identified	12	48%
Number of complaints where learning was identified but evidence could not be provided	2	17%
Number of complaints where learning was not identified (all of these complaints were not upheld)	11	44%
Number of complaints where learning evidence was seen by auditor	10	83%

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8. Conclusions

8.1 The Customer Care and Citizen Involvement Team continue to provide a high level of customer service with a reduced workforce due to the commitment of its staff.

8.2 The Team have during the reporting period worked in close partnership with management and staff of the Directorate to ensure our service users, carers and representatives are provided with a high level of customer service. This has brought about much improvement and positive change in the management of complaints, comments and compliments.

8.3 The Directorate continues to meet its internal target of responding to complaints and will continue to strive to raise this performance for the forthcoming year.

8.4 The service continues to undertake regular business meetings requiring all cases to be looked at and directives provided as how to progress matters to ensure no complaint is left to drift within the system.

8.5 The inbuilt process of the reviewing of complaint responses where a complainant remains dissatisfied has been utilised a number of times during this reporting period and has proved positive in bringing matters to a conclusion.

8.6 The Service continues to provide the best service it can by meeting where practicable the needs and expectations of its users by listening, valuing and respecting all as individuals.

8.7 The Team continue to move with the changing needs of the Council and are currently in a transitional period and will come under the remit of the Directorates Commissioning Centre of Excellence.

Melanie Gray
Team Manager
Customer Care & Citizen Involvement Team

Published November 2014

Report of:	**Cabinet Member for Health and Social Care**
To:	**Health and Social Care Overview and Scrutiny Committee**
Date:	**24th November 2015**

Progress Report on Implementation: Living Life to the Full with Dementia

Review Information

Date approved at City Council:	4th November 2014
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	N/A

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Wellbeing, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	**Scrutiny Office guidance on the tracking process**
2	**Recommendations you are tracking today**
3	**Recommendations tracked previously and concluded**

For more information about this report, please contact

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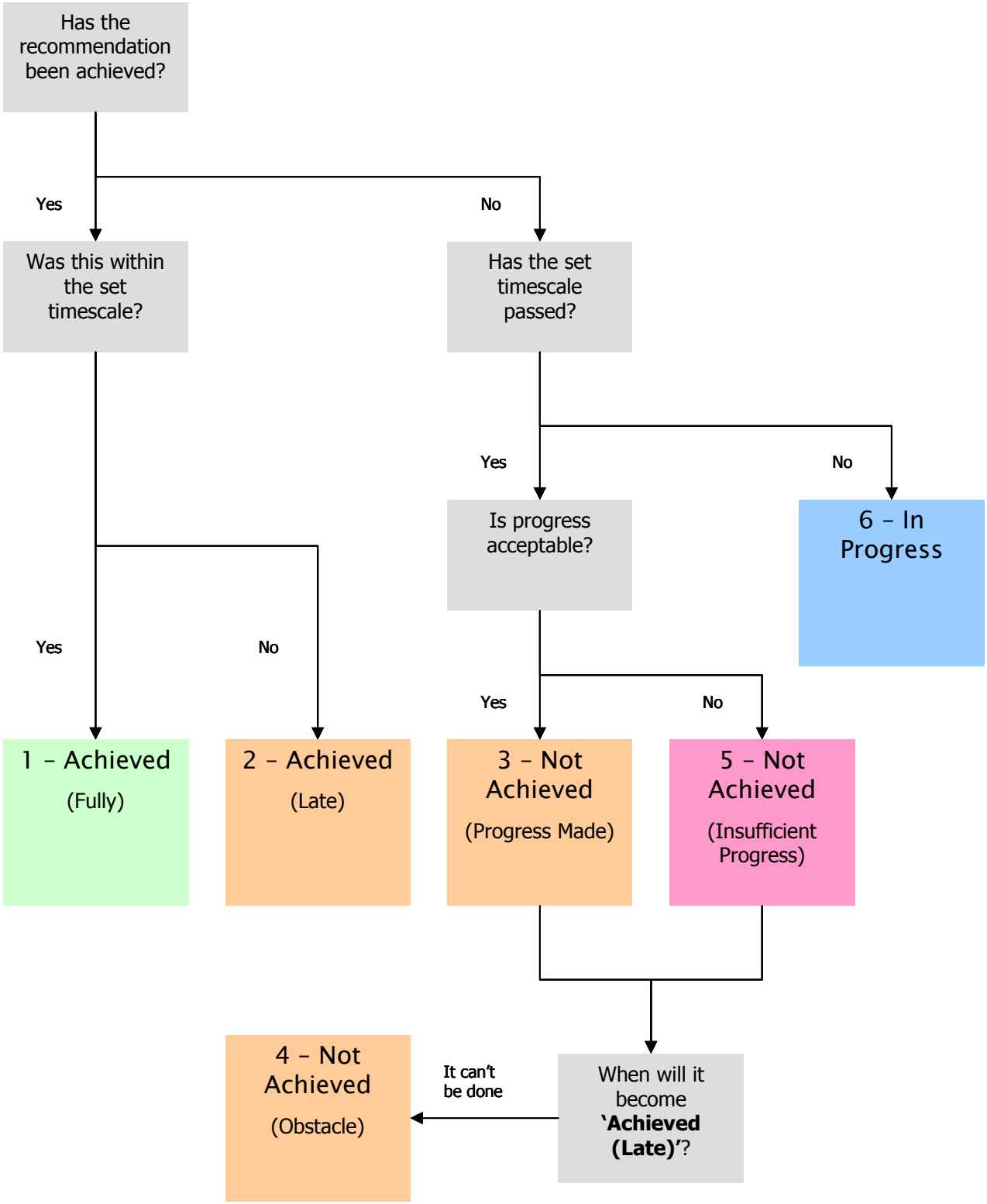
Appendix ❶: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. **An anticipated date by which the recommendation is expected to become achieved must be advised.**
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. **An anticipated date by which the recommendation is expected to become achieved must be advised.**
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix ❷: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	That the City Council should appoint a Lead Member for Dementia with specific responsibility to ensure high-quality dementia services.	Cabinet Member, Health & Social Care	February 2015	**3**
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
The breadth of the mental health agenda and the current pace of change has meant a lack of capacity to pick up issues around dementia which this recommendation sought to resolve. The City Council already has a number or members taking on Lead Member roles in areas including Victims, Young Peoples Mental Health. The Cabinet Member would like to request that a member of the Health and Social Care Overview and Scrutiny Committee take on this Dementia lead member role.				

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	That the impact on dementia care and support is considered in relation to all major actions, commissioning and decommissioning intentions arising from the emerging Better Care Fund arrangements.	Cabinet Member, Health & Social Care as Chair of Health and Wellbeing Board	November 2016	**6**
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
Oversight of the implementation of the Dementia Strategy and Dementia Commissioning moved from Joint Commissioning to the Better Care Fund Team in February 2015. Since then the aim has been to ensure that partners and stakeholders are clear about the key actions that need to be undertaken to ensure the implementation of the strategy and the provision of appropriate support for people with dementia and their carers across the city. This has been supported by the inclusion of dementia in strategic planning for the Clinical Commissioning Groups, including in terms of their commissioning intentions, and there has been some in-year procurement of services for people with dementia by Birmingham Cross City CCG, Birmingham South Central CCG and the Better Care Fund. In the case of Birmingham City Council however it is anticipated that the commissioning intentions in regard to current third sector provision will have a disproportionate effect on services for older adults with dementia, and will mean a substantial reduction in access to the services they use. This is in part due to the nature of dementia and the reliance of people with dementia and their carers on services that improve the quality of their life and support them to stay in their own homes following a diagnosis, avoiding acute or residential care admissions. A number of these (Dementia and activity cafes, dementia support workers and day care) are funded through the current third sector prospectus which it is anticipated will be reduced by @50% in March 2015. In order to mitigate the impact of this decrease in commissioners / the Better Care fund is			

currently looking at the potential for other funding streams to support this provision.
As well as this the Better Care Fund is consulting on the setting up of a Section 75 budget for dementia under the Better Care fund, and agreement is currently being sought from Birmingham City Council to re-align a number of service lines (for older adults with dementia) within this. This would allow integrated commissioning of services for people with dementia.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That the Cabinet Member for Children and Family Services writes to all Birmingham secondary schools to request that they consider including dementia awareness (using the available Dementia Resource Suite for Schools) as part of the PSHE (Personal, Social & Health Education) curriculum for Year 9 students.	Cabinet Member, Children and Family Services	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

It has been agreed by the Childrens' Services department of Birmingham City Council that a letter encouraging schools to use the resource will go out as part of regular communications with schools and it is hoped this will happen in November 2015.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That dementia awareness information is disseminated to all City Council Members and made available to all staff.	Cabinet Member, Health & Social Care	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Dementia Awareness sessions have been offered at Birmingham City Council premises at Woodcock Street, Sutton New Road and Lancaster Circus including a day of Dementia Friends sessions earlier in the year. In addition Dementia has been included in 'Wellbeing 'events run in 'The Street' at Woodcock Street, these were attended by providers of dementia services and they were able to give out information to city council staff on request.

People Directorate have formed a Dementia Steering group and have used materials (posters and cut outs provided as part of the national campaign around the Woodcock Street open spaces to promote dementia awareness as part of their action plan.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That the City Council works towards making Birmingham a dementia-friendly city beginning at District level.	Cabinet Member, Health & Social Care with District Chairs	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Sutton and Yardley Districts have indicated their intention to become 'Dementia Friendly districts' and both have plans in place. Sutton district, supported by Kyle Stott from Birmingham Public Health have set up a session to ensure that all their members are trained as 'Dementia Friends' as a starting point, alongside a steering group to support the work. Work in Yardley is being driven by District Chair with support from Birmingham South Central CCG. A leaflet has been developed by commissioners to support this (see attached in draft) and this will be promoted at the upcoming pan-Birmingham 'Delivering Dementia Services in Birmingham' on 19th November 2015 with a view to encouraging other districts to follow suit.

DementiaFriendlyDistricts leaflet V 0.1.pdf

Birmingham City Council 'signed up' to the Dementia Action Alliance in 2014, with a published action plan.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That Birmingham Community Healthcare NHS Trust develops a process to identify people, using their community services, who may have dementia.	Birmingham Community Healthcare NHS Trust	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

From the point view of the Rapid Response service , a process has been introduced as part of a CQUIN (i.e. a financial incentive linked to quality innovations) where a screening is undertaken following a Dementia/ Delirium referral/ assessment. This screening is followed through to ensure GP contact is made.. This became operational in October 2015.

To support this all Rapid Response nurses have had training on how to use the delirium/dementia tool and how to action it if screening is positive. Pathways into mental health services and primary care are also in place to ensure that people identified as likely to have a dementia, through the CQUIN, are able to access a specialist assessment and diagnosis as appropriate.

Birmingham Community Healthcare NHS Trust also have a clinically – led Dementia Steering group in place that will be considering further work needed to extend screening to other community teams in due course.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R07	That Commissioners explore with Birmingham and Solihull Mental Health Foundation Trust and primary care, the possibility of adopting a shared protocol for prescribing anti-dementia medication as part of locally based integrated care services that support vulnerable people, including those with dementia, in the community.	Birmingham and Solihull Mental Health NHS Foundation Trust CCG Commissioners	November 2015	**1**
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
Commissioners included a Service Development and Improvement Plan (SDIP) in the 15/16 contract held with Birmingham and Solihull Mental Health Foundation Trust with the aim of disaggregating current costs and activity so that there could be a concurrent 'scoping' exercise to examine the potential impact on primary care and service users of any move of prescribing activity. Commissioners are part of the steering group with BSMHFT for this and the group is currently reviewing the data and information that this has produced with Clinicians. A primary care clinical reference group is also in place and the CCG's have indicated support for a broader intention of developing the primary care infrastructure to support the provision of post-diagnostic management of people with dementia within primary care. This includes the provision of education for clinicians, inclusion of dementia in CCG incentivisation schemes and the development of community capacity to support GP's.				
No.	**Recommendation**	**Responsibility**	**Original Date For Completion**	**Cabinet Member's Assessment**
R08	That West Midlands Fire Service should receive referrals for fire safety checks via:- a) The City Council as fire risk will form part of a care assessment. b) GPs who identify vulnerable or high risk patients	Cabinet Member, Health & Social Care Chairs of CCGs.	November 2015	**1**
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
To date most referrals continue to come from internal WMFS sources. However work is commencing to encourage referrals from city council sources through inclusion in ACAP process though the City Council Dementia Strategy Group led by Maureen Watson. And in terms of GP referrals through the Alzheimer's society who are currently 'rolling out' the dementia support service across the city and can include this in their 'offer' to GP's.				

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R09	That the Alzheimer's Society continues to develop its work with multi-cultural communities and faith groups and updates the Health and Social Care O&S Committee on progress.	Alzheimer's Society	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Alzheimer's Society has continued to develop its work with multi-cultural communities and faith groups in the following specific ways:

- The Operations Manager presented to a conference hosted at Niksham centre in June 2015 where she talked about the barriers faced by the BAME communities in accessing services. They have posted the presentation on-line.
- A local services manager met with members of the Multi Faith Chaplaincy at University Hospital Birmingham and spoke about the importance of embedding and understanding of dementia in their work. She also facilitated a Dementia Friends session for them.
- Held an information session at Apna Ghar Day Centre for Asian Elders.
- Held an information stand during Friday prayers at Birmingham Central Mosque connecting with about 150 people.
- Providing leaflets to a range of community venues and faith groups across Birmingham but specifically targeting venues in inner city areas.
- From 1 November 2015 Alzheimer's Society will have increased its reach in multi-cultural communities by providing in partnership with Birmingham Cross City CCG a Dementia Café in Winson Green and Singing for the Brain sessions at South Aston United Reform Church. These services will complement Singing for the Brain sessions at Apna Ghar day Centre for Asian Elders and Activity Groups held at Kalyan and Gulab Ashrams each month.

Further to this Alzheimer's Society is soon to provide an information session at the Chinese Community Centre to further develop the established links we already have with them. Alzheimer's Society if also going to attend a new support group for people with dementia and their family carers at Little Bromwich Centre in conjunction with Birmingham Memory Assessment Service which is placed in the heart of a predominantly South Asian community.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R10	That an integrated commissioning pathway model should be developed for those people with a dual diagnosis of a learning disability and dementia.	Cabinet Member, Health & Social Care	November 2016	**6**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The move of dementia commissioning to the Better Care fund and the accompanying focus on older adults has reduced the links between dementia and learning disabilities commissioning. However it is hoped to be able to consider this more fully when some of the priority issues around dementia commissioning are resolved. Should dementia services be included in the Better Care fund S 75 in 2016/17 there is potential to extend this further to include services for people with Learning Disabilities and Dementia (currently in a contract held with Birmingham City Council and this is being considered by commissioners currently.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R11	That the ExtraCare Charitable Trust should explore with the Birmingham Clinical Commissioning Groups the feasibility of establishing a community nursing service for its schemes/villages across Birmingham and a "locksmith" service in the community	The Extracare Charitable Trust Chairs of CCGs	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Extracare have been exploring with the Local Authority and CCGs the potential to have a Nurse Practitioner in our locations or a community nursing scheme. However, there has been no financial commitment to this yet due to current funding issues in health and social care.

Extracare have submitted an application for the Department of Health for IESD funding to fund 2 Community Locksmiths but the decision to award funding has been delayed and we are still waiting to hear.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R12	That the feasibility of developing alternative models of respite care other than bedded respite care, such as providing domiciliary care for people with dementia, be explored.	Cabinet Member, Health & Social Care with Chairs of CCGs	November 2016	**6**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A proposal has been submitted in October 2015, by the Lead Commissioner, to the Integrated Commissioning Board to fund the provision of home based 'sitting' services to people with dementia across the city. If approved this would provide around 11,000 hours of sitting /care and is against funding made available under Section 256 of the 2006 NHS Act which ring-fenced and transferred Health funding to the Local Authority for the provision of carers services. These monies have been transferred to the Better Care fund since 2015. It is intended that this will support a co-ordinated approach to supporting the management of people with dementia in their own home and reducing the incidence of non-elective admissions to acute hospitals. The service will be delivering support in collaboration with the integrated multidisciplinary community team and will work in partnership with the patient's carer and with the key worker in the multidisciplinary community team who will be coordinating the patient's care.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R13	That the model of support used by Dementia Information and Support for Carers (DISC) is highlighted as best practice and is considered for replication in other locations across the city.	Cabinet Member, Health & Social Care Chairs of CCGs	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A proposal has been submitted in October 2015, by the Lead Commissioner, to the Integrated Commissioning Board to fund the extension of the DISC model of support across the city (there are currently geographical limitations on access due to historic commissioning arrangements and limited capacity).

This proposal is against funding made available under Section 256 of the 2006 NHS Act which ring-fenced and transferred Health funding to the Local Authority for the provision of carers services. These monies have been transferred to the Better Care fund since 2015.

It is intended that this will more than triple service capacity. It will also provide capacity for support to community groups who wish to develop their own capacity to support carers of people with dementia.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R14	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member, Health & Social Care	November 2015	**1**

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Assessment of progress as above.

Appendix ❸: Concluded Recommendations

These recommendations have been tracked previously and concluded.
They are presented here for information only.

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment

Birmingham City Council

NHS

Dementia Friendly Districts

A Framework for Birmingham 2015

BIRMINGHAM BETTER CARE

DEMENTIA FRIENDLY DISTRICTS: A FRAMEWORK FOR BIRMINGHAM

This framework looks at how a district could help and support people with dementia better, combining the Five Ways to Wellbeing framework with the Dementia Friendly Communities Programme. These work on the principle that inclusion and good quality of life will benefit people with dementia and the communities around them and that communities themselves can make this happen.

What is a dementia-friendly district?

A dementia- friendly district is one that shows a high level of public awareness and understanding so that people with dementia and their cares are encouraged to seek help and are supported by their community.

They are more inclusive of people with dementia and improve their ability to access local services, remain independent and have choice and control over their lives while living well in the community.

Why do districts need to be more dementia friendly? There are estimated to be around 11,000 people in Birmingham with dementia and there are estimated to be more than 9,000 family and friends acting as primary carers. A study by the Alzheimer's Society found that only 47% of people with dementia felt a part of their community. Becoming more dementia friendly can improve the lives of people with dementia and their carers.

People with dementia and their families and carers want to feel a part of their community and to be able to 'give something back'. How inclusive is your district? The smallest action can count, whether it's a smile, a 'thank you' or a kind word. Everyone has a part to play.

1. PROMOTE A 'DEMENTIA FRIENDLY COMMUNITY'

Two thirds of people with dementia live in their own homes but many suffer from isolation and many people know little about the condition until it affects them or their family. In Birmingham alone there are around 13,000 people with dementia and that number is growing as people live longer.

Lead by example: encourage Senior Members of the District Team to take part in a 'Dementia Friends' awareness raising sessions – it only takes 45 minutes

Local activities: Put on your own local 'dementia event' – local organisations will be glad to help if you approach them

Awareness: Raise the profile of dementia with the local media

Ask quiestions: Ask large shops/ supermarket chains locally in the area what they are doing to be 'dementia friendly'

Better Planning: Include the needs of people with dementia and their carers in local planning

Dementia Friends: Encourage 'local events planners' to be dementia friendly by considering signage, accessibility and also quiet zones Encourage shops and other local businesses to take part in the Dementia Friends awareness raising and to wear their badges with pride

Take Action: Talk to local organisations about joining the Dementia Action Alliance -Birmingham City Council is part of this as is the West Midlands Fire Service and West Midlands Police

2. RAISE AWARENESS

Many people still believe that dementia is a normal part of getting old and the main symptom is loss of memory. A lack of knowledge can mean that people with dementia are prevented from doing some of the things they enjoy. Being more aware can help people to understand the effect of dementia on someone's life, and what they can do to help.

Dementia Friends: Arrange and publicise local 'Dementia Friends' awareness raising sessions – you can do it online instead of face-to-face

Education: Encourage schools in the area to become dementia friendly, some schools already have dementia friendly sessions as part of the curriculum

Conversations: Talk to local shops, cafes, libraries and other groups and facilities and get them to join you as Dementia Friends and in the Dementia Action Alliance

Employers: Make sure shops and businesses are aware of advice and guidance that can help them work better with people with dementia

Speak Up: Talk to local organisations and businesses about dementia training for staff who might meet people with dementia – many large organisations do provide 'Dementia training' to help staff feel confident that they will be able to help people with dementia

Connect: Talk to local shops, cafes, libraries and other groups and facilities and get them to join you as Dementia Friends and in the Dementia Action Alliance

Promote: Publicise local events such as 'Grandma Remember Me'

Highlight: Raise awareness of dementia through leaflets and posters

3. MAKE SURE INFORMATION ABOUT DEMENTIA IS AVAILABLE

Being able to get support can make a huge difference to the lives of people with dementia and their carers. People with dementia and professionals told us that they found it very difficult to find out what help and support was available.

Local Services: Get Libraries to display information about dementia and local services

Service Promotion: Promote the Activity and Dementia Cafes that are funded by Birmingham City Council and run across the city – sessions are either once a fortnight or once and month.

Dementia Cafe: Develop local 'dementia cafes'- identify local services that might want to offer a dementia café once a month and find out what is needed to make that happen.

RESOURCES AVAILABLE

What are Dementia Friends sessions? 'Dementia Friends' awareness raising sessions are free 45 minute sessions delivered by the Alzheimer's Society using volunteers. They help people to learn a little bit more about what it's like to live with dementia. It can also be done online.	To find out more go to: https://www.dementiafriends.org.uk/
What is the Dementia Action Alliance? The Dementia Action Alliance is made up of organisations across England who are committed to transforming the lives of people with dementia and their carers.	To join the dementia action alliance go to: http://www.dementiaaction.org.uk/join_the_alliance
What are Activity and Dementia Cafes? Activity and dementia cafes offer people with dementia and their carers the chance to socialise and share information. To find out more about the activity and dementia cafes, as well as other services run by the Alzheimer's Society, in your area	http://www.alzheimers.org.uk and go to the **local information** pages

WHAT GUIDANCE IS THERE FOR DEMENTIA FRIENDLY ENVIRONMENTS?

Dementia Friendly Physical Environments Checklist' This leaflet helps organisations identify quite small changes that might have a major impact on improving accessibility for people with dementia.	Go to: http://www.dementiaaction.org.uk/assets/0000/4334/dementia_friendly_environments_checklist.pdf
What else is there? Reading Well Books on Prescription for dementia recommends books you might find helpful if you have dementia, are caring for someone with dementia or would like to find out more about the condition	To find out more go to: http://reading-well.org.uk/books/books-on- prescription/dementia

WHAT INFORMATION IS THERE ABOUT DEMENTIA AND LOCAL SERVICES?

'The Dementia Guide - Living Well after Diagnosis' is a free practical guide for people with dementia and their carers following a diagnosis (produced by the Alzheimer's Society with support and funding from the Department of Health).	To download the guide or apply for a copy go to: http://www.alzheimers.org.uk/dementiaguide.
'Information for People with dementia and their carers in Birmingham' This is a guide to some of the services available locally in Birmingham.	To request copies please e-mail Cindy.fischer@nhs.net
The Joint Commissioning website includes information about local services commissioned for people with dementia by the city council and clinical commissioning groups.	Go to http://www.jointcommissioningbirmingham.org.uk/ and follow the link for Dementia

WHAT GUIDANCE IS THERE FOR SHOPS AND BUSINESSES?

'Helping your customers with Dementia- A guide to customer-facing staff' This booklet gives an introduction to dementia and how it can affect people and explains how small actions can make a big difference when you are serving customers with dementia.	To download the guide go to http://www.alzheimers.org.uk/customerfacing
'Creating a dementia friendly workplace- A practical guide for employers' This is a practical guide for managers and HR teams to support employers to become dementia friendly.	To download the guide go to http://www.alzheimers.org.uk/employers

See the film or read the book 'Still Alice' by Lisa Genova & 'Elizabeth is missing' by Emma Healey are just two recently released novels that talk about dementia

DEMENTIA FRIENDLY DISTRICTS:
A FRAMEWORK FOR BIRMINGHAM

CONTACT US:

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BIRMINGHAM BETTER CARE

Health and Social Care Overview & Scrutiny Committee
2015/16 Work Programme

Committee Members: Chair: Cllr Majid Mahmood

Cllr Mohammed Aikhlaq
Cllr Sue Anderson
Cllr Mick Brown
Cllr Maureen Cornish
Cllr Andrew Hardie
Cllr Mohammed Idrees
Cllr Karen McCarthy
Cllr Brett O'Reilly
Cllr Robert Pocock
Cllr Sharon Thompson
Cllr Margaret Waddington

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)
Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
23 June 2015 10.00am	Part 1: Informal Meeting Part 2: Formal Meeting	Rose Kiely/Jayne Power, Scrutiny Office
21 July 2015 1.00pm	Petition – Budget cuts to Supporting People Mental Health and Disabilities Services Care Quality Commission – Quality Ratings Regime Healthwatch Annual Report	*Lead Petitioner, Lucy Beare, Student* Barbara Skinner/Donna Ahern, CQC Brian Carr, Acting Chair Candy Perry, Interim CEO
29 September 2015 10.00am	Primary Care and Community Mental Health Redesign Progress Report on the 'Falls Prevention' Inquiry Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry (DEFERRED)	Joanne Carney/ Dr Aqil Chaudary/ Ernestine Diedrick, Joint Commissioning Manager Dr Adrian Phillips, Director of Public Health Dr Adrian Phillips, Director of Public Health/Charlene Mulhern/Dr Andrew Coward, Chair, B'ham South Central CCG Michael Kay/Louise Collett/ Suman McCartney

20 October 2015 10.00am	Birmingham Substance Misuse Recovery System, CRI (Crime Reduction Initiative) – 6 months into new contract Tracking of the 'Homeless Health' Inquiry Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry	John Denley, AD People Directorate, Nic Adamson, Director CRI John Hardy, Policy & Development Officer / Jim Crawshaw, Integrated Service Head Homeless & Pre-Tenancy Services Michael Kay/Louise Collett/ Suman McCartney
24 November 2015 10.00am	Better Care Fund Update to include: • Links to independent living • Direct Payments 2014/15 Safeguarding Adults Annual Report Tracking of 'Living Life to the Full with Dementia' Inquiry Progress Report on the 'Adults with Autism and the Criminal Justice System' Inquiry Customer Care & Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014-15	Alan Lotinga, Service Director, Health and Wellbeing / Judith Davis, Project Manager Alan Lotinga, Service Director, Health and Wellbeing Mary Latter, Joint Commissioning Manager Dementia/ Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer Maria Gavin, Assistant Director Commissioning Centre of Excellence / Louise Collett, Service Director – Policy & Commissioning / Martin Keating, West Midlands Police Charles Ashton-Gray, Strategic Performance & Engagement Manager/Melanie Gray, Performance Management Officer
15 December 2015 10.00am	Local Performance Account 2014-15 (Adult Social Care Services) including an update on the West Midlands Peer Review Action Plan. Adult Social Care: Performance, Budget and Progress on Savings Plans	Alan Lotinga, Service Director, Health and Wellbeing David Waller, AD Charles Ashton-Gray, Strategic Performance and Engagement Manager

	People with Learning Disabilities: Support with Employment and Housing	Louise Collett, Service Director – Policy & Commissioning
	Cabinet Member – Health and Social Care	Cllr Paulette Hamilton/ Suman McCartney, Cabinet Support Officer
19 January 2016 10.00am	Healthwatch Update (Including implementation of new strategic approach and HWE Quality Standards)	Candy Perry, Interim CEO/ Brian Carr, Acting Chair
	Smoking Cessation including e-cigarettes (TBC)	Dr Adrian Phillips, Director of Public Health
	Infant Mortality in Birmingham - Intelligence Update (TBC)	Dr Adrian Phillips, Director of Public Health
23 February 2016 10.00am	Update on the Sexual Health Services in Birmingham and Solihull – Umbrella - 6 months into the new contract (TBC)	John Denley, Consultant, Public Health
	CrossCity CCG Operational Plan 2016/17 (TBC)	Les Williams, Director of Performance & Delivery, CrossCity CCG
	Prostate Cancer and Health Inequalities – Information Briefing	Mr. Richard Viney Consultant Urological Surgeon and Senior Lecturer in Urology, UHB
22 March 2016 10.00am	Primary Care Strategy (TBC)	Karen Halliwell/ Lesley Evans, Interim Director of Primary Care & Integration, CrossCity CCG Carol Herity, Associate Director of Partnerships, B'Ham CrossCity CCG
	Birmingham Community Healthcare NHS Trust - Update on new telephone triage system to access unscheduled dental care appointments at Birmingham Dental Hospital.	Andy Harrison, Chief Operating Officer Janet Clarke, Associate Director of the Birmingham Community Healthcare Trust Combined Community Dental Service

26 April 2016 10.00am	West Midlands Ambulance Service NHS Foundation Trust • General Trust Overview • Operational/Clinical Performance Update for 2014/15 (including winter) • WMAS 5 Year Strategy and Initiatives • Demonstration of an Automated External Defibrillator	Diane Scott, Deputy CEO Nathan Hudson, General Manager Birmingham Division Mark Docherty, Director of Nursing, Quality and Clinical Commissioning
June 2016	Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry 0-25 Community Mental Health Services Forward Thinking Birmingham – 6 months into the new contract Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry	Dr Adrian Phillips, Director of Public Health/Charlene Mulhern/Dr Andrew Coward, Chair, B'ham South Central CCG Birmingham Children's Hospital Michael Kay/Louise Collett/ Suman McCartney

Items to be scheduled in Work Programme
• Urgent Care Strategy (To be confirmed)
• Mental Health Strategy (To be confirmed)
• Congenital Heart Disease Review – outcome from consultation on standards and service specification and next steps

Suggested items	**Link to Council Priority**
• Home Adaptations	
• Independent Living	
• Younger Adult Consultation	
• Diabetes	
• Personal Health Budgets	
• Move of health visitors to local authority (Autumn 2015)	

Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Karen McCarthy, Sharon Thompson, Andrew Hardie, Sue Anderson	
Meeting Date	**Key Topics**	**Contacts**
1 July 2015 2.00pm in Birmingham	• Urgent Care • Cardiology and Acute Services • End of Life Care	Jayne Salter-Scott, Andy Williams
22nd September 2015 2.00pm in Sandwell	• Urgent Care • End of Life Care • Primary Care Listening Exercise	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG
15th December 2015 2.00pm in Birmingham	• Urgent and Emergency Care Programme Update • End of Life Care	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG

Joint Birmingham and Solihull Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Mohammed Idrees, Mick Brown, Robert Pocock, Andrew Hardie, Margaret Waddington, Sue Anderson	
Meeting Date	**Key Topics**	**Contacts**
21 July 2015 5.30pm in Birmingham	• Non-Emergency Patient Transport • HoEFT CQC Inspection Report	Carol Herity, CrossCity CCG Sam Foster, Chief Nurse, HoEFT
6th October 2015 4.30pm tea 5.00pm start in Solihull	• Non-Emergency Patient Transport – results of consultation and proposed model • HoEFT Surgery Reconfiguration Update – Site Plans for all 3 Trust Hospitals and update on CQC inspection issues. • CCGs on Surgery Reconfiguration public consultation	Carol Herity, CrossCity CCG Ruth Paulin, Lisa Thompson, Richard Steyn

25th January 2016
5.00pm in Birmingham
	• Non-Emergency Patient Transport (NEPT) Consultation
	  ○ Further information around the feasibility of a fee paying service in the new contract
	• HoEFT -
	  ○ Report on the outcome of the Monitor financial investigation.
		Les Williams, Director of Performance & Delivery, CrossCity CCG
		Dr Peter Ingham, GP Contracting Lead, CrossCity CCG

April TBA	• Non-Emergency Patient Transport (NEPT) Consultation ○ Detailed Consultation Plan	Les Williams, Director of Performance & Delivery, CrossCity CCG Dr Peter Ingham, GP Contracting Lead, CrossCity CCG

West Midlands Regional Health Scrutiny Chairs Network		
1 July 2015	• NHS England – West Midlands Neonatal Service Review • Integrating Health and Social Care • CQC – Update on Primary Medical Services •	
7 October 2015 9.30am	• NHS 111 Contract – Dr Anthony Marsh, CEO WMAS, Mr Jon Dicken, Chief Officer SWBCCG (Lead Commissioners for NHS 111) • NHS England – Updates on Specialised Commissioning and Neonatal Review • Update on developments within the Centre for Public Scrutiny	Dr Anthony Marsh, CEO of WMAS, Jon Dicken, Chief Officer SWBCCG Christine Richardson, AD Dr Geraldine Linehan, Regional Clinical Director Brenda Cook, CfPS Regional Advocate & Expert Adviser
3 February 2016 10.00am	Session facilitated by the Centre for Public Scrutiny	Brenda Cook, Regional Advocate, CfPS

CHAIR & COMMITTEE VISITS		
Date	**Organisation**	**Contact**
18 January 2016 TBC	HEFT Reconfiguration of Surgery Services – Visit to new centres at:- • Solihull (Dermatology) • Heartlands (Minor Injuries Unit alongside A&E) • Good Hope (Medical Assessment Unit)	Professor Matthew Cooke, Deputy Medical Director, Strategy and Transformation
Jan/Feb	West Midlands Ambulance Service – Visit to an Ambulance Hub.	Diane Scott, Deputy CEO
Jan/Feb	Birmingham Substance Misuse Recovery System:- Visit to CRI premises, Scala House, Birmingham.	John Denley, AD Commissioning Centre of Excellence / Nic Adamson, Director CRI

INQUIRY:	
Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of report	
Report to Council:	

Councillor Call for Action requests

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee

Item no.	Item Name	Portfolio	Proposed date
000298/2015	Public Health Grant Reduction	Health & Social Care	26 January 2016
000355/2015	Public Report - Purchase of a Home Support Visit Monitoring System Full Business Case and Contract Award	Health & Social Care	26 January 2016
00541/2015	Public Report – Direct Payments in Birmingham – Consultation Findings	Health & Social Care	17 November 2015
000542/2015	Policy for the Use of Private Rented Sector to Meet Housing Needs	Health & Social Care	26 January 2016
000545/2015	Lifestyles Re-design Commissioning and Procurement Programme	Health & Social Care	08 December 2015
000546/2016	Public Report – Contract Award for School Health Advisory Service	Health & Social Care	25 January 2016
000582/2015	Independent Living Fund	Health & Social Care	19 October 2015